

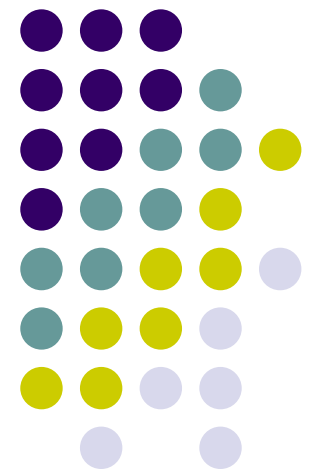
Building Your Community's Behavioral Health Response System

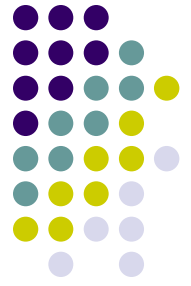
Michelle McDaniel

Public Health – Seattle & King County
Behavioral Health Planning Manager

Mike Ryan

City of Bellevue
Zone 1 Coordinator, Chaplain





Disaster Behavioral Health

- Psychological “injury” far more prevalent than physical injury in a disaster
 - Between 2 - 10 mental health victim for every physically injured person
- Goals of Disaster Behavioral Health practice:
 - Prevent maladaptive psychological and behavioral reactions of disaster victims and rescue workers
 - Minimize the counterproductive effects such maladaptive reactions might have on the disaster response and recovery

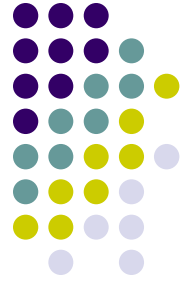
True or False?



Most people will suffer long-term, adverse mental health issues after being exposed to a disaster.

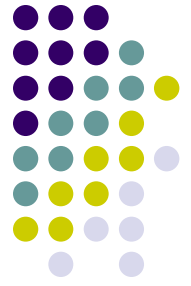
Psychological Reactions to Disaster

False



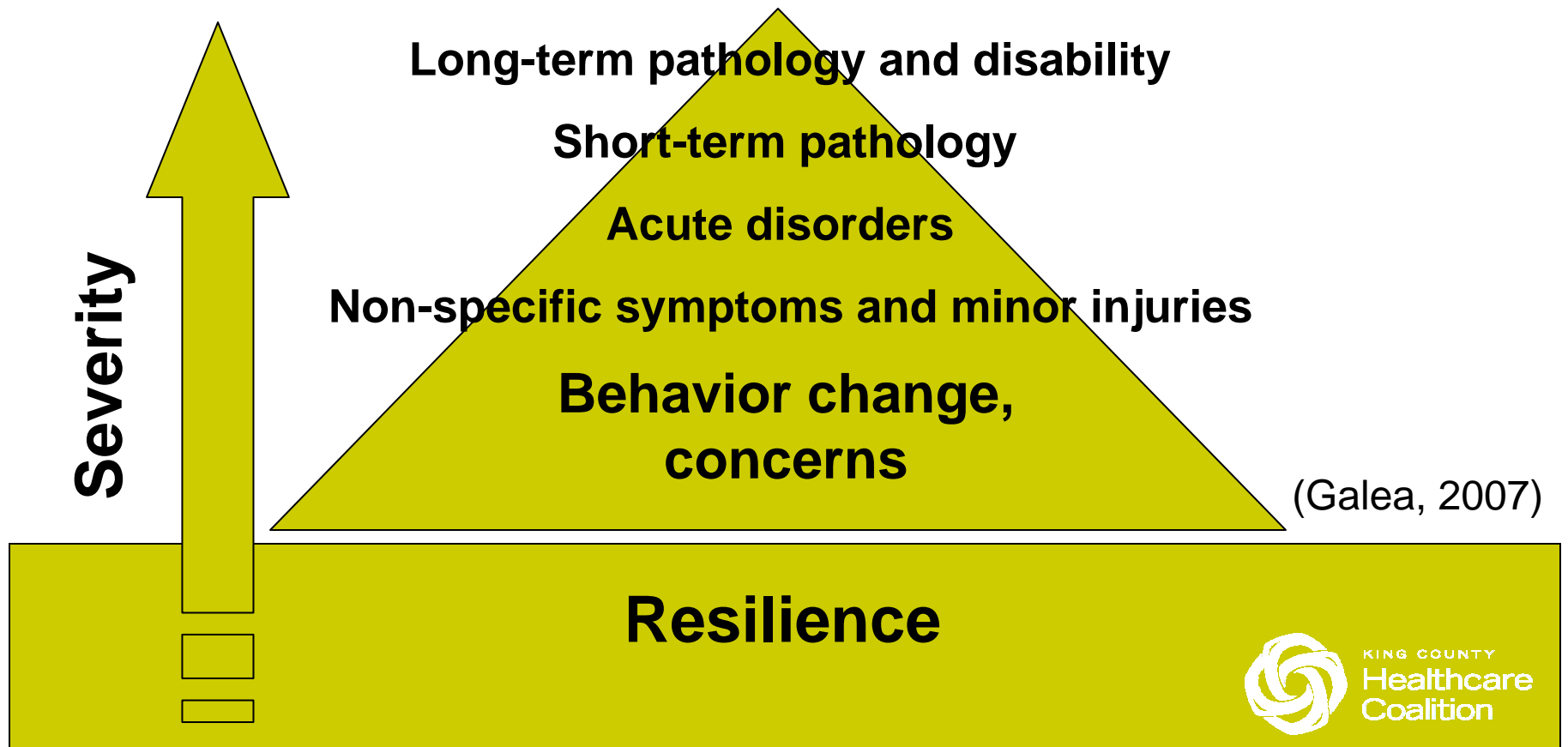
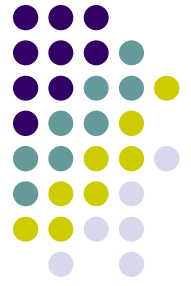
- Resilience, is the most common response in the aftermath of disasters.
- Resiliency is the capacity to:
 - Bounce back
 - Heal
 - Grow
 - Recover
 - Cope with stresses
- “Trauma Resistant”

