Music (00:00):

Ketsa. "Mission Ready." Raising Frequency, https://freemusicarchive.org/static.

Trudy (00:09):

Welcome to Hotwash. I'm Trudy.

Christine (00:11):

And I'm Christine. We're emergency management and public health professionals.

Trudy (00:16):

Nerds talking about law and policy of emergencies.

Christine (00:20):

Today on episode six of hotwash, we're talking to Nicole Regino, senior law and policy analyst, who has worked extensively on planning for mental and behavioral health issues for disasters.

Music (00:31):

Ketsa. "Mission Ready." Raising Frequency, https://freemusicarchive.org/static.

Christine (00:40):

The first thing we always like to ask is how did you end up here in this field?

Nicole (00:46):

So my interest in emergency management began in law school. Um, I was primarily health law focused and in order to get the certificate I had to take a few extra courses and electives and some of them had to deal with health law and disasters. And so that's really where my interest began. And I wanted to see how policies can really make a difference in down the line when a disaster strikes, how it can actually have a positive outcome.

Christine (01:13):

Okay. So let's dive right in. I don't know if you had a chance to read it on May 4th. So just a few days ago, the Washington Post ran an article talking about the toll of the COVID-19 pandemic. On the mental health of people going through this pandemic from sort of all different aspects. Those on the front lines, those of us lucky enough to continue to have employment. Those folks who unfortunately are out of work. So we've been seeing a lot of discussion, we're seeing a lot of discussion in the news from mental health professionals expecting an uptick of people struggling with a variety of different things. We know from um, a large body of evidence that loss of job for instance, is a huge stressor on people's lives and can trigger all sorts of mental health issues. We also of course are very concerned about people who may be an unsafe home environments. People who no longer have access to the level of care they need. So this COVID-19 pandemic is having a wide range of impacts on essentially everyone. So that wasn't a question. I guess my first question for you is just really basic. Let's talk about the difference between mental and behavioral health terminology, for those of us, you know, not well versed.

Nicole (02:36):

Of course. So in practice, I personally have heard the term behavioral health and mental health used interchangeably, but they do have different meanings. So mental health, their definition defined by the world health organization is a state of wellbeing in which every individual realizes his or her potential can cope with normal stresses of life, can work productively and fruitfully and is to make a contribution to his or her community. Whereas behavioral health is describing the connection between our behaviors and the well-being of our body and mind. So we're thinking how exercise, food, diet, access to water, all those things will impact our physical and mental health. So behavioral health is more of a blanket term, and mental health falls within behavioral health. So with COVID-19 we're seeing how people's routines are completely disrupted. People are not able to go to gyms, they're not being able to exercise in the way that they may normally have their access to food may be impacted. And so that is having both a mental and physical response in people.

Trudy ([03:37](#)):

And so when we talk about mental health, you know a lot of times people are a little leery to talk about mental health because they say, well, I don't have any mental health problems. But every from your definition, everybody has mental health, right? Like that's just the state of our mental being more or less behavioral is sort of the bigger picture that's contributing to that.

Nicole ([03:57](#)):

Yes. And I've also heard a lot of other opinions where they say they don't like to use the word or the term mental health because it seems to carry a stigma, but behavioral health seems to not be as stigmatized. But mental health is something that we all experience.

Trudy ([04:12](#)):

Well, I do think it's interesting because I don't think that this is a conversation we would have been having. I mean there was some discussion about the toll that nine 11 took on, on first responders particularly and people in New York City. But as, as a planning community and as emergency management professionals, I don't think this is a conversation we would have been having 15 or 20 years ago. Is that fair to say?

Nicole ([04:37](#)):

Yeah, absolutely. And that just goes to show how people are fighting against the stigma of mental health and people are having conversations about it. At least in my experience, I've been seeing many emails checking in with the employees for their mental health, how they're coping, making sure everybody has access to resources and it seems that there is a better understanding today that this is something that we are all experiencing, that there are resources available and if we, excuse me, if we can make those available to our employees and to our communities, we should.

Christine ([05:09](#)):

Yeah. I know in my six years of working in this field, there have been many discussions about working mental or behavioral health into emergency planning. In much of the planning activities around mental and behavioral health, it's sort of superficial. It's been super officially added perhaps and really not involved the level of discussion and development that it is due.

Trudy ([05:34](#)):

I think it's an interesting point though, Christine, do you think that that is, because I know you know, 10 years ago there was a move to start making sure that facilities that dealt specifically with mental or behavioral health had emergency operations plans. But I think there's also, and that's important and that is part of the conversation, but I also think there's this broader question of incorporating mental and behavioral health into all the emergency plan. So is that the distinction that you're making there?

