



**The College for Behavioral
Health Leadership**

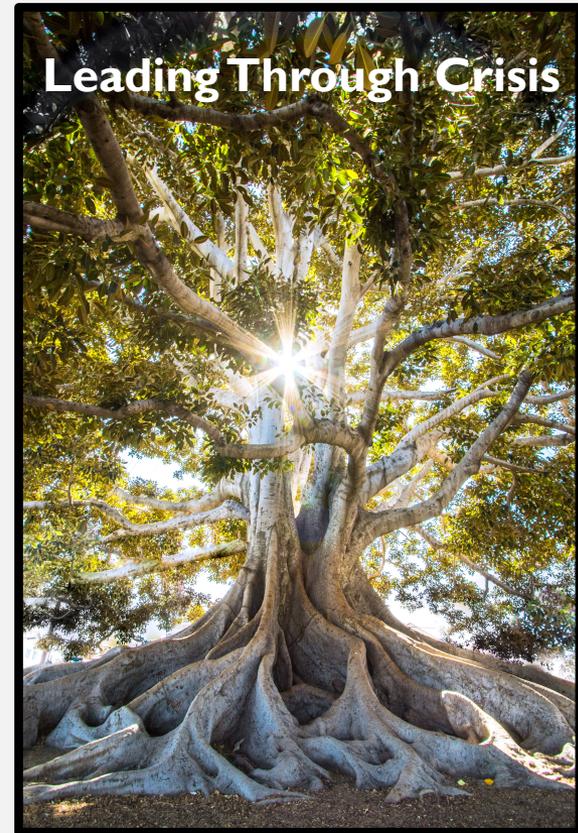


**DISASTER BEHAVIORAL HEALTH
IN TODAY'S WORLD:
IMPLICATIONS FOR LEADERSHIP
AUGUST 26, 2020**

Welcome! We will get started momentarily



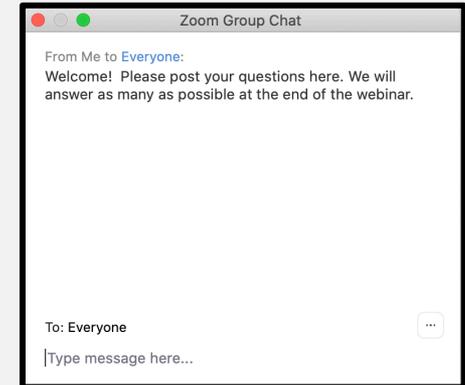
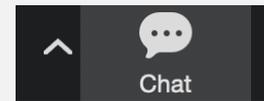
- **Part 1**
 - Presentation
- **Part 2**
 - Discussion with Panelists & Deep Dive into topics
 - *Separate registration required!*



