

# Disaster Mental Health for Emergency Managers

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# Disaster Mental Health for Emergency Managers

James Halpern, PhD

Director of the Institute for Disaster Mental Health

Professor of Psychology and Counseling

Gregory Brunelle, MS

Vice President - Disaster Management Services

Tetra Tech





## Disaster Mental Health for Emergency Managers

- What is Disaster Mental Health?
- Sandy Hook School Shooting – a case study
- DMH in New York State
- Results of the DMH Summit
- Disaster Mental Health Support Tool



# What is Disaster Mental Health?

# Addresses Acute Stress & Traumatic Reactions

- ▶ Psychological trauma refers to an emotional wound or shock of lasting effect.
- ▶ Overwhelms our ability to cope
- ▶ Shakes, sometimes shatters the assumptive world:  
How
  - benevolent
  - predictable
  - and controllable it is

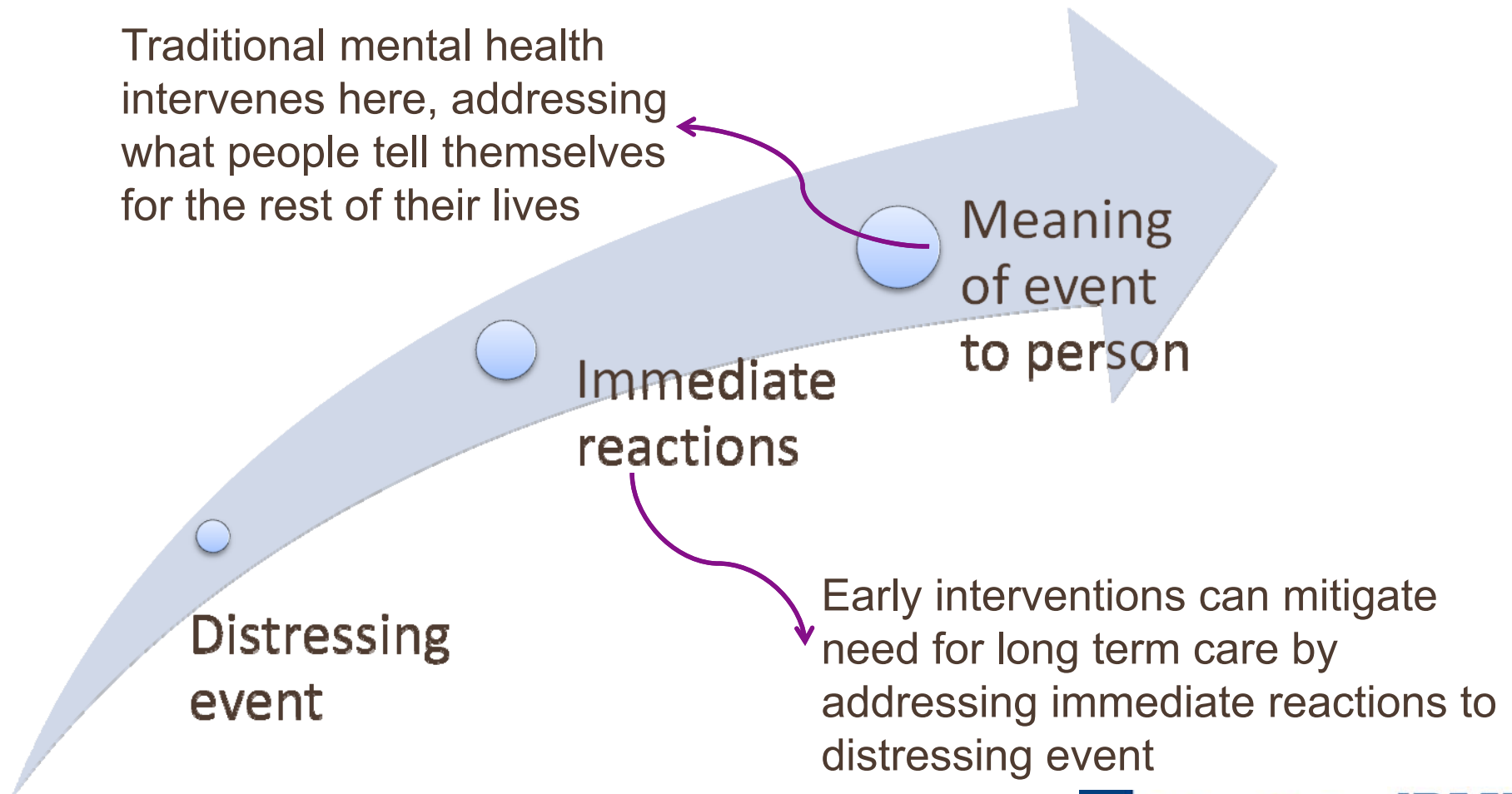
# Extreme Reactions Following Disaster Exposure

