Life during the Corona Virus: View from the Ground
Vol. 3
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 of 1918. We asked you to tell us: How are professionals in mental health and rehabilitation faring? How are people with lived experience of mental health conditions being served? Living through these times? Their families? Their communities?

This is the third newsletter in this series. Some countries are ending their «stay at home» policies and now have had some time to experience what it is like to reopen. Some countries are seeing a resurgence of the virus, just when they thought it was over. Some are seeing an increase in infections and deaths in parts of their country, that had escaped the brunt of the pandemic until now. World wide protests about racial and social injustice have sprung up, increasing the risk of new infections. By this point, we have all been living with the uncertainty of this crisis for some time.

We hope to continue to share these experiences with you, our global community, in brief snapshots to keep us connected and perhaps even inspired by each other’s stories. 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. For more information about the WAPR organization see: http://www.wapr.org/about-us/board-2018-2021/
Detailed info about WAPR in your country you can find here: http://www.wapr.org/about-us/wapr-in-your-country/
Navigate through the Experiences from our world wide network (April 22 - June 22 2020) - or read through the entire document, as a single series of experiences over time!

Belgium, April 22

Finland, May 14

Norway, May 18

Germany, May 20

United Arab Emirates, May 22

Israel, May 27

Spain, June 1

Greece, June 10

USA, June 15

Israel, June 16

Canada, June 18

Greece, June 20

USA, June 22

Resources Section

Humor Section
Since 2010 the Belgian government has been implementing community mental health care. One of the added values is the development of mobile teams that offer intensive treatment for both acute and chronic mental health problems. Covid-19 has presented these mobile teams with major challenges in order to deal creatively and flexibly with their responsibilities within community mental health care. Far-reaching reorganizations were necessary to ensure as much as possible the continuity of care for their clients.

To counter the risk of contamination, an alternative step-by-step plan has been implemented in these mobile teams:
1. If the mental health care problem allows it, the switch is made to follow-up by telephone calls or by video conference calls.
2. If the kind of follow-up as described in 1. is not possible and clients don't have any symptoms the mobile team proposes an ambulatory follow-up organized in the offices of the mobile team itself.
3. If the former 2 steps are not possible the mobile team proposes a home visit after verifying that no one in the family of the client is ill. Variants on 2. and 3. also arise by, for example, organizing a follow-up during a walk or in the client’s garden.

In 2. and 3. employees are asked to take into account the precautionary measures for hygiene (not to give hands, to open windows regularly, social distancing (at least 1.5m), to limit the number of people in the room, to wash hands after the home visit, to wear masks and gloves …).

Start-up of treatment for a new clients is as much as possible organized according 2. or 3.

Team meetings or consultations with other care providers and organizations are mainly conducted digitally via Skype, Whereby, Zoom, Microsoft Teams, …

The experiences with this new way of working are very diverse. Clients respond very understandingly to these adjustments and sometimes even indicate that they do not want a face to face (F2F) contact but want to be followed up in an alternative way. The mobile teams indicate that telephone or video conference calls are completed faster but do take place more frequently than F2F-conversations.

It is the motivated clients with whom the digital follow-up is successful. On the other end, there are clients who, under normal circumstances, need a more assertive approach and who are now difficult or not even reached due to the Covid-19 measures.

The need for support for some children and youngsters has decreased by the diminishment of social expectations (for example by closing schools). On the other end, there has been an increase in feelings of stress, anxiety and unrest (for example parents who are struggling or clients whose personal network and professional care is now reduced to the minimum).

Finally, we note that the number of requests for treatment by the mobile teams has decreased sharply, partly due to the fact that the precautionary Covid-19 measures also affect the activities of first-line services. We have a strong suspicion that after this Corona crisis an influx of postponed requests will come our way and there will be a great need for home visits by our mobile teams. Hopefully, we will manage to adjust as smoothly as we did today!

Karolien Weemaes
DODO is a support program in West Flanders, for drug-dependent pregnant women (and their partner), and young children (0-3 years) living with substance-using parents. The goal is to secure the developmental opportunities of children with drug-dependent parents; the safer the parenting climate, the greater the likelihood of a healthy physical, cognitive and socio-emotional development of the child. DODO helps families as early as possible by developing a social support network; offering help in dealing with and parenting children; providing individual follow-up through mobile ways of working.

DODO ways of working in CORONA times.

• Maximize contacts through video calls. Clients are asking for this way of working because they want maximum safety for their children & themselves. If necessary, a laptop is provided.

The number of contacts per mother is increased. In this way we get the family out of isolation and loneliness. Video calls allow us to provide tailored parenting support and advice on how to deal with the children.

• Intensifying the social support network around the family.

The coordination between various services that provide services to young families is intensified. In this case as well, mobile phone calls & video calls are essential tools. The support of the family and the follow-up of the necessary care is divided and tuned between the different services. Especially the ‘Kind & Gezin’ (Child & Family) team, social workers of Belgian’s Public Center for Social Welfare, and mobile workers specialized in abuse treatment can have frequent contact with the family and, if necessary, support the present tensions and acute working points in an accentuating way. Furthermore, home visits (or garden visits) can take place provided that the necessary safety measures are respected. The coordination and follow-up of this collaboration is handled by DODO.

Jan Theuwen as related by Magda Coture

England - Hope project
COVID-19 Crisis Turned Clubhouses into Virtual Communities

The state of emergency caused by the coronavirus pandemic closed the doors of the Finnish Clubhouses at the end of March. However, Clubhouses managed to quickly transfer encounter and support to virtual communities. These virtual Clubhouses enable their members to continue to benefit from socialization, employment, educational and wellness opportunities. The Finnish Clubhouse Coalition has been facilitating connection, communication and support between the Finnish Clubhouses weekly and it has proven to be beneficial for all.

During this exceptional period, all of Finland’s 23 Clubhouses have harnessed social media and remote meeting applications to activate and maintain the Clubhouse community and to run the so called work-ordered day. In Clubhouses, all the activities are based on the rehabilitative power of working together. Many tasks can be made remotely, too, and at many Clubhouses even lunch is cooked and eaten “together” via virtual platforms. In addition, Clubhouse work and study coaches meet members on an ongoing basis via remote connections. Goal plans are made and new skills are learned continuously.

