

## The DMH Responder

Spring 2024



Office of  
Mental Health

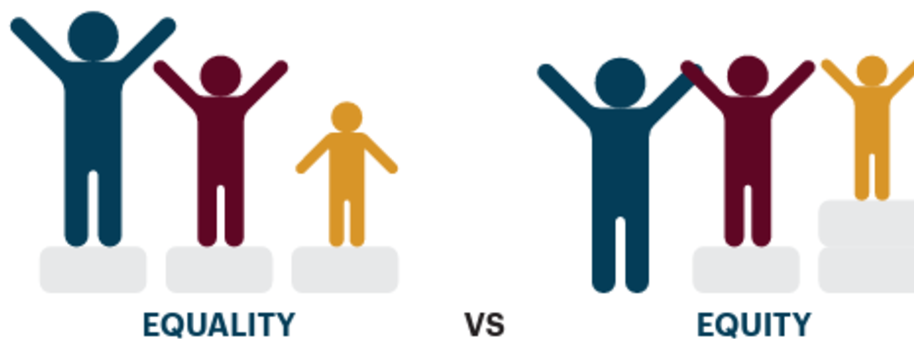


Department  
of Health

Office of  
Health Emergency  
Preparedness

Welcome to the **New York DMH Responder**, our newsletter for the Disaster Mental Health community. This issue includes an update on several training initiatives related to Disaster Mental Health and Psychological First Aid across New York State, as well as details about our upcoming annual webcast, which will be held on May 3, 2024, and is open to all personnel connected to the New York State Department of Health (DOH) and the New York State Office of Mental Health (OMH). Those employees are also eligible to attend the Institute for Disaster Mental Health conference on May 14 – 15, 2024, for free, thanks to sponsorship by OMH and the New York State Division of Homeland Security and Emergency Services (DHSES) – details below, along with an overview of the state’s Office of Health Equity and Human Rights (OHEHR) initiatives, which will be the focus of the next multi-year training cycle, and a Research Brief on how health disparities impact healthcare workers themselves.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to [ohcp@health.ny.gov](mailto:ohcp@health.ny.gov) and [prepedap@health.ny.gov](mailto:prepedap@health.ny.gov).



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*“The difference between equity and equality is that equality is everyone gets the same thing and equity is everyone gets the things they deserve.” - DeRay McKesson, civil rights activist*

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# New York State Department of Health and Institute for Disaster Mental Health Annual Webcast - Disaster Response in New York State: Back to Basics

May 3, 2024

10:00 - 11:30 a.m. EST

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Following [last year's webcast](#) describing the experiences of two survivors of mass shootings, this year's event will feature a multi-agency panel representing the key organizations involved in disaster response in New York State. Leaders from New York State Department of Health Office of Health Equity and Human Rights, New York State Office of Mental Health Bureau of Emergency Preparedness and Response, and the American Red Cross will explain how they prepare, deploy, and manage personnel throughout an operation, with focus on disaster mental health. They'll discuss specific examples of responses that went well, lessons learned, and operational improvements planned for the future.

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**Target Audience:** Emergency Management, mental health, hospital, public health workers, first responders, or anyone likely to become involved in the disaster response in their communities.

**This Course Meets the Requirements for BP-5 (2023-2024) Hospital Preparedness Program (HPP) Deliverable 4.**

Panelists:

**Jerry DeLuca**

Division Disaster Director

**Mary McCormick**

Executive Operations Manager

Office of Health Equity and Human Rights, Executive Office

New York State Department of Health

**Patrick Reilly**

Emergency Manager

Bureau of Emergency Preparedness and Response

New York State Office of Mental Health

**Skip Zimmerman**

Disaster Mental Health Program Coordinator

Bureau of Emergency Preparedness and Response

New York State Office of Mental Health

Moderator:

**Karla Vermeulen**

Deputy Director

Institute for Disaster Mental Health at SUNY New Paltz

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**Course Objectives:**

- Gain insight on multi-agency and non-governmental organizations (NGOs) partnerships during disaster response.
- Understand the need for disaster mental health as a priority for governmental organizations and NGOs.
- Foster discussions between viewers and their home jurisdictions or agencies on disaster mental health resources and request procedures.

