

Pandemic Influenza Plan – Psychosocial Services Preparedness

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OVERVIEW

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to healthcare providers, public health workers, emergency responders, and the general public. The risk most likely will remain elevated for as long as the pandemic continues in the community. Prior experience with disaster relief efforts indicates that enhanced workforce support activities can help them remain effective during emergencies. A practical plan to address psychological aspects of pandemic is needed to ensure that hospitals, public health agencies, emergency responders, and providers of essential services are prepared to help their employees in strengthening personal resilience and professional performance. An essential part of this planning effort involves creation of alliances with community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training. The Mental Health Response section addresses the needs of public health and healthcare workers, emergency personnel, their families, and the general public.

OBJECTIVES

- To assist workers and the general public in managing emotional stress and related personal, professional and family issues during the response efforts to an influenza pandemic.

BEST PRACTICES

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. Planning issues are highlighted in the chart below.

Preparedness and Planning	Initial Onset of Pandemic	Pandemic and Recovery
<ul style="list-style-type: none"> ○ Public education ○ Leadership preparation ○ Sustained preparedness ○ Leadership functions 	<ul style="list-style-type: none"> ○ Communication ○ Tipping points ○ Surges in health care demands 	<ul style="list-style-type: none"> ○ Community structure ○ Stigma & discrimination ○ Management of fatalities

Three 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
Guidance <ul style="list-style-type: none"> ○ that maximizes public trust and effective communication strategies ○ Guidance to maximize adaptive behavior change 	Public information, guidance and support that <ul style="list-style-type: none"> ○ Increases hope ○ Enhances safety ○ Promotes calm ○ Encourages connectedness ○ Improves personal and community efficacy 	<ul style="list-style-type: none"> ○ Maximizing performance and resilience ○ Managing grief, exhaustion, anger, fear, family & self-care issues and resolving ethical issues

See Attachment A for public health and individual intervention strategies to support communities and individuals in coping with a disease outbreak. Attachment A is a matrix that provides a roadmap for the oversight, management and coordination of public mental health efforts in a pandemic outbreak.

PREPANDEMIC PERIOD

Mental health providers should focus 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 facilitate culturally appropriate mental health planning, preparedness, and response. Mental health providers should coordinate planning and response activities with government and non-government agencies.

Potential Activities

- Develop public education tools and materials in collaboration with public information specialists.
- 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 behavioral and psychological support resources.
- Increase awareness of potential mental health implications of an influenza pandemic.
- Provide 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.
- Share resources through social media and other various outlets as appropriate.

Support mental health disaster training

Training strategies will need to consider ways to motivate stakeholders to invest in preparedness training and to evaluate the cost-benefit. Training content areas suggested for the various audiences are included as Attachment B. Some of the training resources available in Missouri are listed in Attachment C.

Faith-Based Organizations

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

Descriptions of the partnering strategies that will benefit faith-based ministries in supporting mental health needs in a public health emergency follow:

1. Preparedness and planning for congregation, staff and community.
 - Use Centers for Disease Control and Prevention (CDC) checklist to plan for congregation.
 - Recognize the emotional and physical impact that a pandemic may have on a congregation.
 - Learn risk communication and learn best methods to communicate with congregants.
2. Develop partnerships.
 - Call the Local Public Health Agency (LPHA) to see if there are groups/congregations meeting to plan for a public health emergency and join those groups.

- Discuss and plan with Ecumenical groups such as the Ministerial Alliance. Consider developing a Local Emergency Pastoral Care Committee to provide mutual support, staffing, etc. in a pandemic.
- Identify other resources available through your congregational affiliation such as counseling centers, parish nurses, etc.
- Develop memos or letters of understanding outlining the agreed upon activities and outreach between partnering faith-based organizations/congregations.
- Members of a faith that has specific cultural practices during grief periods or whose members may limit medical interventions due to their beliefs should work with public health authorities in advance of an emergency to promote understanding and to plan for responses that diminish inappropriate interventions.

MENTAL HEALTH INTERVENTIONS

Content areas:

Goals of Intervention

- Promote preparedness.
- Develop resilience.
- Mitigate risk factors.

Role of all Mental Health Staff

- Planning.
- Public education.
- Communication.
- Workforce preparedness and training.
- Resource development.
- Community development.

