Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Disaster Response and Recovery Timelines, Cycles and Common Experiences in Behavioral Health

PRESENTED BY

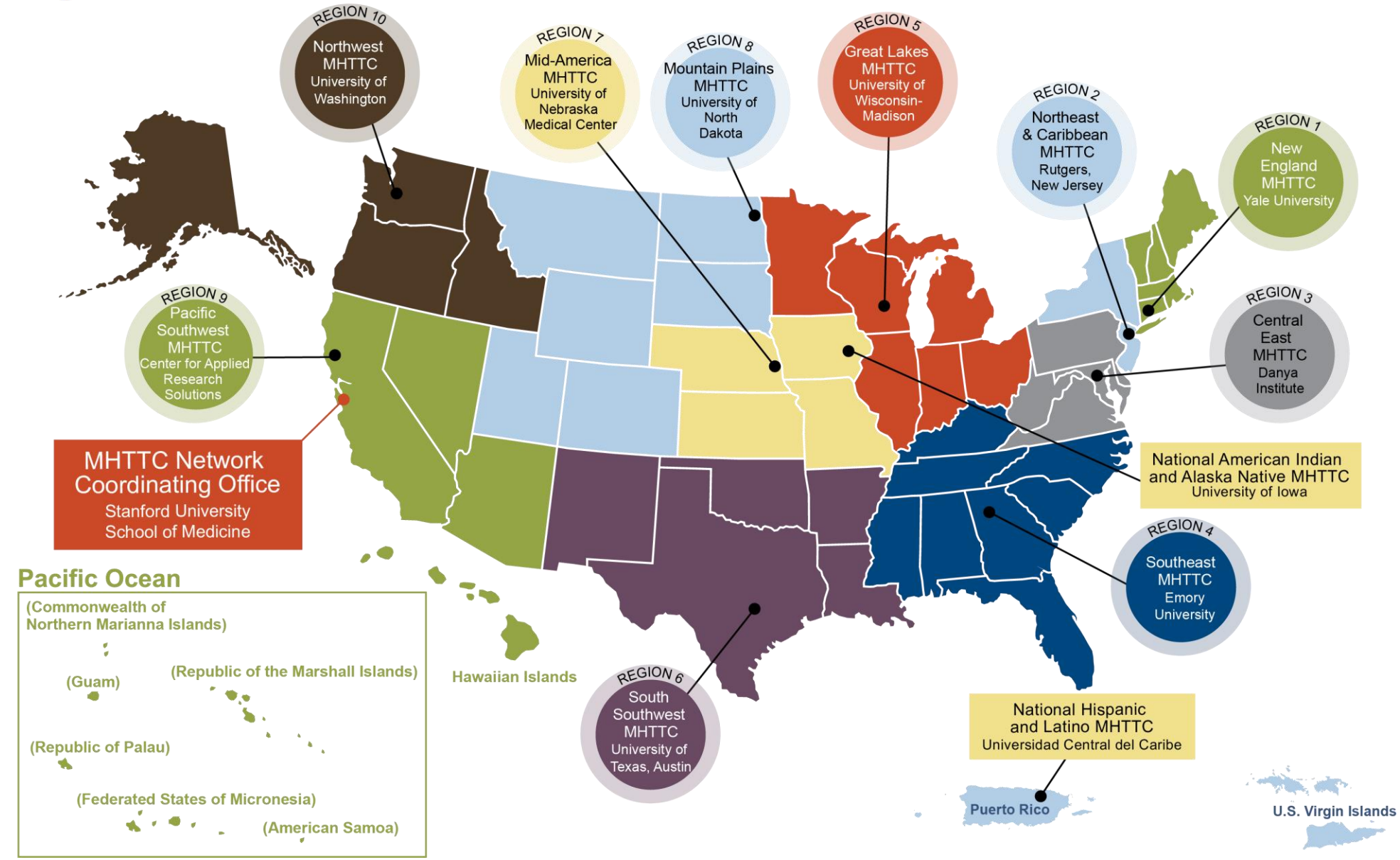
Dr. Kira Mauseth

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



ABOUT THE NORTHWEST MHTTC

PROUDLY SERVING ALASKA, IDAHO, OREGON & WASHINGTON

- EVIDENCE-BASED PRACTICES
- OUR WORKFORCE
- TRAINING, ONLINE COURSES & RESOURCES

REGION 10
Northwest MHTTC
University of Washington

mhttcnetwork.org/northwest

UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

Land Acknowledgement

Northwest (HHS Region 10)
MHTTC
Mental Health Technology Transfer Center Network

The Northwest MHTTC honors the many cultures and lands across our region spanning Alaska, Idaho, Oregon, and Washington.

We want to acknowledge that the Northwest MHTTC, based in Seattle, sits on the traditional land of the Duwamish and Coast Salish peoples past and present.

We honor with gratitude the land itself and the people who have stewarded this land throughout the generations.

Northwest (HHS Region 10)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

