



USING THE GUIDING PRINCIPLES OF RECOVERY TO COPE DURING PHYSICAL DISTANCING

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Acknowledgements and Disclosures

- The views presented here are the presenters' views and do not represent the views of the VISN 5 MIRECC, Department of Veterans Affairs, or the U.S. government.
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SAMHSA Recovery: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”



[Using the Guiding Principles of Recovery to Cope During Physical Distancing – CLICK for full handout](#)

OUR GUIDING PRINCIPLES

Lived Experience Wisdom in the Covid-19 Era

“...to recover is not to restore or reclaim a former state of normality, but to forge new pathways and create one’s life within and beyond the constraints and limitations, in this case, imposed by reality itself”

“Particularly noteworthy was the realization that some of those who have had a previous experience with extreme states found themselves to be better prepared for this journey than their counterparts, having had to reconstruct their lives in other ways on previous occasions”

Florence et al., 2020

[Click here for full article](#)

Lived Experience Wisdom in the Covid-19 Era

“Coping with uncertainty is challenging and is often dealt with in two ways; responding with a sense of urgency to “get back to normal” at whatever cost or tolerating some not-knowing with hope that something better can emerge.”

Florence et al., 2020

[Click here for full article](#)

Outline

- **Social Isolation and Mental Illness**
- Interventions for Social Isolation Among People with Mental Illness
- Impact of COVID
- What Do We Do Now? – Tools, Ideas, Resources from the Field
- Report from the Field: Experiences from a MHICM E-RANGE Team

Objective and Subjective Social Isolation

- **Objective social isolation:**
 - “Having little social contact with other people, can be objectively measured by social network size and frequency of contacts with others”
- **Subjective social isolation**
 - Loneliness- “distress related to a discrepancy between desired and perceived availability/quality of social interactions”
 - Perceived social support- “Self-rated adequacy of available social resources”
- Both have negative impacts on health and well-being

Ma et al., 2020

[Click for full article](#) ⁷

Social Isolation and Mental Illness

- Objective social isolation is more common among people with mental health conditions
- People with severe mental illness (SMI) have smaller and less satisfactory social networks, more likely to include family members and professional supports
- The odds of being lonely are eight times higher among people with mental health conditions
- Half of people with SMI are lonely, compared to one third of the general population

Ma et al., 2020; Perese & Wolf, 2005

Contributing Factors

- Skills deficits
- Symptoms
- Constricted social networks
- Lack of friendships
- Stigma
- Poor community integration – e.g., housing, employment
- Poverty
 - Grooming/clothing
 - Lack of money for social activities

“I try to adapt as best I can ... But what can you do when you don't have any money? You can't just sit around all day and stare at the wallpaper; you have to get out, take a walk. That's what saves me. But at the same time, if I'm out walking... I get all these ideas... I see a boat, and I know someone who has a boat, what if I got in touch with him? But no, of course not, that wouldn't do; I don't have the means to get out to his place. Why should I call him up and find out they're going to do something that's a lot of fun, like we used to do. “Hmmm, that sounds like fun ...”, but I can't go with them because I don't have the money ... and so instead I think, why did I go out on this walk in the first place? Maybe it would have been better if I had stayed home and ... So it's like... It's kind of a dilemma.”

-“Lars”, a young man with SMI living in a small town in Sweden

Topor et al., 2016

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RCTs Addressing Social Isolation Among People with Mental Illness

- Cognitive modification: changing maladaptive cognitions
 - May be promising for impacting subjective social isolation
- Social skills training and psychoeducation programs
 - No clear supporting evidence for subjective social isolation
 - Some impact on objective social isolation, especially when group-based
- Supported socialization (support groups, social recreation groups, befriending)
 - Some evidence for impact on objective social isolation, not subjective
- Research is not strong enough to support concrete recommendations

Ma et al., 2020

“Befriending”

- Compeer model
 - Non-profit organization which matches community volunteers with people with SMI
 - Volunteers receive a short training on being a friend to the person with SMI
- Quasi-experimental study of this model
 - 79 adults with SMI randomized to Compeer, 75 assigned to wait list control
 - All participants receiving mental health services
 - Those assigned to Compeer had greater improvements in social support (an index measure that combined objective and subjective components) and subjective well-being at 6 months, and continued to increase through 1 year
 - Friendship takes time to develop

