

[REDACTED]
IHSM 881

Fall 2015

Graduate Project Proposal

At the conclusion of this project a post-crisis mental health response plan will be developed to address the needs of employees that work at secure facilities housing select biological agents. Of late there have been increased security incidents happening around the country, such as the naval yard shooting in Sept 2013, the Fort Hood shooting in Apr 2014, the shooting at 2 military centers in Chattanooga, Tennessee in Jul 2015, and the arrest of an American citizen who trained in Syria in Apr 2015. In light of this it becomes a concern that at some point a facility that houses biosafety level 3 and 4 select agents may be a target. These are agents that have the ability to cause serious and possibly fatal disease for which there is little to no treatment available. Currently there are many physical and security measures in place to safeguard the integrity of the facility and ensure that a breach does not result in infectious agents being released into the public. These safeguards include emphasis on safety training and risk management, restricted access to the facility, and strict inventory controls (<http://www.usamriid.army.mil/aboutpage.htm>). In addition there are many physical and health safety standards that go into play with any facility that works with infectious agents. However, to date the post crisis mental health reaction of the employees has not been considered.

Many organizations involved in emergency response, such as fire departments, already have debriefing plans in place that include mental health counseling in the event of a crisis. When these plans are in place before a crisis they reduce the need of employees to self-reliantly seek out care and increase the mental stability of the organization as a whole. Removing that step and providing mental care removes the stigma that we often find associated with mental health and allows recovery and stabilization before it can turn to an illness. It is important to remember that while a breach may or may not have actually occurred the events leading up the crisis can already be traumatizing. These events could be natural from earthquakes and tornados or manmade terror attacks. The human mind, in the event of these actions will already be in turmoil and the added stress of what if and if their friends are okay can have a traumatizing effect of the working population. A post-crisis mental health plan would be a significant contribution for facilities as studies have shown that employees working under stress may have decreased job performance and be more prone to accidents due to clouded thinking, irritability, and lack of attention (http://www.workplacementalhealth.org/stress_whitepaper). In a workforce where employees must undergo extensive background checks and have several years of specialized training to qualify it is in both the employer's and the employee's best interest to have plans in place to maintain the mental health after a crisis.

During this project my goal is to research and develop a mental health plan that can be implemented in the event of crisis at a research facility. The goal of this plan is to present when such treatment should begin, how long it should persist for and what format it should be offered in. To develop a plan that address these services my research will focus on answering the following questions:

1. What mental health debriefing is currently provided by other government agencies and what is their effectiveness during and after a crisis?

2. How would a possible breach in containment affect workers who were working with or had friends working with select agent at the time of the crisis? How much recovery time would be needed?
3. What form of mental health counseling would be needed for someone that works within the facility? Does this counseling need to be immediate, mandated for everyone at least once or available for use with no recriminations? How long after an event should counseling be available?

At the end of this project I hope to have developed a mental health plan that would be able to be implemented in a facility that houses select infectious agents in the event of a possible breach in containment. Some questions that I expect to have answered include what type of counseling should be offered, such as institute provided or private, under what conditions should it be administered and what type of follow-up will be needed. In the event that such counseling is needed having a program already in place will ensure that employees feel comfortable seeking and receiving care. Properly implemented a mental health plan would increase the resilience of the facilities employees by reducing social stress in the workforce in the event of a crisis. The ability to provide aid may improve overall facility resilience by decreasing employee turnover after a crisis, reducing the time between an incident and normal functioning, and promoting trust between employees and employer.

Reading List:

- Bradel, Lauren T; Bell, Kathryn M. (2014, June). Treatment for Survivors of Natural Disasters. *Annals of the American Psychotherapy Association*.
- Cacciatore, Joanne; et. Al. (2011, January). Crisis Intervention by Social Workers in Fire Departments: An Innovative Role for Social Workers. *National Association of Social Workers*, 81-88.
- Clements, Paul; et. Al. (2005). Workplace Violence and Corporate Policy for Health Care Settings. *Nursing Economics*, 23(3), 119-124.
- Clements, Rachel. (2013, April). Managing mental health is key to organizational risk management. *Applied Corporate Governance*, 139-146.
- Forbes, David; et. Al. (2011). Psychological First Aid Following Trauma: Implementation and Evaluation Framework for High-Risk Organizations. *Psychiatry*, 74(3), 224-239.
- Manderscheid, Ronald. (2009). Trauma-Informed Leadership. *International Journal of Mental Health*, 38(1), 78-86.
- North, Carol; et. Al. (2013, January). Workplace response of companies exposed to the 9/11 World Trade Center attack: a focus-group study. *Disasters*, 37(1), 101-118.
- Raphael, B; Ma, H. (2011, March). Mass catastrophe and disaster psychiatry. *Molecular Psychiatry*, 16(3), 247-251.
- Schouten, Ronald; Callahan, Michael V.; Bryant, Shannon. (2004). Community Response to Disaster: The Role of the Workplace. *Harvard Review of Psychiatry*, 12(4), 229-237.
- Violanti, John M. (2014). Dying for the Job: Police Work Exposure and Health. Springfield, Illinois; Charles C Thomas.
- Yoon, Jangho; Bernell, Stephanie. (2013, February). The Role of Adverse Physical Health Events on the Utilization of Mental Health Services. *Health Services Research*, 48(1), 175-194.

Timeline:

1. Introduction and Scope to be completed September 12, 2015.
2. Literature Review to be completed October 24, 2015.

During the literature review I will research:

- a. Identify current standards of care. What mental health debriefing is currently provided by other government agencies and what is their effectiveness during and after a crisis?
 - b. Why this population of individuals has a need and what are the current gaps in their care. How would a possible breach in containment affect workers who were working with or had friends working with select agent at the time of the crisis?
 - c. What is the recommended standard and how to achieve it? What form of mental health counseling would be needed for someone that works with the facility long-term? Does this counseling need to be immediate, mandated for everyone at least once or available for use with no recriminations?
3. Rough Draft and analysis to be completed November 28, 2015.
 4. Final Draft to be completed December 16, 2015.

The final project will include:

1. Executive Summary
2. Table of Contents
3. Introduction
4. Project Description and Scope
5. Literature Review
6. Analysis
7. Recommendations and Summary
8. References