- ▶ Posttraumatic Stress Disorder (PTSD)
- ▶ Acute Stress Disorder (ASD)
- ▶ Anxiety disorders
- ▶ Affective disorders (MDD most common)
- ▶ Substance abuse
- ▶ Dissociative disorders

North, C.S., Pfefferbaum, B. (2013), A Mental Health Response to community Disaster: A Systematic Review, JAMA

# The Importance of Early Intervention

Traditional mental health intervenes here, addressing what people tell themselves for the rest of their lives



# Evidence-Based Principles of Early Intervention

Intervention and prevention efforts should include:

- ▶ Promoting sense of safety
- ▶ Promoting calm
- ▶ Promoting sense of efficacy in self and community
- ▶ Promoting connectedness
- ▶ Instilling hope

(Hobfoll et al., 2007)

# Elements of Psychological First Aid

PFA is not a process, but a toolkit of components to be used as needed, in any order appropriate

- Being calm
- Providing warmth
- Providing acknowledgement and recognition
- Expressing empathy
- Showing genuineness
- Empowering the survivor
- Attending to safety needs
- Attending to physiological needs
- Providing information and orientation to services
- Helping survivors access social support
- Helping survivors avoid negative social support
- Assisting with traumatic grief

# DMH: Additional Practices

- ▶ Psychoeducation
- ▶ Correcting distorted self-cognitions
- ▶ Rumors and rumor control
- ▶ Advocacy
- ▶ Conflict mediation
- ▶ Assessment and screening
- ▶ Referral for continued care

# Sandy Hook School Shooting: A Case Study





Institute for Disaster Mental Health

**As news of the shooting began to spread, parents frantically tried to locate their children**



**Some scattered into a nearby neighborhood.**



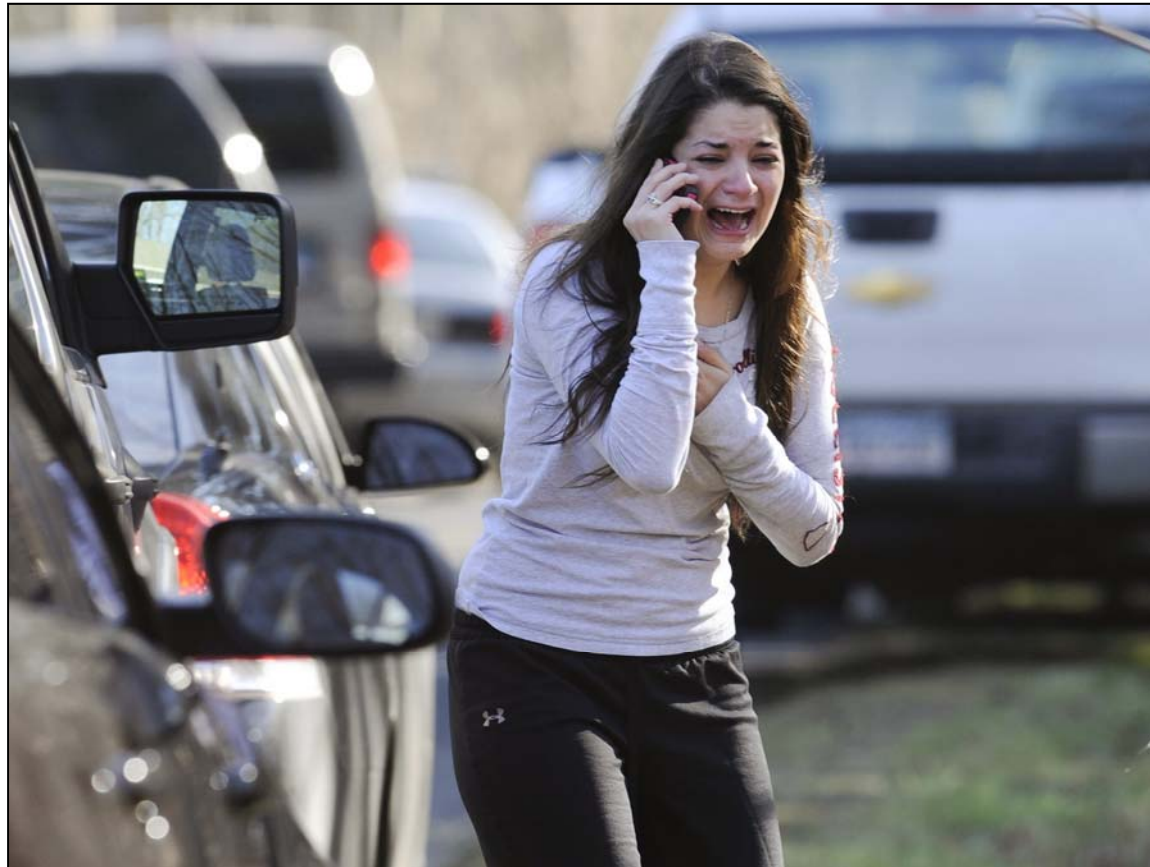
**Soon, most parents and had found their children and fled the scene.**



