BARHII-Rise Together COVID-19 Response:  
Mental Health Considerations for Equity  
April 14th, 2020

In our continued effort to advance an equitable response to the COVID-19 pandemic in the Bay Area, BARHII and Rise Together hosted a ‘Mental Health and Wellness for the Most Impacted’ webinar on April 8, 2020. The webinar featured expert panelists who highlighted mental health needs and resources for vulnerable communities in light of COVID-19. This document details key recommendations and resources for each of the vulnerable communities that were referenced during the webinar.

The goals of the webinar were to:

1. Offer a scan of state-wide and regional efforts and considerations for impacted individuals and communities
2. Provide resources and TA on how to approach each of these areas for both governmental and non-governmental entities
3. Hold a space for discussion and best practices sharing for the group to advance this work
A Note on Mental Health and COVID-19

The COVID-19 pandemic has fundamentally altered lives across the globe—separating families, destabilizing economies, and fostering fear and anxiety about an uncertain future. Much of the global response has focused on COVID-19 testing, social distancing to slow infections, health care capacity, and policies to address economic disruptions. Much less conversation has focused on the collective trauma and mental wellness needs that COVID-19 presents.

This webinar helped to frame the importance of behavioral health care and mental wellness services in this moment and identify current mental health resilience needs for our communities during the pandemic.

Everyone has a role to play in addressing the mental wellness needs of vulnerable populations. We can foster caring and connection through our interpersonal, communal, and societal interactions. We can engage overlooked communities in shaping the policy response to COVID-19, to give individuals a voice and avoid exacerbating long-standing health inequities. And as we plan for the recovery phase, we can prepare to address the long-term mental wellness needs that have arisen due to the pandemic.

The chart below includes priority take-aways and resources from our conversation about mental wellness and COVID-19.

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<th>Impact Area &amp; Speaker</th>
<th>Key Take-Away</th>
<th>Resources</th>
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| **People at Risk for Suicide** | **Background:**  
- Proposition 63 and the Mental Health Services Act place 1% tax on personal income of individuals earning $1M+ that is earmarked for mental health services. The MHSOAC came out of this.  
- Suicide rates keep increasing despite good times or bad.  
- Resilience is associated with the ability to cope with major and minor stressors.  
**Key Recommendations for Action:**  
1. Promoting safe environments. |  
**Speaker:** Ashley Mills, M.S  
**Senior Researcher at California Mental Health Services Oversight and Accountability Commission (MHSOAC)**  
**Email:** Ashley.Mills@mhsoac.ca.gov |  
- **Presentation slides**  
- **MHSOAC Striving for Zero: California’s Strategic Plan for Suicide Prevention 2020-2025;**  
  [www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)  
- **Suicide Prevention Resource Center** (tips for parents/educators around children) |
2. Dissemination of information about coping with stress, ensuring that essential workers have awareness of *warning signs* when interacting with the public.

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<th>People Living with Domestic Violence (DV)</th>
<th>Background:</th>
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| Speaker: Erin Scott, J.D. Executive Director at the Family Violence Law Center (FVLC) | • There have been increased rates of domestic violence reported in countries that are ahead of the US with the outbreak (China, France, and Spain). These can be attributed to shelter in place with abusive partners.  
• Isolation is already a tool for abuse, and is amplified with current reality.  
• Accurate case number tracking is difficult during COVID-19.  
• The impacts of DV can last up to 2 years due to economic vulnerability.  
• Concerns around increase in gun sales now.  
• Small underfunded agencies are piece of safety net.  
• DV calls are most dangerous for law enforcement to respond to, so would answer other calls. |

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<tr>
<th>Key Recommendations for Action:</th>
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<td>1. Counties and other jurisdictions must coordinate their DV response—Law Enforcement as a response entity is not broad enough.</td>
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<td>a. How: Counties that have designated units (e.g. office of women’s policy) seem to have better coordinated response.</td>
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<td>2. Jurisdictions must advocate for expanded eligibility for isolation spaces (e.g. hotels) for people experiencing DV, much like the action around unhoused communities.</td>
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<td>3. Community organizations and local government entities must collaborate DV response creatively.</td>
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<td>a. E.g. in France and Spain governments developed a known code with pharmacies to</td>
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<td>• Advocacy Model for Cash Assistance: <a href="#">Domestic Violence Housing First</a> (federal dollars, flexible client assistance money); can pay rent or provide gift cards</td>
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<td>• <a href="#">Gifford’s Law Center</a> on increased gun sales and DV concerns</td>
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### Mental Health Workers

**Speaker:** Dr. Jei Africa, PsyD, MSCP, CATC-V  
**Director of Behavioral Health and Recovery Services (BHRS) at the County of Marin**

**Email:** JAfrica@marincounty.org

**Background:**  
- There is a need to be aware of and address impacts on mental health workers as first responders. There is a need to be aware of how to take care of each other and our staff.

