For more information, contact chair Melissa Brown at Melissa.Brown@dhss.mo.gov or 573.526.4768.

Overview

The Mental Health Response section addresses the psychological aspects of an influenza pandemic. It takes into consideration the various group/individual situations surrounding the intervention of mental health professionals during a crisis situation. The mental health response will address the needs of healthcare workers, emergency personnel, their families, and the general public.

Best Practices

Due to developments in medical science and public health practice over the last century, the US has increasingly reduced the number and scope of disease outbreaks. However, the mental health literature in this area is nearly non-existent due to little experience with disease outbreaks and the difficulties in conducting research to ascertain the mental health needs of individuals. Therefore, planning for mental health capacity and response in a pandemic flu outbreak requires reliance on:

- Extrapolation of assumptions and interventions based on natural disasters and disease outbreaks in other parts of the world, often much smaller in scope than an epidemic or pandemic; and
- Expert recommendations and consensus regarding appropriate mental health supports and intervention.

The recent Severe Acute Respiratory Syndrome (SARS) outbreaks in Asia and Canada as well as the thoughtful conceptualizations of mental health experts with experience in trauma-informed services constitute the best guideposts for pandemic flu planning.

When the SARS experiences are examined in relationship to mental health needs, they provide some informative assumptions that may inform pandemic flu planning efforts.[1]

- More than 40% of the general public in affected communities experienced increased stress in family and work settings during the outbreak while 16% showed signs of traumatic stress levels.
- Many, if not most, people felt helpless, apprehensive and horrified by the outbreak.
- 30% of one survey sample thought they would contract SARS while only 25% felt they would survive if they caught the disease despite an actual survival rate of 80% or greater. This level of perceived risk can be predictive of widespread panic if the scope of the outbreak or its lethality had been greater.
- People were diligent about taking appropriate precautions to prevent person-to-person spread. However, adoption of precautions occurred differentially based on anxiety levels and perceived risks, indicating the importance of understanding stress and anxiety levels by public health authorities.

[1] **Source:** Center for the Study of Traumatic Stress, USUHS, *"Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak"*, a 2006 paper posted at www.usuhs.mil/csts/

- Front line health care workers who treated outbreak victims were particularly vulnerable to negative mental health affects.
    - Nurses treating SARS patients showed high levels of stress, with about 11% at traumatic levels.
    - Mental health sequelae included depression, anxiety, hostility, and somatization symptoms.

In response to the anticipated disruption and loss associated with a pandemic, the Center for the Study of Traumatic Stress (CSTS) highlights the importance of special consideration to:

- The role of risk communication;
- Psychological, emotional and behavioral responses to public education, public health surveillance and early detection efforts;
- Psychological responses to community containment strategies such as quarantine, restrictions on movement and closures for work, school and other public venues;
- Health care surge and continuity; and
- Public responses to mass prophylaxis strategies.

Although planning must be premised on assumptions of success, the mental health and behavioral implications of failure must also be anticipated and considered as part of planning. Phase-specific planning issues are highlighted in the chart below.

Phase 1, 2, 3	Phase 4, 5	Phase 6 and Recovery
o Public education o Leadership preparation o Sustained preparedness o Leadership functions	o Communication o Tipping points o Surges in health care demands	o Community structure o Stigma & discrimination o Management of fatalities

The Uniformed Services University of the Health Services (USUHS) recommends the following principles for mental health intervention planning for pandemic outbreaks.

1. Incorporate efforts to increase health protective behaviors and response behaviors.
2. Use sound risk communication strategies to increase credibility.
3. Communicate measures to increase individual and family safety.
4. Conduct extensive public education campaigns.
5. Facilitate community-directed activities that promote social cohesion.
6. Utilize evidence-informed psychological first aid strategies.
7. Care for first responders to maintain effective functioning and to help them stay in the workplace.
8. Conduct mental health surveillance to inform response efforts and to address long-term recovery needs.

In addition to the leadership provided by the USUHS, the Centers for Disease Control and Prevention (CDC) and the National Center for Post-Traumatic Stress Disorders (NCPTSD) have examined mental health issues in planning for pandemic influenza. In May 2006, Dr. Dori Reissman of the CDC and Dr. Patricia Watson with NCPTSD presented their findings and have provided some preliminary guidance about best practice recommendations.[2]

[2] Source documents located at http://spiritofrecoverysummit.com/presentations.htm#tues

Three (3) general goals and associated activities have been identified for the public health and mental health fields to appropriately address the potential emotional and behavioral issues that would likely emerge in a pandemic event and are summarized in the chart below.

Measures to shape adaptive behaviors	Measures to reduce social and emotional deterioration and improve functioning	Measures to support key personnel in critical infrastructure functions
o Guidance that maximizes public trust and effective communication strategies o Guidance to maximize adaptive behavior change	o Public information, guidance and support that: o Increases hope o Enhances safety o Promotes calm o Encourages connectedness o Improves personal and community efficacy	o Maximizing performance and resilience o Managing grief, exhaustion, anger, fear, family & self-care issues and resolving ethical issues

Further, they define the role of public mental health authorities in a pandemic to encompass responsibility for:

- Reducing social and emotional deterioration;
- Improving functioning; and
- Facilitating coping and recovery.

Toward those ends, the following chart summarizes both public health and individual interventive strategies to effectively support communities and individuals coping with a pandemic disease outbreak.

	PUBLIC HEALTH	INDIVIDUAL
PROMOTING SENSE OF SAFETY	▪ Establish which environments are safe & make clear they are safe ▪ Educate people how to make their own surroundings safe ▪ Provide an accurate, organized public voice to help circumscribe threat ▪ Inform the media to convey safety & resilience rather than imminent threat ▪ Encourage individuals to limit media exposure o Recommend limiting amount of time talking about trauma if anxious and depressed o Educate parents regarding limiting and monitoring news exposure in children	*Goals* ▪ Make choices between safe and unsafe activities, environments ▪ Increase sense of safety ▪ Incorporate skills for "new normal" to assist in maintaining changes in behavior and routine that are "safer" *Techniques* ▪ Imaginal exposure and real-world, in-vivo exposure ▪ Techniques to help people keep their minds based in reality ▪ Understanding discrimination practices in the face of trauma and loss triggers.
PROMOTE CALM	▪ Help people directly solve concerns ▪ Give information about safety of family and friends and their status in terms of risk ▪ Large-scale community outreach & psycho-education about the following topics o Post-trauma reactions that are understandable and expectable	▪ Therapeutic grounding (for those re-experiencing symptoms) such as "you are in a safe environment now." ▪ Breathing retraining ▪ Deep muscle relaxation ▪ Understanding stress reactions to reduce anxiety associated with reactions

	PUBLIC HEALTH	INDIVIDUAL
	o Anxiety management techniques for common post-trauma problems o Signs of severe dysfunction o Limiting media exposure for those with mid-level problems of anxiety o Receiving brief news reports from a friend or family member, for those with more severe emotionality	▪ Stress management training ▪ Cognitive reframing – changing focus, sense of time, thoughts and beliefs to change reactions
PROMOTE SELF AND COMMUNITY EFFICACY	▪ Provide people with outside resources ▪ Create a way to manage and orchestrate people's resources ▪ As much as possible, involve victims in decision-making regarding policy ▪ Promote activities that are thought of and implemented by the community such as o Religious activities o Meetings o Rallies o Collaboration with local healers o The use of collective healing and mourning rituals ▪ Foster competent communities that: o Encourage the well-being of citizens o Provide safety o Make material resources available for rebuilding and restoring order o Share hope for the future o Support families who are often the main provider of mental health care after disasters ▪ Foster the perception that others are available to provide support, which: o Mitigates the perception of vulnerability o Emboldens individuals to engage in adaptive activities they might otherwise see as risky	▪ Remind individuals of their strengths and skills ▪ Encourage active coping ▪ Enhance sense of control over traumatic stressors ▪ Help to readjust expectations and goals ▪ Teach individuals to problem-solve and set achievable goals
PROMOTE SOCIAL CONNECTEDNESS	▪ Identify those who: o Lack strong support o Are likely to be more socially isolated o Have a support system providing undermining messages ▪ Help individuals to identify and link with loved ones ▪ Increase the quantity, quality and frequency of supportive transactions ▪ Address potential negative social influences *(i.e., mistrust, in-group/out-group dynamics, impatience with recovery, exhaustion, etc.)*	▪ Train people how to access support ▪ Provide formalized support ▪ Address discordance among family members

	PUBLIC HEALTH	INDIVIDUAL
INSTILL HOPE	▪ Provide services to individuals to help them get their lives back in order ▪ Develop advocacy programs to aid victims ▪ Support rebuilding of local economies ▪ Media, schools, and universities, and natural community leaders (e.g., churches, community centers) should help people to: o Link to resources o Share experiences and hope o Memorialize and make meaning o Accept that life and everything around them may have changed	▪ Identify, amplify and concentrate on building strengths ▪ Normalize responses ▪ Indicate that most people recover spontaneously ▪ Highlight already exhibited strengths and benefit-finding ▪ Manage extreme avoidance behavior ▪ Control self-defeating self statements ▪ Encourage positive coping behaviors ▪ Encourage appreciation and recognition for family "heroes" ▪ Encourage short & long term goal-setting

This conceptual framework provides a helpful roadmap for the oversight, management and coordination of public mental health efforts in a pandemic flu or similar community-wide outbreak.

