NYC Health Care Coalition (NYCHCC) Emergency Preparedness Symposium (EPS)
co-hosted with The Brooklyn Coalition (TBC)

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Thursday, March 24, 2022

NYC Health

Agenda

- **10:00 – 10:05 am**
  - *Welcome and Opening Remarks*
- **10:05 – 11:15 am**
  - *The Brooklyn Coalition (TBC) Presentations:*
    - *TBC AVERT Training Experience and Next Steps*
    - *Mobile Crisis Unit –Crisis and De-escalation*
    - *The Lavender Response Team*
    - *Security Department De-escalation Training*
    - *"Helping Healers Heal" Staff Wellness Program*
    - *Pediatric Disaster Mental Health*
- **11:15 – 11:25 am**
  - *Break (10 minutes)*
- **11:25 – 12:25 pm**
  - *Addressing the Mental Health Needs of Healthcare Workers and Patients*
- **12:25 – 12:30 pm**
  - *Coalition Announcements*
  - *Adjourn*

The Brooklyn Coalition (TBC) Presentations

Break (10 minutes)

Addressing the Mental Health Needs of Healthcare Workers and Patients

- Meghan Hamwey, Director of Research and Evaluation and MRDD Unit, Bureau of Children, Youth and Families, NYC DOHMH
- Dr. Monika Eros-Sarnyai, Best Practice Specialist-Community Engagement, Policy and Practice, NYC DOHMH

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Mental Health Impacts of the COVID-19 Pandemic for Children and Youth

Results of the Health Opinion Polls, NYC Well, Children's Mobile Crisis Teams, and New York City Department of Health and Mental Hygiene Surveillance Activities
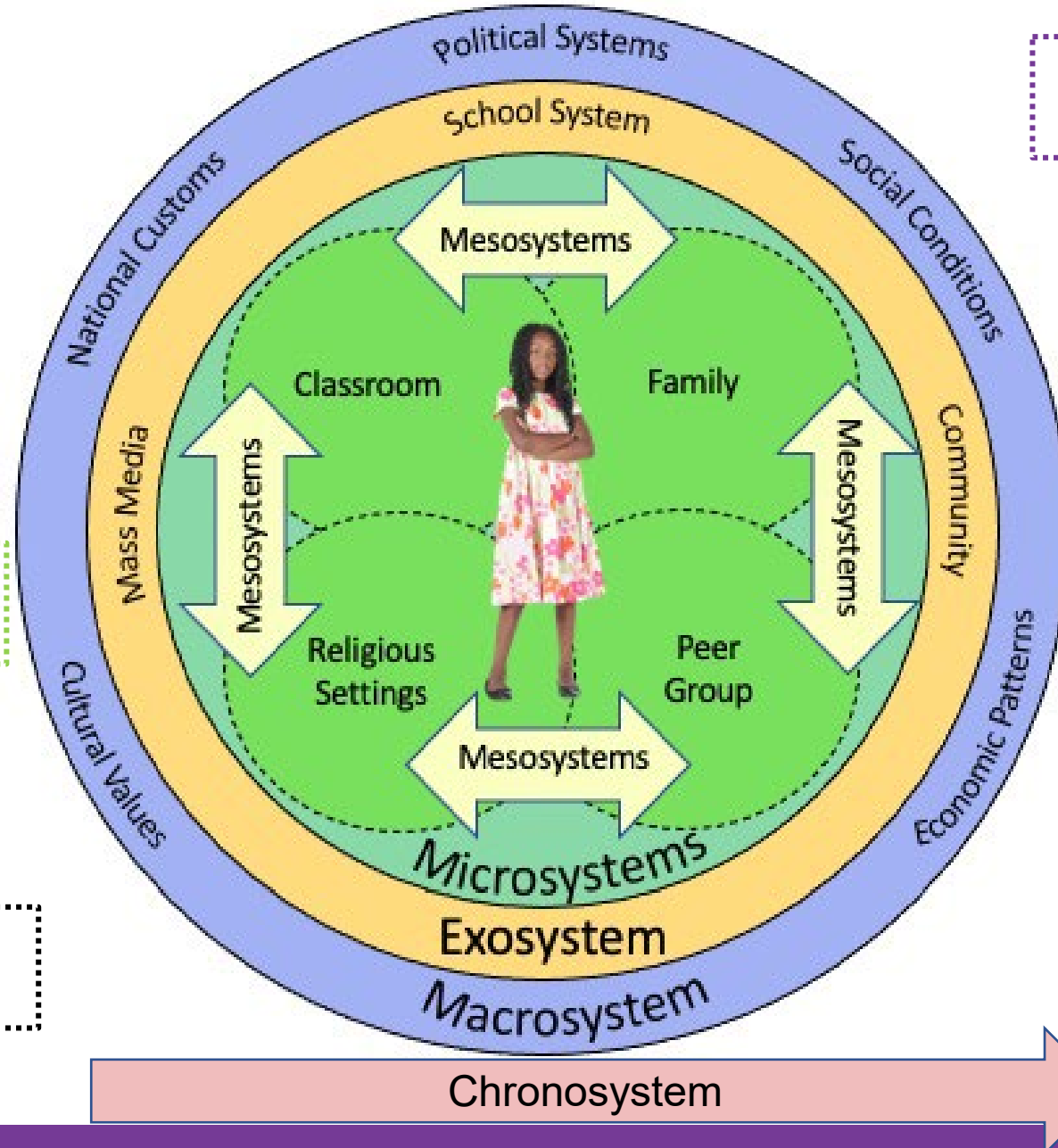
Meghan Hamwey, PhD
Director of Research and Evaluation
Bureau of Children, Youth, Families, and Development Disabilities
Division of Mental Hygiene, NYC Department of Health and Mental Hygiene

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A Bioecological Approach to Understanding the Impacts of COVID-19 for Children's Mental Health

