Integrating Disaster Behavioral Health Into Healthcare Emergency Planning: Principles & Resources

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Objectives

• Recognize the need for DBH expertise in all-hazards preparedness, response & recovery planning
• Discuss DBH as an element of hospital/healthcare facility surge
• Discuss the 2014 Escambia County DBH Mission
• Recognize the role of DBH in long-term disaster recovery
Thunderstorms  Mass  Migration  Fire

HAZMAT  Hurricane  Lightning

Tornado  Bio-Terrorism  Flood
Psychological vs. Medical
“Footprint”

psychological “footprint”

medical “footprint”
Over 50% of disaster workers can be expected to develop significant posttraumatic distress.

(Wee & Myers, 2001)
2001 Anthrax Attacks

“Behavioral responses to bioterrorism may, therefore, arise from belief in exposure independent of actual exposure and may thus be unpredictable and disproportionate to the actual degree of physical exposure.”

“Although three such catastrophic events have never before occurred simultaneously, it is safe to predict from previous studies of earthquakes, tsunamis, and nuclear power plant disasters that these events will have significant psychological consequences.”

(http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3104874/)
Hurricane Katrina--2005

“The 2005 hurricane season in the United States reinforced the need to discontinue the use of all-inclusive labels such as special needs for disaster planning. Combining groups too broadly translates into imprecise planning & as a result, emergency response failures. As the term is typically used, the special needs population makes up at least half of the U.S. population.”

Hurricane Sandy

“This [months later] is where you see people start to feel demoralized . . . You get to the point where people start to feel really worn down, tired and frustrated.”

Bellevue Hospital Center

- 725 patients there when Super Storm Sandy hit
- NYC’s flagship public hospital
- The premier trauma center in Manhattan
- Fuel pumps for its backup power generators failed
- 300 patients evacuated through the night
“Alan Aviles, the president of the Health & Hospitals Corporation, which runs Bellevue, described third-world conditions, with no hot water, no lab or radiology services & pails of water hauled up the stairs to use for flushing toilets.”

Framework for understanding the antecedents of psychological consequences ("psychological triggers") of public health emergencies using scenarios of intentional (terrorism) and naturally occurring events.

**Groups Affected**
- Staff
  - Direct care
  - Management
  - Ancillary staff
- Consumers
  - Patients
  - Family members
  - Concerned community

**Triggers of Psychological Effects**
- Restricted movements
- Limited resources
- Trauma exposure
- Limited information
- Perceived personal or family risk

**Psychological Effects**
- Emotional distress
- Behavioral impact
- Cognitive impact
- Diagnosed psychiatric illness

**Hospital/Clinic Response**
- Preincident: planning/training
- During incident: acute/short term
- Postincident: recovery

**Public Health Emergency Scenarios**
- Smallpox
- SARS
- Sarin
- RDD

**Health Care Context**
- Hospital with psychiatric resources
- Hospital with no psychiatric resources
- Children's hospital
- Outpatient clinic

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St. John’s Hospital: Joplin, Missouri

- May 22, 2011: "Execute Condition Gray"
- EF-5 Tornado with 200 mph winds
- 13.8 mile long path – ¾ to 1 mile wide
- 8,000 structures destroyed or severely damaged
- 400 business destroyed or severely damaged
- 8 school buildings destroyed or severely damaged
- 161 deaths
"I didn't know if I had family left, if I had a hospital left, if any of our patients were left, if anybody upstairs was left."

--Terry Burns, Surgical Technician

--“Destroyed Joplin Hospital, St. John’s Regional Medical Center, Emerges From Tornado Wreckage”: http://www.huffingtonpost.com/2011/10/01/destroyed-joplin-hospital_n_990573.html
Missouri Plan Template

- Address fears with education & risk communication
- Grief & bereavement education
- Pre-plan for anger, fear, exhaustion & resolving ethical issues
- Identify staff care strategies
- Provide grief & self-care information on Fact Sheets
- Plan for recovery & support groups
Medical Surge Capacity and Capability:
The Healthcare Coalition in Emergency Response and Recovery

SURGE, SORT, SUPPORT:
Disaster Behavioral Health for Health Care Professionals

University of South Florida College of Public Health
our practice is our passion.
Florida DBH Standard Operating Guidelines (SOG)

- State Public Health & Medical: Emergency Support Function (ESF)-8
- Florida Crisis Consortium
  - Dept. of Health
  - Dept. of Children & Families
  - Red Cross
- DBH Technical Specialists & Assessment Teams
EMConstellation Mission #132—May 5th

- Dr. John Lanza & Dr. Susan Turner—DOH in Escambia County
- State ESF-8 ECO, Plans/Logistics
- Dr. Rob Rotunda (FCC) & Dr. Michael Haney (FCC/DOH)—Triage
- Eric Gilmore (Escambia County ESF-8)
- Four-Person DBH Strike Team from FCC
- DCF & Disaster Recovery Centers (DRCs)
Initial Situation Assessment—May 9th

• Employees are dispersed to other clinics & the W. Gregory St. office building
• Employees adjusting to close proximity, slow computer connections, change to personal & work routines, etc.
• This has caused **significant stress** to all, some more than others
• Some staff have to manage client overload
• Preparations for further expected rains increasing DOH staff & community stress/anxiety
West Gregory Street Alternate Work Site
Dr. Rotunda’s Initial Plan

- Develop outlines & handouts to conduct small & large (up to 25) group stress management meetings with specified groups of employees
- 7 or 8 separate employee work units that will require 45-60 minute meetings
- Team Leader/Clinician will meet with & triage any individuals who request individual support throughout the week
- Team Deployment May 11-17th
Recovery Planning

- Most DBH Issues Will Manifest During the Months After the Initial Response
- Mental health issues may manifest in other health issues, drug & alcohol abuse, lack of productivity, etc.
- Responders
Psychological & Emotional Recovery

