Life during the Corona Virus: View from the Ground
Vol. 2
Introduction:

This newsletter is a collection of experiences sent by WAPR members, their colleagues and friends, as we live through the greatest global pandemic since the Spanish Flu in 1918. The Corona Virus affects us all in a variety of ways, with some groups feeling the effects more intensely. Every country eventually, every layer of society, rich or poor, famous or not, rural or urban and increasingly, young and old, is affected. We’d like to know how professionals in mental health / rehabilitation are faring? How are people with mental health conditions faring? How are they being served? What about the families and carers? What about our communities - how are we all faring as a whole? We share our stories from different angles but with a common denominator. We all stand for humanity. We believe that the little things in life still matter.

This is the second newsletter in this series. Some countries are slowly beginning to end their «stay at home» policies and are cautiously beginning to reopen. Others are just now moving into the surge in infections and deaths. By this point, however, we have all been living with this crisis for some time.

We hope to continue to share these experiences with you, our global community, in brief snapshots, once a month or more to keep us connected and perhaps even be inspired by each other’s stories as well as learn from each other. The stories were contributed by every stakeholder group—psychiatrists, social workers, researchers, mental health directors, individuals with lived experience of mental health conditions, families and supporters, advocates to name but a few. Some have given their permission to use their names. Others have not. We have identified those only by country.

We have included a few resources some have found helpful. Humor is one thing that we know helps and therefore, we have included a few jokes and humorous images, also sent in by our community.

If you yourself have a story (maximum 800 words) to share, whether it is your own, or someone who inspired you with something they did, please send them to: Marianne Farkas, mfarkas@bu.edu.

We wish you and yours, health and all the best!
Take good care!

Marianne Farkas, USA, Marit Borg, Norway & Michalis Lavdas, Greece

Note from the Editors: This newsletter does not necessarily reflect the policy of, or endorsement of its contents, by the World Association of Psychosocial Rehabilitation (WAPR). The content of the published materials are solely the responsibility of the authors.
Navigate through the Experiences from our world wide network (March 15 - April 26, 2020) - or read through the entire document, as a single series of experiences over time!

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Send your story/experiences Art work, photos
MAXIMUM 800 WORDS
Send to: mfarkas@bu.edu

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Ma Ning
I am a person with schizophrenia and a citizen of São Paulo. At first, I thought nothing would happen, just a non-lethal virus in a remote region of China. But very fast everything changed.

At the beginning, I had hoped the heat would stop the virus, but now I have lost that hope and I think my city will be severely affected. I believe that the global community will soon hear about a total collapse of the health care system in São Paulo.

Personally, I don’t feel that bad. I have a small garden in my house, a dog and a nephew to play with, some friends to talk to and also some activities to do. This piece is actually the third article I have written since the quarantine began.

As a person with schizophrenia, fear has been my companion all my life. The possibility of ending my days as a beggar in the streets, hounded me for the last thirty years. But somehow with age and experience and perhaps with something else-- nobody knows what, that fear gave way. I started a practice of day dreaming that I had a job and a pay check. I am conscious that most of my dreams are just pleasant fantasies, however this practice, makes me calm. I have continued this practice during the quarantine.

My father is old and fragile. If someone in his condition gets the virus, the moment he goes to hospital is probably the last time I will see him. I won’t have the chance of saying good bye. This is a horrible thought to bear in mind, and it should be making me anxious. But strangely, it is not making so very anxious. Somehow I keep calm.

I am an enthusiast of some philosophers. I sit on my bedroom, eyes closed, focused on my limbs. Then, after some two or three unpleasant minutes, I start feeling as though I had used some drug. This practice keeps me calm. My mindset is not that of some Buddhists, with an emptiness that I don’t reach, but I almost get there. I think of something undefinable, anterior to the universe. A nothingness, that sometimes evolves into a fire, and I actually feel hotter. There are then some moments of intense pleasure. As my favorite song “Delights of the souls” says,---If someone put me in the unpleasant situation of having to choose between meditation and sex, I would choose meditation.

I don’t think everything that’s happening is bad. Perhaps people will take stock during this difficult time and come out of it with new perspectives, such as seeing that consumerism is unnecessary; that being better than the next person is a foolish need and that we need to think collectively. I had an American friend who used to get so uneasy whenever I spoke of collectivity. He associated the word with communism, and would have an agry reaction to it. But now the frailty of the individual and the need to think of the whole has become evident. And I like that. I even believe that will benefit the likes of me.

I really don’t know the future. But perhaps after my father dies, one of those who read this article through some miraculous means, will decide to hire me in a well paid job.

João Leite Ribeiro
Canada, April 5

During the 3rd week of March when Canada declared the pandemic an emergency, I reached out to our PSR members about providing services in such an environment. Having been a CEO during ice storms, SARS, H1N1, etc, I put together a webinar which identified some evidence, promising practices and allowed participants to share their learnings.

Last week in response to enquiries about dealing with the Psychosocial Rehabilitation (PSR) principle of self-determination and the directive of the government to stay inside, I did a session online around Self-determination and Safety. I showed folks how using a principle-based decision making tool (ethics framework) could help them talk about what to do. This conversation actually mirrors the larger community’s concern about civil rights and the health emergency. You will find a pdf of the PowerPoint slides I put together in the resources Section of this newsletter.

On another note, my daughter is a nurse on the maternity ward of our city’s hospital. She is on maternity leave right now so she isn’t working but she is keeping in touch with her colleagues. They do not have any masks due to the demands of CONVID 19. They asked for fabric masks. They understand that the science is controversial about its use and that it isn’t effective to avoid the virus. But they would still like to have some kind of protection. So, I have been sewing for them! Here is a picture of my first 8 masks that I made. I will be making more.

Between reaching out to our PSR members and sewing, I am keeping more than busy!

Vicky Huehn
Lots of us have been redeployed as you can imagine in the context of the COVID-19 crisis so we have very little time to do much else. The public health response in Ireland has been effective in terms of community health but we are very challenged in terms of congregated settings for the elderly and people with disabilities.

Recovery Colleges have been asked to initiate and sustain a mental health maintenance, promotion and protection campaign based on outreach and communication with service users and their family supporters. We have coproduced a national approach with five tips for supporting your mental health during the COVID-19 crisis, which you will find in the Resources section of this newsletter.

We are using the usual array of technology to interface with participants and we have had particular success with ZOOM based learning in hospital settings (Adult mental health units) which are effectively quarantined at present.

Demand for peer support from family members/relatives/supporters has been very significant and we attribute this to the removal of non essential clinical and day services and consequent protracted co-habitation.

