DISASTER BEHAVIORAL HEALTH IN 2008:
PROBLEMS, POSSIBILITIES, AND POLICY

Nebraska Disaster Behavioral Health Conference
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Where We Are In The Field Of Disaster Behavioral Health?

At least I'm not in sales anymore!

Where Have We Been?

- Federal legislation for over 30 years
- Increased understanding of behavioral health consequences of extreme events
- Individual and collective intervention models *practiced* more than *researched*
- Increased inclusion of behavioral health/social sciences--increasingly integrated into disaster health and emergency management

Important Federal Developments…

- National Response Plan Framework–March 2008

- Pandemic and All-Hazards Preparedness Act (PHAPA) --December 2006

- Homeland Security Presidential Directive-21 (HSPD-21) –October 2007

- Funding for disaster behavioral health preparedness is woefully inadequate

- Existing service models are not easily adapted to changing service systems and emerging new event types

Important State/Local Changes

- We have moved from a population based community mental health model to an illness based treatment model

- Disaster response continues to be an important and valued role for community based service systems

- Those systems are increasingly under-funded and fee for service based (with waiting lists)…and unfortunately, increasingly broken.

Why Is Developing and Delivering Good Preparedness, Response and Recovery so Difficult?

Seven Cracks in the Foundation

Five Areas Lacking Consensus

Crack #1

Lack of understanding that the psychosocial factors are the most significant human impact in disasters

Behavioral health footprint is far greater than the medical footprint

Psychosocial impact is the very purpose of terrorism

There is a psychosocial component in every part of disaster preparedness, response, and recovery

The cost of adverse psychosocial consequences are greater than any other health impacts

The behavioral choices people make to stay in place, evacuate, seek/not seek medical care, search for loved ones, etc. *are very real* life and death decisions.

Crack #2

Lack of understanding of the broad scope of roles behavioral health can play (in addition to direct intervention)

Consultation to leadership

Risk and crisis communication

Needs assessment

Program evaluation, etc.

(NIMH Consensus Workshop)

Crack #3

Leadership—Absent, inconsistent, lacking big picture

Executive and legislative branches

Federal, state, local, GNO, academic

Ability to integrate/balance/advocate science, real world response complexity, political realities, and compassion

Crack #4

Progress, innovation, and integration is personality dependent

When the personality leaves the progress, innovation, and integration suffer

Crack #5

Lack of adequate resources

Human resources

Funding

Time

Crack #6

- **Culture**

  - We are a culture that seeks easy, cheap, immediate, one size fits all, doable by anyone, solutions to complex problems

  - We do not seek, value, or learn from the lessons of other countries

  - We view ourselves as self sufficient and unlike others

Crack # 7

Failure to include the public in planning. Resulting in…

Inaccurate assumption about human behavior

Reduced compliance, trust, confidence

Lacking understanding of factors influencing comfort with and confidence in planning (*Redefining Readiness*, NY Academy of Medicine)

We must learn from MH consumers/ advocates: *"With us not for us."*

Six Areas Lacking Consensus

Area #1—Preparing For What?

- All-hazards approach
- Playing the odds— Natural disasters, terrorism
- In some cases,

the same models

do not apply

CYBER TERRORISM
May 2, 2002

Area #2—Planning To <u>Do</u> What?

- Treat a disorder?

- Prevent a disorder?

- Comfort and support?

- Accelerate recovery?

- Change the trajectory of psychosocial response?

- Promote mental health/resilience?

Area #3—Planning Within What Context?

- Mental health & substance abuse?
- Hospitals and other health care providers?
- Public health?
- Schools?
- Emergency management?
- Natural support systems (e.g., faith community)?
- Cultural competence?
- Others?

Area #4—Services Provided By Whom?

- Mental Health professionals?
- Trained paraprofessionals?
- Healthcare professionals?
- Clergy/chaplains?
- Teachers?
- Peers?
- Self-help?
- Others?

Area #5—Preparing And Responding Using What Strategies?

- What interventions work for whom, when, and under what circumstances? (e.g., crisis counseling, psychological first aid, CBT, etc?)

- Population based?

- Risk based?

- Primary prevention?

- Promoting/training leadership?

- Consultation to leadership?

- Training?

- Communicating?

Area #6—Strategies Based Upon What?

- Evidence based?

- Evidence informed?

- Experience?

- Belief?

- Consensus?

- Marketing?