McCorkle et al., 2008





“Befriending”

- Compeer model
 - Qualitative interviews with volunteers and participants (n=20)
 - Over time, friendships deepened and became mutually beneficial
 - Participants with SMI became more socially active over time
 - Volunteers who had mental health conditions themselves shared that they benefitted as well

McCorkle et al., 2009

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Impact of COVID

- Given high rates of poverty, medical comorbidity, obesity, smoking, homelessness or residence in congregate housing, social isolation, and psychiatric symptoms, as well as poor access to health care, people with SMI are at disproportionate risk for the negative impacts of the COVID-19 pandemic.

- Read more with these short publications:

Druss BG. (2020). Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness. *JAMA Psychiatry*.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764227>

Kozloff N, Mulsant BH, Stergiopoulos V, Voineskos AN. (2020). The COVID-19 global pandemic: implications for people with schizophrenia and related disorders. *Schizophrenia Bulletin*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7197583/>

Impact of COVID: Recommendations

- For policy reform:

Bartels SJ, Baggett TP, Freudenreich O, Bird BL. (2020). Case Study of Massachusetts COVID-19 Emergency Policy Reforms to Support Community-based Behavioral Health and Reduce Mortality of People with Serious Mental Illness. *Psychiatr Serv*.

<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000244>

- For clinical service delivery – a great read with a lot of practical ideas:

Kopelovich SL, Monroe-DeVita M, Buck BE, et al. (2020). Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness. *Community Mental Health Journal*. <https://link.springer.com/article/10.1007/s10597-020-00662-z>

Impact of COVID

- Survey of 198 people who self-identified as having a mental illness
- Recruited from the ForLikeMinds, an online peer support community
- Identified major concerns during COVID:
 - Concerned about disruption of services due to the COVID-19 pandemic
 - Feeling isolated and socially disconnected because of the COVID-19 pandemic
 - Preferred forms of social contact: text messaging, followed by phone, then social media

Costa et al., 2020

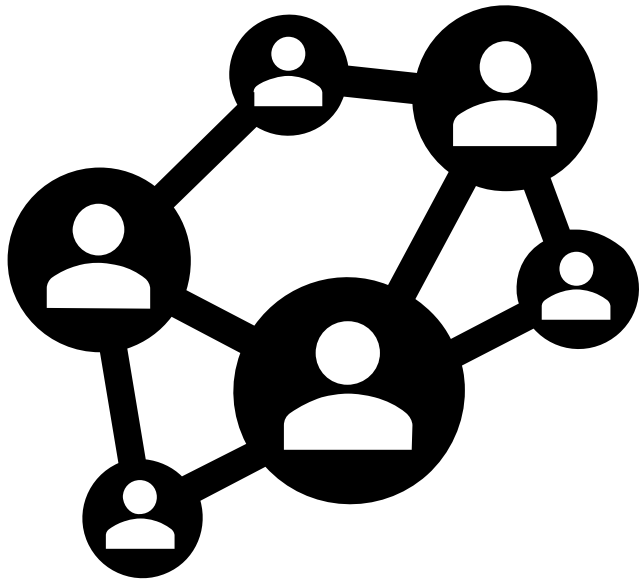
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What Do We Do Now? – Tools, Ideas, Resources from the Field

- Cognitive modification
 - Connections Plans
- Supported socialization and group-based support
 - Mutual self-help and peer support groups
 - Veteran Coffee Socials
 - Connecting through mobile phones and the Internet
- Socializing safely



Connection Plans

- Similar to safety planning
- Takes about 30 minutes
- Do not have to be a mental health provider to create one
- Apply basic cognitive behavioral principles
- How is loneliness showing up in the person's thoughts, body, and behavior?
 - Thoughts: "No one cares about me"
 - Body: "Heaviness in chest"
 - Behaviors: Not reaching out to anyone
 - Make a plan to shift these

Van Orden et al., 2020

[Click here for full article](#)

Helping Older People Engage (HOPE) Lab

VISN 2 Connection!

Kim Van Orden: researcher at the University of Rochester who does research on social isolation in older adults

The HOPE Lab has remote research projects for adults age 55 and older!