www.leaders4health.org/leading-through-crisis

WELCOME

- 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

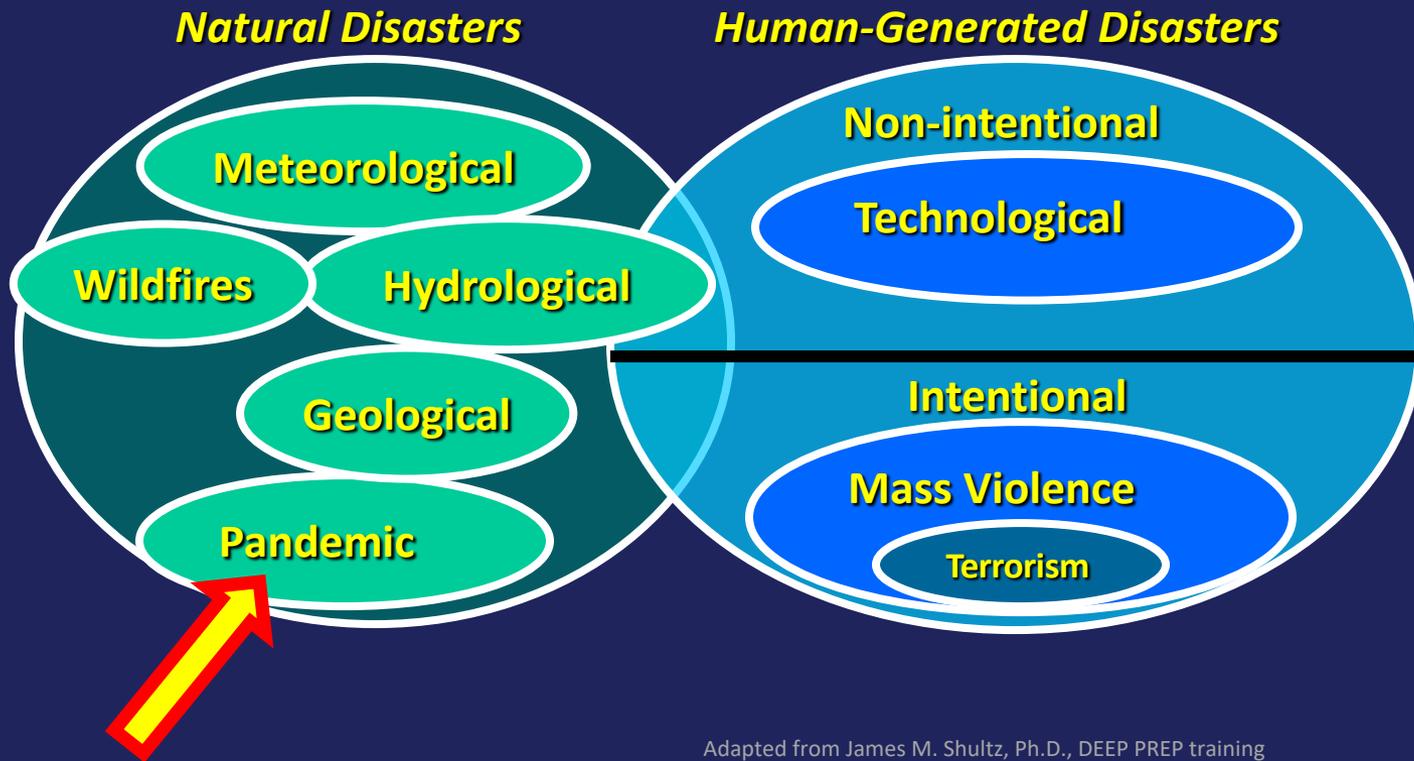
Disclaimer Statement

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

