Welcome! We will get started momentarily.
Leading Through Crisis

Part 1
- Presentation

Part 2
- Discussion with Panelists & Deep Dive into topics
- Separate registration required!

www.leaders4health.org/leading-through-crisis
• We want to hear from you! Share your questions and comments via the chat box.

• A recording of today’s discussion with materials will be made available within 24 hours. We’ll send you an email once it is online.

• Please provide your feedback via our survey!
OUR PANELISTS
Disasters and Behavioral Health in Today’s World: Implications for Leadership

College for Behavioral Health Leadership (CBHL)
International Initiative for Mental Health Leadership (IIMHL)
August 26, 2020

Brian W. Flynn, Ed.D.
RADM/Assistant Surgeon General, USPHS (Ret)
Associate Director for Health Systems/Adjunct Professor, Center for the Study of Traumatic Stress
Department of Psychiatry

Joshua Morganstein, M.D.
Captain, United States Public Health Service
Assistant Director, Center for the Study of Traumatic Stress
Associate Professor / Assistant Chair
Department of Psychiatry

School of Medicine
Uniformed Services University
Disclaimer Statement

The opinions and assertions expressed herein are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense.
Reminders of Disaster Mental Health Principles

• Everyone is impacted in some way, but impact varies
• It is not only about PTSD
• There is a behavioral health role in all phases (preparedness, response, and recovery)
• Leadership matters
Categories of Disasters

**Natural Disasters**
- Meteorological
- Wildfires
- Hydrological
- Geological
- Pandemic

**Human-Generated Disasters**
- Non-intentional
  - Technological
- Intentional
  - Mass Violence
  - Terrorism

Adapted from James M. Shultz, Ph.D., DEEP PREP training
Evolving Hazards & Associated Challenges...

- Increasing number of events
- Long-term novel events (e.g., climate change, cyber)
- Global/regional threats evolving & co-occurring. (e.g., epidemics, terrorism, economic, cyber)
As we speak...

Challenges to our Values
(caring, equity, justice, connectedness)

- Pandemic (Health)
- Natural Disaster (Emergency Mgmt.)
- Social/Civil Unrest (LE)
- Economic Failure (LE)
- Political Upheaval (LE)

CSTS
Uniformed Services University
Unique Public Responses to Pandemics

- Fear and uncertainty
- Potential for isolation and quarantine
- Shortages & scarcity (prophylaxis, treatment)
- Misinformation rapidly spread
- Anger, stigma, scapegoating
- Faltering confidence in govt/institutions
- Surge in healthcare demand
- **Altered perception of risk --> health behaviors**

Exploring Mental Health Leadership Issues in All Disasters and How They Relate to COVID-19
How Mental Health Care Should Change as a Consequence of COVID-19

• Mental health effects in previously healthy people as well as those with pre-existing MH disorders
• Adapting service to focus on infection control, asceses to dx and tx, enhanced continuity of care, populations at high risk
• Sustained adaptation strategies developed by experts, clinicians, and users designed to mitigate disparities
• Continues assessment of outcomes to define what should be further developed/discontinued

System Roles...

Patient Care

Workplace

Partnership
Roles of Public Mental Health Systems: Patient Care

<table>
<thead>
<tr>
<th>Sample Settings</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Managing additional stressors</td>
</tr>
<tr>
<td></td>
<td>Potential <strong>reduction/dislocation of existing beds</strong></td>
</tr>
<tr>
<td></td>
<td>Forced to reduce admissions</td>
</tr>
<tr>
<td></td>
<td>Unique effects of isolation/distancing</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Develop/implement <strong>telehealth</strong> options</td>
</tr>
<tr>
<td></td>
<td>New patient/client concerns/stressors</td>
</tr>
<tr>
<td></td>
<td>Changes in admissions procedures/criteria</td>
</tr>
<tr>
<td></td>
<td><strong>Expected “tail” of needs as ”COVID” crisis resolves</strong></td>
</tr>
<tr>
<td>Community-based residential supportive care</td>
<td>Similar to inpatient/family challenges</td>
</tr>
<tr>
<td>Emergency</td>
<td>Increased work/stress related consultations to ED, EMS, others</td>
</tr>
<tr>
<td>Mobile Crisis Units</td>
<td>New/additional stress factors</td>
</tr>
<tr>
<td></td>
<td>Develop/implement new policies</td>
</tr>
<tr>
<td></td>
<td>Client contact challenges</td>
</tr>
<tr>
<td>Administrative structures (State, contract, etc.)</td>
<td>Administrative/contractual opportunities/challenges</td>
</tr>
</tbody>
</table>
## Roles of Public Mental Health Systems: Workplace