Christine (06:02):

Yeah, I think so. I mean anyone who's worked in an EOC or anyone who's worked as, for instance, an EMT or other first responder. I have experience doing both. There is usually a discussion about taking care of yourself first. It's, if you can't take care of yourself, you're not able to take care of anyone else, and therefore, you know, you're kind of useless as an EMT or working in the EOC, there's been somewhat of an emphasis on this "whatever taking care of yourself means", and I know over the years...

Trudy (06:36):

Some air quotes there for those who are listening.

Christine (06:39):

And over the years, that's developed into some level of availability of crisis teams and crisis counseling for these first responders or front-line workers who have experienced a single stressful or traumatic event, but that doesn't necessarily equate into mental and behavioral health planning for the overarching population.

Nicole (07:01):

Your point, Christine, where things seem to be very surface level. Some things that I had seen was that an employer would create yoga for an hour after work hours, right? And so that was supposed to be wellness and promote mental health. But we're seeing is that people have lives outside of work, so they can't necessarily go to that. And there's better ways to implement policies for employees and employers. So it can really be taken at every phase of emergency management within the mitigation phase, the planning phase and response and recovery. So things that we can be considering now is making sure that employees have adequate break any time to be able to go get some fresh air, go get a go for a walk, make sure that they have time to sit down and eat. In the emergency setting, we need to be planning for, yes, everybody needs to have food, but that food also needs to be nutritious. We also have to take into account dietary restrictions because that can be stressors. I personally have a gluten allergy, so if I were to respond to something and everybody is out with sandwiches, I have to go work my shift without any food, without any sort of nutrition. And so taking those things into consideration when we're planning has an impact on our mental health. Other things to consider is making sure that there are enough staff on deck. So say somebody does have an experience to a traumatic event and they need to end their shift at that point that they cannot continue. They need to seek help, seek whatever care they need or just go home, right? Like they need to take care of themselves. So making sure that we have staff that can go fill in that slot. We need to make sure that we have staff that's adequate, so that people need a few days that their shifts will be covered. And so taking that into consideration and then overall making sure that we're engaging in these conversations to where we feel safe and comfortable to say, Hey, I need a few days. I experienced this traumatic event. I know that many others did, but I am not okay. And that is a much bigger task to get to that level where you can speak to your, your employer or your boss and say, Hey, I need this. But it's also on the employers to address that this is a reality and there should not be any shame if that's something that happens and plan for it.

Christine ([09:12](#)):

Some really interesting points. I think one of the standout points, particularly for COVID-19 is staffing, because we expect some levels of emergency staffing to continue for a year or two years, long-term. And I know many of our colleagues are working really unsustainable hours, and there are no plans for backing them up. So burnout is a real concern. That's a huge thing to consider for the plan. When employers and others who are in charge of making these plans are finally sitting down to develop them, who should be at the table? Who are the important people to talk to?

Nicole ([09:50](#)):

So at some level, I think that we need to make sure that we are addressing everybody within a targeted population, right? So say we're looking at a specific County, it's everybody that's going to be responding or impacted by an emergency or disaster. That's not just emergency managers, that's going to be school teachers, that's going to be community leaders, that's going to be the police department, fire department, sanitation. We're going to need to bring all of those voices to the table so that we're hearing all of those voices learning from one another and seeing it as the big picture that it really is because everybody is going to be impacted at some degree. So if we're going to adequately plan for it, we need to make sure that we are adequately planning for each person that will be responding.

Christine ([10:33](#)):

And you recommend centering the voices of the people who this plan should serve. That's a harm reduction tenant. So that is, seems like a very complicated and complex thing to do.

Nicole ([10:43](#)):

Absolutely. But what I have seen in my experience, which has been wonderful, is that a lot of the heavy lifting had already been done. Once I started speaking to different people in different agencies, one thing that we really wanted to incorporate before I had gone on maternity leave is we wanted the community outreach. We wanted to hear from community leaders. We wanted to hear what they thought went well and ways that we could be improving. We were preparing ourselves to go out and engage in those conversations, but we found out that a lot of those conversations had already taken place and so we got to speak to people who had already done the heavy lifting. And so now that we had that, that was wonderful, we can have a launching point from not just straight data but also real life experiences. And it's also similar in disasters and emergency management. And in general we think about a hotwash, you know, making sure that we're also incorporating community leaders in those conversations.

Christine ([11:37](#)):

So I don't think we have directly addressed this, and I understand if you can't get into details because you're working for a client, but can you give us some highlights about what your project is?

Nicole ([11:49](#)):

Yeah, absolutely. So it's really taking that inter-professional approach and bringing all the voices together and creating a behavioral health committee. And so in theory it would be once a month having leaders come in and all of us sitting down and first just discussing what's new in mental and behavioral health. What's something that we now understand about the ways that our brains operate, that the way that we function, the way that people respond to trauma and have a discussion about that and then discuss what each agency, each program or each organization is doing to help their community or help

their employers. And by having those conversations we can really learn from one another and see what people are doing. That's great and see maybe we could implement that policy within our agency or our organization.

