



Mountain Plains (HHS Region 8)

MHTTC

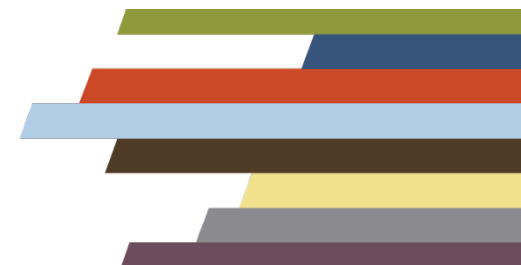
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Psychosocial Impacts of Disaster: Assisting Community Leaders

(with annotations for pandemics)

Andrew J. McLean, MD, MPH



The Mountain Plains Mental Health Technology Transfer Center

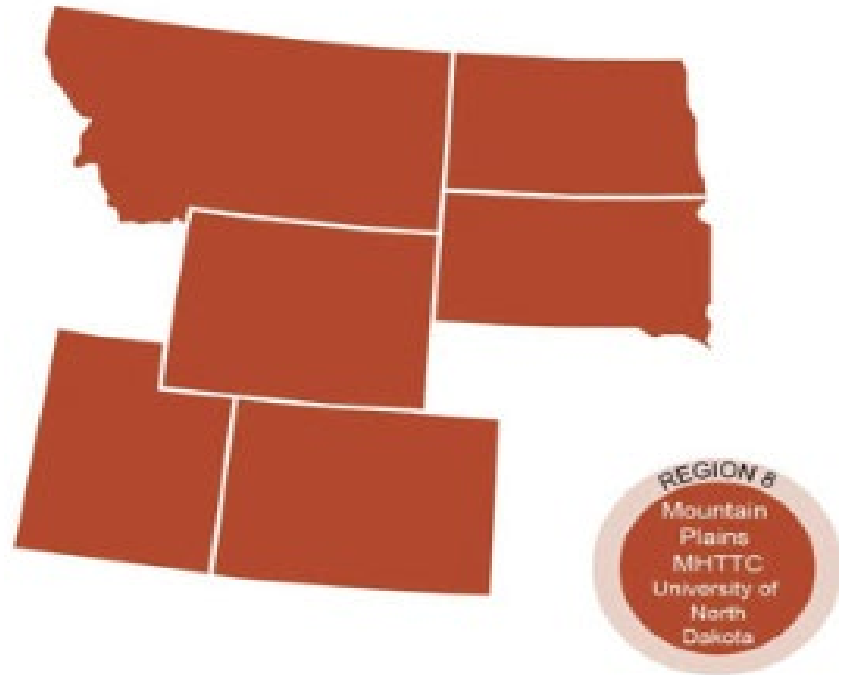
Provides training and technical assistance on evidence based practices to the mental health providers of Region 8 (North Dakota, South Dakota, Montana, Wyoming, Colorado, and Utah). We are funded by the Substance Abuse and Mental Health Service Administration (SAMHSA)

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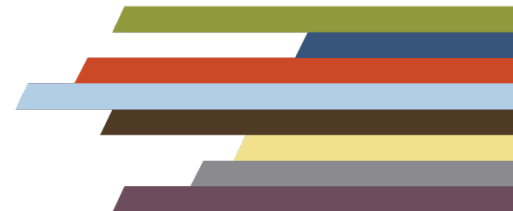
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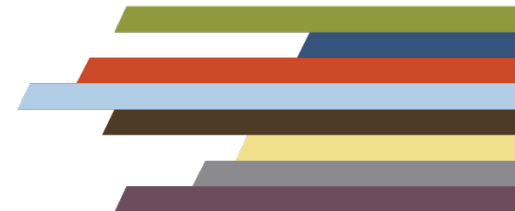
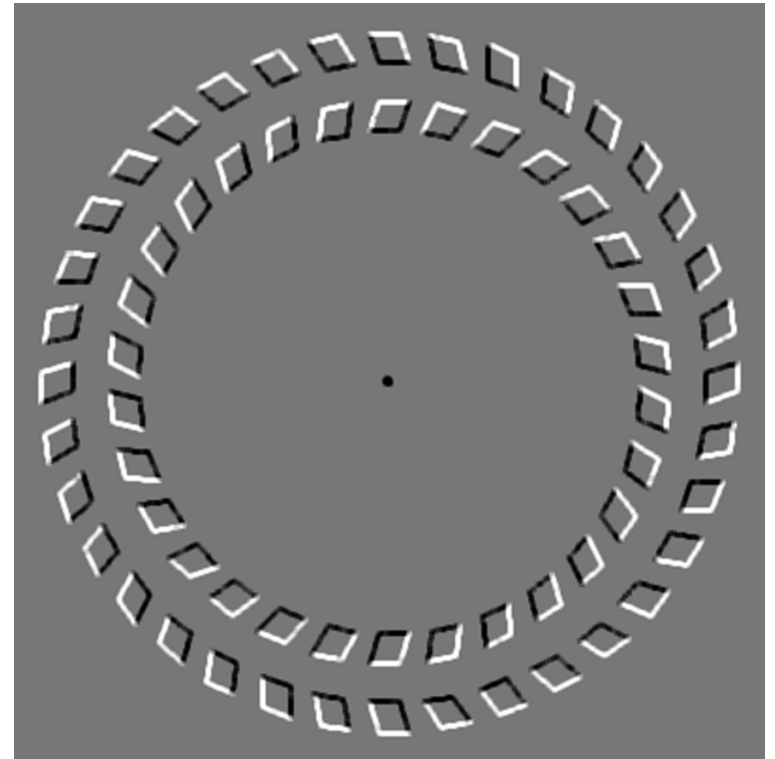
Objectives:

- 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

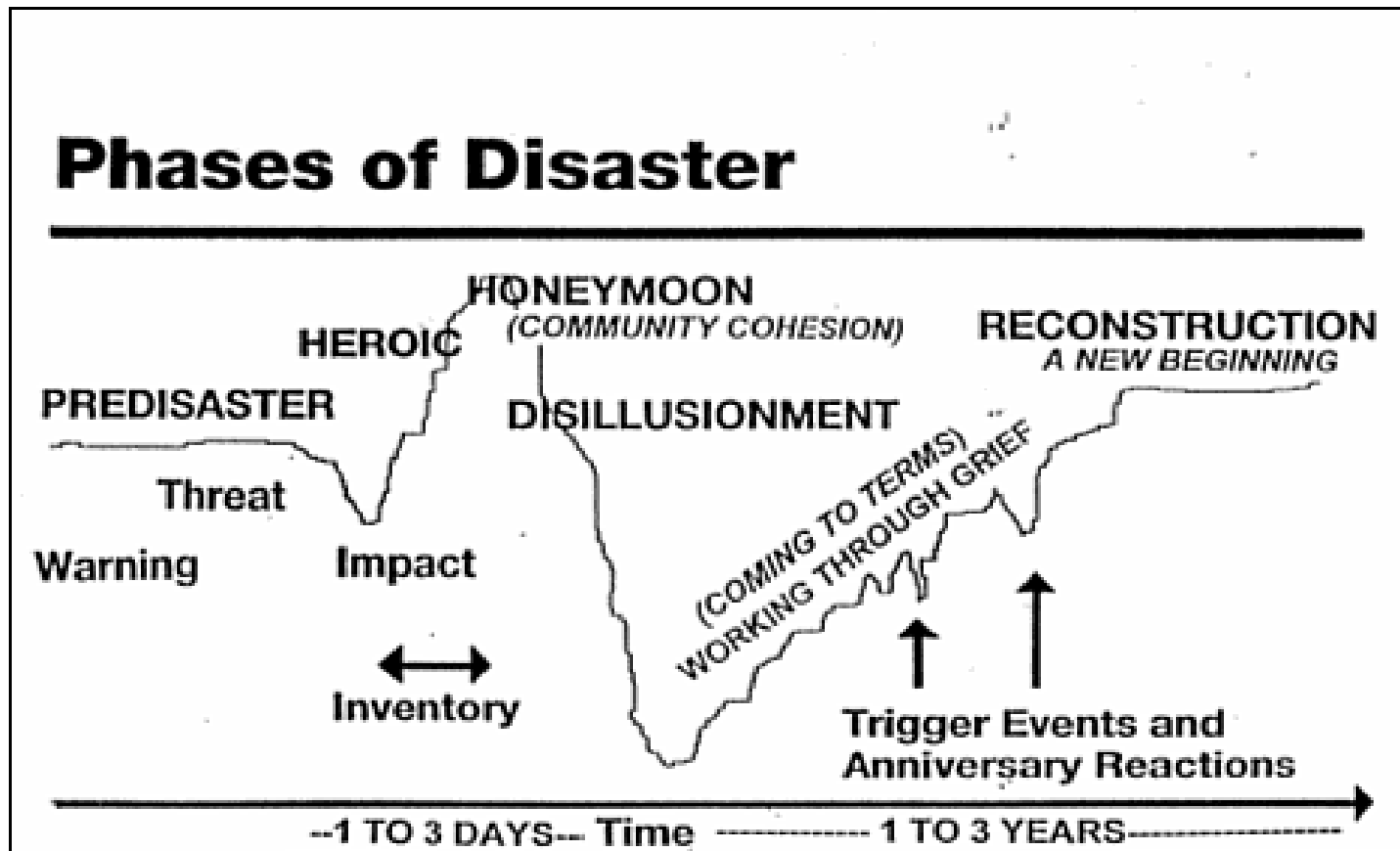


Phases of Disaster Response

Mitigation
Preparedness
Response
Recovery

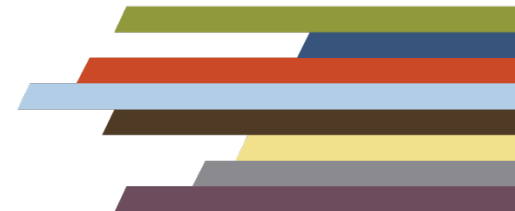


How communities experience disaster



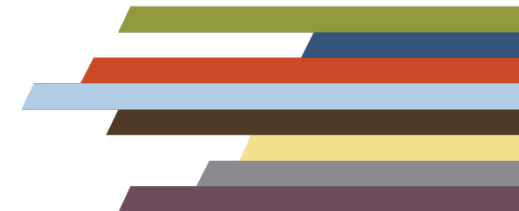
What is “Community”?

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



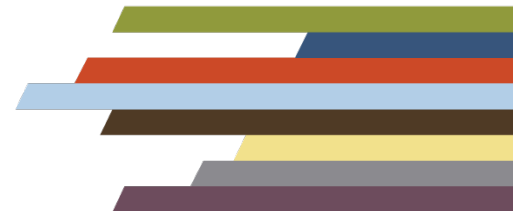
Resilience

- 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”.



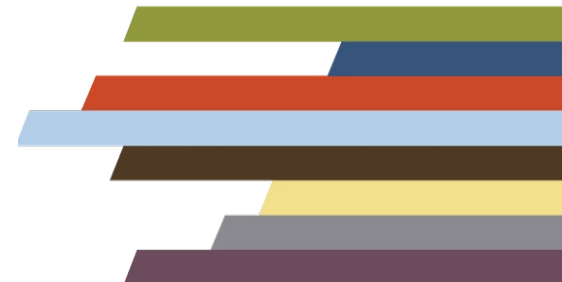
Successfully Resilient Communities

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

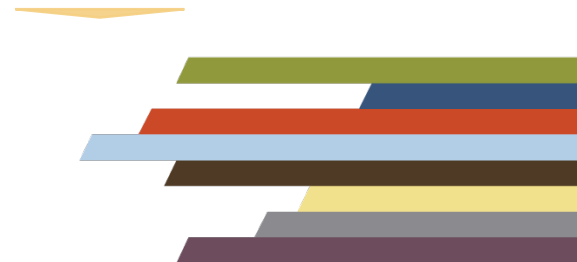
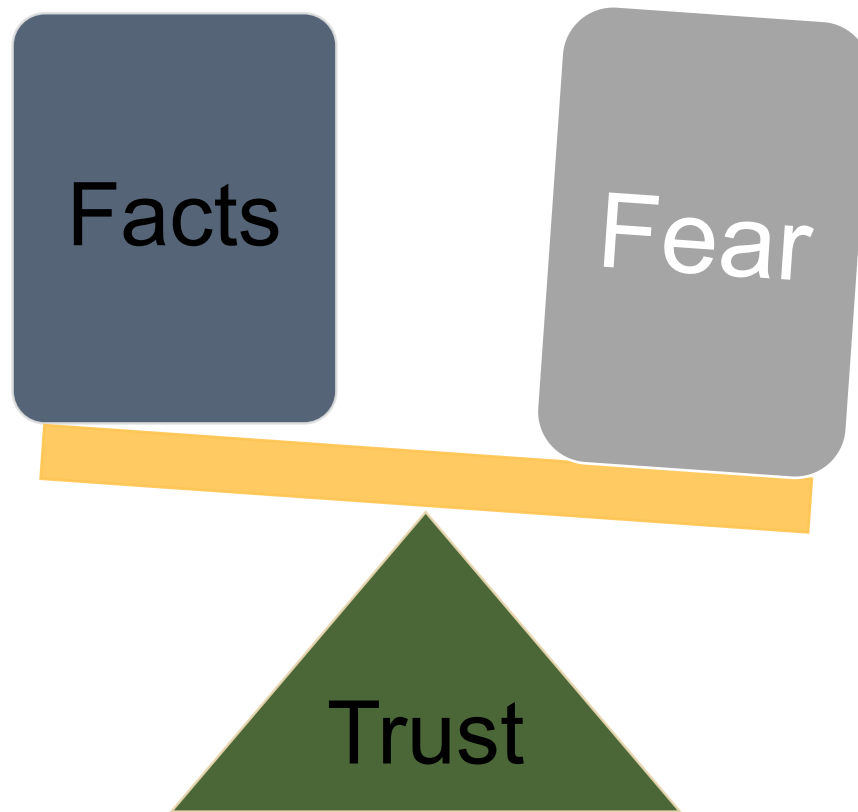