It should be noted that a majority of the experts highly recommend that development of emotional resilience provides an important foundation that helps most people endure adverse circumstances and promotes recovery. As a preventive effort, during the preparedness and pre-pandemic phases, leaders should utilize the time to build resilience for all Americans with targeted focus on those that would be at greatest risk in a pandemic due to their work responsibilities or other characteristics. Drawing from the literature and evidence base related to risk and protective factors in mental health, it is clear that certain skills and belief patterns are associated with better long-term emotional function and recovery. The American Psychological Association has initiated efforts to improve mental health indicators by addressing emotional resilience and has established a resilience project in recent years. Their general recommendations for building personal resilience are summarized in the following steps:[3]

1. *Make connections with close family members, friends, civic groups, faith-based organizations, or other local groups.*
2. *Try to look beyond the present to how future circumstances may be a little better, and note any subtle ways in which one might already feel somewhat better in dealing with difficult situations.*
3. *Accept circumstances that cannot be changed and focus on circumstances that one can alter.*
4. *Develop realistic goals and regularly take action that moves one toward goals.*
5. *Act on adverse situations by taking decisive action, rather than detaching from problems and stresses while wishing they will go away.*
6. *Look for opportunities to learn something about oneself, and to find self-growth in some respect as a result of one's struggle with loss.*
7. *Develop confidence in one's ability to solve problems and trust one's instincts.*
8. *Consider the stressful situation in a broader context and keeping a longer term perspective.*
9. *Maintain an optimistic outlook and try to visualize what one wants, rather than worry about what one fears.*

[3] From the American Psychological Association on Building Resilience at www.apa.org

10. *Pay attention to one's own needs and feelings, engaging in enjoyable relaxing activities and exercising regularly.*
11. *Utilize preferred ways of coping, such as writing about thoughts and feelings, meditation and spiritual practices, and utilizing sources of personal strength which have been successful in past experiences.*
12. *Maintain flexibility and balance in life by:*
    a. *Allowing oneself to experience strong emotions, while also realizing at times it is necessary to avoid experiencing them in order to continue functioning*
    b. *Stepping forward to take action to meet the demands of daily living and also stepping back to rest and re-energize*
    c. *Spending time with loved ones to gain support and encouragement and also to nurture oneself*
    d. *Relying on others, while also relying on oneself*

Incorporating personal resilience into pandemic preparedness and response may best be carried out by identifying at-risk groups and individuals to promote development of their own plans as part of preparedness efforts. Personal resilience plans should be designed to:

- Monitor and limit unnecessary exposure
- Monitor general and personal risk factors
    - Coping style
    - Social connectivity
    - Self-awareness of stressors and need to seek assistance
- Re-establish work and life balance
- Advocate for change based on lessons learned

In conclusion, based on review of the literature and expert consensus, it is clear there is a place for mental health in planning for a pandemic event with recognition that:

- There are evidence-informed interventions for promoting recovery.
- Multiple modalities and creative adaptations will be necessary for interventions.
- Responsibility will fall on all members of the community to promote recovery.
- Interventions must be tailored for the phase and severity of the pandemic.

Using the frameworks outlined by content experts, Missouri's plan for mental health efforts in a pandemic should incorporate these approaches and principles.

Challenges

An influenza pandemic is likely to be associated with much more illness and many more deaths than seasonal flu outbreaks, and will cause considerable psychosocial and economic disruption. Addressing mental health needs will help the public cope in a pandemic, supporting the effective implementation of medical and non-medical public health measures.

I. Interpandemic Periods (World Health Organization Phases 1 And 2)

Phase-Specific Mental Health Planning Principles

During the interpandemic period the activities of mental health providers are focused on addressing the mental health issues associated with seasonal influenza as well as planning for those that may be generated by a pandemic.

Collaborative efforts with community- and faith-based organizations help ensure that mental health planning, preparedness, and response to a pandemic is culturally appropriate. Throughout all phases of the pandemic, mental health providers will coordinate mental health planning and response activities with other government and non-government agencies, including:

- Missouri Department of Mental Health (DMH)
- Missouri Department of Health and Senior Services (DHSS)
- Missouri Department of Education and Secondary Education (DESE)
- Missouri Department of Social Services (DSS)
- Missouri Department of Corrections (DoC)
- Licensed psychiatric facilities
- Federally Qualified Health Centers through Missouri Primary Care Association
- Local Public Health Agencies (LPHA)
- DHSS Hospital EMSystem
- Missouri Hospital Association (MHA)
- Professional Registration
- Professional Education Programs
- Professional Membership Groups

Potential Phase-Specific Activities

Develop public education tools and material

- In collaboration with public information, identify and develop pandemic influenza-specific educational tools and materials regarding the signs of distress, traumatic grief, coping strategies, and building and sustaining personal and community resilience
- Identify and list behavior and psychological support resources.

Increase awareness of potential mental health implications of an influenza pandemic

- Prepare and disseminate information about psychological reactions to public health emergencies and recommendations for positive coping strategies
- Maintain an updated website containing information about pandemic influenza-related mental health issues.

Support mental health disaster training

Training regarding mental health skills and competencies will be a challenge due to a number of barriers and challenges including:

- Denial of the possibility and seriousness of a pandemic's effects on society;
- Cost and investment issues for the mental health system, health care system including hospital and primary care settings, employers and government;
- Stigma issues associated with mental health and well-being;

- Assumptions that preparedness and response will be an individual responsibility rather than a collective responsibility; and
- Hopelessness that anyone can prepare effectively for a large-scale disease outbreak.

Consequently, any training strategy will need to consider ways to motivate stakeholders to invest in preparedness that is afforded by training as well as the cost-benefit of training at different phases of an event.

The following content areas have been preliminarily identified for the interpandemic period:
Target Audience: Health Care Workers
Training Content:

- Human behavior & reactions to public health emergencies and containment measures
- Planning for surges in demand in high emotion circumstances
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues
- Role of psycho-education and resource materials to share
- Referral
- Stress management and self-care

Target Audience: Mental Health Workers (public and private sector) and Hotline Workers
Training Content:

- Human behavior and reactions to public health emergencies and containment measures
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues
- Mental health interventive strategies and best practices in pandemic as described in previous section
- Self-care

Target Audience: Public Health
Training Content:

- Human behavior and reactions to public health emergencies and containment measures as well as grief and bereavement issues
- Risk communication principles and skills especially related to "tipping points" that might lead to social disruption or unrest
- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section
- Stress management and self-care

Target Audience: Emergency Responders
Training Content:

- Human behavior and reactions to public health emergencies and containment measures
- Psychological first aid skills
- Fact sheets to disseminate regarding stress, grief, coping in public health emergency
- Referral strategies and contact information
- Stress management and self-care

Target Audience: Coroners, Medical Examiners and Funeral Directors
Training Content:

- Human behavior and reactions to public health emergencies with large-scale loss of life

- Risk communication principles and skills
- Systemic and individualized interventions to promote safety, calm, confidence, connectedness and hope in the context of traumatic grief and loss
- Referral indicators, strategies and agreements
- Need to accommodate religious and cultural preferences to extent possible and advance planning with community
- Stress management and self-care

Target Audience: General Public
Training Content:
- Public education related to:
    - Resilience
    - Familiarity with behaviors that promote safety in contagious disease
    - Preparedness and planning for social distancing and containment measures such as shelter-in-place, quarantine and school closures

Target Audience: Special Populations – including culturally diverse groups
Training Content:
- Public education targeted to functional needs related to:
    - Resilience
    - Familiarity with behaviors that promote safety in contagious disease
    - Preparedness & planning for social distancing and containment measures such as shelter-in-place, quarantine and school closures

Target Audience: Schools
Training Content:
- What to expect in terms of human behavior and reactions to disasters and public health emergencies
- Resilience promotion for students and school personnel including self-care skills such as stress management
- Fact sheet resources for children and caregivers to educate regarding stress reactions, self-care, etc. consistent with guidance described in best practices.
- Mental health referral agreements
- School preparedness flu planning guidance
- Plans for continuity of education
- Strategies for maintaining friendships while practicing social distancing

Target Audience: Faith-Based Leaders and Communities
Training Content:
- What to expect in terms of human behavior and reactions to disasters and public health emergencies
- Psychological first aid
    - General principles
    - Normalizing reactions and outreach
    - Indicators for referral to mental health workers and referral "How to's"
    - Spiritual issues
- Unique role of faith communities in mass fatality scenario
- For specific community, identify special needs groups

- Self-care skills
    - Stress management
    - Buddy systems
    - Resources for assistance

Target Audience: Civic and Service Organizations – including volunteers, care-givers and natural helpers

Training Content:

- What to expect in terms of human behavior and reactions to disasters and public health emergencies
- Psychological first aid
    - General principles
    - Normalizing reactions and outreach
    - Communication and engagement skills for volunteers including tips about what to say or not say to pandemic survivors
    - Indicators for referral to mental health workers and referral "how to's"
- Volunteer role in assuring only accurate and consistent information is communicated
- For specific community where volunteer will respond, identify special needs groups
- Self-care skills
    - Stress management
        - Relaxation
        - Recreation
        - Self-talk
        - Journaling
    - Buddy systems and supervisory support
    - Resources for assistance (Employee Assistance Program (EAP), crisis counseling, etc.)

