



Disaster and Resilience Psychiatry: Key Points for **Covid-19 Town Meeting**

Massachusetts Psychiatric Society
March 31, 2020

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Disclosures of Potential Conflicts

Source	Research Funding	Advisor/ Consultant	Employee	Speakers' Bureau	Books, Intellectual Property	In-kind Services (example: travel)	Stock or Equity	Honorarium or expenses for this presentation or meeting
Massachusetts General Hospital								
Shriners Hospital for Children- Boston	X							
Massachusetts Medical Society								
Ontario Medical Association								
Oxford Univ. Press					X			

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)

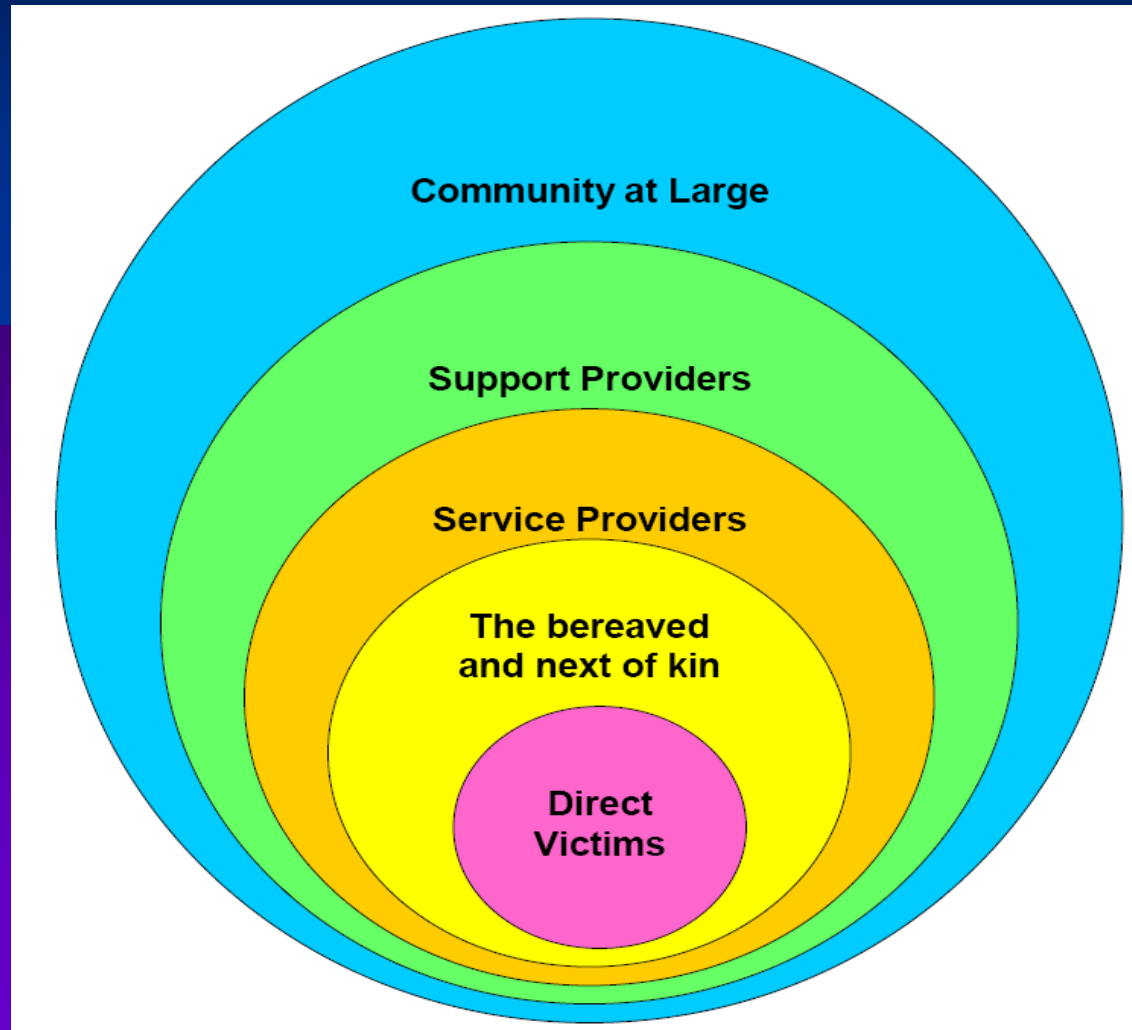
Psychiatrist and Disaster Response

- 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

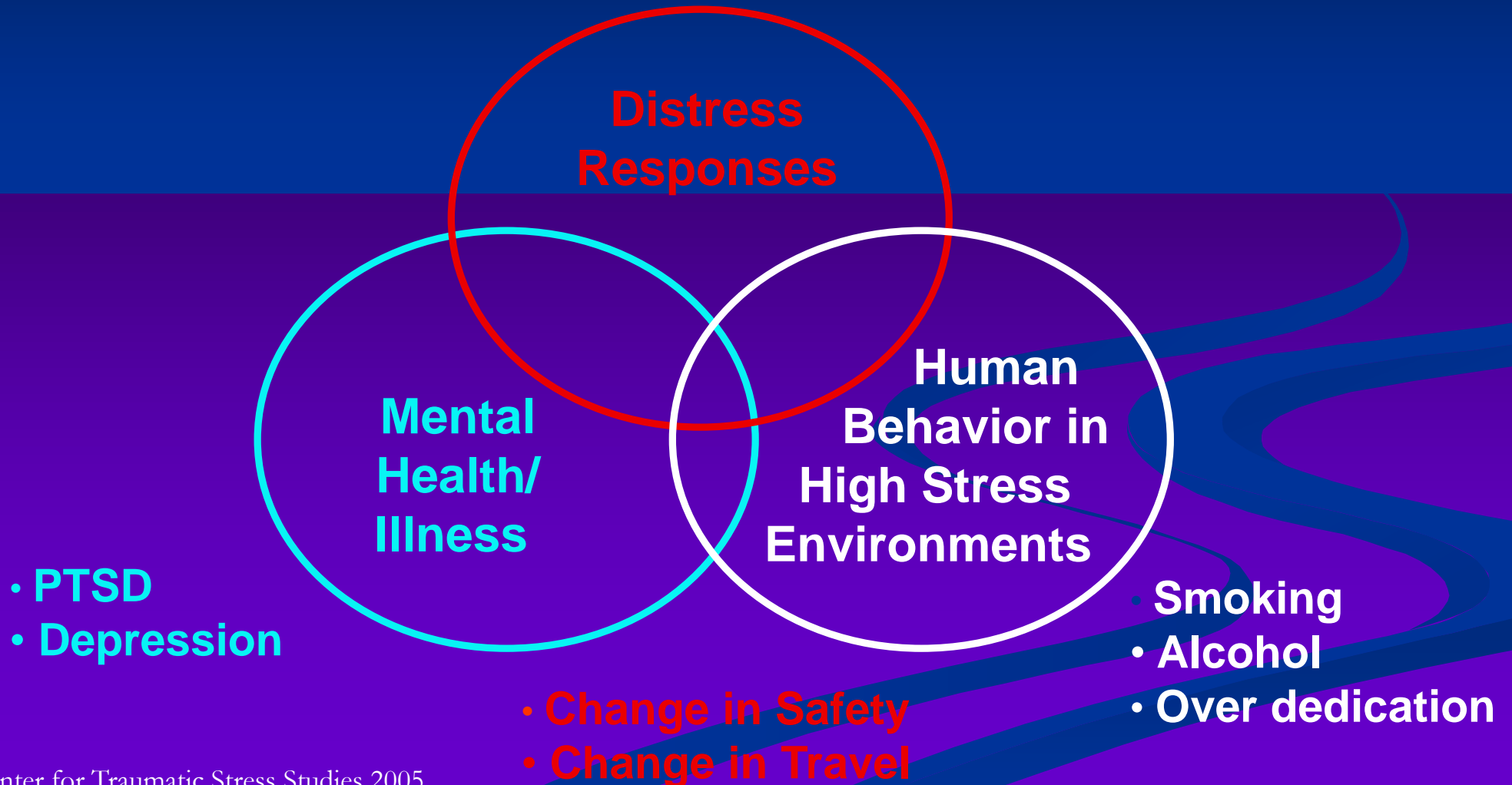


(Taylor, 1987; Wright et al., 1990)

