

# Supporting Mental Health During COVID-19

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1:30 – 3:00 pm | April 15<sup>th</sup> 2020

# Welcome

- Welcome!
- We are recording
- Please keep your lines muted unless you are speaking
- Use the chat for questions
- We will have time for questions and discussion at the end

# SUPPORTING OUR CLIENTS MENTAL HEALTH DURING COVID- 19



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**\*\*Managing mental health during this Covid-19 pandemic is not different than at any other time, its just harder.**

**Because we are:  
stressed  
triggered  
overwhelmed  
don't have access  
cant leave the house**



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# BUT, OUR EXPECTATIONS ARE WRONG:

- Feeling anxious and afraid are normal and to be expected, we can't make that go away we can only get through it as best we can and find resilience.
- There is no trick to making anxiety and worry go away, but there are strategies to help manage the feelings in the moment enough to get back into whatever you were doing.
- If we do all the things that the experts are telling us won't we feel better?
  - Well maybe, but who can really doing all of the things?
  - And ***all*** of the recommendations are not for ***all*** of the people.
- We should take a customized approach that acknowledge our own responses and our own strengths and challenges.



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# A FEW MORE THINGS..

- Nothing is going to work completely
  - **but** does it work momentarily? i.e. does getting outside for a few breath helps you re-engage and keep going? Great? It won't make homeschooling, working, and cooking and cleaning fun and enjoyable but it might help you continue on.
- Advice and lists don't work without connection.
- This is about getting through and finding resilience.



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# HOW DO WE FIND RESILIENCE?

Community and Culturally informed :

- Where were you taught to draw strength to persevere?
- How did your grandmothers endure?
- How did your ancestors endure?
- What are your traditions in time of grief? In times of sorrow?

\*\*Its ok if you don't know, who might know? Is this something that you would like to think about? Who could you ask? Where can you look?



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# 4 Common Responses



**Fight:** Take the problem on, singular in focus, anger, aggression.

**Flight:** Action oriented, avoid/get away from the problem, stay safe(r), fear

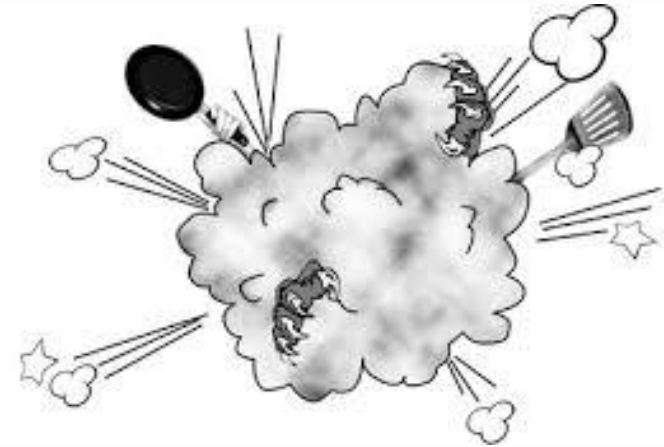
**Freeze:** Do nothing, worry, fear, fretting

**Fawn:** Appeasing, smoothing over, trying to make it right, fear, denial

**\*\* All of these responses are OK!**  
The goal is to be aware of your common response patterns and use them to help yourself rather than to hinder yourself.



# Fight



The fight response happens when you feel you're in danger, but you believe you can win. Not in your rational brain.

Some signs someone is in fight mode include:

- Easily identify the source of distress and focusing your distress onto something (could be yourself, partner, kids, grocery store clerk, road rage).
- Perfectionism/high expectations of yourself or others can be a manifestation of Fight
- Physical symptoms: tension, grinding teeth, stomach feels tied in knots, feeling amped.
- “Fight looks like self-preservation at all costs,”

# Fight



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Some unhealthy ways that we may be seeing this today due to stress of COVID-19

- blaming everyone/anyone- president, people who aren't staying home, people who are overreacting/underreacting, parents on social media who are xyz....)
- an "every person for themselves mentality," (hoarding)
- feeling its single handedly on them (no else gets it- everyone else it stupid, incompetent, selfish)
- responding to stay-at-home orders with rebellion
- feeling invincible to the disease and going out anyway.