Target Audience: Large Employers and Human Resource Professionals

Training Content:

- What to expect in terms of human behavior and reactions to disasters and public health emergencies
- Resilience promotion including self-care skills such as stress management
- Mental health referral and EAP agreements
- Workplace preparedness
- Human resource policies regarding sick leave, family leave, etc.

Target Audience: Government Leaders, Public Officials and Public Information Officers

Training Content:

- Human behavior and reactions to public health emergencies and containment measures
- Risk communication principles and skills
- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section
- Stress management and self-care

Partner with Faith-Based Organizations

The involvement of faith based partners in reaching out to their congregations and communities during a pandemic flu event will be crucial to promote well-being and spiritual, social and emotional strength for Missouri's citizens.

DMH, in recognition of the substantial role of the faith-based organizations in outreach, has developed the curriculum: *Mental Health and Disasters: A Basic Approach for Faith Based Ministries* to train congregational leadership about how to plan for their congregations, and how to meet the emotional needs of their congregations and communities in the aftermath of a natural or technological disaster or public health emergency.

Descriptions of the roles and partnering strategies that will be beneficial for faith-based ministries to consider in supporting the mental health needs of their congregational and community families in a public health emergency follow in each phase-specific section.

The following content areas have been preliminarily identified for the interpandemic period.

- Plan for congregation, staff and community
    - Use CDC checklist to plan for congregation
    - Plan for your own family
    - Learn about the emotional and physical impact that a pandemic flu may have on your congregation through classes on psychological first aid and through websites such as CDC, DHSS, CSTS, etc.
    - Learn risk communication and how to convey important, brief messages to congregational members
    - Decide how to communicate your congregation's plans and pandemic flu information to congregants
    - Set up policies to follow during a pandemic, i.e. staff leave, etc.
    - Evaluate access to mental health and social services for staff, members and community including EAP if available
    - Plan for staff absences due to illness, how staff will be supported and who will support the congregation in their absence
    - Consider directing outreach efforts to services most needed during an emergency such as mental and spiritual health and social services
    - Utilize call down lists to check on congregational members
    - Develop "Shepherding Families/Individuals" that are trained to call a certain number of congregants, (especially home-bound, elderly and special needs) several times a month to check on well-being, food, heat/air conditioning, etc. during any event including pandemics. Consider specific pandemic strategies such as increasing number of calls, having back-up callers, etc.
    - If the congregation is unable to meet for services, consider how services may be telecast to meet the congregation's spiritual needs
    - Introduce regular emails, letters, etc. in order to support people
    - Plan for physical support of congregants including volunteer delivery of medications, groceries and meals
    - Identify persons within your congregation who have special needs and determine with them how to meet their needs during a public health emergency
    - If public gatherings must be suspended due to an outbreak, consider how to support congregants who were planning weddings, anniversary celebrations, etc.

- Consider how to memorialize people and support family members if funerals are postponed
- Plan for yourself – remember that self-care is critical to your ability to care for your family and congregation. Develop a support system, private times and relaxation times

- Develop partnerships
  - Call the Local Public Health Agency (LPHA) to see if there are groups / congregations meeting to plan for a public health emergency. Become part of those groups.
  - Discuss and plan with Ecumenical groups such as the Ministerial Alliance.
  - Consider developing a Local Emergency Pastoral Care Committee
  - Partner with other faith-based and community agencies such as mental health, health and social service agencies and voluntary agencies to plan for how to meet the physical, emotional, social and spiritual needs of your community in a pandemic event.
  - Develop planning with other congregations and organizations of your faith to provide mutual support, staffing, etc. in a pandemic
  - Identify other resources available through your congregational affiliation: counseling centers, parish nurses, etc.
  - Develop memos or letters of understanding outlining the agreed upon activities and outreach between partnering faith-based organizations/congregations.
  - Understand the roles of federal, state, and local public health agencies as well as emergency responders and what to expect during an emergency in terms of support for your congregation/community.
  - Plan with partners such as other congregations, funeral homes, and health care providers about how to handle mass fatalities, memorials, etc. and how best to communicate information to your congregations.
  - Plan with specific cultural groups in your area, including those that are faith based, such as the African American Task Force of the Missouri Department of Mental Health and the Committed Caring Faith Communities organization
  - If you are a member of a faith that has specific cultural practices during grief periods or whose members may limit medical interventions due to their beliefs, work with public health authorities and others in advance of an emergency to gain understanding and to plan for appropriate responses and diminish inappropriate responses. Also plan with your congregations the alternate safe approaches that will be used in a public health emergency.
  - As a Partnership, develop educational materials and strategies to decrease stigma for people who have been through illness and are returning to work, etc. as others may fear getting ill from them.
  - If you partner with your local hospital, law enforcement, etc. as a chaplain, plan for how your response may change in a pandemic event, for example:
    - Phone calls instead of hospital visits
    - Changes in provisions for communion, last rites, etc.
    - Support to staff who have ill family members or who have lost family or co-workers

        - Support to law enforcement and mortuary staff who may have to respond to family homes where death has occurred or to street deaths of homeless victims

Mental Health Interventions
The following content areas have been preliminarily identified for the interpandemic period:

- Goals of intervention
    - Preparedness
    - Resilience
        - Conveyance of safety and resilience factors rather than imminent threat
    - Mitigation of risk factors including
        - Health protective and response behaviors
        - Development of risk communications strategies
        - Activities to promote community social cohesion
- Role of all helpers
    - Planning
    - Public education
    - Communication
    - Workforce preparedness and training
    - Resource development
    - Community development
- Community Mental Health Role
    - Mental Health response planning and preparation at local level
        - Collaborate at local level
        - Inform and influence policy
        - Set structures for assistance
            - Develop surge capacity
            - Assess usable technologies, i.e. phone, telecommunication, etc.
            - Integrate substance abuse counseling
            - With diverse communities
        - Advocacy for people with special needs
    - Workforce Development
        - Leadership preparation and functions
        - Promote awareness and increase capacity for:
            - Personal preparedness
            - Work-related preparedness, i.e. human resource policies
            - Recruitment of indigenous, bilingual
        - Train responders in evidence-based mental health response skills consistent with assigned responsibilities
            - Mental health professionals
            - Crisis counselors
            - Outreach workers
            - Substance abuse counselors
            - Interpreters
            - Health workforce
            - Mortuary workforce

                - Natural helpers
            - Promote resilience building, stress management and self-care
    - Public Education
        - Preparedness campaigns and materials that address safety and resilience rather than imminent threat
        - Mental health promotion and prevention efforts to
            - Build emotional resilience
            - Increase protective factors
            - Target prevention efforts to at-risk groups, including special populations
            - Integrate substance abuse and relapse prevention efforts
        - Cultivate relationships with and educate media
    - Community Development
        - Partner to address needs of disability and other at-risk groups
        - Develop resources and partnerships with diverse cultures within communities
- Public Mental Health Authority
    - Mental Health Response Planning and Preparation at state level
        - Collaborate at state level
        - Interagency collaboration to develop guidance to:
            - Shape adaptive behaviors
            - Reduce social and emotional deterioration and improve functioning
            - Support key personnel in critical infrastructure functions
            - Facilitate coping and recovery
        - Policy development including human resources and leadership preparation and functions
        - Infrastructure support for rapid assistance
            - Surge capacity including telephonic and telecommunication
            - Integrate substance abuse
            - With diverse communities
        - Plan and develop infrastructure for:
            - Implementation of Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) if available or other fiscal resources
                - Financial models
                - CCP templates
                - Technical assistance for services and billing
                - Administrative support
            - Mutual aid strategies
                - Among community mental health centers
                - With American Red Cross, other Volunteer Organizations Active in Disaster (VOAD) agencies
    - Workforce development
        - Continuity planning
        - Training for public health, other health care providers such as hospitals and primary care, mortuary workers, mental health, etc.