Psychological Reactions to Disaster

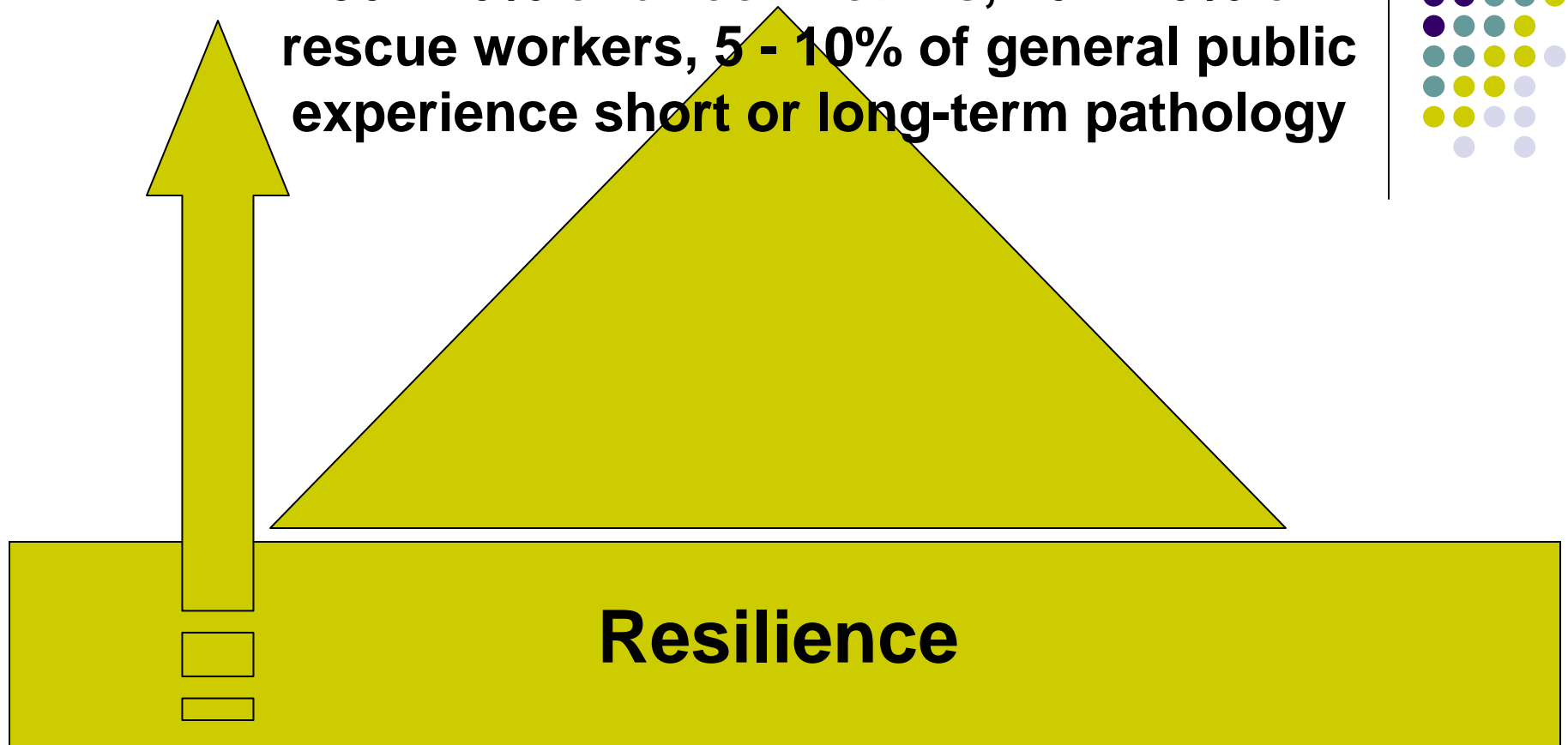
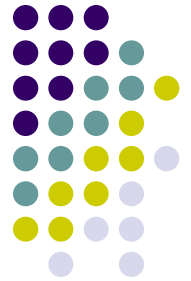


- Expected reactions:
 - Difficulty concentrating or sleeping
 - Mild – moderate anxiety/fear
 - Grief/sadness
 - Irritability/anger
 - Nausea & other stress related physical complaints
 - Difficulty making decisions
- It is the duration & severity of the symptoms that needs to be evaluated.