We use affirming, respectful and recovery-oriented language.

THAT LANGUAGE IS:

STRENGTHS-BASED & **HOPEFUL.**

HEALING-CENTERED/ TRAUMA-RESPONSIVE.

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR **OWN JOURNEYS.**

INCLUSIVE & **ACCEPTING** OF **DIVERSE** CULTURES, GENDERS, PERSPECTIVES, & EXPERIENCES.

PERSON-FIRST & **FREE OF LABELS.**

RESPECTFUL, CLEAR & UNDERSTANDABLE.

NON-JUDGMENTAL & AVOIDING ASSUMPTIONS.

CONSISTENT WITH OUR **ACTIONS, POLICIES, & PRODUCTS.**

Adapted from: https://mhcc.org.au/wp-content/upload/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Northwest (HHS Region 10)
MHTTC
Mental Health Technology Transfer Center Network

DISCLAIMER

- This presentation was prepared for the Northwest Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northwest MHTTC. This presentation will be recorded and posted on our website.
- At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.
- This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

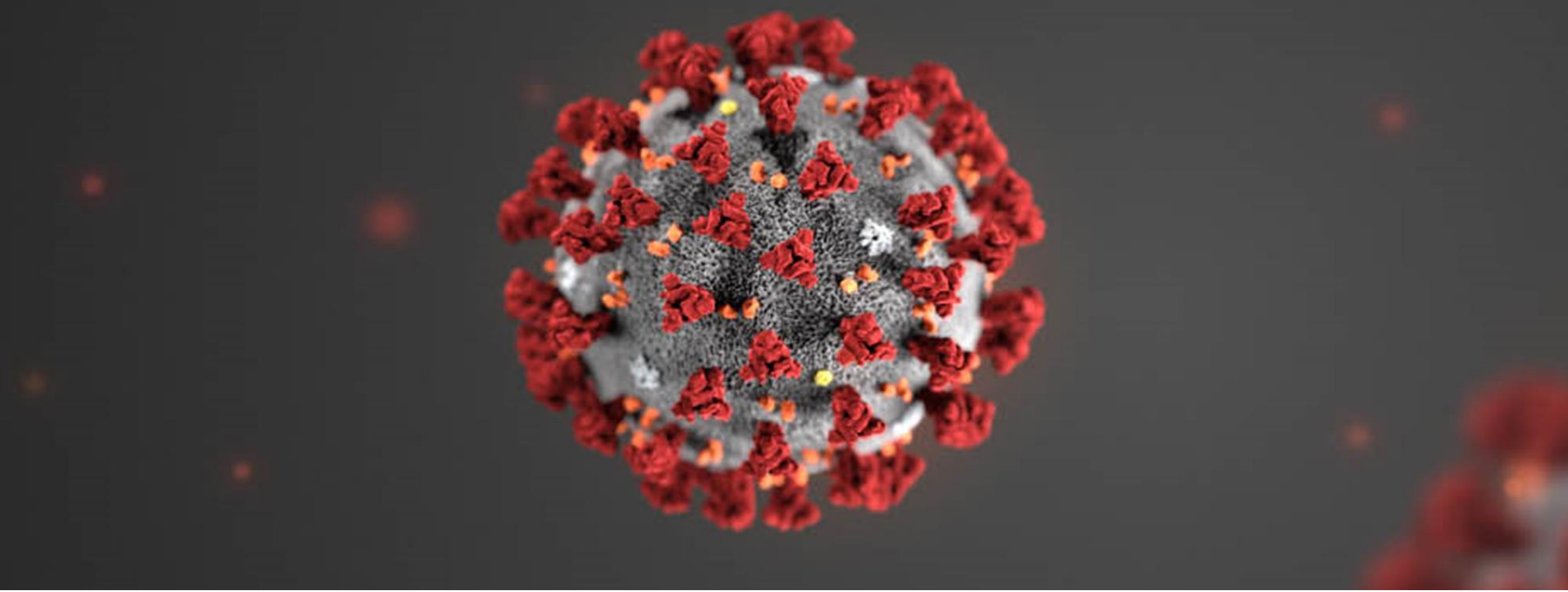
SAMHSA
Substance Abuse and Mental Health Services Administration