Peer support plays a key role in all Clubhouse operations – also in virtual Clubhouses. One member says: “The virtual Clubhouse is a great presence in the daily lives of us members in these exceptional times. It gives me hope and a feeling of security.”

The rapidly organized virtual Clubhouse operations have shown that the social support needs of Clubhouse members can still be met well. This has proven to be extremely crucial when appointments in the public mental health services are being cancelled and people are feeling anxious and lonely due to the exceptional circumstances.

Peppi Laine

Self-isolation during the COVID-19 Pandemic

I have been a member of the Helsinki Clubhouse (Helsingin Klubitalo) since April 2007. Usually I go to the Clubhouse almost every day of the week but there has been some exceptions during my membership time – like the seven weeks spent in the hospital last summer after my cancer diagnosis, or the one month during stem cell treatments last winter. After these experiences self-isolating from the Clubhouse during the corona pandemic has not been an invincible situation for me.

That doesn’t mean that I wouldn’t miss other people and their presence. After several weeks without a possibility to go to the Clubhouse it has been quite difficult. I’m very glad that our Clubhouse started to function virtually immediately when the physical Clubhouse had to close its doors. Every weekday we have 11 o’clock and 2 o’clock Teams meetings and Face-
book live chat sessions where we get to meet other members and staff. Those give important rhythm to my weekdays.

Helsinki Clubhouse is one of Clubhouse Internationals’ 12 training bases that are located around the world. Training bases offer training for deeper understanding of the Clubhouse model to other Clubhouse members and staff. Both staff and members of our Clubhouse are working as teachers in these trainings. Our Clubhouse was in the middle of a two-week training when we had to close down. Three of the participating Clubhouses still have the second week of the training to complete and we need to figure out how to arrange the remaining training. Should we do it virtually or wait until our Clubhouse has opened its doors for ordinary action? There are open questions to solve.

We have our weekly house meetings in both Teams and Facebook live. House meetings are the highest decision-making body in the Clubhouse. As a result of these meetings we have now agreed on e.g. code of conduct for the Clubhouse chat. Both members and staff are participating in these meetings. All three working units have their own unit meetings where they plan their own tasks. Clubhouse has also started a virtual health and easy cooking group and we are working on our own magazine which will be published virtually. Personally I have also started to make short videos of my everyday life in self-isolation and publish them to Facebook.

Pauli Löija

Helsinki, Finland (stock.adobe.com)
Covid-19 shutdown for the Clubhouse international members

Through over 300 local Clubhouses in more than 30 countries around the world, Clubhouse International offers people living with mental illness opportunities for friendship, employment, housing, education and access to medical and psychiatric services in a single caring and safe environment – this social and economic inclusion reverses the alarming trends of higher suicide, hospitalization and incarceration rates associated with mental illness. (Copied from the Clubhouse International website)

Here in Norway the clubhouses are called “Fontenehus” which means Fountain house. This was inspired by the first opened clubhouse in New York, which is called Fountain house. Right before most of the houses from Clubhouse International closed in Norway, Gjøvik Fontenehus made a Discord group for all the members and staff at the clubhouses in Norway. Discord is a social platform that has made it possible for people to talk to each other across the houses. This made it possible for the members to have even more people to talk to during the Covid-19 crises. This has been incredibly positive for the members and staff to stay connected and has even strengthen the community while the physical houses has been closed. After a while we included the rest of the Nordic houses, and then every house in the world. We are now 167 members in the discord group, and the numbers keep rising.

We ended up being a group across the houses who speak and game together every day. One day Tom from the house in Rygge Fontenehus, suggested that we write an article together about how it is during this time at home and without our workplace routines. This article is unique because we have not written articles with people across the houses before, and it would probably not have happened without the Covid-19 shutdown, so there are some silver linings.

This is how the Covid-19 crises has affected 5 members from Clubhouse International houses in Norway:

Michelle Steinbakk (Fontenehuset Harstad)
This shutdown period has not been easy when you have psychological difficulties, anxiety and you are being isolated. It does something with your mind. When you go from having full days with activities, to suddenly staying inside, that is something that affect both body and mind. I am a person with a lot of energy, and I need people around me to keep my head on straight, so fear of become severely depressed became high. I found my salvage in the discord group and socializing with people from the other clubhouses. This made the days easier to handle. The clubhouse became digital with Zoom-meetings, Discord, or other digital tools since we could not meet face to face at this time. Of course, it is not the same talking to other people over the phone or video, but it is better than nothing. What is so great with the discord group is that I feel a belonging to every clubhouse and not just my own. I have gotten to know other people who I feel similarities to while we also are different, just like in a clubhouse. The clubhouse is supposed to be a big family, and have I felt that with my clubhouse, and now I feel the family has gotten even bigger. You miss the people that belong to the physical clubhouse but getting to know others from the other clubhouses.
Tom Solem (Fontenehuset Rygge)

I'm not quite sure how to start this? After a strange year in 2019, where my days got turned upside down, I was thinking that 2020 was going to be the start of a new and better time for me. But that’s not the way it was supposed to go, because in January the world heard of a new virus. We hoped it wouldn't hit Norway the same way as Asia, but no such luck.

Friday the 13th of March the strict regulations set by the government made sure that we got an involuntary “vacation” across Norway, which has not been good for my mental health. At the end of March something happened that made it even harder than expected. A family member suddenly died, and my mother and I had a funeral to go to in the beginning of April. How would the regulations be? How many could come, who would come, what kind of distance would we have to have, and was my health strong enough to handle such an ordeal? We spent many hours thinking, but we ended up going and got closure for a close and dear family member. The family agreed in the funeral that we will get together when we can to talk about the good memories and to give some hugs.

I have to say that the new everyday life is not that different from the old, but it has affected my psyche that I have had to stay at home and not go to the clubhouse to meet people there, and not being able to live as free as I normally could. Even though I am an introvert person I have been used to socialize more than this. It has taught something new things about myself. Some of what have made this time easier and saved me from dark and depressive thoughts is the friendships I made with people from the other clubhouses via the discord group.

