



The Urgent Need and Recommendations for Rapidly Organizing Community-Based Initiatives to Prevent and Heal Pandemic-Generated Mental Health and Psychosocial Problems

Executive Summary

Our existing disaster response and mental health systems are not set-up to address an emergency like the Coronavirus pandemic. Never before has a global health pandemic forced millions of people to physically distance or quarantine themselves from others for extended periods, closed businesses and caused massive loss of jobs and incomes, or produced so many other personal, family, social, and economic disruptions. The disorientation and stresses resulting from these disruptions will likely generate a surge of mental health and psychosocial problems that must be quickly planned for and addressed.¹

While important, psychological first-aid and individually-focused mental health treatment will not be sufficient to address the scale of the mental health and psychosocial problems the pandemic will produce. Innovative community-based interventions are essential that build population-wide psychological wellness and resilience. This requires the rapid coordination, planning, and implementation of a range of interventions focused on both "Presencing"-- or self-regulation-- and "Purposing" --or adversity-based growth--skills and tools by a diverse network of local non-profit, private, public, neighborhood, and grass-roots leaders.

This document offers recommendations for swiftly organizing coordinated community-based, population-wide efforts to prevent and heal pandemic-related mental health and psychosocial problems. They are based on research and experience in responding to mental health and psychosocial crises, and on community-based Transformational Resilience efforts.*

The recommendations include:

- Utilize established networks or organize a new Resilience Coordinating Group (Council) in every community/region to collaboratively plan and implement interventions to prevent and heal mental health and psychosocial problems. The goals of the RCC include:
 - Develop ongoing communications and decision-making among multiple organizational and individual stakeholders focused on building psychological wellness and resilience.
 - Continually assess mental health and psychosocial conditions, develop needs assessments, and identify gaps in support services.
 - Use the analysis to develop an action plan that closes the gaps and builds population-wide psychological wellness and resilience, with a special emphasis on high-risk groups.
 - Establish protocols to ensure fairness and social equity and community-owned and managed engagement in all interventions.
 - Implement interventions including disseminating both Presencing and Purposing information to the public, psychological wellness and resilience skill-training for first-responders & local leaders, neighborhood and block-level social networking, and more.
 - Regularly evaluate progress, improve interventions, and advocate for local needs.
- After the pandemic ends, integrate the approach into local culture, programs, and policies.

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Overview of the Likely Mental Health and Psychosocial Impacts of the Coronavirus Pandemic

A 2020 review of 24 studies of the mental health impacts of individuals quarantined due to a virus found that the stresses caused by separation from others, fears of infections, frustration, boredom, inadequate information, and fears of being stigmatized can cause a wide range of substantial and long-lasting psychological impacts.² In addition, job and income losses are known to evoke shame and loss of self-esteem that, combined with financial pressures, can produce severe anxiety, depression, and other mental health problems. Job and income losses can also strain relationships, increase child and family abuse, activate alcohol and drug misuse, produce anger, aggression and violence toward others, and cause other harmful psychosocial problems.³ If the pandemic continues for an extended period, the resulting stress can also aggravate or directly produce a number of physical health problems.

It is important to note that, although the mental health and psychosocial problems will likely be significant during the height of the pandemic, the most serious problems will almost certainly emerge *after* it slows and ends. People typically come together in the midst of a crisis to share resources and support each other (called the "honeymoon phase" of an emergency). However, after the crisis ends and people struggle to put their lives back together, some can experience significant distress (called the "disillusionment phase" of an emergency). For more information, see the *Common Stages of an Emergency* graphic at the end of the document.

Innovative Methods Are Needed to Build Population-Level Psychological Wellness & Resilience

While important, psychological first-aid and individually-focused mental health treatments will not be sufficient to address the scale of the mental health and psychosocial problems the pandemic will likely produce. Innovative community-based interventions are urgently needed that build population-level psychological wellness and resilience. This requires the immediate organization of diverse multi-stakeholder groups that collaboratively plan and implement age, gender, and culturally appropriate prevention and healing interventions for all residents, with special care for at-risk groups. Potential group members should include, but go beyond mental health professionals to involve public health, emergency response, food/water/shelter providers, police, neighborhood, faith, social justice, education, civic, and government, and grass-roots leaders from marginalized groups.

All interventions must be delivered in just and equitable ways, and should focus on both "Presencing" and "Purposing" information, skills, and methods. Presencing skills are simple self-administrable methods to calm the body, mind, and emotions when distressed to enable wise and skillful decision-making. They include body-based, breath-based, thought-based, mindfulness-based, socially-based, and other methods that enable self-regulation. Purposing skills are simple methods to find meaning, inspiration, and hope in the midst of the pandemic. They include methods to turn toward and learn from the adversities, clarify the core values one wants to live by, and finding a purpose during the pandemic with an emphasis on helping others, animals, or the natural environment.