TODAY'S PRESENTER

- Dr. Kira Mauseth is a practicing clinical psychologist who sees patients at Snohomish Psychology Associates, teaches as a Senior Instructor at Seattle University and serves as a co-lead for the Behavioral Health Strike Team for the WA State Department of Health.

- Her work and research interests focus on resilience, trauma and disaster behavioral health. She has worked extensively in Haiti with earthquake survivors, in Jordan with Syrian refugees and with first responders and health care workers throughout Puget Sound the United States.

- Dr. Mauseth also conducts trainings with organizations and educational groups about disaster preparedness and resilience building within local communities.



Washington State Department of Health

BEHAVIORAL HEALTH IMPACTS OF COVID-19:

Disaster Response and Recovery Timelines, Cycles, and Common Experiences

Behavioral Health Strike Team

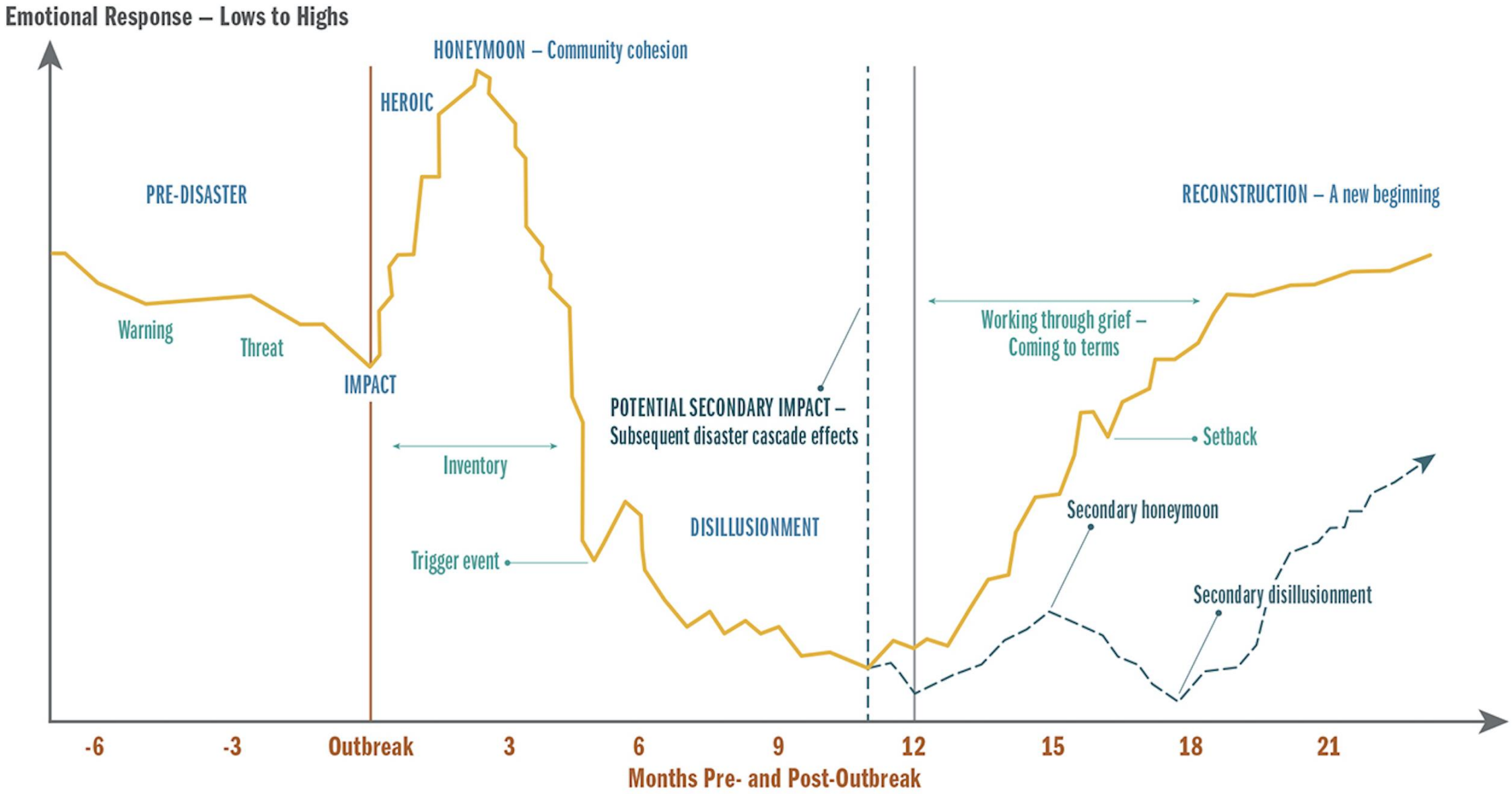
Agenda

Response and recovery trends

Understanding disaster phases and timelines

Common responses to disasters

Reactions and Behavioral Health Symptoms in Disasters



Key Things to Know

- **Three to four million** Washingtonians will likely experience *clinically significant* behavioral health symptoms within the next several months.
  - Depression, anxiety, and acute stress will likely be the most common.
