

**CONSTELLA**



**G R O U P <sup>SM</sup>**

**Preparing for Pandemic Avian Influenza:  
Ensuring Mental Health Services and Mitigating Panic**

A White Paper

March 21, 2006

## TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>1</b>
<b>STRATEGY 1: PLAN HOW TO REPROGRAM FEDERAL MENTAL HEALTH FUNDS</b> .....	<b>2</b>
Recommendations .....	2
<b>STRATEGY 2: PLAN THE STATE AND LOCAL RESPONSE</b> .....	<b>2</b>
Recommendations .....	3
<b>STRATEGY 3: SUPPORT THE PRIVATE SECTOR RESPONSE</b> .....	<b>3</b>
Recommendations .....	3
<b>STRATEGY 4: ENSURE THE MENTAL HEALTH OF ESSENTIAL PERSONNEL</b> .....	<b>4</b>
Recommendations .....	4
<b>STRATEGY 5: MITIGATE PANIC</b> .....	<b>4</b>
Recommendations .....	5
<b>STRATEGY 6: IDENTIFY AND EMPOWER A LEAD FEDERAL AGENCY</b> .....	<b>5</b>
Recommendations .....	5
<b>CONCLUSION</b> .....	<b>6</b>

# Ensuring Mental Health Services and Mitigating Panic

## INTRODUCTION

**Ensuring mental health and substance use (MH) services and mitigating panic is essential to reducing the severe disruptions associated with the secondary effects of pandemic avian influenza (PAI).**<sup>1</sup> PAI will have widespread **primary effects** of increased morbidity and mortality, and the **secondary effects** of disrupting our economic, health, educational, and community institutions. Ensuring MH services to those experiencing severe loss or incapacity of family and friends; community leaders; and those requiring medical, psychological, and pharmacy services, can mitigate both the primary and secondary effects of PAI. Unlike most natural or man-made disasters with which we have previous experience, such as Katrina or the 9/11 terrorist attacks, PAI is very likely to be national in scope and unlikely to be restricted to a local area or region. As a result, the mental health strategies that have been effective in the past for localized disasters are not likely to be effective during PAI. A national response will be required and planning must be undertaken now.

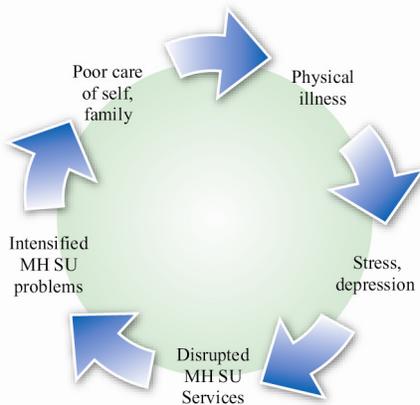
The purpose of this White Paper—whose intended audience is senior thought leaders, strategists, and decision-makers—is to present some of our thinking and thereby engender dialogue. We propose 6 strategies and associated recommendations to address these issues:

- ◆ Strategy 1: Plan How to Reprogram Federal Mental Health Funds
- ◆ Strategy 2: Plan the State and Local Response
- ◆ Strategy 3: Support the Private Sector Response
- ◆ Strategy 5: Mitigate Panic
- ◆ Strategy 4: Ensure the Mental Health of Essential Personnel
- ◆ Strategy 6: Identify and Empower a Lead Federal Agency

---

<sup>1</sup> *Substance use* is now the preferred term because it does not imply blame for a medical condition.

## STRATEGY 1: PLAN HOW TO REPROGRAM FEDERAL MENTAL HEALTH FUNDS



**Exhibit 1: Impact Cycle of an Epidemic**

In an epidemic, many new cases of mental illness are likely to develop, secondary to the epidemic of grief, depression, sleeplessness, and anxiety that will be associated with illness, the fear of illness, and death of loved ones. The incapacitation or death of family, friends, and community leaders (especially pastors, teachers, social workers, psychologists, physicians, nurses, and other members of helping professions) will compound these effects. Sequelae will include longer-term depression, panic disorder, and post-traumatic stress disorder, which in and of themselves increases stress on family and co-workers, as will the disruption of MH services. It is vital to control this “epidemic within an epidemic.”

