

Sidney E. Frank Conference
Early Psychological Intervention Following Mass Trauma:
Present and Future Directions

New York Medical College
Valhalla, New York

The Nation's Mental Health Protection:
Resilience after Disaster

On June 13 – 14, 2006 the First Annual Sidney E. Frank conference was held at New York Medical College in Valhalla, New York titled Early Psychological Intervention Following Mass Trauma: Present and Future Directions. The participants were some of the outstanding experts on this subject.

On the second day of the conference the participants met and summarized their conclusion in a 14 point conference summary titled “The Nation’s Mental Health Protection, Resilience after Disaster”. They also issued a 6 point “Strategic Action Plan for the Nation’s Mental Health Protection” also titled “Resilience after Disaster”. These findings are the personal views of the participants and do not necessarily reflect the endorsement of their employers or organizations with which they are associated.

CONFERENCE SUMMARY

Early mental health and behavioral intervention for disaster-exposed populations, including children, adolescents, and senior adults, is critically dependent upon the health protection strategies of both the public and private healthcare system. These plans require going beyond disease to address normal recovery, resilience, and the well-being of our nation’s population.

Our knowledge base has advanced substantially since 9/11. While the nature of any disaster will shape its impact, over time most people will adjust, some will experience transient or ongoing distress, and others will face illnesses or disorders that require specialized care.

Although there is substantial variation in disasters and mass casualty incidents, some general principles apply to all, and those can inform an optimal **Strategic Action Plan for the Nation’s Mental Health Protection:**

1. Sustaining the mental and behavioral health and resilience of the nation is a key component of the National Health Protection Strategy for preparing for and recovery from disaster.

2. In particular, sustaining the performance and well-being of community first responders requires training preparation and early intervention for eventual health and behavioral problems.
3. A significant number of individuals exposed to disaster are at high risk of mental health risk behaviors and require evidence-based medical and psychological intervention.
4. Our community mental health infrastructure is a critical part of the National Health Protection Strategy and key to the rapid early intervention for disaster-exposed populations. Networking and training is required for our community mental health system. Expertise in the treatment of acute trauma can be gained from systematic treatment of pre-disaster occurrences.
5. Understanding the culture of individuals, families, communities, and organizations is critical to effectively increasing resilience before disaster and providing effective, acceptable and efficacious interventions after disaster.
6. Primary care – the delivery of health care through routine primary care providers- is a fundamental component of early preparation for an intervention for the mental and behavioral healthcare needs after disaster.
7. Evidence based selective and universal interventions to sustain population and group wellness and operational function are needed.
8. Communities exposed to disasters require: (1) minimizing individual and community post-disaster risk factors, (2) ongoing assessment and monitoring of mental health and behavioral needs, (3) a range of population and individual interventions which foster useful and sustaining actions, reduce social and emotional deterioration, and support key personnel in critical infrastructure
9. Specific interventions to build resilience, provide individual care and foster recovery for communities and individuals, should be: (1) evidence based; (2) built on proven mechanisms of change and recovery demonstrated in studies of risk factors, protective factors, and interventions; and (3) applied using multiple creative delivery strategies for both populations and individuals.
10. Emergent mental health care-needs, not previously evident, also occur after disaster as those with previous untreated or under-treated illness seek care after disaster. Responding to this care needing population is part of disaster response.
11. Triage is a necessary component of mental healthcare delivery following disaster and must include assessment of biological hyperarousal, as well as behavioral, emotional, and cognitive disturbances.

12. Strategies of Psychological First Aid are recommended as a first-line intervention for a large majority of individuals following disaster, but currently require evaluation. People unlikely to benefit from psychological first aid may require additional clinical assessment of needs in terms of symptoms and conditions, leading to provision of appropriate intervention including pharmacological and psychological treatments. Healthcare follow-up and continuity of care for persistent symptoms is indicated.
13. Studies of the potential value of early pharmacologic intervention for early psychiatric disorders are needed.
14. Research is needed for early intervention across healthcare delivery and psychological, community and pharmacological interventions;

These tasks require the attention of leadership in a *Strategic Action Plan for the Nation's Mental Health Protection* to apply resources and ongoing post disaster evaluation of effectiveness to ensure effective development of individual and community early interventions for future disasters.

The following are the participants who prepared and reviewed this document:

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