Community Mental Health Role at Local Level

- Collaboration.
- Inform and influence policy.
- Set structures for assistance and develop surge capacity.
- Integrate substance use counseling with at-risk individuals.
- Assess interoperability of communications technologies, i.e. phone, telecommunication, etc.
- Advocate for at-risk populations and those with functional needs and/or access issues.

Workforce Development

- Leadership preparation and functions.
- Promote awareness and increase capacity for personal and work-related preparedness, i.e. human resource policies.
- Train responders in evidence-based mental health response skills. (Workforce Materials are listed in Attachment C: Current Status of Resources).
- Promote resilience building, stress management and self-care.

In Missouri, psychosocial support services are becoming institutionalized within health care and first responder organizations due to continued psychological first aid (PFA) training throughout

the state for diverse groups. Educational materials are prepared for employees and ready to be distributed through health care partnerships during public health emergencies. Other materials to be developed as needed.

Public Education

- Cultivate relationships with and educate media.
- Promote preparedness campaigns that address safety and resilience rather than imminent threat.
- Promote mental health and prevention efforts to build emotional resilience.
- Target at-risk groups and integrate substance use and relapse prevention efforts.

Community Development:

- Partner to address needs of disability community and other at-risk groups.
- Develop resources for and partnerships with diverse cultures within communities.

Public Mental Health Authority at State Level

- Interagency collaboration to develop guidance.
- Policy development and leadership preparation.
- Infrastructure support for rapid assistance.
- Plan and develop infrastructure for Implementation of Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP), if available, or other fiscal resources.
- Mutual aid strategies among community mental health centers, with American Red Cross (ARC), 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.
- Involvement in state sponsored exercises.
- Competency-based workforce standards (self-care, cultural competencies and use of interpreters, licensure and certification standards).
- Ongoing resource development.
- Agencies should develop alliances with community based organizations and non-governmental organizations with expertise in and resources for psychosocial support, services and training.

PANDEMIC PERIOD

Persons who believe they have been exposed may out-number those actually exposed. Communication and planning for the needed messages and behavioral responses will be important public health activities to prevent the medical response capacity from being overwhelmed.

In early pandemic responses, the Center for the Study of Traumatic Stress, *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak*, recommends preparing for three following responses:

Communication: Wide dissemination of materials that normalize stress reactions and emphasize hope, resilience and natural recovery. Collaborate with media to clearly and repeatedly inform the public about the rationale and mechanism for distribution of limited supplies.

Tipping Points: Certain events may occur that will either increase or decrease fear and helpful or risk behaviors. Deaths of vulnerable individuals such as children, unexpected or new risk factors, and shortages in supplies are typical.

Support Mental Health Disaster Training: The training content can be adapted to fit the current status of the disease. Content areas that should be considered for the pandemic period are listed in Attachment B, II. *Pandemic*.

MENTAL HEALTH INTERVENTIONS

The following content areas have been identified for use during a pandemic:

Goals of intervention:

- Safety and survival;
- Meet basic needs;
- Effective communication;
- Effective risk communication incorporating of skills for the “new normal” including safe behavioral practices and routines such as social distancing.

Role of Mental Health Staff:

- Protection.
- Reduction of stress and arousal.
- Reassurance.

Community Mental Health Role:

- Basic Needs.
- Psychological First Aid.
- Monitor environment and identify tipping points.
- Technical assistance, consultation and training.

Public Mental Health Authority

- Establish linkages with State Emergency Management Agency (SEMA), The Missouri Department of Health and Senior Services (DHSS), FEMA and Center for Mental Health Services (CMHS) to authorize availability of FEMA immediate services program and to identify tipping points.
- Activate mental health response consistent with functions listed above.
- Utilize crisis counselors if applicable.
- Provide hotline as response and referral resource.
- Disseminate mental health outreach materials.
- Participate in Missouri VOADs and the Governor’s Faith-based and Community Service Partnership for Disaster Recovery (Governor’s Partnership).
- Coordinate service delivery and develop linkages with mental health services offered by ARC, Salvation Army and other VOADs.
- Authorize and fund use of interpreters.

- Establish communications with Community Mental Health Centers (CMHCs) in affected areas.
- Assess impact on populations with access and functional needs.
- Explore availability of FEMA Regular Services Program and explore other grant resources for behavioral health outreach.