### Recommendations

1. Develop simple mechanisms to reprogram Federal funds for urgent MH services; create mechanisms to waive any legal and regulatory barriers.
2. Create technical assistance mechanisms to help train and guide staff, both now in preparation and later to ensure management of MH problems.
3. Plan for expanded crisis hotlines (staff, training, scripts, referral mechanisms, equipment).
4. Define simple diagnostic and treatment algorithms for MH; train staff in their use; and, stock extra medications.
5. Create alternative staffing plans—including redeploying staff from clinics, hospitals, and other agencies—to fill behind absent and incapacitated staff; develop lists of private practitioners who can be available in a crisis.
6. Develop electronic and printed materials to explain to individuals what they are going through, that in many cases it will be self-limiting, and that treatments can be effective.
7. Prepare staffing and training plans for an epidemic of post-traumatic stress disorder.

## STRATEGY 2: PLAN THE STATE AND LOCAL RESPONSE

While the Federal Government can provide funds and technical assistance, the detailed planning and preparation must be done at the state and local level. As part of the post-9/11 emergency-preparedness efforts funded by CDC, state MH agencies have begun developing plans for a PAI crisis. However, states vary in their capacity to develop state-of-the-art plans preparing them to deal with the mental health crisis that will be associated with PAI. Federal agencies (e.g.,

SAMSHA, CDC, DHS) must work with the states to ensure that each has a highly specific plan for identification of needs, delivery of MH services, and strategies to mitigate panic (as described above).

### Recommendations

1. Review existing plans to ensure they include simple procedures for identifying populations at risk, and organizing services for both new and continuing cases of MH problems.
2. Ensure the plans have clear operational steps to identify and mitigate personnel and infrastructure vulnerabilities in state MH systems, (e.g., deploying personnel to different sites, ensuring transportation and communications back-up, making plans for extended stay of personnel in care facilities, and ensuring their own mental health is addressed).
3. Provide communication and funding mechanisms to allow states to receive and exchange technical assistance with Federal agencies, neighboring locales, and states with special capabilities.
4. Coordinate state and local plans with larger regional and national planning.

## STRATEGY 3: SUPPORT THE PRIVATE SECTOR RESPONSE

Just as the Federal Government must support state and local agencies, state and local agencies must become a resource for the private sector, including the business and non-profit communities. Much of the PAI planning will necessarily take place there, and those institutions must be as ready as possible to help sustain our economic, education, health, and community institutions during a crisis.

### Recommendations

1. Ensure private sector PAI plans take MH and panic issues into account.
2. Provide private sector planners with ongoing technical assistance to help make their plans sound on paper and executable in fact.
3. Identify local and national organizations (e.g., hospital associations, industry groups, utility consortia) that can provide leadership to their members, and also provide economies of scale to the stretched government resources.
4. Consider public-private partnerships and other creative associations and funding mechanisms to help meet the significant technical assistance needs the private sector will require.

## STRATEGY 4: ENSURE THE MENTAL HEALTH OF ESSENTIAL PERSONNEL

Adults respond to crises in a patterned way. One-third become immobilized, one-third become hyperactive and hyper-vigilant, and one-third continue to function normally. Those who are likely to become immobilized or hyperactive should not be the essential personnel supporting critical infrastructure, such as power, water, communications, transport, healthcare, fire, and police. Those who are judged able to function routinely should be so identified and receive special training.

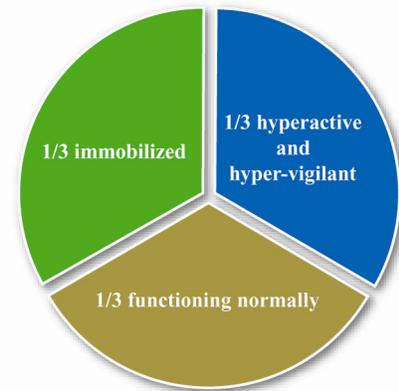


Exhibit 2: Behavior in a Crisis

### Recommendations

1. Identify via psychological assessments and review of past performance those essential personnel who are most likely to excel in a crisis.
2. Cross-train those “most” essential personnel in technical skills beyond their usual work to enable them to fill-in behind their colleagues who are immobile or hyperactive; provide supplementary crisis management training; ensure their availability via priority access to vaccination, transport, and communications.
3. Identify less critical roles for those more vulnerable to crisis.
4. Speed research in tools to identify those at highest risk for post-traumatic stress disorder; and pre-arrange care.