Health consequences of mass trauma



30 - 40% of direct victims, 10 – 20% of rescue workers, 5 - 10% of general public experience short or long-term pathology



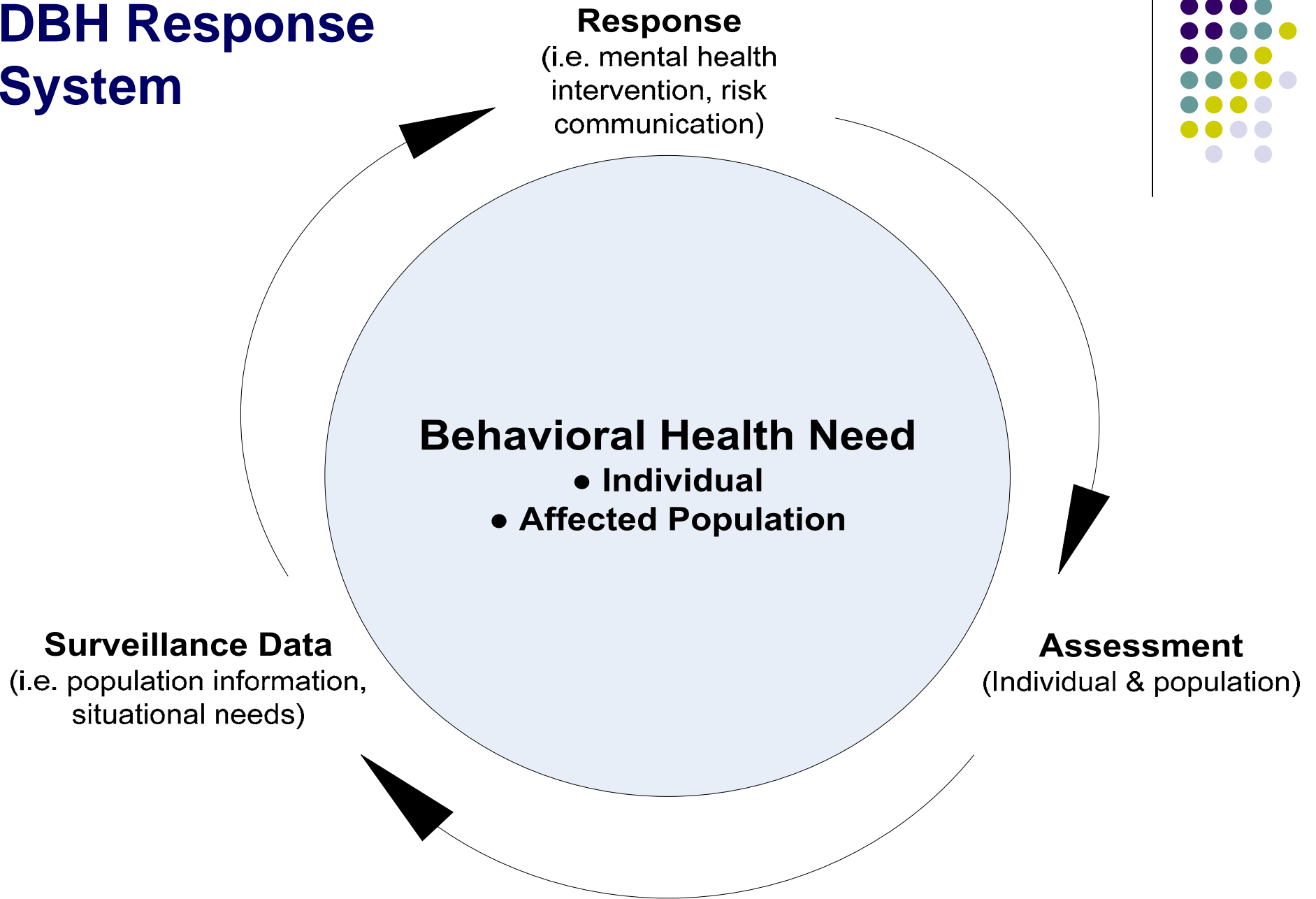
King County: 5% = 90,000 / 10% = 180,000