Specific Recommendations, Actions, and Timeframe

1. *Immediately organize a resilience coordinating group (council) in each community/region to develop and implement mental health and psychosocial prevention and healing interventions.*

- The goals of a Resilience Coordinating Group or Council (RCC for short) are to: a) develop ongoing communications and collaborative decision-making among multiple organizational and individual stakeholders; b) regularly assess mental health and psychosocial conditions, develop needs assessments, and identify gaps in services; c) use the analysis to develop action plans to close the gaps and build population-wide psychological wellness and resilience; d) establish protocols to ensure fairness and social equity and community-owned and managed engagement in all efforts; e) implement priority interventions including the wide dissemination of Presenting and Purposing self-care and care-for-other skills, mental wellness and resilience education and skill-training, neighborhood and block-level mapping, social networking, and self-care and care-for-others, and more; f) continually monitor, assess, and improve efforts; g) advocate for resources when needed.
- If a local mental wellness network exists they can take the lead. If none exists, a lead person should be designated to organize a coordinating group. When possible, the lead should be a local government mental health program staff. If that is not possible, an individual from the non-profit or private sector can be asked, or a volunteer can offer to take the lead. The leader should always work in close contact with local public mental health leaders.
- The first task of the lead person (ideally with the help of others) should be to contact local public, non-profit, and private sector mental health organizations and professionals and ask them to join a conference call to be held within the week to discuss the organization of a coordinated group to prevent and heal mental health and psychosocial problems.
- The initial call should: a) discuss the need and benefits of organizing a local coordinating group; b) ask participants if they are willing to participate in the effort; c) have each person share what they/their organization are already doing or are capable of offering to prevent and heal mental health and psychosocial problems; d) brainstorm additional actions to prevent and heal mental health and psychosocial problems; e) request names and contact information of other organizations and individuals to ask to participate in the effort; f) ask for volunteers for an interim executive committee that will develop agendas and materials for the larger group to respond to; g) schedule a second group call in 1 week.
- Prior to the 2nd call the group leader should work with the interim executive committee to develop a framework for an action plan for preventing and healing local pandemic-related mental health and psychosocial problems for the larger group to respond to.
- The 2nd group call should: a) cover similar ground as the first for new participants; b) refine the initial draft action plan framework; c) clarify the roles and responsibilities of the group leader, steering committee, and group members in the development and implementation of the action plan; d) schedule a third group call no later than 1 week later.
- The 3rd group call should: a) formalize the group, including assigning a name such as "Resilience Coordinating Council" (RCC) or other title that resonates locally; b) begin to develop a detailed action plan with specific interventions, responsibilities, time lines etc.; c)

ask each group member to determine what role they or their organization is willing to play in implementing the action plan; d) clarify group communications, information sharing, and intervention protocols; e) establish regular weekly group calls; f) address other issues.

- The 4th group call should finalize and begin efforts to implement the action plan. Ideally the action plan should be completed and implementation begins within one month after the process of organizing a coordinating group is launched.

2. RCC Action Plan Priority Interventions

- *Offer Presencing and Purposing Self-Care Education to First Responders and Medical Staff:* One of the first priorities of the RCC should be to offer web and/or phone-based education to first responders and health care staff focused on both Presencing and Purposing self-care tools. Presencing skills can include: pay attention to personal symptoms of stress such as body aches and headaches, practice 6-second or other breathing methods, get good exercise, establish routines, take regular breaks, stay connected to family and friends but limit time on social media, find ways to laugh and smile, and more. Purposing methods can include: see what new things you can learn about the word and self during the pandemic, write down the values that are important to you to live by during the stressful times, identify your purpose with a special emphasis on helping others or nature as a way to help yourself, and more. With these suggestions in hand, they should also be encouraged to develop their own self-care protocols including creating forums to share distress and grief.
- *Disseminate to the Public Information on Self-Care and Caring-For-Others:* Through social media, websites, blogs, local TV and radio interviews and promos, printed materials, posters, and other methods the RCC should distribute age, gender, and culturally appropriate information on how to practice Presencing and Purposing self-care skills during and long after the physical distancing and shelter-in-place requirements end. In addition, simple methods should be shared on how to notice signs of psychological distress in family or friends and encourage them practiced Presencing and Purposing self-care skills and/or seek assistance. The information should be continually updated and disseminated to community members during and for at least a year after the pandemic ends.
- *Educate Neighborhood and Grass-Roots Leaders to Identify and Assist At-Risk Individuals, Strengthen and Connect Social Support Networks, and Share Self-Care and Care-for-Others Skills:* The RCC should educate neighborhood and grass-roots, faith, and other leaders with intimate knowledge of local residents about how to use emails, social media, block walks, and other methods to scan local residents to identify individuals that might be isolated, need essential services (e.g. food, medications), seem particularly distressed, or in other ways might be at risk of mental health or psychosocial problems. The leaders should also learn how to discuss the importance of both Presencing and Purposing self-care and care-for-others skills, with special emphasis on encouraging people to stay connected with close family and friend social support networks, make connections with other social support networks, and find a purpose, inspiration, and hope during the pandemic by assisting people in need or nature. The leaders should send their analysis of local conditions to the RCC, which should quickly implement strategies to assist those in need.

