

All Disaster Mental Health Planning Steering Committee  
Group Memory<sup>1</sup> of Meeting December 9, 2003, 1:00 p.m. to 3:30 p.m.

<b>Steering Committee Members Present</b>	
George Hanigan (HHSS)	Jim Harvey (HHSS)
<b>Resource and Support Staff Present</b>	
Paul Ladehoff (TMC Facilitator)	Denise Bulling (PPC)
Dave Hubbard (TMC Facilitator)	Stacey Hoffman (PPC)

<b>To Do List</b>	<b>Who is Responsible</b>	<b>By When</b>
• Review appendix A and self-select areas	All	
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**Next Meeting: Tuesday, January 20, 2004, 1:00 p.m. to 5:00 p.m., Location to be announced**

Issues for Future Agendas:

- “Indigenous worker,” peer counselor, appropriate roles and boundaries → related training requirements
- Diversity needs, language, disability, etc...
- Common themes from small group disaster scenario exercise

Next Steps:

- Issues steering committee should focus on
- Issues and concerns
  - Report common themes from small groups
  - Action plan
- Liability issues, Boundaries clearly delineated,
- Web site / List serve / contact list
- Meet in one month (to meet time line for grant \$)
- Break up into smaller groups or committees, e.g. sub-group on liability
- Training
- Identify key issues to focus on
  - Mobilization
  - Liability
  - Communication
  - i.e., track areas listed in the Federal Handbook

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<sup>1</sup> These notes are taken from flip chart pages developed at the meeting. The facilitators have attempted to summarize the discussion by identifying themes and placing items in categories such as “Interests” and “Options.” Please let us know if you notice any errors or omissions. Any comments or questions added by the facilitator are *italicized*.

- include people not here or had to leave early
- Consistent meeting dates (third Tuesday of each month in the afternoon. Next meeting Jan. 20)
- Liability (administrative, logistics, legal)
- Training
- Mobilization
- Appendix A topics

#### Future Focus Groups:

- Licensed Mental Health Providers
  - Counselors
  - Psychologists
  - Psychiatrists
- Other possible groups include:
  - Clergy-pastoral counselors
  - Victims of prior disasters

The Steering Committee broke into four small groups to consider a disaster scenario involving a fire in a dormitory on the University of Nebraska-Lincoln campus.

#### Group #1:

Q1: Who are the people who have basic skills and who could be called on to help??

- Clergy and faith-based responders
- School and school counselors
- Psychologists, psychiatrists and other doctors
- Licensed Mental Health providers
- Bring in others from outside
  - Potentially international, 15 other countries
- Interpreters
- University personnel
  - Question: How do you coordinate?
- University administration and all personnel need SUS and debriefed
- 1 year anniversary memorial service – long-term recovery
- potential roles of mental health personnel
  - training and pre-planning for 1<sup>st</sup> response
  - prepared media message in advance
  - Survivors
    - At hospital
    - Mobile
  - Family Members
    - Services for family members away from scene
    - System for incoming family members upon arrival
  - Students

- Central point for information and services
  - Community at large
    - Crisis line, immediate contact point
  - Media / Consumers
    - Utilize pre-crafted message or created as needed
  - Mental Health
    - Debrief the debriefers
  - Workers/police/fire/EMT/Hospital
    - Services when “done for” short term (off-shift)
    - Long-term response (after 12 hours)
- Point person / organization
  - By determining local emergency operation plan
    - Start with fire
  - Mental health coordinator
    - EOC predetermined

Q: Disaster? Yes, it exceeds local resources. No, Lincoln is not the only community affected.

- Action: rewrite local NEMA emergency template. Current template is not consistent for mental health direction

#### Group # 2:

Q: Folks who have basic skills and who could be called on?

- Clergy
- Campus health
- Psych dept. both professors and students
- Nursing program
- Dental program – students
- Hospital EAP
- Interpreters
- ROTC
- Campus EAP
- CISM
- Red Cross
- Hospital volunteers
- Local health department
- CMH center
- School crisis teams
- Athletic department
- VOADS
- Telemarketers
- Immediate response mental health
- Multi-sites: on site; off-site recovery area
- Question: how to split off victims with different issues i.e., school shooting example: parents of survivors and parents of deceased.
- Addressing the families

- Hospitals
- Phone banks/hotlines
- Center for uninjured or walking wounded
- Triage / morgue
- Involve media to tell people where to go

Q: What does preparedness look like?

