Psychosocial Impacts of Disaster: Assisting Community Leaders

(with annotations for pandemics)

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Objectives:

• Review phases of disaster as pertains to mental health
• Discuss the importance of risk communication in mitigating mental health problems during phases of disaster
• Review protective and risk factors of both individuals and communities in the phases of disaster
Phases of Disaster Response

Mitigation
Preparedness
Response
Recovery
How communities experience disaster

Phases of Disaster

- Predisaster
  - Threat
  - Warning
- Heroic Phase
- Honeymoon (Community Cohesion)
- Disillusionment
- Reconstruction
  - A New Beginning
- Coming to Terms
  - Working Through Grief
  - Trigger Events and Anniversary Reactions

--1 TO 3 DAYS-- Time --1 TO 3 YEARS--

Myers/Zunin
What is “Community”?

- Rooted in Latin
- Cum- “together”
- Munus- “gift”
Resilience

• Community resilience has been defined as “the ability of community members to take meaningful, deliberate, collective action to remedy the impact of a problem, including the ability to interpret the environment, intervene, and move on”.

Pfefferbaum and colleagues (2005)
Successfully Resilient Communities

1. Strong civic (and other) leadership
2. Engagement of citizens
3. Coordination/Utilization of resources
4. Attention to Psychosocial Issues/Supports

Norris, et al
Communication

• Public Health and Administrative officials need to be well versed in risk communication, and have cultural competency
Behavior and Public Health-Risk Communication

Facts

Fear

Trust
Why are messages so simple, short and repetitious?

- Low stress may help memory/performance
- High acute stress, or chronic stress impedes memory/performance, complex problem-solving ability
- Think about digit span memory--many important numbers are no more than 5-7 digits. In high stress, memory ability often drops to 3 digits/pieces of info.
- (think also about what you have personally remembered from the rest of the conversation after “the bad news” was delivered…)
**The Six Principles of CERC**

Throughout these chapters, six principles of effective emergency and risk communications are emphasized:

1. **Be First:**
   Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.

2. **Be Right:**
   Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.

3. **Be Credible:**
   Honesty and truthfulness should not be compromised during crises.

4. **Express Empathy:**
   Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.

5. **Promote Action:**
   Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.

6. **Show Respect:**
   Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Fully integrating CERC helps ensure that limited resources are managed well and can do the most good at every phase of an emergency response.

**Five pitfalls to avoid**

1. Mixed messages from multiple experts
2. Information released late
3. Paternalistic attitudes
4. Not countering rumors and myths in real-time
5. Public power struggles and confusion
People’s Attention

• Per Peter Sandman,
• RISK = HAZARD + OUTRAGE
• RISK = (“harm likelihood”) + (“upsetness”)

![Diagram showing the relationship between Outrage, HAZARD, Crisis Communication, Precaution Advocacy, and Outrage Management.]
Response

Often:
• People vicariously rehearse:
  • 1) it’s not our problem
  • 2) we could be next
  • 3) AGGGGGHHHH!

What helps:
• Providing anticipatory guidance
• Giving direction on what to do:
  • Here’s what you:
  • Must do
  • Should do
  • Could do
The Impact Pyramid

- Individual victims
- Family and social networks
- Rescue workers, medical care providers, their families and social networks
- Vulnerable populations and impacted businesses
- Ordinary people and their communities

CDC
For Those In Leadership...

Figure 1–1. Crisis and Emergency Risk Communication (CERC) Lifecycle

- Pre-crisis
  - Be prepared.
  - Foster alliances.
  - Develop consensus recommendations.
  - Test messages.

- Initial
  - Acknowledge the event with empathy.
  - Explain and inform the public, in simplest forms, about the risk.
  - Establish agency and spokesperson credibility.
  - Provide emergency courses of action, including how and where to get more information.
  - Commit to stakeholders and the public to continue communication.

- Maintenance
  - Help the public more accurately understand its own risks.
  - Provide background and encompassing information to those who need it.
  - Gain understanding and support for response and recovery plans.
  - Listen to stakeholder and audience feedback, and correct misinformation.
  - Explain emergency recommendations.
  - Empower risk/benefit decision-making.

