

Disaster Mental Health (DMH) Subcommittee of the National Biodefense Science Board (NBSB)

Summary of the September 25, 2009 Recommendations to the NBSB on Disaster Mental Health and the H1N1 Influenza Pandemic

At the September 25, 2009 public meeting of the NBSB, the NBSB invited its DMH Subcommittee to present recommendations related to disaster mental health and the H1N1 influenza pandemic. The recommendations were structured according to the three focus areas identified in Homeland Security Presidential Directive- 21, which established the Subcommittee: Intervention, Training and Education, and Communication and Messaging. An additional focus was on the needs of vulnerable, at-risk populations. Recommendations presented to the NBSB at the public meeting and actionable next steps to support the recommendations are summarized below.

INTERVENTION

Intervention Recommendations (presented at the September 25, 2009 NBSB Public Meeting):

1. Focus should be on interventions that resolve uncertainty, enhance resilience and coping, and foster adaptive behavior.
2. Consider vulnerable populations which may not be obvious and may not self-identify, may reside in heterogeneous settings, or may require support for other functions.
3. Encourage integration of disaster mental health issues and approaches into the larger public health response to H1N1:
 - a. Establish real-time reach-back capacity to mental and behavioral health experts to provide technical assistance/guidance;
 - b. Create a priority advisory team of mental and behavioral health experts for this purpose;
 - c. Leverage opportunities to conduct field studies to forward the disaster mental health research-base;
 - d. Facilitate collaboration between public health and mental health;
 - e. Promote continuity of operations planning for mental health services; and
 - f. Connect with groups working in community resilience.

Actionable Next Steps to Support Intervention Recommendations:

- o The U.S. Department of Health and Human Services (HHS), the Assistant Secretary for Preparedness and Response (ASPR), and NBSB should use the NBSB DMH Subcommittee, and other qualified professionals and regional/local experts identified by the Subcommittee, as an ad-hoc advisory team of mental and behavioral health experts to provide reach-back capacity and guidance and to address specific questions.
- o HHS should reach out to mental and behavioral health services providers through State Public Health and State Mental Health Authorities to promote attention to continuity of operations and ensure they have access to pertinent H1N1 behavioral health information and materials, including materials identified by the NBSB DMH Subcommittee.
- o HHS and the NBSB should identify existing best practice community resilience materials pertinent to H1N1 and make these available to public health and community leaders working on resilience; link leaders to groups working in this area as needed as part of expert reach-back/guidance role.

TRAINING AND EDUCATION

Training and Education Recommendations (presented at the September 25, 2009 NBSB Public Meeting):

1. For Mental Health Professionals: Identify, or develop, and disseminate existing best-practice educational materials in the following areas:
 - a. Disaster mental health materials for all-hazards that may be applied in short-term to H1N1 pandemic;
 - b. Materials specific to biologic natural disaster;
 - c. Handouts about needs of individuals with pre-existing mental health problems; and
 - d. Guidance on bereavement support.

2. For Medical Providers: Identify, or develop, and disseminate existing best-practice educational materials in the following areas:
 - a. Guidelines on providing psychological support, mental health triage, and referrals; and
 - b. Educational materials, including patient education materials, on bereavement support, death notification, and bereavement support for children and families.
3. For Schools/Teachers/School Mental Health Staff:
 - a. Identify, or develop, and disseminate guidelines on providing psychological support to children, including mental health triage and referrals;
 - b. Partner with local/regional experts to provide local in-service training; and
 - c. Identify, or develop, and disseminate educational material on bereavement support and parent educational materials.
4. For General Population:
 - a. Establish a working group to include behavioral health guild associations to reach consensus on common model for community-based Psychological First Aid;
 - b. Disseminate information for how families can support children who are grieving as well as information for grieving adults; and
 - c. Readily disseminate materials through electronic, audiovisual, and print formats; housed in central government Web site for ease of access.

Actionable Next Steps to Support Training and Education Recommendations:

- o HHS should identify and disseminate pertinent behavioral health materials that are relevant to a pandemic and link these materials to Flu.gov and other HHS websites, as appropriate. The expertise of the NBSB DMH Subcommittee can be called upon to assist with the identification of best practice materials.
- o Federal and State health officials should identify and be prepared to disseminate educational materials and messaging about complicated grief and the particular stressors associated with the death of children in order to be better prepared for a more severe pandemic.

