

**Pandemic Influenza  
Behavioral Health  
Preparedness and  
Response: State Trends**

**SAMHSA DTAC**

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# About SAMHSA DTAC

The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC)—a project operated under contract to Educational Services, Inc.—supports SAMHSA’s efforts to prepare States, Territories, and local entities to deliver an effective behavioral health response during disasters.

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# Pandemic Influenza Behavioral Health Planning and Response: State Trends

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# Current Phase of Alert in the World Health Organization (WHO) Global Influenza Preparedness Plan

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

H5N1, a variant of avian influenza, is known to have infected 385 people worldwide since 2003; of these, 243 have died (63%).

## Behavioral Health Implications

- Fear, anxiety, and depression
- Uncertainty
- Grief and loss
- Psychosocial support needs
- Cumulative stress
- Mass social disruption
- Scarcity of behavioral health resources
- Continuity of operations
- Chronic mental illness
- Substance abuse



Photo source: National Archives



## **Challenges for Substance Abuse**

- Pandemic influenza as a social isolation disaster.
- Impact of pandemic influenza on substance use
  - Potential increase in use of alcohol or other drugs due to isolation and psychosocial stress.
- Substance abuse treatment and prevention infrastructure
  - Continuity of operations for substance abuse treatment facilities;
  - Specific challenge for Opioid Treatment Providers (OTP); and
  - Recovery without social support?
- Potential impact of substance abuse on the course of a pandemic.



## **Behavioral Health Interventions**

- The major challenge is to provide support without bringing people together by doing the following:
  - Provide online support and resources;
  - Offer telephone counseling;
  - Provide psychosocial support services to healthcare workers and the general population;
  - Use behavioral health risk messaging;
  - Encourage participation in online 12-Step meetings; and
  - Use behavioral health interventions to reinforce public health social distancing measures.



## North Carolina: Focus on State Planning

- North Carolina's behavioral health pandemic influenza plan addresses how the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) will respond to a pandemic influenza event.
- The plan utilizes the Incident Command System.
- "Priorities of DMH/DD/SAS during pandemic influenza will be to assure the continuation and delivery of essential behavioral health services while providing for the emergency behavioral health needs of the population."

## North Carolina (cont.)

- Plan highlights
  - Specific response activities listed according to the WHO pandemic influenza alert phases;
  - Behavioral health needs assessment of communities, victims, families, behavioral health consumers, and emergency workers and their families;
  - Promotion of psychological first aid and resilience for individuals and families;
  - Virtual behavioral health response;
  - Education on the behavioral health side effects of antiviral medications;
  - Provision of behavioral health care to marginalized populations; and
  - Psychosocial support services for the work force.

## California: Focus on Substance Abuse

- One of the few States to develop a pandemic influenza plan specifically for its Department of Alcohol and Drug Programs (ADP).
- **Goal:** “To guide and augment the application of ADP’s preparedness and response plans, protect staff, continue department operations, ensure the needs of clients of local programs are met, and respond to community alcohol and other drug needs resulting from pandemic influenza.”

## California (cont.)

- “Pandemic influenza places local programs, especially methadone services, at high risk. Staff shortages will result in closures of clinics and reduce the ability of remaining operational programs to manage the resulting increased demand. Hospitals will become overwhelmed by converging infected individuals and may not be able to provide emergency methadone to clients. Client access to services will be reduced by their own illness, the degradation of transportation systems, and the public health measures that discourage going out in public. Many methadone clients are also at higher-than-average risk for severe illness and resultant hospitalization due to suppressed immune systems.”
- Specific actions listed according to WHO pandemic alert phase including the following:
  - Regulatory relief for methadone providers; and
  - Encouraging inclusion of methadone providers’ needs in local health and hospital emergency plans.