Communication

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

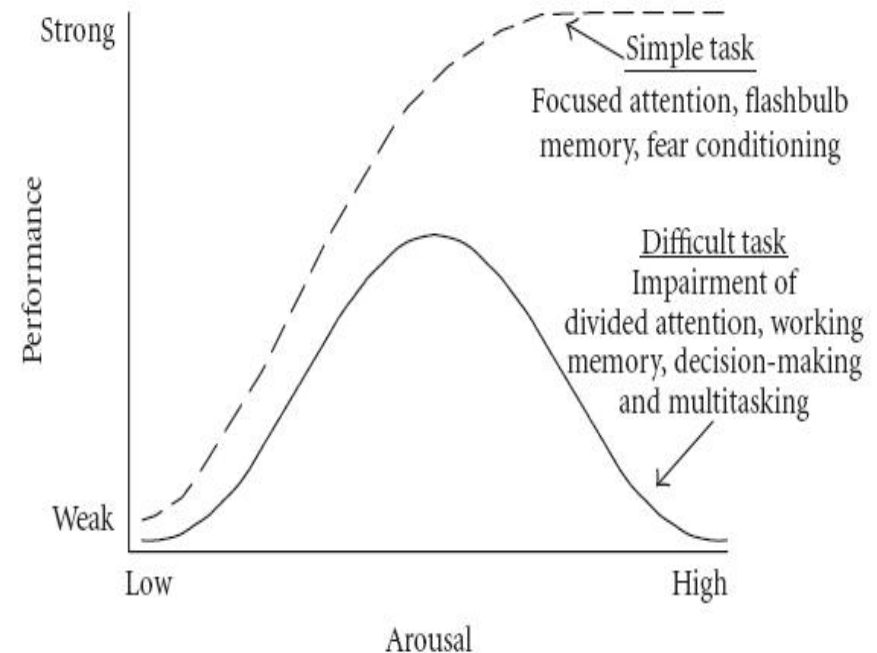


Behavior and Public Health- Risk Communication



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...)



CDC-Crisis and Emergency Risk Communication (CERC)

The Six Principles *of CERC*

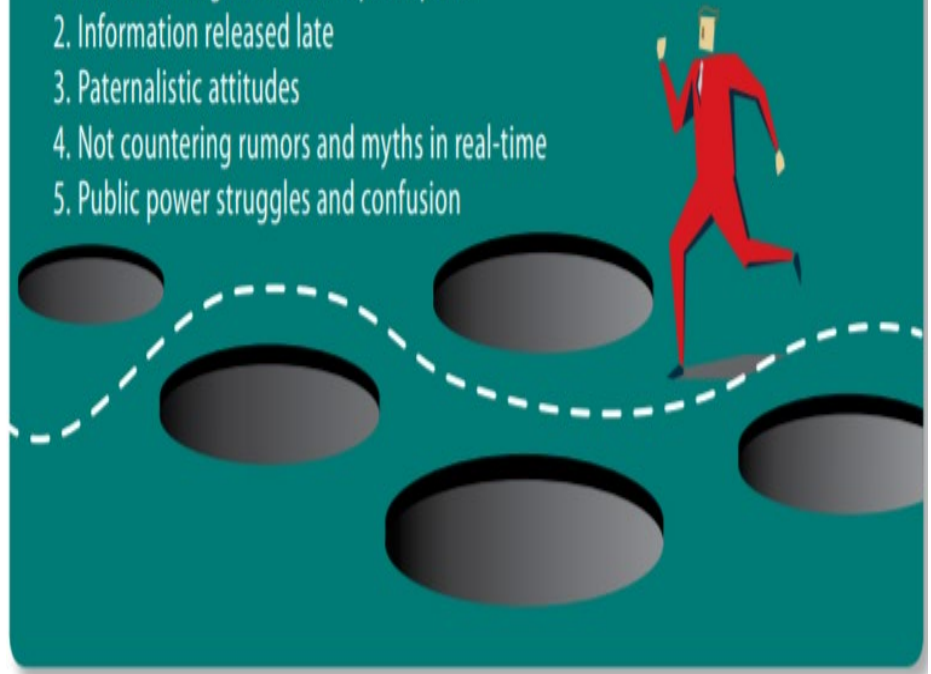
Throughout these chapters, six principles of effective emergency and risk communications are emphasized:

- 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.³
- 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.

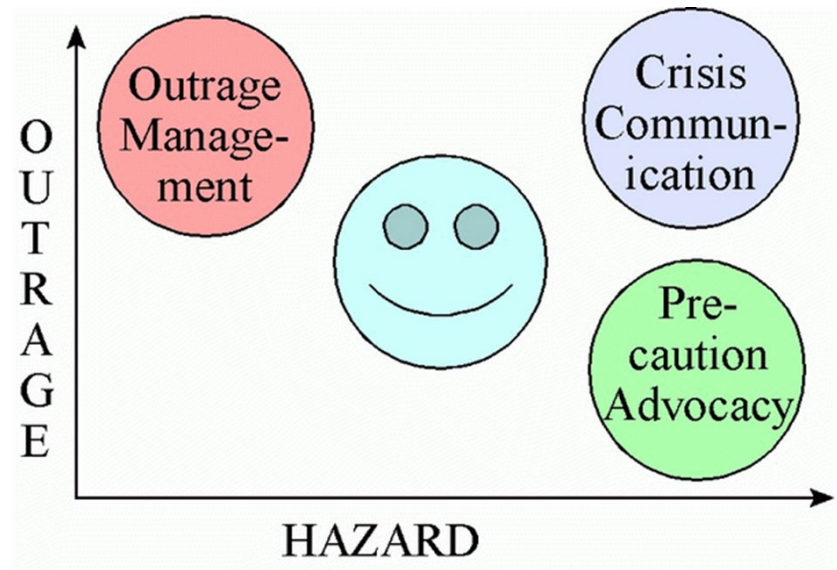
Five pitfalls to avoid

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,
- $RISK = HAZARD + OUTRAGE$
- $RISK = (\text{"harm likelihood"}) + (\text{"upsetness"})$



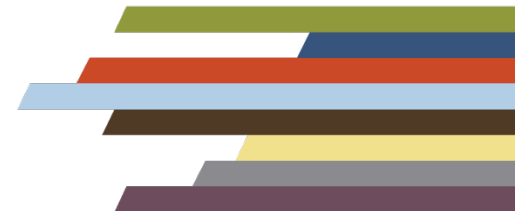
Response

Often:

- People vicariously rehearse:
- 1) it's not our problem
- 2) we could be next
- 3) AGGGGGHHHH!

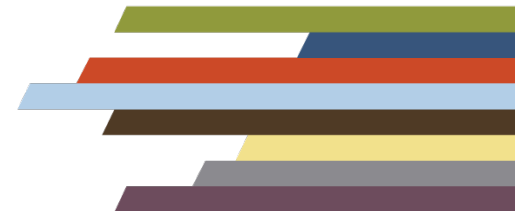
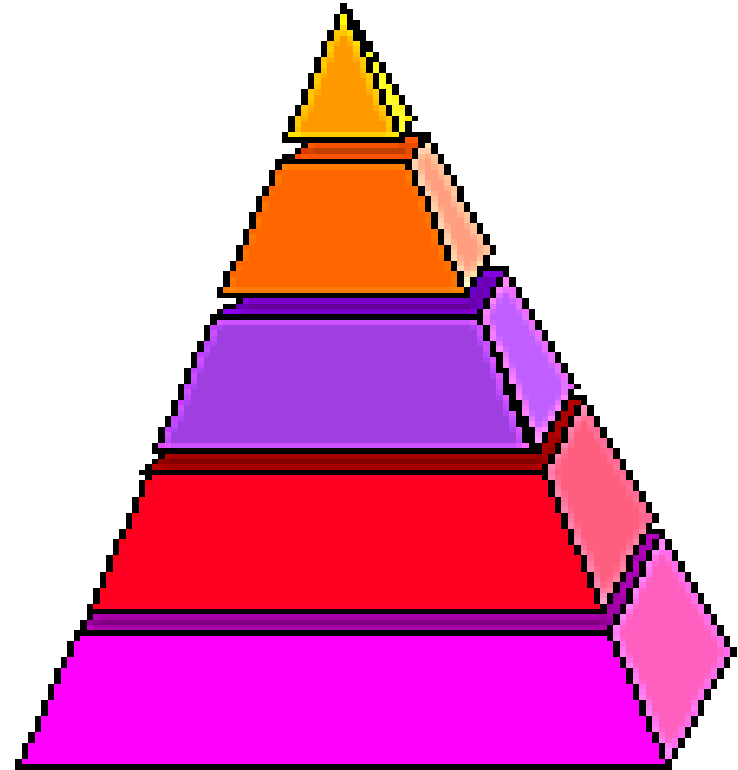
What helps:

- Providing anticipatory guidance
- Giving direction on what to do:
 - Here's what you:
 - Must do
 - Should do
 - Could do



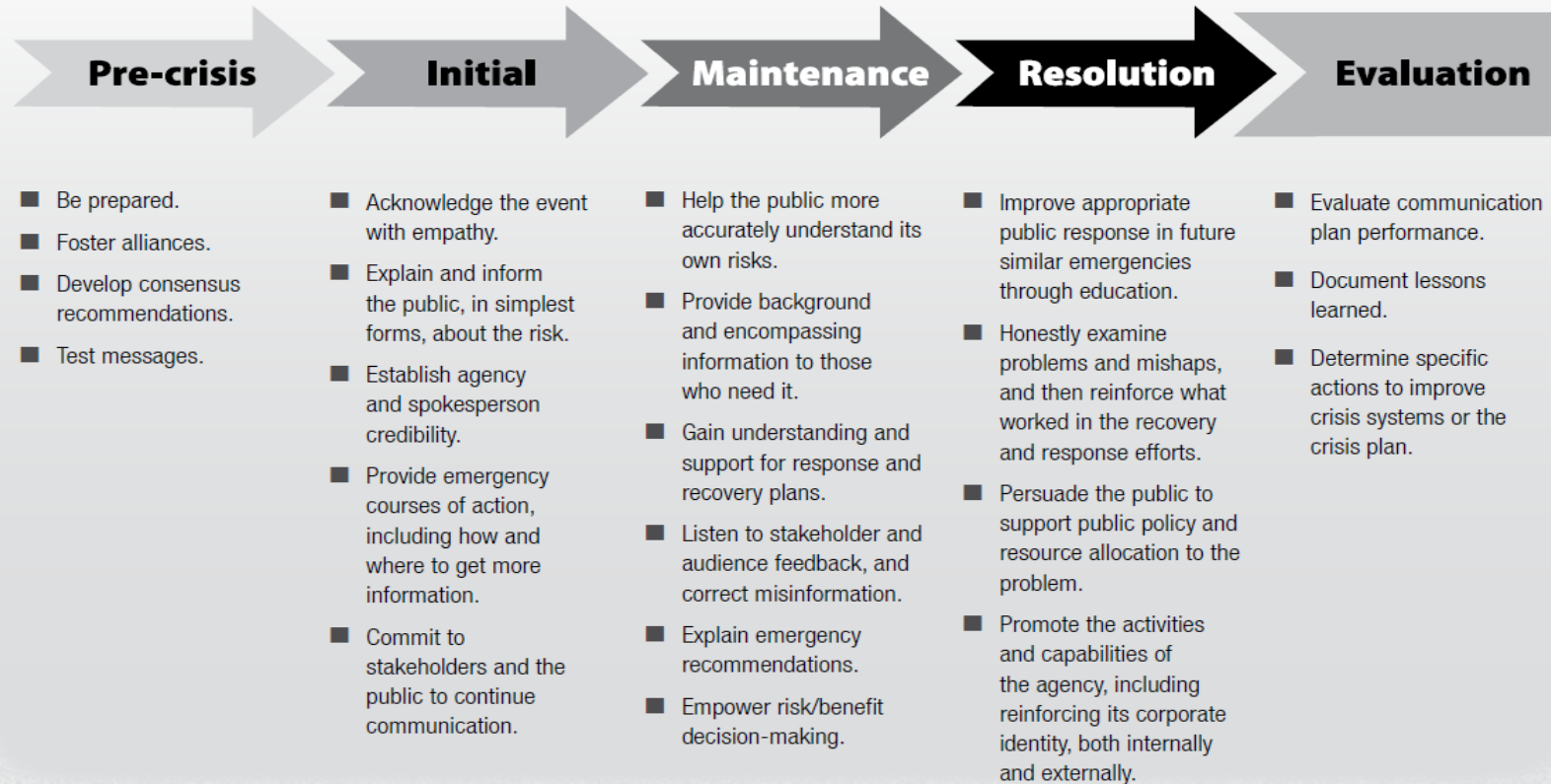
The Impact Pyramid

- 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



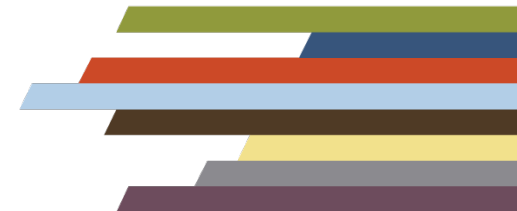
For Those In Leadership...

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



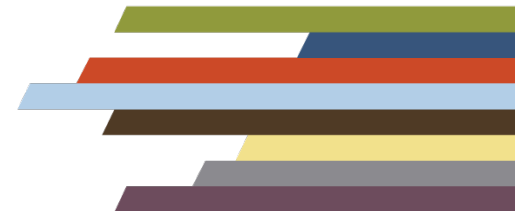
Predictors

- 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

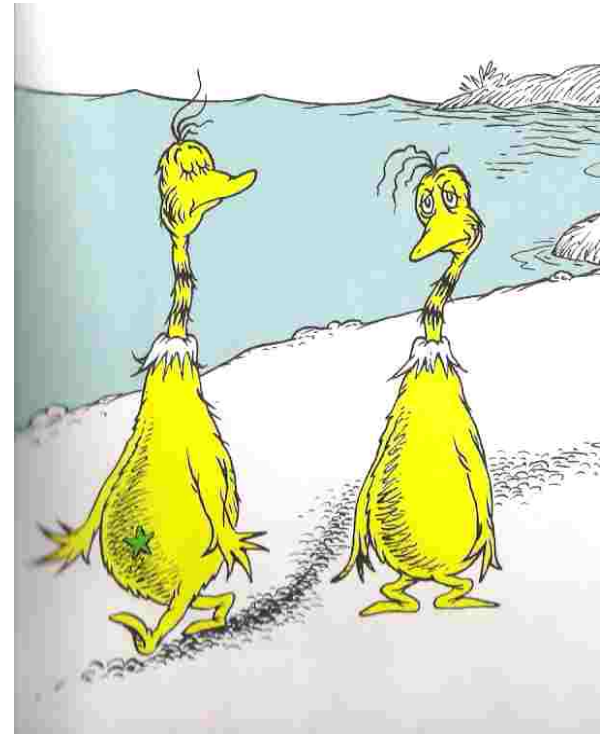
- “...one of the worst outcomes of a crisis is the collapse of fundamental assumptions about the world.”



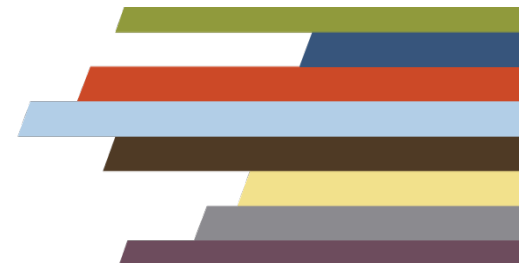
Fairness

Priorities need to be considered, given limited resources.