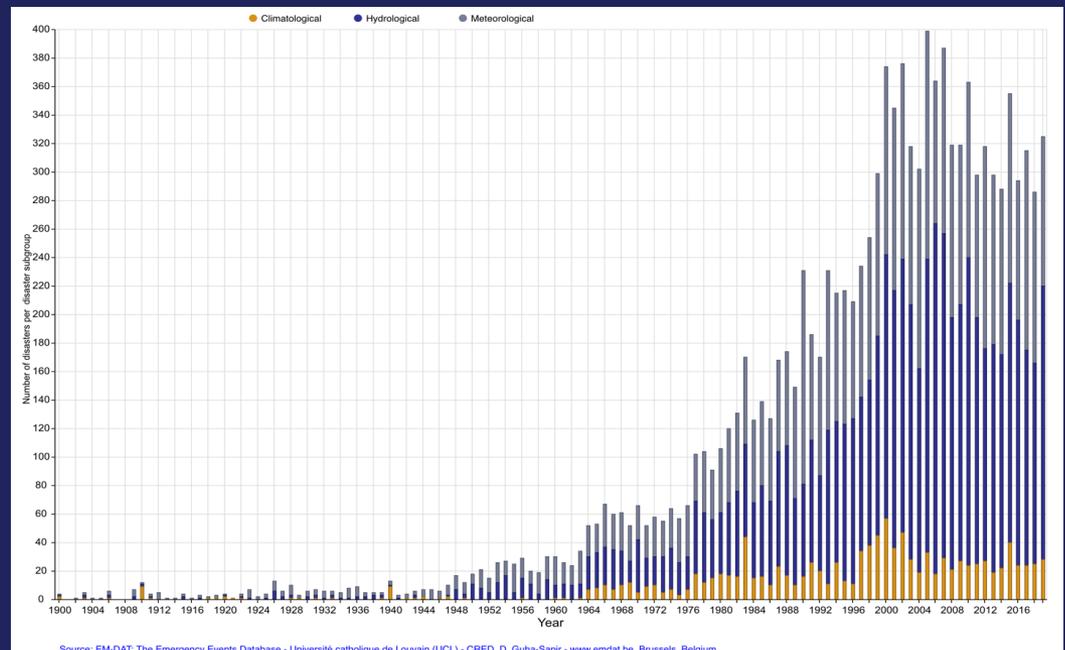


Adapted from James M. Shultz, Ph.D., DEEP PREP training

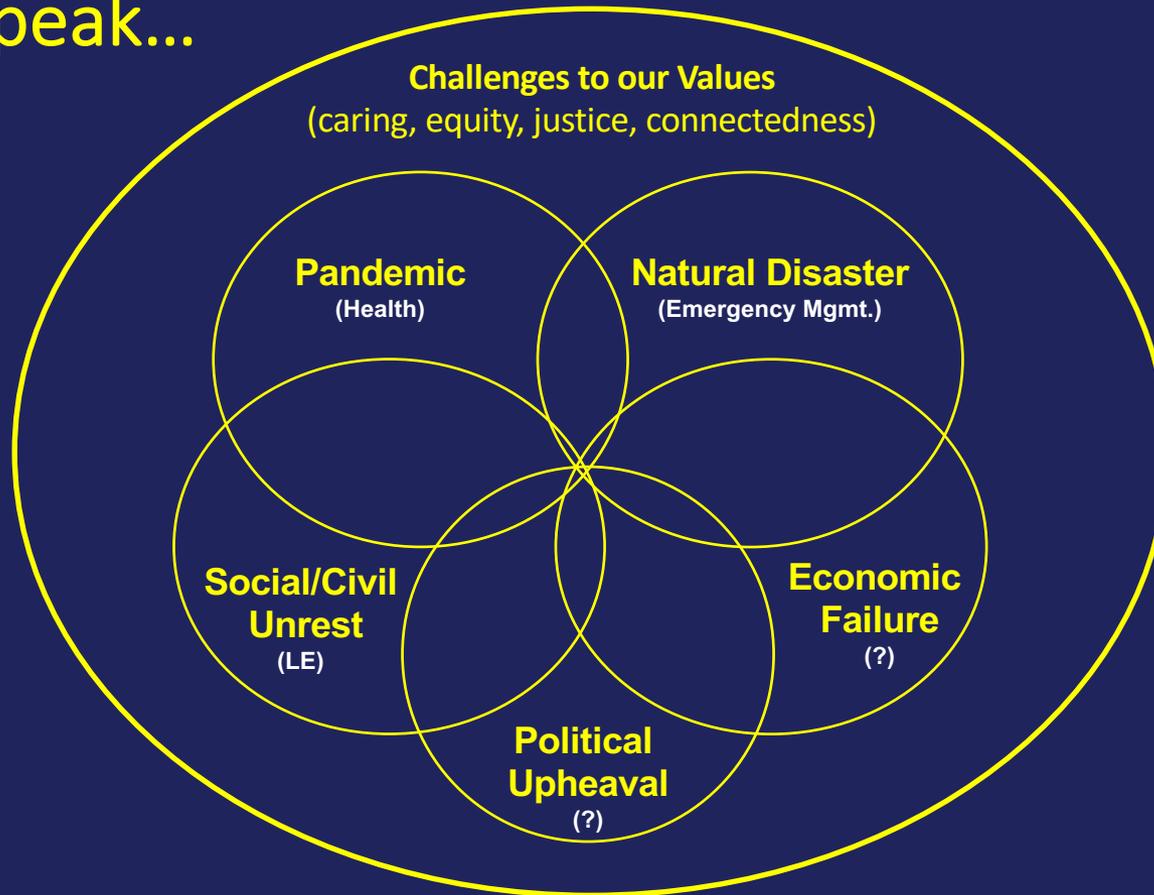
Evolving Hazards & Associated Challenges...