Washington State: 5% = 330,000 / 10% = 660,000

M.U.P.S: Medically Unexplained / Unsubstantiated Physical Symptoms



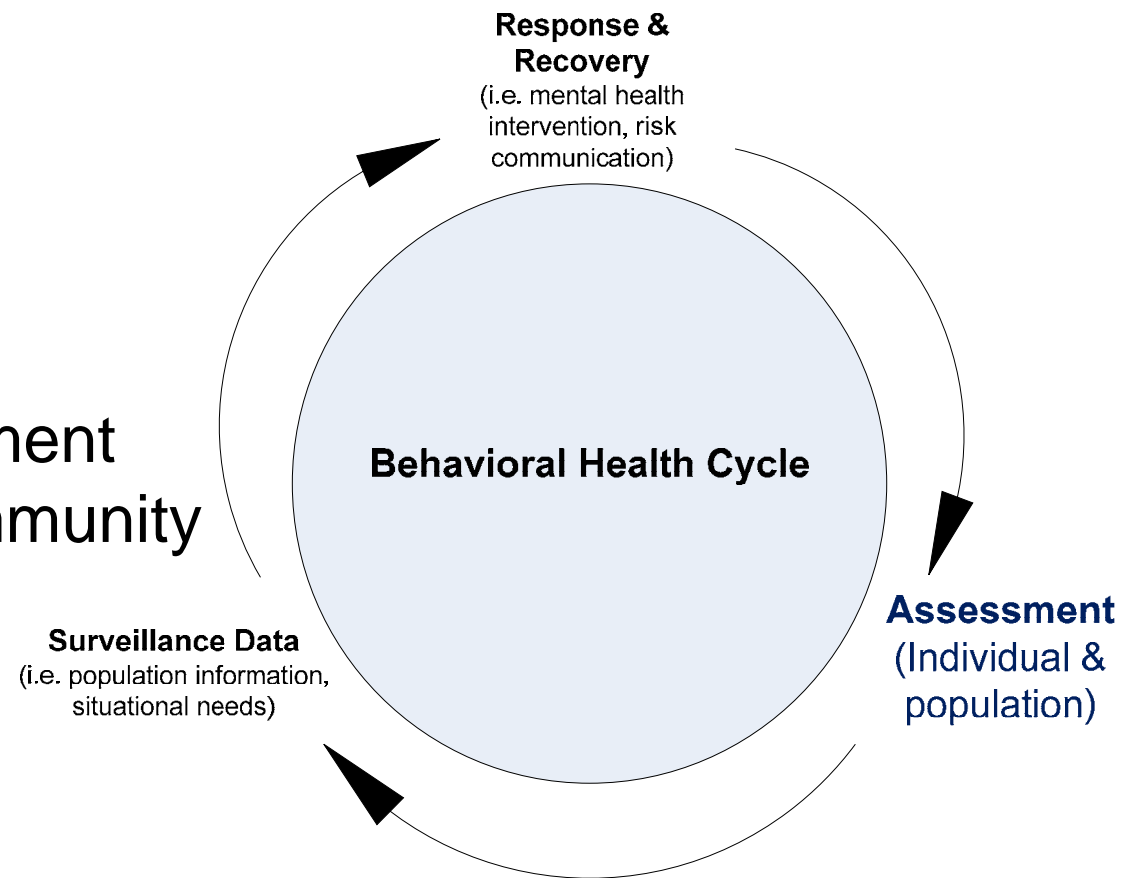
DBH Response System





Components of a BH System

- Assessment
 - Screening Tools
 - Rapid Triage
 - Individual assessment results create community assessment

