

Proposal: The Inclusion of a Mental Health Subcommittee for the SE PA RCTTF

August 25, 2005

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PROPOSAL

This document represents a proposal for the formation of a Mental Health Subcommittee of the Southeast Pennsylvania Regional Counter Terrorism Task Force. The justification below will outline an evidence-based platform pointing towards the necessary inclusion of Mental Health as a full partner in all emergency/disaster planning and response. This is true particularly in the event of a terrorist event, which is primarily psychological in nature. Proposed short and long term goals of the mental health subcommittee follow, including goals that have already been met in the previous two months. Finally, concluding remarks summarize the proposal's aims.

1. Rationale

Disasters and emergencies impacting the daily lives of citizens have taken many forms throughout history, including the devastating effects of floods, fires, tornadoes, hurricanes, tropical storms, earthquakes, other natural disasters, and more recently, terrorist events. These events, particularly man-made incidents, traumatize the lives of those impacted, leaving people without homes, workplaces, or family members. The Oklahoma City bombing on April 15, 1995, the September 11, 2001 terrorist attacks, the Beltway sniper shootings of October 2002, and the devastating effects of natural disasters such as hurricane Katrina have recently demonstrated the mental health impact that such disasters can have on a population. Though victims and relief workers will be changed by their encounters with disasters, most people do not sustain lasting damage. With appropriate mental health disaster support and 'psychological first aid', the mitigation of the onset of Post Traumatic Stress Disorder (PTSD) symptoms is possible, and victims and first responders are made more resilient in the wake of their traumatic experience.

Disaster mental health is a growing field of practice designed to help both the victims of disaster as well as volunteers and emergency responders who participate in a disaster response.¹ The importance of disaster mental health for both natural and man-made disasters has been evidenced by numerous research studies and reports based on disaster

¹ Weaver, John D. (1995) *Disasters: Mental Health Interventions*, Sarasota, FL: Professional Resource Press.

response.² With regard to the effects of terrorism, for example, a report published by the Institutes of Medicine (IOM) writes,

The psychological consequences of terrorism encompass a range of emotional, behavioral, and cognitive reactions that occur in the population as the result of an event or threat of an event...No one goes through a traumatic event unchanged, and psychological consequences are manifested, to varying degrees of severity, in the population.³

Man-made incidents, particularly acts of terrorism, are largely psychological in nature, and there has been much literature that urges the development of sound, regional approaches to mental health preparedness, response plans and activities based on community trust-building, interagency communication, and effective, trained outreach teams that can be called upon in the time of a major incident. Disaster mental health programs can be targeted to address psychological first aid, victim debriefing, training for first responders such as emergency room workers and police, and also as psychological preparation for those who may come into contact with mass casualty events and other large scale catastrophic incidents.

Though many emergency/disaster incidents occur locally, within county borders, regional support is often required for larger, more widespread events. The importance of strong regional interagency communication networks and Memorandums of Understanding (MOUs) was recently exemplified by the barriers to effective, integrated response that existed after the attack on the World Trade Towers on September 11, 2001. Better regional planning and preparedness activities will make appropriate interventions available to those persons in need in a more timely, efficient, and effective manner, regardless of the nature of the incident itself. In addition, communication across county lines in matters of communication technology, volunteer databases, and regional VOAD relationships will contribute to a more robust regional emergency response network.

The five counties that make up the Southeast Region of Pennsylvania are particularly well-positioned to build regional relationships. Any incident directly impacting Philadelphia would automatically involve the surrounding four counties of Delaware, Bucks, Montgomery, and Chester. Likewise, any incident in the surrounding counties would automatically involve Philadelphia. For example, many of the city's diversion routes run through Montgomery County, and daily commuters to center city live in all the neighboring counties. Though the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) has done much to bring together the Mental Health Disaster Coordinators (MHDCs) throughout Pennsylvania, the five counties of the Southeast Region are in need of more regional interaction and joint planning so as to adequately prepare for an effective regional response.

