

## Section 10. Behavioral Health and Psychosocial Considerations

### Introduction

In responding to community behavioral health and psychosocial needs during an influenza pandemic, considerations will be based upon tested principles used during previously defined traumatic events or disasters. While a pandemic in itself does not fall under the definition outlined in the Disaster Relief and Emergency Assistance Act, planning assumptions used will follow those of emergency disaster planning principles. An influenza pandemic is a major public health threat, and it is anticipated that there will be widespread affect on the general population.

- During the Interpandemic/Pandemic Alert: It will be necessary to determine, the scope of impact, speed of onset, duration of impact, and the social preparedness for the event. There is a “dose-response” relationship between community impact and psychological impact. Researchers have found higher levels of anxiety, depression, etc., and generalized distress associated with widespread community impact. (During an influenza pandemic, the basic fabric of community life remains intact), therefore there is a foundation from which recovery can occur. Even alerted to an impending pandemic, the community can continue with many of its familiar routines.

The following behavioral health and psychosocial considerations are:

- Respond to public’s warning of the potential for a pandemic;
- Conduct needs assessment by gathering information about the physical and/or emotional impact of the pandemic alert and about the possible mental health needs of the population. The assessment of the community’s response to the pandemic alert will be conducted collaboratively with the Public Health Division.
- Provide consultation to the decision makers in the provision of mental health services, etc., to the decision makers, managers, supervisors, and line workers. Support decision makers in solving problems involving policy, organization functioning, and service provision.
- Use community outreach strategies to reach the public to ascertain need and to reach as many people as necessary. Outreach should be provided to the public, disaster service workers, and members of the community in their natural environment. Researchers have consistently shown that the more personal exposure someone has to the “disaster” impact, the greater his or her post-disaster reaction.
- Conduct psycho-educational groups to debrief and defuse public health workers, community members and others in their natural environment. These psycho-educational groups can address the reactions of those involved, and will obtain needed information on

normal stress reactions and to obtain information on coping strategies and recovery resources.

- Pandemic Response: A prolonged “impact” period with no clear end impedes the recovery process. The community response may be one of an extended period of anticipation, which may cause the suffering of effects of chronic stress and anxiety due to the extended period of anticipation or threat. Because the “endpoint” of a pandemic can be ambiguous, the extended period of anticipation will have an impact on individuals. It will also have an impact on those serving the public health needs during the influenza pandemic.

During the influenza pandemic, it will be necessary to continue with the steps as outlined, above, in the early stages of a pandemic, as follows:

- Continually assess the community’s mental health needs during the pandemic.
- Periodically re-institute the other core components of assessment and recovery planning, including: consultation, outreach, debriefing and defusing, education, and as needed, crisis counseling (for disaster workers and community members). Those steps are outlined earlier, in “Interpandemic Response”.
- \*Continual active outreach to the community, going to sites where community members are involved in the activities of their daily lives. Such places should include neighborhoods, schools, shelters, service centers, family assistance centers, respite sites for public health workers, hospitals, churches, community centers, etc. (*\*This may not be possible if strict social distancing measures are in place*).
- Manage stress and prevent compassion fatigue for both public health and mental health workers. This is an important issue in “disaster” mental health. Additionally, studies have shown that “disaster” mental health workers, and others, can have stress reactions to the incidents, and this may result in patterns of mental and physical distress for these professionals.
- Utilize stress management strategies to support workers, including briefings, supervision, consultation, continuing education, and if needed, psychotherapy. Further strategies include making provisions for organizational support and workplace strategies, defusing, and debriefing. When working as teams, professional development strategies and personal strategies are equally important.
- Assure the preservation of the physical, mental, social, and spiritual health of workers during pandemic response and recovery.
- It may be necessary to provide Critical Incident Stress Management (CISM) to mitigate the impact of pandemic stress and accelerate

the recovery of persons impacted by the pandemic. Principles of Critical Incident Stress Debriefing may also be applied if group “crisis intervention” is needed.

- \*Support groups for pandemic influenza workers are a “mainstay” in any disaster mental health program. Support groups can be effective because they provide normalization, universalization, education, and sharing of resources, and they help members to feel understood and to optimize and reinforce accomplishments, coping, and recovery. (*\*This may not be possible if strict social distancing measures are in place*).
- Provide education services such as workshops, presentations, conferences, use of media, etc., to offer information and training on topics specific to “disaster” psychology and mental health in order to support individual, family, disaster service worker, and community recovery. It may be necessary to conduct brief interviews with those already affected or impacted by the pandemic during this phase.
- Post-Pandemic Response: Outreach approaches that offer practical assistance with problem solving and accessing resources are a key to successful recovery program. Mental Health workers can assist the community members with problem solving and decision-making. They can also help community members identify specific concerns, set priorities, explore alternatives, seek out resources, and choose a personal plan of action. Mental Health workers can help directly with things such as filling out forms, locating healthcare or childcare, and finding transportation. They can also make referrals to specific resources, such as assistance with financial matters, etc.

Support systems are crucial to recovery following a pandemic. The most important support group for individuals is the family, and Mental Health workers can continue to provide resources to this support group.

For those with limited (family) support systems, a support group can be helpful.

Additionally, mental health workers may involve themselves in community organization activities. Community organization brings community members together to deal with concrete issues of concern to them.