

# Center for Disaster Philanthropy

The when, where and how of informed disaster giving

## CDP Webinar Responses and Resources

### COVID-19: [Support for Mental Health, Bereavement and Grief](#)

It is difficult to get to all questions posed during the webinar, but it is important to us that we provide responses and share resources. Similar questions are grouped together, however questions answered by the panelists are not included here but can be accessed in the recording of the webinar.

Presentation slides and recordings are available [on our website](#), generally within 48 hours of the webinar.

#### **Question 1) I would love to hear how telehealth for mental health is playing a role (or could play a bigger role).**

**Answer:** During COVID, several programs and therapists/counselors have switched to using a phone or online platform for support groups or private sessions. Lisa Furst from Vibrant mentioned that many clients were using the chat function to communicate. This is something the CDP team has heard frequently during discussions with responding mental health and violence prevention/support organizations. As communities reopen, there will likely be an increased need for services on all modalities — phone, text, chat and in person (where applicable).

One of the biggest challenges is lack of internet connectivity and access to a computer, especially in rural communities or for people living in poverty. Digital equity is an important area for funders to support, for health/mental health and also for education access. Physical health providers are also using telehealth, and it is important they screen for mental health needs at the same time.

Some clients and therapists are meeting by phone or an online system such as Zoom. Early on in the pandemic, CDP management gave permission for staff to use the organization's Zoom account during off hours to stay connected to family/friends, and to carry out essential private appointments. While this is a no-cost initiative for the organization, it signifies that CDP prioritizes employee self-care. While there are issues with remote therapy — not being able to read body language or the exhaustion of staring at a screen for yet another hour of the day — at the same time, it is better for many clients to have some immediate access to therapy rather than waiting until it was safe.

#### **Question 2a) What are some innovative ways funders are helping with mental health?**

**Answer:** Candid and CDP maintain a [map](#) of disaster grants as part of our [Measuring the State of Disaster Philanthropy](#). You can search by any term but a [search for "mental health"](#) pulls up hundreds of grants. It is a good way to see what funders are doing.

#### **Question 2b) What foundations are interested in funding grief support education in the aftermath of global natural disasters, such as: earthquakes, fires, tsunamis, floods, wars?**

**Answer:** As in Question 2a please look at the map on the Measuring the State of Disaster Philanthropy. Additionally, in [CDP's Issue Insights](#) we highlight funders in each of those areas (except for wars as that is not part of CDP's disaster typology).

**Question 3) What are funders and others seeing related to COVID and substance use patterns? What are some effective strategies funders might try to support COVID, mental health needs around substance use?**

**Answer:** After most disasters there is an increase of substance use. With quarantine, some of that increase is happening during the disaster itself. Compounding that is the decreased access to rehabilitation services, support groups (i.e. 12 Steps) and counseling. Responding to this disaster means thinking outside the box. For example, though we might not think of a detox facility as a disaster response organization, pandemic funding would allow the staff to purchase personal protective equipment (PPE), ensure space between clients and increase digital services.

**Question 4) What can we do to help at a global scale?**

**Answer:** CDP held a webinar on [COVID-19: Managing a Global Response](#) and we encourage you to watch the video recording and review the PowerPoint. The key takeaways from that webinar were:

- **Local actors need to be the leaders.** It is important to #ShiftThePower and focus on putting power and control in the hands of local organizations.
- **Start small and grow your investments.** International funding is not as daunting as it might seem.
- **Use the available resources and partnerships that exist.** There is a lot of support available to help funders who want to fund internationally.
- **We need to get out of emergency mode.** We should be responding but also supporting preparedness and long-term recovery.

**Question 5) Are you finding that some of the resources you would refer people to typically are no longer available due to COVID-19?**

**Answer:** CDP staff talked to several mental health and support experts who identified the lack of referral organizations as a big challenge. For example, these organizations haven't been holding in-person support meetings since March. Other services have switched to online or telephone support. Unfortunately, this approach serves a limited number of people at a time when demand for support is growing.