- 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)

Global Climate-Related Disaster Incidence 1900-2019



As we speak...



Psychological & Behavioral Responses to Disasters



Ursano, R.J., Fullerton, C.S., Weisaeth, L., Raphael, B. (Eds.). (2017). Textbook of Disaster Psychiatry, 2ED. London, UK: Cambridge University Press

Unique Public Responses to Pandemics

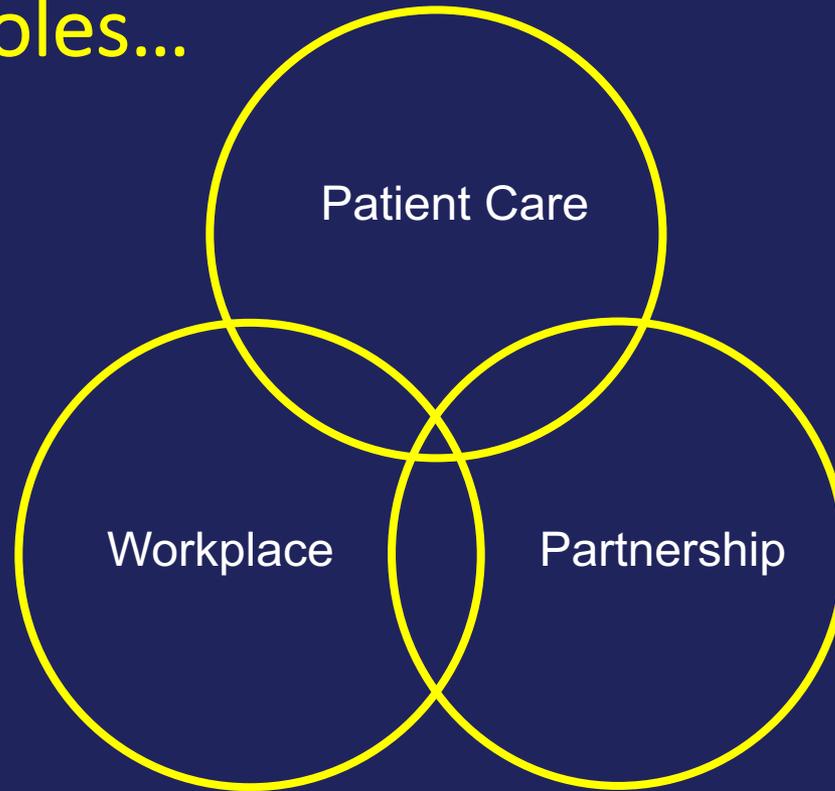
- Fear and uncertainty
- Potential for isolation and quarantine
- Shortages & scarcity (prophylaxis, treatment)
- Misinformation rapidly spread
- Anger, stigma, scapegoating
- Faltering confidence in govt/institutions
- Surge in healthcare demand
- **Altered *perception of risk* --> health behaviors**

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, ascenes 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...



CSTS

Roles of Public Mental Health Systems: Patient Care

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

Roles of Public Mental Health Systems: Workplace

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

Roles of Public Mental Health Systems: Partnerships

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

Roles of the Mental Health Leaders



CSTS

Roles of Public Mental Health Leaders: Leading

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

Roles of Public Mental Health Authority: Advice & Advocacy

Focus	COVID-19 Considerations
Advocate for attention/inclusion of behavioral health issues in all issues/phases	Remind other leaders that there is a psychosocial element of all mitigation and intervention efforts . These elements are present and change over the lifecycle of the event.
Serves as/have identified subject matter experts in disaster behavioral health topics	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.)
Correct rumors/ misunderstanding	Monitor all media for accurate information, correct erroneous ideas/misused (e.g., panic)
Respect lanes	Negotiate proper lanes with other leaders. Stay in yours and promote appropriate hand-offs