Emerging Significant Challenges

The Gathering/Perfect Storm…
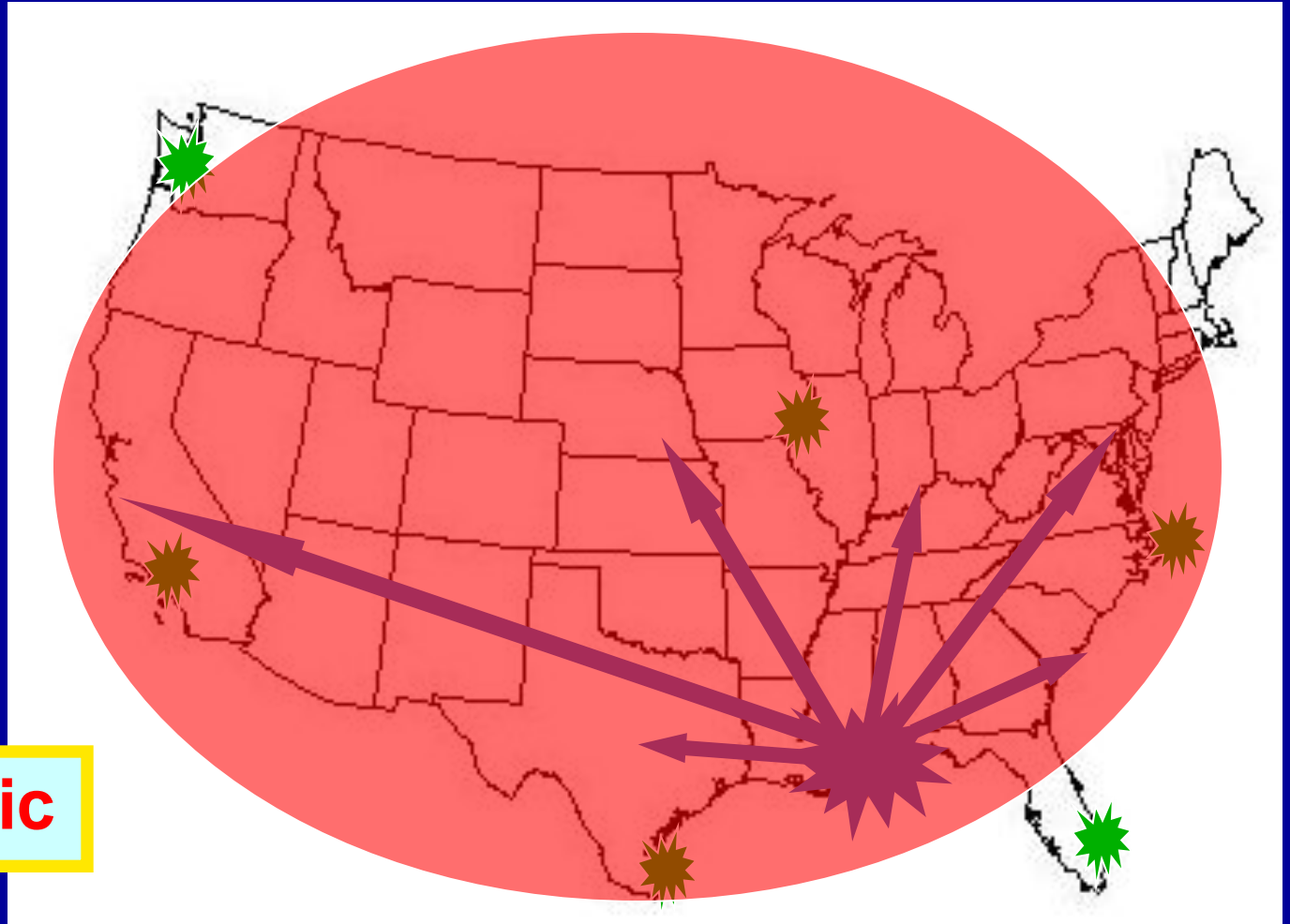
Unaddressed Challenges

Disaster Scope…

Typical Disaster

Katrina

Pandemic

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Bringing The Elephant Into The Living Room:

We Lack Models/Preparedness for _National and Transnational_ Disasters With Behavioral & Other Health Consequences

**And
Who Owns the Responsibility for Preparedness, Response, and Recovery?**

Who Owns It? *Legislatively/Financially*

- Legislatively
  - Do we have adequate/appropriate legislation?
  - Local, state, federal, international?
  - Who does what under what authority?
- Financially (very long term potential-even global economic collapse)
  - Who will pay?
  - Pay for what?
  - Pay for how long?

