

Disaster Mental Health Preparedness

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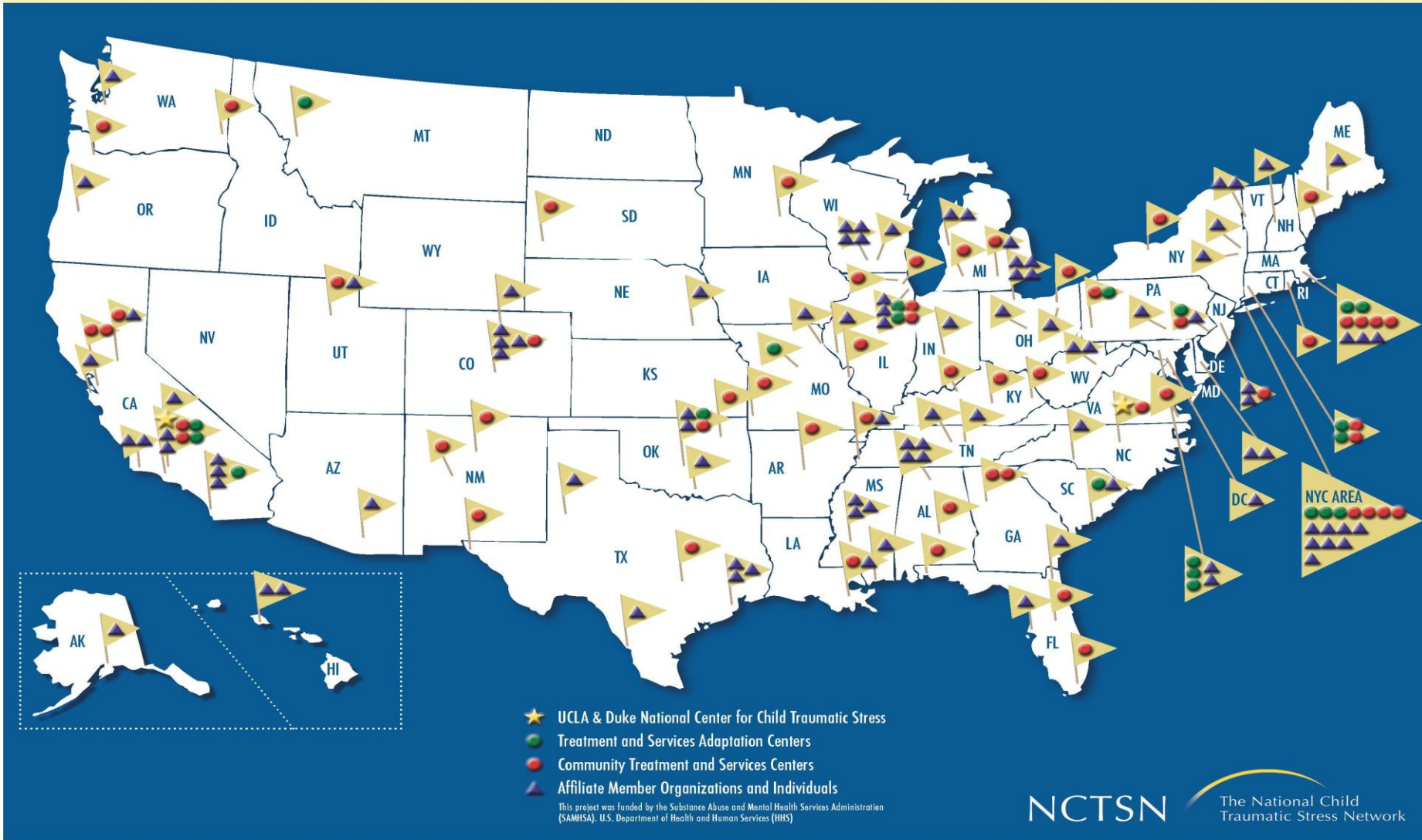
UCLA