**Donal Hoban**

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I wake up early. Very early. Always did. Nearly a decade ago I picked up a hobby of playing saxophone and began to practice every day. Then I discovered a wonderful combination – waking up early (4-5 am) and playing saxophone outdoors (far enough so no one will hear). For the first time in my life I felt I may have some idea what people mean when they talk about a “spiritual” experience. After playing, as I pack up my saxophone, it always feels like “well no matter what the rest of the day will be like, I got my share”, like starting a meal from the dessert.

Last month due to the shutdown in response to COVID-19 I had to stop consuming my “personal medicine” (as Pat Deegan puts it). I was surprised when a friend called to tell me that Gidon Levi, an outspoken Left wing journalist, described the shutdown in the only liberal newspaper in Israel, Haaretz:

*The sound could be heard every morning when the sun came up: the notes of a saxophone wafting through the tangle of oleander and blooming yellow acacia flowers, floating over the jogging and bike paths on the opposite bank of the stream…. only the riddle of the mysterious music stuck out: Who is playing there in the morning? How many morning joggers and cyclists have noticed the music? ….Last week, the riddle was solved: Next to a banged-up silver Mitsubishi crammed with stuff, at the edge of the Bavli neighborhood, stood a man playing the saxophone. Sheet music placed on the trunk, gold-colored reading glasses on his nose, fully engrossed in his playing. Who is this man? What brings him here every morning? He will apparently remain one*
of the secrets of the park... Yesterday the music man didn’t come. The saxophone fell silent and an eerie quiet settled in the park. As of this morning, the park should be deserted, by order of the authorities.

I was surprised how moved I was by the whole thing. My little secret identity, homeless like image, run down car and saxophone playing were acknowledged by a journalist I admired but never realized was my morning audience. This got me thinking about strange habits we hide, our multiple identities, desire and struggle to express them, our longing for recognition and acknowledgment of all those different pieces which make us who we are, the transitions between private and public and mainstream and marginalization. It made me think about those who’s perceptions of the world as a dangerous place, justifying hypervigilance and suspicion were suddenly validated with the break of COVID-19. I thought about those who’s isolated lifestyle and concern about germs, diseases and being clean and sterile were finally widely adapted, normalizing their own lifestyle. All those perceived and labeled “yesterday” as odd or unusual at best, may ironically feel now less alone or different.

David Roe

Israel, April 19

Dafne Hirshmann
Oil self portrait, Shalvata Hospital, Israel
I work in community mental health care with twenty colleagues. Our city, Drammen, has a population of approximately 70,000 people. We represent “the frontline” when people experience mental health and/or drug problems. Our workday has profoundly taken a new turn during the last weeks. We have become digital and are encouraged to work from our homes. This is not easy when we work with people who are in challenging situations and are lonely, scared, worried about tomorrow. We do our best to continue “meeting” and supporting people online in human ways. To show that we care. To reassure. To encourage and keep hope alive.

We cannot do home visits or interdisciplinary meetings as before, so we meet our service users out somewhere in the city. One example is to use the parks and recreational areas where its easier to have a safe distance. I think its important to highlight that physical distancing does not imply social distancing. We are in great need of social connection now, and we need to find creative solutions so we can stay connected. Again, one example of staying connected is using picture messaging, giving a glimps of how my day is, and some of the service users find this a meaningful way of communication.

Many of the men and women we support experience hardship. Especially those who are injecting drug users. Many people in this user group experience turbulent living conditions, poor economy and a higher level of social exclusion. Our low-threshold services remain open, but with restricted contact between people. One example is how we keep on delivering methadone, but through a service hatch so service providers and service users don’t come within the distance requirement.

A major part of service delivery has been reorganized on a relatively short timeframe. A new service is that we provide counselling for citizens who have severe worries and concerns in relation to the pandemic. We have also recruited 40 health professionals who can be called into an outreach health team and offer services to people suffering from drug and mental health conditions if needed. The municipality has special attention to families with small children at home. When kindergarten and schools are closed the situation at home can be difficult for vulnerable minors and their family. The corona situation is tough to deal with in many situations, both personally and professionally. At times I feel overwhelmed by the complexities in all areas of everyday life. Much the common sense and typical ways of doing and being has changed. The social distance. The 2 meters. The disinfection and handwash…..All the “not knowing” what is right to do…. I feel that many service users tend to barricade themselves which again strengthen the feelings of isolation and loneliness. I do find it rewarding when I can reach out and help people into a more meaningful everyday life, for example I talk with a person about trying to live “as normally as possible”. Go for walks, feel the sun, read books or listen to audiobooks or music, maybe call a friend or plant some flower seeds in a pot. There is a lot we can do that is meaningful without violating corona regulations. My experience is that there is a lot that can be done in this strange everyday life situation as health professionals. I feel proud when we find solutions, can overcome barriers and be creative.
So, when I’m not working or being with my family I play in a band. The other day we played “Three little birds” by Bob Marley, and i want to finish with the chorus: “Singing’ don’t worry ‘bout a thing, ‘Cause every little thing gonna be alright”. I know things will turn for the better down the road.

Ole Martin Nordaunet

Finland, April 22

We are living a paradox. Corona virus is s tragedy for human mind in all it’s meaning. As in crisis in general, the ones who have least power are the ones who are suffering most. The outcomes for poor people are devastating in respect of the health and the economical situation. It seems that oldest ones are the main part of the victims, people who really have made a smallest impact to anything to cause all these deaths and economical crisis. We have not seen anything like this and the consequences are not yet seen. There is nothing to enjoy of all this.

At the same time, both the disease itself (Corona Virus) and the different attempts to deal with it by restrictions the contacts between humans have created a new situation, in which the very basic ideas of human life are much more present than before. This is a dialogical experience. In dialogue we share bodily the most essential feelings in this very moment without having a solution or conclusion to be made. The uncertainty is everywhere. Nobody knows about the disease enough to treat it. The experts really need to be in collaboration across all the national and other boundaries to share all the knowledge needed to have it in control. The politicians do not know the best ways to make least harm. It is most important, because if the isolation continues, the poorest pupils in the schools or the poorest students in the universities are paying for this. They cannot afford computers for studying from their homes. Their families have lost their possibilities to take care of their children. And the gap between people managing well and poor becomes bigger again. Politicians have started to speak language that I never would have imagined. The Prime minister in Finland asked for crossing the silos of the service system by new management bodies. Also, all the parties in the parliament are reflecting together about how to deal with the disease and about what steps are needed to recover economically. In some countries, politicians have decided to cut off their salaries to have more resources to health care.

