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)

Co-hosted by:
The University of North Dakota
and
The Western Interstate Commission for Higher Education (WICHE)
Disclaimer

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (TTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains Mental Health Technology Transfer Center. For more information on obtaining copies of this presentation, call 701-777-6367.

At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Andrew J. McLean and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this Presentation is intended or should be inferred.

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

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
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

1. Be First: Communicating information quickly is crucial. Early notification can allow the public to stay informed and prepared.
2. Be Right: Accuracy establishes credibility. Information should reflect what is known, what is not known, and what is being done to fill in the gaps.
3. Be Credible: Capacity and authority should not be compromised during crises.
4. Express Empathy: Expressing genuine care and support should be acknowledged. Addressing what people are feeling and how the challenges they face, trust, and reports.
5. Promote Action: Encouraging people to take meaningful, timely actions helps to reduce anxiety and promote a sense of control.
6. Show Respect: Respectful communication is particularly important when people are affected. Respectful communication can promote cooperation and support.

People’s Attention

- Per Peter Sandman,
- \( \text{RISK} = \text{HAZARD} + \text{OUTRAGE} \)
- \( \text{RISK} = (\text{“harm likelihood”}) + (\text{“upsetness”}) \)
Response

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

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...

**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.”

Mitroff, 2004 (re: Hurricane Katrina)

Fairness

Priorities need to be considered, given limited resources.

▪ These are difficult decisions for all.
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?

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)

- Emotional Exhaustion
- Loss of Self
- Symptoms similar to post-traumatic stress disorder
- Change in cognitive schema


Mitigating Burnout

- Capture reminders of your purpose:
- “Oh yeah, THIS is why I signed up…”
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 0-60 days</td>
<td>X ISP 0-60 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

\[ \mathbf{R}^3 \]

• 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)

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?