        - Exercises
    - Resource development
        - Funds
        - Grants
        - Technical
    - Regulatory Role
        - Competency-based standards for workforce
            - Competencies, including self-care
                - Cultural competencies and use of interpreters
            - Agency planning and preparedness licensure and certification standards
    - Advocacy with priority given to:
        - DMH clients (adults and children with psychiatric, mental retardation, developmental disability, substance abuse needs)
        - School children
        - Individuals with diverse cultural backgrounds and language abilities
        - Other Special Needs Populations (SNP), as resources permit
- Key Populations
    - General public
    - DMH clients
    - Special Needs Populations
        - Children
        - Elderly
        - Persons with disabilities
        - Homeless
        - Diverse cultures
            - Language other than English
            - People who are not US citizens
        - Health workforce
        - Mental health workforce
        - Mortuary care workforce

Supporting Families Coping with Death

- Coping with large numbers of deaths represents a key challenge in planning for an influenza pandemic. Please consult the Mortuary Affairs Annex for further guidance regarding supporting families coping with death.

II. Pandemic Alert Periods (World Health Organization (WHO) phases 3, 4, and 5) Phase-Specific Mental Health Planning Principles and Assumptions

Support Mental Health Disaster Training

The following content areas have been preliminarily identified for the pandemic alert periods:
Target Audience: Health Care Workers
Training Content:

- Checklist of applicable strategies to manage surge demand and mitigate against panic and disruption including separate quiet areas for managing highly distressed individuals and to minimize further exposure to trauma
- Psychological first aid assessments and skills checklists including guidelines for death notifications
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care

Target Audience: Mental Health Workers – including public and private sector
Training Content:

- Consultation checklists to advise organizations re: systemic level interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section
- Use of psychological first aid skills (including trauma-informed assessments) tailored to the pandemic
- Mental health intervention strategies and best practices in pandemic as described in previous section such as cognitive behavior therapy, exposure management and desensitization techniques, etc.
    - Telephone or telemedicine tips in addition to face to face
    - Importance of addressing traumatic grief and loss
    - Prepared fact sheets for rapid production
- Self-care fact sheets, checklists and buddy-forms for peer care

Target Audience: Public Health
Training Content

- Human behavior and reactions to public health emergencies and containment measures
- Risk communications checklists and toolkits
- Prepared scripts and public education materials to instruct the public from both physical and emotional perspectives how to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section
- Dissemination of public education materials that integrate resilience and mental health strategies including trusted websites addresses in order to obtain more information
- Activation of pre-planned EAP strategies resource lines for public health workers facing increased demand
- Mental health indicators to monitor that are predictive of public unrest or panic

Target Audience: Emergency Responders
Training Content:

- Checklist of psychological first aid "to do" activities tailored to emergency responders
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care
- Activation of pre-planned EAP strategies resource lines to handle increased demand

Target Audience: General Public
Training Content:

- Public education that promotes:
  - Safety
  - Calm
  - Self-efficiency
  - Connectedness and social cohesion
  - Hope

Target Audience: Special Populations
Training Content:

- Public education targeted to functional needs related to:
  - Safety
  - Calm
  - Self-efficiency
  - Connectedness and social cohesion
  - Hope

Target Audience: Civic and Service Organizations, including volunteers, caregivers and natural helpers
Training Content:

- Psychological first aid tip sheets
  - General principles
  - Normalizing reactions and outreach
  - Communication and engagement skills for volunteers including what to say or not say to pandemic survivors
  - Signs for referral to mental health workers and referral "how to's"
- Rumor control hotline to report or confirm rumors
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care as well as a small book to use for journaling
- Activation of pre-planned EAP resource lines to handle increased demand

Target Audience: Large Employers and Human Resource Professionals
Training Content:

- Checklists for changes to workplace environment and policies that promote:
  - Safety
  - Calm
  - Self-efficacy
  - Connectedness and social cohesion
  - Hope
- Rumor control hotline to report or confirm rumors
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Self-care fact sheets, checklists and buddy-forms for peer care as well as a small book to use journaling
- Activation of pre-planned EAP resource lines to handle increased demand

Target Audience: Government Leaders, Public Officials and Public Information Officers
Training Content:

- Risk communication checklists and toolkits
- Prepared scripts and public education materials to instruct the public from both physical and emotional perspective how to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section
- Checklist of tipping points that indicate potential for social unrest or panic

Target Audience: Coroners, Medical Examiners and Funeral Directors
Training Content:

- Checklist of psychological first aid information tailored to mass fatalities
- Mental health guidelines for death notifications
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care
- Activation of pre-planned EAP resource lines to handle increased demand

Target Audience: Schools
Training Content:

- Checklist of school continuity activities that incorporate strategies to promote:
  - Safety
  - Calm
  - Self-efficiency
  - Connectedness and social cohesion
  - Hope
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through available in paper and electronically
- Self-care fact sheets, checklists and buddy-forms for peer care
- Activation of pre-planned resource lines for handling increased stress of school personnel

Target Audience: Faith-Based Leaders and Communities
Training Content

- Checklists of faith-based activities, rituals and traditions that promote:
  - Safety
  - Calm
  - Self-efficiency
  - Connectedness and social cohesion
  - Hope
- Psychological first aid tip sheets that are designed for mass fatality scenarios
  - General principles
  - Normalizing reactions and outreach
  - Address grief and bereavement
  - Communication and engagement skills for volunteers what to say or not say to disaster survivors

    - Indicators for referral to mental health workers and referral “how to’s”
- Rumor control hotline to report or confirm rumors
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care as well as a small book to use for journaling

Target Audience: Human Service Agencies Active in Disaster
Training Content:

- Psychological first aid tip sheets that are designed for mass fatality scenarios
    - General principles
    - Normalizing reactions and outreach
    - Address grief and bereavement
    - Communication and engagement skills for volunteers including what to say or not say to disaster survivors
    - Indicators for referral to mental health workers and referral “how to’s”
- Rumor control hotline to report or confirm rumors
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
- Self-care fact sheets, checklists and buddy-forms for peer care as well as a small book to use for journaling.

Partner with Faith-Based Organizations
The following content areas have been preliminarily identified for the pandemic alert period.

- Communication
    - Communicate congregational plans and early pandemic information to congregation, including resilience building and coping strategies
    - Activate telephone trees to communicate information about ill members, needs, etc.
    - Implement “Shepherding Ministry” where families/individuals keep contact on a regular basis with the sick, shut-ins, persons with special needs, elderly, etc.
    - Publicize pastoral care
    - Impart information about the congregation’s plans for services, special events, etc.
    - Convey plans and implement strategies for web based services, email check-ups and telephone support.
    - Plan for regular communication with faith-based and community partners for planning and support
- Surges in health care demand
    - Develop ways to support members and staff in the pandemic response if hospitals are overwhelmed
        - Volunteer deliveries of essential goods
        - Paying bills for ill persons
        - Child or elder care

        - Pet care
    - Implement decision making regarding transportation to health care facilities, exposure, etc. for congregational members
- Partnerships
    - Use partners as source of mutual emotional support by phone, generating new ideas for response, etc.
    - Implement plans made by partner agencies and memos/letters of understanding to provide back up staff support, web based services from other locations, etc.

Mental Health Interventions
The following content areas have been preliminarily identified for the pandemic alert period:

- Goals of intervention
    - Safety and survival
    - Meet basic needs
    - Effective communication
    - Effective risk communication incorporation of skills for the "new normal" including safe behavioral practices and routines
- Roles of helpers
    - Protection
    - Reduction of stress and arousal
    - Reassurance
- Community Mental Health role
    - Basic Needs
        - Establish safety, security and survival
        - Food and shelter
        - Provide orientation to safe and unsafe activities
        - Facilitate communication with family, friends and community
        - Assess environment for ongoing threat of disease
        - Promote healthy routines and behaviors
    - Psychological First Aid
        - Support and "presence" for those who are most distressed
        - Provide information about family safety, staying together and reunions with loved ones and risks involved
        - Provide information and education to normalize reactions and promote adaptive coping
        - Foster communication
        - Protect survivors from further harm
        - Reduce physiological arousal
        - Discourage use of stimulants, alcohol or other substances
    - Monitor environment
        - Identify tipping points
        - Observe and listen to those most affected
        - Monitor environment for stressors
        - Conduct mental health surveillance to inform response efforts
        - Provide education on limiting media exposure, thought and talk exposure
    - Technical assistance, consultation and training