I spent a lot of time in front of the computer, but I have also been playing Rocket League with 5 other members from Harstad, Drammen and Gjøvik(all from Norway) on the Discord group. We have also had some kahoot quiz evenings where we have streamed it via Twitch and Discord so every Clubhouse member in Norway could join.

It kind of makes me wish that Easter 2021 can be the same as this year, but with the opportunity to meet others as well.

Thing I have missed in this Covid-19 crisis? The hugs that I used to get when I was at the clubhouse, both from members and staff. The smiles when you arrived at the house, the laughter during the meeting or during the rummy games on Fridays. I also miss the discussions we had during the meetings, or in the hallways, or just the discussions on what was going to be on the lunch-menu the next week.

The shutdown has also made me realize how expensive things are in Norway now that I can't go to Sweden for grocery shopping.

Other things I think about the Covid-19 crisis? I got to say I am glad this didn't happen 20-25 years ago when you couldn’t as easily keep in touch with people around the world, and you didn't get information about the globe the way we do now.
What kind of positive things I hope can come of this? I hope that the people that who thought that we who can’t work, just stay at home and seemingly got everything handed to us have now realized that it’s not easy losing your routines, and not knowing when you will get the everyday life that you are used to back. I also hope that people who often feel they are not worthy in people’s eyes and feel like a burden on the society because they can’t work will be met with more understanding in the future. I hope that there will be a more sense of community and not the judgment you could be met with when you say you don’t work before March the 12th, 2020.

Joakim Mangseth Jacobsen  (Fontenehuset Drammen)
For me, this period has had its challenges. I managed to stay home alone for a week and a half. I knew that we weren't supposed to meet others and socialize in big groups. When all of this started my girlfriend and I were living apart but going home after a workday and not seeing anyone until the next workday became to lonely for me. So, I moved in with her and her dog.

As a grocery store worker, I have noticed an increased demand, and increased stress mixed with fear that we every day potentially expose ourselves to the Covid-19 virus. What if we bring the virus back home to our closed ones? To a grandfather or an uncle with a bad liver?

Other things that I miss is the concerts and cinema. Also going out to see other people, feeling you are a part of the community. That we all belong.

More important in all of this is everything we can do online. Almost every social event now happens online. Weekly we can see concerts, join quizzes and other events.
I just want to say, thank you everyone for making this time easier to bare.

Tore Stokkan Brose (Fontenehuset Harstad)
For me, the discord group has helped a lot. Its been a difficult time now that we had to stay at home. When it comes to me personally, I haven't been a member for that long. I became a member in January. But I have missed being around people, nonetheless. For me its been helpful for my mental health socializing with these great people on the discord group. My mood improved because of this, and we have been there helping each other when needed.

Stine Gjerdalen  (Fontenehuset Gjøvik)
Thursday 12th of March 2020 is probably going to be a day I will remember for a long time. I had not read about the Covid-19 virus because I didn't want to worry myself unnecessarily. After many years with anxiety I have become very selective about what kind of news I read. So for me it felt like lighting from clear skies when I was told that the house would probably close. I immediately got a knot in my stomach, and it did not go away. I saw the people around me had the same reaction as me, and we found support in each other. The Clubhouse closed, I went home and just broke down crying because the day felt so overwhelming and surreal. I woke up many times that night and thought “is this really happening”? I started using Discord more actively and quickly got to know a group of people there. We have talked practically every day since. It has made this shutdown so much easier than I had feared. The discord group has made it easy to get to know other members from the other
clubhouses and that is probably the best things that has happened for me in this shutdown. Fontenehuset Gjøvik started early using Zoom so we could have meetings and keep working. That has also made this shutdown easier for me. It gives routines and a sense of achievement in the new everyday life. I have also had the privilege talking to other houses in Scandinavia and being interviewed for a webinar made by Clubhouse International. Clubhouse International made these webinars so every house in the world could work together to make the best out of this crisis.

Something else I liked about this shutdown is how creative people get. We have seen opera singers having concerts from their balconies and people who recreated famous paintings at home. You also seen people offering to shop for those who are in quarantine and people sending gifts for health workers in the mail. A crisis shows a lot of selfishness, but also how much love and generosity there is in humans. It has showed that we are all going through this together as a community.

We are all looking forward to the day this is over and we can go back to normal, but I have to say I there is some things I don’t look forward to. I suffer from agoraphobia and that makes it hard for me to travel and do “normal” things like the cinema and go to a restaurant. So for me a lot of things will not go back to normal as it will for many others. This is of course the reality for many people who are ill. So when the people around me go back to the everyday they had before the shutdown, I fear I will feel lonely again.

I hope that this crisis has opened the eyes for many people, and that there will be a larger understanding for the people who must live like it’s a shutdown all the time. I also hope that the trend with concerts and other social gatherings can still be streamed online.
My life in Corona times

My life has changed a lot because of Corona. Both professionally and personally. I’ll start with the professional: As a Peer Support Worker I now work from home. My colleagues and I now keep in touch with clients by phone instead of meeting them in person. My current client does not want to be supported over the phone. I can understand that. Nevertheless there is still enough to do for us peer support workers. The weekly meetings with our trainer and colleagues take place via video or telephone. I still have my fixed office hours, where I can be reached by phone if that is desired by my clients. At the moment, I have the time to look at my documents from the UPSIDES training from time to time and to consider which module would be particularly helpful for my clients after Corona. I miss meeting my colleagues in person, I miss the personal exchange.

That is also true of my private life. A video meeting cannot replace a personal meeting. Often the connection via the internet is not so good, so that there are disturbances. Therefore I prefer to make phone calls. Since I belong to the risk group, I should stay at home if possible, avoid shops and public transport, says my doctor. For shopping I have always found people who who bring along something for me. Many people now offer their help. Of course I am afraid that I could fall seriously ill. Sometimes this is very stressful! Then it helps me to take good care of myself. Drinking a cup of tea while reading a nice book, making a hot water bottle, cooking my favourite food, writing or painting. And spring is also so beautiful here! Now that I am at home a lot, I cook fresh, healthy and delicious food every day. Lots of vegetables, noodles or rice. This is also good for the body and soul. There are friends with whom I talk on the phone more now than before Corona. It’s good to talk openly with them about fears and worries, but also about nice things.