[https://www.urmc.rochester.edu/labs/van-orden/
HOPE@urmc.Rochester.edu](https://www.urmc.rochester.edu/labs/van-orden/HOPE@urmc.Rochester.edu)

1-585-273-1811

Mutual Self-Help/Support Groups

- National Mental Health Consumers' Self-Help Clearinghouse: <https://www.mhselfhelp.org/>
- National Empowerment Center: <https://power2u.org/> - see "Resources"
- Black Self-Help Information (directory) <http://blackselfhelp.info/>
- Depression & Bipolar Support Alliance: <https://www.dbsalliance.org/> - has national network of in person and online mutual aid support groups
- New Jersey Self Help Group Clearinghouse: <https://www.njgroups.org/>
- Hearts & Ears (LGBT+ People with MH Concerns): <https://www.heartsandears.org/>
- Emotions Anonymous: <https://emotionsanonymous.org/>
- 12 Step Online Groups: <https://www.12step.org/social/online-meetings/>
- Inter-Group Association of A.A. of New York, Inc.: <https://www.nyintergroup.org/meetings/>
- National Alliance on Mental Illness: <https://www.nami.org/Support-Education/Support-Groups>

Veteran Coffee Socials

- BEFORE the pandemic
 - In VISN 1: Certified peer specialists started weekly “Veteran Coffee Socials”—open peer support groups for veterans, held in local coffee shops or restaurants
 - NOT a clinical service
 - Did not have to be enrolled in VA health care – just show up
 - In one 9-month period, had over 2000 Veteran contacts across “socials” taking place in seven different towns
 - Veterans formed relationships and accessed resources

Gorman et al., 2018
[Click here for abstract](#)

VA New England Healthcare System

Peer specialists connect over virtual
coffee



VA Veteran peer specialists, Karen Milliken, left, a Navy Gulf War Veteran, and Jessica Mack, an Air Force Veteran of Operation Enduring Freedom connect with Veterans over a virtual coffee (photo by Charlotte Doherty, Veteran peer support specialist and Air Force Veteran).

Veteran Coffee Socials...

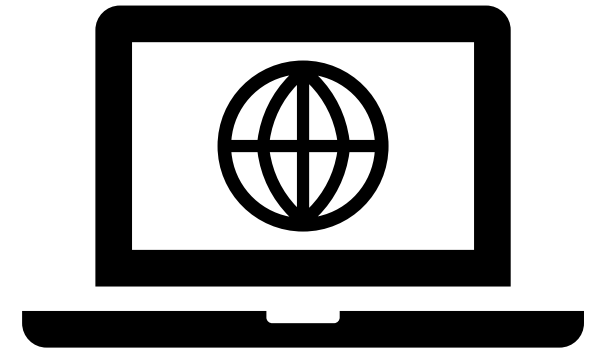
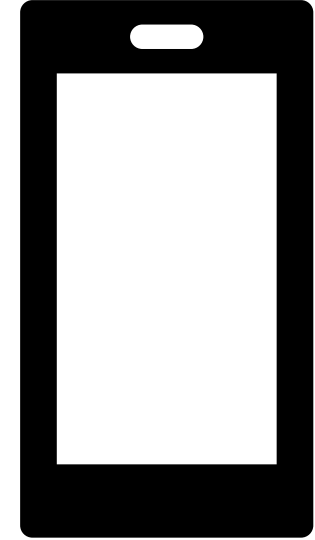
now on video chat!

<https://www.blogs.va.gov/VAntage/78613/peer-specialists-veterans-connect-virtual-coffee/>

Use of Mobile Phones and Internet

- Ownership of mobile devices and rates of Internet use among individuals with SMI are comparable to the general population
- High rates of use of **text messaging** and **social media** including Facebook
- Individuals with SMI use these platforms to access social, medical, mental health, and employment resources

*Firth et al., 2016; Brunette et al., 2019;
Young et al., 2020; Naslund et al., 2016*



Getting Veterans Connected

- VHA Digital Divide consult and Connected Devices program
 - VA provider places a consult
 - Social worker assesses the Veteran's device and connectivity needs
 - Veterans in need of a device to access telehealth appointments can be mailed an iPad with data
 - Veterans in homeless programming may be sent an iPhone instead, if desired
 - Devices have restricted use
 - Talk to your facility telehealth coordinator for details
- Non-VA telehealth access points:
<https://connectedcare.va.gov/partners/atlas>
- Lifeline Support: <http://lifelinesupport.org/lis/>