Political Systems

School System

Social Conditions

National Customs

Mesosystems

Classroom   Family

Mass Media

Mesosystems

Community

Religious Settings   Peer Group

Mesosystems

Cultural Values

Economic Patterns

Microsystems

Exosystem

Macrosystem

Chronosystem

COVID-19 Pandemic

Remote Learning

Social Isolation

Death of Loved ones

Economic Uncertainty

Urban Environment

Food Scarcity

Increased Media Exposure

New Opportunities

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NYC Health Opinion Poll

Timing of Health Opinion Polls

Number of detected coronavirus cases, by date of detection, New York City, 2020-2021
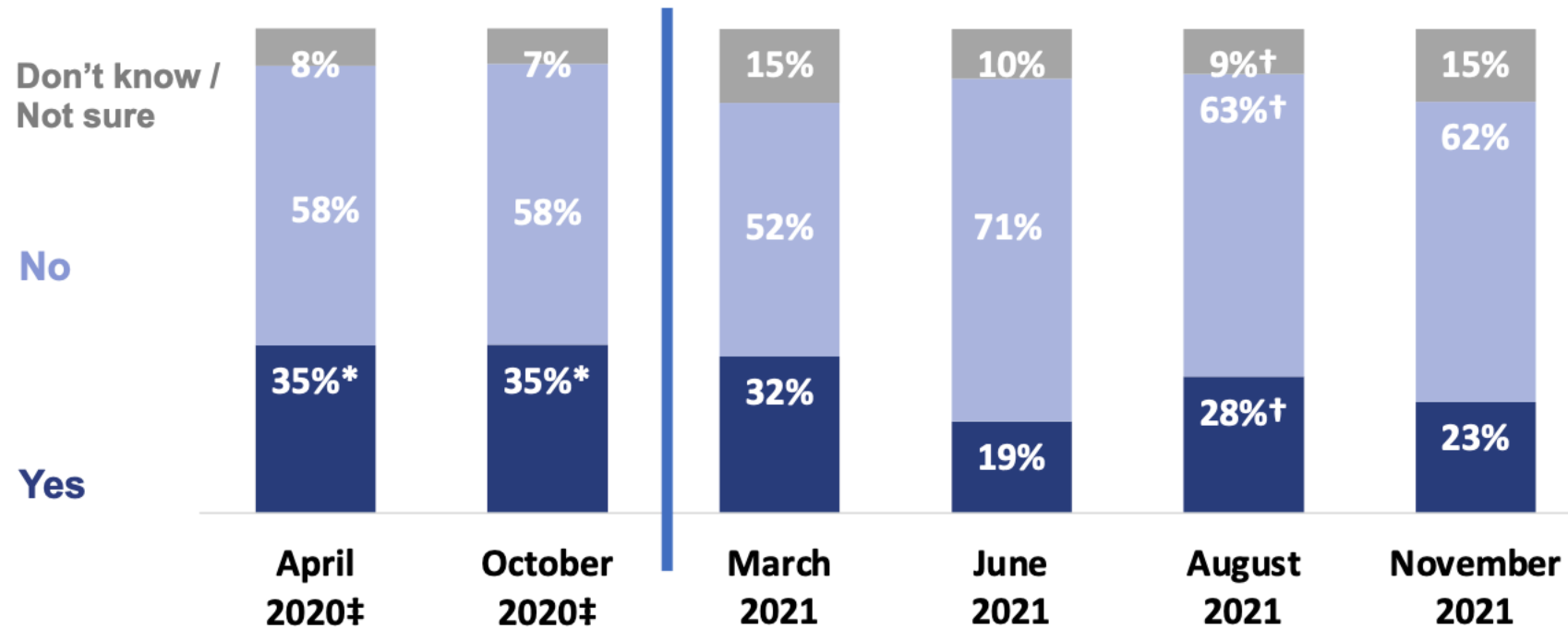
Health Opinion Poll methodology
- Survey conducted online
- Final sample includes approximately 1,200 English, Spanish, and Chinese speaking New Yorkers aged 18+
- Non-probability-based sample weighted to NYC adult population (HOP 6-11)
- Probability-based survey panel designed to be representative of NYC adult population (HOP-12-14)
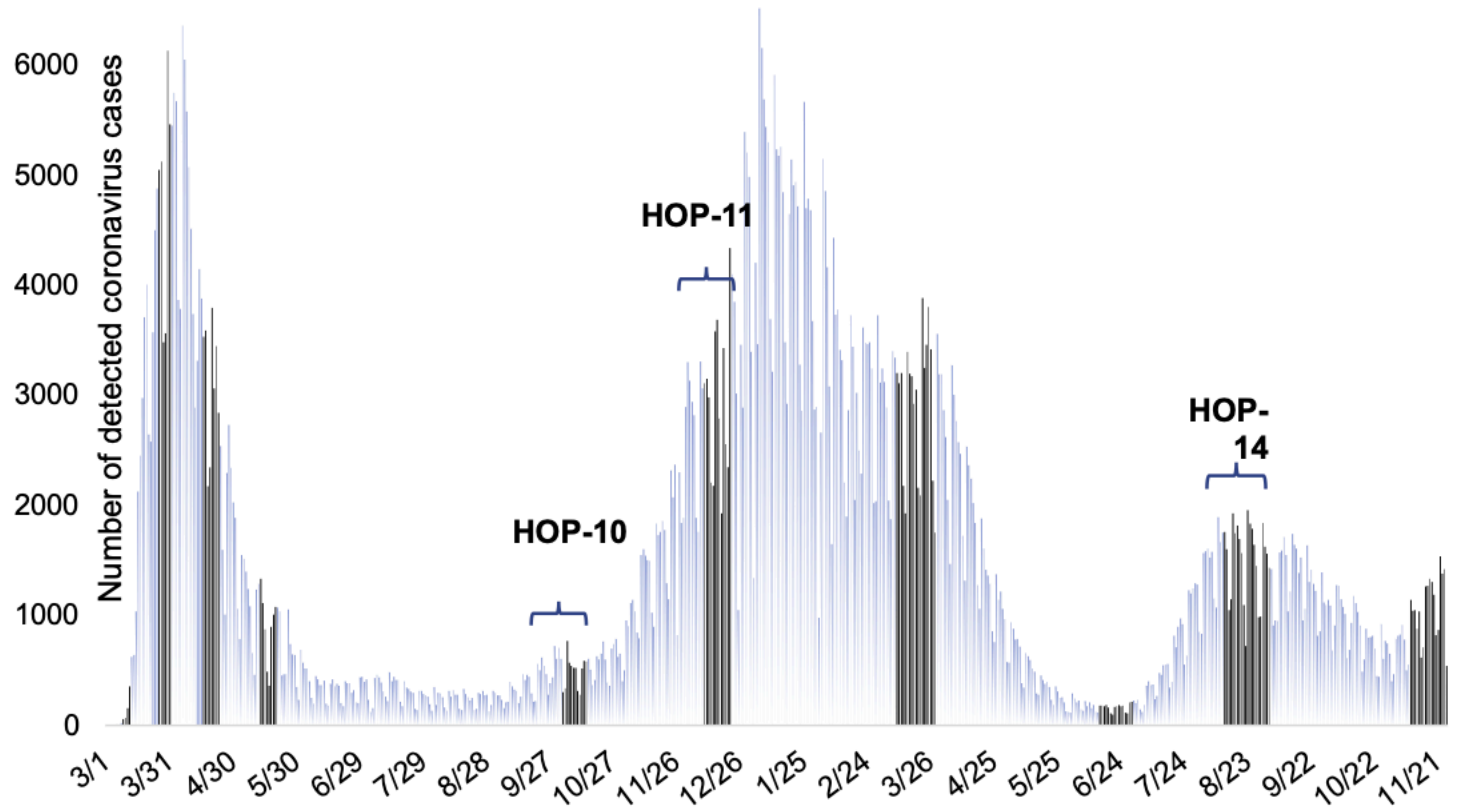
Health Opinion Poll: Children's emotional or behavioral health