In the beginning I listened to a lot of news about Corona and watched programmes about it. By now, I have reduced it a lot, because it really got me down. However, I still get to know important news. Much of what gave me strength and joy is now missing. Visit of the public library with PC use, café, self-help group, painting group, courses, meetings with family and friends. But I now realize that through my life experience I have many resources in me which
help me in this difficult time. Fortunately, I do not know boredom. I also do breathing medita-
tion and make beautiful plans for the time after Corona. Hold on and have patience, that’s
what I tell myself.

For the future I would hope that people will realize what really is important in life: Commu-
nity, solidarity, love, respect for the environment, nature and animals and that we learn how
precious life is!

Barbara Kohlmann

United Arab Emirates, May 22

I can’t remember clearly how all this started but recall reading the news and getting a hunch
that something far greater than anything we have experienced was about to unfold. As time
passed, and the number of COVID-19 cases was on the rise they asked for volunteers which
meant I would have to interrupt the psychiatry training program. I didn’t hesitate. This is our
war.

One aspect I reflected on during the volunteer work experience was the number of patients
and their grief when hearing of their positive COVID-19 results. Some would not even think
of themselves. They would instantly think of all the loved ones they exposed. They think of
the ones they don’t want to lose. Through this pain I found beauty, because it was selfless. Is
this the humanity we lost in this day and age- coming back? A self-centered world going back
to when it was “us” and not “me” “we” and not “I”. A side effect of the pandemic?

I was initially optimistic thinking we will get through this soon. We are lucky to live in a day
an age where technology can keep us in touch and sane through it all. Two months since
seeing any family member has tested my optimism. I tried to work through my stress and
anxiety. I felt like no matter what I did was not good enough for this pandemic because I’m
not there in the ED seeing those patients. I eventually started feeling like I’m contributing
something of value, but the feeling would come in moments. Fleeting moments... I cherished
the short-lived joy it brought.

We’re privileged with what we are able to do for our patients here. The fact that the team has
the leadership and resources to provide transportation for patients who don’t, that complaints
are heard, and changes are made immediately, and everyone gets tested and treated regardless
of income- is impressive. I’ve been closely following news around the world, not many have
dealt with this crisis with the humanity I see here.

In any case, I’m convinced we’ll make it out of this and when we do the world will not be the
same. No organization will be the same. I also believe I will not be the same. I’m hoping I’ll
be a better psychiatrist to my patients because of it. We are going through tough times, but
we have a choice to make it bearable or make it an absolute nightmare. I look forward to the
day we look back to all of this, the day COVID-19 will be dealt with like the flu- we’ll be all be
more grateful.

Alaa Galadari, Abu Dhabi
When the Covid19 crisis first started, I was in denial. All around I saw people, fearing for their lives and taking all the extra precautionary hygiene measures. I thought to myself, why is everyone making such a big deal out of another flu-like virus? What is going on? Everything became super fast paced yet extremely slowed down all at once. People were forced to stay home, malls and public amenities were shut down, travel bans were put in motion, but hospitals changed their entire workflow scheme over the span of a few days. Healthcare personnel were all hands on deck, those on leave were required to return to their duties and we were all instructed to cancel all planned leaves. It all seemed too surreal, and a lot of it felt exaggerated.

My first reality check was when a lot of my colleagues got redeployed from their specialties to cover COVID19 services. As a junior physician training in psychiatry, I never thought psychiatrists would ever be asked to look after patients physical not just mental health. It was nice to know that in the time of need, all physicians are capable of coming together for the greater good, and we all serve where we can to help patients and ease their ailments regardless of their nature. However, I was still in a state of denial and thought we were just being extra cautious. Reality really hit me when my hospital was turned into one of the COVID19 centers of Abu Dhabi. We closed down all specialty services, and were redirecting all patients from our ED to other hospitals, including cases of strokes, myocardial infarctions and major traumas to cater to the overwhelmingly increasing covid19 needs. That was the first time it truly felt like a crisis. To reach a point where you are practicing the priority system used in battlefields to assess levels of medical attention was when it truly felt like we were about to embark on a life-changing crisis. Life-changing in the sense that we can never go back to the way things were and that we, as physicians, were most definitely to come out of this experience with some degree of PTSD. We were all experiencing extreme levels of fatigue and helplessness like never before, our hospital started offering free phone psychological support for all staff. No amount of training prepares you for this. You can never train enough to understand what it feels like to be going every day to work, not knowing whether you will be still healthy to go back the next day because of the very same work you wish to return to. The uncertainty of it all is enough to give any mentally resilient person anxiety and depression.

When I got the call about covering Covid19 patients, my first thought was of my family. I have taken the Hippocratic oath and have a responsibility towards my patients, but I was a daughter and sister before that and owe a greater responsibility towards my family. I was not sure how I was going to balance those responsibilities, but I knew that I had no choice. My only rule was, I will not see patients without proper PPE, which seemed like a very small requirement. Unfortunately, the demand was lot more than the supply, and we were all forced to compromise our own safety to make sure patients are seen or managed. We are lucky however to at least have access to regular testing.

The beauty of our profession is that it gives you real insight into the lives of others. We are honored to be trusted with our patients’ most intimate secrets. We see them at their worst, and we are lucky enough to be able to help them get to their best. There is no doubt that any
medical specialty has its own beauty, but to be a psychiatrist at a time like this, is the reason I chose to go into medicine. Nevertheless, it’s very disheartening to experience first-hand the impact of COVID-19. We started seeing a lot more new-onset adjustment disorders with psychosis and anxiety. There has been a significant amount of relapses of existing conditions as well.

Partners and friends miles apart not able to support each other due to travel bans, families struggling to make ends meet due to job losses and financial instabilities, business owners forced to close down the product of blood, sweat and tears to salvage whatever income they had left to survive this storm.