Trudy ([12:42](#)):

And so for the project you're working on, Nicole, this is, these are conversations that are taking place at the County level.

Nicole ([12:48](#)):

Yes.

Trudy ([12:48](#)):

But they, it sounds like it's a conversation that any organization or any level agency or a government could sort of implement.

Nicole ([12:56](#)):

Yeah, absolutely. And the idea is not my own original idea. I had taken classes on inter-professional education and inter-professional collaboration and there were studies done in the healthcare setting that showed that when different organizations, different professions came together for the care of a patient, that the patients were more satisfied with the treatment that they received and that they were less likely to return back to the emergency department. And so taking that concept but implementing it into emergency management, we want to have all these different opinions and rather than just one patient, it's a whole community that we're trying to engage with and help.

Trudy ([13:35](#)):

We had talked about critical resources or prioritizing resources. I don't know if you want to talk about that Nicole or not.

Nicole ([13:41](#)):

So with the resources, in my personal opinion, I'm saying that having the access 24 seven to a mental health professional is absolutely crucial for not just the communities that we're serving, but also the people that are working in, the responders. And in my opinion also the responders' families. We are understanding that people who are impacted are not as obvious as we may think. So when we think of the people that are impacted, obviously the first responders, people who are working directly with COVID-19, those are the people that come to mind. But it also goes to another level where somebody reads an article where a child had passed away. And so if you are a parent you are going to see that and that may or may not impact you. And so you want to also have resources. It's the family members to people who are responding. We want to make sure that they're okay. They're taking on a whole new level where they're worried about their loved ones. And so understanding that it's not just the obvious people that people can be impacted by this and a whole different sort of ways that we had never initially thought and so we need to acknowledge that and make sure that when we're planning ahead that we know we need to have a plan that is flexible so that we can include those people as well.

Trudy ([14:57](#)):

I want to thank Nicole for coming and talking and speaking about people who have a lot of things going on. Nicole has a newborn, and she graciously joined us today and we have faced technical challenges and all kinds of other challenges to be here and I think it's a really important message and I think the conversation about mental health, particularly with something like a pandemic that we haven't seen before is something we're going to see going forward. And these policy discussions are just tremendously important. I don't think we can accurately estimate the impact that this is having on the mental health of not just you know, US citizens, but the global community.

Christine (15:35):

Yeah, agreed. I think we've been hearing more and more about people looking towards recovery and how do we get back to normal or a new normal. And these conversations are key to have for all of you planners out there when you're discussing recovery. We must include mental and behavioral health aspects in your recovery plans.

Nicole (15:57):

So in addition to the conversation that we're having, one thing that I did find in my research that had a positive impact on me that was really refreshing to read was the concept of post-traumatic growth. Don't know if you both are familiar with the term. So the term by definition is that it is a positive psychological change as a result of a cognitive processing after a traumatic event. So there's been some studies that have gone on that have shown that people who were exposed to a traumatic event, excuse me, were able to show positive outcomes and resilient. And I thought that was really interesting because when I had first gone into the research, I was thinking people who had anxiety or depression may be worse off after a traumatic event. But what it actually showed was that people were showing higher rates of post traumatic growth, other studies to explain it as these people or these individuals already knew what they needed to do to address whatever mental or health related issue that they may or may not have. And so they knew who their healthcare provider was, they knew what their insurance was going to cover, they knew who their support system was, they knew what medications they needed or what treatment they needed. And so when they were exposed to the traumatic event, they actually had a positive outcome. And so taking that concept because these were individuals that already have the foundation laid for them, they understood. And so if we could bring that into emergency management and planning, set our foundation right so that everybody is going to know what resources we have available, what we can do if we're going to be exposed to a traumatic event so that people are more resilient after an event has occurred.

Christine (17:33):

I think that is a really interesting line of research. And I think it dovetails nicely into sort of the after action improvement plan, as well as basic recovery model, because the idea isn't just to get back to normal, but also to incorporate possible improvements into your recovery action. So you're in a, in a better off place than where you started.

Nicole (17:56):
Absolutely.

Trudy (17:57):
And it's also kind of a tale of hope, right? Cause we're all in this together, but there's a lot that we can learn and grow from and come out stronger, which I think is the message we need right now.

Christine ([18:08](#)):

Right. I think there are opportunities now to incorporate a lot of these lessons learned into our lives, into our society and our culture and our workplaces in our schools. Well, thank you so much, Nicole, for joining us. I know you have a lot going on in your house. So join us next time.

Music ([18:39](#)):

Ketsa. "Mission Ready." Raising Frequency, https://freemusicarchive.org/static.