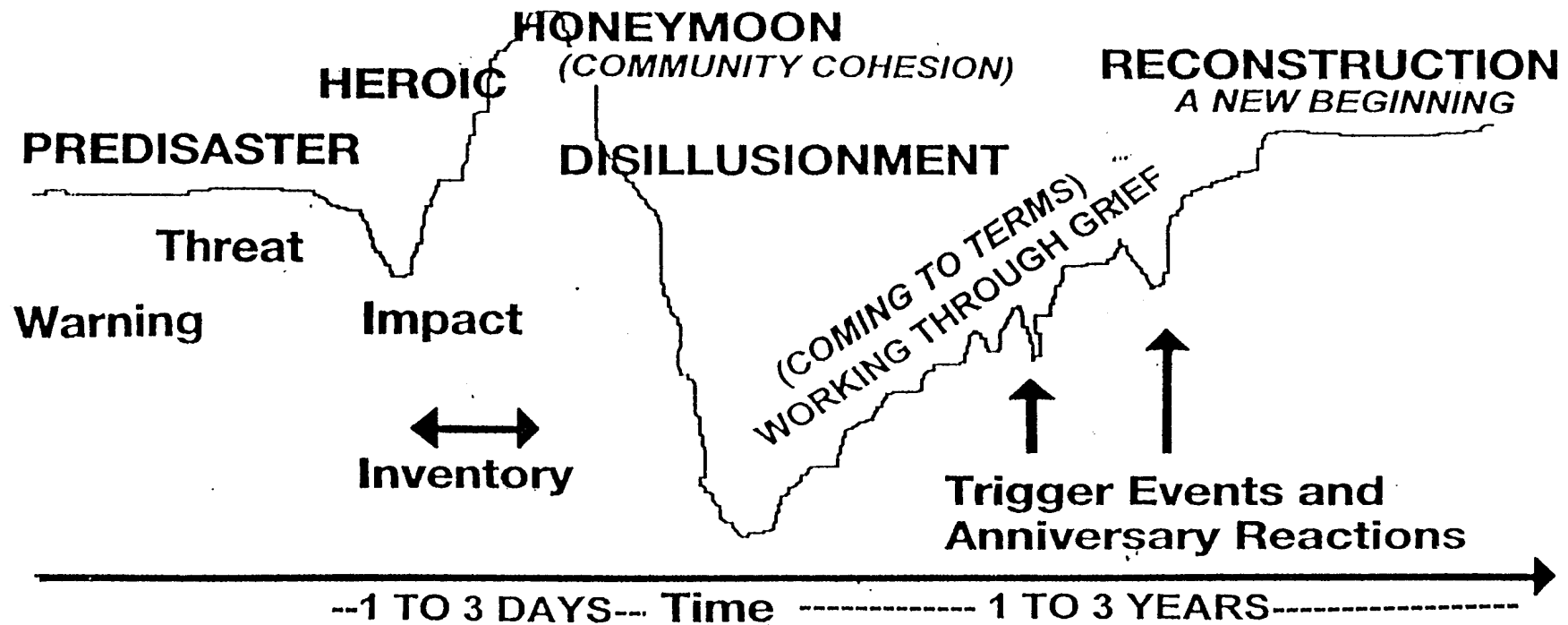
Pandemics

- 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



Phases of Disaster



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

What mental health interventions help in pandemics – learning as we speak ?

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

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.NCTSN.net.org www.pittsburghchildtrauma.org

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