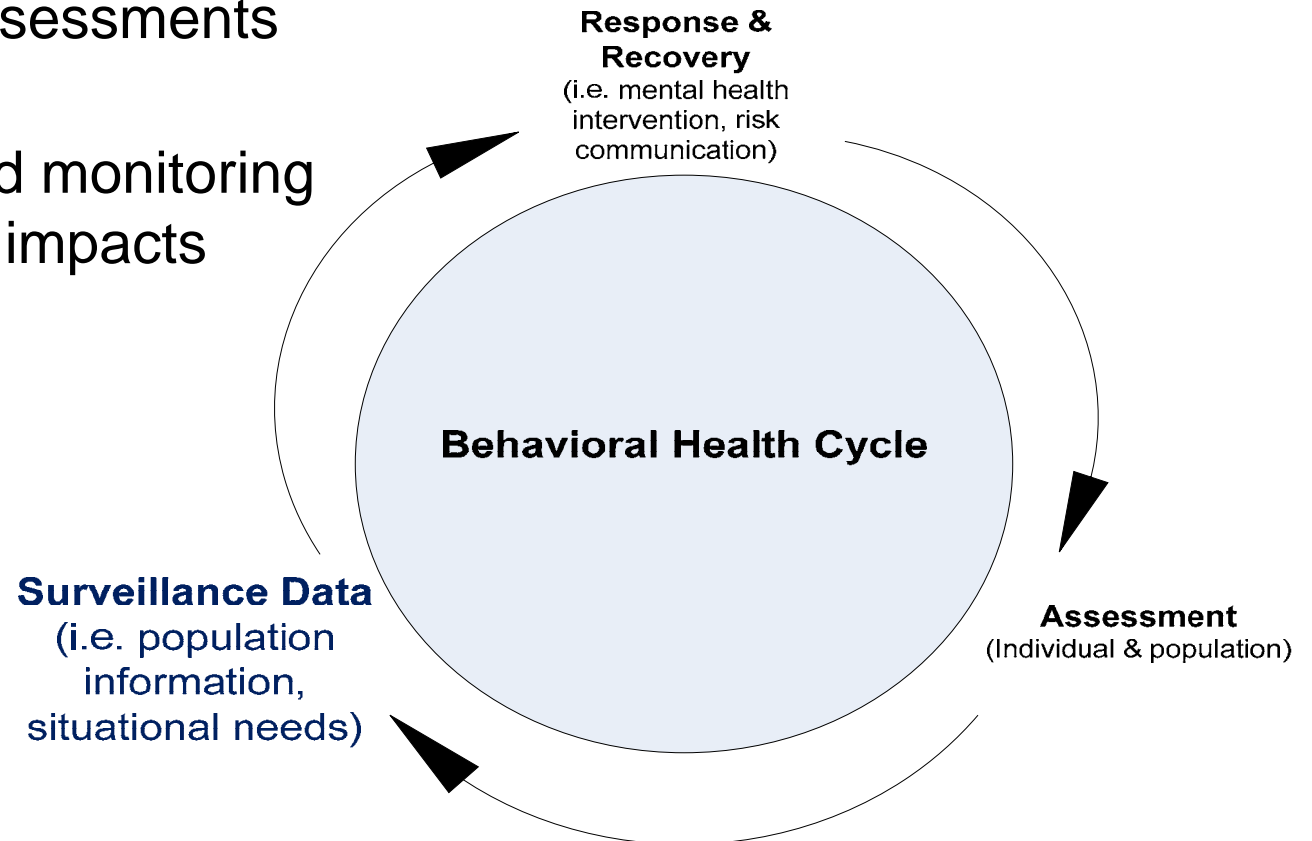




Components of a BH System

● Surveillance

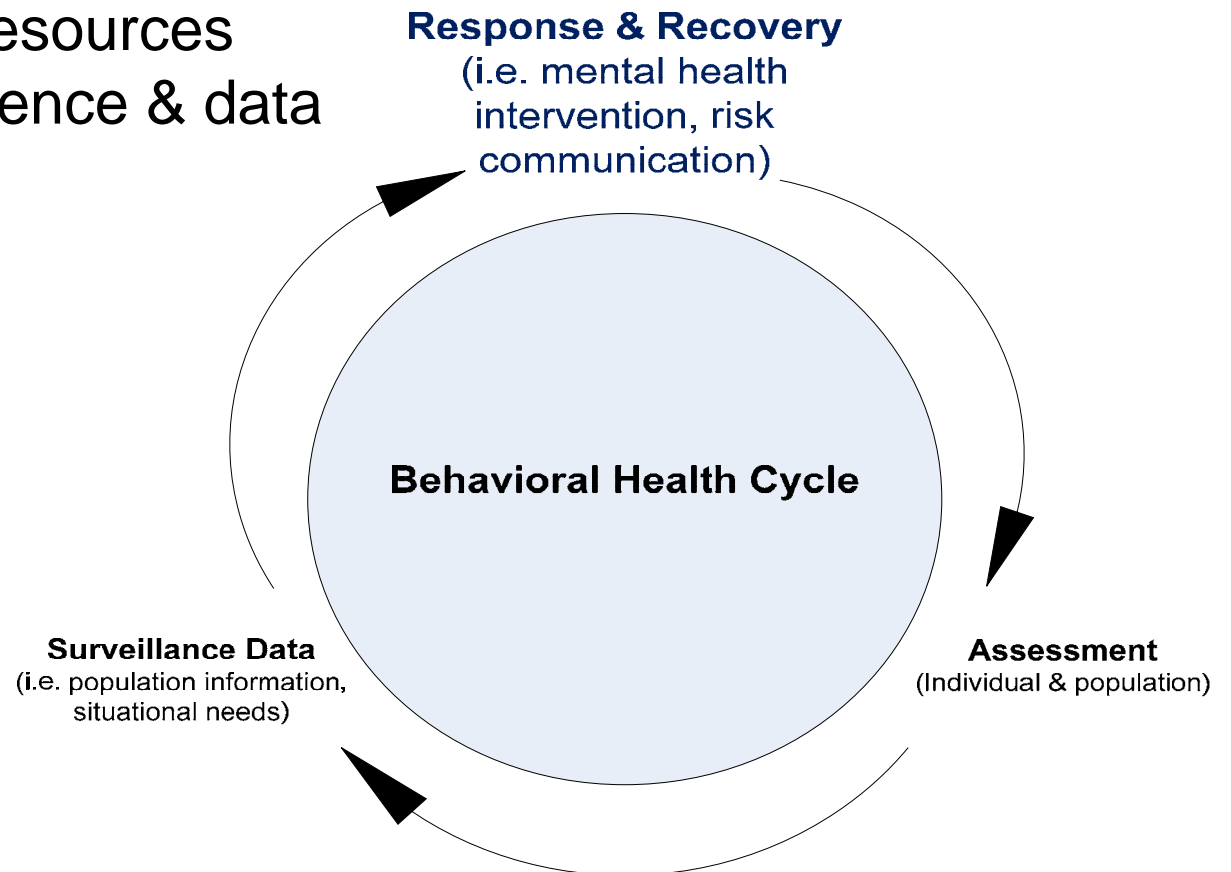
- Documentation of disaster response activities, interventions, assessments and outcomes
- Population based monitoring of psychological impacts