# Fight



Some helpful ways we are seeing people respond to COVID-19 with the fight response:

- Yelling at people to stay home
- Pointing out the inequitable systems
- Being willing to help neighbors (going to the store, etc)
- Organizing people or projects (making masks, parent help groups, volunteering, etc)

Other things to consider:

- Fight is a physiological readiness to act, find ways to discharge energy in healthy ways: exercise, dancing, listening to music, cleaning, rough housing with kiddos, fixing things, volunteering, community organizing, etc.

# Flight

Flight response is perceiving danger and getting out of there!

Common things we might see:

- Being chronically busy and perfectionistic. Attempts to out run the danger by being too busy for it to get them, or by getting ahead of the danger by being perfect.
- Flight is also active like fight but in other directions away from the danger.
- Flight can look like obsessive thinking or compulsive behavior,
- Feeling panicky or anxiety, acting these out
- Unable to sit still or feel relaxed



# Flight



Some unhealthy ways we might be seeing the flight response today:

- physically leaving the area to have an extended vacation or try to escape areas hit hardest.
- Any response that limits us being present to reality like increased substance use/abuse, gambling, compulsive shopping, compulsive porn watching, binge watching Netflix.
- Implementing extreme precautions- separate rooms within the house for immediate family members, not touching things in their own house.

# Flight



Some healthy ways that we are seeing people respond:

- Staying home!
- Staying away from other people,
- Taking this seriously,
- Not being risky.

Things to consider to cope better for people who experience a flight response:

- Take breaks from social media,
- Monitor substance use or any other behaviors that can become harmful for you,
- Get outside regularly (in nature if that's possible),
- Engage in mindfulness practices that allow you to have a more calm engagement with the present,
- Engage in grounding activities,
- Seek out connection with others

# Freeze

stuck?



When we experience a freeze response we don't know what to do and can feel paralyzed. Unlike fight or flight that are action oriented and often externalizing, the experience of Freeze is to keep emotions inside (Internalizing).

Common things we might see:

- Spacing out or feeling unreal, feeling physically or mentally “frozen”- which people may experience as *dissociation*.
- Isolating from the outside world,
- Being a couch potato, staying in bed, feeling unable to deal and stuck
- Difficulty making and acting on decision or problem solving.
- Worrying a lot.
- Mistrustful of others and generally find comfort in solitude.

# Freeze



Some unhealthy ways that we may be responding to COVID-19 if we commonly experience freeze:

- May feel like their own safety or family's safety is jeopardized by others
- Shutting down and staying in bed
- Feeling a sense of dread and hopelessness
- Not know what to do- perhaps reading all the news and being lost in it and feeling paralyzed
- Not able to work or be productive
- Not able to problem solve simple or complex things- needing others to help make decision and figure things out.
- **Dissociating**



# Freeze



Some healthy ways we are seeing this response pattern:

- Staying home and taking this seriously!
- The ability to hunker down without getting stir crazy
- The ability to be by yourself
- You are well suited to the task at hand without a lot of distress!

Some things to consider:

- Energizing yourself- not to discharge energy but to create positive energy, to come back to life. This can be physical- exercise, dance, movement. or emotional strategies to come alive- listening to music, writing, reading, creating art- instead of watching TV, zoning out on your phone, etc.
- Turning off social media
- Do things that connect you to others

# Fawn



People who experience a Fawn response seeks safety by meeting with the wishes, needs and demands of others. They will put their own needs, rights, preferences and boundaries aside to please others.

Some common behaviors:

- People-pleasing, being very concerned about fitting in with others
- Being unlikely to say how you really think or feel if it might create conflict.
- Caring for others (perhaps to your own detriment)
- Always saying “yes” to requests
- Struggling with low self-esteem
- Feeling taken advantage of
- Feel guilty that people are suffering and turn to people-pleasing or caregiving.