## Arizona: Focus on Workforce Support

- Inter-pandemic period
  - Institutionalizing statewide psychosocial support systems
  - Preparing workforce support materials
  - Developing workforce resilience programs
- Pandemic period
  - Delivering psychosocial support services
  - Providing information to responders
  - Implementing workforce resilience programs during predeployment, deployment, and postdeployment



## **Texas: Focus on Behavioral Health Integration**

- Behavioral health responses integrated into each pandemic phase for the following key plan components:
  - Planning and coordination;
  - Situation monitoring and assessment;
  - Prevention and containment;
  - Health systems response; and
  - Communications.

## New Jersey: Focus on Psycho-Education

- Psycho-educational resources for the public and crisis counselors.
- *Coping with the Emotional Challenges of Pandemic Influenza: An Online Guide for Individuals and Families* is available at <http://www.disastermentalhealthnj.com>.
- Pamphlet to educate the public about reactions to public health emergencies and how to cope, *Coping with your Emotions During Public Health Emergencies*, is available at <http://www.disastermentalhealthnj.com>.



division of mental health services

disaster & terrorism branch

# Coping with the Emotional Challenges of Pandemic Influenza



An Online Guide for  
Individuals and Families

# Ohio: Focus on Psycho-Education

- Information targeted to providers of behavioral health services that details issues providers might encounter if a pandemic occurs, and stresses the importance of an appropriate behavioral health response in diminishing the anxiety associated with pandemic influenza.
- General information about how to prepare, coping skills, possible behavioral health symptoms, and additional online resources.



## DIMINISHING THE ANXIETY OF PANDEMIC INFLUENZA

### What is Pandemic Influenza?

The Ohio Department of Health defines pandemic influenza as the international circulation of a new influenza strain for which most of the world's population has no immunity (resistance). There were three pandemics in the 20th century (1918, 1957, 1968). These have tended to last about a year during which time humans build antibodies to counter the particular strain of virus. Experts agree another influenza pandemic will come, but no one can predict when. Of recent concern is the outbreak of H5N1 (avian flu) among birds in various parts of the world.

### Avian Flu

Various species of animals are capable of hosting a range of viruses. H5N1 is a Type A virus that can cause death to many species of birds, including domesticated fowl. The outbreak of H5N1 in portions of Asia and Eastern Europe has resulted in the culling of millions of birds as authorities attempt to stem the spread of the infection. Although nearly 200 human deaths have resulted from H5N1 exposure, these appear to have been caused by direct exposure to infected birds or their biological residue.

The greatest risk to humans is the possible mutation of the H5N1 virus, enabling it to be transmitted from person to person. Having had no prior exposure to H5N1, the human immune system has no antibodies to effectively combat the virus. A mutated H5N1 virus could spread among humans much more rapidly than in previous pandemics due to our contemporary ease of travel. Although **there has been no documentation of sustained human-to-human transmission of H5N1, the time is right to prepare for the possibility.**

### What is Being Done to Prepare?

Local, state, national and international governmental entities have begun preparations to address a potential pandemic. These preparations include developing and distributing antiviral agents; destroying animals that might be infected; developing quarantine, isolation and medical surge plans; and even calling for the military to enforce such measures.

### How Would Behavioral Health Be Impacted by an Outbreak?

After the news of a pandemic influenza outbreak, behavioral health symptoms will be shared by large portions of the population. Disorders of mood, cognition and behavior (fear, anxiety, panic, and grief) will be among the common findings in populations exposed, or thought to be exposed. Although symptoms may result from exposure to infection, similar symptoms may result from the mere perception of exposure or anxiety precipitated by fear of infection and death.

