



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for
Preparedness & Response

National Biodefense Science Board
Washington, D.C. 20201

November 18, 2008

The Honorable Michael O. Leavitt
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Leavitt:

The National Biodefense Science Board (NBSB) was asked by the Office of Preparedness and Emergency Operation within the Office of the Assistant Secretary for Preparedness and Response to fulfill the requirement of Paragraph 31 of Homeland Security Presidential Directive-21, which directs the Secretary, U.S. Department of Health and Human Services, in coordination with the Secretaries of Defense, Veterans Affairs, and Homeland Security, to establish a Federal Advisory Committee for Disaster Mental Health. The committee shall consist of appropriate subject matter experts and, within 180 days after its establishment, submit to the Secretary of Health and Human Services recommendations for protecting, preserving, and restoring individual and community mental health in catastrophic health event settings, including pre-event, intra-event, and post-event education, messaging, and interventions.

To accomplish this task the Disaster Mental Health (DMH) Subcommittee was established under the NBSB. The Subcommittee consists of NBSB members; designated ex-officios from the U.S. Departments of Defense, Veterans Affairs, and Homeland Security, among other Federal departments; and subject matter experts and representatives in areas such as service delivery providers, research, at-risk groups, consumers, State and local mental health and substance abuse authorities, policy, public health, epidemiology, occupational safety and health, emergency management, training, and chaplains.

The DMH Subcommittee submitted a report and recommendations to the NBSB for deliberation at the NBSB public meeting on November 18, 2008. Following discussion by the members and the public, the NBSB voted on and approved the following recommendations for your consideration:

RECOMMENDATION 1: Integrate mental and behavioral health into all public health and medical preparedness and response activities.

- (1a) At the Federal level, coordinate mental and behavioral health service efforts through a unified concept of operations (CONOPS) that addresses pre-, intra-, and post-event phases of disaster and that includes:
- Near real-time reach-back capacity to allow for mental and behavioral health expert input and consultation;
 - Representation of mental and behavioral health functions, including consultative and clinical roles, within operational frameworks across local, State, and national levels aligned with the National Incident Management System; and

- Standard mental and behavioral health triage of at-risk individuals and populations linked with needs-assessment activities and surveillance of emerging health effects and behavioral risk factors.
- (1b) At the national level, facilitate State-based disaster mental and behavioral health planning and operations through the following:
- Include language on mental health, substance abuse, and behavioral health in all appropriate legislation, regulations, and grants (e.g., the Pandemic and All-Hazards Preparedness Act).
 - Integrate disaster mental and behavioral health planning and exercising into performance benchmarks of new or existing Federally-funded emergency management programs or grants.

RECOMMENDATION 2: Enhance the research agenda for disaster mental and behavioral health.

Convene a working group of the Disaster Mental Health Subcommittee to review the research portfolios of Federal research funders across the U.S. government (including the National Institutes of Health, Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention, within HHS, and other relevant Federal Departments and agencies) to identify gaps in knowledge, areas of recent progress, and priorities for research in disaster mental and behavioral health program evaluation, early intervention, treatment for disaster-related problems, and dissemination of training in disaster mental and behavioral health interventions. Set a national agenda for this research that is supported by the Federal agencies that fund research initiatives in these areas.

RECOMMENDATION 3: Enhance assessment of mental and behavioral health needs during emergencies.

Integrate epidemiological strategies to capture information for public policy and resource allocation. Utilize existing national health surveillance systems and State/local-based systems to rapidly assess and track mental and behavioral health needs and recovery processes in affected populations (e.g., the Centers for Disease Control and Prevention's research, including the Behavioral Risk Factor Surveillance System, Youth Behavioral Risk Surveillance System, National Hospital Discharge Survey, and National Health Interview Survey; the Substance Abuse and Mental Health Services Administration's National Household Drug Utilization Survey; the American Red Cross Mental Health Triage information; and local systems such as the Los Angeles County Rapid Mental Health Triage System).

RECOMMENDATION 4: Enhance disaster mental and behavioral health training for professionals and paraprofessionals.

Promote psychological resilience and effective delivery of psychological support by professionals and paraprofessionals through education in disaster mental health and/or training in psychological first aid.

RECOMMENDATION 5: Promote the population's psychological resilience.

Promote psychological resilience of individuals, families, and communities through the development of a national strategy for the integration, dissemination, and ongoing evaluation of psychological first aid.

RECOMMENDATION 6: Ensure that the needs of at-risk individuals and issues of cultural responsiveness are being addressed in all efforts of the National Biodefense Science Board.

Support the development of mechanisms to ensure that the needs of vulnerable and at-risk populations and issues of cultural responsiveness are appropriately considered and served in the articulation and execution of the Board's recommendations and in public health activities related to emergency preparedness and response.

RECOMMENDATION 7: Develop a disaster mental and behavioral health communication strategy.

- Develop mass communication messages that deliver psychoeducation, information on sources of help, and other mental and behavioral health topics related to specific hazards/threats and disaster phases.
- Develop education and training regarding the integration of mental and behavioral health/social science principles and emergency risk communication.
- Develop a process to identify, educate, and train a cadre of mental and behavioral health experts to serve as consultants, interviewees for Federal television/Internet broadcasts, and resources for the media.
- Establish and enforce a policy, with respect to all disaster and emergency health issues, that:
 - Requires that, prior to soliciting/undertaking new Federally-funded communication initiatives, a review of similar and/or related activities of other Federal components will be performed and documented to ensure integration and prevent duplication.
 - Requires that all communication activities (directly operated or supported through grants, contracts, or cooperative agreements) document and ensure that they are informed by current evidence-based psychosocial factors.

RECOMMENDATION 8: Develop an accessible Internet-based communication toolkit.

At present, no single Federal source consolidates communication/message research and products developed for a variety of events (e.g., pandemic influenza, terrorism, and environmental contamination from chemical stockpile/industrial accidents). The best solution for this consolidation is the development of a Federal communication Web site.

In addition to these specific recommendations, the NBSB is including for your consideration the full report of the Disaster Mental Health Subcommittee that was adopted by the NBSB. This report provides greater context to many of the NBSB's recommendations listed here.

The NBSB feels that the above recommendations should be taken into thoughtful consideration, to ensure that mental and behavioral health needs are systematically integrated into planning the public health policies, procedures, and frameworks which help guide our country in preparing for disasters whether naturally occurring, accidental, or deliberate.

Sincerely,



Patricia Quinisk, M.D., M.P.H.
Chair, National Biodefense Science Board