- These are difficult decisions for all.

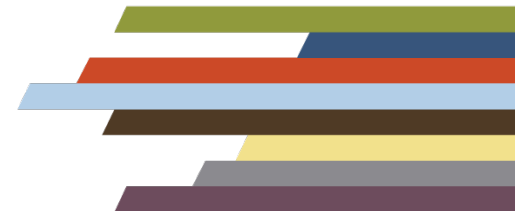


Dr. Seuss



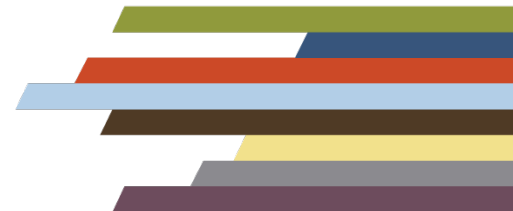
Typical Signs of Stress

- Irritable/moody
- Tired/Sleep problems
- Antsy/Anxious
- More negative thinking
- Trouble concentrating



What sorts of behavioral health issues do we often see?

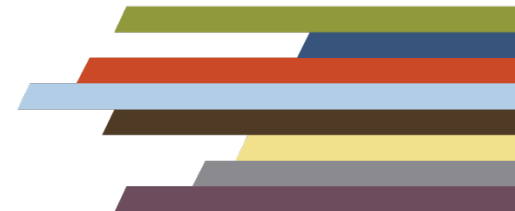
- Anxiety
- PTSD
- Depression
- Increased interface with law enforcement, such as:
 - Substance use
 - Domestic violence



Why is taking care of physical and mental health during/after disasters so important?

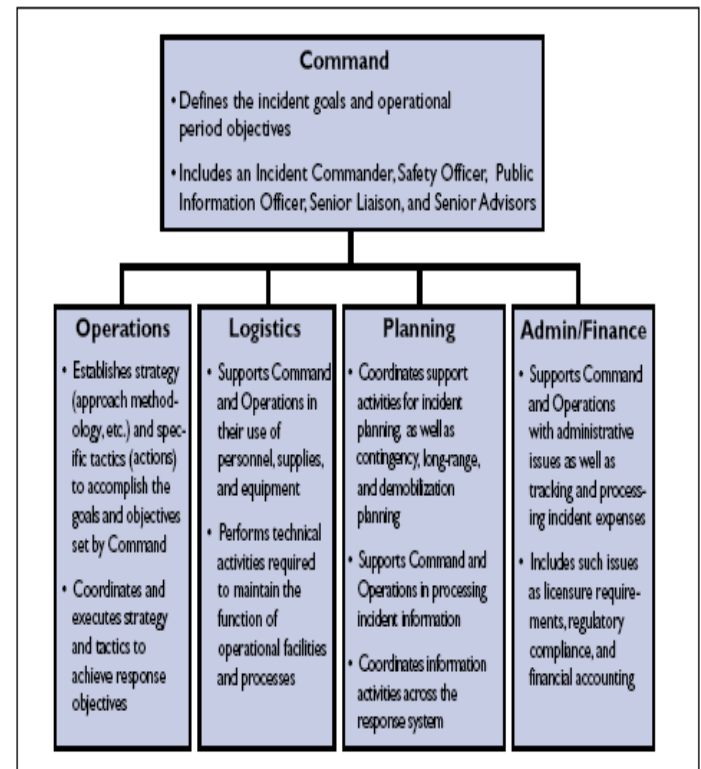
Example:

- 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...?

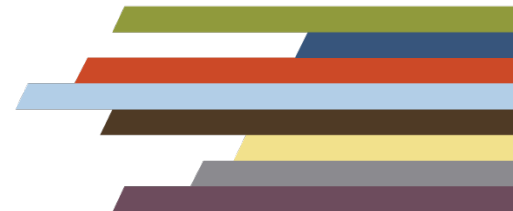


Work Force-absenteeism

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

Issues:

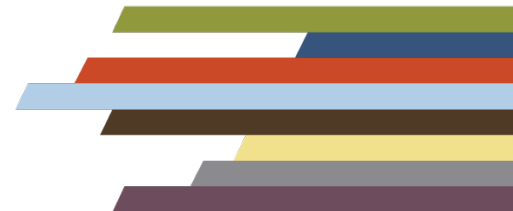
- Moral
- Professional
- Personal



Assumptions- How “deep” are your resources (work and home)

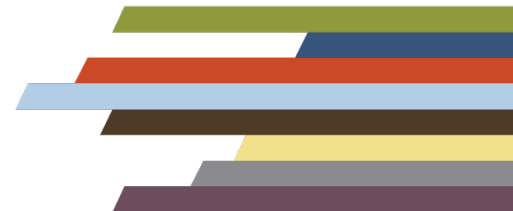


- Do we have resources
- for 72 hours? What about 1 week, 4 weeks, 12 weeks?
- Problems with a “just-in-time economy”

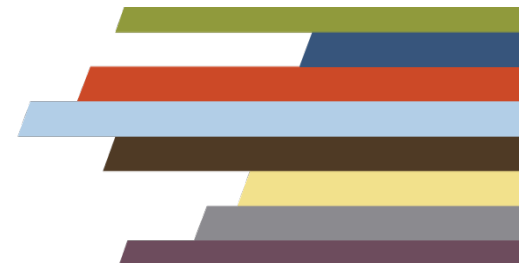


Logistics

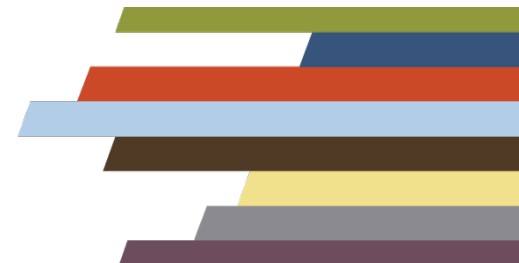
- What can be done from home?
- Will communication tools be available?
- Who provides what service/function?
- What is essential?



What can I do now?



What can communities do?

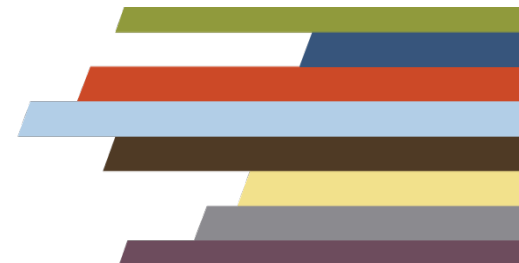


The 3 Ms of Pandemic Response

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

Follow Public Health Expert recommendations re:

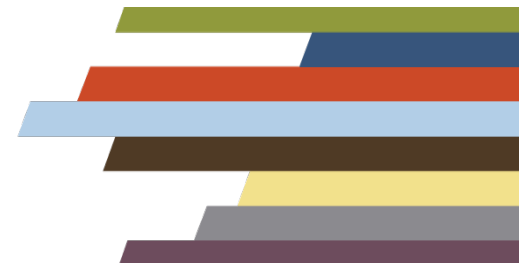
- **Movement**-social distancing, etc...
- **Masks**-PPEs (personal protective equipment)
- **Meds**-are antivirals appropriate/available?



