



Center for Disaster Mental Health



Mission: The Center for Disaster Mental Health will develop, promote and apply mental health instruction, training and services in disasters.

1. Minutes: 7 March 2016
2. Attendees: Christina Conover, Mark Hubner, Ken Johnson, Frank Maher, Cindy Mockabee, Steve Jez, Larry Cleek, Steve Wetterhan, Vic Knapp, Dan Kirkpatrick, Randy Welton, Rachel Fadden
3. Welcome: Introductions were completed. Rachel Fadden was welcomed. Rachel is a Registered Nurse working at Atrium Hospital.
4. Review of Minutes: The meeting notes from 7 February 2016 were reviewed and approved with a correction to the attendee list.
5. Standing Business:
 - a. Review of Agencies:
 - 1) Christina reported Clark County is busy planning psychological and mental health first aid courses. Ken presented differences in the programs (see attachments). Frank suggested classroom courses are a more beneficial learning experience compared to the on line courses.
 - 2) Steve reported GDAHA is working on the budget for the 2016-2017 grant year. An estimated \$3,000 will be available to partially sponsor CDMH with their annual conference. GDAHA will be moving to their new offices in Tech Town sometime in May. The June Meeting will be held at the new offices, Tech Town Building 3, 241 Taylor Street, Dayton, Ohio 45402. Other meeting venues were discussed.
 - 3) Frank reported the American Red Cross will be conducting psychological first aid and mental health training in conjunction with the Regional Training Institute in Cincinnati.
 - 4) Larry reviewed the first meeting of the Regional Mental Health Sub-Committee (RMHS). RMHS will be conducting a survey in each county to identify preparedness levels and needs of local mental health organizations. A conference call to plan the survey will be held on 28 March 2016. Larry will forward the phone call information when it is available.
 - b. Symposium Review:
 - 1) Andrea has reserved the Berry Center at Miami Valley Hospital on Friday, 28 October 2016, for the 4th Annual Conference. General topics and potential speakers were discussed. Ideas on the focus of the conference considered a single issue such as drug abuse, active shooter incidents, and suicides, which applies directly to the community. Detailed planning will begin in April 2016.
 - c. CDMH Goal Review:
 - 1) 2016 CDMH Goals:

- “Expanding our Coalition with Community Partners”
- “Conducting our 4th Annual Mental Health Symposium”
- “Support to County Emergency Response Planning Leaders”

2) Mark H, reviewed the CDMH goals and the planned assessment survey. Focusing on emergency planners, Randy, Mark H, Frank, Cindy and Larry will work on developing the survey sharing ideas via email. Ken, Dan, Vic and Steve will work on a distribution process and email list. The focus will be the eight West Central Region counties, and include some organizations in Auglaize, Butler and Madison counties which conduct cooperative mental health activities with West Central Ohio.

3) Randy suggested a possible regional meeting to assess mental health coordination between the 8+3 counties. This idea can be evaluated in the survey.

c. County Coalition Outreach: Larry reported on the RMHS during facility reviews. Steve noted other activities such as the Champaign County Health and Disabilities meeting. Functional needs continue to be discussed in almost every local and regional meeting. Randy will attend the Regional Emergency Management Agency meeting this week.

d. Website: www.DisasterMentalHealth.org.

1) Although registration for the fall conference is not open yet, the conference registration page now has an input screen which will allow visitors to send questions regarding the conference to cdmh@gdaha.org. Steve suggested using the website for mostly all conference registrations.

2) Suggested links were discussed. Please send any suggestions for the website to cdmh@gdaha.org.

6. New Business:

a. Ken Johnson has been selected as the new co-chair to replace Mark Curtis. Ken brings an emergency management perspective to the mental health disaster planning and training activities of CDMH.

7. Next Meeting: Monday, 4 April 2016 at 3:00 PM at GDAHA. The first Monday of each month at 3:00 PM will be used as a the standard meeting time until further notice.

Future dates are:

4 April 2016

2 May 2016

6 June 2016 (GDAHA in Tech Town, Building 3, 241 Taylor Street, Dayton, Ohio 45402)

4 July 2016 - Holiday; change to be discussed.

1 August 2016

5 September 2016 - Holiday; change to be discussed

3 October 2016

Atch: 1. Mental Health Course reviews

Mental Health in Disasters

Mental Health First Aid

In the Mental Health First Aid course, you learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and noncrisis situations, and where to turn for help.

We call this mental health literacy – or a basic understanding of what different mental illnesses and addictions are, how they can affect a person’s daily life, and what helps individuals experiencing these challenges get well.

You learn about:

- Depression and mood disorders
- Anxiety disorders
- Trauma
- Psychosis
- Substance Use disorders

Mental Health First Aid teaches about recovery and resiliency – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well.

What is Psychological First Aid?

Psychological First Aid is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner

Psychological First Aid does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

Other Reference: <https://www.coursera.org/learn/psychological-first-aid>