

Background

Purpose

A key trend in public health training is evidence-based practice and competency based education and training. This document establishes a list of mental health competencies and related knowledge, skills and attitudes for health care providers.

Scope

This document was prepared to address the minimum competencies needed by health care providers; including and not limited to nurse practitioners, emergency management services paramedics (EMS), registered nurses, physician assistants, and physicians in dealing with the mental health problems that may arise during the planning, response, and recovery phases of emergencies and terrorism. This document may serve as a framework for the development of training, curricula, and evaluation. In compliance with the HRSA and CDC cooperative agreement, this set of competencies will be posted on Iowa's learning management system (LMS): Prepare Iowa (www.prepareiowa.com).

Methodology

The task force researched best practices, experiences from abroad, laws, regulations, and training manuals pertaining to disaster mental health found in the United States and elsewhere.

Assumptions

Health care providers will initiate mental health intervention only within the scope of their license to practice. Training based on these mental health competencies, offered through the LMS, may contribute to continuing education credit program in the future.

IDPH Mental Health Competencies Task Force members

IDPH:

- Claudia Corwin, MD, FACS
- Osmane Diallo, MD, MPH
- Ellen McCardle-Woods, LPN/PS
- Gene Hodges, BA
- Jackie Bailey, BA

- National Mass Fatality Institute:
Lisa LaDue MSW, LISW - Kirkwood
Community College

- Institute for Public Health Practice:
Dawn Gentsch, MPH, CHES -
University of Iowa, Upper Midwest
Center for Public Health
Preparedness

- American Red Cross: Margie
Conrad

- University of Albany: Eric Gebbie,
MA, MIA - Center for Public Health
Preparedness

- University of Iowa: Steven Arndt,
PhD - Iowa Consortium for
Substance Abuse Research

- University of Iowa: Jacob O.
Sines, PhD - Professor Emeritus

Mental Health Competencies

*for Health Care Providers for
Terrorism and
Emergency Preparedness and
Response*



Developed and Endorsed by
Iowa Department of Public Health
Mental Health Competencies Task
Force



125
YEARS
Advancing Health
Through the Generations

Mental Health Competencies

Health care providers who are prepared to deal with the mental health aspects of emergencies and terrorism should be competent to:

1. Describe the different types of man-made or naturally occurring disasters and articulate the definition of terrorism.

- Define disaster and terrorism, and differentiate between man-made disasters and naturally occurring disasters
- Enumerate the physical, social and economic effects of disasters and terrorism

2. Understand psycho-physiological effects of fear and terror.

- Understand the reaction of the nervous system to fear and the significance of unresolved terror
- Describe the flight-or-fight response
- Describe the freeze response

3. Describe the four components of psycho-physiological response to fear and terror.

- Somatic distress responses (e.g. severe headaches)
- Emotional distress responses (e.g. reactions to stress, insomnia)
- Behavioral changes (e.g. avoidance)
- Psychiatric disorders (e.g. anxiety, ASD)

4. Describe the epidemiological Haddon Matrix and its application when planning for mental health services after terrorism/disaster.

- Interaction triangle: Agent, Host, and Vector/Environment

5. Recognize the population at risk following disasters and describe how special populations may be affected.

- Identify vulnerable populations for mental health disturbances by distinguishing those who are directly affected from collaterals (e.g. witnesses, family members, co-workers)
- Describe how vulnerable populations such as children, women, elderly, and the disabled are affected differently

6. Describe the different phases of responses to disasters and their impact on recovery.

- Differentiate the warning phases according to each type of disaster
- Describe the: “Heroic Phase”
“Honeymoon Phase”
“Inventory Phase”
“Disillusionment Phase”
“Recovery Phase”

7. Describe the key terms and issues related to chemical, biological, radiological, nuclear, and explosive attacks (CBRNE) including emergency response procedures and their potential mental health effects.

- Differentiate the warning phases according to each type of disaster
- Describe the: “Heroic Phase”
“Honeymoon Phase”
“Inventory Phase”
“Disillusionment Phase”
“Recovery Phase”

8. Understand the cultural context of mental health responses to disasters and terrorism.

- Understand the key concepts in diversity
- Utilize appropriate methods for interacting with culturally diverse populations
- Identify the role of cultural elements in addressing mental health problems

9. Recognize factors that differentiate normal responses from pathological responses

- Stress the importance of intensity and duration of symptoms, and impairment of activity of daily living in differentiating normal from abnormal responses

10. Identify the most common mental health symptoms after disaster and terrorism.

11. Establish a preliminary assessment and develop a plan for diagnosis, treatment, and/or referral.

12. Develop a general understanding of available mental health interventions and recognize the indications and limitations for each type of intervention, including and not limited to:

- Psychological first-aid
- Critical Incident Stress Management
- Crisis counseling
- Cognitive behavioral therapy model
- The use of medication

13. Determine what mental health resources are available in the provider’s community.

- Research resources using Internet and other programs to identify specialists.

14. Recognize the mental health effect of terrorism and emergencies on themselves as they perform their role helping others to actively prevent the emergence of serious consequences.

- Be aware of one’s own health risk when helping others
- Identify when to start self-care

