The efficacy of using on line mental health services in the treatment of survivors of natural disaster events and in community based disaster preparedness training

Presented at the E-Mental Health Summit in Amsterdam, the Netherlands

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AbstractTheme (s) Success comes from combining the high technology of the internet and satellite communications with a public health model of community-based programming with on line disaster mental health service delivery Objectives - Increase public safety during natural disasters in high risk populations as defined in the section Targeted Groups. - Make accessible professional mental health counseling during disaster events without adding personnel to the disaster site. - Plan and coordinate disaster preparedness training with disaster site staff and local public safety agencies. Target groups Low income, the elderly and the disabled people Methodology Resilience centers (community centers within impoverished areas), identified by OLMHAC, are led by local community leaders who assist community members in the use of the OLMHAC network during disaster preparedness and disaster events. Results (from literature) - Disaster preparedness training increases understanding of and compliance with public safety orders during natural disaster events. - More effective organization in the identification of survivors and search for loved ones. - Increased access to professional counseling services during disaster events. Conclusions By providing on line mental health counseling to disaster survivors coupled with the community based interventions can produce a highly effective and low cost means of service delivery.



My name is Michelle Franklyn Davis. I am the founder and CEO of OLMHAC, a nonprofit organization incorporated in the United States. OLMHAC began in 2004 in response to the destructive hurricane seasons of 2004-2005 in the US and the tsunami in Indonesia in 2004.

A group of on line mental health clinicians began to form in order to use their specialized knowledge to assist those isolated because of disaster events. The OLMHAC staff currently represents 11 different countries globally. Its web site, www.olmhac.org is currently published in 5 languages.



LMHAC ON LINE MENTAL HEALTH ACTION COMMITTEE

Who Are We?

- •On Line Mental Health Action Committee (OLMHAC) is an on line organization formed in 2004 in response to the human suffering during the destructive hurricane seasons of 2004-2005 in the US and the Tsunami in Indonesia in 2004.
- Incorporated in the US as a nonprofit organization, OLMHAC has a global mission to provide professional mental health services to marginalized populations such as the impoverished, elderly and disabled.
- OLMHAC has 40 members including mental health clinicians, business and technical support people from 11 countries.
- OLMHAC staff have multilingual and multicultural proficiency 5 languages including English, Dutch Greek, Spanish and Portuguese with Arabic coming soon.

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4

Slide 2

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Page | 4



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prepare themselves for disasters.

Slide 3

Through both media reporting, and admissions by local, state and federal rescue authorities, traditional rescue procedures are grossly ineffective in certain populations and communities. It can be seen that:

The impoverished, elderly and disabled need special assistance in complying with public safety orders during times of disasters.

On line technology can be used to provide access to mental health services to individuals stranded due to disasters.

Crisis counseling during disasters can decrease panic and increase order at the disaster site by opening communication with those outside and within the disaster area.

Community based social programming empowers people to prepare themselves for disasters.



Organizational Mission

- •The mission of the organization is to support the empowerment of low income communities to aid in their own rescues in times of major disaster events.
- Through the formation of Neighborhood Resilience Centers (NRC), OLMHAC will provide training and access to internet-based, mental health-focused disaster relief services.

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Slide 4

OLMHAC's mission is to support the empowerment of low income communities through community-based programming by employing local community religious and tribal leaders to educate and train members in disaster preparedness and to act as liaisons between the OLMHAC on line network and disaster survivors during disaster events.

Community based planning has shown a high degree of effectiveness by bridging authority issues and coordinating disaster planning with local rescue and public safety organizations. One study in Nicaragua showed a high degree of compliance with evacuation orders in the wake of an erupting earthquake when the evacuation was lead by tribal leaders. By educating and training the community leaders about public safety procedures, the leaders were then able to have confidence in the rescue system in place, and were able to transfer that feeling to the community members at large.



Resilience Centers

- •Through the formation of Neighborhood Resilience Centers (NRC), OLMHAC will provide training and access to internet-based, mental health-focused disaster relief services.
- Naturally occurring Resilience Centers are identified by OLMHAC. These can be community centers, churches, or schools with active leadership.
- During disasters, Resilience Centers can formed at disaster sites by survivors who gather through at safe places.

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Slide 5

OLMHAC's model is to form relationships with community and religious leaders in low income communities and use their trusted relationships with community members to use the OLMHAC on line network to work with mental health professionals during the trauma of disaster events.

