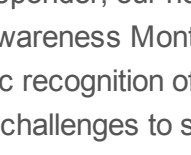


Office of
Mental Health

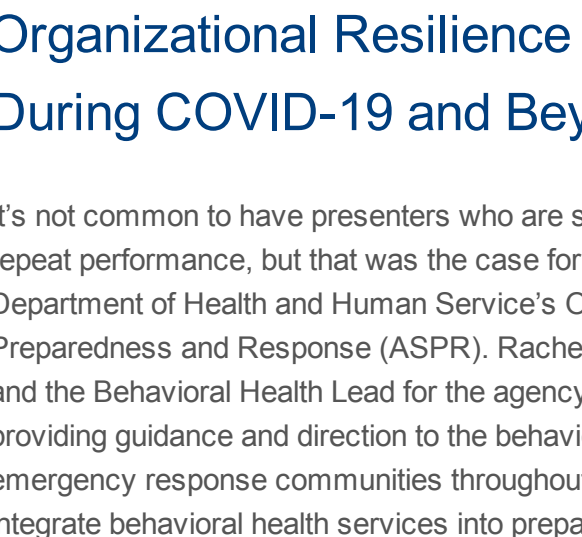


Department
of Health

Office of
Health Emergency
Preparedness

Welcome to the New York DMH Responder, our newsletter for the Disaster Mental Health community. May is Mental Health Awareness Month, and we think it's safe to suggest that there has never been so much public recognition of the importance of psychological well-being – or awareness of the current challenges to staying emotionally healthy and resilient. We've all been through an ultra-marathon of stress and anxiety throughout the pandemic, and even now as vaccination levels are growing, schools and businesses are reopening, and spring is undeniably here, that doesn't mean we're unchanged by what we've experienced, both personally and professionally. We need to figure out how to process what we've been through, and to make meaning of how these times have changed us. Fortunately, that was the subject of an excellent webcast DOH, OMH, and IDMH recently hosted, which we'll summarize in this issue. We hope you'll take away some useful suggestions for thinking about your own experiences, and for protecting your own mental health while you work to help others.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to [Tom Henery at DOH](#) or [Steve Moskowitz at OMH](#).



"It's not what happens to you, but how you react to it that matters."

-Epictetus, ancient Greek philosopher

Organizational Resilience and Making Meaning: During COVID-19 and Beyond

It's not common to have presenters who are so good that they immediately merit a repeat performance, but that was the case for our webcast presenters from the Department of Health and Human Service's Office of the Assistant Secretary for Preparedness and Response (ASPR). Rachel Kaul is a licensed clinical social worker and the Behavioral Health Lead for the agency with an extensive background in providing guidance and direction to the behavioral health, public health, and emergency response communities throughout the country on ways to enhance and integrate behavioral health services into preparedness, response, and recovery efforts to foster individual, community and responder resilience. Kayla Siviya is a Behavioral Health Program Analyst for the agency, where she supports behavioral health preparedness, response, and recovery efforts. Building on their equally valuable Fall 2020 webcast, [How Long Has Your "Check Engine" Light Been On?](#), which emphasized skills for maintaining personal well-being, Ms. Kaul and Ms. Siviya now turned their focus to the need to foster resilience at the organizational level. You can view the [complete 90-minute-long webcast here](#) – it is well worth your time – and we'll summarize the key points here.

One of those fundamental points is that every organization is composed of the individuals who work there, so it's essential for managers to understand the stressors their personnel face at any time. Among the challenges faced by many workforces during the pandemic, the presenters identified five main categories, each including several specific types of stressors:

1. Personnel

- Compounded obligations
- Increased personal and family needs
- Prolonged stress and uncertainty
- Concerns related to job security

2. Workplace

- Physical workplace (virtual vs. on-site)
- Mission/shift creep
- New/changing expectations
- Budgetary challenges

3. Demands on Staff

- Service needs exceed staff capacity
- Blurred boundaries and expectations
- Excessive work hours
- Access to family support services (childcare/eldercare)

4. Safety

- Risk of exposure
- Potential for staff infection/outbreak
- Availability of PPE/vaccines
- Employees in high-risk categories

5. Procedure/Process

- Outdated safety procedures for employees
- Limited behavioral health options to support staff
- Overscheduling of employees
- Unclear or changing guidance

Many of these stressors seemed to resonate with participants, particularly the constant need to adapt to new guidelines and policies. How many feel relevant for you and your colleagues?

Strategies for Building Resilient Workforces

After describing how occupational hazards like compassion fatigue, burnout, and complex and collective grief can occur at the organizational level, Ms. Kaul and Ms. Kiviy discussed a series of strategies for dealing with these problems – approaches that are not just theoretical, but that have actually been implemented in the field at various response organizations.

One warning sign of organizational compassion fatigue and burnout, they noted, is a high level of detachment or disconnectedness among multiple staff members. This is actually a kind of defense mechanism that's self-protective at the individual level in the face of exposure to high levels of demands and distress, but it can become problematic if it's so entrenched that it creates a service climate of disengagement, either from colleagues and team members or from the population the organization serves. So, it's a good idea for supervisors to regularly "take a pulse" on this reaction among staff members. One agency they spoke to actually designated an official Resilience Officer who was responsible for checking in with staff members to check on how they were coping with their work. Another large hospital created an interdisciplinary committee including representative from multiple departments in order to include diverse voices on demands, and to then develop response strategies that had built-in leadership support because they were internally and collectively generated.