National Center for Child Traumatic Stress

NCTSN

The National Child
Traumatic Stress Network

National Child Traumatic Stress Network Centers



Recent Expert Consensus Guidelines

- Inter-Agency Standing Committee Guidelines (2007)
- The European Network for Traumatic Stress guidelines (Bisson & Tavakoly, 2008)
- The Disaster Mental Health Subcommittee (National Biodefense Science Board, 2009)
- National Commission on Children and Disasters (2010)
- HHS Disaster Behavioral Health Concepts of Operations (2011)

Disaster Behavioral Health Principles

- ✓ Promote compliance with public health directives
- ✓ Enhance individual, family, and community resilience
- ✓ Augment prevention through education
- ✓ Facilitate rapid identification of people in need of immediate care
- ✓ Improve accuracy in diagnosis & treatment by providers
- ✓ Reduce the development of longer-term mental health problems
- ✓ Facilitate adjustment to loss & coping from adverse circumstances

Disaster Behavioral Health Principles (cont.)

- ✓ Identify potential barriers to treatment adherence and compliance
- ✓ Encourage mobilization and allocation of resources for at-risk and special needs groups
- ✓ Support culturally informed and culturally sensitive policies and services
- ✓ Foster confidence and trust in government
- ✓ Empower individuals to care for themselves more effectively

DBH Concepts of Operations

- **Continuum of services** that are scalable and integrated into health, public health, social services, and education systems
- **Routine training** for all professionals in interventions that are based on accepted professional standards and founded on empirical knowledge
- **Anticipate** and plan for all-hazards
- **Create effective partnerships** and determine roles and responsibilities
- Response organizations/partners need to **use common protocols, practices, and procedures**
- **Identify individuals/populations who may be at higher risk** for more severe reactions or needing specialized resources

At-Risk Populations

Individuals who have additional needs in one or more functional areas:

- Communication
- Medical Care
- Independence
- Supervision
- Transportation

Utøya Island Attack

July 22, 2011



- 69 killed (50 were 18 yrs or younger)
- 110 injured (55 seriously injured)



Lessons Learned from Attacks

- Youth need to be included in preparedness
- Plans need to be scalable (victims were from 18 counties)
- Length of Incident increased exposure
- Active Shooter Drills altered as perpetrator was dressed as a police officer
- First incident already drained medical staff & first responders
 - Oslo bombing (8 killed, 209 injured)
- This type of event wouldn't happen



Effective Public Health Communication

- Develop relationships with trusted partners
- Needs to be conveyed to maximize the chance that it will be heard, understood, and acted upon by the public
- Consistency, openness, timeliness, and honesty are key elements
- Communication must be bi-directional
- Monitor technology innovations
- Know what kinds of communication are best suited to reach specific communities/individuals

Hurricane Sandy



- 2nd costliest hurricane in US history
- 285 killed
- 24 states affected
- Public had to rely on local media
- Many providers needed retraining