VA Mobile Health Apps - 28

- Anger and Irritability Management Skills (AIMS)
 - Track and manage anger
- Mindfulness Coach
 - Learn mindfulness and stress reduction
- Move! Coach
 - Weight loss support
- Parenting2Go
 - Parenting skills
- PTSD Coach
 - Tools to manage PTSD
- Vet Change
 - Develop healthier drinking habits



Resources for Choosing Apps

- Rate apps on quality, credibility, user experience, security/privacy

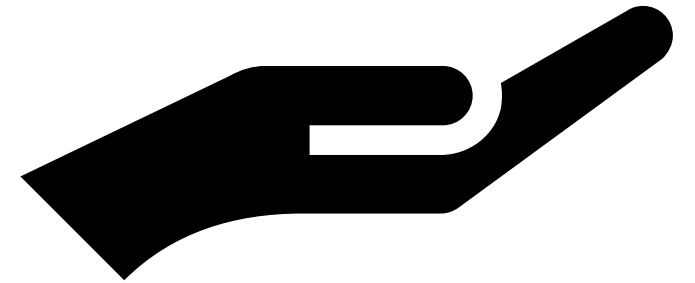
<https://onemindpsyberguide.org/apps/>

<https://mindtools.io/about-mindtools-io/>

- Remember the “human factor”

- mHealth and eHealth interventions enhanced by support from a person
- Peer Specialists are well-suited to fill this role
- Digital peer support: “co-producing peer support technologies to address the health and recovery needs of people with a lived experience of a mental health condition”

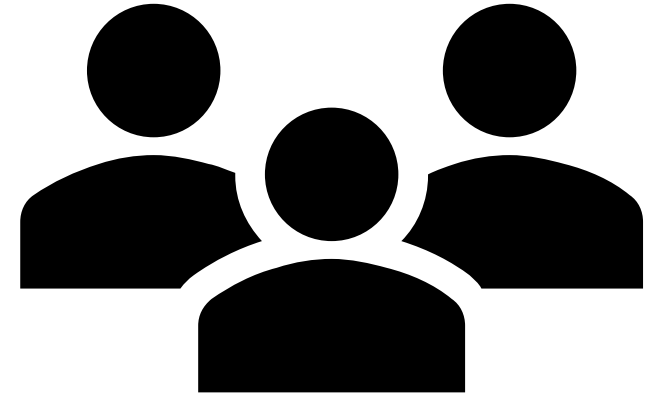
<https://digitalpeersupport.org>



Online Community

- Use of platforms like Facebook, Twitter, YouTube to connect with others with similar experiences
- Potential benefits:
 - Greater social connectedness, group belonging
 - Challenge stigma
 - Learn from peers
 - Support around behavior change
- Potential risks:
 - Misinformation
 - Negative interactions with others

Naslund et al., 2016



Whole Health



- An incredible repository of resources!

- <https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>

- “Too Much Bad News: How to Do An Information Fast”

Too Much Bad News: How to Do an Information Fast

Crime is going down, but you wouldn't know that from looking at national media because we still cover the same number of crimes, the same number of murderous trials, so there is a danger that we are not reflecting the world.

– Tony Gallagher

If it bleeds, it leads. – Adage about the news

How does the news affect my health?

In 2014, Harvard researchers asked 2,500 American adults what causes stress in their daily lives. Forty percent admitted that “watching, reading, or listening to the news” was one of their top life stressors.¹ Since then, more studies have shown that learning about bad news hurts our mental health more than listening to good news helps our mental health.²

Unfortunately, the media spends more time focusing on bad news than good news. One study found there are seventeen bits of bad news shared for every one that is about something good.³ That’s because consumers are more likely to pay attention to stories about war, terrorism, bad weather, and natural or manmade disasters.⁴ Psychologists call this our “negativity bias.” We tend to react to bad news faster and remember it better.⁵

All of this bad news damages our health in the following ways:

- Increasing stress hormone (cortisol) levels in our body⁶
- Increasing depressive symptoms, loneliness, and hopelessness⁷
- Creating feelings of anxiety that last beyond the news program⁸
- Making us feel more threatened by others around us⁹
- Triggering post-traumatic stress disorder (PTSD) symptoms^{10,11}

Studies done after the 9/11 attack and the Boston Marathon bombing showed that people who watched the news had more flashbacks about the attacks. Some even experienced more anxiety than the people who were present at the attacks.^{11,12}

The more we are exposed to negative stories, the more it causes us anxiety.¹³ Stress and anxiety negatively affect our long-term health.