Work Force Development

- Incorporate psychosocial support services into occupational health and emergency preparedness planning and through PFA training for a variety of responders.
- Provide mental health messages to DHSS to be included within the DHSS Health Alert/Health Updates disseminated statewide to health care workers during a pandemic.
- Provide mental health messages to DHSS public information officers for inclusion within letters from the Director of DHSS to employees.
- Provide informational materials to Missouri Department of Mental Health (DMH) and DHSS staff.
- Encourage use of the State Employee Assistance Plan (EAP) as needed for psychosocial support services for employees and their families.
- Provide informational resources for the mental health hotline numbers.
- Encourage implementation of workforce resilience programs.
- Provide resiliency materials developed by the CDC, Health Resources & Services Administration (HRSA), National Institute of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA) and others that address healthcare and training issues
- Provide *Behavioral Health Emergency Plan Template for Healthcare Agencies* to health care organizations.

In later pandemic response and recovery, the Center for the Study of Traumatic Stress in *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak* emphasizes the management of the community structure, stigma and discrimination, and fatalities.

Community Structure: Maintaining the formal and informal community social support is important, even if conducted electronically or virtually. Web, social media, telephone, television and radio will be important communication tools to instill normalcy, plan for regular activities and manage community and organizational distress and behaviors. The Center encourages providing tasks for community action that can supplement needed work resources, decrease helplessness and instill optimism.

Stigma and discrimination: Stigma and discrimination may marginalize and isolate certain groups and impede recovery. Address stigmatization through information and training. Attention to managing social conflicts in the immediate response and recovery period will take on added significance.

Management of fatalities: The community must anticipate and plan for response to mass fatalities and to the management of bodies. Local officials must be aware that containment measures related to bodies may conflict with religious rituals of burial and the usual process of grieving which may have a negative impact on a community.

MENTAL HEALTH INTERVENTIONS

The following content areas have been 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 Mental Health Staff:

- Provide information and assistance to orient affected parties.
- Needs assessment.
- Referral or service provision.

Community Mental Health Role:

- Culturally competent needs assessment to determine status and how well needs are being addressed for all populations as well as the recovery environment.
- Conduct mental health surveillance to inform response and recovery efforts.
- Foster resilience.

Public Mental Health Authority

- Establish linkages with SEMA, DHSS, FEMA and CMHS.
- Work closely with VOAD organizations including ARC and National Organization of Victim Assistance (NOVA).
- Support the risk communication effort of DHSS by providing mental health specific information.
- Monitor DMH Access Crisis Intervention Hotline to determine if calls are received due to the Pandemic. Look for tipping points regarding the need for a separate hotline to solely concentrate on stress issues related to the pandemic.
- Work with DHSS regarding the mental health risk communication messages that need to be delivered during mass vaccination. Stress management tips, information for at-risk groups, and information on where and how to seek professional assistance.
- Support the workforce coping with large numbers of deaths. Train supervisors how to support workers who have losses.
- Establish communications links with CMHCs in affected areas.
- Conduct needs assessment for FEMA crisis counseling program application if available.
- Explore other federal grant resources that may be available for behavioral health outreach

Supporting Families Coping with Death

Recommendations for supporting individuals and families experiencing deaths are listed below. Address emotional aspects of a positive death experience regarding rituals, communication, support and assistance during the period when death is imminent and after death anticipate the following:

- How to help children and others in the household learn coping skills.

- How to recognize potential for survivor guilt and blame and when to seek professional mental health help.
- Self-care tips for caregiver’s physical and emotional health.
- Provide pro-active information about state and local requirements regarding what to do in the event of a death in the home.
- Provide hotline tailored to death issues, staffed by people prepared to deal with issue.
- Partner with faith communities and funeral industry for consistency of message, in providing emotional support and dissemination of factual information about bodies and grief.
- Encourage volunteer activities that are safe and do not promote contagion such as delivery of food and other items with no personal contact (i.e. drop-offs).
- Encourage “flu recovered” individuals who now have immunity to assume responsibility for those aspects of life requiring exposure to contagion, taking care not to place adult responsibilities on children.