# Fawn



Some unhealthy ways we might see this in response to COVID-19 stress:

- May respond to public health recommendations and amplify them by 10 and tell everyone else to do the same, being a “good citizen”
- May want to rush to put some kind of extra positive spin on this, "this is a time to connect with all your loved ones," "the earth needed this," "homeschooling is so magical and I'm so glad we are the most connected family on the planet“
- May try to take care of all the needs of their family (not paying attention to their own)
- May put themselves at risk to help others

# Fawn



Some healthy ways that we see this response today:

- Taking care of all the things for everyone
- They are the teachers pet of following the rules on COVID-19!
- Highly capable of doing many things and getting it done well- homeschooling, cooking, cleaning, etc. with 4 kids!

Some things to consider:

- Taking care of yourself!
- Work towards accepting the duality of the situation (plenty of it sucks but some good may come)
- Use your powers of connection to reach out to folks over the phone and online
- Learning to say no
- Seeing your beauty and ability for what it is- exceptional! Regardless of what others think.

# Flock

- When something happens the first thing we do is look up, towards others, towards our caregivers to see what to do. It's the beginning stages of dysregulation. We check in to see how others are perceiving a threat.
- It's a process in which individuals, experiencing a shared and persistent burden, connect to access, share, mobilize resources for positive adaptation.
- BUT, COVID-19 is a unique experience in that it forces isolation at a time when people would naturally flock together.
- However we can still help in those early stages of dysregulation- so when something happens and as we look towards each other- how we respond matters, how parents frame this experience for their kiddos matters, how supervisors hold and support their employees, and so on.

# I CANNOT CONTROL

(So, I can LET GO of these things.)

IF OTHERS FOLLOW THE RULES OF SOCIAL DISTANCING

THE AMOUNT OF TOILET PAPER AT THE STORE

## I CAN CONTROL

(So, I will focus on these things.)

THE ACTIONS OF OTHERS

MY POSITIVE ATTITUDE

TURNING OFF THE NEWS

FINDING FUN THINGS TO DO AT HOME

HOW LONG THIS WILL LAST

HOW I FOLLOW CDC RECOMMENDATIONS

LIMITING MY SOCIAL MEDIA

MY OWN SOCIAL DISTANCING

MY KINDNESS & GRACE

HOW OTHERS REACT

PREDICTING WHAT WILL HAPPEN

OTHER PEOPLE'S MOTIVES



Clipart: Carrie Stephens Art  
TheCounselingTeacher.com

What are other things we can control?



## Mindset Shift During a Pandemic

I'm stuck at home



I get to be **SAFE** in my home and spend time with my family

I will get sick



I will self-isolate and wash my hands, this will significantly **DECREASE** my chances of getting sick

I will run out of items at home during self-isolation



I have prepared for this and I will use my items wisely. I have everything I **NEED** for now

Everything is shutting down, I'm panicking



The most **IMPORTANT** places, such as medical centers, pharmacies and grocery stores, remain open

There is too much uncertainty right now



While I can't control the situation around me, I **CAN** control my actions. Doing breathwork, calling loved ones, getting enough sleep and proper nutrition, prayer, and doing activities I love at home will all help during this time



# Providing care via telehealth

## Challenges:

“It’s easier being in each other’s presence, or in each other’s absence, than in the constant presence of each other’s absence.”

- Connected but Disconnected
- Can feel like we are hyper-focused *or* distracted and trying to engage
- Its new and different
- Some clients don’t like it
- Not all clients have access
- Many people feel exhausted connecting via telehealth platforms all day.

\*\* all of this on top of the stress of COVID-19





# Providing care via telehealth



## Opportunities:

- Many clients like it
- It works – tele-mental health is well researched.
- Can increase access for families with experiences barriers to in person care.
- Can increase feelings of safety and control for some clients

# The Basics

Before the meeting:

- Reduce distractions- close extra tabs, use full screen viewing mode, turn off phone.
- Ground yourself- similar to a front porch meditation find a quick grounding exercise to help yourself be present.
- Be prepared with any materials you need, so you are not looking for them during them meeting.

