

COVID-19, stress, trauma, and peer support—observations from the field

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Beyond morbidity and mortality, COVID-19 broadly affects individuals, families, and communities [1–7]. From the fundamentals of food and housing to threats of disease and death to reported increased cases of domestic violence and suicide, impacts of the pandemic are panoramic. In addition to being widespread, they extend forward to years of economic recovery while the histories of 9/11 and hurricanes forecast delayed and persistent emergence of psychological problems. Surely no panacea, its broad benefits in disease prevention and management, mental health, and community development [8–12] suggests peer support may make substantial contributions to coping with the varied and continuing threats of COVID-19.

The paper by Evans et al. in this issue [13], reports on a set of versatile telephone peer support services for police—*Cop2Cop*, veterans—*Vet2Vet*, child protection workers—*Worker2Worker*, caregivers of those with dementia—*Care2Caregivers*, and mothers of children with special needs—*Mom2Mom*. As it was going to press, we had the opportunity (April 24, 2020) to talk about the impacts of COVID-19 with peer support workers from three of these, *Mom2Mom*, *Worker2Worker*, and *Cop2Cop*. Here, we present key points that emerged.

We asked how the pandemic had influenced their work with callers, the types of problems their callers are now facing, and how they are able to respond to the needs of their callers. These notes are based on the comments of the peer support workers, not direct reports from the groups they support.

STRESSORS DIRECTLY RELATED TO THE CORONAVIRUS

Police officers and child protection workers are facing stress posed by their potential exposure to the virus through their work. Police officers are facing significant numbers of deaths due to COVID-19, with 23 New York City officers having passed away from the virus at the time of our interviews, matching the number killed during 9/11. The absence of funerals complicates mourning of colleagues and the absence of gatherings eliminates a base of group support. Child protection workers, sometimes not recognized as among those on the “front lines,”

have indicated that the PPE they were provided did not meet their expectations and left them unaware of how protected they truly were. They reported feeling “left in the dark” with respect to potential exposure at their workplaces, only receiving messages that their offices needed deep cleaning without explanation of why or whether they, themselves, might have been exposed.

In addition to fears about contracting the virus, callers face new work-related stressors. For example, child protection workers indicate that overall reporting of child abuse was down during this time due to many mandated reporters, such as teachers and doctors, not having contact with children during the pandemic. Their general sense, however, was that child abuse was likely on the rise, due to families facing added financial and emotional stress while confined together in close quarters. The child protection workers expected that all of the cases referred would be serious instances of child abuse and neglect and not less serious cases such as custody issues. *Cop2Cop* workers reported that police also expect situations to which they are called to be more serious than usual because they are told to “let the normal mundane stuff go.”

Changing work schedules and working situations, such as working from home, have also added to the stress faced by police and child protection workers, who also noted that virtual case visits and assessments make it more difficult to assess a child’s situation accurately.

EXISTING STRESSORS EXACERBATED BY THE CORONAVIRUS

In addition to new stressors, the pandemic has exacerbated existing stressors. Inadequate housing and food insecurity are amplified by the precarious financial situations of many, as well as the closure of resources such as food pantries. Peer supporters try to help people navigate the resources needed to continue their day-to-day activities and receive needed services and supports. Impacts of COVID-19 on availability of resources, however, intensify and complicate the responsibility peer workers feel to keep up-to-date with availability and accessibility of resources for their callers.

The family stress that many are feeling is exacerbated by the preexisting stressors of families with a child with special needs now without the services their children usually receive. A mother of a child with autism spectrum disorder may have all the problems of many parents but intensified by going without the home visits of the child's Applied Behavior Analysis therapist.

HOW THEY ARE COPING

Especially among police, peer support workers described their callers getting through this difficult period by trying to “keep doing their business ... keeping their minds busy” and “trying not to think about COVID-19 too much.” Experience with first responders in 9/11, however, presages increased emotional distress approximately 6 months after the end of the acute pandemic.

“WE CAN LISTEN”—PRESENCE, BEING THERE

Across all of the problems presented and intensified by COVID-19, the value of someone simply available to listen came through. Although they provide informational support and recommend resources wherever they are able, peer support workers know they cannot fix many of the issues their callers face. They note, however, that just giving them space to talk and validate their feelings can be helpful. Mom2Mom workers described how parents generally appreciated the phone calls with someone asking about their feelings as a break in the day.

When stressors are continuously present and diffuse, it can be difficult to recognize them as “out there.” People are then prone to blame themselves for feeling less motivated, less focused, and less productive. Peer support workers noted it is both important but also difficult to help people focus on the immediate priority of their families' health rather than being too concerned about productivity, school progression, or behavioral or psychological progression. Reassuring callers that everyone is struggling together is important.

Peer support workers reported being helpful by just being present and available during an already difficult time. As one put it, “Saying ‘that sucks’ is enough to validate their experiences.” This is consistent with our more general findings of the value of presence and “being there” in these support services [9, 13].

Peer supporters themselves need support. They face additional stress and uncertainty during this time. Opportunity to discuss with their colleagues and supervisors clients' challenges and their own challenges is vital to maintaining their ability to support their clients successfully.

IMPLICATIONS FOR PEER SUPPORT, BEHAVIORAL MEDICINE, PUBLIC HEALTH, AND DISASTER PREPAREDNESS

One might imagine that the value of nonprofessionals providing “ancillary” assistance would be reduced amidst pressing needs for clinical services and hospital beds and the immense economic, social, and logistic needs brought about by the pandemic. Just the opposite, the role of peer support has increased and become more complicated amidst the pressing demands for food, housing, safety, and economic assistance. Although COVID-19 entails stressors shared by all, speaking with someone “who has walked in my shoes” and understands how broad stressors may strike “people like me” is especially helpful. Peer support workers are providing informational or instrumental support to clients who are dealing with very concrete challenges. Emotional support also can be conveyed by such instrumental support,[14] is clearly valued as “space to talk,” and will likely be important in the coming months as the peak of COVID-19 psychological distress emerges after the peak of the virus has passed.

For behavioral medicine and public health, these findings make clear that preparedness needs to address not only clinical challenges and services but also the psychological and social needs of people. Stress is not good for resistance to viruses. The fundamental impacts of social connectedness on biology, disease, and well-being [e.g., 15–17] make clear that social and psychological status are important not only as ends in themselves but also as they facilitate individual and group resistance to threats and as they, themselves, constitute important determinants of health.

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