Has the emotional or behavioral health of the child/any of the children in your household been negatively affected by the COVID-19 pandemic in the past two months?

Asked among respondents who are the parent or caregiver to a child/children younger than 18 who usually live or stay in respondent's household (n=357)

	April 2020‡	October 2020‡	March 2021	June 2021	August 2021	November 2021
Don't know / Not sure	8%	7%	15%	10%	9%†	15%
No	58%	58%	52%	71%	63%†	62%
Yes	35%*	35%*	32%	19%	28%†	23%

Ref.

‡Asked as: "Has the emotional or behavioral health of the child/children in your household been negatively affected by the COVID-19 pandemic?"
† Estimate potentially unreliable and should be interpreted with caution.
*Significantly different from reference group at p<.05

Evaluation of change over time should be interpreted with caution. Prior to HOP-12 (March 2021), HOP surveys were implemented using non-probability online panels, while surveys from March 2021 onward were completed by members of a probability-based panel. Therefore, any measured change might reflect a change in methodology, rather than a true change over time.

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HOP June 2021: Children's emotional or behavioral health

During the past four weeks, has your child's/children's emotional and social well-being been a source of stress for you?

Asked among those with at least one child 17 or younger in the home (n=345)
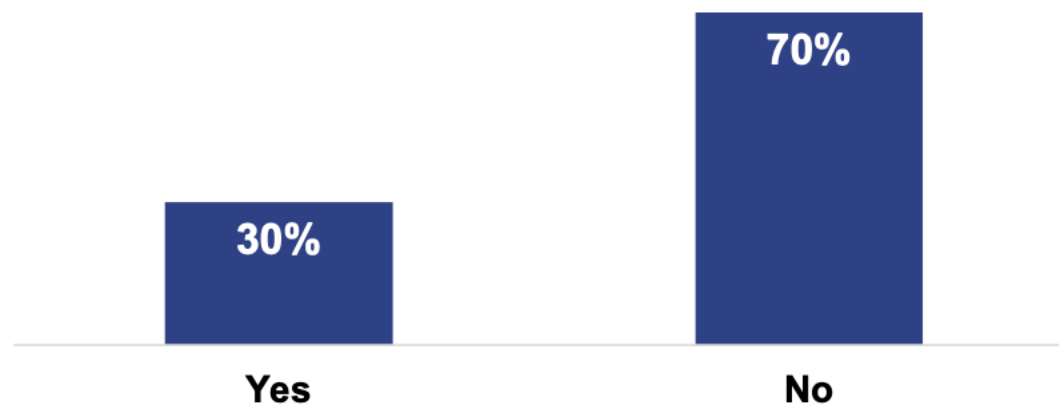
- For one-third of respondents, the emotional and social well-being of a child in the home had been a source of stress for the respondent.

Mental Health Supports for Children and Families

NYC Well and Children's Mobile Crisis Teams

NYC Well: Overview

- State-of-the-art contact center that provides rapid access to high quality phone, text, chat and website services to meet the expanding behavioral health needs of New York City, 24 hours a day, 7 days a week, 365 days a year.

- Offers translation services in more than 200 languages.