**The remaining families waited anxiously at a nearby firehouse.**



**As time pasted, tension became unbearable for relatives of those still missing.**



## Connecticut Governor, Daniel Malloy at the Sandy Hook Firehouse

- ▶ "If you haven't been reunited with your loved one by now," Mr. Malloy said, "that is not going to happen."



**The room exploded in grief.**



## Families Returned Home to await Further Information



# Crisis Counseling for Immediate Family Members

- ▶ Families appreciated counselors being available at the earliest possible time to provide a range of services and support
- ▶ Effective use of CT State Troopers working with counselors to supply safety
- ▶ Counselors protected families from over exposure and counseled families on talking with media
- ▶ Counselors can provide calm, compassion and cognitive support when survivors meet with officials
- ▶ Families benefited from counselors protecting them from an unhelpful and intrusive community and reminding them to reach out to supportive friends and family

# Psychoeducation

- ▶ Counseling parents on how to help surviving children. Parents asked:
  - Is it okay for children to watch the description of events on television?
  - Is it okay for children to be interviewed by the press?
  - Should children attend funerals or see an open casket?
  - How should the events be explained?
- ▶ \*Lesson Learned: Counseling emphasized the importance of caregivers providing: reassurance, safety, routine and honesty

# Grief Counseling - Psychoeducation

Helping survivors to understand that:

- Losses often have a ripple effect, with the impact of grief impairing survivors' ability to support each other
- There are significant individual, gender and cultural differences in length and expressiveness of mourning
- Even within a family, individuals will have different styles of mourning and adjusting, which can cause friction
- Encourage survivors to:
  - Broaden support systems with extended family, friends, clergy, etc. as they adjust to the death
  - Tolerate each others' patterns and styles of mourning
  - Ritualize the loss within the context of the family and the culture (Stroebe et al., 1999)

# Vetting the Helpers

- ▶ Every conceivable organization as well as hundreds of private practitioners arrived at Newtown to provide assistance. Neither clergy nor mental health professionals could be adequately vetted as no organization was clearly in charge of sites where counseling took place.
- ▶ \*Lesson learned – planning for such events is very much needed

## A lockdown drill to address the threat of school shootings interrupted an eighth-grade gym class



# Who are DMH Responders?

- Mental Health professionals trained to provide assistance and support to survivors of traumatic events utilizing evidence-based disaster mental health interventions, content, and skills
- OMH & OASAS staff, local Community Services, and Red Cross volunteers





# NYS Disaster Mental Health Response

Events begin on the LOCAL level but should the trauma generated by event exceed local mental health resources...

Disaster Mental Health support can be requested via NYS Office of Emergency Management

When OMH receives request it utilizes teams of Disaster Mental Health trained counselors to respond.

# DHSES Human Services Functional Branch Mental Health Group

- The Mental Health Group is chaired by the NYS Office of Mental Health
- The task of the Mental Health Group is to provide the resources needed in preparing for, and responding to, ***the psychological effects*** of natural and man-made disasters, other mass casualty events, and other types trauma inducing events across New York State.