People in the isolations have taken the situation surprisingly calm. Because there is nothing we can do, we need to live in the uncertainty. Internet helps us to be connected with each other. Some people suffering from mental health crisis have said that they feel becoming closer to “normal” people because we all are suffering now. One pupil who had isolated himself for two years and received private teaching said that he has got new friends from the school saying that now they understand him more than before. One young businessman said that now he realizes that every offer he makes now needs to include empathy. Every day I see new proposals for dialogical meetings in internet. And there are many other examples that surprise me all the time. Examples of deeper allover dialogue than ever before.

We do not know if this will leave some permanent signs to our culture after the crisis. But when we know that dialogue itself is the most powerful curative factor in deep crisis, perhaps
Life during the Corona Virus: View from the Ground - Newsletter #2-2020,

England, April 22

There is no getting away from the fact that we live in very difficult times. The world is changing constantly, in some ways becoming quieter and in others becoming much more busy. We are still living in lockdown in the UK, and it is expected to last at least three more weeks, but probably longer. It has meant that the roads are clearer and that weekends are much quieter, but we are all queuing outside supermarkets, and the parks are getting busier now that the sun is coming out too. People are desperate for space and a change of scenery having been at home for so long.

In our mental health services, some areas are eerily quiet – our crisis team for example is receiving fewer calls and making fewer visits to see people. I wonder if the message from our government ‘protect the NHS, save lives’ has meant that people feel like they will be draining our precious resources if they reach out for help with their mental health. Our wards are of course very busy, and, they are having to adjust to huge changes. The peer support workers that I am in contact with have been a source of inspiration to me. Although they have their own anxieties about what is happening, many of them continue to spread hope to others and are staying positive. Kajsa did not mention this but I know that she bakes cakes and brings them into the ward to share with her team, and other peer workers are reaching out to their colleagues to offer support. In times like this, the peer worker role has changed slightly because peer support workers want to help as much as they can. Some of our peer support community have overcome fears of contamination as part of their recovery and this pandemic poses a huge challenge for them. We are trying to offer support to one another and spread hope.

I am finding the change of pace quite welcome in many ways. I am working mostly from home and so my days a quiet, working with the Spring sunshine pouring in through my windows. I am making lots of phone and video calls and, despite the struggle, I find myself laughing a lot with the people I support. I know that many of us are welcoming the relief from the fast pace of everyday life. Truly these times bring out the best in us I think.

We have launched a campaign in Nottingham to spread hope. We have been asking people to send us postcard designs with the words ‘sending you hope’ on. We have been receiving these postcards (lots of them!) and passing them onto staff and people using our services. It has been wonderful to be part of this project and to receive messages of hope from around the country daily. I have shared some of these postcards at the end of this message as well as details about how to get involved. Sending you all hope from the UK

Emma Watson

Jaakko Seikkula

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Emma Watson
Join us in sending hope
The peer support development team in Nottingham, UK, would like to invite you all to join our campaign to spread a little hope.

We would like you to create a **6x4 postcard design** which features the words ‘sending you hope’ it can be done by hand, on the computer, include images or just words – however you want it to look. If you have kids, or friends who you think would want to create something, get them involved too. We’re not looking for masterpieces, so no judgment here about creative skills, we are just looking to spread hope.

We have been sending the postcards to frontline staff but also people on the wards at the moment, and anyone else we want to send a little hope too. We will also be tweeting all the postcards that we get sent and including them in our newsletters. **You can send your postcards to us at:** emma.watson@nottshc.nhs.uk or **tweet us @nottshcpeersup1**

Please spread the idea as far as you possibly can. In these challenging times, let’s prove that hope is as contagious as any virus. If you have any questions, get in touch.

Rowan, 
Aged 5
Early in the crisis, things on the male ward in our hospital were pretty much the same as they always have been: people were allowed out on their leave, families were still visiting and everyone seemed confident as to their role and their lives both in and out of the unit. As time went on, a nervous rumbling started: ‘how can we stop this spreading?’, ‘what action is going to be taken? ‘can we keep people in?’ ‘can we restrict leave?’ Amid rumours and confusion, it was announced the hospital was to go into lockdown, but nobody knew what this actually meant for both staff and those we worked with. How do you explain to somebody who is acutely unwell that they have to stay in, they can’t have their leave and the family can’t come to visit anymore. The country watched as our lockdown began. It wasn’t just those in hospital anymore it was all of us in Nottingham. Coronavirus has had away of levelling things out and our footing, as both service users and those who work with them, stands together on a constantly changing and uncertain path.

Our sister ward was where inpatients with suspected cases of coronavirus were to be in isolation. It was suddenly very real and incredibly close to home. I’m not afraid to admit that I was anxious, but also resigned to the fact that this was not something we had much control over. Our service users, on the other hand, seemed unafraid. We tried to explain. I tried to put myself in their shoes. When you’re locked inside, the outside world can seem very far away and very detached. I often heard people say ‘it’s only in London’, ‘There’s no cases here’, ‘it won’t affect me’. I was torn between explaining the magnitude of what was going on in the world, but at the same time trying to keep them safe from exactly that knowledge.

At the start of April, my partner had developed a cough. We had to self isolate on the recommendation of our manager and the government guidelines. A day or two after, my cough started. Suddenly it was a little harder to catch my breath when going up the stairs. Then it became a little harder to catch my breath when I was just walking from room to room. My head pounded and my stomach swam. I coughed until my chest and back hurt. I couldn’t hold a conversation without struggling for breath. My family were obviously worried, and we managed to stay in touch via WhatsApp video calls each day. I was glad of the support, but I was still worried. I constantly tried to research everything I could about the progression of this novel virus, even when I knew I’d find very little. I kept wondering how long I’d been infectious and who I possibly could have infected, and I felt guilty. At times I was tearful but I hid it, because ‘now was not the time’, I couldn’t afford to give myself that space. I also didn’t want it to affect my own mental health because I’ve worked so hard on my recovery.

It took me 10 days to recover. I am very glad it was only mild. When I returned to work everything had changed. We are now required to wear personal protective equipment. It’s a very basic amount, with goggles or visor, a mask, gloves and an apron. As a peer it has changed part of my job. How can people see your facial expressions from under a mask? Our faces convey so much of who we are and what we are feeling, so to have half of your face covered and the rest behind a large plastic screen, makes communication that bit more difficult. How can somebody see that you are smiling at them? It must be anxiety provoking to see so little of people who are caring for you 24/7. It must also be frustrating to have to repeat things
In Belgium, the government has realized that reimbursed primary psychological care has to be available for all citizens, to avoid the evolution of the COVID-19 pandemic into a psychological pandemic. Moreover, the nationwide initiative to support the mental health of our hero’s – our caregivers – is heartwarming.