- Connects contacts to find the help they need, including:
  - Suicide prevention and crisis counseling
  - Peer support and short-term counseling via telephone, text and web
  - Referrals and warm transfer to other services
  - Follow-up to check that contacts have connected to care, and it is working for them

Top 10 Concerns for Ages 0 to 24: 2020 to 2021

Concerns	Count	% of Total (N=39,207)
Depressiveness	6,063	15.5%
Anxiety	4,045	10.3%
Relational Problems	3,578	9.1%
Stress	3,108	7.9%
Suicidal Ideation	2,749	7.0%
Self-Reported Psychiatric Condition	1,588	4.1%
Adjustment	1,221	3.1%
Substance Use/Abuse	658	1.7%
Hallucinations	459	1.2%
Abuse or neglect	394	1.0%
Total	**23,863**	**60.9%**

Children's Mobile Crisis Team (CMCT) Overview

- Provides crisis intervention services applicable to children under age 21 and their families
- Responds to referrals as quickly as possible; optimally within two hours of receiving referral
- Objectives:
  - Reduce acute symptoms
  - Restore individuals to pre-crisis levels of functioning
  - Build and strengthen natural supports to maximize community tenure
- Five providers across New York City (one per borough)

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CMCT: Reasons for Referrals: Suicide Ideation and Behavior/Attempt
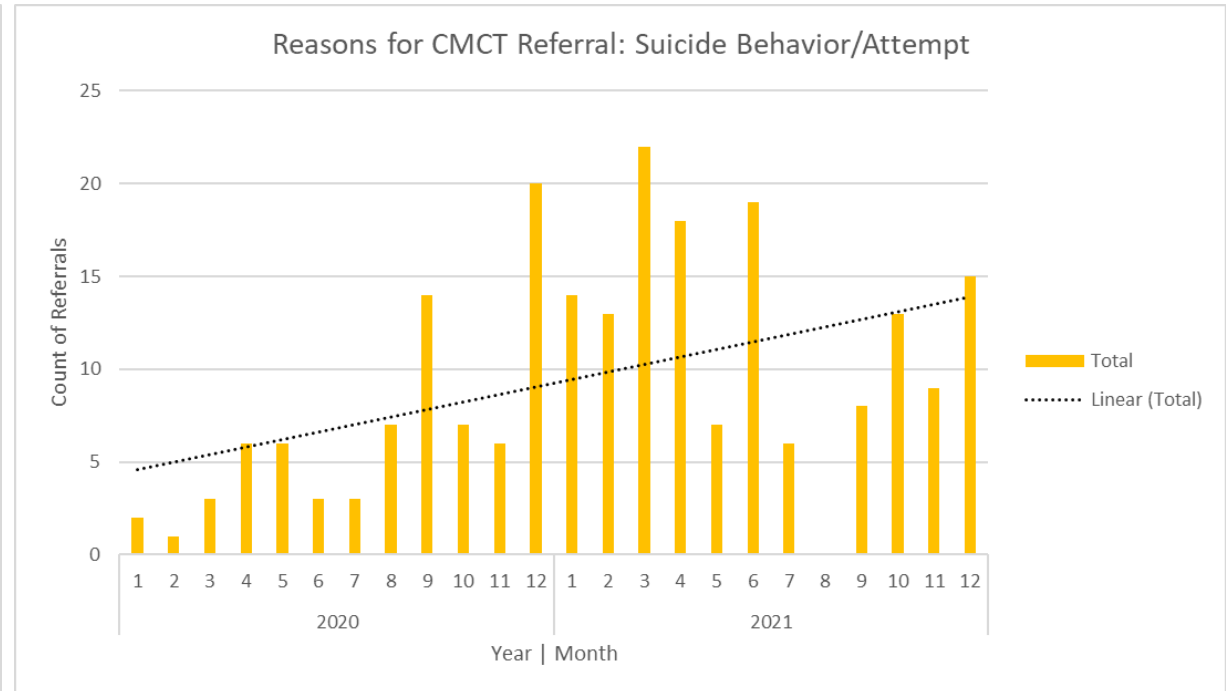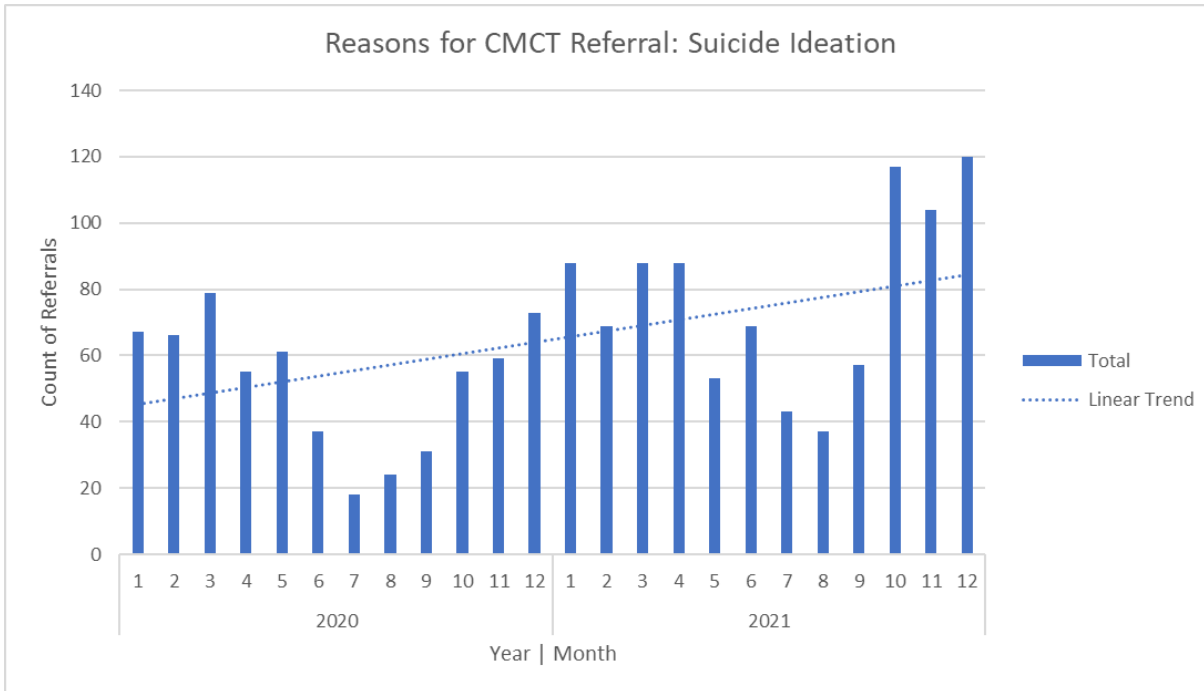
CMCT providers reported 4,261 cases between January 2020 and December 2021

Summary

- Children's Mental Health continues to be an area of concern nationally and in New York City.