Isolation, Quarantine and Social Distancing

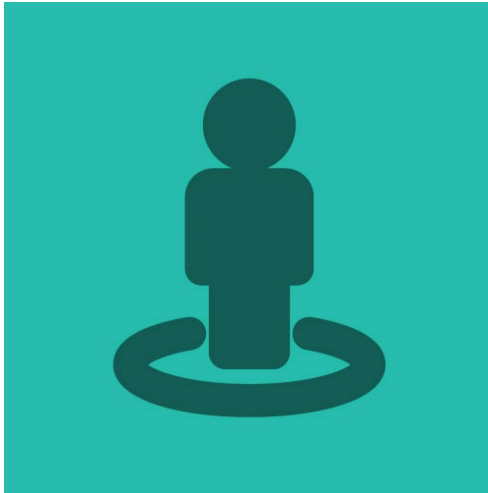
- Isolation-separation of a sick person from others
- Quarantine-separation of an exposed person from others
- Social Distancing-restriction of where people are allowed to gather
- Potential impacts on mental health, particularly as social connectedness is a major factor in resilience
- Again, leadership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

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

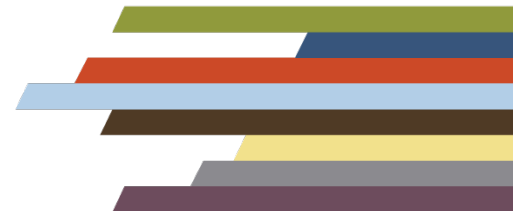


Resilience

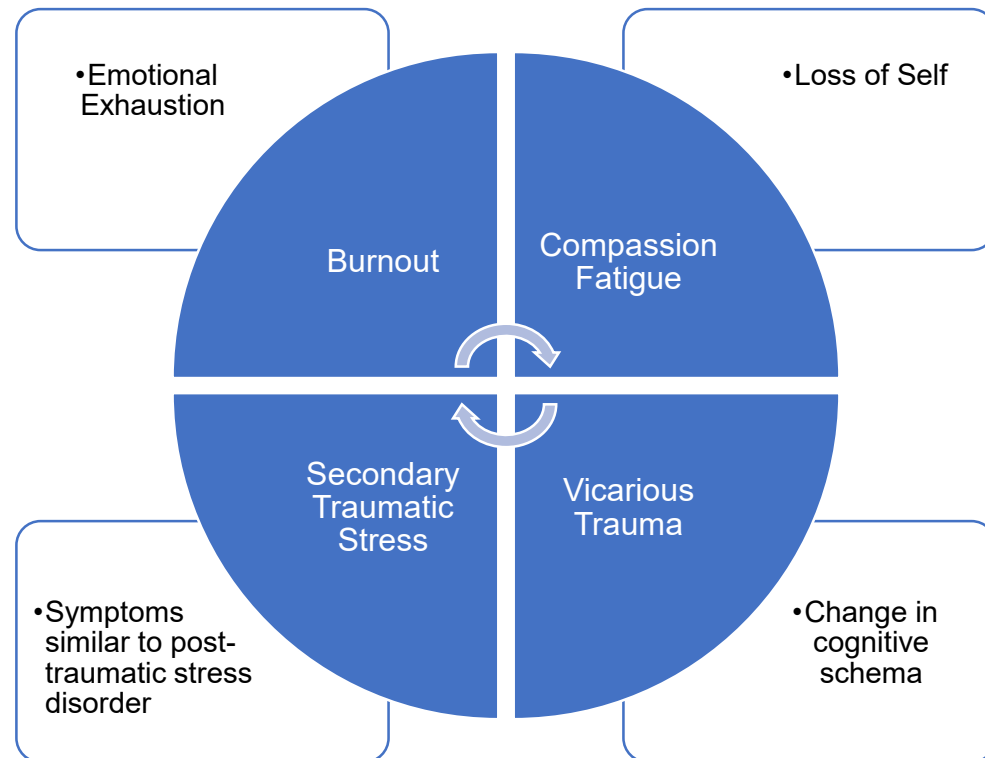
Individual



Community



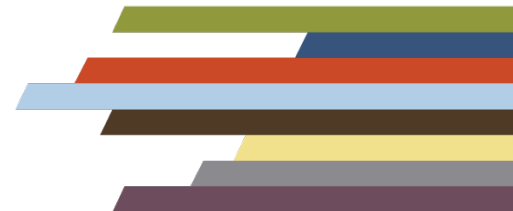
Taking Care of the Caretakers (The Risks of Empathic Engagement)

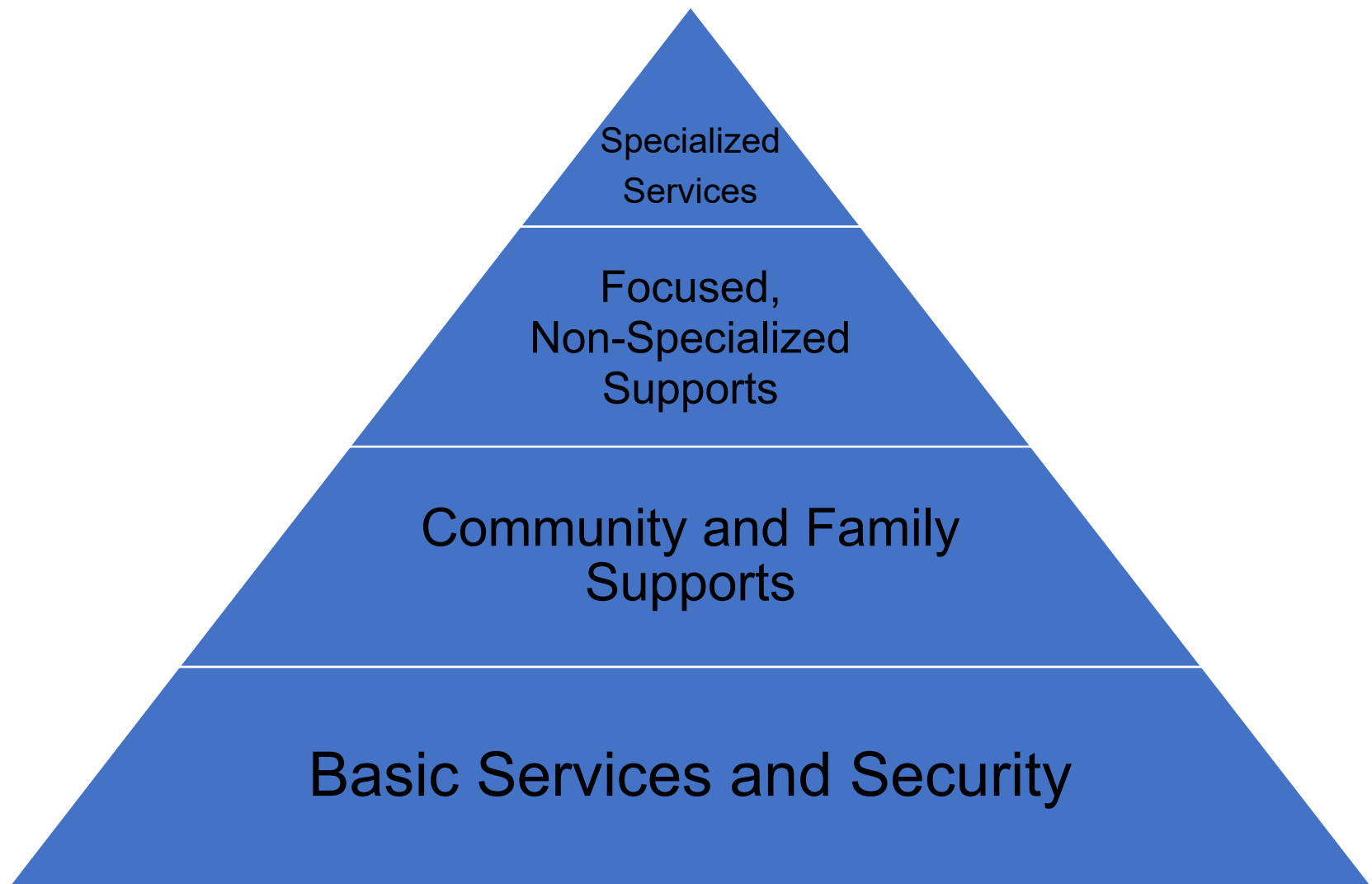


Bush, N.J. (2009). Compassion Fatigue: Are you at risk? *Oncology Nursing Forum*, 36(1), 24-28

