

# NASMHPD Meet-Me Call Webinar

## March 19, 2020

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# Disasters and Mental Health In Today's World: Implications for State Mental Health Authorities

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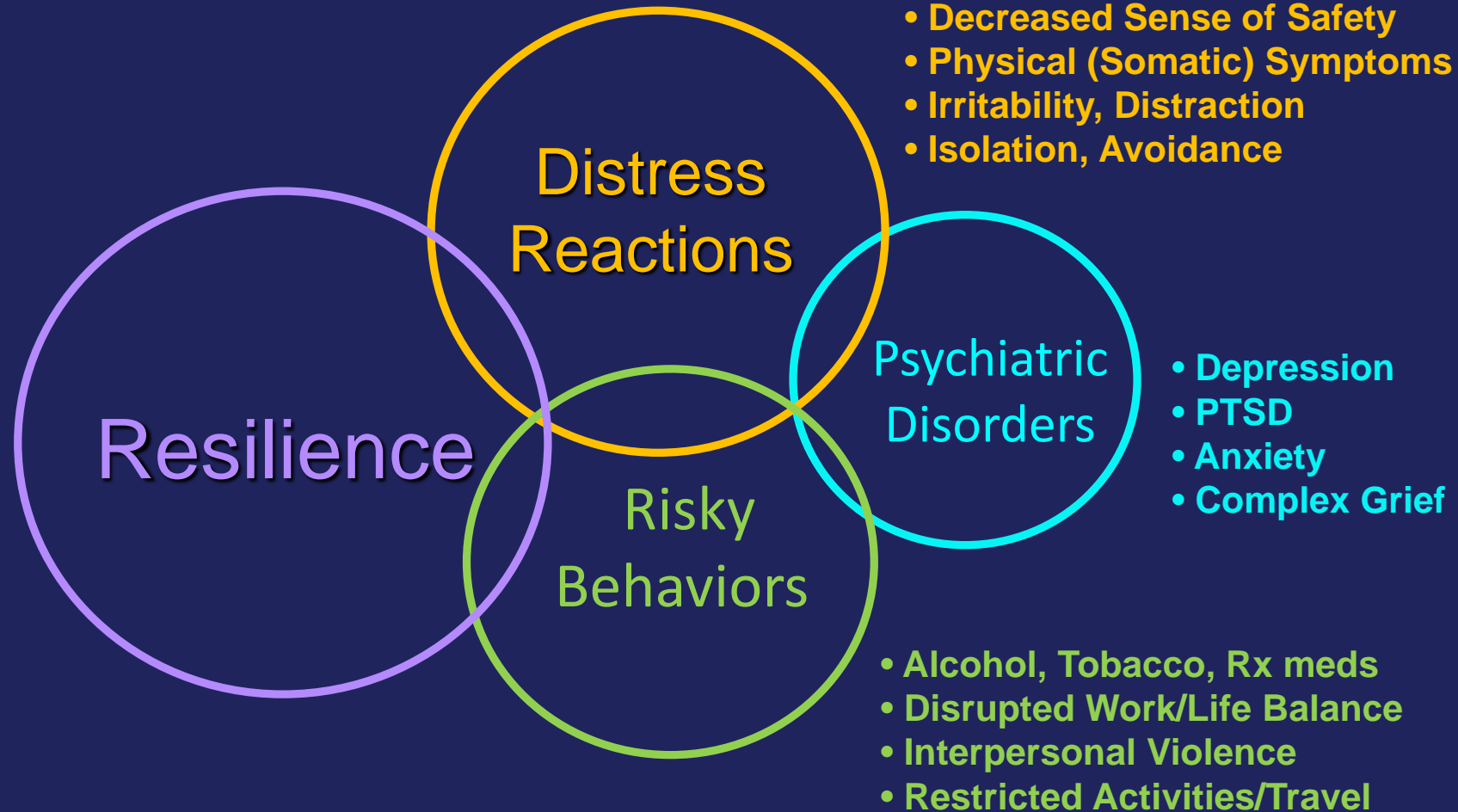
Chair, Disaster Committee

American Psychiatric Association

# Reminders of Disaster Mental Health Principles

- Everyone is impacted in some way, but impact varies
- It is not only about PTSD
- There is a behavioral health role in all phases (preparedness, response, and recovery)
- Leadership matters

# Psychological & Behavioral Responses to Disasters



Ursano, R.J., Fullerton, C.S., Weisaeth, L., Raphael, B. (Eds.). (2017). Textbook of Disaster Psychiatry, 2ED. London, UK: Cambridge University Press