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Who Owns It? *Strategically*

- Strategically—

- Where will resources come from?

- Where will the personnel come from?
  – Will they come? For how long? What about families? Where will reinforcements come from?

- How are these decisions
  made? Who makes them?

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Who Owns It? *Socially*

- Culturally/Socially ("Terrorism strikes along the fault lines of society" *- Robert Ursano*)
    - Are we anticipating the potential of class, ethnic, racial, national disparity?
    - What about ostracizing the potentially exposed?
    - Who is more valued? Who gets immunized? Who gets treatment?
    - How are these decisions made? Who makes them?

Who Owns It? *Existentially*

- Perhaps our greatest challenge
- Who are we individually and collectively?
- How will we define "success"?
- How will we define "failure"?
- What does it mean to have our support system become our "enemy"?
- Who will we be when it is over?
- How will we be judged?
- Are we even capable as a nation to have this discussion?
- Who leads this discussion?

Leadership In Our Most Complex Events…

- Leadership must have unquestioned content credibility

- Be true "honest brokers"

- Nonpartisan

- Wise

- Trusted

- And at the end
  of their careers

Six Strategies

1. Expand and apply the evidence base
2. Integration and linkages
3. Communication
4. Leadership
5. Meaningful consumer involvement
6. Prevention

Expand and Apply the Evidence Base

Expand and Apply the Science

- Advocate for expanded research in several areas
  - Medical/Public Health/Behavioral Health interaction
  - Risk and protective factors
  - Interventions (individual and collective)
  - Short and long term consequences
  - Special populations
- Advocate for broader methodological acceptance

Expand and Apply the Science

- Assure that current and emerging research is implemented in practice
- Challenge:
  - Most health & behavioral health providers are not trained in this topic
  - Some providers mistake normal disaster related stress as an exacerbation of one's preexisting mental disorder, jump too fast to a psychiatric dx
  - Providers trained to look for and expect strength, resilience, recovery, and *health* benefit all

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Important Documents…

Mental Health and Mass Violence: Evidence Based Early Psychological Intervention for Victims/ Survivors of Mass Violence— A workshop to Reach Consensus on Best Practices (NIMH, 2002)

Mental Health and Mass Violence

Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence

A Workshop to Reach Consensus on Best Practices

Guide For Interventions

A major new article just came out:
Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence
Psychiatry, 70(4)
Authors: Steven Hobfoll plus 19 others
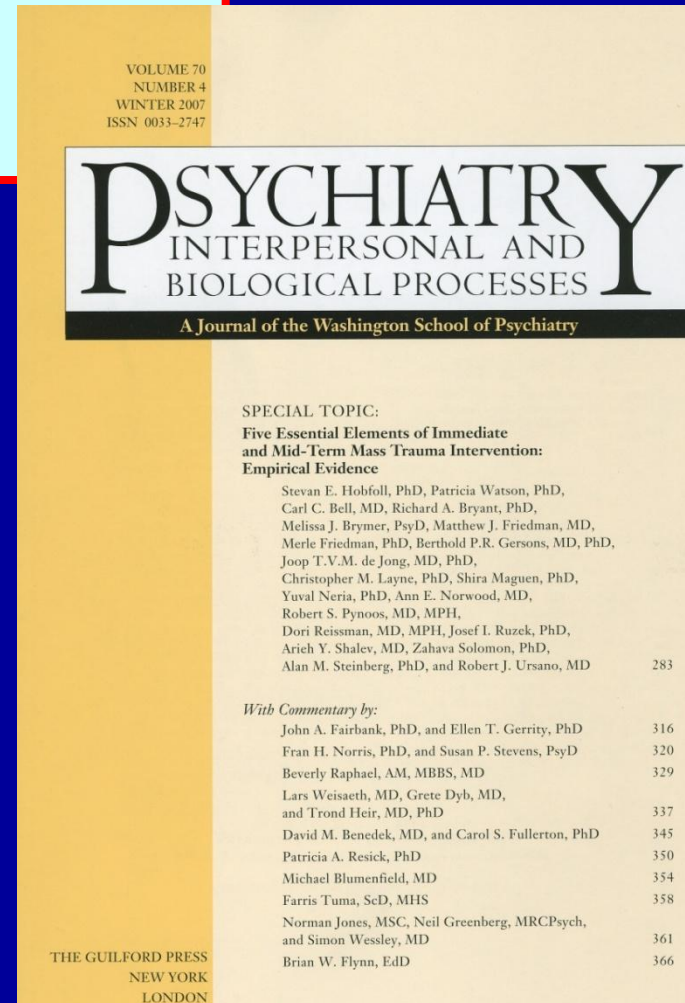Very diverse/credible authors

