Confidence in Mental Health Professionals and Other Interdisciplinary Involvement in Disaster Response

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ABSTRACT

Increased utilization of coordinated disaster response in the United States has resulted in the integration of interdisciplinary professions, which must involve mental health professionals to maximize potential success. The lack of interdisciplinary training has been cited as problematic. An anonymous survey identifying current training and scaling effectiveness was distributed. Seventy-two responses were recorded from various industries including fire rescue, law enforcement, emergency management, mental health professionals, physicians, and health professional students. As expected, very high percentages of these professionals had received response training. However, the average response often included "neutral" within the standard deviation of responses assessing training efficacy suggesting a possible lack of comfort and confidence. Most significantly, respondents were least comfortable working with mental health professionals, suggesting a need for considerable improvement in mental health professionals' involvement in interdisciplinary disaster response training and exercises.

KEYWORDS

Disaster Response, Dynamics, Education, Interdisciplinary, Interprofessional Teams, Mental Health Professionals, Team Confidence, Training

INTRODUCTION AND BACKGROUND

When coordinated disaster response plans began emerging in the United States beginning in 1978, it is doubtful that any of the policy makers envisioned how often modern-day responders would be called upon to manage a "disaster" situation. Created via an Executive Order signed by President Jimmy Carter in 1979, the Federal Emergency Management Agency (FEMA) was chartered to coordinate the response to disasters within the United States that had overwhelmed state and local authorities. A Major Disaster Declaration is one possible scenario leading to the activation of FEMA resources. In the ten years following FEMA's formal implementation (1979-1989), Major Disasters were declared

208 times. In the ten years spanning from 2008-2018, that number increased to 676, a 225% increase in 40 years (*Disaster Declarations by Year | FEMA.Gov*, 2019). And, while discussing disaster response at the federal level serves to highlight at least some of the increased demand placed upon emergency responders, it fails to illuminate the increased number of smaller scale disaster responses. As of early August 2019, responders had dealt with an average of one mass shooting every 12.7 days that year (*There Have Been at Least 17 Deadly Mass Shootings in the US so Far in 2019 - ABC News*, 2019). In May 2019, The National Oceanic and Atmospheric Administration (NOAA) received 555 preliminary tornado reports, an increase of more than double the historical average for the month (*Tornadoes - May 2019 | State of the Climate | National Centers for Environmental Information (NCEI)*, 2019). During the spring of 2019 in the Midwest, the Quad Cities river gauge at Rock Island Lock and Dam broke its all-time flood crest record, impacting many roads, businesses and homes; and stranding many people (US Department of Commerce, 2019).

Each of these incidents required the response of multiple agencies and the collaboration of many professionals for effective mitigation. As the number of large-scale incidents continues to increase, so too does the number of disaster responders necessary to manage the impact and protect life and property. Police agencies, fire departments, federal disaster response agencies, non-governmental agencies (NGOs), a wide array of different healthcare providers and many other professions -- many of whom never interact in their daily workspace -- must all work together seamlessly to achieve the best possible outcome. Mental Health Professional (MHPs) contributions to these teams are vital to the health and safety of both those members of the public who are victims of disasters and the members of the disaster response team (Bassilios et al., 2012; Pfefferbaum et al., 2012). Organizational interoperability has long been known as a key component to successful disaster response (Noran, 2014), but best practices for training and implementation have been slow to evolve.

The use of high fidelity simulations has previously been extremely popular due to its relatively small time commitment, ability to bridge multiple disciplines, and strong opportunity to develop, practice, and apply knowledge and skills in a safe environment (Unver et al., 2018). While simulation is an excellent tool, it is typically used to supplement, rather than replace formal training (Bowe et al., 2017; D. Gaba, 2007; D. M. Gaba, 2004). For the purposes of this discussion, formal training is defined as an educational model that is at least 50% lecture or classroom based and is led by professional instructors delivering a predefined curriculum. In order to track the effectiveness of current industry practices, active members of the disaster response community must be regularly surveyed regarding their method of instruction, efficacy of instruction, and satisfaction with their training. This is necessary for the timely identification of good practices that may be broadly applicable and training gaps to be addressed for targeted improvement.

METHODS

Since the implementation of formal interprofessional disaster response and management teams, there has been a significant increase in both nationwide and smaller scale disasters requiring response. The interprofessional nature of disaster response training has been slow to integrate into the education platform. This study and its methodology were approved by the university Institutional Review Board (IRB) and serves to evaluate the use of interdisciplinary formal training and simulation among police officers, firefighters, Emergency Medical Technicians (EMTs), doctors, mental healthcare professionals and others in healthcare and to quantify quality and satisfaction with the courses among learners.

The survey was distributed across various agencies within the principle researchers' professional network that reached across the states of Wisconsin, Illinois, Florida and Texas. Participants were selected based on employment in professions likely to respond to potential disaster situations. Individual participation in the study occurred after obtaining informed consent from both the participants and any involved supervisors. Participants had the opportunity to ask questions of the

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