<table>
<thead>
<tr>
<th>Sample Tasks</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal safety/protection</td>
<td>Signs/symptoms; <strong>policies &amp; procedures; PPE;</strong> interactions with patients/ coworkers</td>
</tr>
<tr>
<td>Training/education</td>
<td>Epi education; social distancing while maintaining social connectedness</td>
</tr>
<tr>
<td>Establishing/modifying personnel policies</td>
<td>Leave policies; requirements to serve; reassignment; hiring; replacing workers; <strong>resetting (in lieu of recovery)</strong></td>
</tr>
<tr>
<td>Role conflict (e.g., conflicting priorities for work/family obligations)</td>
<td>Leave taking for workers; child/elder care; returning to work; <strong>family contagion/safety</strong></td>
</tr>
<tr>
<td>Harmonizing working structures</td>
<td>Examine issues of differential requirements for state employees, contractors, union members, full-part-time, mutual-aid, etc.</td>
</tr>
</tbody>
</table>
## Roles of Public Mental Health Systems: Partnerships

<table>
<thead>
<tr>
<th>Partnerships</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote notion of success/health through partnerships</td>
<td>Dealing effectively requires a <strong>systems approaches and integration</strong>. Praise partners and partnering efforts. Don’t publicly criticize other systems.</td>
</tr>
<tr>
<td>Internally review partnerships and assign leads</td>
<td>Consciously examine existing partnerships (e.g., public health, medical, criminal justice, educational, etc.) and assure responsibility to monitor and facilitate.</td>
</tr>
<tr>
<td>Enhance existing partnerships</td>
<td>Establish/promote in-person (virtual) relationships, publicize the value of partnerships, highlight successes.</td>
</tr>
<tr>
<td>Cultivate new partnerships</td>
<td>Now is the time to identify needed relationships that may have been difficult in the past. People and institutions want to be helpful in a crisis.</td>
</tr>
<tr>
<td>Be at the virtual table to negotiate role as partner</td>
<td><strong>Invite yourself</strong> to meetings/discussion, forums. It is hard to make your points if you are not at the (even virtual) table. Opportunity to educated.</td>
</tr>
<tr>
<td>Consider change in partnerships over time</td>
<td>As the pandemic progresses, <strong>different relationships may assume increased priority</strong>. Monitor and adapt. (e.g., public health may be paramount now, but social service may emerge in the future.</td>
</tr>
</tbody>
</table>
Roles of the Mental Health Leaders

- Leadership
- Communication
- Advice/Advocacy
- Reduce Barriers to Care
# Roles of Public Mental Health Leaders: Leading

<table>
<thead>
<tr>
<th>Leadership Focus</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust and credibility are paramount</td>
<td><strong>Speak the truth, follow science</strong>, follow through, respect “lanes”</td>
</tr>
<tr>
<td>Trust is vested primarily in individuals</td>
<td>Be visible, model what you say</td>
</tr>
<tr>
<td>Up the organizational chart</td>
<td><strong>Keep senior government officials informed</strong>, reduce surprises, anticipate their needs</td>
</tr>
<tr>
<td>Down the organizational chart</td>
<td><strong>Keep the troops informed, motivated</strong>, communicate, maximize through physical distance mechanisms</td>
</tr>
<tr>
<td>Across organizational silos</td>
<td>Keep other systems/leaders informed, educated about behavioral health sequelae</td>
</tr>
<tr>
<td>General public</td>
<td><strong>Be visible</strong> in media providing special guidance (e.g., physical distancing while promoting social connectedness, normalize/validate stress)</td>
</tr>
<tr>
<td>Special populations/considerations</td>
<td>Acknowledge comorbidity and other special issues</td>
</tr>
</tbody>
</table>
## Roles of Public Mental Health Authority: Advice & Advocacy