- Plan
- Training
- Collaboration / partnerships
- Incident command system
  - Roles and responsibilities
  - Who is organizing the mental health response?
  - What's the first thing to do?
    - Life safety / self deploys?
    - Lessons from 911
    - Preparedness = planning

Group #3:

(1) When / Where to mobilize MH?

- a. On scene
- b. At hospitals
- c. At morgue site
- d. At a hotline site

(2) What are the potential roles of MH?

- a. Preparedness
  - i. Involved in designing the plan
  - ii. Involved in developing training and providing training
- b. Immediate response
  - i. Crisis intervention
  - ii. Defusing and debriefing
  - iii. Providing information and direction
  - iv. Providing comfort and support]
  - v. Facilitating risk communication
- c. Long-term response
  - i. Peer support →grief issues
  - ii. Short-term counseling
  - iii. Referral for longer-term counseling
  - iv. Psycho-social education
- d. Recovery
  - i. Risk communication regarding safety (“how will we know this won’t happen again?”)
  - ii. Continued involvement to ensure that MH needs are addressed

(3) When is MH response local? State?

- a. Whoever has the resources

- (4) What elements needed for effective MH response?
  - a. Money
  - b. Plan
  - c. Trained personnel
  - d. Licensed personnel
  - e. Awareness of resources
  - f. Coordinating entity
  - g. Liability issues addressed
- (5) Who are people who have basic skills who could be called on to help?
  - a. Clergy, police, fire, EMS (both immediate and long-term involvement)
  - b. General volunteers
  - c. Red Cross
  - d. UNL Personnel
  - e. Other students
  - f. Medical / Hospital
  - g. CISM
  - h. Translators
  - i. Cultural organizations
  - j. Medical / PIO
  - k. Social Workers
  - l. Family Support
  - m. Morticians
  - n. Other shelters
  - o. Food Stations
- (6) What does preparedness look like?
  - a. Communication: is in every step
    - i. Consistent information
    - ii. Feedback loops to get info back to command
- (7) Commitment?
  - a. Recovery → Mental Health – people’s needs continued, MH needs addressed
  - b. Statewide support and help needed
  - c. State legislature get involved to deal with liability issues
  - d. Guidelines needed

Group #4:

- Folks who have basic skills and could be called on:
  - Domestic violence
  - Residence hall assistants
  - School folk
- Where and when for MH response?
  - As soon as possible
  - At hospitals
  - At the scene (victims, families, first responders)
  - Need centralized communication site
    - Especially to coordinate diverse response (language, culture)

- Nearby – say the student union
  - Keep pressure off the hospitals
- Other residence halls
- Crowd control: facilitate medical interventions
- Transporters may need MH response
- Responders could have long term issues
- “public information” officer equivalent
- Those affected are much wider than Lincoln
  - Folks at airport for arriving families
- Which level should be where, when, to maximize rec.
- Long-term response will need to have wider geographic scope, e.g. statewide
- Translators needed
  
- Preparedness
  - Need to pre-identify third level folks
  - Constructive activity (e.g. talking) with folks (share info or calm down)
  - Gather information e.g. cultural needs like early burial
  - Hospitals beyond Lincoln needed to address large number of burn victims
  - Command center – involve UNL officials and organizations to help with students from other countries
  - Need pre-identified list of MH and other trained responders
  
- Responsibilities and relations between local, state and national
  - Mayor (in consultation with Health Dept.) declares emergency response exceeds local capabilities
  - This is UNL – is this state property? Need to coordinate state and local
  - Emergency Service Committee
  - Red Cross, FBI, ATF
  - Regions hook up with locality. Here Region V
  - Neighbors directory
  
- Lots of roles for MH response, so training will be multi-topic
  - Limit so they don’t try to do too much
  - Long-term
    - Substance abuse for example
    - PTSD issues (e.g., Oklahoma City)
  - Chaotic environment of disaster makes pre-established relationships very important
  - Training will need to be available at various times and places to accommodate all types of responders
  - Training includes self-care etc. for responders
    - Could happen post disaster
    - Need updating periodically