- Resolution
  - Improve appropriate public response in future similar emergencies through education.
  - Honestly examine problems and mishaps, and then reinforce what worked in the recovery and response efforts.
  - Persuade the public to support public policy and resource allocation to the problem.
  - Promote the activities and capabilities of the agency, including reinforcing its corporate identity, both internally and externally.

- Evaluation
  - Evaluate communication plan performance.
  - Document lessons learned.
  - Determine specific actions to improve crisis systems or the crisis plan.

Crisis and Emergency Risk Communication
US. Department of Health and Human Services/CDC
Predictors

- Man-made vs. natural (man-made disasters more challenging re: blame, etc…)
- Developing vs. Developed (countries)
- Severity of Exposure/History
- Social Connectedness
- Resources
Katrina (Mitroff, 2004). Mitroff observes that “…one of the worst outcomes of a crisis is the collapse of fundamental assumptions about the world” (Mitroff, 2004). Surely this sentiment applies to the post 9/11 world.

- “…one of the worst outcomes of a crisis is the collapse of fundamental assumptions about the world.”
Fairness

Priorities need to be considered, given limited resources.

- These are difficult decisions for all.

Dr. Seuss
Typical Signs of Stress

- Irritable/moody
- Tired/Sleep problems
- Antsy/Anxious
- More negative thinking
- Trouble concentrating
What sorts of behavioral health issues do we often see?

- Anxiety
- PTSD
- Depression
- Increased interface with law enforcement, such as:
  - Substance use
  - Domestic violence
Why is taking care of physical and mental health during/after disasters so important?

Example:

• In the year following Hurricane Katrina, the death rate in New Orleans rose 50%....

• Likely a combination of limited health care access and stress impact on chronic disease
Assumptions (how “deep” is your staff?)

• Every government knows incident command paradigms.
• However, do all essential agencies, (including healthcare) have in place a disaster plan with necessary resources, communication options, etc...?
Work Force-absenteeism

• 30-50 percent
  (for both emergency and non-emergency providers....)
• Pandemics, even longer...

Issues:
• Moral
• Professional
• Personal
Assumptions-
How “deep” are your resources (work and home)

• Do we have resources

• for 72 hours? What about 1 week, 4 weeks, 12 weeks?

• Problems with a “just-in-time economy”
Logistics

• What can be done from home?
• Will communication tools be available?
• Who provides what service/function?
• What is essential?
What can I do now?

Staying Home When Sick
What can communities do?

**Goals of Community Measures**

1. Delay onset of outbreak
2. Reduce the peak burden on hospitals/infrastructure
3. Decrease: a) number of cases of death and illness and b) overall health impact

- **Pandemic Outbreak: No Community Measures Used**
- **Pandemic Outbreak: With Measures Taken**

**Number of Daily Cases** vs. **Days Since First Case**
The 3 Ms of Pandemic Response

(3 Ms assume the primary “M”--Mitigation through vaccination is not yet available…)

Follow Public Health Expert recommendations re:

- **Movement**-social distancing, etc…
- **Masks**-PPEs (personal protective equipment)
- **Meds**-are antivirals appropriate/available?

A. McLean, MD, MPH
Isolation, Quarantine and Social Distancing

- Isolation—separation of a sick person from others
- Quarantine—separation of an exposed person from others
- Social Distancing—restriction of where people are allowed to gather
- Potential impacts on mental health, particularly as social connectedness is a major factor in resilience
- Again, leadership communication on justification, needs, supports is paramount

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext
Resilience

Individual

Community
Taking Care of the Caretakers
(The Risks of Empathic Engagement)

- Change in cognitive schema
- Symptoms similar to post-traumatic stress disorder
- Loss of self
- Emotional Exhaustion
- Compassion Fatigue
- Secondary Traumatic Stress
- Vicarious Trauma
- Change in cognitive schema

Mitigating Burnout

• Capture reminders of your purpose:

• “Oh yeah, THIS is why I signed up…”
Intervention pyramid for mental health and psychosocial support in emergencies

*IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*
For “treating” the General Population:

• No Critical Incident Debriefing

• Consider Psychological First aid, or other supportive engagement

• Normalize the process, screen for higher need.