# Activation-Assessment-Mobilization



Upon activation the MHG convenes at the NYS EOC



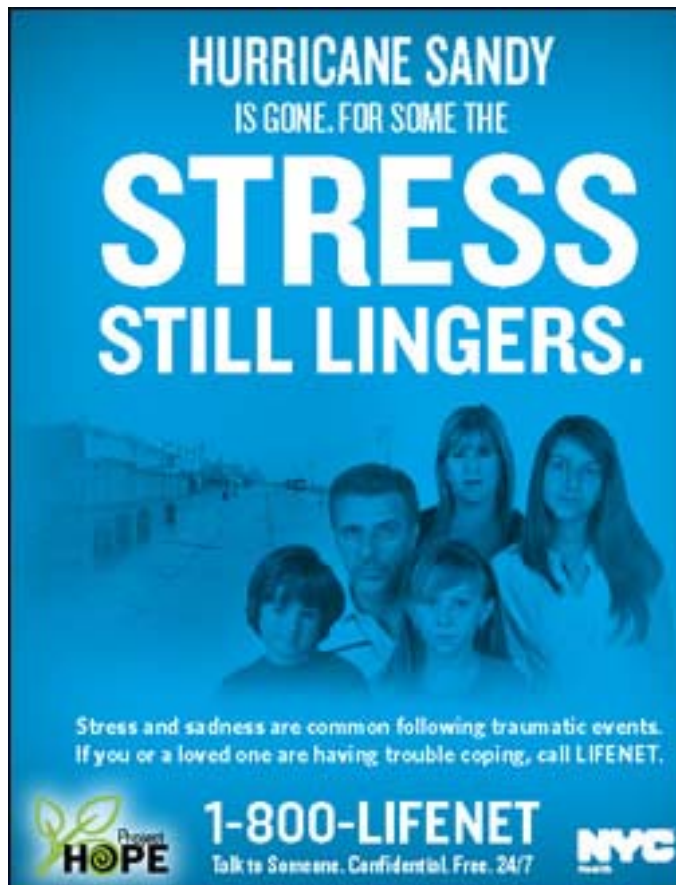
Using the MHG network the group will work with the county Community Services to determine if/where DMH responders are needed.



Workgroup established to coordinate the deployment of Disaster Mental Health Responders.



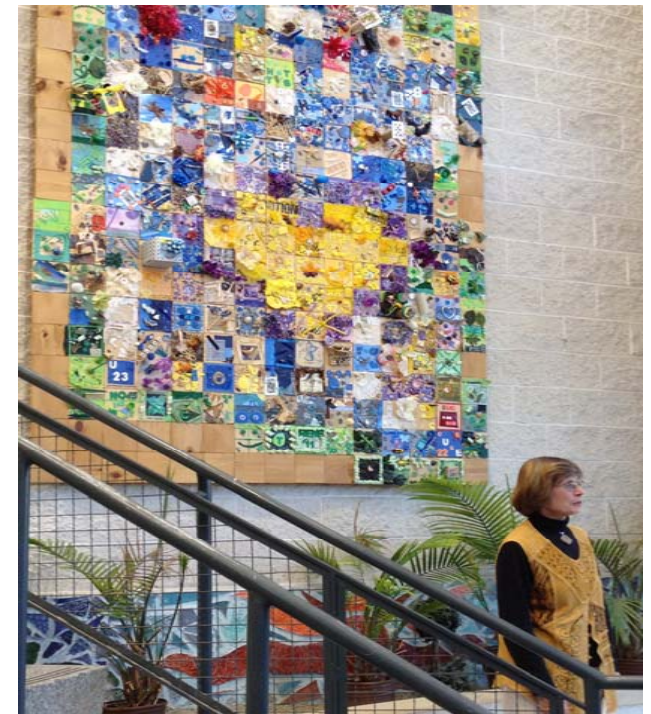
## Execution and Phase Down



- The MHG and OMH will continue to provide State resources as long as is necessary.
- Individuals experiencing more significant psychological symptoms (depression, suicidal thoughts) are referred for appropriate care.
- Longer term needs are transitioned to counties or if the need is sufficient, services will continue to be provided via a FEMA Crisis Counseling Program.