- We are seeing increased number of ED visits due to suicidality among children ages 5 through 19.
  - ED visits for mental health and/or suicide related behaviors are highest among adolescents (Ages 14 to 17) and lowest for children (Ages 5 to 10)

- NYC Well and CMCT continue to receive large numbers of crisis and non-crisis calls.

NYC Behavioral Health Resources

NYC Well: For brief, confidential counseling and connection to support services, call 888-NYC-WELL (888-692-9355), text "WELL" to 65173, or chat online at nyc.gov/nycwell. Support is available 24/7, in over 200 languages.

NY Project Hope, New York's COVID-19 Emotional Support Helpline: Call 844-863-9314, 8 a.m. to 10 p.m., seven days a week. Local crisis counselors are also available in all five boroughs of NYC. You can be connected with a crisis counselor by visiting nyprojecthope.org/providers.

Children's Mobile Crisis Teams: Children's Mobile Crisis Teams provide care and short-term management for children and adolescents 20 and younger who are experiencing severe behavioral crisis. For more information, visit Mobile Crisis Team or contact NYC Well.

NYC Behavioral Health Resources

NYC Unity Project: For up-to-date information on LGBTQ resources available during the COVID-19 pandemic, including mental health, peer and community support, visit growingupnyc.cityofnewyork.us/generationnyc/lgbtq-coronavirus-resources.

Project TEACH: Strengthens and supports the ability of New York's pediatric primary care to children and families who experience mild-to-moderate mental health concerns. Visit projectteachny.org/about/ to learn more.

Ethnically and Culturally Diverse Counselors and Therapist Resources

Inclusive Therapists: For a group of diverse clinicians who provide care, visit inclusivetherapists.com

Black Mental Health Alliance: For a network of mental health professionals who provide services to the Black community, visit blackmentalhealth.com

Latinx Therapy: For a national network of therapists who provide inclusive therapy to the Latino/a community, visit latinxtherapy.com

Asian Mental Health Collective: For a national directory of Asian mental health providers, visit asianmhc.org

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National Behavioral Health Resources

Suicide Prevention Lifeline: Call 800-273-8255 (available 24/7)

Disaster Distress Helpline: Call 800-985-5990 (press 2 for Spanish), or text "TalkWithUs" for English or "Hablanos" for Spanish to 66746.

New York State Crisis Prevention: omh.ny.gov/omhweb/bootstrap/crisis.html

National Suicide Prevention Life: suicidepreventionlifeline.org, or call 800-273-TALK (800-273-8255) for English and 888-628-9454 for Spanish

Trevor Project: thetrevorproject.org or call 866-488-7386

Thank you!

After the Pandemic:

Behavioral Health Objectives for Health Care System Disaster Readiness

Monika Erös-Sarnyai, MD, MA
msarnyai@health.nyc.gov

Behavioral Health Office of Emergency Preparedness and Response
New York City Department of Health and Mental Hygiene

Health Care System Disaster Readiness Behavioral Health Objectives

- Reflect on the behavioral health impact of COVID-19 on health care providers and the people they serve

- Identify trauma-informed, disaster-phase specific steps to address the behavioral health impact of disasters

- Identify action items for planning and build resources

The Behavioral Health Implications of COVID 19

The Behavioral Health Impact of Disasters

- Disasters are among the most stressful events we can experience.
- Disasters are traumatic events that cause traumatic stress.
- Traumatic stress can contribute to the development of mental health illnesses.

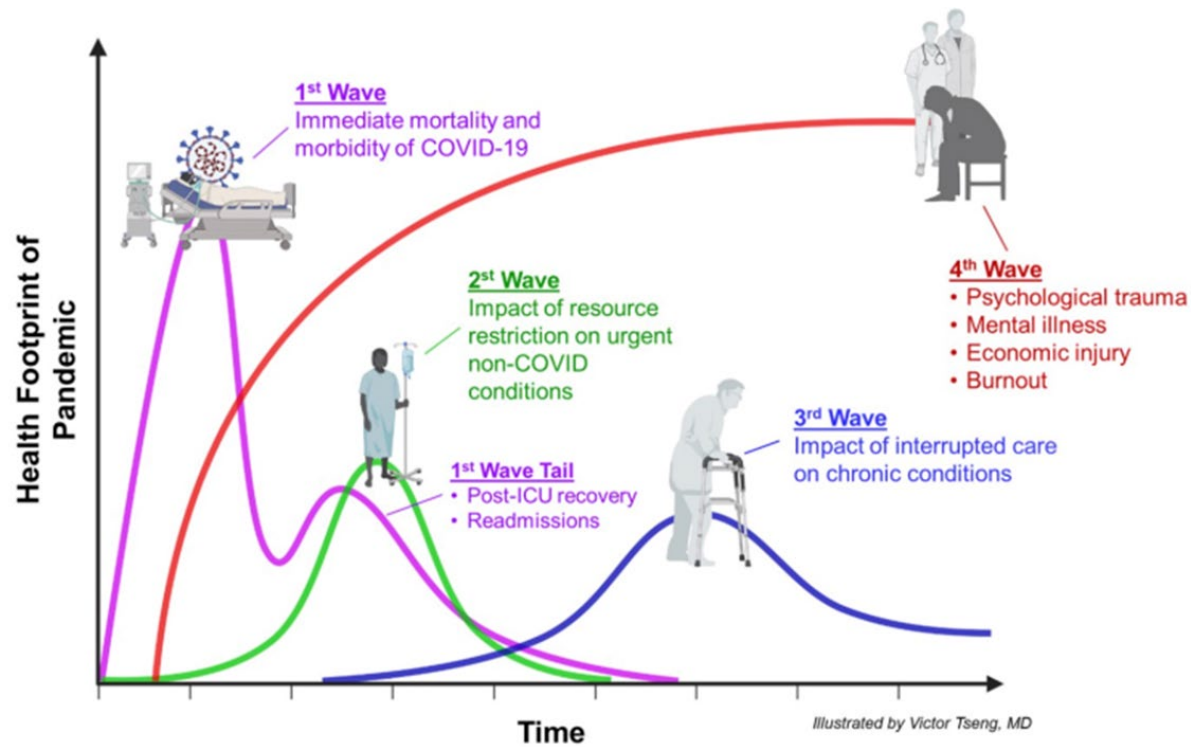# The Behavioral Health Impact of COVID 19: A Pandemic of Trauma

