NEW YORK STATE | Office of Mental Health | Department of Health

NY DMH Responder

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In this Issue...

The DMH Responder
is a quarterly production of...

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Welcome

Welcome to the Fall 2016 issue of the **New York DMH Responder,** our quarterly newsletter for the Disaster Mental Health community. This issue focuses on a problem that we're mostly happy to have: the fact that it's been some time since New York State has experienced a major disaster. That's wonderful, of course (and we sincerely hope that pointing this out doesn't somehow bring the relative quiet spell to an end), but the lack of vivid reminders of the need to stay prepared puts us all at risk of shifting our focus to other more pressing needs. That could be problematic if it means that the next major event finds us unready, so we describe some ways to keep our skills and plans up to date so we don't get caught off guard. We also introduce the Institute for Disaster Mental Health's new Director, Dr. Amy Nitza, and announce the topic for the upcoming DOH-OMH webcast in January 2017.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to Judith LeComb at DOH or Steve Moskowitz at OMH.

Maintaining Preparedness Between Disasters

As we write this newsletter it has been several years since New York State has experienced a major natural or human-caused disaster, at least of the scope of a Hurricane Irene or Sandy, or a 9/11. This observation is certainly not meant to downplay the impact of the September 2016 bomb explosion in Manhattan's Chelsea neighborhood, which injured 31 people and shook (literally and figuratively) the community, nor is it meant to suggest that New Yorkers aren't aware of the many other disasters that have occurred nationally and internationally. But response professionals recognize the unfortunate truth that there's nothing like an event that hits home to remind citizens of the need to be prepared and to mobilize resources to support preparedness and response activities.

How can we keep this need front-and-center for community members between events when they're facing more pressing needs in daily life? See the Research Brief later in this issue for one creative idea for motivating the public. How can we responders avoid falling into a sense of complacency in our professional and personal planning? We suggest the following actions, and welcome your ideas. Please email your thoughts on this topic to idmh@newpaltz.edu and we'll share them in the next *DMH Responder* newsletter.

Keep Training Your Personnel

Disaster response-related trainings were widespread after 9/11 but the topic now faces fierce competition with ever-expanding training requirements, fighting for shrinking resources in terms of funding and staff time. Between attrition of previously trained professionals who have left their agencies and the fading memories for content from courses taken years ago, there's a real risk that response personnel won't have the skills they need when the next large event occurs. Fortunately there are several training initiatives that may be beneficial for your organization.

Those with a mental health background should be aware of the new *Fundamentals of Disaster Mental Health Practice* curriculum which we described in detail in the Summer 2016 newsletter. This new daylong training was developed for NYS OMH by the Institute for Disaster Mental Health's James Halpern and Karla Vermeulen. They have trained about 40 experienced instructors across New York State who are now beginning to deliver the curriculum in facilities statewide, with administrative and organizational support provided by OMH and DOH. Social Work Continuing Education credits will be available for participants provided certain conditions are met regarding the trainer and class composition. Note that this curriculum is intended for mental health counselors, social workers, psychologists, psychiatric nurses and others with graduate-level mental health education or the equivalent. Other people without that background should be encouraged to train in Psychological First Aid which includes guidance on knowing when to make a referral to a trained DMH helper. **If you're interested in organizing a *Fundamentals of Disaster Mental Health Practice* training delivery in your facility or region contact either OMH at dmhomh@omh.ny.gov or DOH by contacting your Regional Training Center.**

For those looking to organize a training in Psychological First Aid (PFA), which can be taught to people of all professional backgrounds and education levels, resources and support are currently available from the Center for Public Health Preparedness (CPHP) at the School of Public Health, University at Albany. With funding from the Workforce Improvement Project cooperative agreement from the Centers for Disease Control and Prevention and with the IDMH serving as subject matter experts, CPHP has developed a multi-part program to reduce barriers and support the development of PFA training policies for healthcare and public health. Because there are many high-quality online PFA training courses available the program uses a hybrid model in which participants would first take an online course to learn the basic principles of PFA, then meeting in person that would focus on practicing PFA in interactive scenarios since that practice is the key to increasing confidence and competence.