## STRATEGY 5: MITIGATE PANIC

The preventative for panic is information—timely, practical information on the state of affairs and what one should do next. Poor information does not merely lead to a knowledge vacuum, it’s worse, because in the absence of authoritative messaging, panicked people make up their own, often pessimistic, story. Although it may be difficult to anticipate the precise course of the epidemic, we can plan for likely eventualities, such as the need to do the following: close schools and selected workplaces; limit travel to emergency workers; triage the ill; conserve food, water, medicines, and power; provide convalescent care; adhere to isolation and quarantine measures<sup>2</sup> (but not overdo them); and obtain emergency mortuary services.<sup>3</sup>

During the epidemic, normal communication channels will be weaker than usual as communications systems fail for lack of power or printing supplies, and as media staff fall ill or are quarantined, are unable to travel to work, or absent themselves to care for family and friends. There will be no time to develop messages, never mind edit or pre-test them, nor will there be time to decide how they should best be disseminated (if indeed there are still-functioning choices). However, there is time to do all of this if we start now.

<sup>2</sup> Exposed but well people are quarantined; the ill are isolated.

<sup>3</sup> Death rates are estimated to be 10% to 100% higher than normal over the course of a year.

## Recommendations

1. Develop continuity plans for key media outlets (redundant communications networks, staff succession plans, back-up equipment, spare parts, and printing supplies).
2. Train media experts in delivering messages that do not inflame the public, but rather mitigate panic and deliver specific instructions.
3. Create a “bank” of messages that address emergency actions (e.g., school and workplace closings, travel restrictions, rationing, quarantine, temporary morgues); messaging should include rationale, duration, and required actions on the part of institutional leaders and general citizens.
4. Involve community leaders and the general public in testing and revising messages.
5. Review the messages for psychological and cultural content and impact.
6. Create the messages in a wide variety of media (broadcast, internet, print); ensure they are linguistically and culturally diverse.
7. Assign stewards for message content and distribution at Federal, state, and local levels.
8. Create a local responsibility and distribution matrix (or network) for each topic (e.g., religious organizations for mortuary services, hospitals for triage and convalescent care, and police for travel restrictions).
9. Consider using selected messages for education now; prepare the public.
10. Distribute stored messages geographically now to overcome disrupted communication networks.

## STRATEGY 6: IDENTIFY AND EMPOWER A LEAD FEDERAL AGENCY

Most of the Federal agencies deeply involved with PAI planning, whether from the public health or national point of view, do not have technical expertise in MH, nor issues of population panic. There will be many Federal, state, and local agencies, as well as private firms and institutions, that are planning, but there should be a central point of coordination to minimize duplication, share best practices, provide technical assistance, and ensure back-up when local systems fail. While SAMHSA would seem the logical candidate, an argument could be made that CDC or NIH could have this charge, with SAMHSA serving in an advisory/subject matter expertise role. This dialogue should start now and the President should be clear about lines of authority, working with Congress to ensure proper funding and legislation.

## Recommendations

1. The President and Congress should work together to identify a lead agency with this expertise—or access to it, and perhaps identify a key point-person.
2. Congress must ensure this Agency and its leadership are empowered to work with its sister agencies; and that it is sufficiently funded.

## CONCLUSION

*Good mental health is essential for good health.* The natural corollary is that there can be no true preparedness without planning for mental health care, with a particular focus on essential personnel. One of the lessons of managing all crises—wars, pandemics, terror attacks, natural disasters—is that our ability to respond will be predicated upon our ability to keep large populations in good mental health and to mitigate panic, while we all ride out the storm. Now is the time to start planning and acting on those plans.