• “I don’t need a shrink, I need a contractor…”
Myths about disasters and resilience

Myth 1)
   The majority of those affected will develop Post Traumatic Stress Disorder or Depression

Myth 2)
   Resilience is an inherent trait and can’t be taught

Myth 3)
   All Disasters result in long-term negative outcomes
### Types of Mental Health And Psychosocial Supports (MHPSS)

<table>
<thead>
<tr>
<th>Types</th>
<th>Hallmarks</th>
<th>Immediate</th>
<th>Intermediate</th>
<th>Extended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological First Aid</td>
<td>“Look, Listen, Link“</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Crisis Counseling (Crisis Counseling Assistance and Training Program-CCP)</td>
<td>Community-based outreach, psycho-education</td>
<td>X ISP o-60 days</td>
<td>X ISP o-60 days</td>
<td>X RSP 2-9 months</td>
</tr>
<tr>
<td>Critical Incident Stress Debriefing (CISD)</td>
<td>Intended only for specific groups. Controversial</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Types of MHPSS

<table>
<thead>
<tr>
<th>Types</th>
<th>Who Provides</th>
<th>Who Receives</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological First Aid</td>
<td>Trained lay people or Mental Health Professionals</td>
<td>Disaster survivors</td>
<td>Primarily supportive An alternative to psychological debriefing</td>
</tr>
<tr>
<td>Crisis Counseling</td>
<td>Mental Health Professionals and Trained Paraprofessionals</td>
<td>Disaster survivors</td>
<td>Assist individuals and communities in recovery</td>
</tr>
<tr>
<td>Critical Incident Stress Debriefing</td>
<td>Professional Peers/ Mental Health Professionals</td>
<td>Small, homogeneous groups, such as First Responders</td>
<td>Supportive crisis intervention process. Reduction of distress, restoration of unit function</td>
</tr>
</tbody>
</table>
# Types of MHPSS

<table>
<thead>
<tr>
<th>Types</th>
<th>Protocols</th>
<th>Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological First Aid</td>
<td>Promote: safety, calmness, connectedness, self-efficacy</td>
<td>Outreach with practical care, support, assessment</td>
</tr>
<tr>
<td>Crisis Counseling</td>
<td>Stafford Declaration Funded by FEMA, partnered with SAMHSA</td>
<td>Outreach emotional support, education, basic crisis counseling, and connection to familial and community support systems. Data</td>
</tr>
<tr>
<td>Critical Incident Stress Debriefing</td>
<td>Specific, 7-phase, group</td>
<td></td>
</tr>
</tbody>
</table>
Utilize Your Resiliency Toolkit

Vulnerability

Resiliency
Resilient Attitudes

- View change as challenge or opportunity
- Think realistically – keep things in perspective
- Set goals and plan action steps

Dr. Kit O’Neill
Resilient Behaviors during crises

• The 3 Rs
  • Rest
  • Routine (ritual…)
  • Relationships (family, work, other)

R³

McLean
Resilience

Of all variables, two of the most impactful:

• Resources (less controllable)
• Social Connectedness (more controllable)
  Obviously an issue if there is required social distancing, particularly if technology is disrupted…
Get the FACTS:

**F**oster Hope (avoid negativity-keep perspective)

**A**ct with Purpose (do something productive)

**C**onnect with Others (don’t emotionally isolate)

**T**ake Care of Self (basics)

**S**earch for Meaning (how does this make sense…)
Awareness...

• Be confident in your competence…

• Know your strengths and weaknesses…

• Supervisors-know staff and their situations….
For Providers

• Network
• Be Available
• Lean in
• Manage your own care needs
A Holistic Framework for Recovery (Focus on Recovery)

Appreciation to Dr. Alistair Humphrey
To Cap:

- People need leaders who know how to communicate. Reducing stress in a population is protective both emotionally and physically (and fiscally...) Pay attention to the lead experts, as there will be a lot of “noise.”

- Maintaining social connectedness and utilizing resources wisely are key factors during an event.

- Individuals and communities/countries can experience positive outcomes despite disasters.
Thoughts/Experiences?