- Improve capacity of organizations and caregivers to provide what is needed to re-establish community structure, foster family recovery and resilience, and safeguard community
- Provide to:
  - Relevant organizations
  - Other caregivers and responders
  - Leaders

- Public Mental Health Authority
  - Establish linkages with SEMA, DHSS, FEMA and Center for Mental Health Services (CMHS) to:
    - Authorize and develop immediate services grant if available
    - Identify possible tipping points
  - Activate mental health response consistent with functions listed above
    - Utilize crisis counselors, as appropriate
    - Provide hotline as response and referral resource, as appropriate
    - Disseminate mental health outreach materials
    - Participate in Missouri Voluntary Organizations Active in Disaster and the Governor's Disaster Recovery Partnership
    - Coordinate service delivery and develop linkages with mental health services offered by Red Cross, Salvation Army and other VOADs
    - Authorize and fund use of interpreters as appropriate
  - Establish communications links with Community Mental Health Centers (CMHCs) in affected areas
  - Needs assessment for FEMA crisis counseling grant application
    - Gather information about mental health need
    - Gather assessment information for inclusion in FEMA grant if applicable
    - Analyze census and other data regarding the impact on special needs populations
      - Assess impact on Special Needs Population (SNP)
      - Explore options to utilize indigenous, bilingual resource in CCP
    - If applicable, complete and submit FEMA immediate services grant application
      - Submit draft based on Federal timeline and approval
      - Submit completed immediate services grant application no later than 14 days after federal approval
      - Develop SNP component based on data, including incorporating use of indigenous, bilingual, interpreter resources
  - Develop FEMA Regular Services Grant application if appropriate
    - Upon grant notification, implement program
    - Administer, gather data, etc.
  - Explore other federal grant resources that may be available for behavioral health outreach

- Key Populations
    - Victims and survivors and their families
    - Emergency responders and their families
    - Health care providers and primary care providers
    - DMH clients
    - Community(ies) affected
    - General public
    - Mental health workforce
    - Mortuary care workforce

Supporting Families Coping with Death

Recommendations for provision of support to those individuals and families experiencing flu-related deaths are following. The recommendations are made for coping during the pandemic alert phase.

- Address emotional aspects of a positive death experience (learn from hospice and other cultures) regarding rituals, communication, support and assistance during the period when death is apparent and imminent and after someone has died that anticipates the following
    - How to help children and others in the household cope
    - Checklist of when to seek professional mental health help if available as a preventive strategy for survivor guilt and blame
    - Checklist for dealing with bodies of the deceased
    - Information regarding what to do if someone dies in his/her home from autopsy, law enforcement point of view (such as move body or not, make a note about time of death, etc.)
    - Information regarding impact of autopsy, death certificate, on insurance, workers compensation
    - Importance of telling people what not to do (for example, authorities might not want people to bring the deceased to the hospital if mortuary services cannot pick up in a reasonable period of time and clarity about what is reasonable amount of time)
    - Address issues of health and contagion related to deceased bodies
    - Instructions regarding temporary burial if adopted as public policy
    - Dealing with stress, survivor guilt
    - Self care tips for caregiver's physical and emotional health
    - Teleconference funerals with plans for later memorial activities
    - Encourage people to write personal obituaries, gather meaningful objects, write down meaningful history, keep a journal
- Hotline specifically tailored to death issues, staffed by people prepared to deal with issue (call center can be remote location where staffing is not an issue or calls can be routed to people working from home)
    - Call center staff/volunteers should be trained in grief and bereavement support, traumatic grief and cultural competence
    - Need sensitivity to suicide risk issues and training on assessment and handling calls
    - Need to be aware of coroner guidance and funeral homes in area that are functioning and can accept bodies.

    - Should have fact sheets to send by email or mail to support people with death, grief issues
- Partner with faith communities and funeral industry for consistency of message, provision of emotional support and dissemination of factual information about bodies and grief
- Encourage people to keep a journal of symptoms and course of illness as well as time of death, if known
- Encourage volunteer activities when possible that are safe and do not promote contagion such as:
    - Delivery of food and other items with no personal contact (i.e. drop-offs)
    - Wellness checks for neighbors and family
    - Planned, routine checks that take not if:
        - No show at expected location (work, scheduled activity, etc)
        - Pets unattended or howling
        - Unusual smells
        - No activity seen or no affirmed evidence of life for some period of time
    - Wellness checks and pet care for animals whose owners are hospitalized or have died
- Guide families to use "flu recovered" persons who now have immunity to assume responsibility for those aspects of life requiring exposure to contagion being careful not to use children to take on adult responsibilities, especially if it involves death
- Educate families about the benefit of children remaining with parents even during very stressful events such as death since experience teaches us that separation from parents can have greater long term negative outcomes than exposure to trauma in an intact family
    - Decision making that balances risk of contagion and separation risks as well as exposure to death
    - Fact sheet addressing how to prepare and cope with death experiences with kids
    - Educate families about:
        - Trading off caregiving to provide rest and stress breaks when safe
        - Safe practices to minimize risk to caretakers when caring for an ill family member
    - Minimize exposure to media

III. Pandemic Period (WHO Phase 6)

Mental Health Interventions

The following content areas have been preliminarily identified for the pandemic period:

- Goals of intervention
    - Adjustment
    - Appraisal
    - Effective risk communication
    - Incorporation of skills for the "new normal" including safe behavioral practices and routines
- Role of all helpers
    - Provide information and assistance to orient affected parties
    - Needs assessment
    - Referral or service provision

- Community Mental Health Role
  - Culturally competent needs assessment
    - Assess status and how well needs are being addressed for all populations listed below
    - Of the recovery environment
    - Identify additional interventions and scope that reach out while maintaining safety
    - Conduct mental health surveillance to inform response and recovery efforts
  - Triage
    - Clinical assessment
    - Refer when indicated
    - Identify vulnerable, high-risk individuals and groups
    - Emergency hospitalization or outpatient treatment
  - Outreach and information dissemination
    - Promote large-scale community outreach and psycho-education about:
      - Post-trauma reactions that are understandable and expectable
      - Anxiety management techniques for common post-trauma problems
      - Signs of severe dysfunction
      - Limiting media exposure for those with mid-level problems of anxiety
    - Receiving brief news reports from a friend or family member, for those with more severe emotionality
    - Make contact with and identify people who have not requested services, i.e. special needs populations
    - Inform people about different services, coping, recovery process, etc. (e.g., by fliers, websites)
    - Use outreach workers who are indigenous, bilingual and culturally competent
  - Fostering resilience and recovery
    - Facilitate social interactions
    - Teach coping skills and training
    - Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services
    - Facilitate group and family support
    - Foster natural social support
    - Address grief and bereavement
    - As needed, repair community and organizational fabric
    - Agencies should conduct operational debriefings to discuss methods used, and outreach and other strategies to learn and apply lessons for continued or successive operations
    - Provide or refer individuals in recovery to spiritual support strategies and encourage continued treatment and Alcoholics Anonymous and Narcotics Anonymous (AA/NA) participation
    - Instill hope
- Public Mental Health Authority
    - Establish linkages with SEMA, DHSS, FEMA and CMHS to:

        - Authorize and develop immediate services grant if available
        - Identify possible tipping points
        - Conduct needs assessment for FEMA Regular Services Grant if appropriate and available.
    - Activate mental health response consistent with functions listed above
        - Utilize crisis counselors, as appropriate
        - Provide hotline as response and referral resource, as appropriate
        - Disseminate mental health outreach materials
        - Participate in Community Organizations Active in Disasters (COAD)
        - Coordinate service delivery and develop linkages with mental health services offered by Red Cross, Salvation Army and other VOAD
        - Authorize and fund use of interpreters as appropriate
    - Establish communications links with CMHCs in affected areas
    - Needs assessment for FEMA crisis counseling grant application
        - Gather information about mental health need
        - Gather assessment information for inclusion in FEMA grant if applicable
        - Analyze census and other data regarding the impact on special needs populations
            - Assess impact on SNP
            - Explore options to utilize indigenous, bilingual resource in Crisis Counseling Program (CCP)
        - If applicable, complete and submit FEMA immediate services grant application
            - Submit draft based on Federal timeline and approval
            - Submit completed immediate services grant application no later than 14 days after federal approval
            - Develop SNP component based on data, including incorporating use of indigenous, bilingual, interpreter resources
        - If applicable, complete needs assessment for FEMA Regular Services Grant and submit application according to guidelines
    - Explore other federal grant resources that may be available for behavioral health outreach

- Key Populations
    - Victims and survivors and their families
    - Emergency responders and their families
    - Health care providers and primary care providers
    - DMH clients
    - Community(ies) affected
    - General public
    - Mental health workforce
    - Mortuary care workforce

IV. Recovery Period

Support Mental Health Disaster Training
The following content areas have been preliminarily identified for the pandemic recovery periods:

Target Audience: Health Care Workers
Training Content:
- Trauma informed mental health assessments including checklists of at-risk populations and characteristics
- Best practice guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, post traumatic stress disorder (PTSD), etc.) as well as traumatic grief recovery
- Suicide risk information and suicide prevention strategies with contact lists and resources
- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance abuse that may be more common after traumatic events
- Referral inventory of numbers (voice and fax) for specialized mental health needs and referral form plus checklist of effective referral strategies
- Resilience building checklists and recommendations for self-care, peer care and supervisors

Target Audience: Mental Health Workers – including public and private sector
Training Content:
- Consultation checklists to advise organizations regarding systemic level interventions to promote recovery and hope
- Trauma informed mental heath assessments including checklists of at-risk populations and characteristics
- Best practice guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.) as well as traumatic grief recovery
- Suicide risk information and suicide prevention strategies
- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance abuse that may be more common after traumatic events
- Resilience building checklists and recommendations tailored to different populations

Target Audience: Public Health
Training Content:
- Trauma informed mental health assessments including checklists of at-risk populations and characteristics
- Best practice guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.) as well as traumatic grief recovery
- Suicide risk information and suicide prevention strategies with contact lists and resources
- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance abuse that may be more common after traumatic events
- Referral inventory of numbers (voice and fax) for specialized mental health needs and referrals form plus checklist of effective referral strategies

- Resilience building checklists and recommendations for self-care, peer care and supervisors
- Mental health indicators to monitor that are predictive of chronic public health needs
- Research participation guidance and contact lists for public health workers and clientele

Target Audience: Emergency Responders
Content Training:
- Trauma informed referral checklists of at-risk populations and characteristics
- Referral decision-trees for chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.) as well as traumatic grief recovery
- Suicide risk information and suicide prevention strategies with contact lists and resources
- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance abuse that may be more common after traumatic events
- Referral inventory of numbers (voice and fax) for specialized mental health needs and referral and checklist of effective referral strategies
- Resilience building strategies for responders including re-entry and re-assimilation issues for deployed groups
- Continued EAP access giving special attention to:
    - At-risk responder groups (younger, other losses, etc.)
    - Substance abuse and relapse prevention
    - Entire family systems

Target Audience: General Public
Training Content:
- Public education that promotes:
    - Connectedness and social cohesion
        - Establishing new normal including reconfigured families
        - Addressing survivor guilt
        - Addressing anniversary events
    - Hope

Target Audience: Special Populations
Training Content:
- Public education targeted to functional needs related to:
    - Connectedness and social cohesion
        - Establishing new normal including reconfigured families
        - Addressing survivor guilt
        - Addressing anniversary events
    - Hope

Target Audience: Civic and Service Organizations – including volunteers, caregivers and natural helpers
Training Content:
- Trauma informed referral checklists of at-risk populations and characteristics
- Referral decision-trees for chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.) as well as traumatic grief recovery
- Suicide risk information and suicide prevention strategies with contact lists and resources

- Paper and electronic brochures and fact sheets related to recovery including domestic violence and substance abuse that may be more common after traumatic events
- Referral inventory of numbers (voice and fax) for specialized mental health needs and referral form plus checklist of effective referral strategies

Target Audience: Large Employers and Human Resource Professionals
Training Content:
- Checklists for changes to workplace environment and policies that promote:
  - Self-efficiency and value
  - Connectedness and social cohesion
  - Hope
- Paper and electronic resource brochures and fact sheets related to recovery, including mental health conditions, stress, traumatic grief, etc.
- Activation of pre-planned EAP resource lines to handle increased demand

Target Audience: Government Leaders, Public Officials and Public Information Officers
Training Content:
- Risk communication checklists and toolkits
- Prepared scripts and public education materials to instruct the public from both physical and emotional perspectives how to promote safety, calm, confidence, connectedness and hope consistent with best practices
- Checklist of tipping points that indicate potential for social unrest or panic

Target Audience: Coroners, Medical Examiners and Funeral Directors
Training Content:
- Checklist of psychological first aid "to do" activities tailored to recovery
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form
- Self-care fact sheets, checklists and buddy-forms for peer care
- Activation of pre-planned EAP strategies resource lines facing increased demand

Target Audience: Schools
Training Content:
- Checklist for school start-up and recognition activities that incorporate strategies to promote:
  - Self-efficiency and value
  - Connectedness and social cohesion
  - Hope
  - Sensitivity for survivors and remembrance for students and staff who died
- Paper and electronic resource brochures and fact sheets related to recovery and associated issues
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
  - Anniversary issues
  - Suicide awareness and prevention
  - Family disruption (due to death, domestic violence, unemployment)

- Activation of pre-planned EAP resource lines to respond to increased stress of school personnel

Target Audience: Faith-Based Leaders and Communities

- Checklists of faith-based activities, rituals and traditions that promote recovery as well as:
    - Self-efficiency and value
    - Connectedness and social cohesion
    - Hope
- Paper and electronic resource brochures and fact sheets related to recovery and associated issues.
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
    - Anniversary issues
    - Suicide awareness and prevention
    - Family disruption (due to death, domestic violence, unemployment)
    - Sensitivity for survivors and remembrance for those who died

Target Audience: Human Service Agencies Active in Recovery

Training Content:

- Checklists of support that promotes:
    - Safety
    - Self-efficiency
    - Connectedness and social cohesion
    - Hope
    - Sensitivity for survivors and remembrance for those who died
- Psychological first aid tip sheets that are designed for mass fatality scenarios
    - General principles
    - Normalizing reactions and outreach
    - Address grief and bereavement
    - Indicators for referral to mental health workers and referral "how to's"
- Paper and electronic resource brochures and fact sheets related to recovery and associated issues
- Referral inventory of numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through
    - Anniversary issues
    - Suicide awareness and prevention
    - Family disruption (due to death, domestic violence, unemployment)
- How to access EAP resource lines when facing increased stress

Partner with Faith-Based Organizations

The following content areas have been preliminarily identified for the pandemic recovery period.

- Congregation and community rebuilding
    - Use developed partnerships to support the community in losses through memorials, special events, etc. to help rebuild the fabric of the community and to support families and individuals.

- Determine ways to celebrate your congregations ability to meet together again if public services were canceled
- Plan programs to support those recovering, including those who will have long term effects from the illness due to disabilities, loss of family, etc.
- Consider the long term physical, emotional, social and economic impact of the emergency on families such as disabilities, loss of income, inability to meet basic needs, etc. and how faith organizations can respond
- If congregations have great losses of members, consider meeting with sister congregations to work together toward recovery
- Initiate support groups to assist those with longer term disabilities as a result of illness, their family members and those in grief over losses
- Learn the signs of depression, and suicide risks and refer congregational members and staff when needed to pre-identified mental health professionals

Mental Health Interventions

The following content areas have been preliminarily identified for the recovery period:

- Goals of intervention
  - Reintegration
  - Recovery of pre-incident roles and functional activities
  - Unified and strong community
  - Incorporation of skills for the “new normal”
- Role of all helpers
  - Supportive assistance
    - Information and referral
    - Service provision
  - Practical assistance to restore functional competencies
  - Resource development
  - Community development
- Community Mental Health Role
  - Monitor the recovery environment
    - Encourage and listen to feedback
    - Conduct mental health surveillance to inform recovery efforts
    - Monitor continuing outbreak threats/effects
    - Monitor services being provided
    - Monitor management of fatalities
  - Foster resilience and recovery
    - Facilitate social interactions
    - Teach coping skills
    - Educate about chronic stress, anniversary and trigger events that will be unique to each family, and available services
    - Facilitate group and family support
    - Foster natural social support
    - Address grief and bereavement
    - Promote community unity and healing
    - Recognize need for spiritual support and refer as needed
    - Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups

        - Instill hope
    - Community development
        - Promote social connectedness
        - Support use of community ritual and commemorative activities to strengthen and re-unify community
        - Partner to address needs of disability and other at-risk groups
        - Develop resources and partnerships with diverse cultures within communities
        - Foster competent communities that provide safety, material resources, support for families and encouragement of well-being
    - Public education
        - Predict and stress positive outcomes and typical emotional reactions in recovery phase
        - Anticipate and prepare for anniversary responses and other triggers that may be multiple and will be unique to each family
        - Disseminate stress management and coping materials
        - Through media and outreach, conduct mental health promotion and prevention efforts to:
            - Assist with stress management and coping
            - Reduce risk factors
            - Target prevention efforts to at-risk groups, including special populations
            - Integrate substance abuse and relapse prevention efforts
            - Encourage mobilization of natural and informal helping systems (families, civic and service clubs, churches, schools, other communities of interest)
    - Traditional mental health services
        - Refer to available community mental health and substance abuse services and admit/treat consistent with clinical and financial eligibility
        - Refer eligible individuals to Medicaid service providers for mental health or substance abuse services
        - Refer to EAP providers for covered individuals
- Public Mental Health Authority
    - Assess need for FEMA regular services grant, CMHS' Substance Abuse Mental Health Services Administration (SAMHSA) Emergency Response Grant funds or other funding streams that may be available
    - Develop and submit written FEMA Crisis Counseling Program Regular Services Program Grant application if appropriate
        - Request extension of immediate services portion of grant
        - Consider need for enhanced or specialized RSP services
        - Include formal evaluation model as component
    - If regular services grant not pursued:
        - Complete implementation of immediate services grant
        - Conduct necessary close out activities
    - Participate in and coordinate with the Missouri Disaster Recovery Partnership
    - Conduct data collection and analysis to inform program management and future mental health response efforts