- COVID-19 is a traumatic event, a natural biological disaster on a global scale.

- Understanding and addressing the impact of trauma caused by COVID 19 are the first steps to recovery.

- Reducing risks and building resilience must be part of preparing for future disasters.

New York City COVID-19 Mental Health Reality in Numbers

- Epi Data Brief: Impacts of COVID-19 on Mental Health in New York City, 2021
  - https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf

COVID 19: Impact on Health Care Workers

- Exposure to prolonged stress and repeated trauma.

Illustrated by Victor Tseng, MD

Recovery goal

- Address the long-term psychological impact.

Disaster preparedness goal

- Create systems that better address health care providers' emotional support needs during disasters.

Framework for Disaster Behavioral Health Planning and Preparedness

Preparing Today
Makes a Difference Tomorrow

- We must plan and prepare today to cope better with the disasters of tomorrow.

- Pre- and post-disaster levels of stress, ability to cope, health and overall well-being are interrelated.

- The COVID-19 pandemic brought to light pre-existing disparities in health and access to care.

# Disaster Behavioral Health Considerations for Response Planning

- Most people exposed to stressful and traumatic events will show some signs of stress.

- Stress can negatively affect health and functioning.

- Stress can undermine the ability to cope with challenging situations.

- Unmanaged, lasting and repetitive stress can contribute to the development of illnesses.

Adopting The Stress Continuum Model

READY (green)	REACTING (yellow)	INJURED (orange)	ILL (red)
Optimal functioning Wellness	**Mild or transient distress or loss of functioning Lower risk**	**More severe and persistent distress or loss of function Higher risk**	**Clinical mental disorder Unhealed stress injury causing life impairment**
Features: In control At one's best Calm and steady Getting the job done Sense of humor Sleeping enough	**Features:** Feeling down Irritable, angry Anxious, worried Poor sleep Loss of focus Loss of motivation Muscle tension **Causes:** Any stressor	**Features:** Loss of control Can't sleep Panic, rage Apathy, depression Shame or guilt No longer feeling like usual self **Causes:** Any serious trauma, life threat, loss, grief	**Features:** Symptoms persist and worsen over time Severe distress or social or occupational impairment **Types:** PTSD, Depression, GAD, Substance use

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Disaster Behavioral Health Management in the Health Care System

- Applying phase specific actions which support patients' and staff's coping and functioning during the event, and better long-term health outcomes.

PRE-EVENT

ACUTE EVENT & POST-EVENT

LONGER TERM POST-EVENT
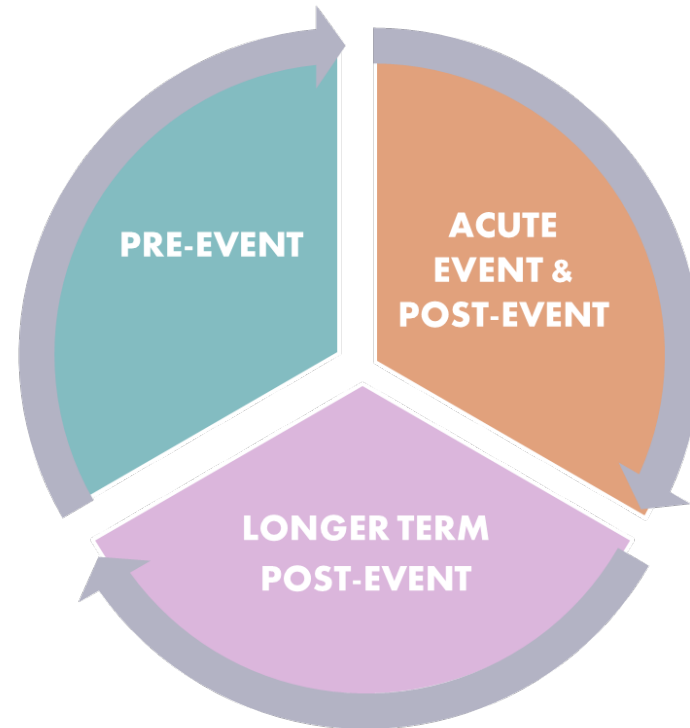
Planning for Disaster Behavioral Health Support for Staff

Your Asset

Your staff is your greatest strength and asset!