Mitigating Burnout

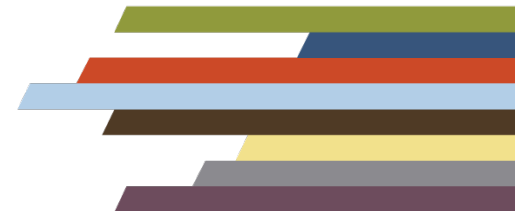
- Capture reminders of your purpose:
- “Oh yeah, *THIS* is why I signed up...”





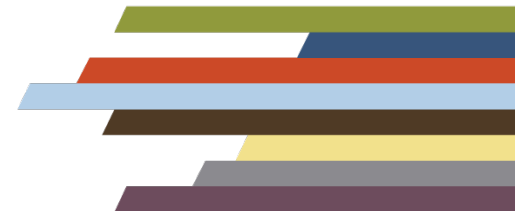
Intervention pyramid for mental health and psychosocial support in emergencies

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)

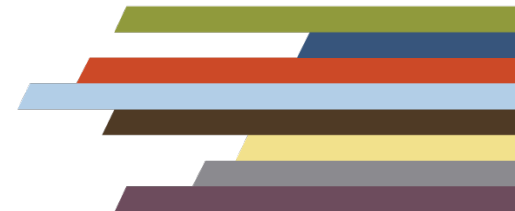
The majority of those affected will develop Post Traumatic Stress Disorder or Depression

Myth 2)

Resilience is an inherent trait and can't be taught

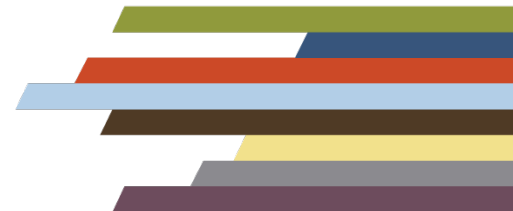
Myth 3)

All Disasters result in long-term negative outcomes



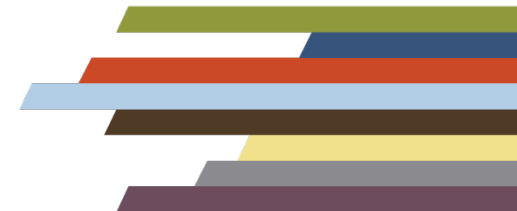
Types of Mental Health And Psychosocial Supports (MHPSS)

Types	Hallmarks	Immediate	Intermediate	Extended
Psychological First Aid	"Look, Listen, Link"	X	X	
Crisis Counseling (Crisis Counseling Assistance and Training Program-CCP)	Community-based outreach, psycho-education	X ISP 0-60 days	X ISP 0-60 days	X RSP 2-9 months
Critical Incident Stress Debriefing (CISD)	Intended only for specific groups. Controversial	X		



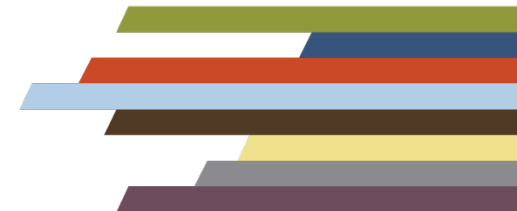
Types of MHPSS

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

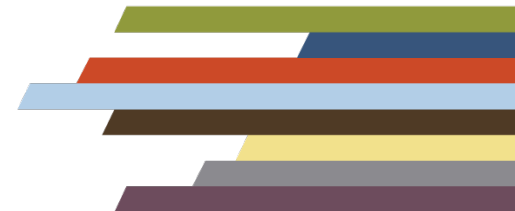
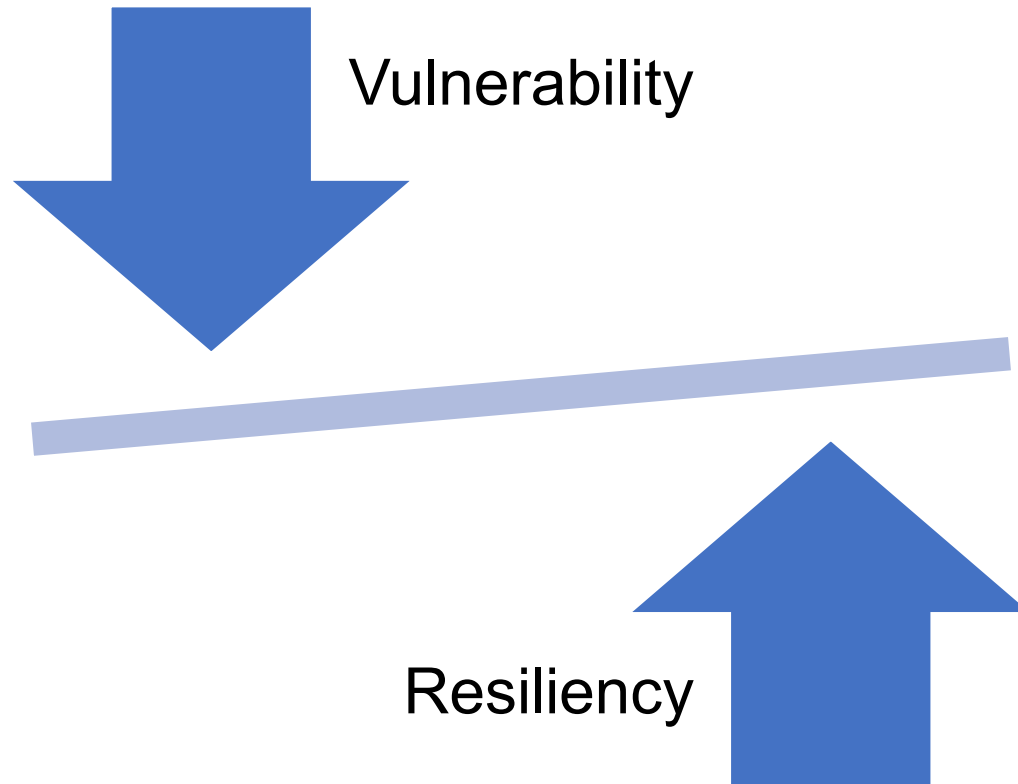