        - Contribute to research and literature base
        - Conduct after-action evaluation efforts
            - Lessons learned
            - Feedback to inform future planning efforts

- Key Populations
    - Victims and survivors and their families
    - Emergency responders and their families
    - DMH clients
    - Community(ies) affected
    - Formal helping systems (government and private sector, domestic violence)
    - Health care providers and primary care providers, including mental health treatment providers
    - Mortuary care workforce
    - Natural and informal helping systems
    - Awareness and education of general public to reduce stigma and increase help-seeking behavior.

Supporting Families Coping with Death

Recommendations for provision of support to those individuals and families experiencing flu-related deaths are following. The recommendations are made for coping during the recovery phase.

- Plan for and encourage appropriate memorials, ceremonies, and reburials as necessary that are consistent with cultural and religious practices of the deceased
- Anticipate increased mental health needs and supports such as but not limited to:
    - Support groups for grief and bereavement
    - Suicide prevention activities
    - Relapse prevention for substance and gambling disorders
    - Family support for increasing numbers of blended families after the flu outbreak due to adoption, substitute caregivers, and remarriage
- Promote social re-connection and community cohesion when safe
- Prepare for anniversary events and future threats such as additional waves of illness or other contagious illnesses
- Anticipate surge in:
    - Funerals
    - Weddings
    - Births
    - Family reunions, graduations and other milestones
    - Requests for marriage, death and birth certificates, some expedited requests
    - Applications for social security benefits, life insurance, workers comp and other death benefits
    - Moves and relocation in housing and school attendance
    - Bankruptcies and home foreclosures
    - Job changes
- Increased mental health risks due to:
    - Survivor guilt as a source of stress and anxiety

- Domestic violence
- Economic disruption and job loss

- Anticipate long term health and disability burdens for:
  - Physical health (limited endurance, compromised lung function, etc.)
  - Mental health (depression, anxiety, PTSD, etc.)

Long-Term Recovery

Planning for long term-recovery in a pandemic flu event is particularly complex given the following assumptions:

- The development in the mental health field related to disasters and public health emergencies is evolving and is informed by recent events such as the SARs outbreak and large-scale catastrophic disasters such as the 2004 tsunami and Hurricane Katrina
- Long term recovery efforts are generally poorly funded
- Funding streams for short and long term mental health services and supports is unclear
- The charitable and volunteer sector are often the cornerstone of recovery efforts as well as public welfare systems that are not designed for disaster application
- Public interest wanes after the news cycle has been exhausted
- Disease and disability burden among the general population may be high as a consequence, with high rates of mental health morbidity to be expected
- The long term implications for persons who have sheltered in place for an extended period or who have been isolated or quarantined are unknown but can be expected to include mental health consequences
- Any period of economic downturn generally results in higher rates of depression, substance abuse, domestic violence and family disruption in a society
- The long term consequences of high death rates can include high rates of single parent households or children orphaned, legal disputes related to life insurance and property, as well as custody and health care decision-making if young people die intestate, diminished access to health and mental health care, and trauma associated with death experiences that were sudden and unexpected, involved prolonged delay in transfer of the body to the funeral home, or involved temporary and multiple burials perhaps with no funeral or memorial ceremonies
- Extensive reminders and multiple anniversary dates of traumatic loss may trigger prolonged or renewed need for emotional support and assistance

The recovery phase will be an extension of ongoing mental health response activities without clear demarcation of transition from one phase to another except perhaps in retrospect. Using the planning framework established in the Department of Mental Health Community Mental Health Response Plan for disaster events, modifications have been made in the attached Missouri Model* For Mental Health Response and Recovery After A Public Health Event matrix (Attachment A) to provide a procedural approach to managing the mental health response through all phases of a pandemic including the recovery phase. Specific activities for the recovery phase may include but are not limited to:

- Re-establishing pre-event functional abilities and a new "norm" for post-pandemic social behaviors
- Helping many to cope with complicated and traumatic grief issues
- Adjustment to family reconfiguration and adjustment due to death, disability and economic difficulties

- Community activities that promote social cohesion and unity such as recognition and appreciation rituals and memorials, community "self-help" activities and partnerships that strengthen mutual and natural support efforts, and "anniversary" events to assist individuals and communities to move forward in their recovery
- Resilience development strategies that promote individuals and communities efficacy and mastery
- Resource development for long term mental health services and supports for large numbers of individuals who require transitory mental health assistance in dealing with their emotional recovery as well as those who experience adverse mental health outcomes such as depression, substance abuse, anxiety, and PTSD and require long term support

It is important to note that plans for recovery must be malleable and shaped by the nature of the pandemic and its specific impact on the American culture. Those managing the health and mental health response to a pandemic must be prepared to adjust their approach to tailor strategies to the unique face of an event. For instance, if a pandemic were to disproportionately affect young adults, leaving children with one or no parents, planning for the recovery is different than if the pandemic led to the deaths of large numbers of infants and children. Other aspects of the pandemic that can lead to dramatically different planning scenarios include the length and scale of the pandemic as well as the lethality of the flu variant, geographic and economic impacts, amount and degree of voluntary as opposed to involuntary use of social distancing, isolation and quarantine as tools in containment, availability of welfare services and income supports to individuals in quarantine or isolation, the level of public trust and degree to which the public conforms its behavior to official guidance, and the degree that panic or social unrest are factors of concerns.

Missouri should be prepared for extensive use of venues such as the Disaster Recovery Partnership as tools to address the complex long term issues that will face communities in the event of a pandemic.

ATTACHMENT A –
MISSOURI MODEL FOR MENTAL HEALTH RESPONSE AND RECOVERY AFTER A PUBLIC HEALTH EVENT DRAFT 09/07/06*

PHASE	**PREPAREDNESS**	**EARLY PANDEMIC RESPONSE** (IMMEDIATE)	(DURATION)	**LATER RESPONSE AND RECOVERY**
GOALS OF INTERVENTION	▪ Preparedness ▪ Resilience o Conveyance of safety and resilience factors rather than imminent threat ▪ Mitigation of risk factors including o Health protective and response behaviors o Development of risk communication strategies o Activities to promote community social cohesion	▪ Safety and survival ▪ Meet basic needs ▪ Effective communication ▪ Effective risk communication ▪ Incorporation of skills for the "new normal" including safe behavioral practices and routines	▪ Adjustment ▪ Appraisal ▪ Effective risk communication ▪ Incorporation of skills for the "new normal" including safe behavioral practices and routines	▪ Reintegration ▪ Recovery of pre-incident roles and functional activities ▪ Unified and strong community ▪ Incorporation of skills for the "new normal"
ROLE OF ALL HELPERS	▪ Planning ▪ Public education ▪ Communication ▪ Workforce preparedness & training ▪ Resource development ▪ Community development	▪ Protection ▪ Reduction of stress & arousal ▪ Reassurance	▪ Provide information and assistance to orient affected parties ▪ Needs assessment ▪ Referral or service provision	▪ Supportive assistance o Information & referral o Service provision ▪ Practical assistance to restore functional competencies ▪ Resource development ▪ Community development
COMMUNITY MENTAL HEALTH ROLE	**<u>Mental Health Response Planning & Preparation at local level</u>** ▪ Collaborate @ local level ▪ Inform & influence policy ▪ Set structures for assistance o Develop surge capacity Assess usable technologies, i.e. phone, tele-communication, etc. o Integrate substance abuse o With diverse communities ▪ Advocacy for people w/ special needs **<u>Workforce Development</u>** ▪ Leadership preparation &	**<u>Basic Needs</u>** ▪ Establish safety, security, & survival ▪ Food & shelter ▪ Provide orientation to safe and unsafe activities. ▪ Facilitate communication w/ family, friends & community ▪ Assess environment for ongoing threat of disease, ▪ Promote healthy routines & behaviors **<u>Psychological First Aid</u>** ▪ Support & "presence" for those who are most distressed	**<u>Culturally Competent Needs Assessment</u>** ▪ Assess status & how well needs are being addressed for all populations listed below ▪ Of the recovery environment ▪ Identify additional interventions and scope that reach out while maintaining safety ▪ Conduct mental health surveillance to inform response & recovery efforts **<u>Triage</u>** ▪ Clinical assessment ▪ Refer when indicated	**<u>Monitor the recovery environment</u>** ▪ Encourage & listen to feedback ▪ Conduct mental health surveillance to inform recovery efforts ▪ Monitor continuing outbreak threats/ effects ▪ Monitor services being provided ▪ Monitor management of fatalities **<u>Foster resilience & recovery</u>** ▪ Facilitate social interactions