To make the process as easy as possible for facilities, CPHP and IDMH created a PFA Training Coordinator Guide that includes detailed evaluations of 14 online PFA training courses with recommendations based on each course's intended audience, skill level, length, technical quality and many other attributes. The

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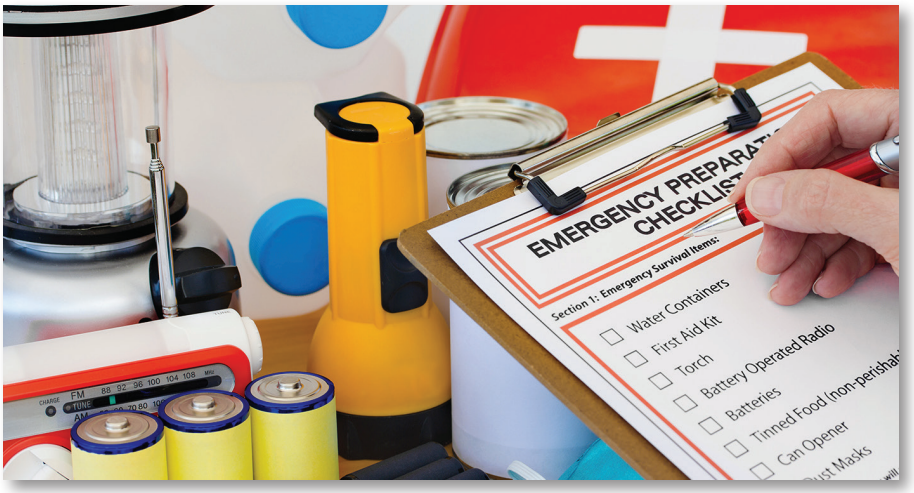
goal is that a facility/organization Training Coordinator will be able to use the evaluations to easily select an appropriate course for their particular audience without having to spend hours reviewing options. The guide also includes detailed instructions about facilitating interactive sessions so participants can supplement the online awareness level training with in-person practice with 10 different practice scenarios that are tailored to different response settings (e.g., hospital, Point of Dispensing, family assistance center, emergency shelter) so Training Coordinators can select the most relevant scenarios for their participants to practice. To familiarize Training Coordinators with these materials, train-the-trainer sessions have been held throughout New York State to provide an overview of the program and guidance on how to use the guide and facilitate the roleplays. And to further support Training Coordinators we have trained technical assistance providers throughout New York State. These are individuals with a mental health background (all of whom are also trainers for the OMH Fundamentals of Disaster Mental Health Practice curriculum) who will be available to attend PFA trainings in order to assist with the roleplays. This program will continue through August 2017. **To learn more about these resources, contact CPHP at cphp@albany.edu.**

Finally, for both DOH and OMH personnel please save the date for the next annual webcast on the Mental Health Response to Infectious Disease Outbreaks on January 27, 2017. See the article in this issue for full details.

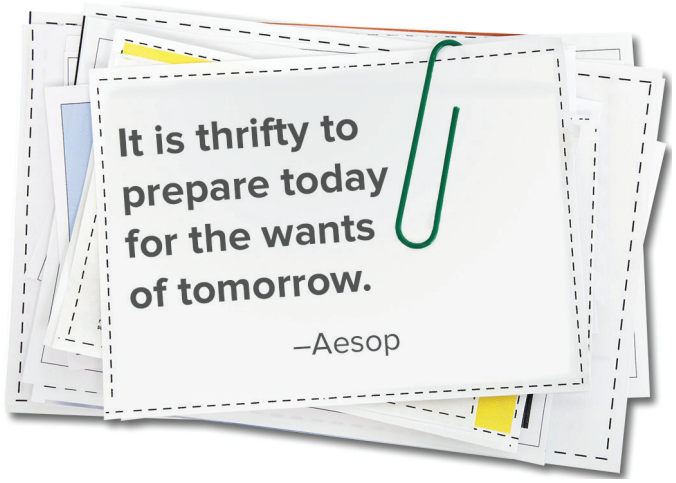
Keep Your Own Plans Up to Date

Unlike ordinary citizens those in the response field will face double duty if an event strikes your community. You'll need to balance your personal and family demands with your professional responsibilities – and it won't be easy to perform either role well if you're not prepared. Some actions that can reduce stress:

- Follow the preparedness advice we give everyone else, including stocking up on emergency supplies (food, water, flashlights, batteries, hand-crank radio and cell charger, medications, etc.);
- Pack that go-bag with copies of important documents and other essentials;
- Make your emergency contact plan for how your family will reunite or communicate after a disaster; and
- Make your plans for how your family will cope if you're called into a local response with extended hours or are deployed to another community.