Stress caused by crisis can negatively affect staff's health and functioning

Managing the staff's crisis related stress is important

in order to…

System Health

Burnout ↗ Staff Turnover ↘ Staff Shortage ↙ Unsafe Staffing ↖ Job Dissatisfaction ↗
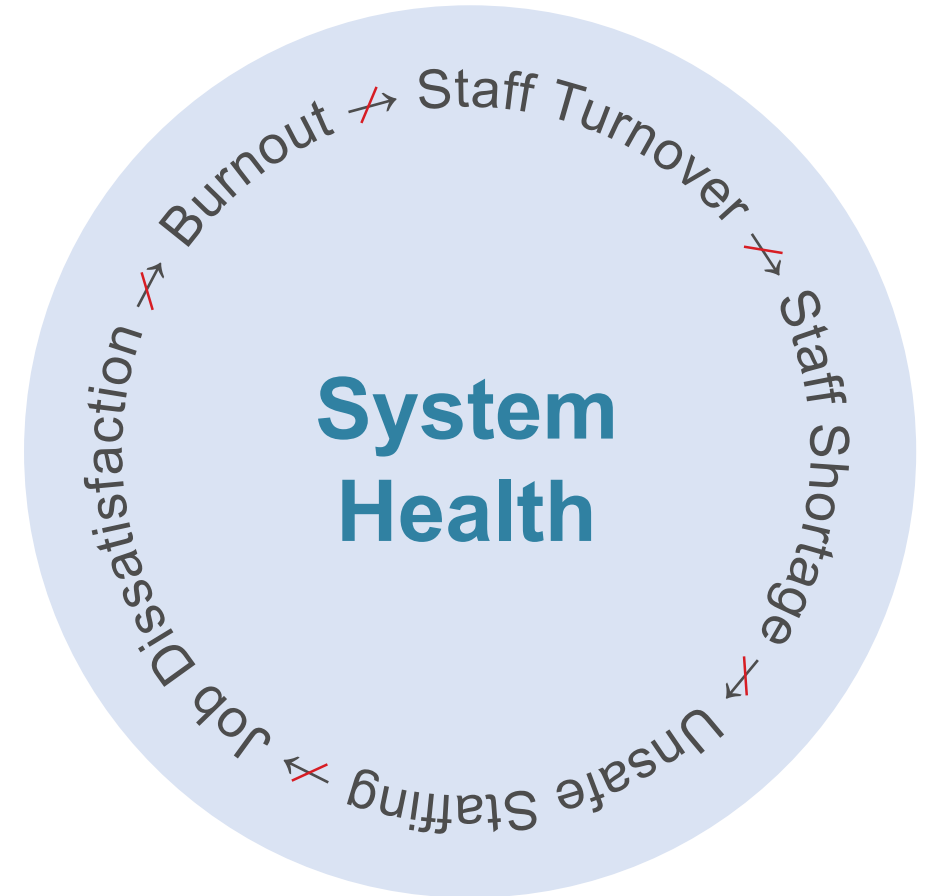
Protect Your Asset:
Promote Staff Well-being

Develop and implement well-being initiatives as they support staff's health and effective functioning:

- Start with needs and resource assessment.
- Secure leadership and staff buy in.
- Embed them into the organization's day-to-day operations.
- Integrated them into the organization's disaster planning.

Support Staff
During and After a Response

Goal

- Reduce acute stress and anxiety to support effective functioning

- Reduce the likelihood of event related adverse mental health outcomes

- Increase timely intervention for better long-term outcome

Expected outcomes

- Reduce the likelihood of most common mental health complications during and after the event, such as:

  - Health care worker specific: Burnout, moral injury, vicarious trauma, secondary trauma, compassion fatigue

  - General trauma exposure relates: PTSD, depression, substance use, suicide

Staff and Leadership Support Activities

Utilize existing and develop ad hoc resources that address staff's event specific emotional support needs.

- Well-being resources in place
- Peer support
- Psychoeducation
- Resilience building
- Leadership engagement and resource dedication
- Symptoms monitoring
- Professional support and referral resources
- Work-life balance support
- Risk reduction and elimination
- Destigmatizing help seeking

Plan and Prepare for Disasters

Plan

- Identify resources and gaps
- Prepare a Behavioral Response plan:
  - Identify phase and hazard-specific response actions, and assign and negotiate tasks
- Apply equity lens to eliminate discrimination
- Build resources (human and other)

Train

- All staff
- Leadership

Build Response Capacity

Continue to develop tailored trauma resources

Human resources

- Disaster mental health response team
- Peers
- Other mental health providers
- Collaborative supports
- Spiritual support providers

Other response resources

- Psychoeducation materials
- Social media capacity
- Community-based resource engagement
- Referral resource
- Telehealth capacity

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Planning for Disaster Behavioral Health Support for Patients

Be Ready to Provide
Acute Phase Patient Support

Train all staff to ensure response readiness

- Responders
- Clinicians
- Leadership
- Ancillary staff

Employ activities which help normalize reactions to support coping and better long-term mental health outcomes

- Assess and monitor needs
- Response coordination
- Provide acute phase mental health support
- Address acute behavioral health issues
- Ensure continuity of care
- Support equity in access to care