They say that the sun always shines after a storm. So we are all staying put, eagerly waiting for the sun to once again bless the lives of many around the world!

Nada Mahmoud, Abu Dhabi

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Hi, I am 63 years old and I have three daughters and five grandchildren. One of my daughters is 34 years old and has a son who is 17 years old. She is my lighthouse! She also copes with a severe OCD and a few other mental health problems. We live together and because of her limitations, she cannot leave the house, she doesn’t work or go to school, she spends her days at home adhering to her routine, dealing with her anxiety, trying to sort the reality and her illusions.

With the break of COVID-19 she experienced a sense of belonging. Suddenly, people all over the world changed their routine and started acting like her. The “New Normal” was her “Normal”. This helped her calm down. She was not “strange” anymore. She felt that people were able to identify with what she has been going through all her life. Everybody around her
started acting like they had OCD – washing their hands several times a day while counting, checking every step they took, every person they encountered, overthinking their daily activities, etc. Knowing that the entire world adheres to the same guidelines she follows as part of her OCD reduced the pressure and made her consider leaving the house and take some risks that she denied from herself for so long.

For me, maintaining my own work routine was the most helpful way of coping with the pandemic. I was able to maintain my job as a peer-family supporter while sheltering in place. Being able to offer help, support, and encouragement to other family members during these unprecedented times was extremely meaningful to me. Additionally, having regular Zoom meetings with the other staff members served as a great platform for connecting, getting advice, sharing ideas, and ventilating. Keeping the routine also involved the small things – I woke up every morning with a smile, as if it is my first day at work, had my morning coffee, dress up as if I was about to go to work, and join the Zoom meetings. I also make sure to schedule a meeting with myself in between Zoom meetings. Such a “session” could take between 15 minutes to an hour. I listen to a relaxing music, draw paintings, go for a walk in the woods near my house, have a conversation with god, have a Zoom meeting with my grandkids, do sport, or connect with my daughter for her wisdom as my lighthouse.

This circle of giving and receiving must be balanced. It allows me to handle my distress as well as others with faith, hope, compassion, love, and optimism. I honestly believe that it is all for the best. I believe that the Corona virus enriched my life, although I will also be happy to say goodbye to it as soon as possible. Many families I work with also say that keeping their routine and having their regular sources of support stay available even if it is only through Zoom, gave them the strength to go through this challenging event. They also report that being “in the same boat” with their family member who is dealing with a mental illness reduced a lot of pressure and created a wonderful opportunity for positive experiences as a family. We all agree that we miss the closeness and we cannot wait to meet again in person, but we were not alone.

Ettie Ben-Sasson, Rishon Le’Zion
Spain, June 1

During the quarantine, in Manantial Foundation we have reduced the presence of all our professionals as much as possible, facilitating the #stayathome through teleworking, except for those positions for which physical presence is essential.

One of the initiatives that we have launched to stay connected in the distance is a “Quarantine's diary”, in which people put words to what they’re feeling these days sharing these reflections with others and what is helping them to cope with the confinement. We have chosen one of the contributions written by a mental health activist and user of one of our social-care centers in Madrid, in which she shows the parallelism between the current situation and her personal experiences caused by her own mental health condition.

Soy Silvia, aquí me presento
me gusta vivir del cuento
Asomarme a los poemas
para quitarme las penas
Soy activista loca
aunque nadie me lo nota
Me gusta llevar los versos
a contextos bien diversos
Alumbrar con las palabras
realidades muy extrañas
Romper con desigualdades
Estigmas y soledades
Aproximar la belleza
A quien padece tristeza
Consolar con las palabras
A quien tanto se desgarra
Y aunque parezca muy serio
Vivir este cautiverio
Hay prisiones peores
Que son esas interiores
Laberintos sin salida
Que forman tu día a día
Ahora todos compartimos
Sentimientos y destinos
Llevamos un mismo peso

(https://agridulce.com.mx/blog/tag/espana/)
My name is Silvia,
I hereby introduce myself
as someone who likes cunning while caressing poems
to wash away my sorrows.
I’m a mental disorder activist although you could hardly tell.
I like to carry over verses
to different worlds.
Create with words strange realities.
Overcome inequalities,
stigmas and loneliness.
Bring about beauty
to the sad and lonely
Comfort them with words
after being torn apart.
As serious as it may sound
there are worse prisons,
the ones within ourselves.
Day-to-day, no-way-out tangles.
Now we all share feelings and fates, carry a single common burden
and comprehend precisely what that means.
That which shall make us better once it no longer devours us alive.
-Silvia Garcia

Manantial Foundation,
Alejandro
Although Greece is one of the major gateways for those seeking international protection in Europe, EU authorities, and local governments never successfully developed a concrete migration policy for Greece. Unfortunately, this has left the country bereft of any strategic plan for the integration of refugees and migrants. Previous mechanisms to address migration issues in Greece were the result of emergency measures and not designed to be sustainable. Today, after spending vast amounts of European funds and national resources, the country is still on ground zero. Tens of thousands of people continue to live in Greece in desperate and inhumane conditions, while national authorities have no solid plan to deal with this situation.