**Length:** 1.5 Hours

**Cost:** There is no fee

**Prerequisites:** None

## Registration Details:

Register through the New York State Department of Health Learning Management System (LMS). Access the LMS by visiting [www.nylearnsph.com](http://www.nylearnsph.com) and searching for course number OHEP-BP5-HPP4 or click the link below.

[Register Here](#)

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## Final Opportunities to Train in Psychological First Aid

For the past five years, a major training focus for NYSDOH has been on Psychological First Aid (PFA), as it has been a required core deliverable (C-16) for Local Health Departments (LHDs). It's difficult to calculate how many people have been trained during this timeframe, but between in-person deliveries (pre-pandemic) to subsequent annual virtual deliveries since pandemic start, thousands of people statewide have been trained in this important early intervention. Dozens have also been trained as PFA trainers, who have further disseminated the information in their facilities and communities.

This official emphasis on PFA will shift as this training cycle ends on June 30, 2024. The next focus shifts to the equally important topic of Health Equity and Human Rights, described below. There's still time to take a virtual PFA training or become trained as a PFA trainer, in our final round of scheduled deliveries this coming spring and early summer. Please watch for those announcements soon.

A recorded version of the PFA training will remain available on the [Learning Management System](#), as well. We strongly encourage everyone to get trained in PFA, as it provides practical guidance for dealing with people who are stressed or distressed – whether they're disaster survivors, colleagues, or family members.

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Have you been trained in Psychological First Aid as part of this cycle? If so, do you find it useful in your work, and/or do you have suggestions for how to improve the training moving forward? Please send your comments to [ohed@health.ny.gov](mailto:ohed@health.ny.gov) and [prepedap@health.ny.gov](mailto:prepedap@health.ny.gov).

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# New OMH Disaster Mental Health Preparedness Initiative

Complementing NYS DOH's ongoing efforts to train as many personnel in Psychological First Aid (PFA) as possible, a new project sponsored by the New York State Office of Mental Health (NYS OMH), is in the midst of a major grant that will provide training in PFA and Fundamentals of Disaster Mental Health Practice for thousands of responders statewide. This initiative is funded through a Substance Abuse and Mental Health Services Administration Mental Health Block Grant, allocated to the New York State Office of Mental Health and made available through the 2022 Bipartisan Safer Communities Act.

Through this initiative, OMH is rebuilding its cadre of Disaster Mental Health responders statewide and supporting localities with outreach, education, and training as they work to augment their disaster plans. This Disaster Mental Health Program provides statewide capacity to support the mental health needs of communities and organizations experiencing disaster or traumatic events. The program can rapidly deploy highly trained disaster mental health responders across the state.

To achieve the most effective outcomes for communities and individuals affected by disasters and traumatic events, the program is committed to delivering its services and support in a culturally responsive, humble, sensitive and ethical manner through a diverse workforce reflecting the wide variety of cultures comprising New York State's population. The program therefore seeks team members with broad cultural, language, skill and relational capacities, and who are equally committed to supporting people in a culturally appropriate and reflective way.

The project partners with the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz to conduct training statewide for all DMH responders. For more information about this initiative, please email [dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov).

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## What is Health Equity?



As mentioned above, the next cycle of activities for NYS DOH will focus on addressing issues around health equity and health disparities. According to the [department's website](#) (the source for the image and all quotes in this section), in New York State, **health equity** is defined as “achieving the highest level of health for all people... by equalizing conditions for health for those who have experienced injustices, socioeconomic disadvantages, and systemic disadvantages” at both individual and community levels.

In contrast, **health disparities** include “measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status.”

These disparities stem from unequitable access to the various **social determinants of health** depicted in the graphic, which are related to the “circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness (World Health Organization, 2012). Social determinants of health include poverty; environmental threats; inadequate access to health care; individual and behavioral factors; and educational inequalities. Social determinants of health are influenced by a wider set of forces including economics, social policies, and politics.”

These disparities can be addressed by improving access to “life-enhancing resources, such as availability of healthful foods, quality housing, economic opportunity, social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life.” That’s the goal of the NYSDOH Office of Health Equity and Human Rights (OHEHR), which will be represented by Executive Operations Manager Mary McCormick at the May 3, 2024, webcast. Please tune in to that event to learn more about this important

initiative, and watch for announcements about how this will be translated into future training opportunities moving forward.