# History/Context/Timelines

- Historically very limited Federal support for disaster behavioral health (DBH) preparedness. Mostly State driven thus quite variable, competitive with other missions/priorities
- Federal direct services mostly limited to SAMHSA operated/FEMA funded CPP
- Expanded attention to all-hazards preparedness post 9/11
- Trends for MHAs: less attention, different people, organizational changes, new Federal/State/Local regulation/legislation

# Acknowledging Today's System Challenge...

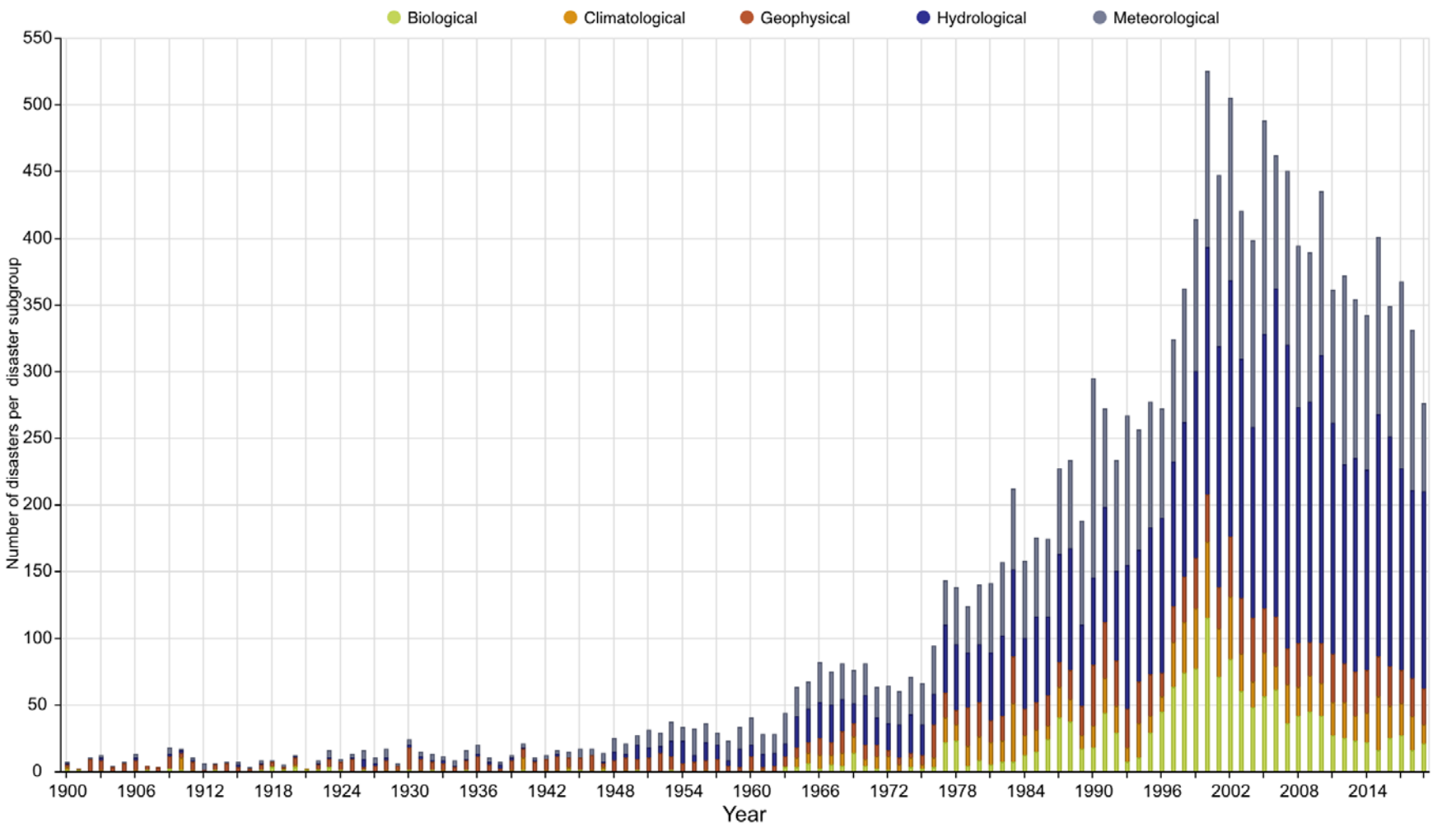
## (What You Already Know)