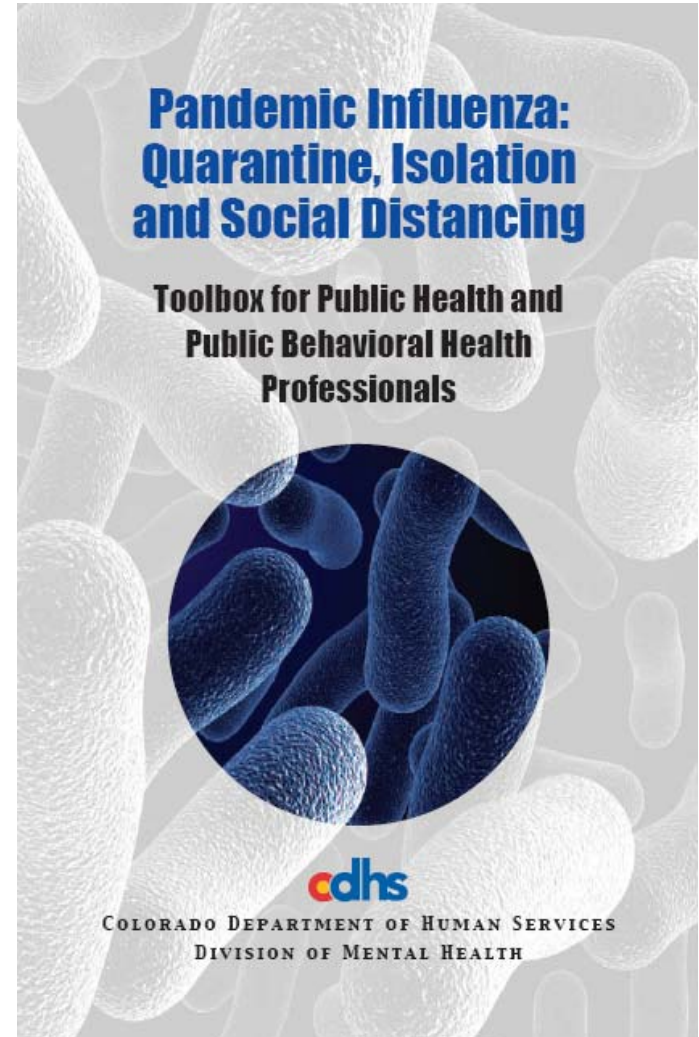
The "worried well" -- those who, in extreme cases, unconsciously adopt symptoms associated with the infections -- are likely to cause part of the medical surge in a pandemic outbreak. At the same time, those who are infected and symptomatic may use defense mechanisms to avoid seeking treatment. Behavioral health outreach services are particularly important to this group.

Medical personnel and public health officials will likely be the first responders to a pandemic influenza outbreak, and their mere presence may cause confusion and fear among persons more accustomed to seeing police, fire and military first responders. Medical personnel and public officials are not immune to the infection itself nor to the phenomenon of being "worried well." Clear, consistent, reliable and repetitive messages from trusted sources can diminish public uncertainty about the symptoms that might otherwise prompt persons to seek unnecessary treatment.

Behavioral health (alcohol, drug and mental health) is a vital component of a coordinated response to a potential pandemic. In particular, appropriate behavioral health messages can help curb the medical surge expected to follow an outbreak. Although there will be reliable national sources of information, people tend to rely most on trusted local sources. Clinicians trained in the Ohio All Hazards Behavioral Health Curriculum are prepared to provide stabilization and outreach services. In addition, they are capable of "triaging" those persons possibly in need of clinical intervention. Ensure that your local behavioral health partners are active in the All Hazards initiative and the local agency Emergency Management Agency.

# Colorado: Focus on Behavioral Health- Public Health Collaboration

- Addresses the behavioral health issues (i.e., public fear, noncompliance, staff anxiety, stress) related to quarantine and isolation caused by pandemic influenza.
- Describes ways behavioral health interventions can reinforce public health social-distancing measures.





## New York City: Pandemic Influenza Mental Health Plan

- “The Mental Health Response section of the Plan describes systems that will be implemented to address the psychological consequences of an influenza pandemic in New York City (NYC). The planning for mental health (MH) interventions assumes that, while all New Yorkers will be affected to some extent, some groups are more vulnerable than others.”
- “Addressing MH needs will help the public cope in a pandemic, supporting the effective implementation of medical and non-medical public health measures.”