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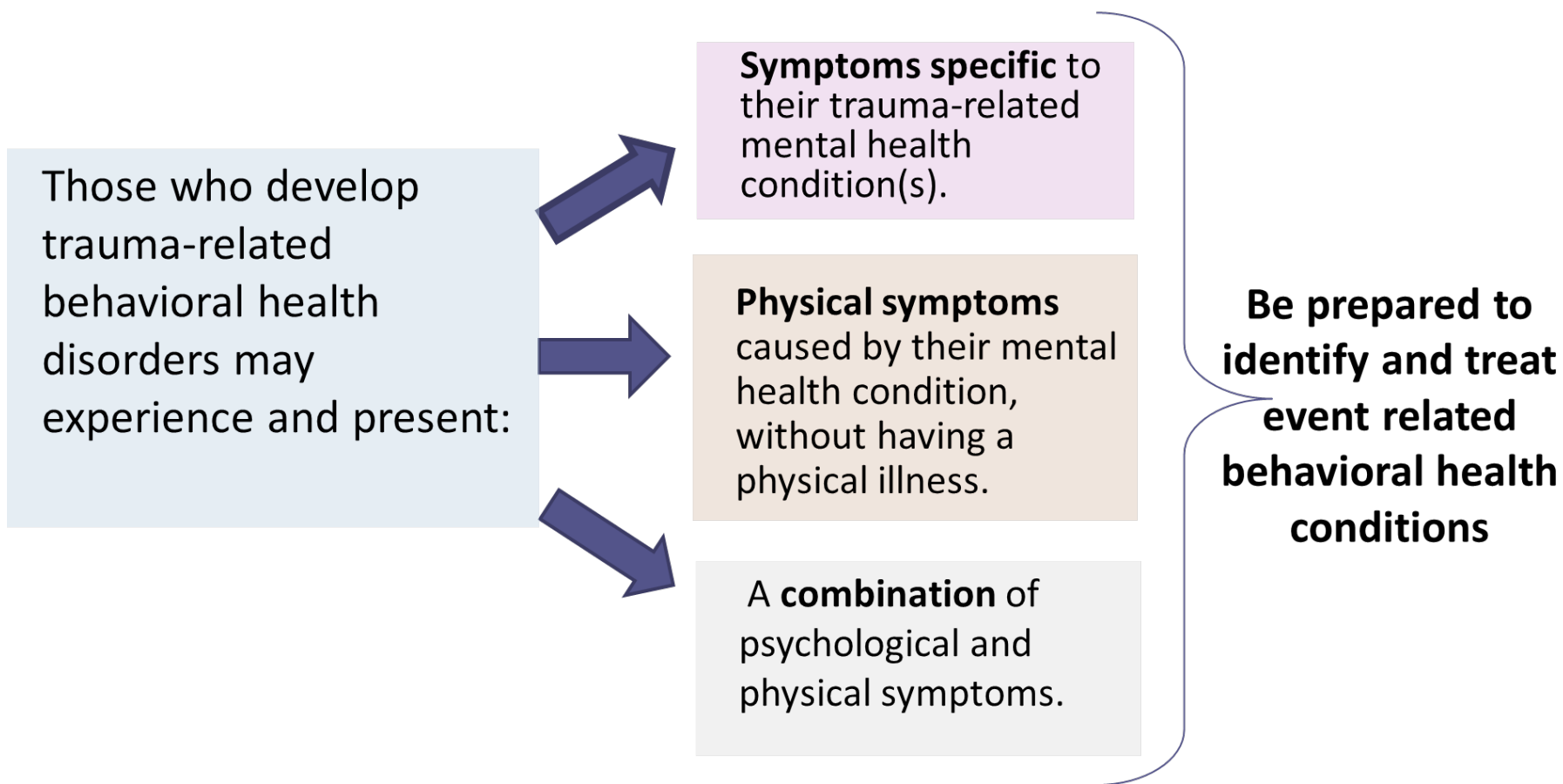Health

Post-event Help-seeking Behavior

Non-mental health care providers are often the first point of contact.

After a disaster, those who need care for trauma-related mental health conditions are less likely to seek help directly from a mental health professional.

They are more likely to:

- Seek help from their community-based health care provider
- Go to their local hospital

Be ready to identify patients who need support

Those who develop trauma-related behavioral health disorders may experience and present:

Symptoms specific to their trauma-related mental health condition(s).

Physical symptoms caused by their mental health condition, without having a physical illness.

A **combination** of psychological and physical symptoms.

Be prepared to identify and treat event related behavioral health conditions

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Be Ready to Provide
Long-term Post-Event Support

Providers

■ Recognize symptoms and identify patients at risk.

■ Discuss treatment options.

■ Provide treatment.

■ Refer when appropriate.

■ Empower for building resilience and self-care.
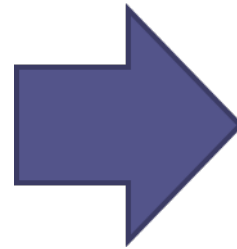
Patients

▪ Less likely to remain untreated

▪ Less likely to become return patients

▪ Likely to have better treatment outcomes

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Behavioral Health Support Resources

Resources

- NYC Well

- Project Hope

- NYC Department of Health and Mental Hygiene Website

   COVID-19: Mental Health and Substance Use:
   https://www1.nyc.gov/site/doh/covid/covid-19-mental-health.page

Integrating Staff Well-being and Resilience Into Emergency Management

HERO-NY

HEALING, EDUCATION, RESILIENCE & OPPORTUNITY FOR NEW YORK'S FRONTLINE WORKERS

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Next Steps

Embrace Phase Specific Trauma Informed Approach

- Prevention measures for recurrence of a similar event or negative adverse exposures
- Action measures to reduce vulnerabilities
- Emphasis on and encouragement of sustained coping
- Organizational alignment and ongoing current state assessments
- Countermeasures for maintenance
- Problem solving activities
- System-wide reflective learning
- Effective debriefing for workforce resilience-building
- Focus on population health
- Concrete lines of communication

- Ongoing training & Refresher courses
- Environments for healthy decompression
- Screenings & Assessments
- Referral networks
- Effective mental health service pathways both internal & external
- Acute & long-term treatment for event related holistic health challenges
- Financial planning to design enhanced support infrastructure
- Building safer processes to meet ongoing concrete needs

Mitigation · **Preparedness** · **Recovery** · **Response and Coping**

- Precautionary and proactive measures
- Implementing risk mitigation strategies before an emergency occurs
- Develop response/support plans and establish response teams
- Training, skill, and general awareness building
- Program planning to maintain effective coping and daily functioning of the workforce
- Psycho-education, information sharing, and support materials (i.e. posters, brochures, leaflets, videos, etc.)

- Mental Health & Preparedness plans in action
- System-wide alignment of directives
- Provide emotional support to those in distress
- Enhance training and skill-building of peer supporters
- Normalizing reactions and responses
- Crisis counseling to meet severity
- Emphasis on self-care
- Expansion of response resource capacity
- Identify resource gaps (human capacity & system)

Question and Answer

A parting note form a veteran:

After a disaster we want to feel normal, we want things to be like they were before, but that is impossible. So, we need to understand what we have been through, what horrors we have experienced, then learn to live, and love and be happy again with our new realities.

Coalition Announcements

Adjourn