Work Force Development

- Make available phone, web and other social media supports for a long response.
- Continue to offer educational materials regarding the cognitive, physical, behavioral, spiritual and emotional reactions that might be exhibited by patients, their families and by staff. Include reactions that indicate a mental health referral is needed.
- Provide communication materials that assist with sensitivity to cultural issues.
- Provide *Behavioral Health Emergency Plan Template for Healthcare Agencies*. Stress employee support during planning and reemphasize during the pandemic period.
- Offer information for health care agencies regarding developing stress control/resilience teams and their purpose and function.
- Supply confidential telephone support lines staffed by behavioral health specialists.
- Encourage work places to develop services for the families of employees, especially support services that might be needed for employees with sick family members.

RECOVERY PERIOD

Support Mental Health Disaster Training

Training materials need to focus on referral and treatment, grief and bereavement, and resilience and recovery. Content areas by audience for the recovery period are identified in Attachment C: III. *Recovery*.

Partner with Faith-Based Organizations:

- Use partnerships to support the community through memorials, special events, etc., to help rebuild the fabric of the community and to support families and individuals who have lost loved ones or who will have long term effects from the illness due to disabilities, etc.
- Celebrate your congregation’s ability to meet together again if public services were canceled.
- Plan programs to support those recovering. 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.
- For congregations suffering 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. When needed, refer to pre-identified mental health professionals.

MENTAL HEALTH INTERVENTIONS

Content areas:

Community Mental Health Role:

- Monitor the recovery environment.
- Foster resilience and recovery.
- Community development – encourage development of Long-Term Recovery Committees.
- Public education.
- Traditional mental health services.

Public Mental Health Authority:

- Assess need for FEMA regular services program, CMHS’ SAMHSA Emergency Response Grant funds or other funding streams available.
- If regular services grant not pursued, participate in and coordinate with the Governor’s Partnership.
- Coordinate with Suicide Prevention Project, DMH for materials and outreach.
- Conduct data collection and analysis to inform program management and future mental health response efforts.

Work Place Recovery:

- Supply materials about grief and bereavement in the work place to assist in recovery.
- Review policies and how they support or hinder grieving workers in their recovery.
- Consider support groups to assist with healing.
- Celebrate getting back to a “normal” schedule while remaining flexible for those who need it.

Long-Term Recovery

The recovery phase will be an extension of on-going mental health response. The planning framework out-lined in the DMH Community Mental Health Response Plan for disaster events is the *Missouri Model for Mental Health Response and Recovery After A Public Health Event* matrix available at: <http://dmh.mo.gov/docs/diroffice/disaster/missourimodel2011revised.pdf>.

This document is intended to provide a procedural approach to managing the mental health response throughout a pandemic. Specific activities for the recovery phase include but are not limited to:

- Re-establishing pre-event functional abilities and a new “norm” for post-pandemic social behaviors.
- Helping families and individuals cope with 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.

- Resource development for long term mental health services and supports for large numbers of individuals dealing with emotional recovery such as depression, substance use, anxiety, and Post Traumatic Stress Disorder (PTSD).

For links to comprehensive information on pandemic influenza, go to:

<https://health.mo.gov/emergencies/panflu/panflu.php>

Attachment A: Public Health and Individual Intervention Strategies

The following chart summarizes both public health and individual intervention strategies to support communities and individuals coping with a pandemic disease outbreak. This framework provides a roadmap for the oversight, management and coordination of public mental health efforts in a pandemic outbreak.

	PUBLIC HEALTH	INDIVIDUAL
PROMOTE SENSE OF SAFETY	<ul style="list-style-type: none"> ▪ Establish which environments are safest. ▪ 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 and resilience rather than imminent threat ▪ Encourage individuals to limit media exposure <ul style="list-style-type: none"> ○ Recommend limiting time talking about trauma if anxious and depressed ○ Educate parents regarding limiting and monitoring news exposure for children 	<p><i>Goals</i></p> <ul style="list-style-type: none"> ▪ Make choices between safe and unsafe activities, environments ▪ Increase sense of safety. Incorporate skills for “new normal” to maintain changes in behavior and routines that are “safer” <p><i>Techniques</i></p> <ul style="list-style-type: none"> ▪ Use of imagery techniques in natural settings ▪ Use of techniques to help people keep their minds based in reality ▪ Understand discrimination practices in the face of trauma ▪ Develop awareness of trigger events
PROMOTE CALM	<ul style="list-style-type: none"> ▪ Help people directly solve concerns ▪ Give information about safety of family and friends and their status in terms of risk ▪ Large-scale community outreach and psycho-education about the following topics <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> ▪ 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 ▪ Stress management training ▪ Cognitive reframing – changing focus, sense of time, thoughts and beliefs to change to positive actions
PROMOTE SELF AND COMMUNITY EFFECTIVENESS	<ul style="list-style-type: none"> ▪ 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 implemented by the community such as <ul style="list-style-type: none"> ○ Religious activities ○ Meetings ○ Rallies ○ Collaboration with local healers 	<ul style="list-style-type: none"> ▪ 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