Resilience centers are places in neighborhoods where community members gather for information, prayer, support, and other services. It could be a community center, a school, a church or other facility that has a membership with a strong leadership committed to its welfare.

This type of resilience center occurs naturally in various low income neighborhoods, from the urban areas such as New York and London, to the tribal areas of Nicaragua to other rural or isolated places. OLMHAC is looking to identify those resilience centers to provide disaster preparedness training in the use of the OLMHAC on line mental health network during disasters.

Resilience centers can also be formed spontaneously at disaster sites when disaster survivors find safe places and resources. Ad hoc community leaders emerge to help the group gain assistance from the outside.



During Disaster Events

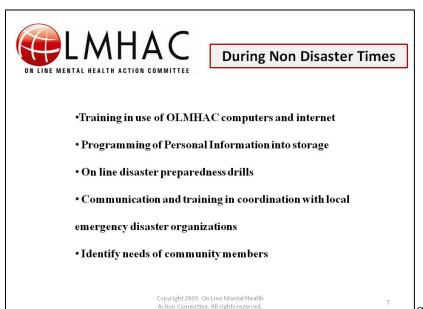
- •On line identification, search and communication features for survivors and their families.
- On line counseling to address emotional and mental health needs such as trauma, PTSD, depression and grief.
- Coordination and cooperation with existing community, public safety and rescue organizations.

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61:4

During disaster events, OLMHAC mental health staff can assist with:

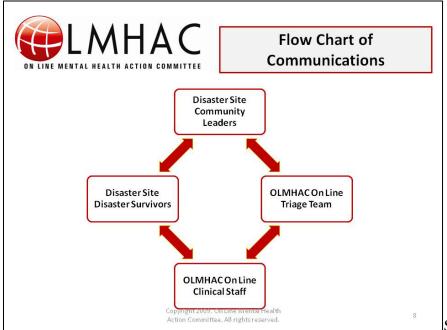
- 1. On line identification, search and communication features for survivors and their families.
- 2. On line counseling to address emotional and mental health needs such as trauma, PTSD, depression and grief.
- 3. Coordination and cooperation with existing community, public safety and rescue organizations.



OLMHAC works with Resilience Centers to assist community members and leaders to prepare for upcoming disasters through education and preparedness drills.

Education is two pronged. The first part is for community leaders to train with public safety and rescue organizations as well as with OLMHAC staff in community empowerment.

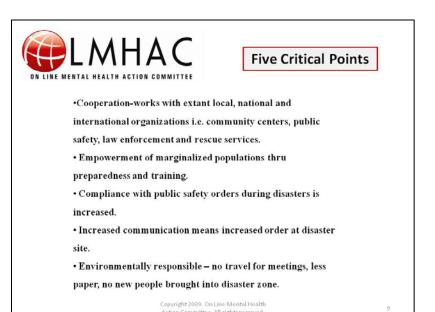
The second part of the education is training community members to use the internet and the OLMHAC network to seek assistance during times of disaster. Community leaders will be central in educating members about public safety and rescue procedures and in planning disaster preparedness drills.



OLMHAC is a non-hierarchical organization that stresses two way communication and support between the on line team and the disaster site teams. This chart indicates the 2 way communications between the community leaders in the disaster site and OLMHAC triage. The community leaders can inform triage about physical conditions and special circumstances such as children without parents or women having babies. Triage can pass on information about rescue situations back to the community leaders at the site.

Two way communications exists between triage and the clinical team. Triage can give the clinical team a heads up about the physical situation at the disaster site, and the clinical team can inform triage of special situations that need case support such as suicidal threats or gestures.

Two way communications between clinical staff and disaster survivors occurs during crises counselling and two way communications between the survivors and leaders occurs at the disaster site through support and education services.



In summary, OLMHAC offers unique features that use technology and mental health services to more people in tines of crises.

- 1. Cooperation-works with extant local, national and international organizations i.e. community centers, public safety, law enforcement and rescue services.
- 2. Empowerment of marginalized populations thru preparedness and training.
- 3. Compliance with public safety orders during disasters is increased.
- 4. Increased communication means increased order at disaster site.
- 5. Environmentally responsible no travel for meetings, less paper, no new people brought into disaster zone.



For more information on becoming part of OLMHAC, please visit our website or email me personally.

Thank you for attending this session!