- Address the full range of psychological & emotional needs of the community
- Help individuals cope with shock, stress & recovery challenges,
- Consequences of individuals harming themselves or others through substance, physical & emotional abuses
- Acknowledge the link among the recovery of individuals, families & communities

Pre-Disaster Recovery Planning

“Develops strategies to address recovery issues for health, behavioral health & social services – particularly the needs of response & recovery workers, children, seniors, people living with disabilities, people with functional needs, people from diverse cultural origins, people with limited English proficiency & underserved populations.”
FIGURE 1. RECOVERY CONTINUUM – DESCRIPTION OF ACTIVITIES BY PHASE

PRE-DISASTER PREPAREDNESS
Examples include:
- Pre-disaster recovery planning
- Mitigation planning and implementation
- Community capacity- and resilience-building
- Conducting disaster preparedness exercises
- Partnership building
- Articulating protocols in disaster plans for services to meet the emotional and health care needs of adults and children

SHORT-TERM RECOVERY
Examples include:
- Mass Care/Sheltering
  - Provide integrated mass care and emergency services
- Debris
  - Clear primary transportation routes
- Business
  - Establish temporary or interim infrastructure to support business reopenings
  - Reestablish cash flow
- Emotional/Psychological
  - Identify adults and children who benefit from counseling or behavioral health services and begin treatment
- Public Health and Health Care
  - Provide emergency and temporary medical care and establish appropriate surveillance protocols
- Mitigation Activities
  - Assess and understand risks and vulnerabilities

INTERMEDIATE RECOVERY
Examples include:
- Housing
  - Provide accessible interim housing solutions
- Debris/Infrastructure
  - Initiate debris removal
  - Plan immediate infrastructure repair and restoration
- Business
  - Support reestablishment of businesses where appropriate
  - Support the establishment of business recovery one-stop centers
- Emotional/Psychological
  - Engage support networks for ongoing care
- Public Health and Health Care
  - Ensure continuity of care through temporary facilities
- Mitigation Activities
  - Inform community members of opportunities to build back stronger

LONG-TERM RECOVERY
Examples include:
- Housing
  - Develop permanent housing solutions
- Infrastructure
  - Rebuild infrastructure to meet future community needs
- Business
  - Implement economic revitalization strategies
  - Facilitate funding to business rebuilding
- Emotional/Psychological
  - Follow-up for ongoing counseling, behavioral health, and case management services
- Public Health and Health Care
  - Reestablishment of disrupted health care facilities
- Mitigation Activities
  - Implement mitigation strategies
Post-Disaster Redevelopment Plan

**HEALTH AND SOCIAL SERVICES**

Minimum Achievement Level
- Health facility restoration
- Social service provision to socioeconomic vulnerable populations
- Public safety service levels re-established throughout the community
- Coordination and assistance for non-governmental organizations and volunteers
- Provide for special needs populations throughout long-term redevelopment
- Public transportation restoration and improvement

Recommended Achievement Level
- Schools, higher education reopened
- Mental and behavioral health assistance
- Medical personnel retention and recruitment

Advanced Achievement Level
- Health-related pollution and environmental justice
- Quality of life factors

**ENVIRONMENT**

Minimum Achievement Level
- Beach and dune restoration
- Environmental contamination
- Environmental and historical review of temporary sites

Recommended Achievement Level
- Natural land and habitat restoration

Advanced Achievement Level
- Green rebuilding
- Parks and urban forest restoration

**Achievement Levels (from page ii)**

1. **Minimum.** (●●●)
   Any items marked as a minimum achievement level are suggested to be undertaken first.

2. **Recommended.** (●●●)
   If resources are available, these items should be addressed either simultaneously with Minimum items or during the next planning cycle.

3. **Advanced.** (●●●)
   Items for communities to commence after a solid foundation for hazard mitigation and disaster recovery is already established. Items marked Advanced are considered best practices.
Local Healthcare Coalition

“a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.” — Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness
Florida Healthcare Coalition Map

Map Legend:
- Emerald Coast HCC
- Region 2 Big Bend HCC
- North Central Florida HCC
- Northeast Florida HCC
- Coalition for Health and Medical Preparedness
- Region 4 Health and Medical Coalition
- Central Florida Disaster Medical Coalition
- Manatee County Healthcare Emergency Preparedness Coalition
- Heartland Healthcare Coalition
- Suncoast Disaster Healthcare Coalition
- Southwest Florida Healthcare Preparedness Coalition
- Collier Healthcare Emergency Preparedness Coalition
- Palm Beach County HERC
- Broward County Healthcare Coalition
- Miami-Dade County Healthcare Preparedness Coalition
- Monroe County ESF-8 Workgroup

Division of Emergency Preparedness & Community Support
Bureau of Preparedness and Response
(850) 245-4040
Resources

• Parent Guidelines for Helping Children after Hurricanes

• Florida Department of Health Disaster Behavioral Health
  – http://www.doh.state.fl.us/demo/BPR/disaster_behavioral_health.html

• Florida Department of Children & Families Disaster Mental Health
  – www.myflfamilies.com/service-programs/mental-health/disaster

• U.S. Health & Human Services Disaster Behavioral Health Concept of Operations

• Florida Healthcare Coalitions

• “Integration of Mental & Behavioral Health in Federal Disaster Preparedness, Response, and Recovery: Assessment & Recommendations.”
Resources (cont.)

• Psychological First Aid (PFA) Field Operations Guide (FOG)
  – http://agingstudies.cbcs.usf.edu/pdf_files/PFA_for_Older_Adults_2ndEd.pdf

• Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery
  – http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/Pages/default.aspx

• “Surge, Sort, Support”

Questions?

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