**Sarah Morsink**

Every cloud has a silver lining, even the COVID-19 storm, that is urging mental health care to go online. However contradictory, video calls can bring you closer to your support system. A caregiver can meet her client while he is at ease in his own environment. Although they are now kilometers apart, the distance between their worlds grows smaller. A mobile team member sees his home visits replaced by invigorating strolls in the parc, safe and healthy!

**Based on Zorgnet testimonials, Related by Sarah Morsink**

**Deployment of experience experts**

UilenSpiegel, the biggest patient organization of Flanders (Belgium), was initially hard-hit by the coronavirus. All the meetings, formations and activities had to be cancelled. The social distancing measures isolate a lot of patients and can be cause of (a bigger) anxiety. That is why UilenSpiegel’s experts by experience created a phone line and chatbox as a kind of peer support for those who suffer and want to talk. UilenSpiegel does not offer therapy or emergency...
help; the peers just want to be present and make sure that even while social distancing, we prove to be a close-knit community that is there for each other.

**Team Uilenspiegel, Related by Magda Coture**

**Drug assistance and homeless shelter in corona times:**
**Free Clinic good practices: Harm reduction works!**

Through various channels, the population in Belgium was urged compulsorily to comply with the known safety measures. Several vulnerable target groups, such as people who use drugs (PWUD) and homeless people, responded initially less well to this call. Many of them are not or only to a limited extent reached through the general media channels and their reactions are often negative, minimalistic, and fatalistic. In addition, they often live in precarious conditions or have no home at all to withdraw to.

The provision of support and effective awareness-raising for this target group had to remain guaranteed. We consciously chose not to close off our services, but to adapt our points of contact to respect social distancing guidelines and to keep them accessible for those who need them. Clients can still come to us for a doctor’s consultation or a face-to-face contact with a counsellor. New intakes also remain possible in addition to remote assistance for whom this is an option. With the financial support of the King Baudouin Foundation, an extra employee has been recruited for three months and protective gear was purchased for the staff.

Within the Harm reduction approach, concrete harm reduction methods have been developed in order to raise as much awareness as possible. In addition to keeping a meter-and-a-half distance from each other, not sharing is essential in our group. Not sharing injection material has been our slogan for decades, in COVID 19 times our employees actively address clients about not sharing cuddles, kisses, cigarettes, joints, basepipes, and snuff fries.

In addition, we installed a mobile hand washing facility at the entrance of our shelter. All visitors, especially the homeless, are asked to wash their hands thoroughly upon arrival. At another contact point, with the support of the City of Antwerp, we installed a fixed water fountain so that people can wash their hands there as well.

Finally, we introduced an exchange system for mouth masks for our clients. After a call for volunteers, we collected about 800 fabric mouth masks. The concept is that every client has a clean mask every day. Clients who wish to do so are given more than one and wash them themselves. Homeless people exchange their masks every day and we take care of a safely washing the used masks. In addition to the possible preventive effect of mouth masks, it turns out to be a useful tool to sensitize and support the group during this difficult Corona time.

Meanwhile, more than 160 people use our exchange system which gives us the opportunity to continue to draw their attention to the general safety measures and to monitor their state of health and addiction.

Free Clinic Antwerp found a new way of working through which they can maintain their services for PWUD (people who used drugs) and for the homeless. Never waste a good crisis, especially to introduce new harm reduction measures.

**Tino Ruylers, Related by Magda Coture**
We – the Virus

We are two relatively young privileged Norwegian Ph.D. students in the field of social work and social policy, one of whom is studying in the U.S. and the other is in Norway. In the last months, we have experienced dramatic changes in society and the suffering that people face in these difficult times. Hanna, who has been working in Berkeley California for the last months, faced the impact the pandemic had on people who are homeless, in the area. The big People’s Park, just outside her office, changed into something looking like a festival in just a few weeks: Full of tents inhabited by people who are homeless, illustrating how camps of homelessness are increasing around California’s Bay Area. We are worried about the consequences for vulnerable people around the world—a situation calling for a more radical social policy and direct social work. The heroes in healthcare services need support from the heroes in the field of social- and mental health work.

We cannot avoid reflecting about the fact that we – WE – are a part of the problem. Human being’s cruelty towards the natural environment and animals is most likely a part of the ongoing problem. How WE create highways for the virus to spread, in our blind travel habits. Maybe this situation can help us to create something new? New perspectives related to our place in this world? Create possibilities to come together and collaborate in building healthy local environments? In all the suffering and the drama of the situation, we believe in collective hope. That we – WE – can help one another and give nutrition to our ability to care even more for the fellowship and welfare of all living beings.

Hanna Buer & Knut Ivar Bjørlykhaug
The COVID-19 crisis has disrupted all of our lives these past weeks in more ways that we can count. At Thresholds, a community behavioral health agency in Chicago, Illinois, our staff in every area of the agency have been working harder than ever. With creativity, dedication, and spirit, they are providing essential and life-saving services to persons with serious mental illnesses and substance use conditions. The majority of our more than 8,000 clients are in high-risk categories for COVID-19, many living with underlying health conditions such as diabetes or asthma, so we’re doing everything we can to keep them and our staff safe.

Here are just a few ways that we’ve adapted and risen to the challenge:

• Thresholds’ clinical staff have changed so much about the way that they work to accommodate social distancing and safety, while still delivering critical services. These adaptations include using Telehealth, Zoom meetings, distributing cell phones, coaching clients on proper precautions, ensuring clients have groceries and meals, and more. And when it’s necessary, we’re still doing in-person meetings to keep our clients well, while practicing social distancing.

• Our Thresholds residential staff are working hard to ensure thousands of units of housing remain safe and operational. Here’s one inspiring example from this vital work: A resident at a Thresholds building was tested for COVID-19, and while waiting for the (eventually negative!) test results, public health authorities cautioned that only one staff member, called Alecia, was qualified to enter the residence during the quarantine based on her previous exposure. So, Alecia showed up by herself every day for a week to handle all medica-
tions, activities, meals and everything our clients needed to remain healthy and safe.

• Thresholds works with several federally qualified health centers, within communities where our clients live. One of these partners, Howard Brown Health, realized how difficult it was becoming to administer critical psychiatric medication injections that our clients rely on. They quickly worked with Thresholds’ clinical staff to employ a mobile medical van to go out into the community and bring the injections to our clients, so they are able to stay safe and well at home.