The Five Elements:
Provide a sense of safety
Calming
Sense of self- and community efficacy
Connectedness
Hope

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PSYCHIATRY
INTERPERSONAL AND BIOLOGICAL PROCESSES
A Journal of the Washington School of Psychiatry

SPECIAL TOPIC:
Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence

Stevan E. Hobfoll, PhD, Patricia Watson, PhD,
Carl C. Bell, MD, Richard A. Bryant, PhD,
Melissa J. Brymer, PsyD, Matthew J. Friedman, MD,
Merle Friedman, PhD, Berthold P.R. Gersons, MD, PhD,
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Dori Reissman, MD, MPH, Josef I. Ruzek, PhD,
Arieh Y. Shalev, MD, Zahava Solomon, PhD,
Alan M. Steinberg, PhD, and Robert J. Ursano, MD   283

With Commentary by:
John A. Fairbank, PhD, and Ellen T. Gerrity, PhD   316
Fran H. Norris, PhD, and Susan P. Stevens, PsyD   320
Beverly Raphael, AM, MBBS, MD   329
Lars Weisaeth, MD, Grete Dyb, MD,
and Trond Heir, MD, PhD   337
David M. Benedek, MD, and Carol S. Fullerton, PhD   345
Patricia A. Resick, PhD   350
Michael Blumenfield, MD   354
Farris Tuma, ScD, MHS   358
Norman Jones, MSC, Neil Greenberg, MRCPsych,
and Simon Wessley, MD   361
Brian W. Flynn, EdD   366

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Integration And Linkages

New Ideas?

"Without a great deal of forethought, prolonged training, and the development of systematic performances, drills, and tests of all participants, no community can prepare itself to provide those additional health services that will be essential for civilians subject to disasters. When the average community prepares itself for disasters, the effort of each citizen and every profession must be fitted into a coordinated system. Whoever guides each part of the whole must have a clear concept of the working of all the other parts."

Source: William Wilson (Col. MC, USA)
U.S. Armed Forces Medical J., Vol 1, No.4
April 1950

Public/Academic Linkage

Public/Academic Linkage (Key Academic Fields Beyond BH & PH)

- Law
- Economics
- Theology
- Sociology
- Anthropology
- Education

- Risk/crisis communication
- Political science
- Business
- Journalism

Promoting Public /Private Linkages

Defining Public/Private Sector

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GOVERNMENT
International
Federal
State
Local
Tribal

International Business
Large Corporations
Small Business
E-Commerce
Sole Proprietors
Agro-Business

Educational Institutions
Nonprofits
Health Care Organizations
Gov't Contractors
Faith Community
ARC

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Why Is Collaboration/Integration Important?

- We really have no choice if we care about maintaining life as we know it
- *All* sectors stop/reduce functioning if people become casualties
- Failure to integrate damages all sectors
- Integrated response benefits all

Resources to Contribute…

PUBLIC SECTOR

Convening authority
Funding
Specialized expertise
Legal/regulatory relief/
  protection
Mutual aid
Logistics support
Behavioral health
Leadership

PRIVATE SECTOR

Community leadership
Specialized expertise
Facilities
Speed/flexibility
Logistics support
Behavioral health
Leadership

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Mental Health: A Report Of The Surgeon General (1999)