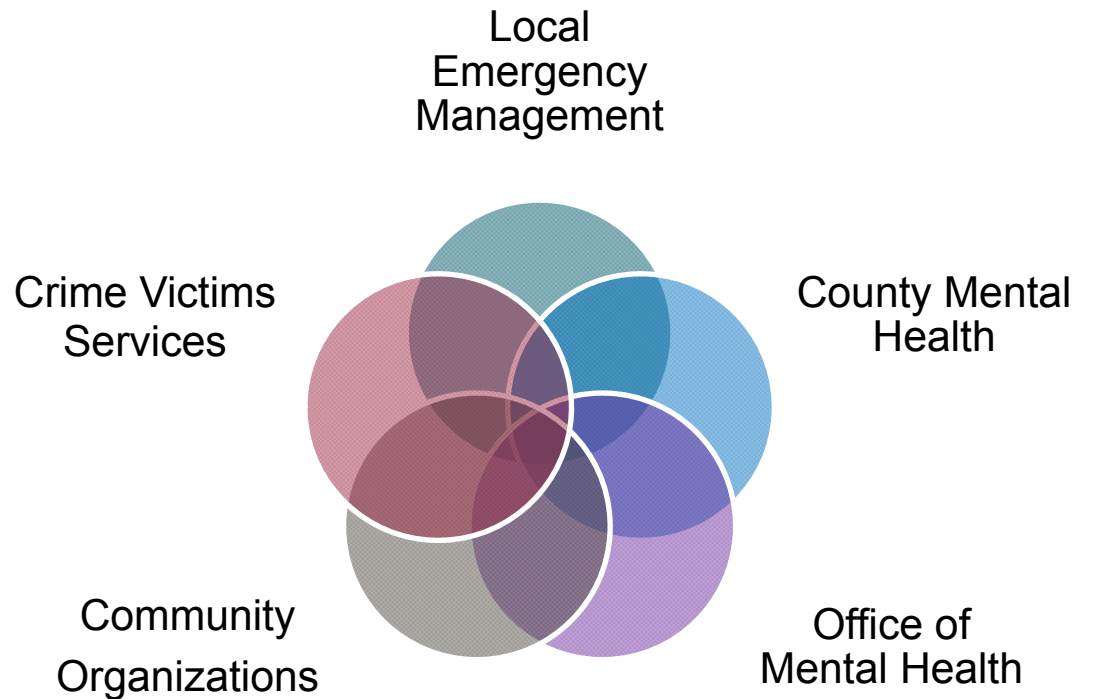
# OMH DMH efforts include working on the local, state and, federal levels to prepare for, and respond to, the psychological effects of disaster.

- **Disaster Mental Health Planning**
  - Planning Assistance
  - Resources and guides
- **Disaster Mental Health Training**
  - *Fundamentals of DMH Practice*
  - Partnerships with DOH and IDMH
- **TA and support during an event**
  - Coordinator of response activities
- **Facilitator of federal assistance**
  - CCP and SERG applications



## Disaster Mental Health in the State of New York

- ▶ The successful delivery of Disaster Mental Health Assistance following a Disaster or Traumatic event is dependent on the coordinated and cooperative efforts of multiple stakeholders



# The NYS School Disaster Mental Health Project

- ▶ May 29<sup>th</sup>, 2015 - Disaster Mental Health Summit
  - Sponsored by NYS Department of Homeland Security and Emergency Management, IDMH and Tetra Tech.
  - Identified a need to continue the work of developing a sound construct to incorporate disaster mental health into emergency management practices throughout NY State.
  - Tetra Tech agreed to support and build on our efforts to improve schools systems' preparedness.



# **New York State Disaster Mental Health Summit**

## **Sponsored by NYS OEM**

- ▶ Invited Stakeholders:
  - SOEM
  - County EM
  - County MH
  - The American Red Cross (Upstate and NYC)
  - The Mental Health Association of New York City
  - NYS Office of Mental Health
  - NYS Department of Health
  - Disaster Distress Helpline
  - New York City Emergency Management
  - NYS Office of Victims Services (OVS)
  - State Police



# New York State Disaster Mental Health Summit

## Sponsored by NYS OEM

### ► Challenges Identified

- Training, vetting of DMH Service Providers
- Non-local responders understanding the cultural values and norms of communities
- Finding the right point of contact for DMH
- Hard to maintain situational awareness of other mental health entities during response efforts
- Not enough personnel to meet mental health needs
- Role confusion with multiple Mental health agencies responding
- **Exclusion from the county disaster plan**