  - Adolescents, teens, young adults, and older adults may need extra support.
- **Substance use related challenges are expected to continue.**
- **Pandemic apathy will drive acting "out" and acting "in."**
  - Acting "out": Pretending like the pandemic no longer applies, refusing to comply with regulations, trying to act in a business as usual capacity.
  - Acting "in": Giving up on things getting back to normal. Hopelessness and withdrawal, many symptoms consistent with major depressive disorder.
- **An eventual return to baseline levels of functioning** for many people should occur around 14– 18 months after the initial outbreak (May–July 2021), given the vaccine distribution timeline as an essential contributor to hope for many.

Phases of Disaster Recovery

Impact Phase

- 0 to 48-hours post-impact
- Emphasis on survival and communication
- Emotional impact of fight, flight, or freeze
- Panic

Rescue Phase

- 0 to 1-week post-impact
- Primary goal is to adjust
- Resilience vs. exhaustion
- Hope and optimism in conflict with fear and uncertainty
- Public attention and news (overwhelm)

Honeymoon Phase

- Can be 1-week to 3-months post-impact
- Community leaders are promising support
- Community bonding and support is high
- Sense of relief for survivors
- Unrealistic expectations of recovery, denial of the impact
- Social media has clear indicators of this

Phases of Disaster Recovery (continued)