- Mental health is fundamental to health
- Mental disorders are real health conditions
- The efficacy of mental health treatments is well documented
- "In the United States, mental health programs, like general health programs, are rooted in a *population based public health model*."
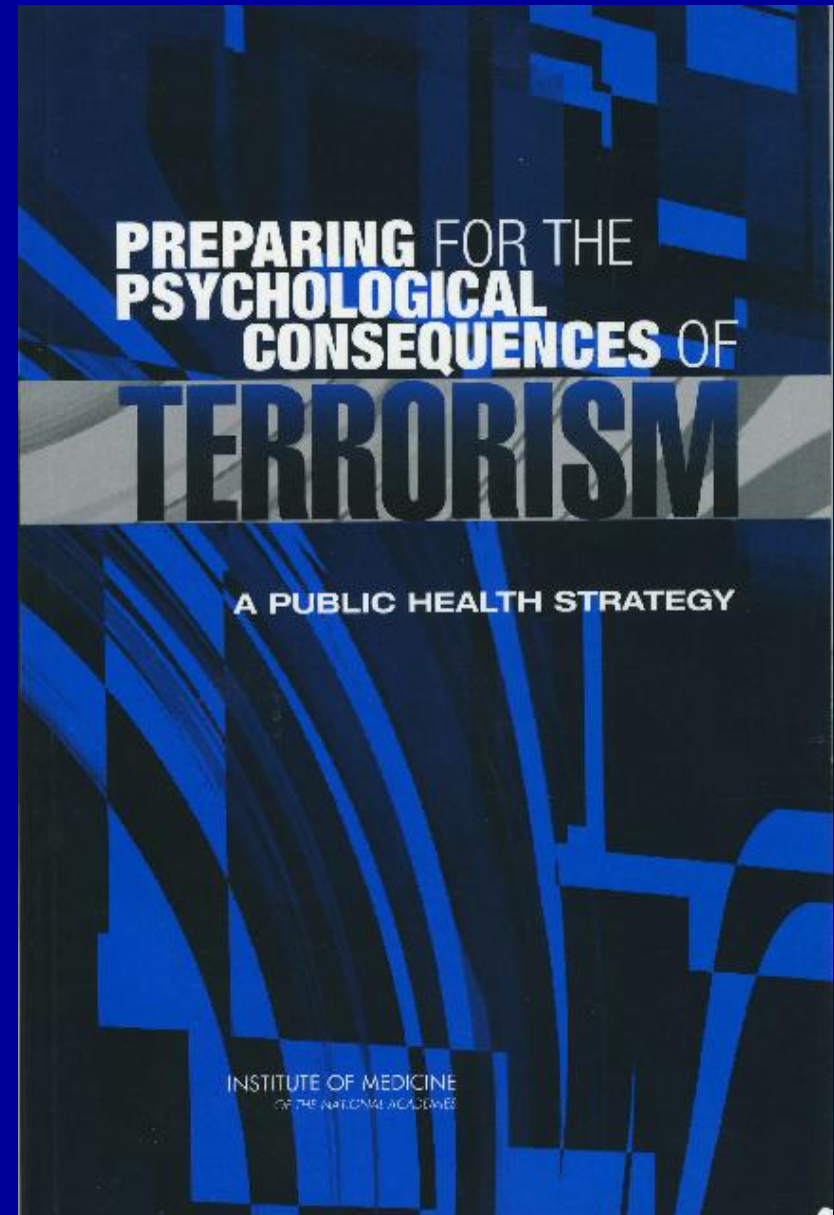
Haddon Matrix

	Agent: Malaria	Vector: Mosquito	Population: Person
Pre			
During			
Post			

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Communication Takes Many Forms. Communication Through…

- Written and spoken word
- Behavior
- Symbols and rituals
- Images

Communication Through Behavior

- What behaviors reinforce the message?
- What behaviors undermine the message?
- Whose behavior impacts the message?
  - Leadership
  - Provider
  - Consumer

Communication Through Symbols & Rituals

Understanding Symbols & Rituals

We can learn much from:
– The faith community
– The military

More important linkages
For both BH & PH…

The Purpose Of Remembrance Events And Sites

- Provide a time and/or place specific to event to focus/honor/reflect

Communication Through Images

Images Are Like Projective Tests

*Behavioral Health Professionals Can Help
Public Health Risk Communicators
Appreciate The Projective Nature/Power
Of Images*

What Will Be The Defining Images During Pan Flu Recovery?

How Do Images/Messages Interact?

What Will Happen To Our Cherished Icons When Avian Flu Strikes?

