Disaster and Resilience Psychiatry:
Key Points for Covid-19 Town Meeting
Massachusetts Psychiatric Society
March 31, 2020
# Dr Stoddard

## Disclosures of Potential Conflicts

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Disaster Psychiatry

- Emphasis on normality of responses vs pathology
- Emphasis on populations of high risk groups vs individual Rx
- Promote overall medical health status
- Facilitate application and management of post disaster aid (human services needs and financial)
Psychiatrist and Disaster Response

- First and foremost, a humanitarian who is a physician who is a psychiatrist
- May reduce mental health risks via media
- Interface between medical/psychiatric/human services
- Key component of any disaster mental health team (leader/specialty member)
- Broker of resources
- Professional credibility
- Advocate
What is known from Pandemics?

- Plague
- Typhoid
- 1917-18 flu
- Polio
- HIV
- SARS/SwineFlu-H1N1
- COVID-19, so far
Disaster Community

(Taylor, 1987; Wright et al., 1990)
Pandemics

- Natural or manmade
- Un-intentional or intentional
- Central becoming peripheral
- What bearing do these dichotomies have on the mental health impact of Pandemics? Covid 19?
Mental Health in Disaster

Distress Responses

Mental Health/Illness
- PTSD
- Depression

Human Behavior in High Stress Environments
- Change in Safety
- Change in Travel
- Smoking
- Alcohol
- Over dedication

Center for Traumatic Stress Studies 2005
Phases of Disaster

PREDISASTER

Threat

Warning

Impact

HEROIC

HONEYMOON
(COMMUNITY COHESION)

DISILLUSIONMENT

RECONSTRUCTION
A NEW BEGINNING

(COMING TO TERMS)

WORKING THROUGH GRIEF

Trigger Events and Anniversary Reactions

Inventory

--1 TO 3 DAYS-- Time --------------- 1 TO 3 YEARS-----------------------

ZUNINMYERS
What’s Happening

- High emotions
- Multiple players
- Shifting priorities
- Unclear directives
What’s Happening

- Varying levels of distress/anxiety
- Confusion
- Blaming and anger
- Need for reliable information
- Fluctuating needs
Mitigating fear and reducing stigma
Promoting resilience
Collaborating with primary care
Studying, and decreasing, health risk behaviors
Telemental Health –
the name of this game

- Cells, computers, websites - “being there”
- Remote: everyone’s using it.
- Digital prescribing nearly universal
- Insurance paying, for now.
- Expanding & will after
- International
- Timely evaluations and treatment, with translation

Remote: everyone’s using it.

Digital prescribing nearly universal

Insurance paying, for now.

Expanding & will after

International

Timely evaluations and treatment, with translation
Psychiatric Roles for Children and Families

- **Planner** of Preventive Interventions
- **Developmental focus** via media and telepsychiatry
  - Risk Communication esp for parents and teachers
  - Child Psychological First Aid
  - Collaborative care with Disaster Services Teams, Schools
  - Reducing stigma
- **Clinician**: acute, intermediate, long-term
  - Trauma-informed diagnosis and treatment
  - Family interventions
  - Consultation-Liaison – the injured
- **Researcher**
- **Advocate**
Children’s Reactions in Disasters Are Affected By the:

- Developmental level and cognition
- Degree of exposure
- Preexisting risk factors
- Protective factors
- Daily routines
- Information
- Death of loved one, loss of home, displacement
- Social referencing: parental/other adult/peer response
- Media exposure
AACAP Disaster Practice Parameters

Courtesy: S J Cozza MD, USUHS and AACAP
Resilience

Biological: hormones, neurotransmitters

Psychological: social support, cognitive flexibility, having a moral compass, active coping, positive outlook, physical exercise (Disaster Psychiatry Outreach 2008)

Also: hardiness, self enhancement, repressive coping, positive emotion, optimism, sense of humor (Bonnano 2004; Southwick et al 2005)
Postdisaster Trajectories
for PTSD, depression, and substance abuse

Adverse outcomes: determinants:

-- experiencing persistent stressors & traumatic events
-- intensity of disaster exposure
-- emotional reactions to the disaster
-- postdisaster low income

Resilience: determinants:

-- collective efficacy
-- social support

(Joshi & Cerda, In: Ursano et al, 2018)
Summary

- Most children are resilient
- Psychological First Aid appears
- Children benefit most from basic necessities and natural support systems
- Screening identifies children at risk. Evaluation identifies those needing treatment
- [www.NCTSNet.org](http://www.NCTSNet.org)  [www.pittsburghchildtrauma.org](http://www.pittsburghchildtrauma.org)
References

- GeneBeresin ‘s 7-ways@MGH ClayCenter; Bepi Raviola’s & GrantBrenner’s 7 Ingredients; www.psych.org/Resources/Disaster Psychiatry.aspx; www.aacap.org; http://nctsn.org; www.redcross.org; www.fema.org; www.humanitarianinfo.org/iasc; disasterpsych.org