• Our homeless outreach teams are helping clients who are homeless, understand the measures they can take to protect themselves, distributing sanitation supplies, and connecting clients to resources, all while keeping appropriate distance.

• Thresholds administrative teams also are stepping up. The information services team has quickly transferred all work that can be remote to secure telehealth and telework platforms. Our Talent team (Human Resource team) is crafting interim policies to add flexibility and support our staff during this time. Our Development Team that typically helps us raise money for our services from philanthropies and foundations, had to cancel our largest fundraiser. Instead, they created an online “UnGala” instead.

• Our public policy and advocacy team has been lobbying state and federal governments for immediate action to address our huge revenue shortfalls. For example, we get reimbursed for services from a type of national health insurance for people with disabilities. We suggested they expand the services that qualify for such reimbursement so we could provide the innovative and “unusual” services we now need to provide. We are also advocating for payroll protection loans for service providers with more than 500 employees so that staff can keep getting paid.

We know that similar stories are happening at service providers and nonprofits all over Illinois, the country, and the world. We are committed to keeping our communities safe and helping to navigate this unique, global public health crisis together.

Mark Ishaug, Emily Moen & Lisa Razzano
Uganda, April 24

I am writing from Kampala in Uganda which lies across the Equator in East Africa that is found south of the Sahara Desert. Since 14th March 2020 when Uganda had its first case of Covid19, we have so far received 74 confirmed cases, zero death and 46 recovered cases. This brings the number of current active cases to 28, as of 24th April 2020. As you may be aware, there is no known cure for the corona virus as per now. However, what makes people recover is the deliberate intervention put in place to boost the patient’s immune system, so that it is able to overpower the effects of the virus naturally. This is done by using things like food nutrients and other supplements plus the obvious improved hygiene measures to curb the spread and reinfection.

Uganda as a whole has embarked on preventative measures that include 35 presidential directives and Ministry of Health standard operating procedure as a way of responding to the Covid19 pandemic. From this we have seen things like closure of the Entebbe International Airport and all border points from international travel with the exception of cargo transport. We have also had to close all schools, pre-schools, tertiary institutions and Universities. A stop has been put on all gatherings of beyond 5 people, like places of worship, public rallies and any social gathering. Stay at home measures have been introduced and a night curfew from 7:00 pm to 6:30 am put in place. Closure of all public and private businesses including; public and private transport with the exception of health and agricultural industries plus security and emergency services. No hand shaking and social distancing measures have been put in place, to mention but a few.

As users of Mental Health services we have had the Recovery College at Butabika National Referral Mental Hospital closed. The Hospital itself has a very small skeleton staff comprised mainly of clinicians that are resident in the staff quarters. There are currently very few admissions taking place with most out-patients being given treatment or prescriptions from the out patients Mental Health clinic. A few peer support workers have had the privilege of their medication being delivered by hospital staff at their respective homes. Additional support has been given over the telephone on a one to one or through group telephone conferencing.

That said however, not all is dull. Just today I received a telephone call from a colleague telling me about an email that I was to receive from Ministry of Health making an urgent request for experts in Psycho Social Support. From our peer led organization ‘Peer Nation’, we can comfortably offer Psycho-social support to covid19 survivors as a way of helping to fight stigma and restoring hope to enable the sufferers settle safely back in their respective communities. Through this, peer support workers are able to put to use the knowledge from their lived experience of mental health challenges to support others and increase community awareness.

Eddie Nkurunungi
Italy, April 24

It is hard to say if there is anything like a routine in a group home for people with psychiatric disorders. Somehow there is some similar, it is written and defined in the working plans […]. Oscar Wilde said “life is what happens while you are planning your life”, and this well represents continuity and routine in the rhythm of the life in the group home. Anyway, repeated, defined actions are the scaffold of the life we carry out in common – a continuity where meaningful relationships and trust make work, support and reassurance possible […]. What we have experienced in these last weeks is certainly a trauma – something unthinkable that hits suddenly and we are not ready to face – and it prompted us to use our resources to manage uncertainty and the unexpected […].

Several changes in the routine have worried us for the possible consequences, with the doubt “Will they manage? Will they manage to give up the meetings with the family, the time in the library, the reading of the newspaper at the pub, their private lessons, the pizza all together on Friday night, the work training, the shopping?” […]

The idea that the group-home should pull outside has been overturned totally inward. And with many changes inside the group home as well. We changed the seats at the table to keep the right distances, gradually eliminated the possibility to go out – and we, as professionals, have become the only means to get in touch with the outside, buying newspapers and cigarettes, collecting the food at the gate from the delivery guys, and trying to satisfy their needs. […]

Then a case of pneumonia occurred – fortunately then showing to be of bacterial nature - and we had hard times to keep that person isolated. It has proven difficult to have people really accept that distances were necessary all the time, that cigarettes could not be shared as in the past…

Sport activities were adapted to the limited room available inside, and games of the past, more suitable to the current situation, like the neglected flying disk, have been recovered. Even the exercise byke, previously avoided as if it were a dangerous machine, got a privileged position in the living room. Physical activity was alternated with cards, with matches where people tested the little tolerance one had of the other…

The perspective of the future and the projects, defined with enormous efforts, had to be frozen. “Do you think I will be able to have my holidays on the Appennines?” These are losses for anyone: for those who have been working to build these possibilities and for those who directly enjoy these things… But we can say that the users got the enormity of what is going on. The news at television, the evidence that many of the usual habits could not be kept […] produced the awareness of the situation around us, and some room for the worries for the old parents also came out.

Primo Vanni, Imola
I’m writing from Serres, a provincial Greek town in an agricultural area close to the Bulgarian border. What is small town living like during covid-19? Definitely better than living in a big city. With only few confirmed cases in my town, early imposed lockdown, and the majority of unmanageable Greeks being unexpectedly self-disciplined I enjoy the luxury of a relative safety. Social isolation does not really bother me, first because I’ve long longed to stay by myself for a while, and second because community comradery in small towns is blooming in supermarkets! It’s nice to walk down the lanes and see people who you have grown up and grown old with, listen to their secret breaking-the-measures stories, and talk about common worries. Unread books have now run out, disinfection hysteria has been alleviated, cooking-eating-eating is unfortunately still present, and doing marathons on Netflix prevents me from becoming overwhelmed by covid-19 information. Worrying about how we will overcome the consequences of abruptly stopped productive activities is an ongoing concern, however, trying to focus on the things I can control allows me to plan for a new normality. The real good news of my life during the covid-19 is that my brother with schizophrenia and chronic respiratory disease obeys directions, and finds ways to avoid going crazy during lockdown better than I do. Moreover, he is more optimistic than I am. I must learn from him, especially now that a virus brought us closer together than ever.