² Crimando, Steven M. (2004) "The Bio-psycho-social Consequences of Terrorism," *Public Health Emergencies: Terrorism Preparedness, Supplement to New Jersey Medicine*, September, 101 (9): 84-88.

³ Institute of Medicine (2003), *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*, Washington DC: The National Academies Press.

Many counties in other regions of Pennsylvania meet regularly in the capacity of a Mental Health subcommittee of the Regional Counter Terrorism Task Force (RCTTF). This regular meeting provides an ideal forum for communication both between counties and among agencies, as all the appropriate first responder units, emergency management agencies, and voluntary relief organizations also have representation in the RCTTF. The subcommittees also have access to additional funding streams for equipment, regional drills, and exercises through the RCTTF. Currently, the Southeast Region has no forum for communication and networking around issues of mental health disaster response. It is critical that such a forum is initiated for the five county mental health disaster coordinators and appropriate individuals in emergency management and relief organizations such as the American Red Cross.

Therefore, the regional Mental Health Disaster Coordinators (MHDCs) propose to initiate a Mental Health subcommittee of the SEPA RCTTF. This subcommittee will include members of the respective county Disaster Crisis Outreach Teams (DCOTs), appropriate members of the Southeastern Pennsylvania chapter of the ARC, the Salvation Army, the Keystone Crisis Intervention Teams, and representatives from other organizations or agencies who are involved in mental health disaster outreach for both natural and man-made incidents.

It is critical that Mental Health be included in all disaster planning as a full partner, and that MHDCs be given the necessary regional support to prepare an effective response plan and preparedness activities based on best practices and lessons learned from regions that have been directly impacted by large scale traumatic events.

2. Goals:

State-appointed county Mental Health Disaster Coordinators (MHDCs) from the Southeast Region have advanced a number of short and long term goals for the subcommittee. The following represent the range of short term goals that are believed to be accomplishable by the resources of the subcommittee along with small allotments of external funding. Note that the first short term goals has already been accomplished and is being run through Temple University. The second goal was initiated by Temple University' Center for Preparedness Research Education and Practice (CPREP) in a regional MHDC summit held June 23, 2005:

- Regional Mental Health Listserv
- Periodic regional summits
- Disaster mental health specific training events for the SEPA region
- Collaboration among counties in the development of coherent, robust, and ultimately useful nominal mental health disaster plans.
- Collaboration and communication with the Emergency Response and Emergency Management communities.

Long-term goals for the mental health subcommittee are seen as goals that will require additional funding and possibly human resources support:

- Tabletop scenario exercises for the five counties that involve mental health.
- Role play disaster drills for scenarios that include bioterrorism decontamination units and victim debriefing.
- Research and collaboration for best-practices mental health preparedness & response programs that can be adapted for a variety of emergency/disaster scenarios.
- Initiation of a disaster mental health volunteer database spanning the five county region.
- Certification and training for non-traditional mental health responders, such as faith-based community leaders.

All of these goals are manageable and will contribute to greater levels of relationship-building, community activity, regional interaction and collaboration, and finally, a more prepared mental health disaster response. With the initiation of a mental health Listserv and Summits, the proposed subcommittee is prepared for ongoing action and involvement.

3. Conclusions:

Evidence-based research demonstrates the importance of regional communication for emergency/disaster response and the necessary inclusion of mental health for the reasons outlined above. We propose to the executive committee of the SE PA RCCTF the initiation of a Mental Health Subcommittee, to be co-chaired by Phillip DeMara, MHDC of Philadelphia and Sarah Powell of Temple University's CPREP. The subcommittee proposes a regular meeting schedule of bi-monthly meetings, conference calls and periodic summits to enhance overall communication, and a commitment to improve disaster response plans over the long-term so that there will be consistency across counties and workable plans that will utilize regional partnerships.