Other practical strategies for preventing burnout include setting policies around running meetings as efficiently and briefly as possible, having blackout periods (like noon to 1 p.m.) when no meetings can be scheduled, and considering whether deadlines are real or arbitrary, so time pressure on staff members can be reduced where possible. The presenters also recommended "adaptive engaging," or striving to connect with colleagues who are understanding and supportive, while trying to minimize contact with those who take a negative viewpoint – those people we all know who, as Ms. Kaul said, are "less of a problem solver and more of a problem identifier." Those chronically negative attitudes can essentially be contagious, so it's important to try to balance those effects with conscious efforts to engage with people who inspire you or who provide positive energy. Organizations can support that goal at the collective level by creating opportunities for less experienced workers to be paired with more seasoned workers who can provide direct guidance, and to consider a formal buddy system. Simple practices like a brief daily check-in to see how everyone on the team is doing and how they could be better supported, can also go a long way toward maintaining team cohesion and resilience.

There's much more valuable information in the webcast in addition to this overview and the related items below, so we encourage you to watch it in full. We're now starting to plan the Fall 2021 and Spring 2022 webcasts, so if you have suggestions for topics or presenters, please reach out to [Tom Henery](#) at DOH or [Steve Moskowitz](#) at OMH so we can continue to offer this kind of insightful and applicable information.

Silver Linings – and a Brief Reader Survey

As they discussed the essential need to make meaning out of difficult experiences, Ms. Kaul and Ms. Siviya asked participants to share any gains they experienced through their work during the pandemic. These were among the dozens of responses:

- Created stronger bonds among those here as we needed to rely on each other more
- More mental health awareness
- More genuine conversations
- Increased vulnerability and compassion
- Appreciation for our jobs
- I found that small deeds make a difference
- More trust in colleagues / supervisors
- More support!
- Having better insight of the "big picture" of the work we are doing
- Feeling like we lived through something together
- Appreciating the opportunity to connect with others in meaningful ways through staffing an emotional support line, offering sessions on Self-Care...
- Increased vulnerability and compassion for self and others
- Using it as a learning experience. Checking priorities.
- Brings a new meaning to life

Of course all of these gains came only after respondents had paid a price in the form of stress due to their extreme dedication to their work, so we don't want to overemphasize the positive effects of the past year-plus. But this is a good reminder to pursue the optimistic (yet realistic) outlook the presenters discussed in their earlier webcast, to strive to make meaning out of our recent losses, and to try to be grateful for any elements of Posttraumatic Growth we're ultimately able to achieve.

What have you learned from your work during the pandemic? Please share your lessons, positive or not (and anonymously or not) here:

[DOH-OMH Disaster Mental Health Responder - Lessons Learned Survey](#)

Team Assessment Activity: Stop, Continue, Start

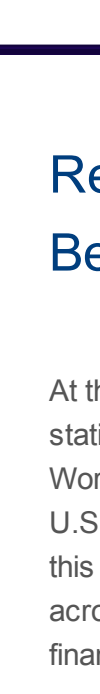
One very helpful exercise Ms. Kaul and Ms. Siviya recommended is this team-level discussion about what important cohesion activities or practices organizations had to stop doing due to the pandemic; things they started doing that they want to continue even after conditions stabilize; and new ideas for strategies they want to start including based on what they've learned during the outbreak. For example, they mentioned that team members at ASPR previously had a custom of taking brief breaks to walk around the block together. They stopped that practice during the response, but hope to resume it since they recognize its significance as a way to take care of each other.

Other examples of activities stopped, continued, and started:

Team Assessment Activity: Stop, Continue, Start

Stop

1. Physical gatherings with team members/colleagues
2. Consistent scheduling/breaks/time off
- 3.



Continue

1. Daily stand-ups
2. Embedded behavioral health
3. Awareness of work/life balance needs

Start

1. Topic-driven weekly meetings/tips
2. Integrate pacing approach into schedules
3. Review and adjust organizational policies