Did you already do all of that, say, circa the last big hurricane or ice storm to impact your region? Good for you! Now it's time to revisit and update everything. Obviously perishables like food, water, and medications may need to be replaced, but the general passing of time may necessitate other changes to your earlier plans: Perhaps your kids are now old enough to take care of themselves while you're at work but you've taken on caring for an elderly parent who will need support, or you've been promoted so your professional responsibilities during a response will be even more demanding. Spend some time now rethinking your plans so you're not caught by surprise when the next disaster occurs.



Dr. Amy Nitza Takes Helm at the IDMH

Following the retirement of Founding Director Dr. James Halpern the Institute for Disaster Mental Health at SUNY New Paltz has welcomed its new director, Dr. Amy Nitza. Dr. Nitza holds a Ph.D in counseling psychology from Indiana University, an M.S. in mental health counseling from Purdue University and a B.A. in psychology from Purdue University. She brings an extensive track record of work in preparing counselors and therapists for professional practice, having served as the Director of the Counselor Education Program at Indiana University-Purdue University Fort Wayne from 2011-2015. Dr. Nitza is a Licensed Mental Health Counselor and holds a postdoctoral certificate in global mental health from Harvard University. She's a former Fulbright Scholar and has published frequently in peer-reviewed journals and as a contributor or lead author for a number of books.

"I'm fortunate to come to an Institute that is already an established resource in the region and I hope to continue building on the strong work and partnerships forged by Dr. Halpern and the IDMH staff to expand it nationally and internationally," Dr. Nitza said.

Among other response experiences Dr. Nitza has worked in Botswana with counselors intervening in situations related to the HIV/AIDS epidemic and in Haiti with counselors responding to children traumatized in the wake of the destructive 2010 earthquake. "I want to expand what people think of when they think of disaster mental health, to include things like the needs of refugees before and after they've resettled," she said. "I also want to emphasize culture and the way that we address cultural differences in planning to meet people's needs in diverse communities." Stay tuned to see how the collaborations among IDMH, DOH, and OMH continue to grow under Dr. Nitza's stewardship.

Training

Mental Health Consequences of Infectious Disease Outbreak

January 27, 2017

Once again, OMH and NYSDOH will co-sponsor training that will be simultaneously webcast throughout New York State at designated sites.

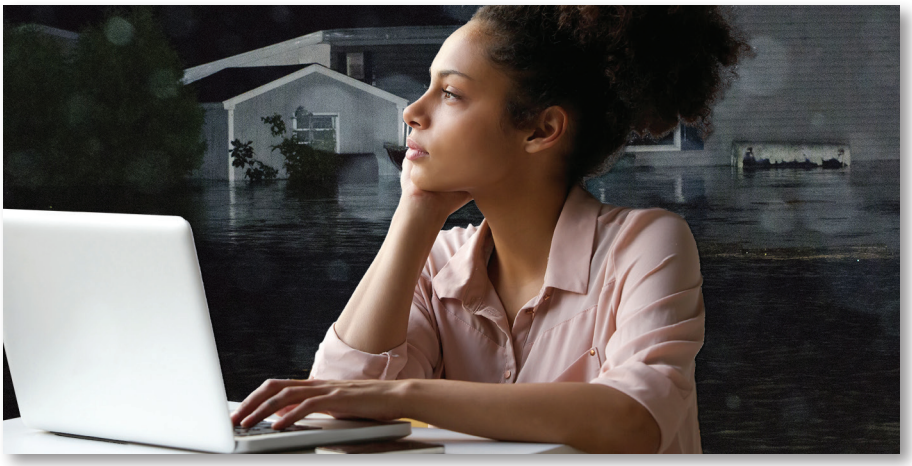
Although the healthcare community constantly refines medical interventions to treat ill patients the threat is continually shifting. Global travel means a disease like Ebola can jump continents overnight. Climate change is increasing the spread of vector-borne viruses like Zika into regions where populations have no immunity. Even seasonal influenza has the potential to mutate into particularly deadly and transmissible strains that could create a pandemic, like the 1918 outbreak. While the medical aspects of these conditions are increasingly well understood far less attention has been paid to the emotional distress they create for all involved. Anxiety among seriously ill patients and their families is not surprising but what are the emotional effects of being kept in isolation while illor of being quarantined while waiting to find out if one is actually infected? How can healthcare providers balance their professional responsibilities with their own fears of infection and with the concerns of their families? How can the public and other healthcare providers be educated not to stigmatize patients and their helpers when it comes to deeply feared diseases like Ebola? While the mental health issues may seem secondary to the medical demands produced by these events, understanding and addressing anxiety is essential to improving compliance with public health measures like quarantine recommendations and PODs, maintaining workforce resilience among healthcare workers and reducing traumatic reactions for all involved.