<table>
<thead>
<tr>
<th>Focus</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for attention/inclusion of behavioral health issues in all issues/ phases</td>
<td>Remind other leaders that there is a <strong>psychosocial element of all mitigation and intervention efforts</strong>. These elements are present and change over the lifecycle of the event.</td>
</tr>
<tr>
<td>Serves as/have identified subject matter experts in disaster behavioral health topics</td>
<td>Serve as and/or become a subject matter expert in appropriate topics. Have identified, vetted, and available subject matter experts on call (e.g., epi, special populations, communications, etc.)</td>
</tr>
<tr>
<td>Correct rumors/ misunderstanding</td>
<td><strong>Monitor all media</strong> for accurate information, correct erroneous ideas/misused (e.g., panic)</td>
</tr>
<tr>
<td>Respect lanes</td>
<td>Negotiate proper lanes with other leaders. Stay in yours and promote appropriate hand-offs</td>
</tr>
</tbody>
</table>
## Roles of Public Mental Health Authority: Communication

<table>
<thead>
<tr>
<th>Overall Concepts</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective communications are behavioral health interventions</td>
<td><strong>Use communications</strong> to reduce anxiety, foster hope/perspective, reduce fear-based behavior, promote pro-social behavior</td>
</tr>
<tr>
<td>Crisis and risk communicating is evidence and skills based</td>
<td>Access, learn, <strong>utilize risk/crisis communication strategies</strong></td>
</tr>
<tr>
<td>The goal is to promote health and pro-social behavior</td>
<td>Special issues of promoting <strong>physical distancing while promoting social connectedness</strong>, hoarding as a reflection of stress and desire to establish control</td>
</tr>
<tr>
<td>Use appropriate communication vehicles</td>
<td>Optimize print, electronic and social media</td>
</tr>
<tr>
<td>Assure racial and cultural competence</td>
<td>Acknowledge historical challenges, communicate in different languages, avoid stereotypes</td>
</tr>
<tr>
<td>Assist other systems in understanding psychosocial elements of <em>their</em> communications</td>
<td><strong>Collaborate</strong> with others (e.g., public health, education) in crafting their messages</td>
</tr>
</tbody>
</table>
Roles of Public Mental Health Authority: Reduce Barriers to Care

<table>
<thead>
<tr>
<th>Identifying Barriers</th>
<th>COVID-19 Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>Address dual stigma of mental health and infectious medical conditions</td>
</tr>
<tr>
<td>Procedural barriers</td>
<td>Adapt referral/admissions practices and harmonize with medical/public health</td>
</tr>
<tr>
<td>Geographic barriers</td>
<td>Promote availability and access throughout the jurisdiction. Adapt system to emerging physical/civic restrictions</td>
</tr>
<tr>
<td>Integrate with screening</td>
<td>Integrate behavioral health efforts into screening, referral, treatment</td>
</tr>
<tr>
<td>Legal barriers</td>
<td>Address legal/immigration status concerns, harmonize strategies with others</td>
</tr>
</tbody>
</table>
Emerging Issues

• **Mass fatalities** - Behavioral health roles in grief leadership, body handling, alternative mourning rituals, memorialization

• **Potential civil unrest** - Disaster strike the fault lines in communities/societies, intensified social injustice, new roles for behavioral health

• **Moral distress (injury?)** - All are vulnerable, application of military experience

• **Redefining loss/grief** - Freedom, job, envisioned future, ambiguous loss, disenfranchised grief, prolonged grief disorder

• **Messaging** - Complex blend that honors loss but promotes hope and optimism, highlighting positive acts

• **Vaccine hesitancy** - Anticipate/prepare--paradox that rapidly developed vaccine may be seen as less-safe

• **Rethinking linkage of economics and health** - Not conflicting priorities but interrelated, impact of health in the workplace and finances/income as a prime social determinant of health
Bereavement and COVID-19
The COVID-19 Bereavement Multiplier

For every COVID death in the US, roughly 9 Americans will lose a close relative. This translates to ~1.7 million individuals impacted, if there are 190,000 COVID deaths.

Getting Real: Identifying and Confronting Our Biggest Fears

**Fears**
- Personal/occupational role conflict
- What does mission success/failure look like?
- What if I can’t protect our patients/clients/workers/families?
- What if I over/under/inappropriately respond?
- Will these issues define my role as a mental health leader going forward?

**Strategies**
- Even in the midst of the crisis, make time for quiet reflection
- Have confidential discussions with trusted loved ones, friends, peers.
Closing Thoughts...