## New York City (cont.)

- Inter-pandemic periods (WHO phases 1 and 2).
- Pandemic alert periods (WHO phases 3, 4, and 5) include the following:
  - Activate interagency collaboration system;
  - Assess mental health needs; and
  - Provide psycho-educational materials.
- Pandemic period (WHO phase 6) includes the following:
  - Provide mental health support at healthcare facilities;
  - Provide psycho-education;
  - Address mental health needs due to mass vaccinations;
  - Address mental health issues associated with containment measures; and
  - Address mental health consequences in the event of mass fatalities.



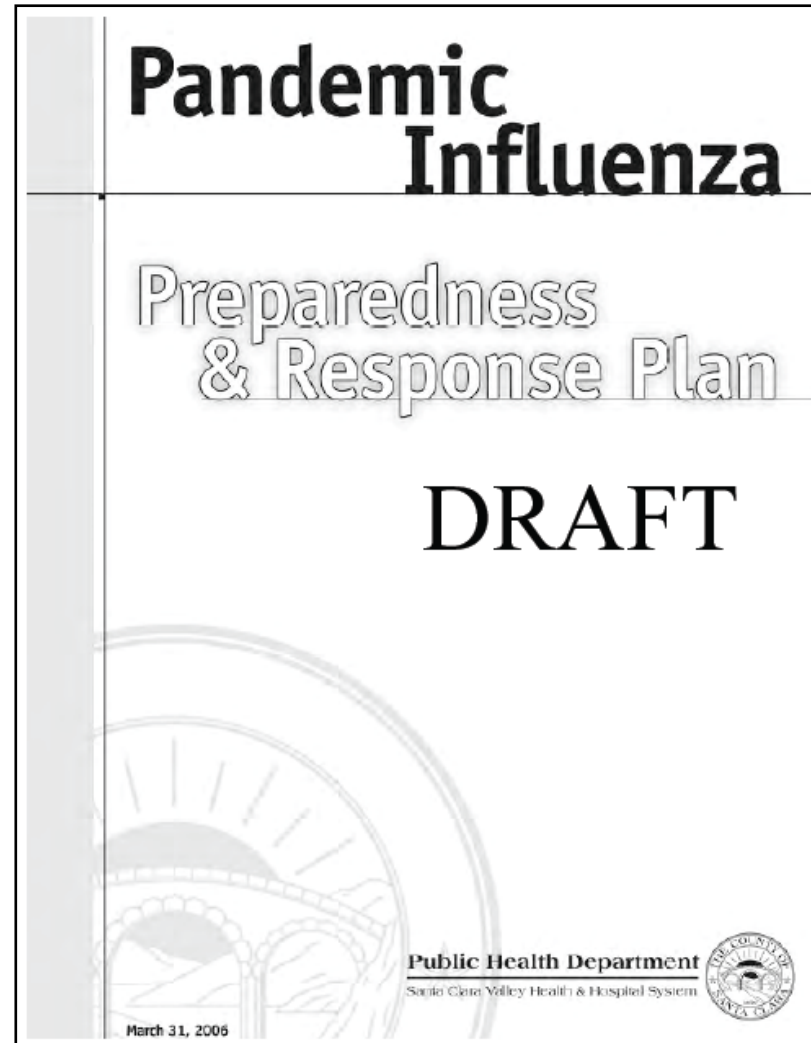
## **New York City (cont.)**

- Special needs populations include residents of substance abuse residential treatment facilities.
- Current status of resources includes the following:
  - Increasing awareness;
  - Training;
  - Monitoring and evaluation; and
  - Conducting exercises and drills.



# Santa Clara County, CA: Focus on Public-Private Sector Psychosocial Planning

- Psychosocial support module based on public-private sector planning.
- Psychosocial support services will be targeted to healthcare workers and their families, current and new clients, and members of the general community.
- Planning issues related to special populations are integrated throughout the plan.



