

## Surviving COVID-19: Practical Recommendations for Behavioral Health Care Community

Joe Parks, M.D., the National Council's vice president of practice improvement and medical director, and Joan King, R.N., MSN, the National Council's integrated health senior consultant, participated in a [Townhall Meeting](#) with Chuck Ingoglia on March 19. If you missed it, here is a recap of some of their main recommendations.

- **Social connections are now more important than ever.** Physical distancing stops the virus ... but in the midst of this emergency, we need to maintain social connections. We can be physically distant but must maintain social connections in order to support each other.
- **There is no blame to be placed. And fear is a condition, not a weakness.** The disease is transmitted openly within our community, not because of any dangerous or risky behaviors. Approach everyone with compassion. And be particularly compassionate toward people of Asian descent – they do not pose a risk greater than any other patient. Extend care without judgment. Be aware of bias and act to eliminate it everywhere.
- **Be confident in doing the right thing professionally.** The federal government has temporarily relaxed its enforcement of some privacy regulations to ensure services can be provided in this emergency, including via telephone. So, when meeting a patient by phone for the first time, ask if they are OK with meeting by phone, given that we are living in an emergency. If they agree it's OK, be sure to document it in your note. Clinicians need to use good judgment. At the end of the day, we have a clinical obligation to serve our clients. We believe doing the right thing for them, in a time of crisis, means providing care via telephone whenever appropriate.

Check out [Best Practices for Telehealth During COVID-19 Public Health Emergency](#) for more information.

- **Recognize opportunities to learn.** In the new normal we have the potential to be even better providers than we are now. As we live with loss of control, loss of normal connection with people we love, physical and psychological anxiety, we enter the world that the people we serve live in every day. When we recognize this, we have the opportunity to both learn from them regarding coping strategies and to be more humble, compassionate and empathetic individuals.
- **Take care of yourself as a professional.** When you are seeing a patient from the waiting room, take them with you let them see you washing your hands ... then offer them a chance to do it as well. Teaching by role modeling is the best way. If you work in the community take out your hand sanitizer when you meet somebody and use it in front of them and offer them a squirt. Of course, maintain six feet of distance whenever possible. If you are worried about asymptomatic lung inflation, take a deep breath and hold the 10 seconds then let it all the way out forcing every last bit of air out. If you can do this without coughing, you don't have any lung inflammation/involvement.

- **Take care of yourself as an individual.** We need to find ways to keep our perspective and look for moments of connection and even levity. Hold onto your normal routine. Look for ways to have “coffee pot” conversations – those informal ways we connect at work via technology – planned coffee breaks, texting, daily updates. And everyone should check in on people you know and love – call them and make sure they know you are available for them, especially if they might be struggling. In turn, let’s hope your friends and family call you as well to check in.

The National Council has developed a number of [resources](#) to help behavioral health community respond to COVID-19. They are being updated regularly, so keep checking. And if you have a question that we haven’t answered, please let us know at [Communications@TheNationalCouncil.org](mailto:Communications@TheNationalCouncil.org).