	PUBLIC HEALTH	INDIVIDUAL
	<ul style="list-style-type: none"> ○ The use of collective healing and mourning rituals ▪ Foster competent communities that: <ul style="list-style-type: none"> ○ Encourage the well-being of citizens ○ Provide safety ○ Make material resources available for rebuilding and restoring order ○ Share hope for the future ○ Support families who are the main provider of mental health care after disasters ▪ Foster the perception that others are available to provide support, which: <ul style="list-style-type: none"> ○ Mitigates the perception of vulnerability ○ Emboldens individuals to engage in adaptive activities they might otherwise see as risky 	
PROMOTE SOCIAL CONNECTEDNESS	<ul style="list-style-type: none"> ▪ Identify those who <ul style="list-style-type: none"> ○ Lack strong support ○ Are likely to be more socially isolated ○ Have a support system providing undermining messages ▪ Help individuals identify and link with loved ones ▪ Increase the quantity, quality and frequency of supportive transactions ▪ Address potential negative social influences (<i>i.e., mistrust, in-group/out-group dynamics, impatience with recovery, exhaustion, etc.</i>) 	<ul style="list-style-type: none"> ▪ Train people how to access support ▪ Provide formalized support ▪ Address discordance among family members
INSTILL HOPE	<ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ○ Link to resources ○ Share experiences and hope ○ Memorialize and make meaning ○ Accept that life and everything around them may have changed 	<ul style="list-style-type: none"> ▪ Identify, and concentrate on building strengths ▪ Normalize responses ▪ Indicate that most people recover spontaneously ▪ Highlight already exhibited strengths and benefit-finding ▪ Manage extreme avoidance behavior ▪ Develop awareness to reduce self-defeating self-statements ▪ Discourage risk taking behaviors ▪ Encourage positive coping behaviors ▪ Encourage appreciation and recognition for family “heroes” ▪ Encourage short & long term goal-setting

Attachment B: Content of Training

I. Preparedness and Planning

This will be the most intense period of training to prepare various audiences for the emotional, behavioral, cognitive, and spiritual consequences of a pandemic event.

Training Content – All Audiences:

- Human behavior and reactions to public health emergencies and containment measures.
- Planning for surges in demand in high emotion circumstances.
- Risk communication principles and skills especially related to “tipping points” that might lead to social disruption or unrest.
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues.
- Referral indicators, strategies, and contact information.
- Stress management and self-care.
- Fact sheets to disseminate regarding stress, grief, coping in public health emergency.

Target Audience Content: Public Health, Other Health and Mental Health Care Workers (public and private sector) and Hotline Workers

- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices.
- Importance of sharing psycho-education and resource materials.
- Strategies and best practices in pandemic.

Target Audience Content: Emergency Responders, Coroners, Medical Examiners and Funeral Directors

- Systemic and individualized interventions to promote safety, calm, confidence, connectedness and hope in the context of traumatic grief and loss.
- Need to accommodate religious and cultural preferences to extent possible and advance planning with community.

Target Audience Content: General Public and Populations with Access and Functional Needs– including culturally diverse groups

- 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 Content: Schools

- 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.
- Encouraging healthy use of electronic networking with parental involvement.

Target Audience Content: Faith-Based Leaders and Communities

- Unique role of faith communities in mass fatality scenario.
- Identifying and working with at-risk populations.

Target Audience Content: Civic/Service Organizations (volunteers, care-givers and natural helpers)

- Volunteer role in assuring accurate and consistent information is communicated.
- Identifying and working with at-risk populations.

Target Audience Content: Large Employers and Human Resource Professionals

- Mental health referral and EAP agreements.
- Workplace preparedness.
- Human resource policies regarding sick leave, family leave, etc.

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

- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section.

II. Pandemic

Training content would depend on the seriousness and spread of the pandemic based on Missouri surveillance. The following content areas are suggestive of some issues that may need to be addressed within training for various audiences. Training may need to be provided during this period through webinars, telecasts, etc. to decrease and prevent exposure.

