

Transcript from a short video "COVID and Behavioral Health" a video with Janis Tondora for NCAPPS's Pandemic Wisdom series

Janis Tondora is a professor and researcher at the Yale University School of Medicine whose work focuses on services that promote self-determination, recovery, and community inclusion among individuals diagnosed with serious behavioral health disorders.

Hi everyone. My name is Janis Tondora, and I'm joining you from the quietest corner that I can manage to find at my home here in Connecticut, to share about the opportunities and challenges that the COVID-19 pandemic has presented for people living with disabilities -- in particular people with behavioral health conditions.

Depending on what circles you travel in, you might be more familiar with the terms: extreme emotional states, or serious mental illness, or mental health and addictions issues. But, no matter how you think of it, what we are learning together during COVID is that person-centered thinking, planning, and practice is perhaps more important now than ever before.

So, what are some of the things I think we're learning? First a few words about strengths and opportunities which should become clear in the midst of this crisis. Historically, treatment systems have tended to foster dependency on professionals rather than help people identify and draw upon their own internal resources, strengths, and coping strategies. But in recent years person centered systems have worked hard to promote a wide range of wellness, self-management and other self-directed recovery tools -- and the very best of these have been developed by people with lived-experience. Such tools and approaches have proven to be particularly critical with the emergence of COVID. In a time when agencies are closed, or have limited operations, people have been challenged to look to alternative ways to manage stress and to maintain their daily wellness. Some people do this informally and some people actually create a written plan that helps them map out their personal wellness strategies based on their unique interest and what works best for them.

In many cases those strategies include finding meaningful ways to connect and give back to others. And, despite our physical distance, COVID-19 has certainly presented a wide range of ways for people to do just that. I hear stories every day of people grocery shopping for elderly neighbors, making masks for healthcare workers, or simply checking in on a friend that they know is having a hard time. In these simple acts of connection people are at once finding ways to serve others while also building their own sense of agency and value. So, what we're actually finding in the behavioral health community is that despite the decreased access to professional providers, COVID-19 can actually serve as a catalyst to move people forward in their recovery as they connect with people in new ways and discovery internal resources and strengths that they hadn't previously tapped.

COVID-19 has also reminded us in the behavioral health community that connection and giving back can take form of peer support -- which is one of the most valuable assets we have within a person-centered system. The boundaries of how peer supports relate to other people, including where and how they make connection, are often not defined by or limited by the walls of formal treatment systems. So, when the brick and mortal buildings are largely closed for operations, we have seen that it is peer-supporters who are often best-positioned to maintain connection and provide assistance. So, I just want to give a shout-out to the many peer supporters working around the country -- paid and unpaid, formal and informal -- who have stepped up and stepped in at a time when they are most needed.

Finally, I think that it is important to recognize that in addition to opportunities, COVID-19 also presents significant challenges for people living with disabilities. The crisis and our countries response to it have laid bare structural inequities -- with the virus hitting certain communities particularly hard. Whether you are a person who is homeless and you can't get a COVID test because you lack an address or a cell phone, or a person with a disability who may be in need of critical-care who needs to worry about medical rationing of ventilators, or a person with a mental illness confined to a psychiatric hospital who has absolutely no control of the six-feet of physical space around them, or a person-of-color who lives each day in fear knowing that they are more than twice as likely to die from the virus should they contract it. In all of these situations, COVID-19 has reminded us that the playing field is not level.

If our goal in person-centered systems is to help all people to live a good life in their chosen community, we cannot remain silent in the face of these injustices. So, I just want to encourage everyone out there to pay attention and get involved in these conversations so that people with disabilities understand their rights and are better prepared to protect them. I'm looking forward to seeing how the disability community, and the community at large, can work together both throughout and beyond this crisis.

Until then, be safe, stay well, and please be sure to check out the great range of resources that NCAPPS has put together on their website for us.