Components of a BH System



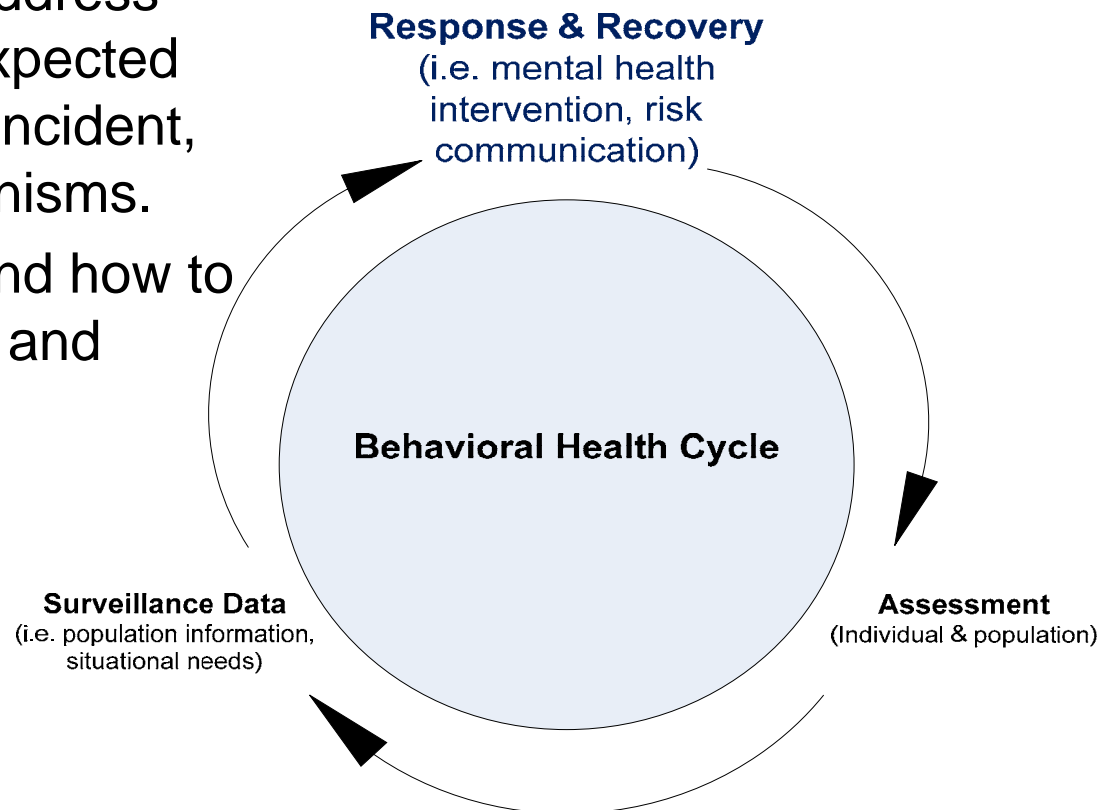
- Response & Recovery
 - Deployment of resources based on intelligence & data



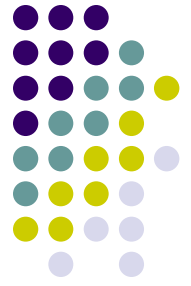
Components of a BH System



- Response & Recovery
 - Risk Communication / Public Messaging
 - Psycho-education to address symptoms of stress, expected reactions to traumatic incident, positive coping mechanisms.
 - Information on when and how to seek treatment for self and loved ones.

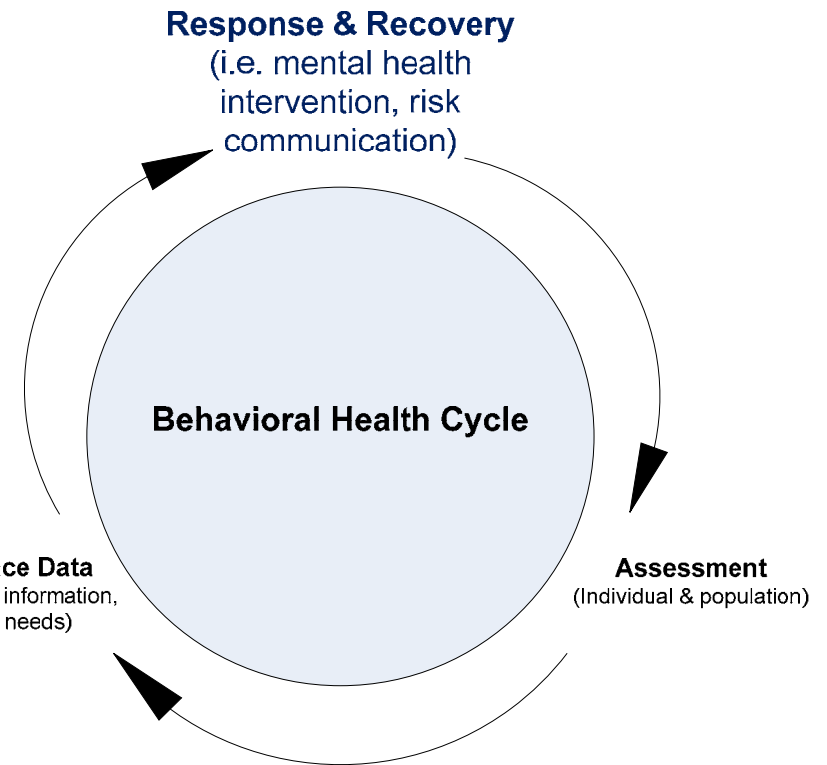


Components of a BH System



- Behavioral Health Interventions & Activities:

- Psychological First Aid (PFA)
- Problem Resolution
- Spiritual Support
- Advocacy
- Bereavement Interventions (memorials, funerals, death notifications)
- Cognitive Behavioral Therapy (CBT)*
- Eye Movement Desensitization & Reprocessing (EMDR)*
- Support Groups (Facilitated or Non-Facilitated)
- Lethality Assessment*
- **Being present & of service**



*Indicates an intervention done by a registered or licensed mental health professional.



Spontaneous MH & Spiritual Volunteers

2-1-1

Crisis Help Line

Medical Reserve Corps Disaster BH Response Team

Hospital Social Work/ Psychiatry Staff

Behavioral Health Local Responders / Partners

Local Government Funded Behavioral Health Providers

Outreach Team(s)

Crisis & Commitment Services

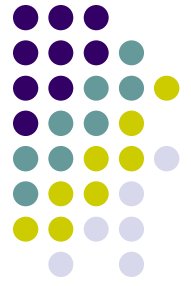
County or City Chaplains

America Red Cross Mental Health Response Team

Faith Based Organizations

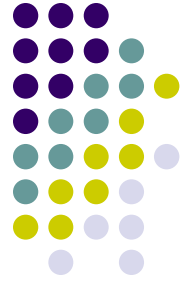
School Counselors

BH response can happen at...



- On Scene
- Points of Dispensing Sites (“POD”s)
- Alternate Care Facilities/Medical Needs Shelters
- Family Reception Centers / Family Assistance Centers
- Responder Respite Centers
- Morgue & Body Recovery Sites
- Hospitals/Medical Clinics
- Behavioral Health Agencies
- Disaster Service Centers / Disaster Recovery Centers
- Crisis Phone Banks/Hotlines
- General Population Shelters
- Community Outreach Teams
- Schools/Child Care Centers

Anywhere there is a survivor or a responder.



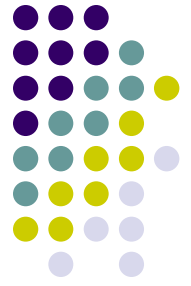
Building a Response Team

MHPs and other care givers will respond to a disaster.

- Spontaneous volunteers
- ARC / ESF-8 resources

Can you anticipate potential problems?

Are they qualified / capable?

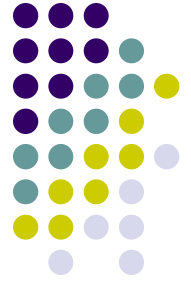


What do we say about disasters?



“Every disaster is a local disaster...”

Community resilience is enhanced when DBH care is provided by “friends and neighbors.”