Suggested Matrix For Considering <u>Communications</u> Strategies

	Preparedness	During Event/ Early Aftermath	Recovery Period
Provide sense of safety			
Calming			
Self & Community efficacy			
Connectedness			
Hope			

Information Is An Intervention

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Leadership

Leadership Matters

- Preparation, response, and recovery can by successful or fail as a function of leadership

- Leadership can be studied

- Different leadership characteristics can be utilized for different tasks in different phases

- Leadership can be developed

- Brian's bias– Successorship of leaders is a seriously overlooked priority/factor

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Example of Sound Analysis…

- Meta-Leadership In Practice (Dimensions of Preparation and Response)
  - **The Person**— Personal characteristics/attributes
  - **The Situation**— Constantly adjusting picture of the event
  - **Lead the Silo**— Support your staff so they will support you
  - **Lead Up**— Know your boss's priorities and deliver
  - **Lead Across**— Exert leverage by building links

*Source: Presentation December 19-20, 2007, At the IOM by Leonard J. Marcus, Ph.D.,
Co-Director National Preparedness Leadership Initiative, A Joint Program of the Harvard School of
Public Health and the John F. Kennedy School of Government at Harvard University
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Meaningful Consumer Involvment

Why Including Consumers Is Important…

Failure to include the public in planning. Results in…

- Inaccurate assumption about human behavior

- Reduced compliance, trust, confidence

- Lacking understanding of factors influencing comfort with and confidence in planning (*Redefining Readiness*, NY Academy of Medicine)

We can learn from MH consumers/advocates: *"With us not for us."*

Working Group on Civic Engagement in Health Emergency Planning – *Overview*

- **Problem –** Does "volunteerism" plus "stockpiled basements" equal "public preparedness"?

- **Process –** What scholarly research and practical experience suggest

- **Principal Findings**
  - Extreme events compel citizen action & judgment; can't boil down the public's role in disasters to a simple checklist
  - Civic infrastructure yields remedies at all stages of disasters, and it ought to be involved in planning & execution
  - Effective leaders engage community partners in advance of an event, not just hone their mass media skills

Source: Monica Shoch-Spana, Ph.D.,
Center for Biosecurity, UPMC.
Presented at IOM December 19-20, 2007

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Prevention
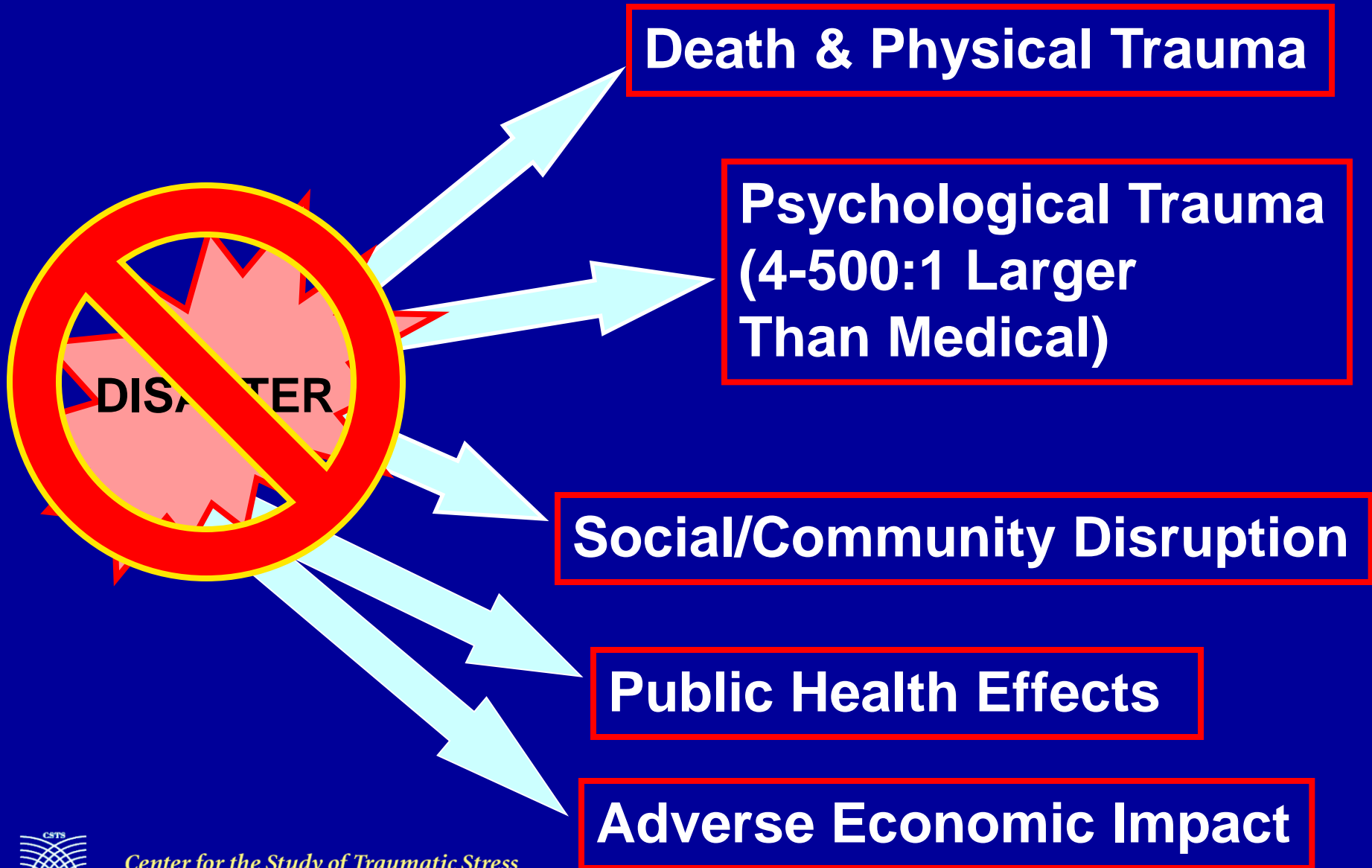
Levee Design/Community Planning…