## Recommendations for EM

**State and county EMs to increase knowledge and capacity and include DMH in their disaster planning and response continuum.**

- ▶ Reach out to reputable local organizations to help formulate this function in their plans.
- ▶ DMH must be directly involved with EM during planning, training, exercises and be included on agenda in appropriate emergency planning meetings.
- ▶ Designation of a lead DMH agency to synchronize DMH with EM.
- ▶ For localities without a locally identified lead, or during complex incidents, NYS OMH will assume this responsibility.
- ▶ DMH should participate in the initial incident response coordination conversations with primary response agencies.
- ▶ DMH should be included in both notice and no notice incidents.

# Recommendations For DMH Leaders

**DMH leaders should form a coalition of DMH leaders to increase standardization and excellence in DMH services.**

- ▶ DMH leaders should establish consistent practice standards in training, response, coordination, and inclusion in emergency management plans.
- ▶ Creation of a statewide credentialing process
- ▶ Provision of technical assistance and recommendations regarding best practices in early psychological interventions
- ▶ Collaborative efforts to secure funding for training, capacity building, response, and recovery projects
- ▶ DMH should be familiar with state and local disaster mental health plans within the overall framework of disaster response and the roles of other relevant agencies.

## Recommendations for EM and DMH

**EM and DMH personnel need to have increased opportunities to build relationships and determine how to operationalize DMH within emergency management.**

- DMH components should be included in EM drills and exercises as well as having their own mental health-specific events.
- “Meet and greet” events and planning meetings should be held on a regular basis to promote informal networks.
- NYSEMA regional and annual meetings should include regular presentations on DMH.
- NYS DHSES annual emergency management preparedness training for state, county and local elected officials should include orientation to the concepts and importance of DMH.



**New York State  
School and Community Disaster Mental Health Operational  
Support Guide**



*DEVELOPED BY THE INSTITUTE OF DISASTER MENTAL HEALTH AND TETRA TECH, INC.*

*WITH SUPPORT FROM SPONSORING AGENCIES:  
INSTITUTE FOR DISASTER MENTAL HEALTH, TETRA TECH, INC., THE BENJAMIN CENTER, NYS*