COMMUNICATION AND MESSAGING

Communication and Messaging Recommendations (presented at the September 25, 2009 NBSB Public Meeting):

1. Integrate behavioral health factors into all health messaging.
 - a. Communication is central to influencing individual and group behaviors; and
 - b. Mental health experts can play a valuable role in crafting respectful, compassionate, understandable, and effective public health messages; especially for people experiencing high levels of stress.
2. Expand use of non-traditional communication and address the needs of special populations in messaging.
 - a. Address low-literacy issues, use pictograms, provide messaging to reduce stigmatization of groups as needed, and utilize trusted community and faith-based leaders to help promote healthy behaviors; and
 - b. Take into account factors such as culture and ethnicity, age, disability, and medical conditions (including serious mental illness and pharmacologically dependent).
 - c. Anticipate issues that have high psychosocial impact such as perceived scarcity of resources, varied implementation of Federal guidance across State and local jurisdictions, and perceived fairness and equity.
3. Maintain sensitivity to terminology and need for actionable guidance.
 - a. Discourage use of imprecise term “worried well”; and
 - b. Provide a short explanation of why people are being asked to refrain from usual behavior and tell them what action to take instead.

Actionable Next Steps to Support Communications Recommendations:

- o The NBSB DMH Subcommittee should identify mental and behavioral health experts whose names would be forwarded to HHS risk communication staff to assist in crafting and reviewing public health messages, especially for people experiencing high levels of stress.
- o HHS should reach out to Federal planners, risk communicators, and NGO's representing State and local public and mental health to inform them of the importance of anticipating and preparing for issues with high psychological impact such as child deaths, perceived fairness and equity in the case of scarce resources, and mistrust of government.
- o In placing actionable guidance and education materials on flu.gov, HHS should ensure that information is provided in multiple formats that consider not only culture, ethnicity, and age, but also disability and medical conditions including serious mental illness and pharmacologically dependent.
- o Federal and State Health officials should promote the message that good public health is good mental health.
 - Continuing to emphasize practical health activities (e.g. hand-washing, staying home when sick, etc.) not only helps reduce exposure to and spread of the virus, but also reduces the public's anxiety and fosters adaptive behavior.
- o HHS should provide guidance to public health risk communicators to ensure unchecked health anxiety is addressed by refraining from the use of terms such as "unique" or "novel" in referring to H1N1 and continue to reassure the public about the safety of vaccination.
 - Federal and State health officials should encourage media to use images of community or national leaders getting vaccinated to provide reassurance to the public.
- o Federal and State health officials should be directed to work with public health risk communicators to discourage use of the term "worried well" in messaging. This term is imprecise in the context of H1N1.
 - For example, "worried well" could mean experiencing anxiety with no physical symptoms, experiencing multiple unexplained physical symptoms, or experiencing influenza-like symptoms that do not require medical intervention.
 - Instead, public health messaging should tell people why they are being asked to refrain from usual behavior (e.g. going to the Emergency Room when experiencing influenza symptoms) and tell them what action to take instead to safeguard their health.
- o The NBSB may wish to task the DMH Subcommittee to develop an acceptable alternate term for 'worried well' for use in future events and for planning.

VULNERABLE POPULATIONS

Vulnerable Populations Recommendations:

1. Promote understanding that certain vulnerable populations may be at higher risk due to high prevalence of co-morbid medical conditions, limited access to health-care systems and services, and difficulty comprehending public health messages due to disability, cognitive impairment, or limited language proficiency.
2. Encourage attention to, and continuity of operations planning for, the needs of mental health and substance abuse service recipients as many of these individuals have co-morbid medical conditions and receive services are delivered in congregate settings.

Actionable Next Steps to Support Vulnerable Populations Recommendations:

- o HHS should encourage Federal and State health officials to reach out to traditional vulnerable populations in addition to the identified H1N1 at-risk groups by working through stakeholder advocacy groups and agencies.
- o In order to meet the needs of vulnerable, at-risk populations—in H1N1 or an all-hazards context—the NBSB DMH Subcommittee should compile a roster of subject matter experts in vulnerable populations that may be called upon to inform the work of NBSB or HHS regarding the needs of at-risk populations.