

November 02, 2009

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Chair, National Biodefense Science Board  
State Epidemiologist and Medical Director  
Iowa Department of Public Health  
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Dear Dr. Quinlisk:

This letter is in response to the National Biodefense Science Board (NBSB) request that the NBSB Disaster Mental Health (DMH) Subcommittee recommend actions that public health officials should consider taking to prevent and mitigate adverse behavioral health outcomes during the H1N1 public health emergency.

The DMH Subcommittee presents the following for the Board's consideration:

1. We strongly recommend that state and local public health officials invite their behavioral health authorities (both mental health and substance abuse) to meet and discuss local efforts and plans; identify constituents, including high risk and vulnerable populations; and develop steps they can take together. A current roster of state disaster mental health and substance abuse coordinators from the U.S Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration is attached to facilitate this process.
2. As part of the discussion between state and local public health officials and behavioral health officials, we recommend that strategies be developed to maintain calm at treatment sites, such as flu clinics, primary care settings, and emergency rooms, in order to minimize stress for providers working at these locations. It will also be important to ensure sensitivity to emotional and behavioral needs as they emerge at vaccination sites. One strategy that has been successful is assigning mental health staff to monitor the waiting area/line and to actively communicate with persons to receive services to:
  - Provide a reassuring presence and convey that everyone will be cared for throughout the entire process;
  - Provide basic and accurate information about what to expect when they receive treatment (simple handouts, if available, are helpful);
  - Identify and intervene with persons experiencing severe psychological distress.Please see the attached fact sheet "Maintaining Calm at the POD" for further suggestions.
3. In the interest of providing swift, accessible education about behavioral health considerations during this crisis, the DMH Subcommittee—with the assistance of the Office of the Assistant Secretary for Preparedness and Response—has compiled the attached list of specific resources (including resources related to death and bereavement) that pertain to behavioral health. This is a useful tool to supplement information currently available on Flu.gov. We have begun to distribute this resource list to

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behavioral health professional associations and stakeholder groups across the country. We suggest that you recommend distributing the resource list to all state public health authorities.

During the DMH Subcommittee's deliberations on these recommendations, we recognized that significant expertise regarding public health messaging currently exists among individuals within the federal government, including the HHS. The DMH Subcommittee is comprised of members who are willing to serve as subject matter experts for messaging and guidance as needed. Subcommittee members also have access, through their affiliations and associations, to additional experts in many specialty areas who can also be resources when gaps in messaging or communication challenges are identified.

The DMH Subcommittee wishes to express its appreciation to the NBSB for providing this opportunity to contribute to the significant efforts underway to address the current H1N1 outbreak and to better prepare for the future.

Sincerely,



Betty Pfefferbaum, M.D., J.D.

Chair, Disaster Mental Health Subcommittee

Attachments:

1. Roster of state disaster mental health and substance abuse coordinators
2. "Maintaining Calm at the POD" fact sheet
3. Behavioral Health H1N1 Websites and Resources List
4. Roster of Subject Matter Experts in the areas of at-risk and vulnerable population
5. Roster of Subject Matter Experts in the area of behavioral health implications of public health communications and messaging for the H1N1 pandemic