At the beginning of every video or phone meeting:

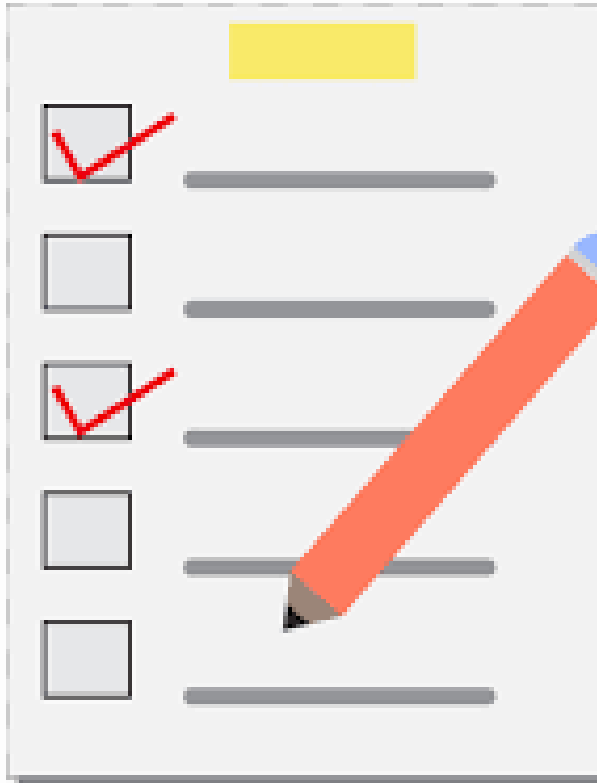
- Is the client in a place that they can talk freely?
- If video, have a clear plan about finishing the meeting- ie provider will call the parent back and complete the meeting via phone.

# Screening via telehealth

\*\*Screening is a conversation, it's an opportunity to deepen and build your relationship with your client- it's not a task to check off.

- The day that you screen should not be the 1<sup>st</sup> time you have talked about emotional health with your client.
- Introduce the screening tool and why you are doing:
  - If its routine: “We believe in supporting clients health in all ways- this includes emotional health, it can be helpful to use a tool that is specifically designed to screen for depression, would you like to complete one today?”
  - If a clients mood has changed: “ It sounds like the last few weeks have been really hard, have you wondered if you might be depressed? Do you know the signs? We completed a depression screen in November, we can complete one again and see if I changed? Would you like complete one again?”

# Screening via telehealth



## Verbal screening vs written screening:

- Can feel harder to answer the questions,
- Verbal screening works and has been shown to be effective.
- Read the questions verbatim, don't try to change them
- PHQ-9 is available in many languages- its better to use a translation versus translating yourself.
- Wait until the screening is over to talk more about any of the questions.
- Consider sending a copy to the parent during the call so they can read along.
  - Text a picture