Disillusionment Phase

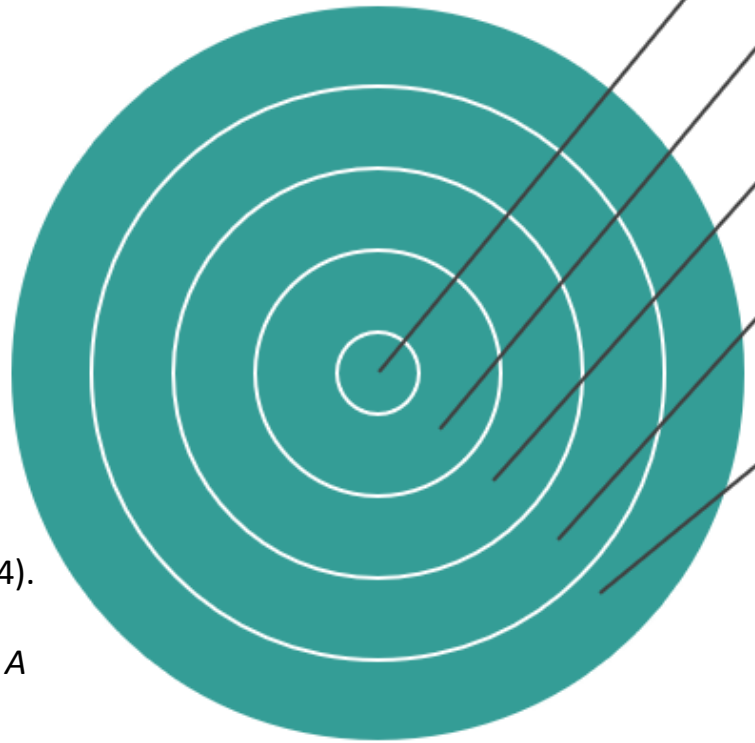
- Usually about 6–9 months post-impact, can be longer (the case with COVID-19)
- Limits of disaster assistance become clear (funding and support run out)
- Reality of the extent and impact of the disaster become evident
- Eventually, initial responding agencies and volunteers pull out and media attention wanes
- Survivors may become depressed or discouraged, more likely for stress-related physical symptoms to emerge

Reconstruction and Recovery Phase

- Community on the way to healing
- May continue for years
- Survivors begin to realize they will need to solve the rebuilding issues themselves
- May develop sense of empowerment
- Reorientation of purpose and redefine what the new normal will look like

Population Exposure Model *

- Those closest to the epicenter of the disaster (in terms of immediate and severe impact) are most likely to be affected.



A) Loss or serious injury of friends/family

B) Exposed to the incident and disaster scene but not injured

C) Knows persons who are bereaved, live in area where homes are destroyed, first responders, medical examiner's staff, professional immediately involved with bereaved families

D) Behavioral health and crime victim assistance, clergy and chaplains, hospital personnel, government officials, media

E) Groups that identify with the survivor group, businesses with financial impact, community at large, distant communities exposed via media

*Adapted from Substance Abuse and Mental Health Services Administration. (2004). *Mental Health Response to Mass Violence and Terrorism: A Training Manual* (DHHS Publication No. SMA 3959). Rockville, MD: U.S.