- Overburdened/underfunded systems
- Complex rules and regulation
- Systems increasingly oriented toward the most seriously ill compared to population-based approaches

# Today's Hazards Challenges...

- Increasing number of events
- Long-term novel events (e.g., climate change, cyber)
- Global/regional threats (e.g., epidemics, terrorism, economic, cyber)

# Global Climate-Related Disaster Incidence 1900-2019

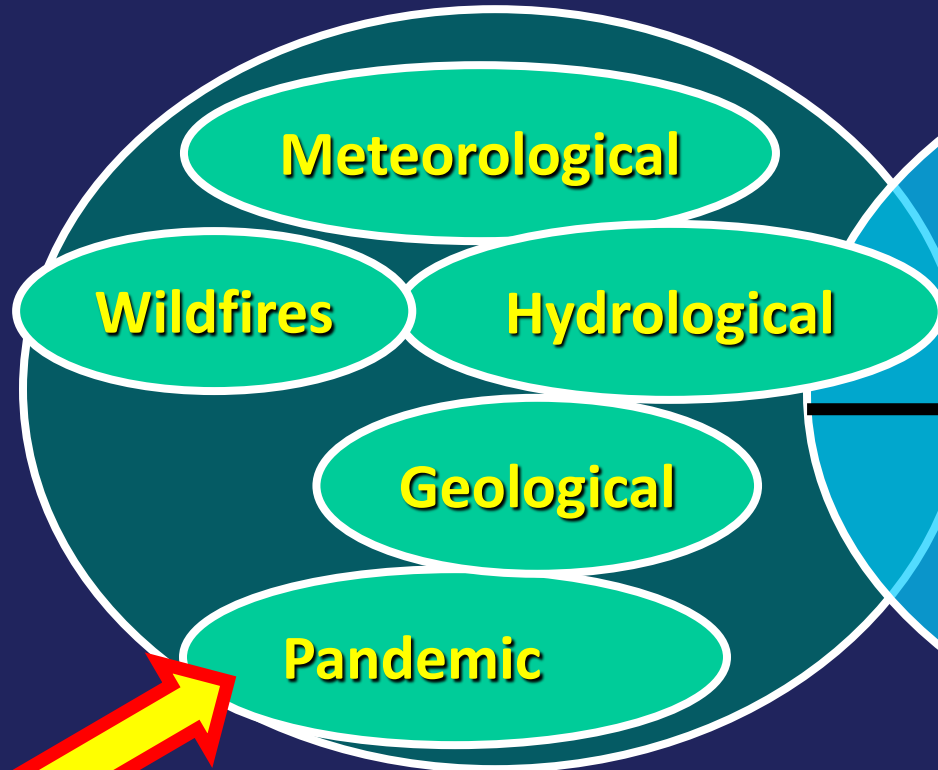


Source: EM-DAT: The Emergency Events Database - Université catholique de Louvain (UCL) - CRED, D. Guha-Sapir - [www.emdat.be](http://www.emdat.be), Brussels, Belgium