What types of media affect my health?

The studies mentioned in this handout looked at how we react to the news we get from newspapers, magazines, televisions, and websites. Recently, more Americans are also getting their news from social media websites such as Facebook, Instagram, Pinterest, Reddit, and Twitter. Polls show that 8 out of 10 Americans who use the internet also use social media, and a majority of Americans get news from social media.¹⁴ Negative reports on social media can also contribute to anxiety and depression. In fact, a recent study found that people exposed to multiple social media sites were up to 3 times as likely to have anxiety and depression as people who went to fewer sites.¹⁵

How can I avoid the mental health effects of the news?

Many of us rely on daily news sources at work and during our free time. And psychologists agree that some Americans are addicted to the news. Totally staying away from the news may be too hard for most of us. Instead, experts offer 3 practical ways to decrease anxiety, depression, and PTSD symptoms that may be related to watching the news:

- (1) Balance the negative news with positive news sources. The same studies mentioned earlier also found that good news stories bring out positive emotions in us. Seek out positive news sources such as the “Good News Network” and “Headlines for The Hopeful.” Get updates from the Constructive Journalism Project on how some people are trying to increase reporting of positive news topics.
- (2) If you think you might be addicted to the news or social media, consider using self-hypnosis. A self-hypnosis resource is provided below in the “For more information” table.
- (3) Try a media and information fast. This involves cutting down on TV, internet, radio, and newspaper sources of the news for a short time to allow your brain to rest and recover. There are many ways to do this without it throwing off your daily life. For more information, review the exercise below.

Exercise: How to do a Media and Information Fast

Before The Fast

Step 1: Start by keeping a media journal. This simply means keeping a small notebook with you throughout the day and writing down what news sources you use (TV, internet, phone applications, radio, etc). Keep track of how long you used them, what topics you reviewed, and how the news made you feel. Try to do it on at least 3 typical days, and look at both weekdays and weekends. This is a great mindful awareness practice.

Step 2: Once you complete your media journal, ask yourself what you want to get rid of during the information fast. This could be one of your information sources, or all of them. Consider starting with the news sources you use most often.

Step 3: Decide how long you want to take a break from these sources. Your media fast can be as short or long as you wish. Common times for a media fast are 24 hours, 3 days, 7 days, or even 1 month. Another option is to choose specific days-off from media during the week. This may mean not checking the news on your phone during the weekend, or only watching TV news broadcasts on Mondays and Fridays.

During the Fast

Step 4: Take time to reflect on how you feel without your news sources. Do you feel out of touch? Do you miss the information? Have you saved time? Have you noticed that your mood is better and your stress is lower? Do you feel like you have less to talk to other people about? Keep notes of anything you feel is important to remember after the experience.

Step 5: Fill your extra time with activities that make you healthier and happier. Spend time with friends and family or in nature. Ask yourself if you feel like you have more time to do the things you enjoy.

After the Fast

Step 6: When you finish your fast, think back to Step 4. Do you feel the information fast improved your health? Which sources of information are most helpful to you and which are the most harmful? Find a balance between getting information and not being harmed by it. Start adding back what you feel you need the most.

Step 7: Consider repeating this exercise from time to time, like doing spring cleaning. Our sources of news and other information change quickly, so this exercise is worth doing at least once a year, if not more.

As one becomes aware of the decline of violence, the world begins to look different. The past seems less innocent; the present less sinister.¹⁶ - Steven Pinker

The information in this handout is general. Please work with your health care team to use the information in the best way possible to promote your health and happiness.

