Psychological First Aid Demonstration Project

Preparedness and Emergency Response Learning Center (PERLC)
Center for Public Health Preparedness (CPHP)
School of Public Health
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Overview

• Psychological and Mental Health (MH) impacts of disasters
• Identified gaps in MH response in disasters
• What is Psychological First Aid (PFA)?
• Problem Statement
• Program Overview
• Next Steps

PFA Demonstration Project

• Association of Schools and Programs of Public Health (ASPPH) 2015 solicitation:
  “Translation, Dissemination, and Implementation of Public Health Preparedness and Response Training.”

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The project is supported by ASPPH through a cooperative agreement with the Centers for Disease Control and Prevention (Cooperative Agreement Number U36 OE00002).
Psychological/MH Impacts of Disasters*

- 25% or more of disaster survivors experience “disaster syndrome”:
  - Dazed, stunned
  - Acute mental and emotional symptoms
- May lead to prolonged problems
  - 11% - 40% PTSD

*J Pub Health Management Practice 2014, 20(5), S24-S29

MH Impacts of Weather Disasters

- Survivors experienced post-traumatic stress and depression in areas heavily impacted by Hurricane Sandy.
- Increased anxiety, depression and PTSD symptoms associated with flooding disasters.
- Children exposed to Hurricane Katrina were nearly 5 times as likely to exhibit serious emotional disturbance.
- Significant increase in ER visits for MH during heat waves.

MH Impacts of Other Disasters

- Terrorism and intentional Incidents
  - Substantial increase in stress and other symptoms following the attacks of 9-11 and the Boston Marathon bombing.
  - 44% of respondents from a national survey post 9-11 reported substantial stress.
  - 10 to 36% increase in the prevalence of post-disaster PTSD diagnoses following mass shooting events.
- Epidemics
  - High levels of PTDS symptoms reported during and after SARS, H1N1 and Ebola epidemics.
Identified Disaster Response Gaps

- Lack of trained staff to deal with MH issues identified as a gap area in Hurricane Sandy response.
- The 2013 NACCHO survey found that LHDs often do not have staff with expertise in behavioral mental health.
- The New York State Homeland Security Strategy for 2014-2016 identified need for increased training in PFA.

What is PFA?

- A set of early intervention tools to help responders address stress-related reactions in survivors immediately following a disaster;
- May also help to deal with stress in first responders themselves.
- PFA relates to mental health care as ‘first aid’ relates to medical care;
- PFA is evidence based/informed;
- Addressing stress allows critical immediate needs to be better addressed.

Goals of PFA

- Gives response workers the tools to:
  – Help survivors feel safe (objective/subjective);
  – Reduce stress-related symptoms;
  – Foster positive coping strategies.
- Allows response workers to:
  – Better meet basic needs;
  – Assure linkage to critical resources;
  – Assure connections to social supports.
What is PFA Not?

• PFA is not mental health counseling, but it may help to identify people in need of counseling;
• PFA is not an intervention that must be delivered by a mental health professional;
• Any response workers can administer PFA.

Example Approach
Johns Hopkins RAPID PFA*

• R: Reflexive listening – establish empathy, determine survivor experience and concerns;
• A: Assessment – is the survivor able to express emotions and function, or what do they need to do so?
• P: Prioritization – identify and triage their most pressing needs;
• I: Intervention – employ stress management techniques;
• D: Disposition – referral to clinical or social supports if needed.


Problem Statement

• PFA is a core preparedness competency for response agencies:
  – County health and mental health departments;
  – Hospitals, nursing home, home care and other health care providers;
  – Other emergency response workers/volunteers;
• Only a limited number of staff and volunteers are trained in PFA.
  – For example, only 10-15% of NY Capital District ServNY volunteers have received PFA training.
Problem Statement (con’t)

• Need for ongoing refresher and new-employee training in PFA;
• Response agencies may not have policies in place
  – Who needs training? How often? Who is responsible?
• Technical Assistance (TA) to implement interactive, face-to-face sessions to help solidify training may not be available;
• Agencies may need guidance on developing sustainable training programs and policies.

PFA Focus for the Demo Project

• Arose out of conversations with the regional HEPCs;
• Some HEPC partners may:
  – Not be aware of the need or resources available for PFA training;
  – Lack expertise in training content and course selection appropriate for their staffs;
  – Lack subject matter experts (SME) to implement face-to-face interactive sessions;
  – Lack time and resources to design training policies.
  – Operate in separate silos from mental health agencies and responders.
PFA Demo Project Outputs

Partnership with IDMH at SUNY New Paltz
1. Identify evidence informed PERLC/PERCC and other training tools for PFA;
2. Develop a PFA Training Coordinator Guide to:
   - List and summarize existing trainings;
   - Define intended audience;
   - Assess cultural competence;
   - Help design and conduct interactive, face-to-face learning sessions to practice PFA skills;
   - Foster partnerships with mental health providers;
   - Help form a basis for sustainability of PFA competent response workforce.

Project Outputs (con’t)

3. Deliver four 1-day regional trainings for Training Coordinators in the use of the Training Guide, including face-to-face interactive learning;
4. Provide TA to organizations that wish to use the Guide to deliver PFA training to their employees, and evaluate the effectiveness of the program;
5. Work with statewide organizations and local agencies to develop model training policies and assist in their adoption.

PFA Demo Project Outcomes

- Workforce better trained to respond to mental health needs during a disaster;
- Broader dissemination of PERLC/PERCC and other training products;
- Increased capacity for Regional HEPCs and local agencies to translate and disseminate PHPR trainings into policy and practice;
- Process could serve as a model for other trainings.
**PFA Demo Project Steering Committee**

Key preparedness and response stakeholders:

- Public health – NYSDOH, NYSACHO, local health department reps;
- Mental health – NYSOMH, NYSLMHD, local MH reps;
- Health care – HANYS, HCA-NYS, Hospitals;
- Academia - SUNY New Paltz, Institute for Disaster Mental Health, University at Buffalo, Department of Community Health and Health Behavior

**Steering Committee Roles**

- Provide SME in the development of the PFA Training Coordinator Guide and training program content;
- Promote PFA Demonstration Project activities with stakeholders and facilitate collaboration with key emergency preparedness and response partners;
- Provide guidance on the development and stakeholder adoption of a policy framework necessary to ensure sustainability of PFA training.

**PFA Project Timetable**

- January – April 2016
  - Convene Steering Committee
  - Meet with HEPCs, statewide organizations
- January – June 2016
  - Develop Training Coordinator Guide
- July – September 2016
  - Conduct TA sessions with local mental health providers
- July – November 2016
  - Conduct Regional Training Coordinator Guide trainings
Timetable (con’t)

- October 16 – June 2017
  - Assist local agencies wishing to conduct PFA training
- July 2016 – August 2017
  - Evaluation

Logic Model

Next Steps with HEPCs

- Assessment of HEPC agencies:
  - Survey existing policies and practices;
  - Identify barriers to implementation;
  - Identify potential training partners or resources;
  - Capture best practices and lessons learned;
- Identify training recipients and encourage participation;
- Help schedule regional training coordinator sessions.