Katerina Nomidou

Hope Project, England
Pandemic in Greece seems effectively manageable in comparison with our neighbors, Spanish and Italians. The particularity of the Greek situation is relating to the fact that the current health crisis has coincided with the symbolic end of a long term crisis starting in 2010 and lasting more than in any other European country. In fact we are coping with a crisis within a crisis as well as with a number of “new” inequalities on the top of other previously witnessed. I would like to share with you some narratives of mental health service users amidst crisis, some observations of sociological perspective in relation to the responses towards restrictive measures and finally, lacks of the public healthcare system that are dramatically emphasized during Covid-19 times.

**Narratives:**

20 year old, mental health service user: “Doctor, I feel like we are in a huge psychiatric hospital all together. When I was first admitted I knew about when I will get out. Now I know nothing about when we will all get out”.

40 year old mental health service user with a history of hypochondriasis: “I get my temperature about 70 to 80 times per day and because of the spastic cough I have, because of my anxiety that I will be infected, I also observed some blood in the sputum. Immediately I thought I had lung cancer and that I will die during the pandemic without my relatives close”.

40 year old mental health service user with chronic dysthymic disorder: “I think I am better than ever. Everyone is locked in their homes so I do not feel like I miss something from my life as I had been experiencing during the whole previous time. I am a bit ashamed to share it with you but I would like what we experience to last more”.

42 year old doctor, intensive care specialist, in the first line of the ICU: “In the past I had been discussing during psychotherapy about death anxiety as a matter of existential nature. What I am experiencing now is that I might die any moment, without anyone close to me in my last hours, just like a patient of mine passed away two days ago suffering from agonizing dyspnea. I administered morphine to better facilitate his passing away”.

These exerpts delineate in many levels how this health crisis impacts our mental state: We are hanging on the lips of infectious disease specialists and on the same time we are all co-experiencing two major ethical dilemmas:

- The anxiety of triage of patients if at some point the ICU beds are insufficient
- The decision to lift the restriction measures with whatever consequences might come with it.

Such is disaster and war medicine without being in an actual war.

**Observing our fellow citizens:** The context of restrictions is common for each one of us. In a “sunbathed” country like Greece, how agonizing it can be to stay home and not enjoy spring, the sea and the colorful sunset. Nevertheless, social inequalities within quarantine are strongly evident. It’s not the same to be a refugee in a camp in Lesvos, an “illegal” migrant in Athens, a homeless person or with substance abuse seeking for her or his “fix”, a member of a large family living in 40 square meters in a downgraded place. It’s different to live in the expensive north suburbs or south suburbs of Athens, with a garden, a pool and trees around you or even the sea.
It might even sound appealing the motto that the virus does not discriminate against, while there are strong discriminations in diagnosis, care and isolation conditions. It looks like the needs of the people who have a chronic mental illness, the burden of their families are completely out of the picture, downplayed in terms of importance compared to the catalytic power of emergency, which during these times means dealing with the pandemic. I wonder, can support through web platforms and applications substitute a warm look, a touch, the caring that is expressed through the whole of our body?

We are all learning in this unfamiliar condition of negotiation with virtual reality. The “in” and “out” seems to be confused.

However, there are social behaviors that are emerging in our everyday life that are worth mentioning:

- In our everyday walk that takes place after getting permission for “physical exercise” we are experiencing kindness and “complicity” (a common experience of guilt). People greet each other and smile like the climbers when they meet fellow travellers sharing a hard path. We understand each other within a common matrix. Like we are discovering our common and fundamental humanity, to be related with others.

- Cohabitants in the same block of flats, younger taking care of their elderly neighbours, shopping for them and gently knocking on their door to ask if they are in need of something.

- But also dark sides of this: situations of “ratting” on the other, when someone calls the authorities for an isolated swimmer or cyclist. Others are warning for “suspicious” gatherings beyond two people or for groups of youngsters meeting at square. The unconscious jealousy for the temporary joy of the other seems to legitimate “ratting” in the shape of upholding the law.

- In some cases following the life of others becomes an obsession and is facilitated by public urge and motivation to protect public health.

**Crisis of the public health care system:** Pandemic makes us measure up as institutions and as society in a dramatic way, having an understanding of deficits and weaknesses of the national healthcare system but also to revise the neoliberal obsessions about lack of funding provision and shrinking such a system.

Lacks of diagnostic tests, staff and beds in the ICU, protective health equipment, effective organization and quality of services, destabilization of the primary health care which should have been functioning as an effective filter before hospital admissions are brought to the surface through solid complaints of hospital doctors. Giving them the award through the ceremonial night applause on Sunday cannot substitute the long term structural weaknesses of the system, their cuts on wages, their professional burnout which can only be reduced through providing necessary means to cope with everyday clinical and therapeutic burden.

Public mental health services should have a triple role:

A. To respond to urgent requests from patients and their families affected by the virus.
B. The continuity of care for people with chronic psychiatric needs.
C. The psychological support and empowerment of the first line healthcare staff.

After ten years of financial crisis it can be easily understood that we are far from such a necessary multiple level support. Pandemic does not only make us question our lives at an individual level, our social reality but it also radically puts into question the cohesion of the common European house itself. The continuity of inactivity, blaming our fate and being suspicious, the submission of leaderships to the interests of the financial elite can this time prove to be fatal.

*Stelios Stylianidis*
When the lockdown was determined in a national level, EPAPSY the “Franco Basaglia” Day Center, had to follow the restrictions and decided the transition of its services to an entirely virtual and remote setting.

All staff meetings started being organized via digital forms and therapeutic interventions were delivered through Skype and other online platforms (i.e. Zoom). Undoubtedly, the transition was not easy. We needed some time; to prepare the technicalities for moving towards a digital form of delivering our services, as well as to accustom ourselves to the new psychological reality. Taking the necessary distance from the workspace and working remotely from our home environment, has caused changes in our previous routine. Also, being in a therapeutic session without the embodied experience is something new, that we are not familiar with. I personally find the coexistence of the professional and private life in the same space difficult. Currently, I use the same desk to work, as well as relax and surf the internet during my breaks which I experience as confusing and intrusive.

We understand perhaps more than any time before, but still in a low level - how confinement feels like and how challenging is to tolerate the uncertainty and cope with the “freezing” of our life. Both these experiences are being permanently experienced by mental health users and refugees.