Types of MHPSS

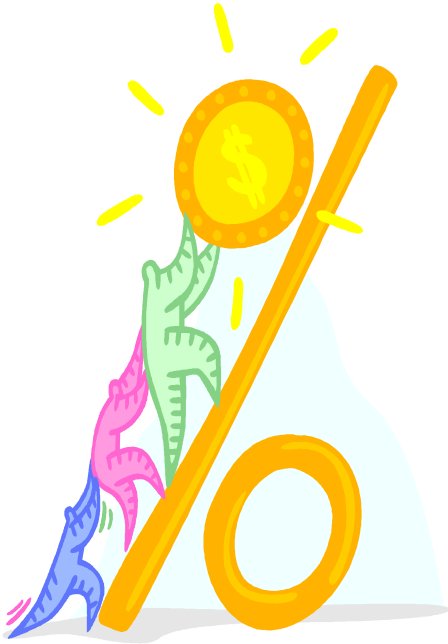
Types	Protocols	Orientation	
Psychological First Aid	Promote: safety, calmness, connectedness, self-efficacy	Outreach with practical care, support, assessment	
Crisis Counseling	Stafford Declaration Funded by FEMA, partnered with SAMHSA	Outreach emotional support, education, basic crisis counseling, and connection to familial and community support systems. Data	
Critical Incident Stress Debriefing	Specific, 7-phase, group		



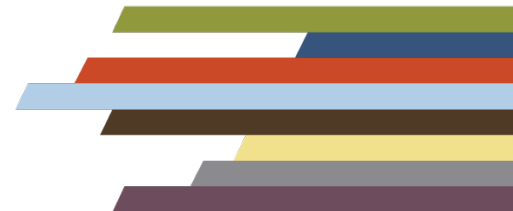
Utilize Your Resiliency Toolkit



Resilient Attitudes



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

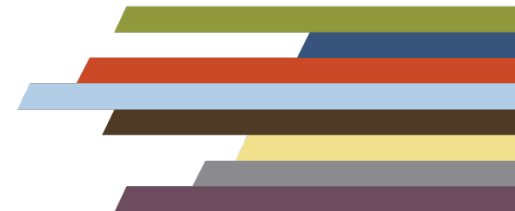


Resilient Behaviors during crises

- The 3 Rs

R³

- Rest
- Routine (ritual...)
- Relationships
(family, work, other)

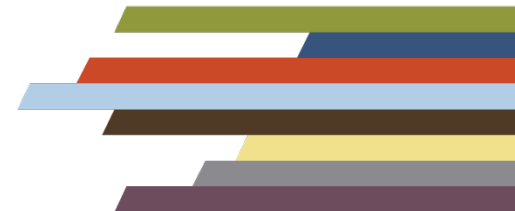


Resilience



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**:



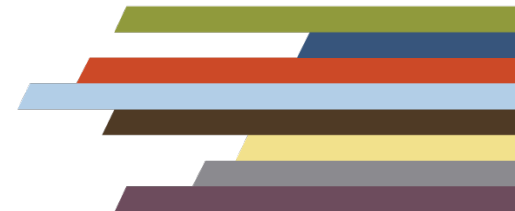
Foster Hope (avoid negativity-keep perspective)

Act with Purpose (do something productive)

Connect with Others (don't emotionally isolate)

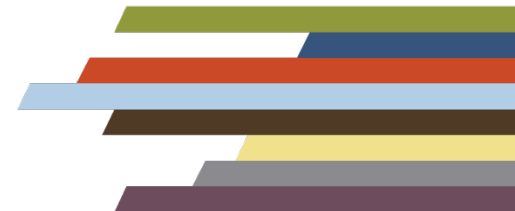
Take Care of Self (basics)

Search for Meaning (how does this make sense...)



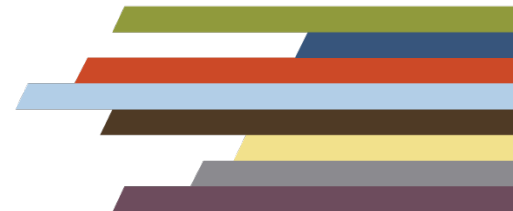
Awareness...

- Be confident in your competence...
- Know your strengths and weaknesses...
- Supervisors-know staff and their situations....

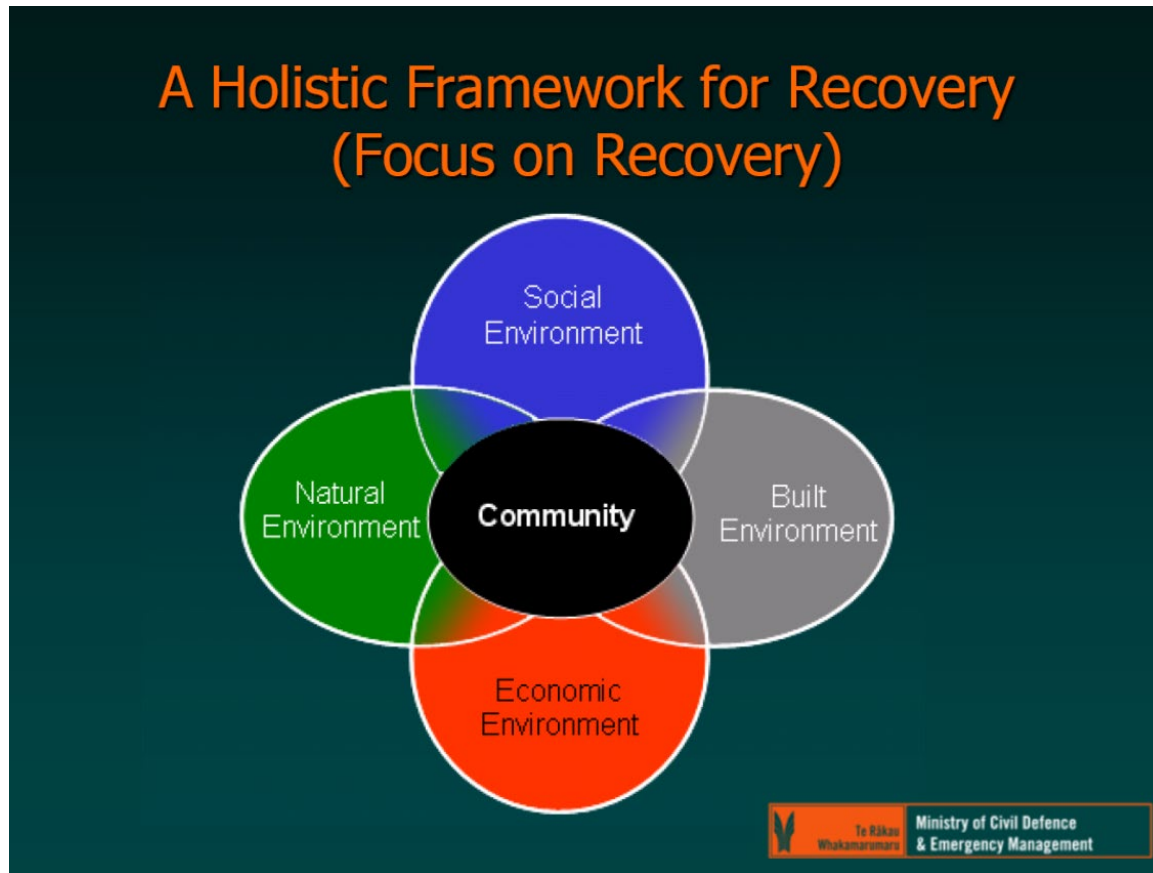


For Providers

- Network
- Be Available
- Lean in
- Manage your own care needs

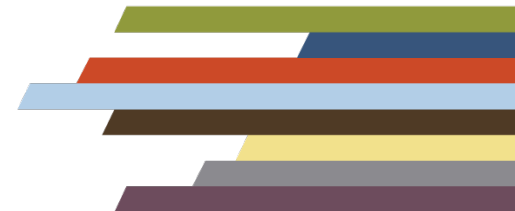


A Holistic Framework for Recovery (Focus on Recovery)



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?**