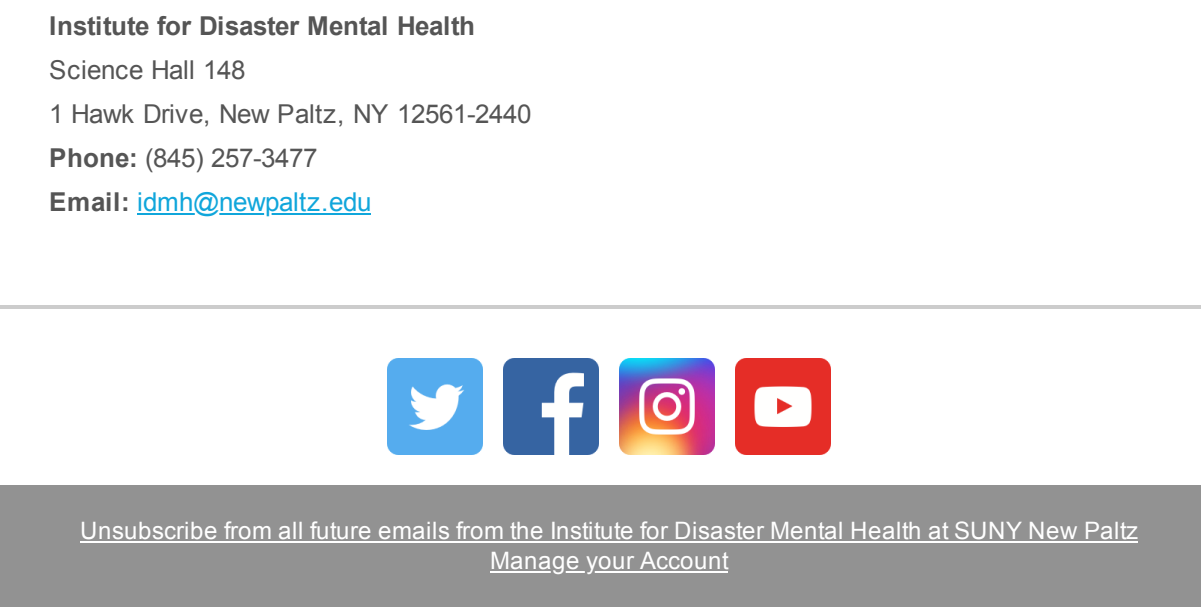


We hope you'll consider trying this exercise with your colleagues so you actively try to capture the changes you've made, and you move forward with intentionality as things start to normalize.

Research Brief: Troubling Data on Worker Well-Being

At the start of the webcast, Ms. Kaul and Ms. Siviya presented some fairly dire statistics about worker well-being from the Mental Health America (MHA) "Mind the Workplace 2021 Report." With data collected from more than 5,030 employees in 17 U.S. industries during the first wave of the pandemic (February to September, 2020), this survey provides a snapshot of the mental health challenges that employees across the country experienced early in the outbreak. Survey questions measured financial insecurity, burnout, supervisor support, workplace stress, and mental illness.

Among the MHA findings:



These statistics are consistent with the American Psychological Association's (APA) most recent "Stress in America" survey (March, 2021), which found that one out of four essential workers have been diagnosed with a mental health disorder since the start of the pandemic – and, of course, obtaining a diagnosis involves having access to mental health or medical professional which is not the case for many workers, so it's likely that actual prevalence rates are much higher. While just over one-third (34%) of frontline workers in the survey said they had received treatment from a mental health professional, a full three-quarters said they could have used more emotional support than they did receive.

Pandemic-related stress is also taking a physical toll on essential workers: 24% of this group of respondents in the APA survey reported an undesired weight loss of an average of 30 pounds, while 50% of essential workers reported undesired weight gain of an average of 38 pounds. Those rates were notably higher among essential workers than for all U.S. adults, 18% of whom reported undesired weight loss of 26 pounds and 42% of whom gained an average of 29 pounds. Across all respondents, 53% said they had been less physically active than they wanted to during the pandemic. Disturbingly, 47% said they had delayed or canceled healthcare services, suggesting that the healthcare system may be facing a wave of patients entering the system with more advanced health problems than the norm – yet another troubling ripple effect of COVID-19.

Sources:

Mental Health America
<https://mhanational.org/research-reports/2021-mind-workplace-report>

American Psychological Association
<https://www.apa.org/news/press/releases/stress/2021/infographics-march>

[Save the Date!](#)

17th Annual Institute for Disaster Mental Health

Conference

From 9/11 to Covid-19: Lessons from Two Decades

of Disaster Response

September 29 and 30, 2021

Since its founding soon after the attacks of September 11, 2001, the Institute for Disaster Mental Health at SUNY New Paltz has held an annual conference to provide New York's front-line responders, emergency managers, clinical practitioners, healthcare workers, and disaster relief volunteers with critical access to information on best practices in the field of disaster mental health. The need for this cross-disciplinary approach to training and planning has never been clearer than during the Covid-19 pandemic. Given the global stress and anxiety surrounding the outbreak and other ongoing disasters, it's essential now to revisit the lessons that have been learned during the past 20 years, and to further disseminate insights from 9/11, countless natural disasters, and escalating mass shootings, as well as the broader issues around racial inequities and social justice.

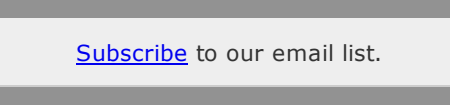
Using cutting-edge event presentation technology from BeaconLive, this two-day virtual conference will bring together expert presenters from across the country to review how much we've learned about incorporating mental health needs into emergency response, and to look ahead to where we can – and must – go from here. Continuing education credits will be available for mental health practitioners, and the conference organizers and presenters are committed to ensuring that attendees leave the event with tangible skills and resources they can use to improve their performance in this ever more complex response environment[KV1].

For more information, please visit newpaltz.edu/idmh.

[Click Here to Subscribe to the DMH Responder Newsletter](#)

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