The Greek Forum of Refugees (GFR) is a network of refugee and migrant communities, individuals, and professionals working to support and advocate for the rights of asylum seekers, refugees, and stateless persons. It started as a self-advocacy initiative by a group of asylum seekers in 2007. It aimed to promote the effective inclusion and participation of refugees and migrants in society as an active group with rights and obligations. The GFR became a formal association in 2010, led by a Board of Directors composed of people of refugee and migrant backgrounds. For years, the GFR has participated constructively in discussions with relevant authorities and organisations on a plethora of issues at the national, European, and international level. The axis of the GFR's outputs revolves around tackling stereotypes and negative narratives surrounding migrants. It seeks to raise awareness of refugees and migrants’ role as contributors and part of the solution, not just beneficiaries of services. As a grassroots association led by refugees and migrants, the GFR has direct communication with communities in Greek reception centres. During this crucial period of the COVID-19 outbreak, the GFR supports self-advocacy and self-organizing initiatives to support the most vulnerable people affected by the lockdown. The situation is multidimensional, and certain aspects remain invisible to the wider society. Many refugees and migrants lost their jobs because of the lockdown. They have no claim to unemployment and social benefits and so can no longer provide for themselves nor their families. Many people are living in overcrowded rented apartments and struggle to afford even basic expenses. As a result, many among them have found or will soon find themselves on the street. In this context, the GFR was compelled to take immediate action to concretely support all these ‘invisible’ cases. Through our crowdfunding campaign, we were able to purchase vouchers and food boxes from supermarkets and distribute them to migrants’ homes. This enabled us to simultaneously identify and record the problems faced by these communities, including a lack of medicine, prevention measures, or information on COVID-19. So far, we have supported 200 families and individuals. This fund also helps us provide regular information regarding COVID-19 and other issues that may impact asylum seekers and refugees. At the same time, we have expanded our advocacy efforts inside the camps to empower refugees and migrants’ voices and raise awareness among the public and policymakers about the atrocious conditions they face. The financial support we receive will remain essential for our work over the coming months, as the consequences of the lockdown, continue to emerge.

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Yonous Mohammadi
Building Connections Through Engagement And Sharing: A Faith-Based Community Recovery Support Group

The coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency of international concern by the World Health Organization (WHO) on 30 January 2020 (Ho, et al. 2020). In March 2020, the United States implemented some form of social distancing policy, as a response to the pandemic (Siedner et al, 2020). Policies and procedures were adopted, and the social isolation became a “new norm”. This affected all aspects of society, including mental health, physical health, and psychological health.

The need to maintain socialization was the priority strategic action for the mental health awareness task force (MHATF) to create a virtual recovery support for people with lived experience and other members of the community. On March 28, 2020 the virtual recovery support group started once a week. An average of 8 of us meet once a week. The purpose of the meeting is to create an opportunity for members of the community to share and equip one another with the best ways to navigate such uncertain times. We share how we can eliminate fear and build hope in order to be fully present for our families and friends.

We are a faith community recovery support group and our initiatives have been inspired by the words of Patricia Deegan, The Conspiracy of Hope:

“Recovery does not refer to a product or result. It does not mean that one is ‘cured’ nor does it mean that one is simply stabilized or maintained in the community. Recovery often involves a transformation of the self-wherein one both accepts one’s limitation and discovers a new world of possibility... Thus, recovery is a process. It is a way of life. It is an attitude and way of approaching the day’s challenges.” (1996)

The outbreak caused by social isolation has highlighted the day’s challenges and the fragility of mental resilience. We are in process to rebuild the sense of belonging in a society that is in grieving. There was an urgent need to create a safe environment to address how mental health challenges can be shared. The impact of the feelings of fear, sadness, loneliness should be mitigated to feelings of hope, solidarity, empathy, and love. We started to build the virtual meetings to fight the drawn-out battle, knowing that the future starts every single day. During these twelve meetings, we talked about topics related to personal needs and collective feelings. We share our narratives and create trust. The meetings follow three steps:

• Check-in: participants share how was their week. The personal narrative helps to answer some of the questions raised by the participants to better understand one’s concerns and personal perspectives of an issue, as well as sharing resilience and self-compassion.
• Engagement: participants exchange information about community resources such as: (1) online grocery shopping; (2) online virtual support group or counseling; (3) access telemedicine/tele-mental health; (4) access to virtual concerts and museums; (5) access mindfulness online classes; and (6) call to a friend to offer help or ask for a help. We share talents to inspire participants and remind them that their skills are most appreciated. They share (1) personal lyrics; (2) poems; (3) paintings; (4) recipes; and (5) for Mother’s Day, we organized an online talent show. Participants played violin, guitar, piano, and a very special video “The Phantom of the Opera” played by a mother and her son.

• Share the light: at the end TIPS are share from facilitators to keep the ongoing conversation between participants and family members during the week. A word of encouragement plays an important role, illuminating the participants life during this difficult time.

The future is unclear. The present asks us to build connections and navigate in the same boat. We address different aspects of individual recovery experience to create pathways to self-discovery. We are working together to build a fully inclusive community that embraces differences. This is the way to build social justice and inclusion. The support group will be continuing to offer virtual meetings until safety guidelines is established.

Graziela Reis, Karen Swanson, Marian Katz, Hamden CT

In early March 2020, following the outbreak of the Corona pandemic, we had to significantly reduce activities of the Rehabilitation School. Many of our students expressed great sorrow and asked, in different ways, to continue learning. Therefore, it was decided to offer distance learning in order to continue a number of courses that were stopped in the middle and in addition, 18 short, unique and dedicated workshops were developed for this period of crisis and offered to fieldworkers for online learning. The workshops were offered in a variety of areas: opinion regarding the state of crises in the country (e.g. coping and growth processes during the Corona crisis; work during times of uncertainty,) and in rehabilitation frameworks (e.g. remote rehabilitation work, principles of rehabilitation for new employees and volunteers).

The workshops were open to rehabilitation workers in Israel, from all disciplines, without pre-conditions of seniority, role, education or experience: service providers, rehabilitation professionals in various professions and positions, family center employees. We also opened a dedicated workshop for the Arab community, and three unique workshops for family members of persons coping with challenges.

Each workshop included four 4-hour sessions of learning and were delivered via the Zoom platform, with about 450 students participating in total.

When distance learning commenced, we faced a number of challenges: a hasty need for systematic guidance, and technical support for distance learning for course coordinators and workshop facilitators, lecturers, and students. The accessibility of internet and infrastructure for some students was sometimes lacking. In addition, the concept of distance learning, as enabling discourse, sharing and development of important skills in rehabilitation, required confirmation and strengthening of faith in this method.

Alongside these challenges, distance learning has taught us how close the distance can really be.