Roles of Public Mental Health Authority: Communication

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

Roles of Public Mental Health Authority: Reduce Barriers to Care

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

Emerging Issues

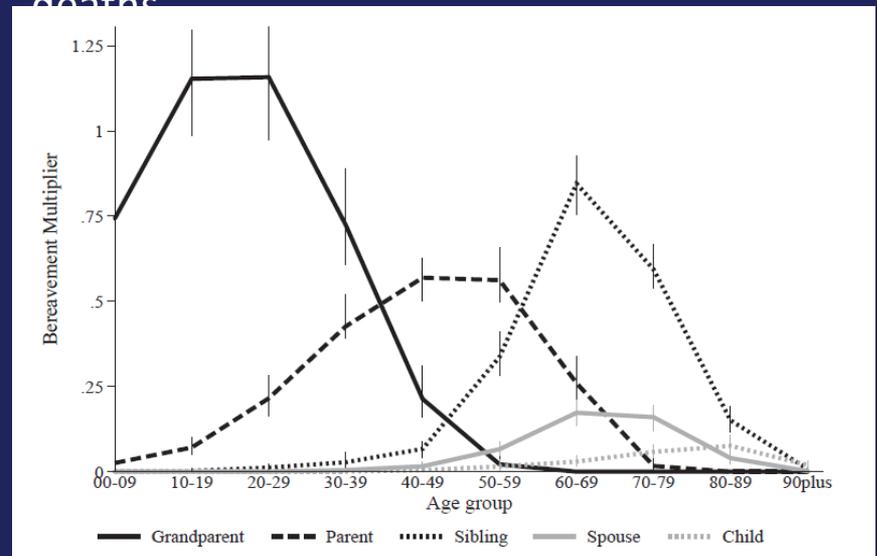
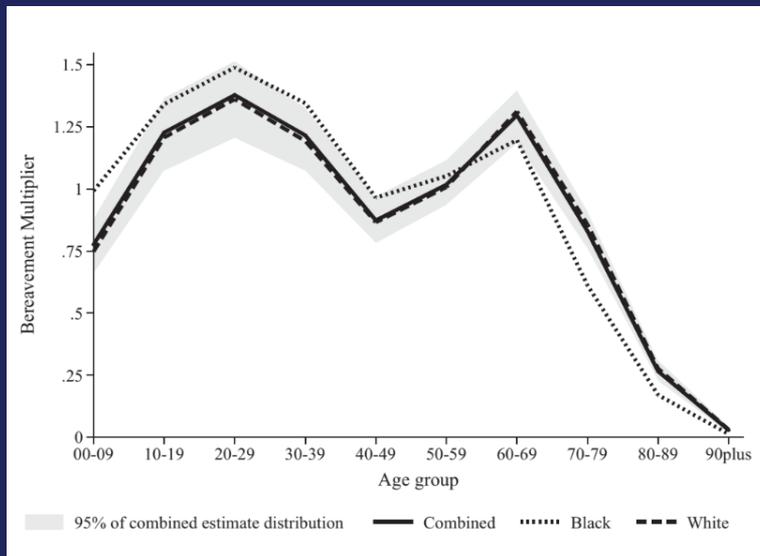
- **Mass fatalities** - Behavioral health roles in grief leadership, body handling, alternative mourning rituals, memorialization
- **Potential civil unrest** - Disaster strike the fault lines in communities/societies, intensified social injustice, new roles for behavioral health
- **Moral distress (injury?)** - 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.



Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 117(30), 17695–17701.