• Remember that this will pass but use the experience to improve services/linkages/perception and understanding of behavioral health

• Potential opportunities to accomplish goals we never could (e.g., acknowledgment of the importance of behavioral health in health, tele-health, system integration, philanthropic/corporate support)

• Promote/model the notion of systemic “post-traumatic-growth”

• Use this experience to promote and model a caring and positive organizational culture/climate

• Use this experience to better prepare the public mental health system to respond in an all-hazards environment, especially to better anticipate and prepare for other slowly evolving phenomena (e.g., climate change and its psychosocial impact)

• Take care of yourselves... Leadership stress is real
Disaster Behavioral Health Curriculum Guidance

Selected Resources

CBHL Resources
www.leaders4health.org
Resources – webinar archive, links, COVID-19 resources
Webinar series: Leading Through Crisis
Un-Summit: Partnering with Communities to Improve Health Outcomes

IIMHL COVID-19 Resources
Special Updates-Issues 1-15
Leadership Briefings (I-XXV)
Selected Resources: North America

Canadian Resources

- Framework for Ethical Decision Making During the Coronavirus Pandemic
- Canadian Psychiatric Association (CPA) COVID-19 webpage
  https://www.cpa-apc.org/covid-19/
- Disaster Psychiatry Canada (DPA) Guideline
- Project ECHO-Ontario Mental Health at CAMH & The University of Toronto
  https://camh.echoontario.ca/
Selected Resources: North America
US Resources

• Crisis Standards of Care:
  http://www.acphd.org/media/330265/crisis%20standards%20of%20care%20toolkit.pdf

• Communications:
  https://emergency.cdc.gov/cerc/manual/index.asp

• COVID-19 Fact Sheets:

• Psychological Factors of COVID-19:

• COVID-19 and Substance Abuse:
Large Scale/Broad Scope Resources


Selected Resources: Articles


Selected Resources: Articles


We want to hear from you!
Share your **questions** via the **chat box**. We will answer as many as possible.
Partnering with Communities to Improve Health Outcomes
The 2020 Un-Summit: A Leadership Forum

REGISTRATION NOW OPEN!

SEPTEMBER 24 – NOVEMBER 19, 2020
LIVE, INTERACTIVE & ON-DEMAND

Join us for a 9-week virtual leadership forum designed for busy cross-sector leaders to learn together, develop new connections and build resilience as we tackle the most pressing issues challenging the health of our communities.

Learn more at:
www.leaders4health.org/2020-summit/

Sponsorships available. For information email hsalazareleaders4health.org

COMING SOON!
PART 2

We want to hear from you!
Join the interactive discussion now!
Login via the link and password sent with your registration.

The College for Behavioral Health Leadership
Welcome! We will get started momentarily.
• We would love to see you! Turn your video on if you are comfortable.

• We want to hear from you!
  
  • Share your questions and comments via the chat box
  
  • Wave at me or let me know you’d like to comment or ask a question via chat.
  
  • Ask for clarification or expansion on specific topics of interest
• Please turn your video on!
• Mute/unmute
• Rename yourself - Where are you from?
• Gallery view
• To chat:

---

The College for Behavioral Health Leadership
PROMPTS

1. What resonated most in the webinar?
2. What do you still wonder about?
Getting Real: Identifying and Confronting Our Biggest Fears

**Fears**
1. Personal/occupational role conflict
2. What does mission success/failure look like?
3. What if I can’t protect our patients/clients/workers/families?
4. What if I over/under/inappropriately respond?
5. Will these issues define my role as a mental health leader going forward?
Emerging Issues

• Mass fatalities - Behavioral health roles in grief leadership, body handling, alternative mourning rituals, memorialization

• Potential civil unrest - Disaster strike the fault lines in communities/societies, intensified social injustice, new roles for behavioral health

• Moral distress (injury?) - All are vulnerable, application of military experience

• Redefining loss/grief - Freedom, job, envisioned future, ambiguous loss, disenfranchised grief, prolonged grief disorder

• Messaging - Complex blend that honors loss but promotes hope and optimism, highlighting positive acts

• Vaccine hesitancy - Anticipate/prepare--paradox that rapidly developed vaccine may be seen as less-safe

• Rethinking linkage of economics and health - Not conflicting priorities but interrelated, impact of health in the workplace and finances/income as a prime social determinant of health