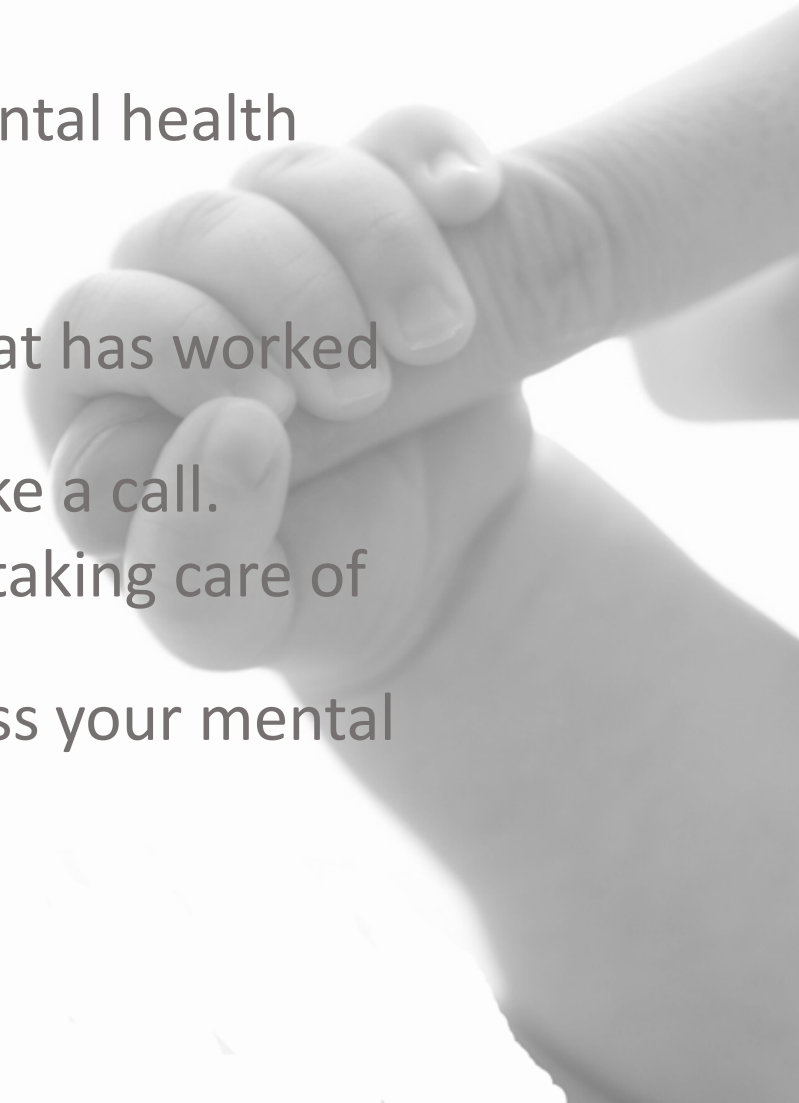
# OFFER GENTLE REFLECTIVE OPPORTUNITIES

- What questions do you have now that you've filled out all these forms?
- What did you notice?
- I notice that you checked item #9- tell me more about that?
- What do YOU think is going on?
- What concerns do you have?
- When answering these questions, did you note any similarities to things your family or friends have said?



# EFFECTIVE REFERRALS ARE CLIENT CENTERED

- What do you think would help you right now?
- Would you like more information about what mental health treatment will be like?
- What have you tried already?
- If client has experienced dep/anx in the past- what has worked before?
- Would you like me to stay with you while you make a call.
- What would do you need to take a step towards taking care of your mental health?
- What is stopping you from taking steps to address your mental health?



