

**PREPARING HOSPITALS TO DEAL WITH  
BEHAVIORAL HEALTH CONSEQUENCES FOR  
EXTREME EVENTS:**

***WHAT ABOUT STATE HOSPITALS?***

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**“Prepare Relentlessly”**

***-Rudolph Giuliani  
(In Leadership)***

# What Is Happening Nationally...

- Preparedness at all levels
- Inequity in preparedness resources (far less in mental health than public health and medical care)
- Too little emphasis on plan integration
- Psychosocial impacts continue to be undervalued (stigma?)

# What Does This Mean For State Hospitals?

# Special Preparedness Challenges...

- Evacuation of hospital (especially forensics)
- Integration of preparedness efforts with other government elements/institutions
- Assuring maintenance of accreditation preparedness expectations
- Potentially unwelcomed roles in bioterrorism preparedness

# The Big Struggle For All State Mental Health Authorities...

*How do we manage what amounts to an expanded mission (target population, organizational effort, enhanced collaboration) and in the context of declining resources?*

# State Psychiatric Hospital Share Roles With Other Hospitals...

- Target
- Patient care provider
- Workplace
- Community Partner

# One Training Option...

- Behavioral Health Awareness Level Training
  - *Conducted in several states over two years*
  - *Focus on public health and other community partners*
- Behavioral Health Awareness Training for Health Care Professionals
  - *Conducted over past year in several states*
  - *Focus on hospitals*
- Operations Level Training for Health Care Professionals
  - *Second level course*
  - *Began April 11, 2005 in Florida*

# Disaster Behavioral Health Awareness Training for Health Care Professionals



# Disaster Behavioral Health Awareness Training for Health Care Professionals

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**Why must  
Health Care Organizations  
Focus on  
Behavioral Health Issues?**

**Primary function of behavioral health**  
*in the midst of crisis:*

**To favorably influence**  
**optimal, healthy,**  
**functional individual and**  
**collective behavior**

# **Behavioral Health is a Critical Preparedness and Response Issue at All Levels**



**Individual Level:  
What are we trying to do?**

**Get people to do  
what is in their best interest**

**AND**

**Prevent people from doing  
what is not in their best interest**

# **Health Care System Level:**

## **What are we trying to do?**

- **Provide care for disaster victims**
- **Maintain care for current patients**
- **Safeguard staff**
- **Support responders**
- **Lead effectively in crisis**

# **Community Level:**

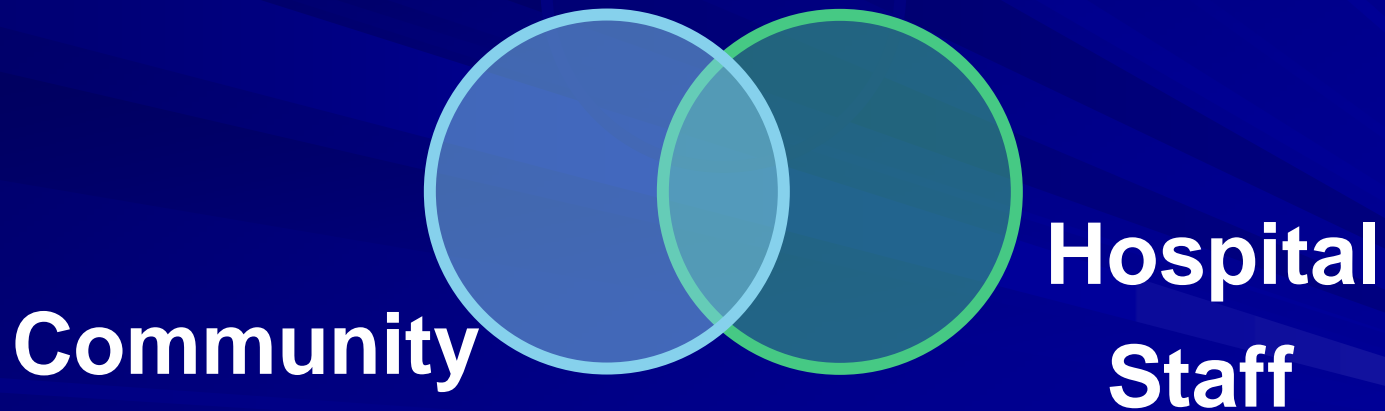
## **What are we trying to do?**

- **Promote community health**
- **Reduce exposure, illness, injury**
- **Reduce mortality**
- **Promote pro-social behavior**
- **Reduce fear-driven behavior**
- **Safeguard the health care system**

**Behavioral health  
concerns  
are absolutely  
life and death issues.**

# Constituencies

Patients



# **Disaster Behavioral Health Training**

**Behavioral Health Goals and Objectives for hospitals are organized within three major roles the hospital plays during a disaster or act of terrorism:**

- Hospital as a Patient Care Provider**
- Hospital as a Workplace**
- Hospital as a Community Partner**

# **Hospital as a Patient Care Provider**

## **Behavioral Health Strategies**

- **Expand surge capacity**
- **Conduct behavioral triage**
- **Conduct behavioral intervention**
- **Manage special contingencies**
- **Maintain ongoing inpatient care**
- **Support patient families**
- **Provide for special population needs**
- **Provide culturally competent care**
- **Communicate with the public**

# **Hospital as a Workplace Behavioral Health Strategies**

- **Provide staff protection and safety**
- **Expand staffing to meet patient surge demands**
- **Provide personnel support**
- **Encourage behavioral self-care**

# **Hospital as a Community Partner Behavioral Health Strategies**

- **Prepare the community health care system for behavioral consequences of terrorism**
- **Prepare community to respond to public fear behaviors**

# **Disaster Behavioral Health Planning**

# **Disaster Behavioral Health**

**Hospitals have not developed  
plans and protocols  
for dealing with  
disaster behavioral health issues  
during crises and extreme events.**

# Disaster Behavioral Health Planning

Planning uses two key dimensions:

- **Disaster phase**
  - **Pre-event**
  - **Event**
  - **Post-event**
- **Hospital roles**
  - **Hospital as a Patient Care Provider**
  - **Hospital as a Workplace**
  - **Hospital as a Community Partner**

# Activities by Disaster Phase

## *Pre-event*

- Plan
- Train
- Conduct drills
- Evaluate preparedness

## *Event*

- Activate and implement

## *Post-event*

- Restore function
- Evaluate performance

Patient Care Strategies		Prepare & Mitigate				Respond	Recover	
		Pre-event				Event	Post-event	
		Plan	Train	Drill	Evaluate	Activate	Restore	Evaluate
	Patient surge capacity							
	Behavioral triage							
	Early behavioral intervention							
	Special contingencies							
	Quality patient care							
	Patient family support							
	Special population needs							
	Culturally-competent care							
	Public communications							

Workplace Strategies		Prepare & Mitigate				Respond	Recover	
		Pre-event				Event	Post-event	
		Plan	Train	Drill	Evaluate	Activate	Restore	Evaluate
	Staff protection and safety							
	Staffing to meet patient surge demands							
	Personnel support							
	Behavioral self-care							

# Community Partner Strategies

Community Partner Strategies		Prepare & Mitigate				Respond	Recover	
		Pre-event				Event	Post-event	
		Plan	Train	Drill	Evaluate	Activate	Restore	Evaluate
Behavioral health consequences of terrorism preparedness								
Community response to public fear behaviors								