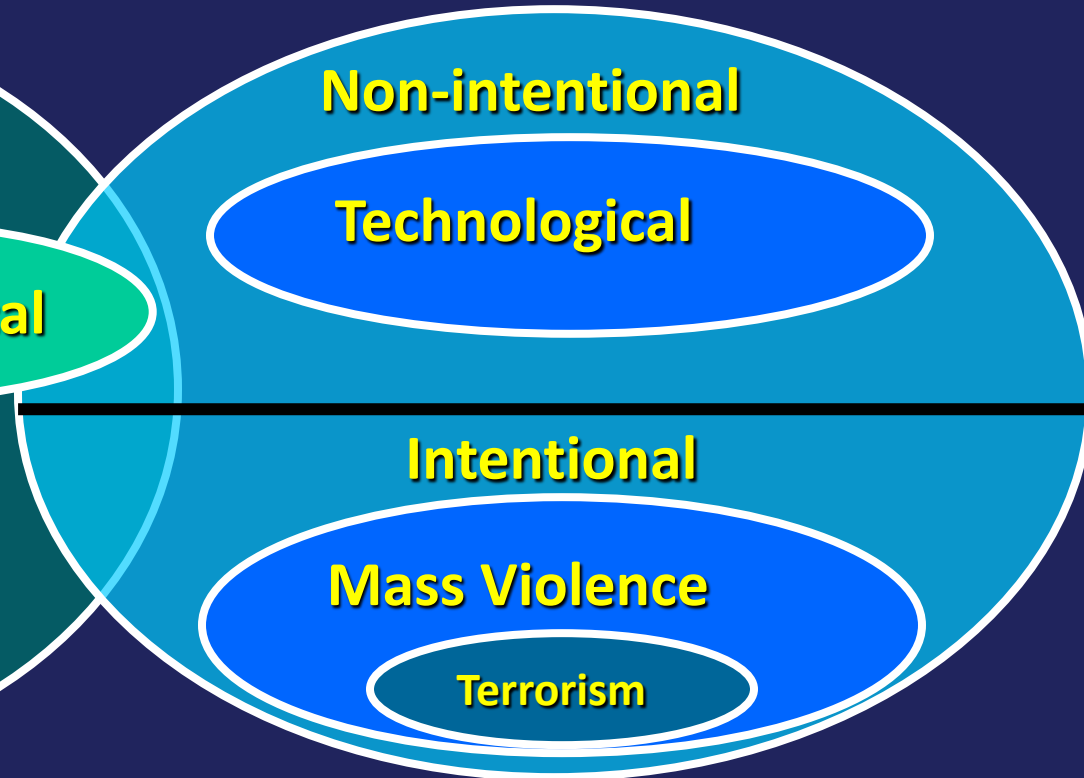


# Categories of Disasters

## *Natural Disasters*



## *Human-Generated Disasters*



Exploring Mental Health Authority  
Issues in All Disasters  
and  
How They Relate to COVID-19

# System Roles...



# Roles of Public Mental Health Systems: Patient Care

| Sample Settings  | COVID-19 Considerations  |
|--|--|
| Inpatient  | Managing additional stressors<br>Potential reduction/dislocation of existing beds<br>Forced to reduce admissions           |
| Outpatient   | Develop/implement telehealth options<br>New patient/client concerns/stressors<br>Changes in admissions procedures/criteria |
| Community-based residential supportive care                                    | Similar to inpatient/family challenges   |
| Emergency  | Increased work/stress related consultations to ED, EMS, others   |
| Mobile Crisis Units  | New/additional stress factors<br>Develop/implement new policies<br>Client contact challenges                               |
| Type of administrative structure (State operated, contract organization, etc.) | Administrative/contractual opportunities/challenges  |

# Roles of Public Mental Health Systems: Workplace

| Sample Tasks   | COVID-19 Considerations  |
|--|--|
| Personal safety/protection   | Signs/symptoms; policies & procedures; PPE; interactions with patients/ coworkers  |
| Training/education   | Epi education; social distancing while maintaining social connectedness  |
| Establishing/modifying personnel policies                                | Leave policies; requirements to serve; reassignment; hiring  |
| Role conflict (e.g., conflicting priorities for work/family obligations) | Leave taking for workers; child/elder care; returning to work; family contagion  |
| Harmonizing working structures   | Examine issues of differential requirements for state employees, contractors, union members, full- part-time, mutual-aid, etc. |

# Roles of Public Mental Health Systems: State/Community Partner

| Partnerships  | COVID-19 Considerations  |
|---|--|
| Promote notion of success/health through partnerships | Dealing effectively requires a systems approaches and integration. Praise partners and partnering efforts. Don't publicly criticize other systems.   |
| Internally review partnerships and assign leads       | Consciously examine existing partnerships (e.g., public health, medical, criminal justice, educational, etc.) and assure responsibility to monitor and facilitate.                         |
| Enhance existing partnerships                         | Establish/promote in-person relationships, publicize the value of partnerships, highlight successes.   |
| Cultivate new partnerships                            | Now is the time to identify needed relationships that may have been difficult in the past. People and institutions want to be helpful in a crisis.   |
| Be at the table to negotiate role as partner          | Invite yourself to meetings/discussion, forums. It is hard to make your points if you are not at the table. Opportunity to educated.   |
| Consider change in partnerships over time             | As the event progresses, different relationships may assume increased priority. Monitor and adapt. (e.g., public health may be paramount now, but social service may emerge in the future. |

# Roles of the Mental Health Authority Position



# Roles of Public Mental Health Authority: Leadership

| Leadership Focus                         | COVID-19 Considerations   |
|--|---|
| Trust and credibility are paramount      | Speak the truth, follow through, respect “lanes”  |
| Trust is vested primarily in individuals | Be visible, model what you say  |
| Up the organizational chart              | Keep Governor/Secret informed, reduce surprises, anticipate their needs   |
| Down the organizational chart            | Keep the troops informed, motivated, communicate, maximize through physical distance mechanisms   |
| Across organizational silos              | Keep other systems/leaders informed, educated about behavioral health sequelae  |
| General public                           | Be visible in media providing special guidance (e.g., physical distancing while promoting social connectedness, normalize/validate stress |
| Special populations/considerations       | Acknowledge comorbidity and other special issues  |