**JANUARY 2016**



# The NYS School Disaster Mental Health Project

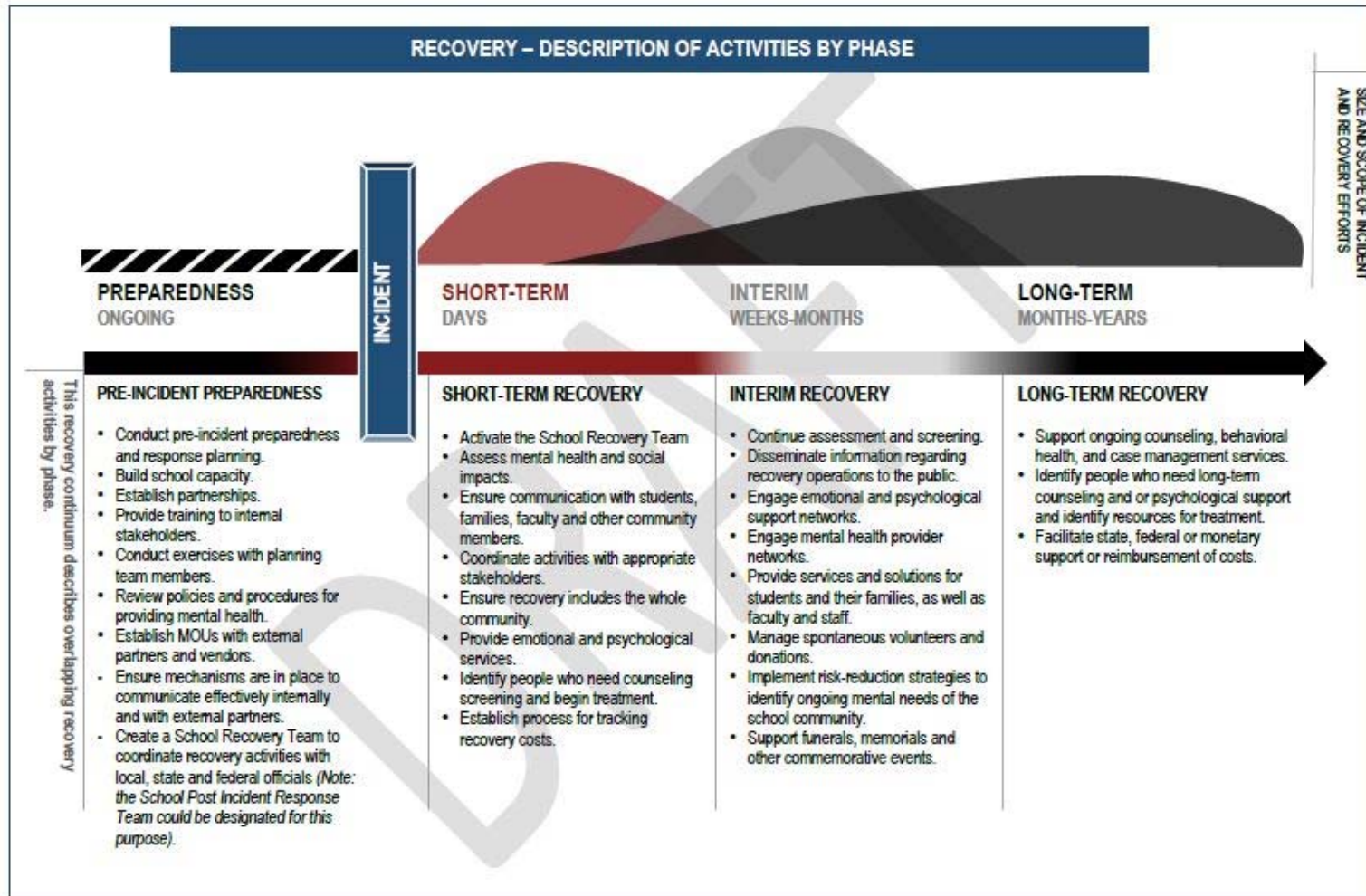
- ▶ **Tetra Tech team developed the guidance presented today**
  - New York State School Disaster Mental Health Operational Support Guide
- ▶ **Emphasizes Community Collaborations**
  - The intent of the guidance is to be used by local, county and state agencies as well as:
    - School Districts/Academic Institutions
    - Public and Private Stakeholders
    - Cultural Institutions
- ▶ **Summarizes Emergency Planning, Operations and Recovery considerations for DMH**
  - Recommended Actions, before, immediately following and in support of long term recovery

# The NYS School Disaster Mental Health Project

- ▶ Providing the necessary access and support to mental health services in the continuum of the emergency is as critically important as ensuring organizational recovery.
- ▶ The mental health aspect of response and recovery *will* challenge all communities, large or small. Providing crisis mental health services will quickly strain community resource networks and test capacities throughout the response period and well into recovery.
- ▶ Proven best practices have shown that communities need to plan for notifying and accessing state-level resources. Planning should include notification and coordination with the New York State Office of Mental Health as soon as possible after an event.
- ▶ The usefulness of this guide and the successful provision of crisis and disaster mental health services in a community is predicated on ***local jurisdictions working with stakeholders to develop a customized plan for their needs*** within the scope of resources that are available.

# The NYS School Disaster Mental Health Project

- ▶ Strategies are supported by all levels of school leadership, as well as internal and external stakeholders.
- ▶ Strategies consider *all* threats and hazards.
- ▶ The plan addresses immediate mental health needs as well as short-term and long-term service provision and recovery considerations.
- ▶ The plan includes *specific* actions, with identified responsible parties, that result in the establishment of coordinated disaster mental health services readily available to all affected parties.
- ▶ Strategies are based on a whole school community approach by including children; adults; faculty; staff; people with disabilities and access and functional needs; those from religiously, racially, and ethnically diverse backgrounds; and people with limited English proficiency.





# Validated Concepts

## *Table Top Exercise & Discussion*

# The Homecoming Game

- ▶ It's Homecoming Weekend in Empire Township
- ▶ Late September on a Saturday 8:30 in the evening
- ▶ The weather has been sunny, hot & humid. NWS has issued a Severe Thunderstorm Watch for the region. No warnings have been posted so school officials decided to continue with the festivities.
- ▶ 2 local High School Teams have begun the 2<sup>nd</sup> quarter of the football game.
- ▶ As the players began to play during the 2<sup>nd</sup> Quarter a line of moderate thunderstorms moves through the region. An impressive Roll Cloud produces straight line winds that reach severe thunderstorms levels.

