

## **PANDEMIC INFLUENZA RESPONSE PLAN**

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## Target

Vulnerable populations include all individuals presenting with special needs: children and adolescents, frail seniors, persons with financial disadvantages, members of minority cultures, recent immigrants, homeless individuals, and those experiencing severe and persistent mental illness.

Community members will experience significant impacts relative to age and stage: children, adolescents, elderly, frail elderly have special considerations, women, and men.

Health Care Workers (HCWs) will experience significant impacts. The vast majority of Assiniboine Regional Health Authority (ARHA) HCW's are female gender, therefore dual roles and obligations will exacerbate stress levels.

Allied helpers will be called upon through mutual aid agreements including them within the staffing compliments to support service infrastructure.

## Introduction

“Psychosocial consequences vary according to type of disaster on such dimensions as predictability, familiarity, controllability, preventability, and intentionality.”

Reference DEEP Prep: All Hazards Disaster Behavioral Health Training.p. 219

The nature of pandemic influenza risk characteristics as related to psychosocial impacts are such that extensive psychosocial consequences are anticipated, as seen in the table presented below:

Pandemic Influenza: Disaster Consequences Risk Assessment	
Mortality	Extreme
Morbidity: Disease	Extreme
Economic losses	Extreme
Social disruption	Extreme
Impact on public health	Extreme
Impact on health care	Extreme
Surge on health care	Extreme
Psychological: fear and distress	Extreme
Bereavement	Extreme
Loss	Extreme
Change	Extreme

Reference: DEEP Prep: All-Hazards Disaster Behavioral Health Training pg. 221

The extreme nature of the impacts across multiple elements are anticipated to stress individual, family and community's abilities to cope. The concomitant surge on health care services at a time when providers will also be impacted in the individual, family and vocational spheres can be anticipated to further exacerbate service delivery during the pandemic period.

Psychosocial support and intervention will be provided across pandemic phases of pandemic alert, pandemic period, and pandemic recovery.

Resiliency and positive adaptation occurs within individuals, families, and communities as a standard response following disaster, hardship or adversity. Most people pull together and function during a disaster however, their effectiveness may be diminished. The Mental Health Program will endeavor to support and promote resilience, recognizing the unique contributions of individuals and communities to pull together in the face of adversity. Services of psychosocial support will be considered essential services during pandemic period.

Psychosocial First Aid will include "five essential elements" of effective early intervention that will support survivors:

- regain a sense of safety
- shift from fear to calm
- regain a sense of connectedness
- shift from helplessness to efficacy
- shift from despair to hopefulness

(Reissman et al., 2006)

## **Objectives**

To ensure continuity of services to Mental Health clients experiencing severe and persistent mental illness.

To extend informational support to vulnerable populations to aid in psychosocial coping – internal and external clients.

To ensure Psychological First Aid to HCW's and allied helpers enlisted within the temporary workforce during pandemic.