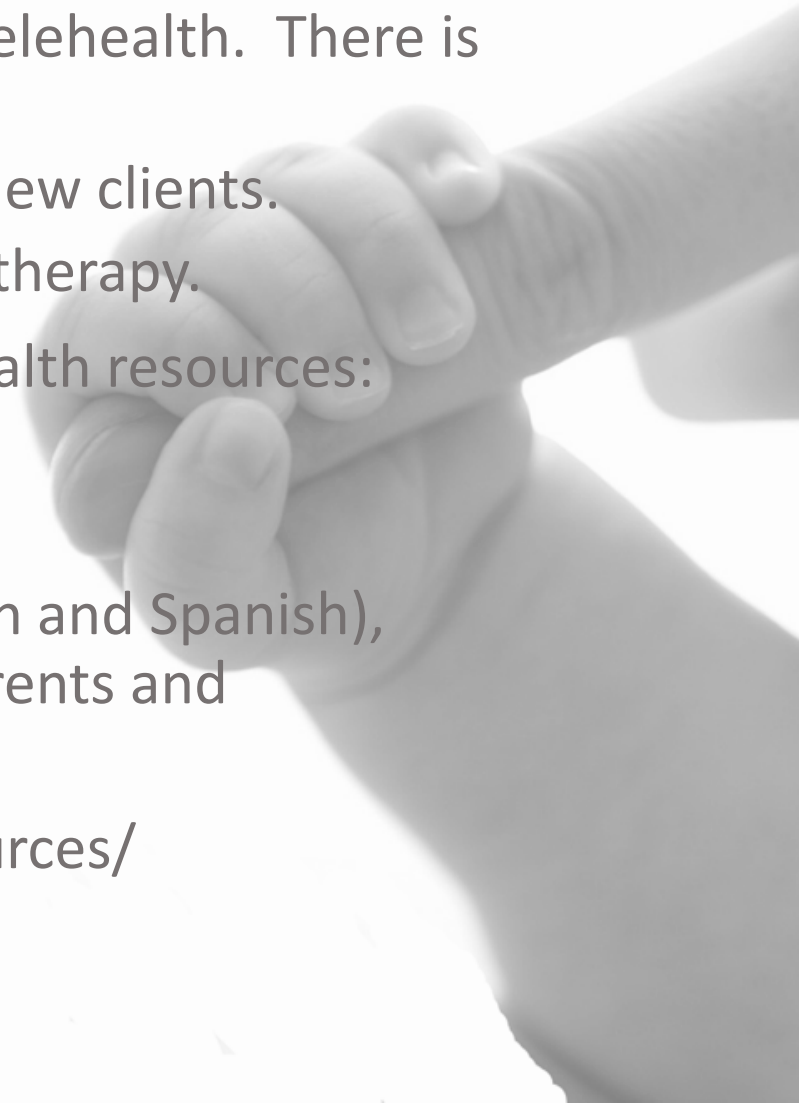
# REFERRALS

- Many mental health resources are now available via telehealth. There is current capacity, for now.
  - Community mental health centers *are* taking new clients.
  - Most private therapists have moved to online therapy.
- Perinatal Support WA has a list of perinatal mental health resources:
  - mental health providers,
  - virtual support groups,
  - wellness resources- online meditations (English and Spanish), movement and yoga, video and articles for parents and professionals.



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[www.perinatalsupport.org/covid-19-resources/](http://www.perinatalsupport.org/covid-19-resources/)



# SUPPORTING CLIENTS MENTAL HEALTH



Common themes for clients:

- Increased anxiety
- Fear and concern over health and safety
- Financial stress
- Parenting Stress
- Experiences of structural and systemic inequities
- Grief



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# SUPPORTING CLIENTS' MENTAL HEALTH

Common themes for helpers:

- Addressing our feelings of inadequacy and not being enough/doing enough.
- Feeling angry at inequities
- Feeling afraid for our clients
- Feeling afraid for ourselves- exposure to COVID-19
- Feeling trapped between the overall public health good and individual health of our clients.



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# ADDRESSING RISK REMOTELY

Mental health risk: Concerns about safety

Our ability to assess a client may feel different on the phone but the principles are the same

- Be gentle but direct :
  - Do you have concerns that you might act on these feelings?
  - Do you feel afraid right now for your safety?



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# ADDRESSING RISK

Who is would a trusted professional to call?

- Therapist (or on call therapist)
- Crisis line- phone or text options.
- Would the parent call with you the phone?

Is parent alone?

- Is there someone the parent can call right now?
- Is there someone the parent can identify that you can call specifically in regard to their mental health?



# ADDRESSING RISK

Mental Health, Parent Stress, and CAN:

- Are you concerned about your parenting right now?
- Are there supports that you can bring in?
  - Relative come and stay in the home
  - Identify 1 or 2 support people, who have been practicing social distancing agree to provide respite.
- Zero to Three Webinar for Home visitors next week.



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# ADDRESSING RISK



- How are we balancing public health *and* individual health?
- What policies and procedures do we need in place to do our jobs? To support parents in need.



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# TAKING CARE OF OURSELVES



- How do we navigate this time and build resilience?
  - Can we find meaning? In our role as home visitor, parent, health care provider, helper.
  - Can we find grounding in our cultural ways of navigating difficult times?
  - Can we align with our values- who do we want to be in this pandemic? When we look back on this time what do we want to see?
- Behavioral Activation strategies – doing things that we enjoy, continuing to find moments of joy.
- Connection (if that feels good)

THANK YOU!

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