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

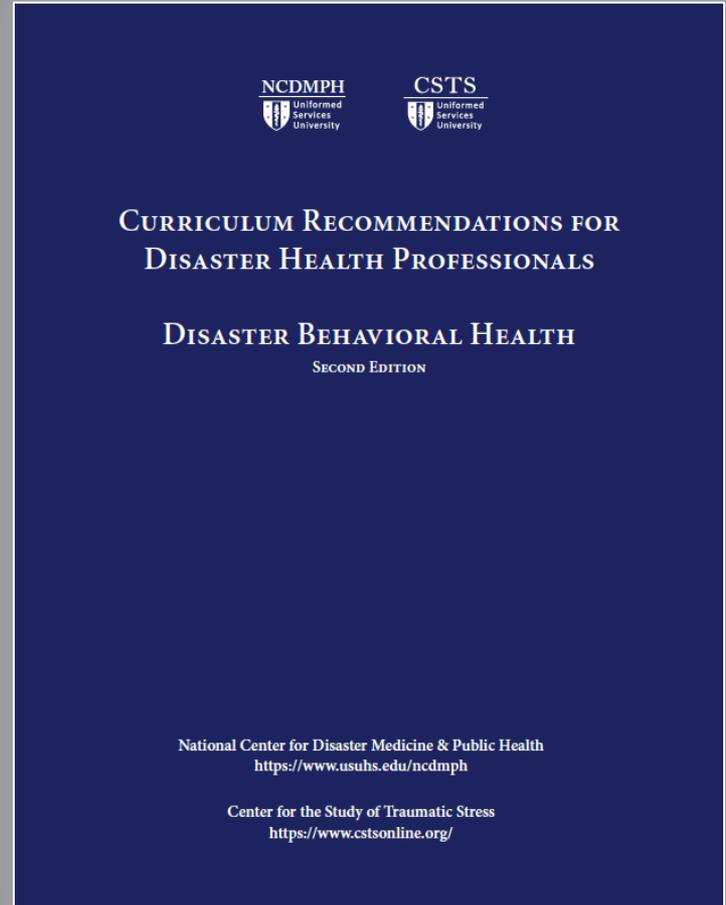
- Even in the midst of the crisis, make time for quiet reflection
- Have confidential discussions with trusted loved ones, friends, peers.

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

[https://www.cstsonline.org/assets/
media/documents/CSTS_Curricu-
m_Recommendations_2nd_ed.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_Curriculum_Recommendations_2nd_ed.pdf)



CSTS



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

<https://www.iimhl.com/iimhl-covid19-update-archive>

Special Updates-Issues 1-15

Leadership Briefings (I-XXV)

Selected Resources: North America

Canadian Resources

- **Framework for Ethical Decision Making During the Coronavirus Pandemic**
<https://policybase.cma.ca/en/viewer?file=%2fdocuments%2fPolicypdf%2fPD20-03.pdf#phrase=false>
- **Canadian Psychiatric Association (CPA) COVID-19 webpage**
<https://www.cpa-apc.org/covid-19/>
- **Disaster Psychiatry Canada (DPA) Guideline**
<https://dpc2018.files.wordpress.com/2020/04/dpc-guideline.pdf>
- **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:**

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

- **Psychological Factors of COVID-19:**

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html

- **COVID-19 and Substance Abuse:**

<https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp>

CSTS



Uniformed
Services
University

Large Scale/Broad Scope Resources

- Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. COVID-19 Behavioral Health Resources. <https://asprtracie.hhs.gov/technical-resources/115/covid-19-behavioral-health-resources/99>
- The National Child Traumatic Stress Network. (2020, May 8). COVID-19 Resources. <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>
- Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 202007476. Advance online publication. <https://doi.org/10.1073/pnas.2007476117>
- Zhai, Y., & Du, X. (2020). Loss and grief amidst COVID-19: A path to adaptation and resilience. *Brain, behavior, and immunity*, 87, 80–81. <https://doi.org/10.1016/j.bbi.2020.04.053>
- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, 60(1), e70–e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Center for the Study of Traumatic Stress. Grief Leadership During COVID-19. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Grief_Leadership_During_COVID_19.pdf

