



November 19, 2009

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius,

The National Biodefense Science Board (NBSB) held a public meeting by teleconference on November 13, 2009 to discuss current H1N1 issues as well as recommendations provided by the Disaster Mental Health (DMH) Subcommittee. We requested that the 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 NBSB unanimously approved the following recommendations developed by the DMH Subcommittee:

1. The U.S. Department of Health and Human Services (HHS) should encourage state and local public health officials to 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 HHS Substance Abuse and Mental Health Services Administration is available to facilitate this process.
2. As part of the discussion between HHS and state and local public health officials and behavioral health officials, strategies should be developed to maintain calm at treatment sites, such as flu clinics, primary care settings, and emergency departments, 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.A good example is the fact sheet "Maintaining Calm at the POD" developed by HHS.

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—compiled a 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 the HHS website, “Flu.gov”. The DMH Subcommittee has distributed this resource list to behavioral health professional associations and stakeholder groups across the country as well as state public health authorities.

The NBSB believes that behavioral health issues are important and we do not want to lose the opportunity to learn more about response and the lessons learned in the behavioral health area. As HHS and its partners go through evaluating the response to the H1N1 pandemic, ensure behavioral health issues are addressed, included in a report, and distributed to appropriate partners to ensure better response in the future.

Sincerely,

/s/ Patricia Quinlisk, M.D., M.P.H.

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