Promoting Resilience and Recovery in Newtown

Connecticut’s Mental Health Response to the Sandy Hook Tragedy
NASADAD/NASMHPD Joint Conference
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Introduction

- Discuss state’s mental health role in a mass casualty event
- Common intervention strategies
- Lessons learned
Sandy Hook Tragedy

- 20 children and 6 staff died
- 11 children and 2 staff “direct survivors”
- Principal died and lead teacher was shot
- K - 4 with 22 distinct classes and 460 students
- Approximately 90 staff
- School was re-located to neighboring town
Newtown

- Approximately 27,600 residents
- 7 schools with approximately 5,000 students and 800 staff
- Superintendent working w/o contract
- Affluent community about 95% white
- One public mental health agency in town
Department of Mental Health and Addiction Services Role

- Designated by Governor as lead for behavioral health
- Coordinated multi-tiered mental health response
  - Local/State coordination with Departments of Children and Families, Education, Public Health, State Police, MH providers, Red Cross
- Provided administrative support, consultation, and direct service to town and schools
- Assisted in grant preparation
CT Disaster Mental Health Assets

- DBHRN – Disaster Behavioral Health Response Network
  - 5 regional teams with approximately 250 members
  - Comprised of DMHAS, DCF and PNP MH staff
  - Formed after 9-11 to enhance state capacity
  - Designed as a short-term response
  - Core training include ICS and PFA, exercises,
- Other DMHAS and DCF state employees
- Contracted mobile crisis staff
- Health and Human Services strike teams
Scope of the Response

- Multiple state agency involvement
- 250 individuals – DMHAS, DCF, and PNP
- Federal involvement of HHS strike team
- Use of contracted mobile crisis staff
- Duration of almost 3 months
- 7 schools
Community Intervention Points

- Family Notifications and follow-up
- Community center
- Schools and Board of Education
- Red Cross family assistance center
- Local vigils and memorials
- Child care providers
- Local providers
Unique Aspects of Newtown’s Response

- “Helpers” that are profoundly impacted
- Degree of relatedness in the community
- Scope of the tragedy and its victims
- Strain on school/community resources
- Duration of the response and need to blend teams with HHS and EMPS staff
- Proximity of tragedy to school vacation limited access to Sandy Hook students and staff
- Limited MH resource capacity in town
- Loss of leadership at the school
Goals for Response

- Support rapid return to academic mission using Psychological First Aid
- Liaison to families of deceased
- Conduct triage and link to services
- Provide mapping of most affected in school
- Assist school to plan for and transition to long-term recovery program
- Support responders
Promoting Resiliency

- Restore sense of safety
- Increase personal competency and control
- Return to routines
- Reduce disruptions in daily living and secondary stressors
- Restore sense of hope
- Connect to social supports
Common Interventions

- Brief supportive counseling
- Parent and staff education
- In-class activities – art, relaxation, PFA
- Case coordination and linkage
- Consultation
Transitioning from Response to Recovery

- Viewed as 3 stage response – immediate, intermediate, and long-term
- Need to balance short-term response while bringing in longer-term resources
- Dependent on grant funding and local resource capacities
- Interventions change in each phase
- Must create planning process to get all stakeholder input
Components of a Long-Term Recovery Program

- Designated staff support for children, parents, and staff
- Screening and surveillance over time
- Parent and staff education
- Trauma-focused interventions like TF-CBT or CBITS
- Counseling
- Case coordination
- Linkage to other schools
- Summer check-ins
Federal Resources

- Project SERV – Department of Education
- Victims of Crime – Department of Justice
- SERG – SAMHSA “grant of last resort”
State Level Lessons Learned

- Consider developing multi-agency strike team
- Designate MH lead agency
- Be clear about your response capacities
- Activate your IC structure and establish regular communication
- Clearly define public/private response roles
- Pre-identify and screen potential experts
- Begin to plan exit strategy on day 1
More Lessons

- Focus on school emergency response plans
- Incorporate existing disaster response structures
- Psycho-education is critical for reducing community and school stress
- Create coordinating mechanism
- Clearly define roles of all BH responders
Additional Lessons

- Develop outline for school recovery program in advance of disaster
- Build and maintain your crisis response structure
- Build depth in your disaster response
- Have care plan for responders
- Implement specialized trainings for school response
Potential Training Considerations

- Death notifications and development of specialized team
- PFA and PFA for schools
- Trauma screening and brief intervention
- Manualized trauma programs like CBITS or TF-CBT
- School organization and incident command structure
“We Must Do Better”

- Early identification and linkage to services
- Community awareness re mental health
- Prevention programs
- Mental health tools for school personnel like PFA, CBITS