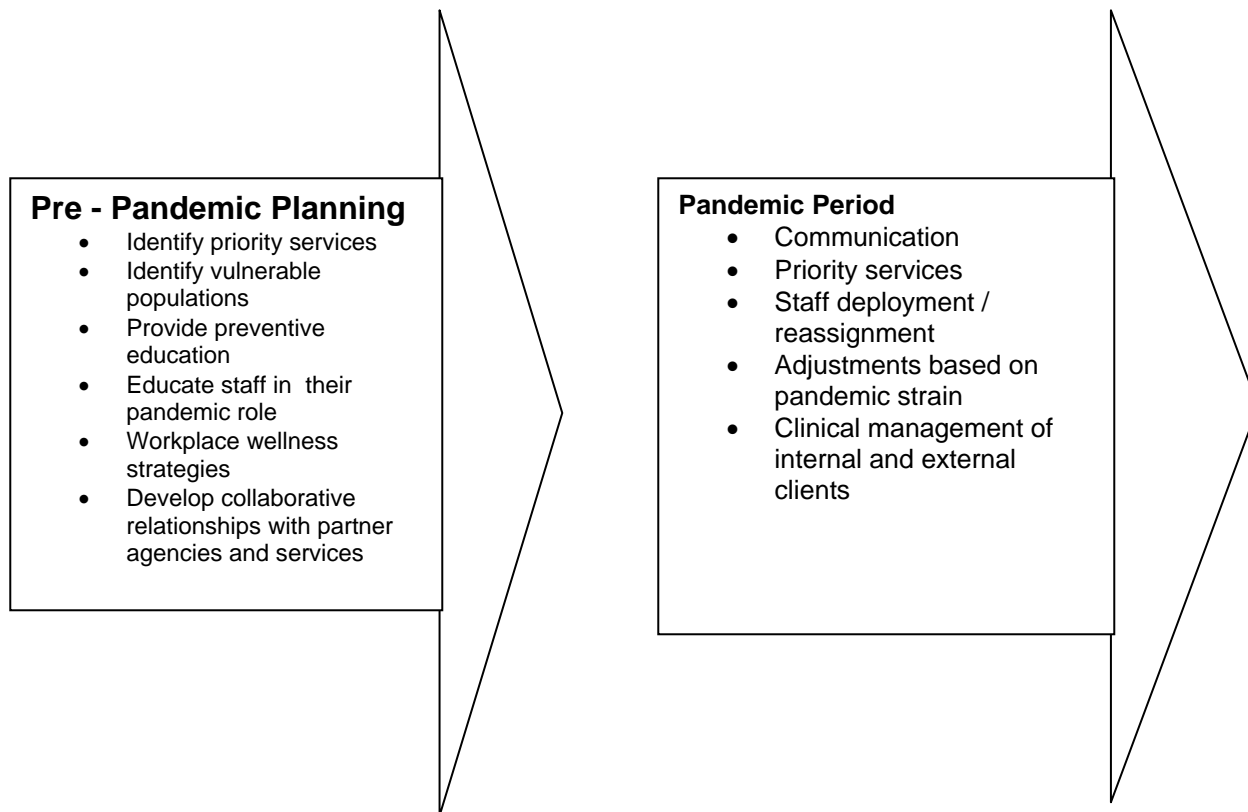
To collaborate with community partners in facilitating psycho-educational opportunities for to enhance social support, access to existing resources, development of resilience capacity.

# Pre-Pandemic Planning / Pandemic Alert Activity

Adapted from: Summary of activities by WHO Pandemic Periods.

Ontario Pandemic Plan – Health Services for Influenza Pandemic September 2006.

[www.health.gov.on.ca/english/providers/programs/emu/plan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/programs/emu/plan_flu_plan.html)



## Pre-Pandemic Planning

The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings clearly state that protecting and promoting mental health and psychosocial well-being is the responsibility of all humanitarian agencies and workers. (WHO 14, September 2007) The guidelines have a clear focus on social intervention and supports, emphasizing building on local resources such as teachers, health workers, healers, spiritual leaders and women's groups to promote psychosocial well-being.

Pre-event planning must:

1. Identify priority services - to the severe and persistently mentally ill
  - i. Emergency Preparedness Plans are in place for the most vulnerable population served by the Community Mental Health Program. These plans include type of services required, duration of services and frequency of the intervention required.

2. Identify other vulnerable populations within the Region – conduct needs assessment.
  - i. First Nations and Aboriginal population
  - ii. Hutterite colony residents
  - iii. Recent immigrants to the region
  - iv. Children / adolescents / seniors
  - v. Frail elderly
  
3. Provide education across the general population – focusing on strengthening social networks, developing coping skills, heightening awareness of personal practices to reduce risk during pandemic.
  - i. Mental Health First Aid
  - ii. ASIST and safe TALK sessions
  - iii. Mental Health Promotion events
  - iv. Mental Illness Awareness events
  - v. Depression / anxiety / loss sessions
  - vi. Group support to specialized populations: Mood Disorders / Schizophrenia / Anxiety / Addictions
  
4. Educate professionals to assume their role as psychological first aid providers – refer to the Community Trauma Response Team manual for Assiniboine Region.
  
