Brief Report

Identification and Evaluation of Mental Health and Psychosocial Preparedness Resources From the Centers for Public Health Preparedness

Yael Hoffman, George S. Everly, Jr., Danilea Werner, Melanie Livet, Paula A. Madrid, Betty Pfefferbaum, and Randal Beaton

An exemplar group of disaster mental health subject matter experts was formed as part of the CDC Center for Public Health Preparedness program to develop a "toolkit" of relevant CPHP disaster mental health training and education curricula and resources. The group developed a charter, compiled relevant CPHP training materials, developed an objective review template, and collectively reviewed the assembled resources. Curricular reviews were presented at a March 2005 meeting where an asset matrix was developed to categorize and compare the training and education curricula and resources. This article describes findings and next steps for toolkit development and refinement. Some recommendations for the toolkit identified thus far are to develop standardized disaster mental health nomenclature, add training exercises to the array of CPHP training and education resources, develop disaster mental health competencies for public health workers, add more advanced trainings to the current repertoire, and add resources to the toolkit during the coming years. The group also plans to disseminate the mental health/psychosocial preparedness toolkit to practice partners engaged in training disaster response personnel.

KEY WORDS: disaster mental health, preparedness, psychosocial, training

In 2004, the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health tasked Center for Public Health Pre-

paredness (CPHP) network members with the compilation of a mental health preparedness resource "toolkit." This toolkit was meant to identify and evaluate existing CPHP network resources related to mental health and psychosocial preparedness. The mandate emerged from a general consensus at the national level that numerous mental health preparedness trainings, courses, and other resources had been developed and offered post-9/11, but that these resources had not been adequately evaluated nor disseminated. Furthermore, the mandate was intended to prevent duplicative efforts nationwide and to promote the sharing of resources. To that end, the compilation of resources in a toolkit could provide a means by which local, state, and national

Corresponding author: Yael Hoffman, MPH, MSW, Michigan Center for Public Health Preparedness, University of Michigan School of Public Health, 2510 SPH I, 109 S Observatory, Ann Arbor, MI 48109.

Yael Hoffman, MPH, MSW, is Program Manager for the Michigan Center for Public Health Preparedness, University of Michigan School of Public Health, Ann Arbor.

George S. Everly, Jr., PhD, is a faculty member of the Johns Hopkins Center for Public Health Preparedness, Baltimore, Maryland.

Danilea Werner, MPH, MSW, is Senior Project Coordinator at the Heartland Center for Public Health Preparedness, Saint Louis University, School of Public Health, St Louis, Mo.

Melanie Livet, PhD(c), is Research Associate/Evaluator for the Academic Center for Public Health Preparedness at the University of South Carolina, Columbia.

Paula A. Madrid, PsyD, is Director of the Resiliency Program of the National Center for Disaster Preparedness, Mailman School of Public Health, New York, and holds appointments in clinical psychology and in the New York Presbyterian Hospital.

Betty Pfefferbaum, MD, JD, is Paul and Ruth Jonas Chair and Professor and Chairman at the Department of Psychiatry and Behavioral Sciences, University of Oklahoma College of Medicine, Oklahoma City.

Randal Beaton, PhD, EMT, is Research Professor at the University of Washington with faculty appointments in the School of Nursing, the School of Public Health & Community Medicine as well as the Northwest Center for Public Health Practice in Seattle.

partners could choose, modify, and adapt mental health/psychosocial preparedness resources to their own needs with the approval and collaboration of the resource developers. Finally, it was thought that this initiative could also serve as a form of gap analysis to guide future mental health/psychosocial preparedness resource development activities.

Terrorism has been defined as "...an attack on the mental health of a nation, and no one questions the psychosocial impact of a community-wide disaster."¹ Yet disaster plans and disaster training, with some notable exceptions, have often ignored mental health preparedness² or, in giving it passing attention, have tended to assume the worst; that in the face of disaster the masses will panic and chaos will ensue even though ample evidence suggests that true panic in the face of disaster is rare and circumstantial.^{3,4} Disaster training and education to date has focused almost exclusively on the recognition and treatment of physical injuries and illnesses resulting from disasters,⁵ despite data indicating that the level of responder training in crisis intervention is positively related to psychological outcomes of disaster victims.⁶ It is anticipated that, by creating and disseminating a mental health/psychosocial preparedness toolkit, more disaster training and education at all levels will begin to incorporate critically important psychosocial/mental health preparedness concepts, content, and skills.

This article describes the processes and outcomes to date of the CPHP Mental Health and Psychosocial Preparedness Exemplar Group, and outlines recommendations for further development of the science of mental health/psychosocial disaster preparedness.

● Process

The Mental Health and Psychosocial Preparedness Exemplar Group was launched in October 2004 as the pilot of several CPHP topical exemplar groups, with a membership drawn from CPHP network members with identified subject matter expertise. The group meets via e-mail and regular conference calls, posts documents to an intranet site, and is guided by four group leaders, who meet via additional regular conference calls.

This exemplar group's charter begins:

The purpose of the Centers for Public Health Preparedness (CPHP) Mental Health and Psychosocial Preparedness Exemplar Group is to produce a toolkit, which compares and contrasts the existing CPHP network materials related to mental health and psychosocial preparedness. The toolkit will be a national resource helping national, state and local partners successfully navigate CPHP network products

and courses to determine which option best meets their needs.

The charter was finalized and adopted by the Mental Health and Psychosocial Preparedness Exemplar Group in December 2004.

Prior to assessing network resources, group members conducted an informal survey of CPHP practice partners in state and local public health to ascertain how a resource toolkit would be of use to them, and more specifically, how these partners preferred to "shop" for mental health and psychosocial preparedness training and education. Based in part on this practice partner input, the group developed objective review criteria by which CPHP-funded resources would be assessed and categorized. Selected criteria included product title, developers, type/format, instructional methods, delivery media, instructional materials, course length, available continuing and academic credit, language, competencies, objectives, content areas, audience, assessment, evaluation, number of participants, costs, and contact information. Objective review criteria used as part of the initial review process were finalized in January 2005.

After the objective review criteria were finalized and approved, a call for mental health and psychosocial programs was sent soliciting courses and other resources from all CPHPs. Directors and coordinators of each CPHP were contacted via e-mail and informed of the group's mandate to create a national toolkit. Staff members from the CPHP were asked to complete the objective review criteria template and submit mental health and psychosocial preparedness course materials or supplemental information for peer review. A total of 28 CPHP-funded psychosocial and mental health preparedness resources were identified, including courses for academic credit, education and training workshops with and without associated continuing education credits, lectures with slides, train-the-trainer manuals, audio and interactive CD ROMs, and links to Web-based courses and workshops.

Using the review criteria, one primary and one secondary reviewer analyzed each resource and completed peer review sheets. Reviewers noted whether resources were appropriate for intended audiences, if content matched listed objectives, and whether resources were primarily focused on mental health and psychosocial issues. Reviewers also identified strengths and made suggestions for resource refinement or development.

The review process culminated with a formal review and discussion of resources at a meeting in Atlanta, Ga, in March 2005. Primary peer reviewers delivered brief oral presentations for each resource, with input added by secondary reviewers. The exemplar group then

TABLE 1 Page one of the asset matrix; other pages omitted here due to space considerations

A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Topic	Product Title/URL	Training audience	Level	Media used	Product type	Special populations	Disaster stage	Competency based	Length	Credit	Developer	Descriptive comments
2	1 Recovery and evaluation	PH Recovery and Evaluation	PH	Advanced	Web-based	Graduate-level course		Prevent; event; mostly postevent	No	10 h	Yes	IPHPC/ Illinois	Learning management system; registration required
3	2 Psychosocial trauma, MUPS	Psychosocial Issues Arising From the Aftermath of Disasters, War and Other Traumatic Events	PH, HC	Introductory	Web-based, DVD, VHS, CD	Training lecture	Veterans	Postevent/recovery	No	1 h	No	UMCPHP/ Iowa	Distance-learning lecture; registration required
4	3 Psychosocial trauma, MUPS	Psychosocial Issues Arising From the Aftermath of Disasters, War and Other Traumatic Events	PH, ER	Introductory	Web-based, DVD, VHS, CD	Training lecture		Prevent; postevent/recovery	No	1 h	No	UMCPHP/ Iowa	Distance-learning lecture; registration required
5	4 Trauma reactions	Reactions to Trauma—Consequences for Mental Health	PH, HC, ER	Introductory	DVD, CD, VHS, Web-based	Training lecture		Event; postevent	No	1 h	No	UMCPHP/ Iowa	Distance-learning lecture; registration required
6	5, 6 Response psychosocial, stress management psych.	2003/04 T-the-T Program: Psychosocial Issues and Exercise in Disaster Response	PH, MH, ER, Spiritual	Introductory	Web-based, DVD, VHS, CD	Training lecture; tabletop		Event; postevent/recovery	No	3–5 h	No	UMCPHP/ Iowa	No training manual or lecture notes provided
7	7 Response psychosocial, stress management, psych.	Psychology of Terrorism	PH, MH, ER	Introductory	Web-based	Training course	Providers and responders	Event; postevent	No	3 h	No	UMCPHP/ Johns Hopkins	Distance-learning course; registration required
8	8 Psych. First Aid	Psychological First Aid: Principles and Practices	PH, MH, ER	Introductory	Print document	Resource paper		Event; postevent	No	30 min	No	UMCPHP/ Johns Hopkins	Protocol; available via e-mail

began formulating and finalizing ideas regarding the purpose, content, and format of the planned toolkit. The group formulated this purpose statement: "The toolkit will provide a compendium of disaster mental health resources representing assets spanning a continuum of care from resistance, resilience, to recovery." *Disaster mental health* was defined as community and individual mental and behavioral health preparedness and response as well as other psychosocial and cultural factors.

The group then categorized the disaster mental health resources reviewed in a descriptive asset matrix as a primary component of the toolkit. Resources were categorized according to topic, title, training audience, and knowledge/skill level. Additional categories distinguished resources according to media used, product type (eg, training lecture and tabletop exercise), whether or not special populations were addressed, and whether resources focused on preevent, event, or postevent issues. The asset matrix also addressed whether or not resources were competency-based, identified the length of training/education, and whether or not formal credit was offered. The asset matrix was designed for use by state and local public health personnel, mental health workers, and emergency medical service providers, as well as first responders and volunteers seeking training and resources on disaster mental health. Table 1 illustrates the matrix categories for some selected training resources.

A review of the asset matrix revealed a wealth of training and educational resources utilizing a wide variety of educational technologies and media. Further analysis of the assets led to the following recommendations for further development:

1. Initial review of, and deliberation over, the constituent assets was confounded to some degree by a lack of a standardized nomenclature. This problem is endemic to the field of disaster mental health and frustrates meaningful discourse and, to some degree, even the interpretation of empirical research findings.⁷ It was therefore recommended that a glossary of relevant psychosocial preparedness terms be identified and defined by this exemplar group to facilitate the reading, comprehension, and utilization of the current asset matrix.
2. Many of the assets reviewed were deemed to be excellent presentations of relevant material; however, the exemplar group noted a paucity of assets that contained exercises or other forms of interactional processes that have proved to be useful adjuncts to disaster mental health training and educational programs.⁸ It was therefore recommended that specific psychosocial/mental health preparedness interactional and instructive exercises be cre-

ated to complement and enhance the current mental health/psychosocial asset pool.

3. To facilitate the transfer of knowledge into practice, it was also recommended that a list of disaster mental health competencies be developed and validated to augment the Columbia Core Public Health Worker Competencies for Emergency Preparedness and Response.⁹ This list will likely be divided into basic and advanced competencies. These basic and advanced competencies may, in turn, serve as a starting point from which more comprehensive, or disaster worker group specific, mental health preparedness competency lists may be generated.
4. The corollary of the development of a list of basic and advanced competencies in disaster mental health will be the development of guidelines for basic and advanced disaster mental health training and educational curricula. The development of any such curricula will entail consideration of preexisting disaster mental health training and educational curricula.
5. The current training and educational programs that constitute this iteration of the asset matrix are best categorized from a pedagogical perspective as being at the "basic," or introductory, level. Such a finding is not surprising, and is certainly appropriate, given the incipient nature of the field of disaster mental health; however, it points to the need to focus upon "advanced" materials to foster the maturation of the field and to keep practitioners abreast of the latest advances in mental health/psychosocial practice and research.

● Conclusion

The CPHP Mental Health and Psychosocial Preparedness Exemplar Group will continue to convene regular conference calls for the remainder of the CPHP grant fiscal year, and has recommended to CDC that its activities be supported so that the recommendations enumerated herein may be pursued in the coming years. With the development of standardized nomenclature, training and educational exercises, disaster mental health competencies, and basic and advanced training and educational curricula, and by adding resources to the toolkit and disseminating it to practice partners, this CPHP Exemplar Group further hopes to move the science and art of mental health and psychosocial preparedness to the next level of proficiency.

REFERENCES

1. Clark L. Presentation/Chair Panel on "Costs of terror: Mental and Physical Health." At the First Annual International

- Conference on Living With Terror: Psycho-social Effects, Washington, DC; June 28, 2004.
2. Health and Human Services. Mental health all hazards disaster planning guidance. 2003. Available at: <http://media.shs.net/ken/pdf/sma03-3829/All-HazGuide.pdf>. Accessed March 7, 2005.
3. Hall M, Norwood A, Ursano R, Fullerton C, Levinson C. Psychological and behavioral impacts of bioterrorism. *PTSD Res Q*. 2002;13(4):1-3.
4. Gershon R, Hogan E, Qureshi K, Doll L. Preliminary results from the World Trade Center Evacuation Study—New York City, 2003. *MMWR*. 2004;53(35):815-816. Available at: <http://www.cdc.gov/mmwr/PDF/wk/mm5335.pdf>. Accessed March 7, 2005.
5. Department of Defense. *Domestic Preparedness responder Awareness Course Training Programs Manual*. Mclean, VA: Booz-Allen & Hamilton; 1999.
6. Parker C, Everly G, Barnett D. *Toward the Establishment of Core Competencies in Disaster Mental Health: The Johns Hopkins' Formulation*. A resource paper from the Johns Hopkins Center for Public Health Preparedness. Baltimore, Md: Johns Hopkins Center for Public Health Preparedness; 2004.
7. Everly G, Mitchell J. The debriefing controversy and crisis intervention: a review of lexical and substantive issues. *Int J Emerg Ment Health*. 2000;2:211-225.
8. Osaki C. Hands on training for public health emergencies; facilitator's manual for bioterrorist attack on food: a tabletop exercise. Northwest Center for Public Health Practice, University of Washington, in collaboration with the Washington State Department of Health and CDC; 2003. Available at: <http://www.cdph.state.co.us/bt/2003borderstates/presentations/osaki/FacilitatorsManual.pdf>. Accessed March 28, 2005.
9. Columbia University School of Nursing Center for Health Policy. Core public health worker competencies for emergency preparedness and response. 2001. Available at: <http://www.mailman.hs.columbia.edu/CPHP/cdc/COMPETENCIES.pdf>. Accessed March 28, 2005.