Demographic Characteristics

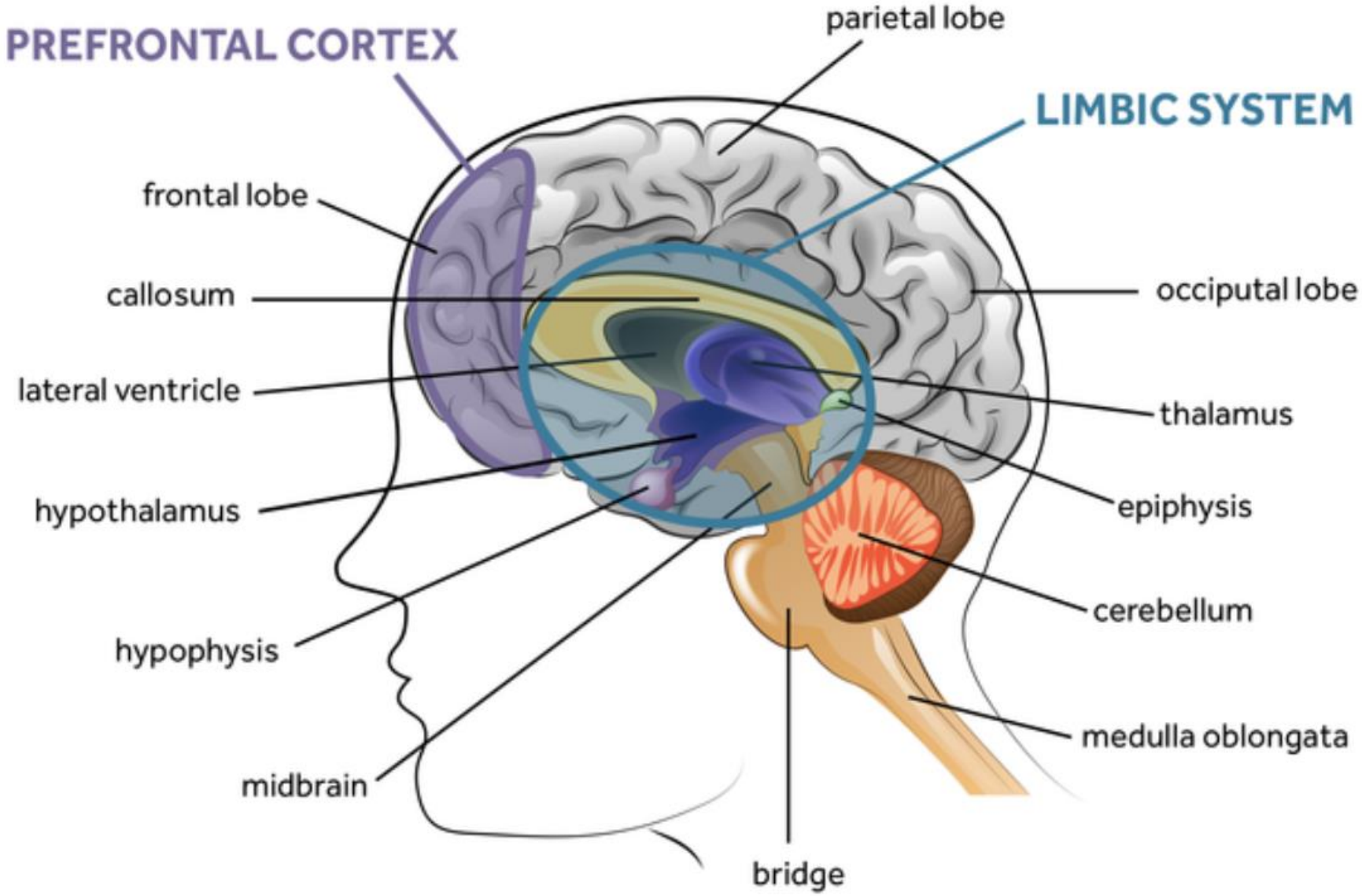
- Children are especially vulnerable to behavioral health symptoms and tend to be under-identified and undertreated.
- Middle-aged adults may experience significant stress responses and are often responsible for children and elderly parents.
- Older adults may have experienced many losses, can allow them to weather a disaster or may have diminished cognitive and physical capacities, which increases the impact of disasters for them.
- Women are affected disproportionately 2:1 over men, and marital status and being a parent are risk factors.
- Lower socioeconomic status is consistently associated with greater post-disaster distress.
- With COVID-19, BIPOC individuals are experiencing highly disproportionate negative outcomes, including course of illness and death.