5. Ensure workplace wellness education and activities to assure preparedness
  - i. Creation of a family disaster preparedness plan
  - ii. Creation of a self-care plan – work-life balance, resiliency toolkit, stress management skills, identify support systems and build or strengthen social support systems
  - iii. Assembly of a “go-kit” for preparedness
  - iv. Assure awareness of role during pandemic – duty of care implications, ethical dilemmas that may present, work reassignment, work contained to the home or contained within a site to avoid cross contamination
  
  - v. Create business continuity plan – letters to all clients advising of reduced services during the pandemic interval, heightening awareness of alternate services, dissemination of information on how to cope with influenza
  - vi. Practice response roles in drills
  - vii. Ensure awareness of the Pandemic Plan for the Region
  - viii. Establish buddy systems that will be available during the pandemic
  - ix. Establish links to health and medical entities for the purposes of assisting in assessing/screening staff members for psychological health issues during pandemic or following pandemic response
  - x. Ensure awareness of need for use of Protective Personal Equipment (PPE), ensure fit testing occurs
  - xi. Ensure hand washing, and hygiene education is offered as a basic intervention strategy
  - xii. Educate regarding the need to prevent cross – contamination: change of clothing at the site before returning to home. Working within one service site only.

6. Enhance collaboration with partner agencies and helping services to increase response capacity
  - i. Partnering with school division providers
  - ii. Drawing upon the Community Trauma Response Team members
  - iii. Enlisting the support of Palliative Care Volunteers trained in support roles
  - iv. Engaging the Clergy and Spiritual Care providers of the Region
  - v. Enlisting support of those trained in Mental Health First Aid / ASIST / safeTALK sessions.
  - vi. Engaging women's groups
  - vii. Engaging municipal groups and agencies
  - viii. Engaging First Nations and Aboriginal groups and service providers
  - ix. Engaging Hutterite Colony residents

## **Pandemic Period Activities**

Once a pandemic is declared the following elements will be instituted to facilitate ongoing provision of psychosocial support during the interval.

1. Communication of the pandemic to the staff of the Region will be conveyed – duty of care may be invoked. Implications of contained work environment will be relayed.
2. Staff of the Mental Health Program will prepare and release letters / email and/or phone communications to all clients on active caseload advising them of service priorities.
3. Review of all Emergency Preparedness Plans to identify priority clients and ensure retention of services to those most vulnerable
4. Surveillance tools to alert staff of Influenza Like Illness (ILI) will be disseminated - to staff, and relayed to clients, and across the general community population via communications at the Regional and Provincial level
5. Tools to determine if employees are fit for work will be distributed
6. Tools will be made available for target populations: prevention of contamination/ staying healthy during the pandemic/taking care of yourself / helping children cope / helping teens cope / self-care for caregivers
7. Tools for access to psychosocial support services will also be distributed: Community Trauma Response Team / Mental Health Team / Helpers List of allied helpers / Crisis Services / on-line supports and links to information
8. Mental Health providers and allied helpers will be provided with protective personal equipment (PPE) and instructed in the use of same
9. Mental Health providers and allied helpers will be assigned to buddies to support each other during the pandemic interval

10. Staff deployment and reassignment will occur with needs to be addressed in following priority:
  - i. Ongoing clinical support to SPMI clients as identified within the Emerg Preparedness Plans
  - ii. Psychological First Aid to Hospital sites – non-influenza services providers and clients (designated sites within the region include: Virden / Killarney / Neepawa / Minnedosa)
  - iii. Psychological First Aid to Influenza Service sites – designated influenza providers and clients within those sites across the region
  - iv. Psychological First Aid to community groups
  
11. Efforts to support workers who are contained within the work environment, and their families basic needs will be met.
  - i. Communication needs
  - ii. Support of dependent family members
  - iii. Medical management
  - iv. Psychosocial support
  - v. Informational needs

The National Institute of Mental Health (NIMH) offers the following key components for early intervention with survivors of mass violence – which readily applies to pandemic:

1. Secure basic needs
2. Provide psychosocial first aid
3. Conduct needs assessment
4. Monitor the rescue and recovery environment
5. Provide outreach and information dissemination
6. Deliver technical assistance, consultation, and training
7. Foster resilience and recovery
8. Conduct triage and referral
9. Provide treatment

(ref: DEEP PREP: All Hazards Disaster Behavioral Training p. 139)

## Redeployment of Staff in Pandemic

**Community Mental  
Health Workers (18) &  
Allied Helpers**

**Hospital Sites – Retained**

**Influenza Sites  
Designated**

Killarney – 2 staff

Russell – 2 staff

Minnedosa – 2 staff

Virden – 2 staff

**Clinical support to SPMI clients** – North & South (2 staff for North and 2 staff for South)

**Redeployment of Nursing Staff – currently 10 on team**