East Africa Embassy Bombings: Same Time/Same Bomb

Nairobi:

- Many deaths
- Many injuries
- Many psychological casualties

East Africa Embassy Bombings: Same Time/Same Bomb

Dar Es Salaam:
- Few deaths
- Few injuries
- Minimal psychological casualties

The Difference? Architecture!

Preventing/Reducing Exposure

We Must Learn More About How To Get People Out Of Harm's Way

Do We Know Enough About Why People Do Not Evacuate?

Don't receive warnings?
Physically unable?
Logistics?

Do We Know Enough About Why People Do Not Evacuate?

Historical distrust of authorities?

Commitment (possessions, animals, family)?

Denial?

Different Reasons Call For Different Strategies!
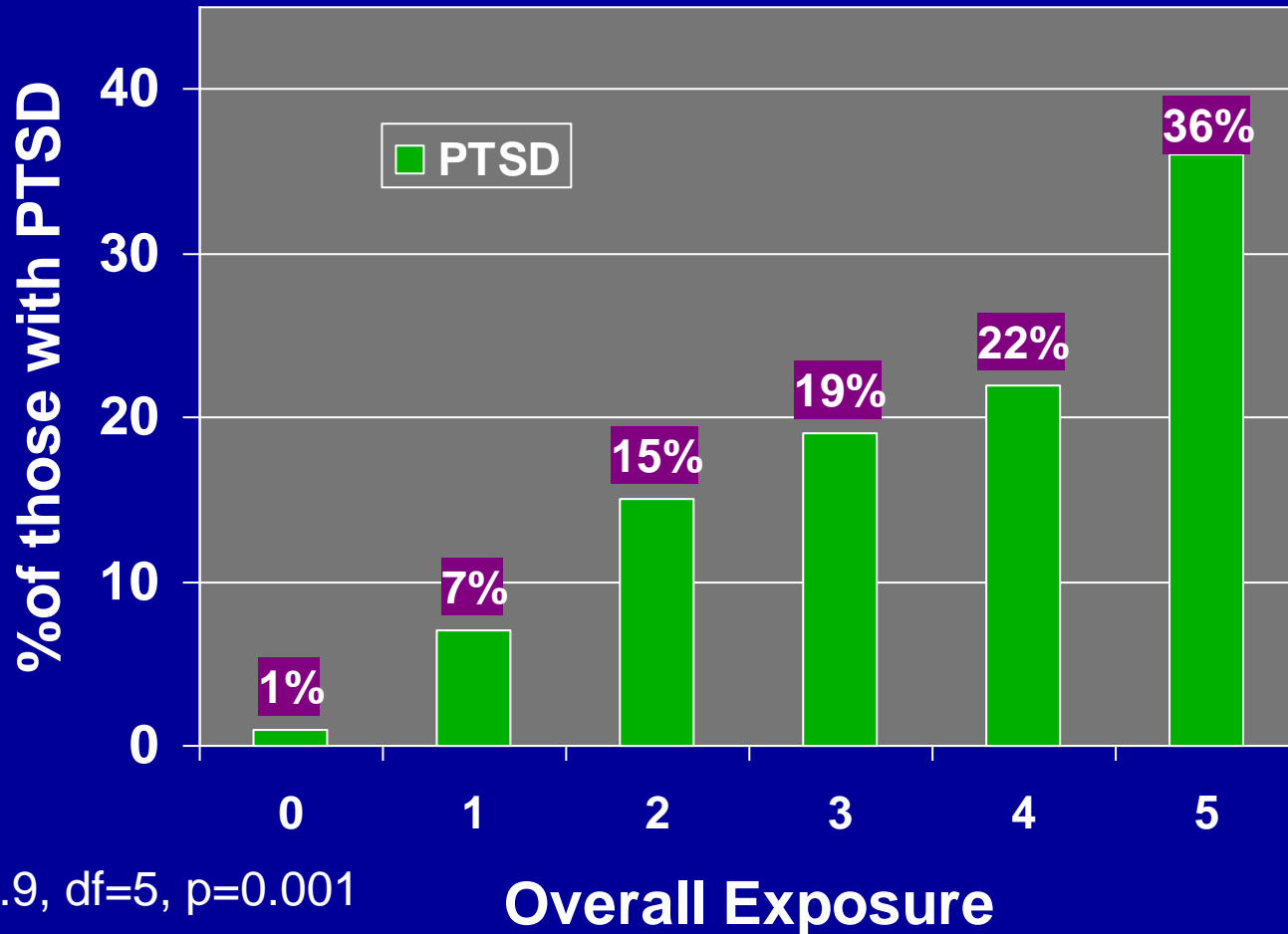
Let's Not Forget Workers
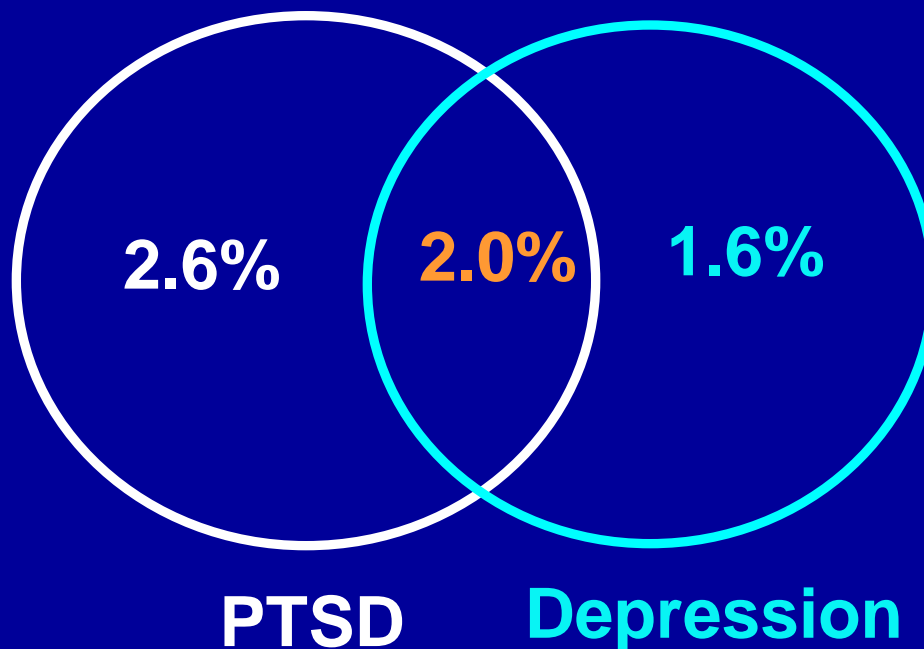
Those With Higher Overall Exposure Were More Likely To Develop PTSD
(9 mos. post hurricanes)

Brian's Crystal Ball:

- Integration of efforts will continue to be a significant challenge. Public/private linkage will show great promise.

- Government efforts to grow the field will continue but be hampered by years of fiscal austerity. Funding will be a major impediment.

- Models of national and transnational disasters will be very slow in coming…perhaps too late.

- Progress will continue to be made…but more slowly than any of us want.

The Cost of Failure

- Shifting geopolitical power

- ***Fear based*** *behavior/choices could kill more people, and do more socioeconomic damage, than the event itself*.

Potential Of Success:

- Reduced death, loss, suffering
- Reduced socioeconomic adverse impact
- Economic growth
- Stronger individuals and communities
- Restoration in confidence in leadership
- Promote pro-social/positively adaptive behavioral choices leading to enhancing the public's health