This training will identify the diverse groups who are likely to be impacted during and after an infectious disease outbreak and provide guidance on how to address the complex disaster mental health needs.

A training announcement, including registration and site information, will be distributed in mid-December. If you would like to receive an announcement please email prepedap@health.ny.gov.

Research Brief: Can Imagining Disaster-Related Distress Motivate Preparedness?

Effectively motivating citizens to be better prepared for disasters is absurdly challenging. Past preparedness programs have appealed to reason, used humor, involved apps and other technology, and even evoked the zombie apocalypse in the CDC Office of Public Health Preparedness and Response's very clever campaign (http://www.cdc.gov/phpr/zombies.htm). Yet rates of individual preparedness remain dismally low.



One social psychologist in Japan conducted a pair of studies to see if a simple emotional manipulation could motivate people to become more prepared for earthquakes, at least hypothetically (Noda, 2016). In the first study, 255 participants were asked about their baseline motivation for disaster preparedness. One week later half were asked to imagine that a magnitude 7 earthquake would strike their area in a month including imagining details such as the weather, time, and location where the earthquake would occur. They then had five minutes to describe their predicted feelings and thoughts including rating how bad, anxious, frightened, and astonished they would expect to feel on the day of the hypothetical earthquake and during the next two days compared to a normal day. They then repeated the motivation for disaster preparedness questionnaire. A control group also repeated the preparedness questionnaire a week later but did not participate in imagining the hypothetical earthquake.

Not surprisingly, those who imagined the powerful earthquake reported high expected negative emotions following the event. Comparing the two groups' motivation for preparedness scores those in the control group did not change between measurements but those who had imagined the earthquake and their reactions did increase preparedness motivation scores significantly, suggesting that simply eliciting thoughts about a disaster's consequences could help inspire people to change their intentions regarding preparedness.

However, as the researcher acknowledges, actually changing preparedness behaviors requires people to maintain their motivation for long enough to act on it so she conducted a follow-up study to see whether reported change remained in effect a month after the imagined earthquake. In this version no control group was used. 129 participants completed the baseline survey of preparedness motivation followed a week later by the thought experiment. The motivation survey was repeated immediately after imagining the earthquake and again one month later to see if the impact lasted. As in the first study, preparedness motivation increased significantly immediately after the thought experiment – but that effect did not last with mean preparedness motivation scores returning to their pre-experiment levels when measured one month later.

There are many limitations to how these findings could apply beyond the hypothetical, including the fact that participants were college students with an average age of 20 – not a group that we generally expect to devote much attention to disaster preparedness, though Japan's history of frequent earthquakes may make the issue more relevant than it would be to many students in the US. Additionally, the studies only assessed reported intentions, not actual behavioral change. Still, the finding that simply imagining the personal consequences of experience a disaster significantly increased preparedness motivation suggests a new element that authorities might incorporate into future campaigns. The trick, as always, is how to turn those intentions into action.

Source:
Noda, M. (2016). Does affective forecasting change motivation for disaster preparedness? Motivation one month after a hypothetical earthquake. *International Journal of Social Psychology,* 31, 109-136.