Source: [https://www.health.ny.gov/community/health\\_equity/](https://www.health.ny.gov/community/health_equity/)

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## Attend the 19th Annual Institute for Disaster Mental Health Conference for Free



Thanks to sponsorship from the New York State Division of Homeland Security and Emergency Services and New York State Office of Mental Health, all state personnel are eligible for complimentary registration at the upcoming IDMH Conference – an event tailored to first responders, their leaders, and mental health professionals at the Culinary Institute of America on the banks of the Hudson River, to champion resilience within the frontline community of responders.

This cross-disciplinary gathering including individuals from police, fire, military, and EMS backgrounds will unite to exchange invaluable insights, forge vital connections, and equip themselves with tangible tools to fortify resilience and support that of their peers and colleagues.

First responder leaders and managers will gain profound insights into the intricacies of their teams' challenges and leave with the latest best practices to navigate and overcome them.

Meanwhile, mental health professionals will delve into the firsthand experiences of first responders, uncovering the hurdles they face in seeking mental wellness and honing their clinical expertise to provide tailored support.

Join us as we illuminate pathways to sustained resilience, to safeguard those who safeguard us.

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## Research Brief:

# Racial and Ethnic Disparities in COVID-19-Related Stressor Exposure and Adverse Mental Health Outcomes Among Health Care Workers

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While healthcare and mental health providers might think of issues around health equity as applying primarily to their patients or clients, helpers are certainly not immune to the same stressors and disparities. This was made clear in a study of the impacts on healthcare workers in the Bronx, NY, during the early stages of the COVID-19 pandemic.

Breslow et al. (2023) surveyed 992 healthcare workers from the Montefiore Health System, the largest health network in the Bronx. While the system's staff is quite diverse – 25.89% White, 33.74% Black, 23.04% Latinx, 15.20% Asian, and 2.13% multiracial/other – the patient population is largely composed of racial and ethnic minorities “affected by structural racism and intersecting social determinants of health, making this a unique site to measure disparities.”

Survey responses were collected online between early April 2020 and late January 2021, so throughout the height of the early pandemic when most hospitals were severely strained by a surge of critically ill COVID-19 cases, on top of more typical patients. The researchers examined a variety of work-related stressors, including practical matters like access to personal protective equipment and deployment to new departments, as well as “negative emotional, cognitive, and behavioral reactions subjectively attributed to the COVID-19 pandemic,” like intrusive thoughts about the pandemic and efforts to avoid reminders about it.

Among their findings:

- Latinx, Black, Asian, and multiracial/other health care workers had significantly higher adjusted prevalence rates of experience with four of the five COVID-19-related stressors compared with their White colleagues.
- Compared with White health care workers, Latinx, Black, and Multiracial/Other health care workers had higher adjusted prevalence rates of fear of being sick with COVID-19 (White, 21.1%; Latinx, 49.2%,  $p<0.001$ ; Black, 37.6%,  $p=0.013$ ; Asian, 41.4%,  $p<0.001$ ; multiracial/other, 41.6%,  $p=0.007$ ).



- Black health care workers had a higher adjusted prevalence of lack of autonomy at work than White health care workers (Black, 68.1%; White, 53.1%,  $p=0.022$ ).
- Latinx and Black health care workers had higher adjusted prevalence rates of inadequate access to personal protective equipment than White health care workers (White, 50.2%; Latinx, 62.3%,  $p=0.033$ ; Black, 74.2%,  $p<0.001$ ).
- White health care workers had a higher adjusted prevalence of moderate to severe anxiety compared with Asian colleagues, and greater hazardous alcohol use compared with all other groups.

According to the authors, “healthcare workers from racial and ethnic minority groups reported increased exposure to COVID-19-related stressors, suggestive of structural racism in the health care workforce. These results underscore the need for increased support for health care workers and interventions aimed at mitigating disparities in vocational exposure to risk and stress.”

These findings are probably not very surprising to anyone, but they do serve as a reminder that efforts to address health disparities are not limited to the communities being served, but need to begin within the healthcare system.

*Source: Breslow et al. (2023). Racial and ethnic disparities in COVID-19-related stressor exposure and adverse mental health outcomes among health care workers. The American Journal of Psychiatry, 180(12), 896-905.*

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