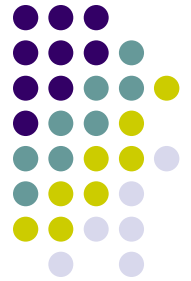


Friends and Neighbors

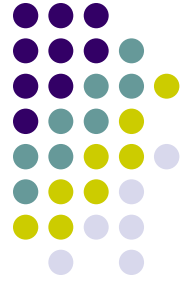
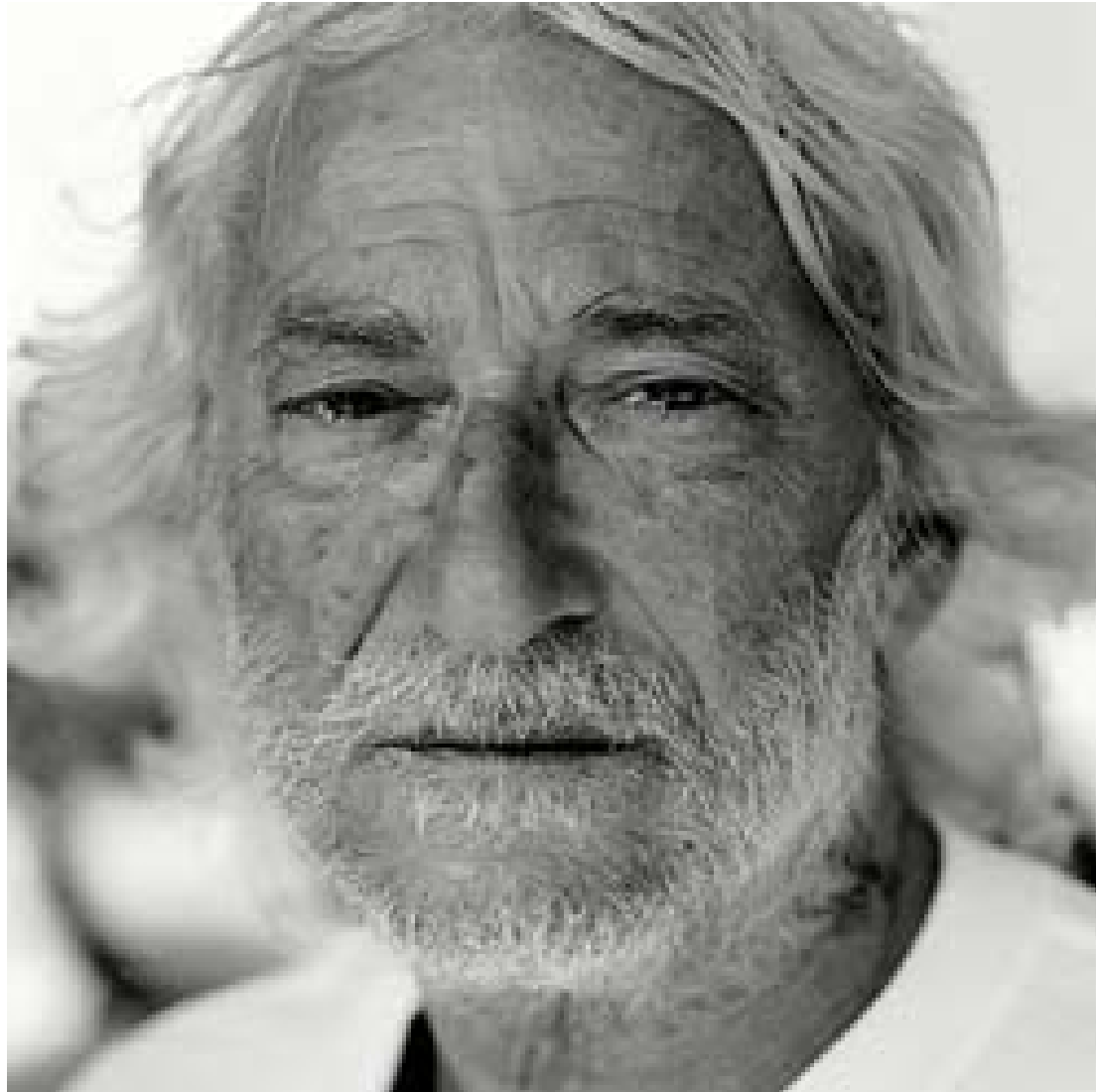
They will be with you:

- In your planning process
- To provide acute / on-the-ground care
- After the outside resources demobilize

Remember:



Most symptoms of short/long term PTSD don't manifest themselves until we move past the shock phase of the disaster and individuals begin reassessing their ability to discover the "new normal."

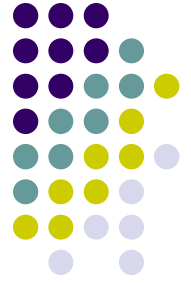


How and why to reach out to the faith community:

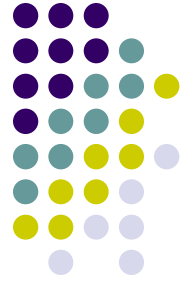


- Why:
 - Disasters often separate people from their own faith community.
 - After disaster people may turn to religion to help stabilize their lives.
 - Offer a known presence
 - Altruistic work force
 - Come w/ some level of training
 - Long term recovery
 - Faith / Religious / Spiritual causality
 - Red Cross poll 1 month after 9/11: 60% of Americans were likely or very likely to seek help from a spiritual counselor. 40% likely or very likely to turn to a mental health professional.

University of Rochester DMH Personal, Family and Work Life Inventory: An Assessment Tool

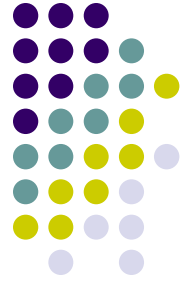


- This work can be very rewarding
- It can also be extremely stressful and physically / emotionally exhausting.
- Training is not enough; it's important to anticipate the consequences of a disaster.



What the tool covers:

- Personal comfort level and readiness
- Personal Physical and Mental Health
- Family support and preparedness
- Work life / Employer support & Schedule



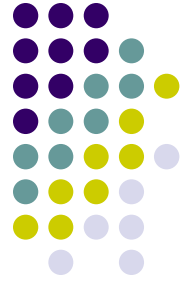
Spiritual Care Providers:

- Issues of Tolerance
- Issues of loss, grief, and personal faith journey
- Resilience away from faith community and support team
- Congregational support
- Issues related to proselytizing



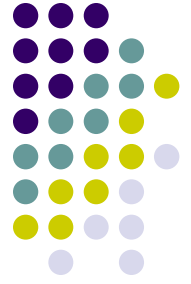
Other Considerations:

- Special skills or abilities that would contribute to personal effectiveness?
- Steps to insure support and resilience during and after a disaster?
- Motivation to serve?
- Write a plan to cover your bases if deployed.



Resources

- “Disaster Behavioral Health – A Critical Response”
 - 2-day DBH course for mental health professionals and spiritual care providers.
- Online Courses in DBH & PFA
- Tip Sheets & Guides
- DBH Responder Go-Kit



Questions?

Mike Ryan

mryan@bellevuewa.gov

Michelle McDaniel

michelle.mcdaniel@kingcounty.gov