For more information:


ORGANIZATION	RESOURCES	WEBSITE
Veterans Health Association	A variety of Whole Health handouts on surroundings	https://www.va.gov/PATIENTCENTER/EDCARE/veteran-handouts/index.asp
Good News Network	Website focused on publishing positive news stories	https://www.goodnewsnetwork.org/
Hypnosis Download	Self-hypnosis guide to reducing news addiction	http://www.hypnosisdownloads.com/addiction-help/news-addiction
Headlines for The Hopeful	Positive news source which also focuses on Veterans experiences	https://hopefulheadlines.org/

This handout was written for the Veterans Health Administration (VHA) by Sagar Shah, MD, integrative and family medicine physician at Kaiser Permanente in Honolulu, Hawaii and student in Master of Public Health program at Emory University. It is based in part on a document for clinicians, "A Media and Information Fast" written by J. Adam Rindfleisch, MD. The handout was reviewed and edited by Veterans and VHA subject matter experts.

Resources

1. Robert Wood Johnson Foundation, National Public Radio, Harvard School of Public Health. The Burden of Stress in America. Robert Wood Johnson Foundation website.

Helping Veterans Make Informed Decisions about Safe Socializing



My Coming Out of Quarantine Safety Plan

Most of us are transitioning out of quarantine into the community. It's going to feel great, and maybe a bit scary. We can make a plan to stay safe and have fun.

What important things have I missed doing during quarantine?

<input type="checkbox"/> Going to my place of worship	<input type="checkbox"/> Going to the gym	<input type="checkbox"/> Hanging with friends
<input type="checkbox"/> Going to the store	<input type="checkbox"/> Going to parks	<input type="checkbox"/> Being with family
<input type="checkbox"/> Getting my hair cut	<input type="checkbox"/> Meeting up with my group	<input type="checkbox"/> _____
<input type="checkbox"/> Going out to eat	<input type="checkbox"/> Going to/hosting parties	<input type="checkbox"/> _____

Which activity do I want to get back to first? _____

What are the pros of returning to that activity?	What are the cons of returning to that activity?
<input type="checkbox"/> I will have fun	<input type="checkbox"/> I have an underlying health condition
<input type="checkbox"/> I will reconnect with people	<input type="checkbox"/> I live with a senior or high risk person
<input type="checkbox"/> It's my Personal Medicine	<input type="checkbox"/> I work in a high risk setting
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Created by Pat Deegan

[Click here to request the worksheet!](#)

“Darkness of the womb”

“In our tears and agony, we hold our children close and confront the truth: The future is dark. But my faith dares me to ask:

What if this darkness is not the darkness of the tomb, but the darkness of the womb?

What if our America is not dead but a country still waiting to be born? What if the story of America is one long labor?

What if all the mothers who came before us, who survived genocide and occupation, slavery and Jim Crow, racism and xenophobia and Islamophobia, political oppression and sexual assault, are standing behind us now, whispering in our ear: You are brave? What if this is our Great Contraction before we birth a new future?

Remember the wisdom of the midwife: ‘Breathe,’ she says. Then: ‘Push.’”

-Valerie Kaur, Sikh activist, filmmaker, and civil rights lawyer

<https://valariekaur.com/>

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Report from the Field: Experiences from a MHICM E-RANGE Team

- What services are we providing?
 - Some in person contact, short, for specific things, like filling pill boxes, delivering food, or taking Veterans to the grocery store.
- How are our Veterans doing?
 - Some are very isolated – but ok with it! They are very comfortable with isolation.
 - Others are isolated and bored, depressed, and not coping well.
 - Others still have a lot of social contact and are taking risks in terms of exposure to COVID-19.

Report from the Field: Experiences from a MHICM E-RANGE Team

- What challenges are we facing now?
 - It's harder to keep Veterans engaged through the phone – all they have to do is ignore your call.
 - It's difficult to watch Veterans engage in unsafe activities that might increase their risk of exposure to COVID-19.
 - The hardest time was when the pandemic first hit – when all the social services were shut down and it was so sudden.

Report from the Field: Experiences from a MHICM E-RANGE Team

- What are we doing to overcome challenges?
 - Doubling the amount of social contact for isolated Veterans
 - Respectfully providing accurate information and education about how to prevent the spread of COVID-19
 - Keeping an open dialogue and maintaining the therapeutic relationship, even when there are challenges
 - Being flexible in how we provide support
 - Reflecting on lessons learned and how we can carry strategies that have worked so far forward into the winter

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