## State Strategies

- Behavioral health response for the following:
  - General population;
  - Current substance abuse and mental health consumers;
  - Healthcare workers and first responders; and
  - Other special needs populations.
- Behavioral health infrastructure and continuity of operations planning.
- Training and psychoeducation for the following:
  - General population;
  - Current substance abuse and mental health consumers;
  - Healthcare workers and first responders; and
  - Other special needs populations.
- Collaboration with public health.

## What are States Asking About?

- Is there specific behavioral health guidance for pandemic influenza response?
- What are the innovative behavioral health interventions needed to address pandemic influenza?
- What collaboration is happening on the Federal level to identify or develop psycho-educational materials and intervention strategies specific to pandemic influenza?
- How will a pandemic influenza event affect the Federal Emergency Management Agency Crisis Counseling Assistance and Training Program?
- Is there funding to support a behavioral health role in pandemic influenza planning?


## What are States Asking About? (cont.)

- Information on the following issues specific to pandemic influenza:
  - Stressors related to pandemic influenza
  - Signs of distress
  - Traumatic grief
  - Psychosocial aspects related to management of mass fatalities
  - Stress management and coping strategies
  - Strategies for building and sustaining personal resilience
  - Behavioral and psychological support resources
  - Strategies for helping children and families in times of crisis
  - Strategies for working with highly agitated patients

# Pandemic Influenza Behavioral Health Guidance

- Preparedness
- Early pandemic response
- Later response and recovery
- Mental health intervention planning
- Calls for monitoring of potential substance abuse impact of a pandemic

Source: Uniformed Services University of the Health Sciences,  
Center for the Study of Traumatic Stress


Center for the Study of Traumatic Stress

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities  
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • [www.usuhs.mil/csts/](http://www.usuhs.mil/csts/)

## MENTAL HEALTH AND BEHAVIORAL GUIDELINES FOR RESPONSE TO A PANDEMIC FLU OUTBREAK

### *Background on the Mental Health Impact of Natural Disasters, including Epidemics*

It is only relatively recently that attention has been focused on the mental health impact of disasters. Previously, concerns related to immediate physical health and community infrastructure risks in the aftermath of disasters such as storms, earthquakes, or floods had overwhelmed considerations of the short and long-term mental health consequences of disasters, or the extent to which mental health played a role in the impact of a disaster (1).

In the arena of the health impact of natural disasters, the majority of data available relate to weather or geologic events (1). For example, there is some data on the long-term mental health impacts of such disasters as the Gujarat and Turkey earthquakes (2); the 2004 Asian tsunami (3); a number of large impact disasters in South America and Asia; and soon, there will be published data on Hurricanes Katrina and Rita (4-5). We know that severe stress reactions are common; that front-line health and human services workers are at high risk for PTSD; and that in general, even in relatively developed countries, there is very little existing infrastructure in place that can adequately address the mental health needs of victims (5).

In contrast, there is almost no data on the mental health impacts of outbreaks of disease. This is largely because there have been few pandemic health threats in the last century. Since the highly lethal pandemic outbreak of influenza in 1918, there have been few global threats from infectious agents. The recent outbreaks of SARS in Asia and Canada, which caused global concern but fortunately did not result in large-scale outbreaks nor a global pandemic, gives us the most recent data on the mental health concerns that are relevant in a pandemic outbreak situation.

