

Responding to Pandemic Coronavirus: Mitigating Population Panic and Assuring Mental Health and Substance Use Services*

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Mitigating population panic and assuring the delivery of mental health and substance use services will be essential to reduce the severe disruptions associated with the secondary effects of pandemic coronavirus (PC). Under the best potential scenario, PC will have widespread primary effects leading to increased morbidity and mortality, as well as secondary effects leading to disruption of our economy, education, health, and community institutions. Both the primary and secondary effects will be greatly exacerbated without appropriate planning to mitigate and control population panic and to assure availability and delivery of mental health and substance use services to those experiencing severe loss or incapacity of family members, friends, neighbors, and community leaders, as well as those consumers requiring continuity of therapeutic and pharmacy services. Our discussion outlines six strategies that need to be taken now to plan, develop, and implement mechanisms to address these issues:

Strategy 1: Mitigate Panic in the Population

Begin immediately to plan and implement a strategy to mitigate and control panic in the population.

A major causal factor leading to population panic is lack of access to timely, accurate, and helpful information on the current state of affairs. Hence, planning is needed right now regarding how accurate information will be developed and then communicated by national, state, and local health officials to the broadcast, print, and internet media that operate in each of these venues.

Recommendations:

1. This planning will need to include strategy development for continuity of the media itself so that accurate information can be transmitted in a timely manner.
2. Training modules will need to be developed and implemented to coach the media regarding the types of messages and images that exacerbate or mitigate panic reactions.
3. A national communication strategy on PC will be required in the short-term, but is not currently available.

Strategy 2: Develop Approaches to Assure Essential Infrastructure

Identify key roles essential for infrastructure continuity, assess incumbents for vulnerability to panic and role conflict, and identify backup personnel who could fill these roles should incumbents become incapacitated.

Plans must be developed and implemented to mitigate the severe disruptions to our economy, education, health, and community institutions which are expected as secondary effects of PC. Role incumbents in these institutions may themselves be incapacitated directly by PC, they may suffer from the effects of panic or post-traumatic stress disorder, or they may experience role conflict between their institutional and personal roles. Under any of these scenarios, institutional roles are not likely to be fulfilled, and the social structure will be threatened with collapse.

Our responses to crises vary in patterned ways. Some adults continue to function normally; some become immobilized; and some become hyperactive and hyper-vigilant. Each of these groups represents a segment of the adult population. Clearly, those who become immobilized and those who become hyperactive should not be in critical infrastructure roles during times of crisis.

Recommendations:

1. Immediate planning is needed at the federal, state, county, and city levels to identify critical infrastructure roles, to identify backup personnel for these roles, and to assess both role incumbents and backup personnel for vulnerability to panic and post-traumatic stress disorder.
2. For those persons determined to be highly vulnerable, alternative, less-critical roles will need to be identified for crisis periods.
3. Tools to assess potential for panic or post-traumatic stress disorder reactions are currently under development. Work on these tools should be accelerated so that they will be ready for application in the short-term.

Strategy 3: Plan the Federal Response

Immediately develop an integrated national plan for reprogramming federal mental health and substance use financial resources in a PC crisis, for organizing appropriate technical assistance, and for direct staff support to state and local mental health and substance use programs.

Two types of service needs are very likely to occur in a PC crisis. First, large numbers of new cases of mental health and substance use problems are likely to develop as a result of

panic and post-traumatic stress disorder, or as a result of severe loss due to the death or incapacitation of family members, friends and neighbors, or community leaders. Second, because of the threats to the health infrastructure identified above, ongoing mental health and substance use services to continuing clients will be very vulnerable to disruption.

Recommendations:

1. Work should be undertaken to prepare strategic and tactical plans so that federal mental health and substance use financial resources can be reprogrammed to address immediate mental health and substance use needs during a Crisis.
2. This planning may require legal and regulatory reform to remove barriers to quick action in the event of a crisis.
3. Planning is required to prepare for the deployment of personnel to provide the technical assistance that will be essential to open new mental health and substance use services and assure continuity of ongoing services during a crisis period.
4. This planning should include contingency options to deploy federal staff to areas of greatest need, and to redeploy state, county, city, and private sector staff.
5. Since nothing like this has ever been implemented on a scale such as that imagined for a PC crisis, or under the threats to social stability envisioned during such a crisis, the planning will need to be a joint activity of federal, state, county, and city governments.

Strategy 4: Plan the State Response

The federal government will work with the states so that each state has a strategic and tactical plan for identification of needs and delivery of mental health and substance use services during a PC crisis.

As part of previous emergency preparedness efforts through resources provided by the Centers for Disease Control (CDC), the State mental health and substance abuse agencies have developed plans for a PC crisis. None of the current state plans is likely to include a defined communication strategy to work with state and local broadcast, print, and internet media to mitigate panic reactions and to provide accurate, timely information to local populations about the PAI crisis and service availability.

Recommendations:

1. A review is needed of these plans to determine whether they include easy-to-implement procedures to identify populations and geographical areas with high needs, services for both new and continuing cases of mental health and substance use problems, and threats to staff infrastructure envisioned during a PAI crisis.

2. The revised state plans will need to address these issues with clear operational steps to assess personnel vulnerabilities in the state mental health and substance use systems, to deploy personnel to different sites in the State, and to coordinate efforts across State lines.
3. Immediate work is needed by to refine current plans and take steps so that immediate personnel deployment is possible.
4. This work should be coordinated with national planning under **Strategy 3**.
5. Work on these state plans also needs to be coordinated with planning efforts under **Strategy 1** so that a communication strategy is included.

Strategy 5: Plan the Business and Non-Profit Response

The federal government should take joint action with state, county, and city governments to reach the business and non-profit communities so that those entities critical to the economy, education, health, and community institutions continue to function during a PAI crisis. As part of this work, the federal government needs to identify critical assets that are essential to the continuity of the economic, education, health, and community infrastructure (see **Strategy 2**).

Recommendations:

1. Each business or non-profit entity engaged in one of these infrastructure activities will require its own operational plan for continuity in a PC crisis. Because of the sheer number of these organizations, this task is extremely large and complex.
2. Perhaps the best way to approach the task is to work with the national organizations that represent these businesses and non-profits so that they, in turn, can work with their member organizations to implement such plans.
3. A large cadre of technical assistance providers will be needed to carry out this task.

Strategy 6: Develop a Fail-Safe Backup Mechanism

Develop backup mechanisms that can be used to implement **Strategies 1 to 5** should the primary mechanism fail. The nearness in time of the PC crisis, its actual scope and intensity, its specific geographical locus, or its virulence in terms of morbidity and mortality may prevent the implementation of any of the strategies outlined above.

Recommendations:

1. It is essential to develop fail-safe mechanisms so that each of these strategies is actually executed.
2. A specific planning process will be needed to identify and secure this backup capacity.

*This is a revision of a paper developed at the time of the pandemic avian influenza crisis in 2006.