Another challenge that many people may face is the uncertainty of the “next day”; uncertainty about their financial situation and employment status. Moreover, I wonder about the psychological and emotional conditions that the aftermath of this crisis will have created. During these days, the two axes of the continuum of what we consider as “mental health” and as “mental disease” lean closer to each other. It is important to continue striving to maintain the balance between the physical distance and the social bond. Staying at home does not mean staying alone, even if in some cases that is difficult differentiated.

Following this line of direction in the Day Center, instead of our usual daily psychosocial rehabilitation group programme, we have implemented a digital live “open discussion” group. Our aim is to motivate our members to participate in order to feel less socially isolated and to maintain the communication with each other. From what we have observed, our members continue communicating, chatting and playing net games even after the “open discussion” group is finished and the professional-coordinator has left the meeting.

Given the uncertainty, anxiety and frustration, in the current Covid 19 times, positive and negative personality features are more easily triggered and acted out in an interpersonal and intrapersonal level. Maintaining our patience, keeping a routine, and keep an eye on our mental health will help us to cope. And of course a reminder: It’s ok not to be ok!

Fotis Vasilopoulos
Once the lock down happened here in Toronto, we heard from our members how important our programs are to their mental wellbeing, their sense of social connection and belonging. At Hong Fook Mental Health Association, a mental health organization that serves the Asian communities, we initially responded to their need for connection by offering peer support programs online.

To make sure that peers could participate in the online groups, and to address their anxieties around online security, we called all group participants and coached them on how to use the application. It was really important for us early on, not just to offer online programs because we could, but to make sure that people felt comfortable, safe, and supported while participating in the group. Having a group comfort agreement that reminded individuals to attend the group in a private space in their home, and to respect the privacy and confidentiality of other group members was important.

It’s been about a month, and so far, so good. We’ve been running most of the peer support groups on a weekly basis, and are also offering health information sessions and exercise groups online too. We are continuing to grow our online programs and will soon offer Wellness Recovery Action Plan (WRAP) groups, leisure programs, and a resilience course to help bring our Culturally Competent Recovery College online. For those individuals who don’t have access to the internet or the right devices, we’ve been offering group conference calls and individual support. There are still more things to do, but at this time everyone is giving it their best.

Like all transitions, going online took some getting used to for all of us, and thanks to the work of our Peer Support Workers, our team, and our members this transition has been a
My name is David, my 33-year-old daughter, who is a twin, is coping with a mental illness for many years. Since the beginning of the Corona pandemic, more than a month ago, I have been in quarantine with my partner in Ramat Gan. My daughter is in quarantine with her mother and her partner in another city, not too far from here, and still, it feels so far away now. The city they live in was hit by the Corona pretty hard. I have not seen my daughter in over a month. I talk to her twice a day to make sure she knows how much I care for her. I miss her so much and worry about her. She has always been my source of hope and pride.

When we talk on the phone every day, she shares her concerns with me about getting infected with Corona. She thinks she has the symptoms, and I need to gather my mental strength to reassure her that she is ok. I am trying to support her and encourage her through the phone, telling her that everything is fine. I am telling her that if she has no fever, that means she is ok. I end every conversation with the words, “Don't worry, everything is going to be all right.” I make sure to keep a calm tone even when it is extremely difficult for me.

I draw strength during these hard times from two major sources of support that serve as my mental safety net – (a) my close family, including my partner, my second daughter, and my grandchildren. (b) the Yahel Center that provides consultation and support for family members of people with psychiatric disabilities. This center has been my second home for the last few years. I find comfort, unconditional acceptance, and warmth with the staff and other family members who cope with similar situations. Especially during these stormy times, the Yahel Center is offering hope and positive energy through Zoom meetings that help families stay safe and build new routines in this new world.

David

Fei Fung and Moshe Sakal

Israel, April 25
195,351 people have been infected in Italy, 26,384 dead and 63,120 healed. Lombardy - 10 million inhabitants, the richest industrial area, accounted for almost half of the deaths. Fortunately, the number of sick people has been decreasing for three days and other data shows a decrease in the number of patients admitted in Intensive Care Units and an increase in patients recovered. This confirms a positive trend. In the last week one could feel the hope – or perhaps the belief – that Italy has overcome the worst period of the infection.

Looking back to the last two months we could say that we have experienced the social drama of an epidemic (Rosenberg, 1989). At first, economics interests and the blind negation of what is really happening prevailed, leading to an underestimation – and in some cases, a complete ignoring – of the first evidence.

At first, we had silence, minimization and that “business as usual” attitude that, sometimes, laughed at those who – rightfully – rang the warning bell and asked for the implementation of some unpopular, but mandatory precautions. Than, all of a sudden, came an anguished and dark astonishment, followed by the awareness of the epidemic’s seriousness and the risks that everyone was taking.

People began to respect the rules of lockdown and were able to deal with the disease even in their own home. The emotional climate at that time was best expressed by a doctor, dispatched to Bergamo, a city severely affected: “There is this sense that the enemy could be anywhere and in any given moment you can see this in the eyes of the people who live here.
They express, without even wanting to, a profound sense of loss. These are scars that stay inside” (Horowitz, 2020).

Now that we’re exiting the second stage of this drama and we’re planning a slow and responsible “return to normality”, we begin a further evolution of our thoughts and feelings. Clearly the perception of reality has become very fluid – changing day by day, sometimes even hour to hour. As the underestimation of the crisis suddenly gave way to fear and terror, now the desire to go back to the streets and to daily routine, is, just as quickly forging new and various feelings. Many are asking for the urgent end of the lockdown, even if few people have managed to identify effective and safe ways of reopening.

Meanwhile, important events took place in the psychiatric care. Changes included: suspending Home visits; reducing Community Mental Health Centers activity by ensuring only specific interventions for small groups of patients; remote support; closing many day centers, while the remaining ones decreased their activity; some General Hospital Psychiatric Units transformed into COVID Units/COVID Units for psychiatric patients; some patients discharged from residential facilities; family members no longer able to visit patients within residences and also residents of these complying with the spacing rules.

During this period I had weekly sessions with some of my patients using Skype or Zoom as the preferred platform. These sessions made me face the consequences of loneliness and distance that cause anguish and disorientation. People suffer from the loss of their usual points of reference on which their identity is based. I’ve noticed how their suffering emerges especially in distressing dreams in which isolation and anger become frightening monsters. Despite the particular nature of communication, the sessions guarantee continuity in a phase that, perceived as a suspension, is felt as a source of deep insecurity. The cognitive and emotional aspects of the relationship allow them to give voice - and so to make sense - to those concerns that otherwise risk invading their personal space.