CSTS



Uniformed
Services
University

Selected Resources: Articles

- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., et al. (2020). Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Network Open*, 3(3), e203976. <http://doi.org/10.1001/jamanetworkopen.2020.3976>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Gideon, J. R. (2020). The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence. *The Lancet*. [http://doi.org/10.1016/S0140-6736\(20\)30460-8](http://doi.org/10.1016/S0140-6736(20)30460-8)
- Brooks, S. K., Dunn, R., Amlôt, R., Rubin, G. J., & Greenberg, N. (2018). A Systematic, Thematic Review of Social and Occupational Factors Associated With Psychological Outcomes in Healthcare Employees During an Infectious Disease Outbreak. *Journal of Occupational and Environmental Medicine*, 60(3), 248–257. <http://doi.org/10.1097/JOM.0000000000001235>
- Morganstein, J. C., Fullerton, C. S., Ursano, R. J., & Holloway, H. C. (2017). Pandemics: Health Care Emergencies. In *Textbook of Disaster Psychiatry* (2nd ed., pp. 270–284). Cambridge University Press.

Selected Resources: Articles

- Hatchett, R. J., Mecher, C. E., & Lipsitch, M. (2007). Public health interventions and epidemic intensity during the 1918 influenza pandemic. *Proceedings of the National Academy of Sciences of the United States of America*, 104(18), 7582–7587. <https://pubmed.ncbi.nlm.nih.gov/17416679/>
- Verdery, A. M., Smith-Greenaway, E., Margolis, R., & Daw, J. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 202007476. Advance online publication. <https://doi.org/10.1073/pnas.2007476117>
- Zhai, Y., & Du, X. (2020). Loss and grief amidst COVID-19: A path to adaptation and resilience. *Brain, behavior, and immunity*, 87, 80–81. <https://doi.org/10.1016/j.bbi.2020.04.053>
- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, 60(1), e70–e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Center for the Study of Traumatic Stress. Grief Leadership During COVID-19. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Grief_Leadership_During_COVID19.pdf
- Shultz, J.M., Fugate, C., Galea, S., (2020). Cascading Risks of COVID-19 Resurgence During an Active 2020 Atlantic Hurricane Season, *JAMA online* https://jamanetwork.com/journals/jama/fullarticle/2769564?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jama.2020.15398
- Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD (2020) Moral Stress Amongst Healthcare Workers During COVID-19: A Guide to Moral Injury. Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD, <https://www.moralinjuryguide.ca/wp-content/uploads/2020/07/Moral-Injury-Guide.pdf>

CSTS



QUESTIONS

We want to hear from you!
Share your **questions** via
the **chat box**. We will
answer as many as
possible.

COMING SOON!



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 hsalazar@leaders4health.org

CONTACT
INFORMATION

Holly Salazar

hsalazar@leaders4health.org

www.leaders4health.org



Fran Silvestri

fran@iimhl.com

www.iimhl.com



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



**DISASTER BEHAVIORAL HEALTH
IN TODAY'S WORLD:
IMPLICATIONS FOR LEADERSHIP
AUGUST 26, 2020**

Welcome! We will get started momentarily

WELCOME

- 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

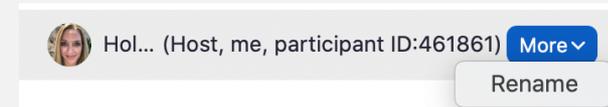
ZOOM

- Please turn your video on!



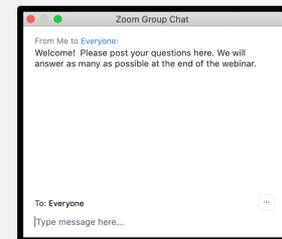
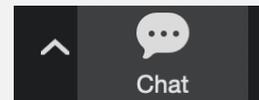
- Mute/unmute

- Rename yourself - Where are you from?



- Gallery view

- To chat:



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

CONTACT
INFORMATION

Holly Salazar

hsalazar@leaders4health.org

www.leaders4health.org



Fran Silvestri

fran@iimhl.com

www.iimhl.com