We witnessed the fact that this online learning platform enabled many rehabilitation workers to participate in the Rehabilitation School’s courses for the first time and enjoy professional learning and advancement of rehabilitation and recovery. Students participated from distant peripheries such as Eilat in the distant south, from the far-off Bedouin diaspora, and from Arab and ultra-Orthodox societies, who avoid mixing with the general population. Distance learning enabled them to be exposed to and enjoy professional learning, expand their toolbox and skills as well as be exposed to relevant content. They were able to ventilate their experiences, while sharing, discussing and meeting many diverse employees around the country. In addition, we saw very high participation by unskilled rehabilitation workers, such as tutors and caretakers, who generally refrain from attending the school’s courses for a variety of reasons. This population is in direct contact with the recipients of rehabilitation services on a daily basis, and its professionalization is very important for strengthening and promoting high-quality and significant rehabilitation processes.

The students final feedback made it clear to us how important these workshops were to them, how much they met the need and how well they were able to benefit from them, both in the content and the emotional aspects. The students reported that the workshops added knowledge, content and expanded the toolbox that is relevant to current times. It also improved their sense of belonging and ability, and strengthened their faith and hope in rehabilitation.
and recovery:
In conclusion: The Corona crisis brought with it challenges along with opportunities for the Rehabilitation School. The radical and sharp change created by circumstances has yielded the need for us to examine questions, initial insights and new directions. We are busy with questions: What is worth continuing to teach at a distance and what is not? Where were the successes in learning significant despite (and perhaps thanks to) distance? Most importantly, what new opportunities can we derive from this time of crisis?

In practice, the Rehabilitation School was able to continue to run all the ongoing courses in an online format and thus maintained the learning continuum, while at the same time developing unique workshops for this period. The number of participants, the speed of the joining of rehabilitation staff, to which online learning was accessible, made available at anytime, anywhere and from any media device, and the excellent responses we received at the end of each workshop, proved that these workshops were perfectly suited, both in structure and content for the period and learning needs in the field and contributed to cooperation and exchange of information between employees from different regions and cultures.

We value the “hybrid” or “blended” learning in a model that allows for optimal integration between classroom and virtual learning, a method that combines traditional learning with distance learning and its differential adaptation to the variety of courses and workshops that the Rehabilitation School offers.

Noami Hadas Lidor, Ronit Dudai, Orly Oren, Vered Baloush Kleinman

Canada, June 18

Caremongering – Canada’s Response to the Global Health Crisis
While Canadians have long since earned an international reputation for being nice - pleasant, good natured and kind – this quiet propensity has catalyzed a kindness movement. Caremongering arose in response to the fearmongering and anxiety triggered by the sudden and rigid physical measures imposed at all levels of government in efforts to contain the novel Corona-19 virus. ‘Flatten the curve - stay home!’ became the mantra and so Canadians (and the rest of the world) did. Many though quickly felt the impact of physical distancing; interrupting lives and disrupting everyday routines. Opportunities to connect and be with one another were no more; whether with family and friends, colleagues, peers, those within communities. The impact on mental health and wellbeing was felt and concern for those who were isolated, vulnerable, stuck at home, or without any home at all became heightened.

The Caremongering movement was first sparked within social media. Through the virtual forum, hubs and networks were created, mutual aid and support within local communities was offered, social connections were nurtured, and kindness exchanged. ‘What do you need?’ ‘I’m here to help.’ ‘I’m just a phone-call away.’ ‘What can I pick up for you?’ Mita Hans is credited with launching the initiative and adopting the term. “Scaremongering is a big problem. We wanted to switch that around and get people to connect on a positive level, to connect with each other. It’s spread the opposite of panic in people, brought out community and camaraderie, and allowed us to tackle the needs of those who are at-risk all the time – now more than ever.”[1] The initiative has gone viral, and Caremongering groups have since sprung up everywhere spreading inspiration, ideas and how-to launch guides across the country.

While many are feeling the pain of social disconnection and are looking for ways of bridging the physical divide, just as the pandemic is uncovering inadequacies of our social, health and justice systems, the underlying pandemic of loneliness has also been magnified. Loneliness has not just arisen through Covid-19. Loneliness is a common human experience for many and increasingly recognized as a growing public health issue. The pull in us to connect is innate. When we are disconnected with one another the impact on our mental health and cognitive functioning is real. Connections positively impact our wellbeing. Many are hoping that we will not return to ‘normal’; that we will open to new ways of being, including having compassion for one another. May Caremongering be one of the post pandemic waves and support the creation of our new normal.

Christine Grace McMulkin

[References: Canadian Mental Health Association: https://mentalhealthweek.ca/kindness-is-contagious-not-just-fear/ ; Canadian Mental Health Association – British Columbia: https://cmha.bc.ca/news/social-connection-is-the-cure/]

“Stay inside your containers and follow the rules of hygiene. No one can get out without special permission”. That was sounding over loud speakers at a refugee camp site in Greece which I had the chance to visit at the beginning of quarantine. People living in containers (the “lucky ones”) while a large number of people still stay in tents and share 1 toilet for 70 people according Médecins Sans Frontières (MSF) reports. In Greece around 120,000 refugees are estimated to be in the country either in camp sites or in apartments. Since June 1st though, stricter policies enforced are leading to evictions of recognized refugees who have an “equal access” to the workplace and to finding a home only in paper. More than 10,000 refugees are now under eviction order and many of them try to make a living wherever they can in Greece which nonetheless is Covid ready” for the touristic season that has been going on much differently than the previous ones.

Yesterday, 20th of June, was the World Refugee Day and on the same day new measures extending the restrictions for refugees and asylum seekers in refugee camps were announced. It seems like “Greek summer being a state of mind” as the national tourist campaign states does not apply to all people currently in Greece.

When I try to think of an inspiration and hope I no longer have “revolutionary ideas”. We are living in a time when psychiatric reform has been successful in many countries while new “asylums” are being built on the same time and even in the same places as it used to be. The Observer had run a title “Leros: Europe’s shame” referring to the thousands of people with mental health problems that were segregated living in inhuman conditions in a previous military barracks asylum. Although most of the people from that time have been moved to apartments and communities we are witnessing a regression to the past with a “new kind” of people that are treated like “outcasts”; refugees and people on the move.