# Roles of Public Mental Health Authority: Advice & Advocacy

| Focus   | COVID-19 Considerations  |
|---|--|
| Advocate for attention/inclusion of behavioral health issues in all issues/phases     | Remind other leaders that there is a psychosocial element of all mitigation and intervention efforts. These elements are present and change over the lifecycle of the event.                       |
| Serves as/have identified subject matter experts in disaster behavioral health topics | Serve as and/or become a subject matter expert in appropriate topics. Have identified, vetted, and available subject matter experts on call (e.g., epi, special populations, communications, etc.) |
| Correct rumors/ misunderstanding  | Monitor all media for accurate information, correct erroneous ideas/misused (e.g., panic)  |
| Respect lanes   | Negotiate proper lanes with other leaders. Stay in yours and promote appropriate hand-offs   |

# Roles of Public Mental Health Authority: Communication

| Overall Concepts   | COVID-19 Considerations  |
|--|--|
| Effective communications <u>are</u> behavioral health interventions                        | Use communications to reduce anxiety, foster hope/perspective, reduce fear-based behavior, promote pro-social behavior                                   |
| Crisis and risk communicating is evidence and skills based                                 | Access, learn, utilize risk/crisis communication strategies  |
| The goal is to promote health and pro-social behavior                                      | Special issues of promoting physical distancing while promoting social connectedness, hoarding as a reflection of stress and desire to establish control |
| Use appropriate communication vehicles   | Optimize print, electronic and social media  |
| Assure racial and cultural competence  | Acknowledge historical challenges, avoid stereotypes   |
| Assist other systems in understanding psychosocial elements of <i>their</i> communications | Collaborate with others (e.g., public health, education) in crafting their messages  |

# Roles of Public Mental Health Authority: Reduce Barriers to Care

| Identifying Barriers     | COVID-19 Considerations  |
|--------------------------|--|
| Stigma                   | Address dual stigma of mental health and infectious medical conditions                                     |
| Procedural barriers      | Adapt referral/admissions practices and harmonize with medical/public health                               |
| Geographic barriers      | Promote availability and access throughout the state. Adapt system to emerging physical/civic restrictions |
| Integrate with screening | Integrate behavioral health efforts into screening, referral, treatment                                    |
| Legal barriers           | Address legal/immigration status concerns, harmonize strategies with others                                |

# Getting Real: Identifying and Confronting Our Biggest Fears

- Personal/occupational role conflict
- What does mission success/failure look like?
- What if I can't protect our patients/clients/workers?
- What if I over/under/inappropriately respond?
- Will I look foolish/ill-equipped if things go south?
- Will these issues define my tenure as Commissioner?
- Strategies
  - Even in the midst of the crisis, make time for quiet reflection
  - Have confidential discussions with trusted loved ones, friends, peers.

## Closing Thoughts...

- Remember that this will pass but use the experience to improve services/linkages/perception and understanding of behavioral health
- Promote/model the notion of systemic “post-traumatic-growth”
- Use this experience to promote and demonstrate a caring and positive organizational culture/climate
- Use this experience to better prepare the public mental health system to respond in an all-hazards environment.
- Use this experience to better anticipate and prepared for other slowly evolving phenomena (e.g., climate change and its psychosocial impact)
- Take care of yourselves. Leadership stress is real.

# Selected Resources

- Crisis Standards of Care:

<http://www.acphd.org/media/330265/crisis%20standards%20of%20care%20toolkit.pdf>

- Communications:

<https://emergency.cdc.gov/cerc/manual/index.asp>

- COVID-19 Fact Sheets:

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

- Psychological Factors of COVID-19:

<https://onlinelibrary.wiley.com/doi/full/10.1111/pcn.12988>

[https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html)

- Psychological Aspects of Quarantine:

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

- COVID-19 and Substance Abuse:

<https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>

<https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>

# Thank you!!

## Scheduled Meet-Me Call Webinar Dates

- **April 16, 2020**
- **May 21, 2020**
- **June 18, 2020**



Please mark your calendar for these dates at  
**12 Noon Eastern Time**