**Key Recommendations for Action:**  
1. Consider senior staff (65 years and older) that have a high motivation to be out on the field and the layered anxiety they may be experiencing in contrast to their conviction to help their clients. Additionally, we must lift up that health responders and mental health workers must put aside their own anxieties and fears to advance this work. Lift up their stories and acknowledge their work.
2. Shift messaging around mental health workers: They are just as essential as other healthcare workers. The precedent for this messaging is due to the simple fact that “the impacts of this pandemic will last longer than the medical needs that we are seeing: the trauma, the emotional impact, the psychological being...”
3. Resurface and amplify the positive stories that bring a sense of humanity and communal compassion from mental health workers and their clients.

**Please contact Dr. Jei Africa for additional resources**

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### Seniors in Isolation

**Speaker:** Dr. Jei Africa, PsyD, MSCP, CATC-V  
**Director of Behavioral Health and Recovery Services (BHRS) at the County of Marin**

**Email:** JAfrica@marincounty.org

**Background:**  
- Before COVID, ~40% of seniors fit the definition of “socially isolated.” This is now compounded by shelter-in-place.

**Key Recommendations for Action:**  
- Messaging: Shift the narrative from labeling seniors and others as “highly vulnerable individuals,” as this leaves them feeling more disconnected. Adequate COVID-19
response requires us to understand that we are all connected.

- Use creativity around using social networks like online resources.
  - Example: At his clinic, discovered that mental health workers need to be increasing phone call frequency but reduce call time as longer phone calls with clients tend to elevate anxiety during shelter-in-place.
- Increase home-visits and field-visits, maintaining 6 ft. distance and other guidelines.
  - Go back to basics by using snail mail, etc.
  - Offer services like meal delivery and disseminate food and care packages that might be sentimental.
- Pay attention to cultural/linguistic needs by translating materials, using larger fonts, and thinking beyond online/email.
- Pay attention to seniors’ needs beyond just mental health.
  - Example: Re-planning of medications, how to avoid scamming, stocking up on supplies, alternative resources in creating virtual communities (teaching them how to use a phone), etc.
  - These take away the overwhelming focus on just the pandemic and bring some of their attention to what is in their control.

**Front-Line Workers**

**Speaker:** Joseph Agoada, M.A.  
**Director, Opioid Response Innovation Initiative; Co-leader of the Coronavirus Support Network; CEO of Sostento Inc.**  
**Email:** joe@sostento.org

**Background:**

- Joe is the CEO of Sostento; spent 14 years focused on international public health emergency response and its intersection with technology.
- Focused on designing new services and maximizing current services to reduce anxiety/stress of front-line workers.
- Co-Leading the Coronavirus Support Network. The network has taken the following actions to respond effectively and in a timely manner:

**Please contact Joseph Agoada if interested in response work around front-line workers, particularly around utilizing Charitable Clinics**

- Coronavirus Support Network
- Engaged end-users, staff, etc. to identify pain-points.
- Identified a general lack of preparedness for the pandemic. Created guidance documents that are frequently updated.
- Identified that news sources are conflicting and not accessible. Created FAQs for certain populations and staff, a Myths document, etc. These are downloadable, lower-reading level, simply formatted for ease of use and distribution.
- Uncovered that facilities’ phone services are overloaded, causing influx of people coming to clinics and facilities unnecessarily. To combat this, developed a **Helpline SOS** tool, which pairs facility with phone menu options, offers informative and interactive response system on COVID-19 facts and symptoms, and logs responses in real-time to solicit call-backs. Retired healthcare workers or school nurses not working were recruited as volunteer responders for these call-backs.

**Key Recommendations for Action:**
- Take participatory design approach to understand end-users/staff needs and pain-points—design **with** and not **for** them.
- Start small, test, improve, then grow. People are looking to local government for leadership and if we take too long and fail to test we risk falling behind in responding effectively, and/or end up with ineffective tools.
- Technology can help but can also create hurdles. Must keep in mind that 90% of design needs to revolve around people and the remaining 10% around technology.
- Volunteerism is a big opportunity in these times; people are looking for distractions and ways to use their time well.
| Take advantage of this to optimize our strategies and response.  
| • Highlight “brokenness of system” to rally people to allocate money to smaller entities, as opposed to large organizations that are hoarding response dollars.  
| **Undocumented Immigrants**  
| *(comments from Jei Africa)*  
| **Key Recommendations for Action:**  
| • Understand and circulate messaging that we all play a role in helping these communities. Understand where we fit into the Social Ecological Model (SEM) in terms of impact.  
| • Government must keep paying undocumented workers even if they can’t do the work due to COVID-19.  
| • Community and government organizations offering services must continue engaging undocumented families and workers in critical services.  
| • We need government health entities to help change the policies that are punitive to these communities and utilize this moment to amplify this effort.  
| • National and Statewide Resources for Immigrant and Undocumented Communities |