Nevertheless, our millennial generation feels disappointed by the revolutions of the past and feels blamed for the shortcomings of recent times. No longer can a political party induce a reform by itself and inspire us. Especially for Greece where crisis has been a “normality” for the last decade and we have all graduated into large unemployment rates, adverse working conditions and lack of hope. Just take a stroll in Greece, not only in Attica and you can see a lot of former glory and unfulfilled potential; old factories closed down, big villas and resorts falling gradually apart, “Olympic Game buildings” which no one could pay for keeping them in a good condition or even reusing them for other purposes and all over the place the old signs of the “old political powers” withering under the sun. I had once visited a family in an isolated
village in Pelion mountain who said that their only hope were migrants who “brought back life to the village and we can even hope to start our working our school again”.

What can induce hope is exactly that; humanity. Human rights being the only means of securing humane conditions for all and understanding what Dainius Pūras as special rapporteur was stating in 2019; that we “cannot have mental health without proper access to work and housing”. What inspires me to keep going is how to achieve the “little things”. This was first brought to my attention when I visited Marit Borg in 2014, in Drammen, Norway. I was expecting a “big revolution plan” to establish recovery in all healthcare systems, and I was met with the importance of focusing in the “small but important things” in life. Just what I had the pleasure to do while sharing a drink after a WAPR conference in Madrid with Marit, Michella Amering and Marianne Farkas and greeting them with a warm hug in a pre-covid time. That is what came to my mind when I met with someone from Syria who told me in a sunny day at a camp isolated from the community (about 30 min walk from the closest village): “When I do not feel well, I tend to a small garden outside my container, just 2 flowers but it makes me think of growth”.

While in summer in Greece, you work a bit more light-hearted knowing that hope is in a swim you can take, in a nice taverna that you can visit and in the friends you are going to see. That has been keeping us going to get out of the quarantine knowing all the time full well that a large number of people around us still have a long way to go, just to get to enjoy these things together as “one” community and not divided. We can stand with them and maybe help them get there faster; either in Greece or any other country. Covid-19 is still here and many countries pay excruciating prices in human lives lost. Maybe though we can cope better with insecurity, fear and restrictions “with a little help from our friends”.

Michalis Lavdas
sign of this lack of meaning and of a struggle to imagine a future after such a dramatic disruption in reality. Could it be that people who have experienced similar disruptions in the form of psychosis and other mental health challenges have something to offer?

Through the listening sessions, I learned a lot. First, if there is one group who can claim to know something about disruptions in reality, isolation and uncertainty, it is the people who have lived through it previously. Not only do we have experience with trauma, but we also have experience in recovery. Second, I learned that we should look more closely at the health disparities and inequities and fight for social justice, rather than pathologize experiences of human suffering that we are all faced with at this moment. Finally, I learned that our definitions of what’s normal are not very useful anymore. As one of our participants asked: If psychosis describes when someone is seen to break from reality, what should we call when reality breaks from us?

Covid-19 is acting as a magnifier. We are now paying attention to how healthcare is not accessible to all, how Black folks and Latinos in the US are being disproportionately affected by this disease, how racism is pervasive and violent in our American culture. We are also learning that essential workers may be found in grocery stores, driving a bus, cleaning hospitals. Will we learn our lesson?

After our listening sessions, 20 of us wrote an article to make sure our voices are heard. And we continue to work. The project evolved and a group of us is working on a series of webinars and podcasts to offer a counter-narrative to the one that is emerging out there. It is not the time to diagnose more people, to offer more treatment, to say that the problem lies with individuals. It is the time for collective action toward social justice, to end racism and discrimination, to advocate for human rights to ensure that basic needs are met for everyone. It is also time for equity in the domain of knowledge. Coercion, violence and rights violations are still a big part of our mental health systems, a lot of that has to do with the fact that we don’t listen to the voices of those we are supposed to help. I hope this work is a step in the right direction to correct that.

Coping with uncertainty is challenging and can be dealt with in two ways: having a sense of urgency to “get back to normal” at whatever cost or tolerating some not-knowing with hope that something better can emerge. Many of us have reinvented reality before, whether through an extreme experience, a physical illness, a mental health crisis, a memorable trip, a book we read, relationships that forever changed how we see ourselves, love, parenthood, loss, friendship, grief or hardship. It is our responsibility to make sure that the new reality that will
emerge from Covid-19 brings new equity in multiple domains. I am fortunate to work with an inspiring group of people who are relentlessly hopeful that a better world is possible, to have mentors that support my dreams of social justice, and friends who keep me from being cynical and accepting that things are what they are. Stay tuned to read our paper, see our webinars and hear our podcasts.

Ana Florence, New Haven CT
Resources and links related to the Covid-19 crisis


MEntal Health Europe proposes 8 ways to look after your mental health that can be found here [https://www.mhe-sme.org/covid-19/](https://www.mhe-sme.org/covid-19/). In such a way MHE emphasizes the importance of self-care for physical as well as mental wellbeing.


The World Health Organization has launched a campaign #HealthyAtHome aimed at giving advice on physical activities, mental health, quitting tobacco, health partenting [https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health?gclid=CjwKCAjwjLD4BRAiEiwAg5NBFlHzT4TN2h1kqL9uRI18wFqKolceccOqCdd1iePcCyBuCuXgEeSv-hoC1H0QAvD_BwE](https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health?gclid=CjwKCAjwjLD4BRAiEiwAg5NBFlHzT4TN2h1kqL9uRI18wFqKolceccOqCdd1iePcCyBuCuXgEeSv-hoC1H0QAvD_BwE).

The International Organization for Migration has issued the Covid-19 guidance and toolkit for Mental Health and Psychosocial Teams. This is a crucial guide to facilitate actions on the field of refugee mental health in different settings. More information can be found here: https://eea.iom.int/publications/covid-19-guidance-and-toolkit-mental-health-and-psychosocial-support-mhpss-teams

Humor & Covid19

When you miss the trips to work!


https://imgur.com/gallery/uH2L5BJ
https://www.reddit.com/r/comedyheaven/comments/g5jib7/closed/

https://www.pinterest.com/pin/728457308465041324/
Send us your story!

mfarkas@bu.edu

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