Training Content – All Audiences:

- Public education that promotes safety, calm, self-efficiency, connectedness and social cohesion, and hope.
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues and mass fatality scenarios.
- 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.
- Accurate, up-to-date social media sites.
- Self-care and peer care training and fact sheets.

Target Audience Content: Health Care Workers

- Strategies to manage surge demand and mitigate panic and disruption for managing highly distressed individuals and minimizing further exposure to trauma.
- Psychological first aid assessments and skills checklists including guidelines for death notifications.

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

- 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.

Target Audience Content: Public Health

- Risk communications tools, prepared scripts and public education materials to instruct the public from both physical and emotional perspectives on how to promote safety, calm, confidence, connectedness and hope.
- Dissemination of public education materials that integrate resilience and mental health strategies including website addresses.
- Activation of pre-planned EAP strategies including resource lines for public health workers facing increased demand.

Target Audience Content: Emergency Responders, Human Service Organizations, Civic and Service Organizations, including volunteers, caregivers and natural helpers

- Self-care fact sheets, checklists and buddy-forms for peer care.
- Activation of pre-planned EAP strategies including resource lines to handle increased demand.
- Rumor control hotline.

Target Audience Content: Large Employers and Human Resource Professionals

- Checklists for changes to workplace environment and policies.
- Rumor control hotline and consideration of positive, accurate use of social media.
- Activation of pre-planned EAP resource lines.

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

- Risk communication checklists and toolkits.
- Prepared scripts and public education materials to promote safety, calm, confidence, connectedness and hope.
- Checklist of tipping points that indicate potential for social unrest or panic.

Target Audience Content: Coroners, Medical Examiners and Funeral Directors

- Mental health guidelines for death notifications.
- Activation of pre-planned EAP resources and information lines.

Target Audience Content: Schools

- Checklist of school continuity activities that incorporate strategies to promote safety, calm, confidence, connectedness and hope.
- Activation of pre-planned resource lines for handling increased stress of school personnel.

Target Audience Content: Faith-Based Leaders and Communities

- Checklists of faith-based activities, rituals and traditions that promote safety, calm, confidence, connectedness and hope.
- Rumor control hotline.

III. Recovery Period

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

Training Content – All Audiences:

- Trauma informed mental health assessments including checklists of at-risk populations and characteristics.

- Suicide risk information and suicide prevention strategies with contact lists and resources.
- Paper and electronic resource brochures and fact sheets.
- Referral numbers (voice and fax) for specialized mental health needs and referral form.
- Resilience building checklists and recommendations for self-care, peer care and supervisors.

Target Audience Content: Health Care Workers

- 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.

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

- Consultation checklists to advise organizations regarding systemic level interventions to promote recovery and hope.
- Guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.).

Target Audience Content: Public Health

- 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 Content: Emergency Responders Coroners, Medical Examiners and Funeral Directors

- Continued EAP or other insurance program access giving special attention to at-risk responder groups (younger, other losses, etc.), substance use and relapse prevention, and family systems.
- Self-care fact sheets, checklists and buddy-forms for peer care.
- Activation of pre-planned EAP strategies resource lines.

Target Audience Content: General Public

- Public education that promotes connectedness and social cohesion, establishing new normal (including reconfigured families), addressing survivor guilt, “trigger events”, and hope.

Target Audience Content: Human Service Agencies Active in Recovery, Civic and Service Organizations – including volunteers, caregivers and natural helpers

- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance use.
- Referral numbers (voice and fax) for specialized mental health needs.

Target Audience Content: Large Employers and Human Resource Professionals

- Checklists for changes to workplace environment and policies.
- Activation of pre-planned EAP resource lines.

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

- Risk communication checklists and toolkits.
- Prepared scripts and public education materials to instruct the public from both physical and emotional perspectives about promoting safety, calm, confidence, connectedness and hope.

- Checklist of tipping points that indicate potential for social unrest or panic.

Target Audience Content: Schools

- Checklist developed as part of the Mental Health Annex in the Missouri Emergency Response Information Plan for schools, for recognition activities and strategies to promote safety, calm, confidence, connectedness, hope and sensitivity for survivors and remembrance for students and staff who died.
- Activation of pre-planned EAP resource lines.