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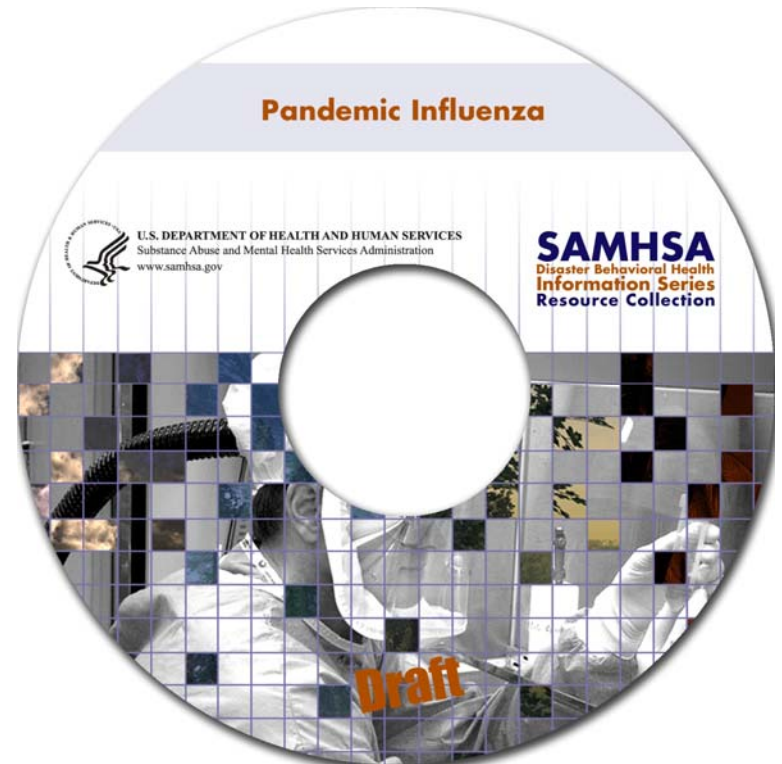
The data from the SARS outbreaks indicated that upwards of 40% of the community population experienced increased stress in family and work settings during the outbreak; 16% showed signs of traumatic stress levels; and high percentages of the population felt helpless, apprehensive, and horrified by the outbreak (6). In another community survey 30% of those surveyed thought they would contract SARS, while only a quarter believed they would survive if they contracted the disease, despite an actual survival rate of 80% or more, indicating a fairly high rate of perceived risk that might have preceded widespread panic had the outbreak been either more widespread or more lethal (7). Community residents were diligent about adopting appropriate person-to-person transmission precautions; however, precautions were adopted differentially based upon anxiety levels and perceived risk of contracting the disease, indicating the importance of stress and anxiety levels, as well as baseline mental health, on a public response to taking necessary precautions (7).

We also know from the SARS outbreak that front-line health workers may be particularly vulnerable to negative mental health sequelae of treating outbreak victims. Studies of the nurses who treated SARS patients indicated high levels of stress and about 11% rates of traumatic stress reactions, including depression, anxiety, hostility and somatization symptoms (8).

While there have been relatively few large outbreaks to inform an appropriate response to a potential pandemic flu, the existing data on infectious disease outbreaks, data from natural disasters, and public mental health principles can

# **Disaster Behavioral Health Information Series: Pandemic Influenza (in development)**

- **Examples of State and local pandemic influenza behavioral health plans**
- **State and local planning checklists**
- **Psycho-educational resources**
- **Behavioral health guidance**
- **Psychosocial workforce support resources**
- **Psychosocial issues for schools**
- **Academic papers**



## Resources

### SAMHSA DTAC

<http://mentalhealth.samhsa.gov/dtac>

### Official U.S. Government pandemic influenza Web site

<http://pandemicflu.gov/>

### State Pandemic Influenza Plans

<http://pandemicflu.gov/plan/states/stateplans.html>

### Health and Human Services Pandemic Influenza Plan

<http://www.hhs.gov/pandemicflu/plan/>

## **Resources (cont.)**

Uniformed Services University of the Health Sciences,  
Center for the Study of Traumatic Stress

<http://www.usuhs.mil/csts>

Center for Infectious Disease Research and Policy,  
Promising Practices: Pandemic Preparedness Tools

<http://www.pandemicpractices.org/practices/article.do?page=home>

World Health Organization, Pandemic Influenza Writing  
Group

<http://www.adph.org/pandemicflu/assets/NationalCommunityMeasures.pdf>