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE)	(DURATION)	LATER RESPONSE AND RECOVERY
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)	functions ▪ Promote awareness & increase capacity for: o Personal preparedness o Work-related preparedness, i.e. human resource polices o Recruitment of indigenous, bilingual ▪ Train responders in evidence-based mental health response skills consistent with assigned responsibilities o Mental health professionals o Crisis counselors o Outreach workers o Substance abuse counselors o Interpreters o Health workforce o Mortuary workforce o Natural helpers ▪ Promote resilience building, stress management & self-care **Public Education** ▪ Preparedness campaigns & materials that address safety & resilience rather than imminent threat ▪ Mental health promotion & prevention efforts to: o Build emotional resilience o Increase protective factors o Target prevention efforts to at-risk groups, including special populations o Integrate substance abuse & relapse prevention efforts ▪ Cultivate relationships with & educate media **Community Development**	▪ Provide information about family safety, staying together and reunions w/ loved ones and risks involved ▪ Provide information & education to normalize reactions & promote adaptive coping ▪ Foster communication ▪ Protect survivors from further harm ▪ Reduce physiological arousal ▪ Discourage use of stimulants, alcohol or other substances **Monitor environment** ▪ Identify tipping points ▪ Observe and listen to those most affected ▪ Monitor environment for stressors ▪ Conduct mental health surveillance to inform response efforts ▪ Provide education on limiting media exposure, thought and talk exposure **Technical assistance, consultation & training** ▪ Improve capacity of organizations & caregivers to provide what is needed to re-establish community structure, foster family recovery & resilience, and safeguard community ▪ Provide to: o Relevant organizations o Other caregivers and responders o Leaders	▪ Identify vulnerable, high-risk individuals & groups ▪ Emergency hospitalization or outpatient treatment **Outreach & information dissemination** ▪ Promote large-scale community outreach & psycho-education about: o Post-trauma reactions that are understandable & expectable o Anxiety management techniques for common post-trauma problems o Signs of severe dysfunction o Limiting media exposure for those with mid-level problems of anxiety Receiving truncated news reports from a friend or family member, for those with more severe emotionality ▪ Make contact with and identify people who have not requested services, i.e. special needs populations ▪ Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites) ▪ Use outreach workers who are indigenous, bilingual & culturally competent **Fostering resilience & recovery** ▪ Facilitate social interactions ▪ Teach coping skills & training ▪ Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning,	▪ Teach coping skills ▪ Educate about chronic stress, anniversary & trigger events that will be unique to each family, coping, & available services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ Promote community unity & healing ▪ Recognize need for spiritual support & refer as needed ▪ Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups ▪ Instill hope **Community Development** ▪ Promote social connectedness ▪ Support use of community ritual & commemorative activities to strengthen & re-unify community ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities ▪ Foster competent communities that provide safety, material resources, support for families and encouragement of well-being **Public Education** ▪ Predict & stress positive outcomes & typical

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE)	(DURATION)	LATER RESPONSE AND RECOVERY
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)	▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities		risk factors, services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ As needed, repair community & organizational fabric ▪ Conduct operational debriefings, when standing procedure in responder organizations ▪ Provide or refer to spiritual support ▪ Encourage relapse prevention strategies for individuals in recovery & encourage continued treatment & AA/NA participation ▪ Instill hope	emotional reactions in recovery phase ▪ Anticipate & prepare for anniversary responses & other triggers that may be multiple and will be unique to each family ▪ Disseminate stress management & coping materials ▪ Through media and outreach, conduct mental health promotion & prevention efforts to: o Assist with stress management & coping o Reduce risk factors o Target prevention efforts to at-risk groups, including special populations o Integrate substance abuse & relapse prevention efforts o Encourage mobilization of natural & informal helping systems (families, civic & service clubs, churches, schools, other communities of interest) **Traditional Mental Health Services** ▪ Refer to available community mental health and substance abuse services & admit/treat consistent with clinical & financial eligibility ▪ Refer eligible individuals to

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE)	(DURATION)	LATER RESPONSE AND RECOVERY
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)				Medicaid service providers for mental health or substance abuse services ▪ Refer to EAP providers for employed/covered individuals
PUBLIC MENTAL HEALTH AUTHORITY	**<u>Mental Health Response Planning & Preparation at state level</u>** ▪ Collaborate @ state level ▪ Interagency collaboration to develop guidance to: o Shape adaptive behaviors o Reduce social and emotional deterioration and improve functioning o Support key personnel in critical infrastructure functions o Facilitate coping & recovery ▪ Policy development including human resources, & leadership preparation & functions ▪ Infrastructure support for rapid assistance o Surge capacity including telephonic and tele-communication o Integrate substance abuse o With diverse communities ▪ Plan & develop infrastructure for: o Implementation of FEMA Crisis Counseling Program if available or other fiscal resources ▪ *Financial models* ▪ *CCP templates* ▪ *TA for services & billing* ▪ *Administrative support* o Mutual aid strategies	▪ Establish linkages with SEMA, DHSS, FEMA and CMHS to: o Authorize and develop immediate services grant if available o Identify possible tipping points ▪ Activate mental health response consistent with functions listed above o Utilize crisis counselors, as appropriate o Provide hotline as response & referral resource, as appropriate o Disseminate mental health outreach materials o Participate in COADs o Coordinate service delivery & develop linkages with mental health services offered by Red Cross, Salvation Army & other VOAD o Authorize & fund use of interpreters as appropriate ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application o Gather information about mental health need o Gather d assessment information for inclusion in FEMA grant if applicable o Analyze census & other data re: impact on special needs populations ▪ Assess impact on SNP ▪ Explore options to utilize indigenous, bilingual resource in CCP ▪ If applicable, complete & submit FEMA immediate services grant application o Submit draft based on Federal timeline and approval o Submit completed immediate services grant application no later than 14 days after federal approval o Develop SNP component based on data, including incorporating use of indigenous, bilingual, interpreter resources		▪ Assess need for FEMA regular services grant, CMHS SERG funds or other funding streams that may be available ▪ Develop and submit written RSP application if appropriate o Request extension of immediate services portion of grant o Consider need for enhanced or specialized RSP services o Include formal evaluation model as component ▪ If regular services grant not pursued: o Complete implementation of immediate services grant o Conduct necessary close out activities ▪ Participate in and coordinate with the Missouri Disaster Recovery Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts o Contribute to research & literature base

PHASE	**PREPAREDNESS**	**EARLY PANDEMIC RESPONSE** (IMMEDIATE) (DURATION)	**LATER RESPONSE AND RECOVERY**
PUBLIC MENTAL HEALTH AUTHORITY (CONTINUED	▪ *Among CMHCs* ▪ *With ARC, other VOAD agencies* **<u>Workforce development</u>** ▪ Continuity planning ▪ Training for public health, other health care providers such as hospitals and primary care, mortuary workers, mental health, etc. ▪ Exercises **<u>Resource development</u>** ▪ Funds ▪ Grants ▪ Technical Assistance **<u>Regulatory Role</u>** ▪ Competency-based standards for workforce o Competencies, including self-care o Cultural competencies & use of interpreters ▪ Agency planning & preparedness licensure & certification standards **<u>Advocacy</u>** ***with priority given to:*** ▪ DMH clients *(adults & children with psychiatric, MR, DD, substance abuse needs)* ▪ School children ▪ Individuals with diverse cultural backgrounds & language abilities ▪ Other Special Needs Populations (SNP), as resources permit		o Conduct after-action evaluation efforts * Lessons learned * Feedback to inform future planning efforts
KEY POPULATIONS	▪ General public ▪ DMH clients ▪ Special Needs Populations o Children o Elderly o Persons with disabilities	▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ Health care providers and primary care providers ▪ DMH clients ▪ Community(ies) affected ▪ General public	▪ Victims & survivors & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE) (DURATION)	LATER RESPONSE AND RECOVERY
KEY POPULATIONS (CONTINUED)	o Homeless o Diverse cultures * Language other than English * People who are not US citizens ▪ Health Workforce ▪ Mental health workforce ▪ Mortuary care workforce	▪ Mental health workforce ▪ Mortuary care workforce	▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Mortuary care workforce ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior