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## Welcome

Welcome to the Winter 2013 issue of the New York DMH Responder, a quarterly newsletter for the Disaster Mental Health Responder Community.

In the days and months following Hurricane Sandy there has been extensive media attention to the event's impact on residents of the affected areas as well as scrutiny of the official preparations and response. The group that hasn't received much attention is the responders themselves, including hospital and nursing home personnel who struggled to care for their patients and social workers and other mental health professionals who struggled to care for colleagues as well as patients – all often while dealing with personal losses like flooded homes. This issue of the New York State Responder will focus on this group with articles discussing the changing nature of disaster deployments, the experience of individuals working in a flooded psychiatric center and with the American Red Cross, and some earlier lessons that can be learned from nurses who worked through Hurricane Katrina. Whether you were directly involved in the Sandy response or not we hope the information will provide useful insights into preparedness needs as we move into this era of mega disasters.

As always, your feedback and suggestions for topics to cover in future issues are welcome. Please email any suggestions to Judith LeComb at [prepedap@health.state.ny.us](mailto:prepedap@health.state.ny.us) or Steven Moskowitz at [Steven.Moskowitz@omh.ny.gov](mailto:Steven.Moskowitz@omh.ny.gov).

## Loss and Recovery at South Beach Psychiatric Center

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Recognizing that the location of South Beach Psychiatric Center in Staten Island placed it at risk from a Sandy-driven storm surge, Office of Mental Health administrators arranged an advance evacuation of the 350 inpatients, as they had done before Hurricane Irene. Accompanied by staff members, patients were transported by bus to Creedmoor Psychiatric Center and New York City Children's Center (some were later relocated to Bronx Psychiatric Center) for what was expected to be a brief stay. Although ensuring patient safety could be, and was, proactively addressed, nothing could have prevented the catastrophic flooding of South Beach's administration building which destroyed essential infrastructure including the facility's electrical system. Between cleaning



## Loss and Recovery at South Beach Psychiatric Center, *continued*

up and restoring basic services it took more than three weeks before patients were able to return from their temporary accommodations.

Depending on their roles South Beach personnel were professionally impacted in a variety of ways. Those who accompanied patients to the other psychiatric centers spent those weeks working 12-hour shifts in an unfamiliar environment with limited accommodations; initially some staff even made their beds on floors. Staff members who worked with outpatients did exhaustive outreach in the local community and in devastated neighborhoods like Coney Island, Red Hook and Staten Island to make sure their clients were safe and had needed medications. Those involved in the on-site cleanup worked long hours trying to repair the destruction so patients could return. Support staff grappled with recreating files, locating replacement equipment, replacing fleet vehicles and addressing transportation issues for the displaced staff and other complex administrative tasks. And many staff members were trying to meet these professional demands while coping with personal losses: 151 out of the close to 800 employees experienced harm with some losing loved ones or homes. Yet they kept working.

Toni Cavalenes, LCSW, CTS is the Clinical Risk Manager and the Acting Director of the Critical Incident Response Team (CIRT) at South Beach where she's worked for 26 years. She attributes the professional dedication through the disaster to the fact that staff members feel like a family – but that feeling also makes the destruction harder to cope with. "We've all been here forever; it's like our home, so it's as devastating as if it happened in our own home." She describes the experience as even more upsetting than the aftermath of 9/11 when the Staten Island community saw a constant series of funerals for local police officers and firefighters: "This was so much more intimate, it affected us in a way no other disaster ever did. This hit our immediate work family." And like a family, the CIRT members have been working together and in consultation with their administrative council since the storm to make sure all possible support needs are addressed throughout the ongoing recovery process.

Even as conditions at South Beach reach some level of normalcy constant reminders at the facility and in the neighborhood keep the losses present. Continuing repair and construction around the property makes it challenging for patients to walk around so some recreation options are limited and many staff must make the best in makeshift conditions. "We're working off a card table and folding chair," Toni said, "but before that I just had a Blackberry and a shopping bag. Everyone has to make due but then you leave the facility and drive through neighborhoods with no power, garbage

everywhere – and houses being bulldozed which brings it all back again." The result, she said, is a lasting sadness that's different than any past disaster she's worked through. "Everyone is operating as if everything is a little bit on hold, like there's a hole in your life that you're waiting to re-fill. You're kind of still waiting for it to get back to normal, but you still have to do your job.... We all feel tired but we on the CIRT also have a passion for this work. We really want to make sure others are OK."

To that end, the CIRT members developed a multilayered strategy to try to reach the various groups of personnel, beginning with the cleanup workers. Since most of the mental health helpers were working with the displaced patients, Toni and another CIRT administrator, Mirta SanMartin, MA, asked some retired team members to help out while others re-arranged their schedules or came to the facility after their shifts or on days off. It was a real team effort. Once patients started returning team members met with each inpatient unit, timing visits at shift changes to reach as many staff members as possible. They distributed a brief handout on self-care that described emotional and physical after-effects helpers might experience, signs of being overly stressed, and tips on what to do. This casual contact sometimes led to direct conversations about stress: "People were out of the honeymoon period by now," Toni said. "Some were disgruntled, feeling they were not getting the compensation they expected, many staff members' cars were destroyed because they left them in the facility lot during the evacuation, some were trying to clean their own house out, some were living on someone's sofa or had family living on their sofa – we had lots of one-on-one discussions with this group."

Next CIRT members turned to support staff, visiting each department for a formal meeting to acknowledge the difficult time they'd been through and to provide some basic psychoeducation about self-care and information about how to seek help if necessary. Finally, they turned to staff in outpatient units, some of whom are still so involved in working with clients from devastated areas that they don't have time to think of themselves, so outreach will continue for this group.

Toni and the other CIRT administrators view the South Beach response as successful, especially given the extreme circumstances. At the same time, they see areas where they would like to do even better in future events. One goal is the better integration of staff support needs into emergency plans. South Beach has a disaster committee that does drills and makes plans for patient evacuations and other logistical needs. They did their job very well during Sandy but among the other demands facing them, there was no one on the committee who could focus exclusively on staff mental

## Loss and Recovery at South Beach Psychiatric Center, *continued*

health needs. (A member of the CIRT was on the disaster committee, but he was occupied with his primary role as Incident Commander dealing with the massive physical damage and couldn't address the mental health aspects.) Having someone on the disaster committee whose sole focus is on supporting staff, especially in the case of lengthy evacuations, could strengthen the CIRT's ability to maintain staff resilience in the future, and Toni plans to ask for that change.

She's confident the suggestion will be well received because the response of the South Beach administration has been consistently supportive of the CIRT's efforts to help staff throughout the disaster and recovery. "The facility was 150% behind our team. Whatever we

asked for, the Executive Director said go and do it; what do you need to make it happen?" Toni said. That support has been important to her own self-care and ability to keep functioning, though she, like many of her colleagues, is still grappling with the reality that "nothing's ever going to be the same again. When someone is traumatized their worldview changes and by looking at disasters over and over your feeling of safety changes, but that doesn't mean you don't still do the work. You just have to recognize it and think what can I do to take care of myself? I keep doing it even though I sometimes feel like I really don't want to hear someone's story, but then I hear it and think how can I not help?"

### Successful Staff Support

The following are some of the methods the South Beach Psychiatric Center CIRT used to provide mental health support to personnel after Sandy allowing them to reach some people who might have resisted any suggestion they needed help. Like the best disaster mental health interventions their methods clearly worked Maslow's Hierarchy by focusing first on basic needs.

- Food is an excellent entry point. South Beach provided lunch daily for staff members involved in the clean-up so Toni Cavallenes and her team started joining the crew for the meal and striking up casual conversations. "We'd start with 'I've seen you around, what do you do?' and work up to 'what do you do when you go home to unwind?' to assess their self-care." Team members were careful not to talk about how stressful the situation was or to try to get staff to discuss the event unless they wanted to as they had to be able to keep functioning. Toni says most said they were doing fine and they really did seem to have good self-care skills but helpers did more deliberate outreach in a few cases where they knew a staff member was finding themselves to be particularly challenged.
- CIRT used Halloween candy (first brought in by team members who hadn't been able to hand it out due to the storm, then donated or sold cheaply by local stores when Toni explained the purpose) as a way to connect with staff in meetings and as an accompaniment to psychoeducational materials.
- CIRT set up a table that functioned similar to a Disaster Resource Center offering information on resources in the community, connections with FEMA, and other logistical needs – and there just happened to be self-care information there as well for people to pick along the way. When possible CIRT members or social work students staffed the tables allowing them to casually initiate conversations about stress if appropriate.
- CIRT tried to link South Beach employees who weren't personally affected with others who were for assistance with transportation, cleaning, and other practical needs. This gave the impacted person instrumental support, and let the other know they were helping in a meaningful way, strengthening staff solidarity.



## Research Brief: Disaster's Toll on Healthcare Workers

The long-term effects of the extreme stress experienced by hospital personnel and others impacted by Hurricane Sandy are emerging but the demands many professionals faced have clear parallels in the response to Hurricane Katrina, especially for those who were involved in caring for vulnerable patients during large-scale hospital evacuations while simultaneously coping with their own disaster-related losses. Lessons can be learned from one study that examined perinatal nurses who worked through Katrina to assess the impact 9 to 18 months after the experience. The findings demonstrate the nurses' extreme professionalism and dedication to duty throughout the response as well as the toll that took on them personally.

Giarratano, Orlando, and Savage (2008) interviewed 16 registered nurses who worked in inpatient obstetrical or neonatal care in the Greater New Orleans area at the time of the hurricane in 2005 and who remained on or returned to duty despite the mandatory evacuation order in the region. The participants ranged in age from 33 to 56 (average age 46) and they reported nursing experience from 8 to 32 years (average 20 years). All were female. Five said they had responsibilities in administration as well as patient care. Twelve reported that their hospitals were fully evacuated after the storm and four worked for agencies that had severe operational limitations. Five personally lost their homes during the flood.

Lengthy qualitative interviews with the nurses led to the identification of several common themes that reflected the nurses' dual roles as care providers and disaster survivors:

- **Duty to care:** "The commonality for each nurse was that each one expressed a deep sense of responsibility and an obligation not to abandon patients or their co-workers" (p. 251). In addition to simply staying on the job throughout the crisis in some cases this meant challenging authorities in order to do what the nurses believed was best for their patients; for example, refusing to evacuate newborns through the flooded streets as one was ordered to do. They also had to adapt to the loss of technical aids such as fetal monitors and even the ability to provide anesthesia, requiring a return to basic nursing skills and increasing concern for patients.
- **Conflicts in duty:** This theme addressed the nurses' struggles to balance their personal distress and fear with the need to continue to provide services to patients. For example, one woman

described feeling a need to leave the hospital temporarily to see to her own family's evacuation and resettlement but fearing termination for doing so. Some had brought family members to the hospital to ride out the storm, leading to conflict between caring for relatives and patients.

- **Chaos after the storm:** This reflected the trauma and stress resulting from the rapidly changing situation and lack of clear communication as hospital staff and rescuers figured out how to evacuate patients, including newly post-partum women and fragile newborns. Given the scope of the event the sense of chaos continued after facilities reopened: "The nurses who returned to work in a community recovering from a major disaster described facing staff turnover, high census, more complex patients, and generally more work stress" (p. 256).
- **Grief and loss:** Many of the nurses experienced significant personal losses and they also experienced secondary caregiver trauma resulting from the extreme suffering they observed in patients and felt powerless to assist.
- **Anger:** In addition to anger at the inadequate official response during and immediately after the storm several nurses later felt betrayed by their facilities: "They exceeded employee obligations and expected just compensation for their work... Those nurses whose expectations were not met expressed anger and disillusionment and were left feeling abandoned and undervalued by their employer" (p. 256).

While the participants reported a range of post-traumatic stress responses they also described finding various ways of making meaning about the experience including seeking support from friends and family members and forming support networks with colleagues. While these individual approaches to recovery can be effective the study's authors also point out the need for an organizational focus on supporting personnel's recovery: "Although nurses have a responsibility to prepare themselves and plan their individual and family responses to a potential disaster, healthcare systems also bear the responsibility to support those care providers and not abandon them" (p. 257).

Source:

Giarratano, G., Orlando, S., & Savage, J. (2008). *Perinatal Nursing in Uncertain Times: The Katrina Effect*. *MCN, the American Journal of Maternal Child Nursing*, 33, 249-257.



## American Red Cross Response to Sandy

Contributed by Diane Ryan, L.C.S.W., Regional Director of Disaster Mental Health and Partner Services, American Red Cross in Greater New York Emergency Services

The Red Cross response to Super Storm Sandy was an historic Level 7 prolonged disaster operation. Most of the impact in New York State was in the Greater New York (GNY) region, particularly Long Island and the boroughs of Staten Island, Brooklyn, and Queens. The Disaster Response Headquarters for Sandy initially operated out of a facility in White Plains and then quickly moved to our GNY Headquarters in Manhattan, using our entire 4<sup>th</sup> floor and then spilling into other areas of the building as the operation grew. To date, 10,545 Red Cross disaster responders have been assigned to the NYS relief operation serving 8.67 million meals and snacks and providing 34,103 health and 40,290 mental health contacts.

The disaster mental health response to Sandy was significant, involving approximately 400 volunteers from around the nation. Each of the four Red Cross Disaster Mental Health Chiefs in NYS played an important role in administering the mental health activity at different operational periods. Many mental health volunteers from around the country came to serve and then returned for second deployments and because of the prolonged nature of this disaster response, we were able to assign volunteers into positions that provided mentoring and promotion in our national system. The response from our local GNY volunteers was impressive: 120 served on this response working alongside visiting staff and our partner groups on local, regional, state and national levels (see box). These coordinated efforts to address mental health needs meant services were delivered across a large geographic area and were not duplicative. We were also assisted by students from the Disaster Studies Minor at SUNY New Paltz who provided critical administrative support at key phases of the disaster operation which served to keep the mental health activity organized and ensured timely service delivery.

**External Needs:** Early mental health interventions for those affected by Sandy included psychological first aid and crisis intervention in shelters, hotels, home visits, community gatherings, on feeding trucks, and through neighborhood canvassing. Particular attention was paid to communities with frail elderly and non-English speaking populations. Use of the Red Cross PsySTART behavioral surveillance tool provided information on risk factors related to exposure across service delivery sites.

**Internal Needs:** The American Red Cross has a strong staff mental health program and there were distinct needs of staff working through the many phases of this hardship relief operation. Initial impact on staff included

sheltering in place in Red Cross offices for many days as the storm came through and assessing the impact of damage to staff members' own homes. The effects of a prolonged response with exposure to extensive suffering caused significant levels of distress. Special considerations in December included the question of how to acknowledge the holidays while our community was suffering so deeply and the competing desires to care for our community and our families as holidays came and went. Support, consultation, and guidance from national headquarters mental health personnel was critical on this prolonged operation as fatigue can alter one's perspective on many levels.

We continue to serve this operation and are just now transitioning from a response operation to a Long Term Recovery Operation as temporary dedicated staff for Sandy are being hired and trained to serve those affected for the next year or so. And other demands didn't stop: While the hurricane relief effort was ongoing the Red Cross in Greater New York also responded to many fatal fires, the Newtown shooting, a ferry accident with 80+ injuries and winter storm Nemo. All of these events required additional mental health support for clients and staff.

### Partnerships in Action

Mental health service delivery was provided in a more comprehensive and collaborative way because of Red Cross' pre-existing relationships with these essential partners.

#### Local

- Disaster Psychiatry Outreach
- Disaster Chaplaincy Services
- Disaster Distress Helpline
- Project Hope

#### Regional

- NYC Department of Health & Mental Hygiene

#### State

- NYS Office of Mental Health
- NYS Psychological Association Disaster Response
- Network

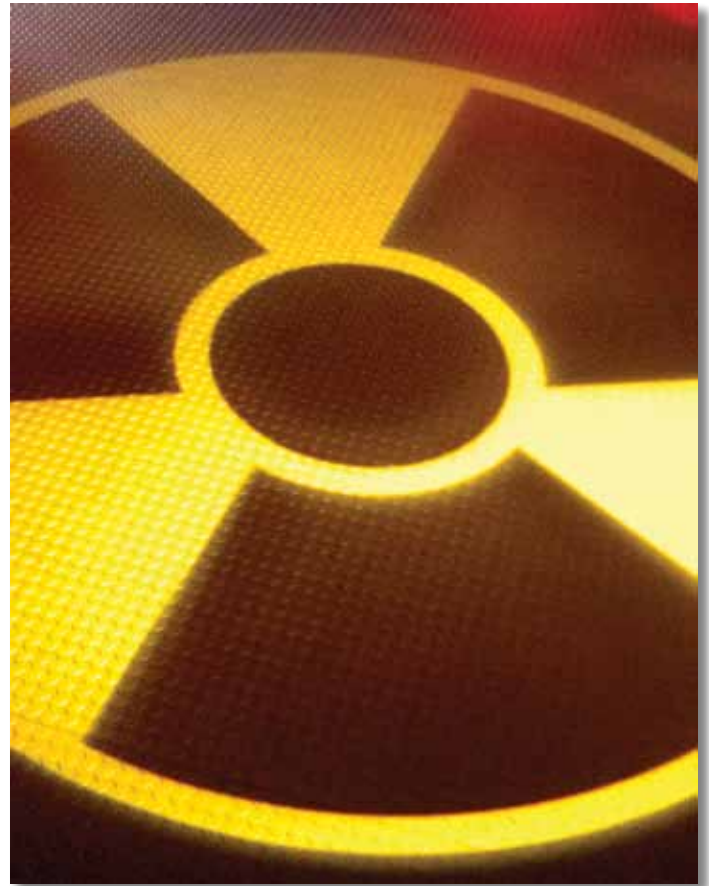
#### National

- United States Public Health Service

## Upcoming Institute for Disaster Mental Health Event to Focus on Radiological Incidents

A radiological disaster, be it the intentional dispersal of radioactive material in a terrorist attack or an accidental release from a nuclear power plant, would present an unprecedented challenge to responders. Public fear and misunderstanding are sure to compound immediate and longer-term response and recovery demands, so it's essential that emergency personnel, healthcare workers, mental health professionals, and others plan how to work together throughout this kind of disaster. To support that planning and cooperation, the 10th annual Institute for Disaster Mental Health (IDMH) at SUNY New Paltz conference will provide opportunities to strengthen community preparedness for catastrophic radiological events. "Radiological Readiness: Preparing for Dirty Bombs, Nuclear Disasters, and other Radiation Emergencies" will be held on Friday, April 19, 2013, on the SUNY New Paltz Campus. The day-long event will provide an important opportunity for new information and recommendations to be discussed and incorporated into planning procedures by organizations that will need to collaborate in the response to these potentially catastrophic events, including the state Department of Health, Office of Mental Health, and Office of Emergency Management, which is the event's major sponsor.

To that end, the conference will consist of keynotes, plenary presentations and professional workshops. Keynote presenter Steven M. Becker, Ph.D., a leading international expert on the public health, risk communication, and preparedness and response issues associated with large-scale emergencies and disasters, will address the social, behavioral, and risk communication issues in radiological emergencies as well as lessons learned from the Fukushima Dai-ichi nuclear accident. A multidisciplinary panel on the New York State Response to Radiological Catastrophes will include Commissioner Jerome Hauer, Ph.D., New York State Division of Homeland Security and Emergency Services; Adela Salame-Alfie, Ph.D., Acting Director, Division of Environmental Health Investigation, New York State Department of Health; Lloyd I. Sederer,



M.D., Medical Director, New York State Office of Mental Health; and Diane Ryan, L.C.S.W., Regional Director of Disaster Mental Health and Partner Services, American Red Cross in Greater New York Emergency Services. Afternoon workshops will provide an opportunity to learn and practice skills related to the medical response to radiological incidents, assisting children and families, and other specific needs. As always, participants will be served a gourmet box lunch and will have the opportunity to network between sessions.

Full program details, presenter biographies, and registration information are available at: [www.newpaltz.edu/idmh/conference.html](http://www.newpaltz.edu/idmh/conference.html)

## Disaster Mental Health Training

The Mental Health Response to a Mass Casualty Incident training is available as a recorded session on the NYSDOH Learning Management System (LMS). The purpose of this training is to prepare DMH responders for the particular challenges and stressors, both personal and professional, involved in responding to Mass Casualty Incidents involving multiple deaths or injuries. Topics include an overview of mass casualty incidents (event types and characteristics; likely response settings);

early interventions for MCIs (Psychological First Aid, crisis intervention, talking with survivors about loss); longer term issues (memorials, anniversary reactions); and the need for self-care. To access recorded training click <https://www.nylearnsph.com> and search Course Catalog for OHEP-DMH-03. If you have difficulty enrolling in the course please send an email to [edlearn@health.state.ny.us](mailto:edlearn@health.state.ny.us) or call 518 474-2893.