**Question 6) How can nonprofit leaders anticipate and address the firsthand and secondary trauma or grief (defined broadly) of their employees? Particularly as organizations look to employ people with "lived experience" that may not be well understood by managers?**

**Answer:** Our new [Mental Health, Grief and Bereavement Toolkit](#) has a small section on trauma-informed care. While it is from the perspective of trauma-informed service delivery, it may have some relevance. There is a great deal of information available about becoming a trauma-informed organization, and we have listed some links below. The most important steps are to provide space and room for staff to address issues and create opportunities for self-care. For example, CDP management sent us chocolates after a particularly hard period of work on the pandemic. We were also given a "mental health" day off. Our managers check in with us regularly and self-care is always a topic of conversation at team meetings.

- [Trauma-Informed Care in Behavioral Health Services](#)
- [Creating a Trauma-Informed Organization](#)
- [Developing a Trauma-Informed Agency](#)
- [How Trauma-Informed Is Your Organization](#)
- [Stages of Development in Becoming a Trauma-Informed Organization](#)

**Question 7) I am a senior who lives alone as do many of my friends, 70s -90s who ordinarily have very active, social lives. What can we do to cope with isolation?**

**Answer:** While the speakers addressed a question on the age spectrum, we still want to address this question specifically with ideas from the articles and webinar linked below. In many communities, families are able to set up quarantine bubbles or social circles. These are small groups of people who, while continuing to limit contact with the broader community, can share a higher level of contact within their small grouping. So, two neighboring families might agree to the same terms of outside contact but thereby allow their children to play and the adults to socialize. A group of friends — including seniors not in nursing homes or care facilities which may have different rules — could similarly agree to create their own bubble. The key to this is negotiating and agreeing upon the rules of contact.

If that isn't possible, seniors might be able to "hang out" virtually to chat or even play games. Jointly watching a movie or reading the same book with a follow-up discussion is also an option. Some volunteer centers have also established remote volunteer opportunities that can be done in your own homes. This could include contact tracing, helping kids with homework, checking in on home-bound individuals, making masks, or a number of other tasks. Finally, a number of animals have been abandoned or surrendered during the pandemic because their owners could no longer afford their upkeep. Even if you don't want to take on a new pet permanently, there is a desperate need for foster homes for pets. Check your local rescue organizations or SPCAs.

For more information, see the following resources:

- CDP webinar: [COVID-19: Grantmaking to Support Children and Older Adults](#)
- The Conversation: [Quarantine Bubbles – When Done Right – Limit Coronavirus Risk and Help Fight Loneliness](#)
- The New York Times: [The Do's and Don't of 'Quarantine Pods'](#)
- AARP: [How to Fight the Social Isolation of Coronavirus](#)
- AARP: [Is It Ok to Visit Older Family Members at Home Now?](#)
- AARP: [Coping with Isolation and Loneliness in an Assisted Living Facility](#)
- AARP: [7 Ways to Boost Your Loved One's Morale During the Coronavirus Epidemic](#)
- AARP: [Coping With Isolation During the Coronavirus Epidemic](#)

**Question 8) We offer a sabbatical grant program and another program to support the needs of staff at nonprofits (which includes access to mental health services). We originally thought that we would begin to see an uptick in requests for these funds in January 2021. Do you think that that is too early for people to be able to identify their mental health needs?**

**Answer:** This is a yes and no answer. You may begin to see people identifying their mental health needs now, and you could have others come forward in 2021 or even 2022. Some of that depends on an individual's coping ability/skills, support system, prior traumas and past mental health issues. It also depends on how the pandemic rolls out. Some people are great at tapping into their adrenaline to keep moving during a disaster, but once the risk is passed their physical and mental health suffer. Think about how often you plan a great vacation and work hard to get everything done in the weeks leading up to it. Then you often end up getting sick during your holidays because you've been running on empty for too long.

**Question 9) Would be interested to know how funders are using information from applications and surveys to position grantees and the community and build capacity for recovery.**

**Answer:** There has been a call for funders to do fewer surveys as nonprofits have been feeling tapped out. Each funder approaches this work differently. CDP's grant director met virtually with every grantee and potential grantee. CDP staff also connected with other foundations and networks of organizations to determine what specific communities or sectors were struggling with the most. At the beginning the focus was on emergency needs; later the focus and discussion was on recovery. CDP encouraged grantees to consider what they needed in terms of back office support and in-direct costs to run the proposed grant programs. However, a big challenge to this work has been identifying what recovery looks like in a pandemic. It's much easier with a natural disaster — there is a tornado, damage occurs, people are rescued, recovery begins. But with the ongoing pandemic, it is much harder to determine when to make a switch to recovery funding given how many people are still trying to meet basic needs.