Typical Shorter-Term Psychological Impacts

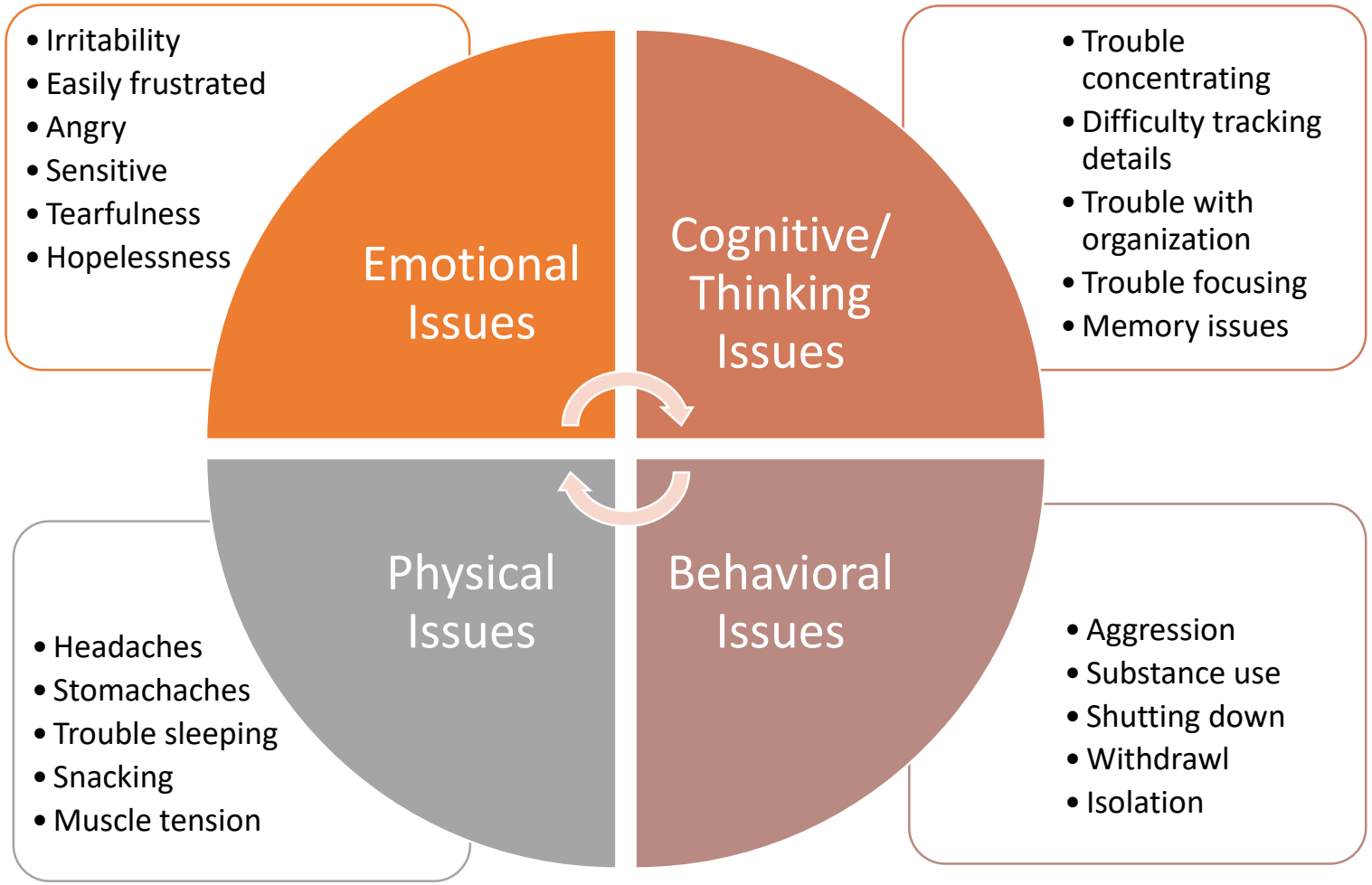
- Approximately 6%–33% of individuals will experience acute stress disorder (ASD) after a disaster.
- Post-traumatic stress disorder (PTSD) is **not** the normal response to disaster. Approximately 4% will develop PTSD following a natural disaster. Rates will likely be higher for COVID-19.
  - PTSD is found more in human-caused disasters, such as 9/11 (PTSD rates were higher than 50% in some places).
  - With COVID-19, PTSD rates seem to vary based on direct exposure to or threat from the virus (primary effects).
- Incidents of major depressive disorder typically occur in 17%–45% of the population, depending on the study and the disaster.
  - Disaster survivors and responders can exhibit depressive symptoms without meeting the criteria for major depression.