# Straight line Winds

- ▶ The winds affected both the football field and the bleachers on both sides of the stadium
  - The “home” team side sustained the majority of damage
- ▶ Injuries and Casualties
  - 14 players on the field appear severely injured and several are unconscious,
  - 2 coaches were struck by flying debris, both have bleeding head injuries and one is unconscious/unresponsive
  - The announcement booth located at the top of the bleachers has been completely destroyed and the 3 students who were located in the booth are now missing
  - Several people were thrown or fell off the bleachers to the ground and suffered major injuries and 3 are possibly dead
  - Many bystanders sustained injuries from flying debris
- ▶ Fire/EMS and Law Enforcement are responding

# Facilitated Discussion

- ▶ What are the immediate considerations?
- ▶ What actions are needed?
- ▶ What organizations are responding?
- ▶ Life safety concerns?
- ▶ Fire/EMS/Law Enforcement roles/responsibilities
- ▶ School roles/responsibilities
- ▶ Communications and Situational awareness?

# Incident Outcome

- Dozens of players, coaches, students, spectators and family members received injuries, ranging from bumps and scrapes to critical, life-threatening injuries such as blunt force trauma, impalements and long bone fractures.
- 35 people were transported to area hospitals.
- 12 victims remain hospitalized, four of whom are critical and two are not expected to survive.
- 5 victims have died including 3 students (1 elementary school student; 2 high school seniors – one of which was a football player), one elderly woman who was the grandmother of one of the cheerleaders, and one 45 year old mother of 5 students in the school district and President of the Booster Club.

# Facilitated Discussion

## ► Timeline:

- For each of the timeframes - What are the DMH needs? Actions?
  - Zero to 6 Hours
  - 6 to 12 Hours
  - 12 to 24 Hours
  - 24 to 48 Hours
  - 48 Hours to 2 or 3 Weeks



## Key Findings and Concerns

What did we learn?

What do we need to improve?

Lessons Learned?

Key Concerns?



## Scenario 2

### *Active Shooter on a School Campus*

# Active Shooter

- ▶ Empire Township Middle School, (upstate, rural county), mid-May at lunchtime.
- ▶ One security staff member, in the parking lot, notices an unknown middle-aged adult male entering the building through an open, side door
  - The staff member assumes the man is a student's father
- ▶ Approximately 10 minutes later, loud screams and gun fire is heard coming from the school building.
- ▶ Staff and students are seen fleeing the building and some of them have blood on their hands and clothes.
- ▶ The gunman is seen walking down the school's glass hallway toward the classrooms.
- ▶ The school administrative staff and dozens of students call 9-1-1.
- ▶ Law enforcement begins to arrive.

# Facilitated Discussion

- ▶ What are the immediate considerations?
- ▶ What actions are needed?
- ▶ What organizations are responding?
- ▶ Fire/EMS/Law Enforcement roles/responsibilities
- ▶ School roles/responsibilities
- ▶ Communications and Situational awareness?

# Active Shooter

- ▶ The Active Threat is mitigated by law enforcement within 5 minutes of the first arriving unit.
- ▶ 40 students, faculty and staff have been transported to local hospitals with injuries ranging from gun shot wounds to cuts and bruises.
- ▶ 22 students, faculty and staff have suffered gun shot wounds.
- ▶ 9 students and 2 faculty were killed at the school.
- ▶ 6 students and 3 teachers remain hospitalized, 4 of whom are in critical condition.

# Facilitated Discussion

- ▶ Timeline:
  - For each of the timeframes - What are the DMH needs? Actions?
    - Zero to 6 Hours
    - 6 to 12 Hours
    - 12 to 24 Hours
    - 24 to 48 Hours
    - 48 Hours to 2 or 3 Weeks



## Key Findings and Concerns

What did we learn?

What do we need to improve?

Lessons Learned?

Key Concerns?



## Next Steps



# THANK YOU

Institute For Disaster Mental Health

Tetra Tech, Inc.

The Benjamin Center

NYS Office Of Emergency Management

NYS Office Of Mental Health