Target Audience Content: Faith-Based Leaders and Communities

- Checklists of faith-based activities, rituals and traditions that promote safety, calm, confidence, connectedness and hope.

Attachment C: Current Status of Resources

Plans:

Department of Mental Health Emergency Operations Plan: This plan addresses the outreach to communities after a disaster or terrorism event. This Pandemic Influenza Plan-Mental Health is an appendix to the Emergency Operations Plan (EOP).

Training curriculums developed in coordination with the Missouri Department of Mental Health and St. Louis University Heartland Centers include

- Disasters and Mental Health: A Basic Approach for Health Care Workers.
- Disasters and Mental Health: A Basic Approach for Schools.
(*These curriculums include considerations for infectious disease.*)

Training curriculums developed by the Missouri Department of Mental Health

- Disasters and Mental Health: A Basic Approach for Faith Communities.
- Psychological First Aid (PFA). Includes portions of the above curriculums plus the 8 principles of PFA. 6 hour curriculum plus a 1.5 hour introduction used at conferences.
(Portions of this training are based on the manual *Second Edition of Psychological First Aid Field Operations Guide.*)

At-Risk Population: Presentations developed

- Training on PFA for Federally Qualified Health Centers (FQHC) and long term assisted living (1.5 hr. presentation).
- Responding to Children with Special Considerations (1-hour presentation for Emergency responders).
- Children in Disasters: How Children Cope and How Responders Can Help (1-hour presentation).
- The Flu and You: An educational presentation for individuals with Developmental Disabilities and their support systems, by Kim Stock, DMH Division of Developmental Disabilities.

Other Tools

Schools

- Mental Health Annex as part of Emergency Response and Information Plan (ERIP) includes planning for pandemic.
- Checklist Appendix 9: Pandemic Influenza School Crisis Plan Checklist, a part of the ERIP mental health annex.

Health Care

- DMH developed planning document: *Hospital Preparedness Plans, Recommended Mental Health Components Annotated Outline: Mental Health and Behavioral Concerns in Emergencies*. Shared with the Missouri Hospital Association for distribution.
- DMH also developed a presentation entitled *Behavioral Health Emergency Planning for Hospitals and Regions*, presented at the DHSS Annual Public Health Conference in 2007.
- *Mental Health issues in Palliative Pandemic Planning*, a PowerPoint presentation for the Palliative Care Sub-committee of the Alternative Standards Committee.

Faith Communities

- A Checklist for Planning for the Emotional and Supportive needs of Your Faith Community during a Pandemic Influenza.
- Behavioral Health Emergency Plan Template for Healthcare Agencies, 2011.

Communication:

- *Missouri Department of Mental Health Disaster Communications Guidebook; Preparedness and Public Education: Response and Recovery Planning for Public Leaders and Spokespersons with new Pandemic Flu Section* (revised December 2007). Provides emotional well-being messages by audience and event. Named promising practice by Center for Infectious Disease Research and Policy (CIDRAP).
- *Missouri Department of Mental Health Pandemic Communications Guidebook; Preparedness and Public Education: Response and Recovery Planning for Public Leaders and Spokespersons* (December 2007). A stand-alone guidebook with pre-event messages, event and recovery communications.

Workforce Materials:

- The Disaster Mental Health courses offered to various audiences including health and mental health include a component on “Self-Care – Team-Care.”
- Training for providers is developed, entitled *Community Providers, Pandemic Flu Planning* and presented to various provider groups to address continuity planning.
- Competencies for disaster mental health workers are listed on the DMH website <http://dmh.mo.gov/disaster/plans.htm>
- Refer state workers to the State Employee Assistance Program <https://www.magellanassist.com/default.aspx>.
- *Behavioral Health Emergency Plan Template for Healthcare Agencies, 2011.*

Brochures and Tip Sheets

Various brochures have been developed that address coping in a pandemic including:

- *Pandemic Flu, A Behavioral Health Guide.*
- *Coping with Grief and Loss (adapted).*

Other brochures: provide information about stress reactions and provide recommendations for coping:

- *Emotional First Aid for Children* (by developmental level).
- *Emotional First Aid for Adults.*
- *TIPS for First Responders* – when responding to persons with access and functional needs.
- Coping fact sheets for various audiences: children, adults, older adults, individuals with access and functional needs, first responders, etc.