Sandy Hook Elementary School Shooting



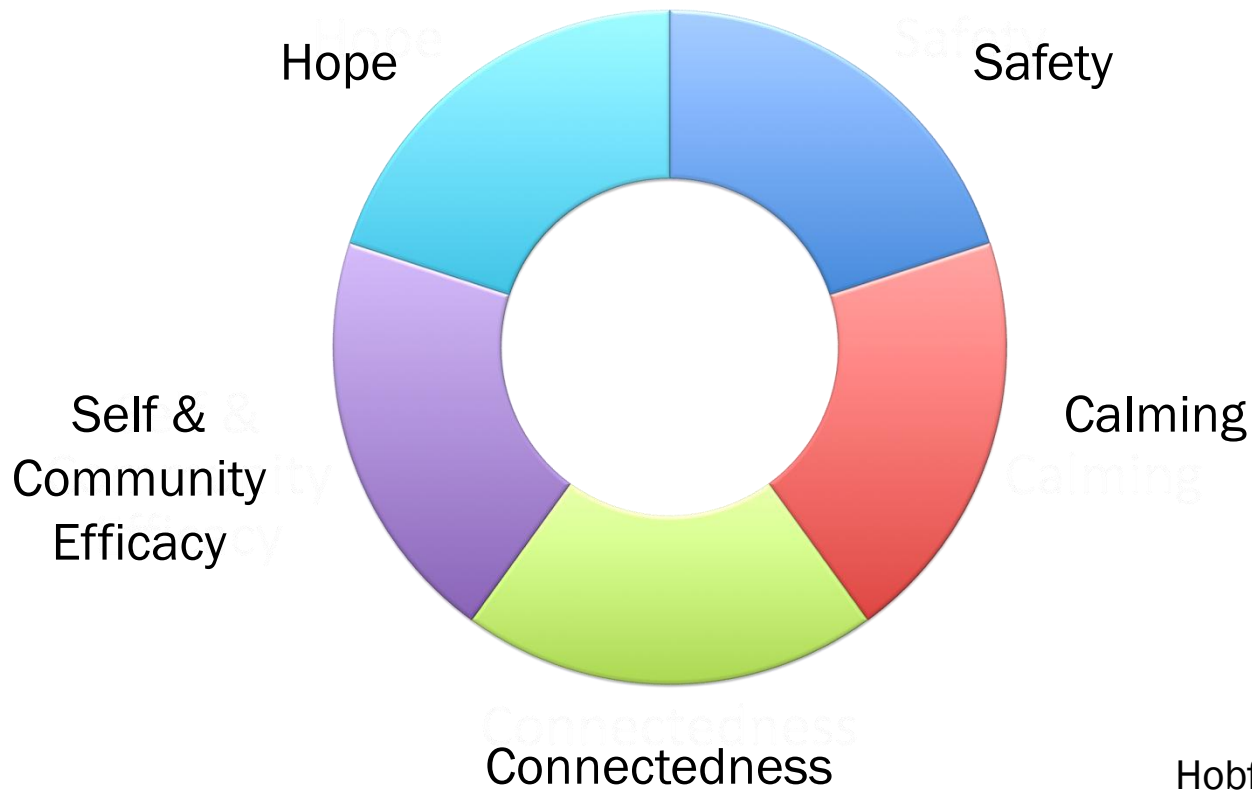




Promote Community Resilience

- Convene regular & consistent preparedness forums (in person, telephone, web-based)
 - Involve all communities and constituencies
- Conduct Disaster Behavioral Health Capacity Assessments
- Participate in development of Plans, Drills, & After-Action Reviews
- Develop messaging, information, and educational materials that specifically address behavioral health principles and resilience

Five Empirically-Supported Early Intervention Principles



Hobfoll et. al, 2007

Safety: Public Health Interventions

- Bring people to a safe place and make it clear that it is safe
- Educate about how to make environment safe
- Provide an accurate, organized voice to help circumscribe threat
- Inform the media to convey safety and resilience rather than imminent threat
- Educate parents regarding limiting news exposure in children

Calming: Public Health Interventions

- Help people directly solve concerns
- Give information on how families can support and care for each other
- Large-scale education about:
 - Post-trauma and grief reactions
 - Anxiety management techniques
 - Signs of more severe problems
 - When and how to seek help

Self-Efficacy: Public Health Interventions

- Provide people with resources
- As much as possible involve survivors in decision-making policy and efforts
- Promote policies / activities that are developed by the public, such as:
 - Religious activities
 - Community Meetings
 - The use of collective healing and mourning rituals

Connectedness: Public Health Interventions

- Identify those who:
 - Lack strong support
 - Are likely to be more socially isolated
 - Have a support system providing undermining messages
- Help individuals to link with loved ones and community resources
- Increase the quantity, quality, and frequency of supportive transactions
- Address potential negative social influences

Hope: Public Health Interventions

- Support rebuilding of local economies
- Help people:
 - Link with resources
 - Share their experience and hope
 - Memorialize and make meaning
 - Accept that their lives and their environment have changed

Additional Resources

www.NCTSN.org

Learn.nctsn.org

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