MUPS: Medically Unexplained Physical Symptoms

- Reported in 5%–35% of general medical patients
  - E.g., headache, abdominal pain, fatigue
- In disaster survivors:
  - 30%–80% report MUPS at 4 months post-event
  - 10%–40% report some MUPS at 6 years post-event


PREFRONTAL CORTEX
parietal lobe
LIMBIC SYSTEM
frontal lobe
callosum
occiputal lobe
lateral ventricle
thalamus
hypothalamus
epiphysis
cerebellum
hypophysis
medulla oblongata
midbrain
bridge

Common Responses



The Good News

Typical long-term response to disasters is resilience, rather than disorder. Resilience is something that can be intentionally taught, practiced, and developed for people across all groups.

Resilience can be increased by:

- Focusing on developing social **connections**, big or small.
- Reorienting and developing a sense of **purpose**.
- Becoming **adaptive** and psychologically **flexible**.
- Focusing on **hope**.

Resilience Development

Purpose

- What motivates you?
- What contributes to *compassion rewards*?
- What can you remind yourself of to help on a day-to-day basis **(don't think too long term or big picture)**.

Connection

- How can you maintain existing connections with others?
- How can you develop new connections?
- **Connection can be anything that prevents isolation.**

Flexibility and Adaptability

- How can you be creative in physical distancing while leveraging connection?
- How can you adjust your physical space?
- How can you adapt your schedule to give yourself discreet and clear breaks and boundaries?

Hope

- What opportunities may exist where they didn't before?
- What are some surprise or hidden benefits that have come out of recent experiences?
- What examples do you have to shift your thinking from a *threat* to a *challenge*?

What can we **do** that doesn't add **more** work?
MEDIC Model for Disaster Recovery

Model	Model resilience as a priority. Focus on purpose, connection, adaptability, and hope. Practicing resilience has a domino effect with others. They see you do it, and they do it too. Modeling resilience is one way to work smarter and not harder.
Engage	Engage in active listening with colleagues. This increases connection and is very effective for both the speaker and the listener. Start with simple, open-ended questions.
Develop	Develop healthy boundaries around work and personal time. Time off is **not** for work (emails, calls, etc.). This is particularly important for those who work changing shifts. Off time is still off time, regardless of when it takes place.
Identify	Identify small, workable pieces of a personal self-care plan. Who can you talk to? What activities can you do that give you a **true** break and allow some space? **Smaller** goals and timeframes. Music, TV, books, outdoors. What works for **you**?
Change	Change expectations and priorities about performance success. Shift your thinking from large to small scale. Try to let go of long-held, large-scale expectations, and adapt them for the current situation.

Resources

MEDIC, REST, and SAFE Models

Families, Children, and Teens:

- Behavioral Health Toolbox for Families: Supporting Children and Teens During the COVID-19 Pandemic
- Behavioral Health Group Impact Reference Guide: Families and Children

Emergency and Healthcare Workers:

- Coping During COVID-19 for Emergency and Healthcare Professionals
- Behavioral Health Group Impact Reference Guide:
    - Healthcare, behavioral health, outreach teams, post-vent individuals
    - Unique challenges/considerations
    - Support strategies (organizational, supervisory, personal)

Businesses and Workers:

- COVID-19 Guidance for Building Resilience in the Workplace

Resources (continued)

Training:

- Health Support Team (including train-the-trainer)
- PsySTART-Responder (frontline healthcare only)

For information on trainings, please reach out to the Behavioral Health Strike Team at DOH-BHST@doh.wa.gov.

Resources (continued)

Webpages:

DOH – Forecasts, situation reports, guidance, and other resources:

- Behavioral Health Resources Webpage

State – General mental health resources and infographics:

- Mental and Emotional Well-being Resources
- Infographic Library

Looking for support?
Call Washington Listens at
1-833-681-0211

WA Listens
Stay connected

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Northwest (HHS Region 10)
MHTTC
Mental Health Technology Transfer Center Network

LET'S CONNECT!

mhttcnetwork.org/northwest

https://bit.ly/NWMHTTCNewsletter

northwest@mhttcnetwork.org

@NorthwestMHTTC