- *Organize Psychological Wellness and Resilience Train-The-Trainer Workshops:* There is no one-size-fits-all approach to building psychological wellness and resilience. People respond to adversity in different ways and each individual and group will resonate with different wellness and resilience skills and methods. A sequence of workshops should therefore be planned to train local community and neighborhood leaders in a variety of "Presencing" and "Purposing" skills that they can teach to others. The workshops should teach the skills to people and then have them practice and refine their ability to teach the skills to others. A number of local, regional, and national organizations offer these types of workshops.⁴ In the near term the workshops can be offered by skype, zoom, or conference call without video.

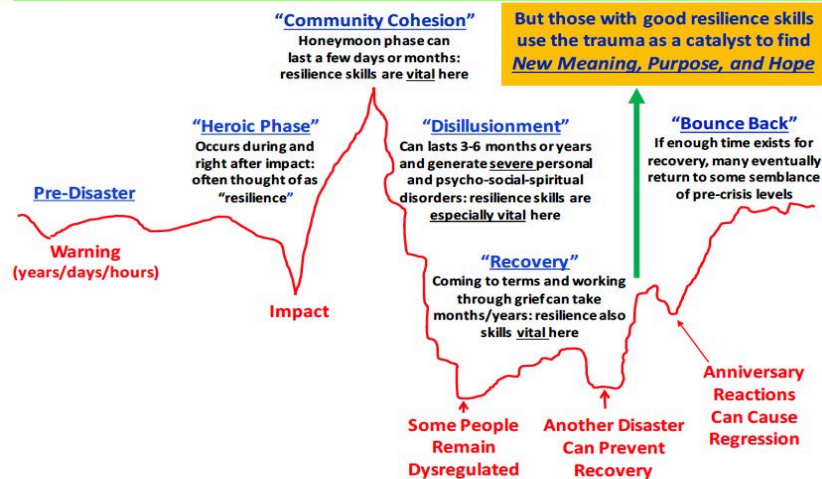
3. *RCC Interventions to Continue During the Pandemic and for Up to 1 Year After It Ends*

- Jointly advocate for needed resources such as food/water/shelter/income, funding for psychological wellness and resilience educational programs, and other local needs.
- Offer train-the-trainer psychological wellness and resilience workshops to community, neighborhood, and grass-roots leaders and establish continuing education mechanism.
- Support efforts by people who attend a train-the-trainer workshop to share the skills they learned with community members, and establish follow-up monitoring, evaluation, and improvement mechanisms.
- Assist neighborhood and grassroots leaders to conduct participatory mapping to identify and assist at-risk local individuals and groups, strengthen and connect local social support networks, and educate local residents on Presencing and Purposing self-care and care-for-others skills and methods.
- On a weekly basis, update the assessment on community needs, complete gap analysis, and update the action plan to strengthen existing or implement new interventions.
- On a monthly basis gather data, assess progress, and improve the action plan and interventions.

4. *RCC Activities After the Pandemic Ends*

- Assess the progress and success of the RCC, the action plans, and interventions and develop recommendations for future improvement.
- Seek funding to hire a permanent staff to manage the RCC.
- Integrate community-based population-level psychological wellness and resilience methods into local non-profit and private organizational regulations, practices, and procedures and enact local policies to build a culture of psychological wellness and resilience.
- Join with other RCCs to advocate for the enactment of federal and state policies that authorize and fund the establishment of Resilience Coordinating Councils in communities/regions nationwide to build population-wide mental wellness and resilience for climate and other future emergencies.

Phases Commonly Seen in Disasters and Emergencies



Adapted from Hallock, D. (2010) Understanding the four phases of disaster recovery; North Carolina Cooperative Extension Service (1999): Common stages of disaster recovery; Joseph S. (2013) What Doesn't Kill Us; and Doppelt, B (2016) Transformational Resilience.

Footnotes

¹ Xiang Y.T. et al., Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry*. 2020 Mar;7(3):228-229. doi: 10.1016/S2215-0366(20)30046-8. February 2020

² Brooks SK., et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*: 395:912-20. Published online February 26, 2020: [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

³ See, for example, World Health Organization. *Impact on Mental Health of Economic Crisis*. 2011: http://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf?ua=1; and Breslin FC, and Mustard C. Factors influencing the impact of unemployment on mental health among young and older adults in a longitudinal, population-based survey. *Scandinavian Journal of Work, Environment and Health*. 2003; 29(1):5-14.

⁴ See, for example, examples of west coast resilience building programs found at:

<http://www.theresourceinnovationgroup.org/-west-coast-resilience-prog/>

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