



Peer-Led Recommendations for Supporting Individuals Receiving Care in State Psychiatric Facilities during the COVID-19 Crisis

Utilizing SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, NASMHPD solicited recommendations on implementing the six principles from NASMHPD Division of Recovery Support Services, SAMHSA's Statewide Consumer Networks and others with lived experience. Each principle was discussed resulting in practical suggestions for providing information, support, comfort and connection in these highly traumatic times. The unique needs of individuals in state facilities, many of whom have experienced significant life time trauma, was the focus of our meeting and the following suggestions.

Many individuals receiving services in state psychiatric facilities are involuntarily committed and frequently court ordered for evaluation and/or treatment. With the pandemic comes additional uncertainty. We hope these suggestions can help provide the people we serve with some predictability, reassurance and control.

Safety

Caring for the physical and psychological safety of individuals served is paramount during this crisis. Clearly the physical setting must be safe as well as the interpersonal interactions must promote a sense of safety. Recommendations include:

- Encouraging exercises on self-compassion, gratitude, and mindfulness.
- Providing individuals access to virtual visitation via technologies/programs such as Facetime, Skype, phones, etc.
- Developing a safety fact sheet on COVID-19.
- Asking staff and individuals in care what will enhance their personal safety at this time.
- Encouraging peers to develop personal comfort strategies
- Offering informational materials and sessions for persons served to educate them on the crisis.
- Helping persons served understand the difference between isolation (confirmed positives or people showing symptoms consistent with COVID-19) and quarantine for people exposed to see if they will develop symptoms. (This should include regular meetings for information and questions.)
- Explaining variations in protocols (e.g. why staff and designated patients must wear face coverings and people served may not.)

Empowerment, Voice and Choice

Whenever possible, allowing individuals in care the opportunity for choice will provide an increased sense of control. Hearing expressed concerns and fears and providing suggestions for self-soothing can reduce symptoms. Recommendations include:

- Giving persons served the option to wear masks and providing them information on the benefits of using masks.
- Playing soothing music and sounds to soothe the anxieties of persons served.
- Providing persons served with video-streaming services of relaxing environments, such as zoos or wildlife preserves.
- Engaging peers in developing meaningful and relaxing activities on the unit (i.e. games).
- Developing activities for those in isolation that are engaging and meaningful to increase overall health and well-being. One way to do this is to ask the persons served what they would like to have to help cope with the crisis.
- Persons served in isolation continue to receive clinical services either in person or virtually.
- Giving persons served the options to do yoga and other online exercises.
- Offer creative expression opportunities to work through emotions about the virus, such as art making, poetry, or other activities that can be accomplished while social distancing.

Trustworthiness & Transparency

During these uncertain times, it is so critical to maintain trust through regular communication and information sharing. Recommendations include:

- Presenting information on COVID-19 in increments.
- Providing updated information and opportunity to process feelings is important in calming escalating fears. Anxiety is high for everyone during this stressful time. Peers may witness another on the unit escorted by outside paramedics being transported to the hospital.
- Engaging in honest discussion and allowing fears to be expressed can mitigate escalating feelings.
- Developing concrete guidance and dos and don'ts list for the crisis.
- Being transparent with persons served about feelings and fears over the crisis.
- Practicing calming strategies may also be helpful. Please see the mind body calming strategies attached that can be printed and displayed. They can also be practiced at community meetings.
- In the unfortunate event that a peer on the unit dies, giving the group the opportunity to grieve and honor the individual in a way that is meaningful to them.
- Hosting informational sessions to explain changes in policy, practice, and clinical programming. The practice guidelines to deal with this epidemic are constantly changing and being revised. As such, it is important for people to understand what's behind the change.

Collaboration & Mutuality

Everyone has a role to play during the COVID-19 crisis. Persons served and persons serving are all experiencing fear, anxiety and uncertainty. We are truly in this together and you don't have to be a therapist to be therapeutic! Recommendations include:

- Creating a warm line for persons served to call to discuss their own experiences and receive information concerning the virus.
- Create a "coping kit" composed of stress management and coping strategies favored by staff and persons served.
- Hosting consistent meetings together with staff, peer support, and clients on updates concerning the COVID-19 crisis. Ideally, this should be done virtually through programs like Zoom and WebEx; and it should end with a breathing exercise.
- Using virtual meetings to transition persons served out of state hospitals into community settings.
- Holding morning (daily) check-ins/community meetings to speak with and check on the status of persons served. Providing a forum for both staff and people served to provide support to each other.

Peer Support

Utilizing traditional in-person peer support might be challenging during this time of social distancing. Whatever can be done virtually will provide important connection when physical connection is not possible. Encouraging mutual self-help and learning to care for one would provide additional comfort during this difficult time. Recommendations include:

- Continuing peer support, either in-person or virtually (depending on the hospital's policies).
- Providing in-unit peers with information and tools (i.e. curriculum, training) for them to assist other patients in their units.
- Encourage the use of peer-to-peer support among peer workers at your facility.

Cultural, Historical & Gender Issues

Family and cultural connections are important for the well-being of persons served. Recommendations include:

- Informing patients that all people can be affected by this crisis. Educate honestly that while older people are at highest risk, even younger people with pre-existing conditions, including current and former smokers or people with diabetes, are at high risk.
- Encouraging individuals to share their traditional, cultural healing rituals and values.
- Attending to issues of stigma. Media coverage often focuses on certain groups being more susceptible to COVID-19 than others. As such, it is important to provide accurate information in order to preemptively address issues over misinformation.

Resources

- <https://dulwichcentre.com.au/wp-content/uploads/2020/03/Lived-wisdom-on-panic.pdf>
- <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

“Beneath every behavior there is a feeling. And beneath each feeling is a need. And when we meet that need rather than focus on the behavior, we begin to deal with the cause not the symptom.”

-Ashleigh Warner