I still can’t say how important these encounters are for patients. For me as well. Fully involving my professional identity, they give value to the days that pass away undifferentiated. Time becomes more structured and the atmosphere of uneasiness and sadness starts to subside. I think that these sessions are an experience of mutual support for both the patient and me.

Conclusion: In Italy – as in many other countries – the facilities for aged turned into epidemic breeding grounds with a massive death toll (WHO reported that half of COVID-19 deaths in Europe have occurred in elderly care facilities). Frequently these facilities hosted hundreds of beds where people were taken in because no longer self sufficient, while losing their fundamental bonds with their loved ones and the places in which they spent their all life. I thus think that, as for the psychiatric patients, we need to deeply question the tendency to institutionalize elderly people, clearly eradicating them from their own social environment and the all too common recourse to coercion. We are called upon to overcome the use of residential facilities as the usual (and only) response to various kinds of disability (Dirindin, 2020).

This pandemic has especially highlighted the limits of an organization focused on large hospitals and weakened in the primary care, the prevention and the community health system.
In Lombardy, where I live, the sole hospital was unable to respond effectively to this major health emergence and general practitioners, for their part, made a great deal of individual effort but their work was thwarted by the lack of an adequate network of community health services.

If these are two of the lessons received from the Coronavirus crisis we could strongly affirm the need, on the one hand, for more deinstitutionalization initiatives and, on the other, of reconstruction and the implementation of community health systems, as the objectives of the exit phase from the pandemic.

Nothing new could be commented. But if we are still here to write about it, there is probably still a lot to do.

Gabriele Rocca

Dirindin N. (2020). Lacrime di rabbia per non dimenticare la lezione. Quotidinosanità.it, 20/04/2020

China, April 26

Since the outbreak of COVID-19 pandemic, our hospital in Beijing has been providing online mental health services. Meanwhile, we keep providing physical outpatient services. Patients can come if they want. They must, however, wear a mask and inform us where they have been for the last 14 days. We also measure their body temperature. In fact, the number of outpatients has decreased over the crisis, since patients also do not want to come to hospital. A revised medical insurance policy allows us to give prescription for a longer period of time than usual, depending on the patients’ condition, so as to ensure the regular and continuous medication for patients, trying to avoid relapse.

Our peer support service in community for people with severe mental disorders has had to change. People cannot gather together for group activities, since we need keep social distance. We encourage peer supporters to carry out online activities. They share the daily life status, discuss the relapse early warning symptoms and the importance of taking medication, and provide whatever support they can to each other.

Currently, we are slowly getting back to normal life. Most of our parks and restaurants are open. Of course they limit the number of people allowed to enter them. Meanwhile, more schools and universities are also returning to normal, however not in Beijing. In some low risk areas, people are starting to take off their masks. However, in our group, we ourselves still wear masks when we go out, especially when we are stay with other people. On the whole, the situation is going better and will certainly get better with more time.

Ma Ning
WHEN THE COVID-19 HORROR IS OVER, AND WE GO BACK TO OUR NORMAL LIVES, NEVER FORGET THAT DURING THE CRISIS WE WERE NOT DESPERATE FOR LAWYERS, ACTORS, ATHLETES OR REALITY TV STARS. WE NEEDED TEACHERS, DOCTORS, NURSES, SHOP WORKERS, DELIVERY DRIVERS AND COUNTLESS OTHERS WHO WE USUALLY TAKE FOR GRANTED.

My Street during the COVID crisis: Even Nature is out of sorts...snow in April in Boston—in spring? (Marianne Farkas)
The Global Clinical Practice Network is circulating valuable information to its members regarding the impact of Covid-19 and emphasizing on the role of healthcare providers. For that reason they include academic sources regarding Covid-19. Specifically the following links can be found useful:

- Johns Hopkins University: Coronavirus COVID-19 global cases map, Public Health On Call COVID-19 podcasts, and COVID-19 experts Twitter
- The Lancet: COVID-19 Scientific Resource Centre
- Elsevier: Novel Coronavirus Information Center


Rethink Mental Illness

At the website of the organization clicking here you can find much needed advice on the following topics:
- Emergency legislation in the UK explaining how it may affect people living with severe mental illness.
- Top tips on managing your own mental health during Covid-19
- Advice for carers of those with severe mental illness
- 5 ways to get moving around the house
- Temporary changes to the Mental Health Act
- Mental Health & Money Advice Service

From the WHO website:
Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity. The guide aims to equip people with practical skills to help cope with stress. A few minutes each day are enough to practice the self-help techniques. The guide can be used alone or with the accompanying audio exercises.

Link here
My Hero is You, Storybook for Children on COVID-19 is a very useful publication by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG). As it is stated in the relevant website, the project was supported by global, regional and country based experts from Member Agencies of the IASC MHPSS RG, in addition to parents, caregivers, teachers and children in 104 countries. It has been translated already to a great number of languages.

Read about My Hero is You here: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/my-hero-you

From https://www.covidandmentalhealth.eu/fgip-documents/:
In response to the COVID-19 pandemic the foundation Human Rights in Mental Health-FGIP (for more information click here) has issued a series of documents, ranging from position statements to guidelines for mental health care services and consumers how to prevent infection with COVID-19 and what to do when infection has occurred. The documents can be downloaded here and used freely. We would be grateful for feedback on where and how they have been used. Also translations in other languages are welcome.

The ENTER Mental Health Network is a largely European network of agencies that have academic, research and clinical expertise. A recently founded blog at the www.entermentalhealth.com website provides a wide array of informative material on Covid19 and mental health.

Have a look around hoping it’s also useful for addressing the complex dimensions of Covid19.

Resources mentioned in stories April
CANADA https://www.dropbox.com/s/mgdhi9i0ap71b7i/presentation_canada.pdf?dl=0
IRELAND Recovery Colleges/Mental Health Ireland

Please find the link to opening remarks by WHO Director-General Dr Tedros Adhanom Ghebreyesus at today’s launch of the Access to COVID-19 Tools Accelerator: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-launch-of-the-access-to-covid-19-tools-accelerator
List of participants: https://www.who.int/docs/default-source/coronaviruse/act-accelerator-launch_draft_programme-24apr2020-list.pdf?sfvrsn=ec062cee_2

Best Regards,
WHO Media Team

Life during the Corona Virus: View from the Ground - Newsletter #2-2020.
Humor & Covid19

"Could we have soup of the day, please, and two straws..."
Flight Departure Board, Kansas City Airport - April 2020

PLEASE AVOID MASS GATHERINGS

Grocery stores 10 minutes later:
Send us your story!

mfarkas@bu.edu

We will add your story to the collection that will be systematically web published and distributed!