

Mental Health Surveillance

CSTE Disaster Epidemiology Workshop

May 9, 2012

Atlanta, Georgia

Deborah W. Gould, PhD

Senior Public Health Advisor

William C. Reeves, MD, MSc

Senior Advisor for Mental Health Surveillance

Division of Behavioral Surveillance

Public Health Surveillance and Informatics Program Office

Centers for Disease Control and Prevention

Office of Surveillance, Epidemiology, and Laboratory Services

Public Health Surveillance and Informatics Program Office



Division of Behavioral Surveillance (DBS) MH Surveillance Activity

- ❑ **Focus:** Integrate mental health and public health surveillance activities
- ❑ **Recent Projects**
 - MMWR Supplement: Mental illness surveillance among adults in the U.S., September 2, 2011.
<http://www.cdc.gov/mmwr/pdf/other/su6003.pdf>.
 - Gulf States Population Survey (GSPS): 1-year (Dec 2010 – Dec 2011) phone survey to assess mental health status of coastal population most directly affected by Deepwater Horizon oil spill.
http://www.cdc.gov/OSELS/ph_surveillance/gsp.html.

DBS MH Surveillance

□ New Project

- “Mental Health Surveillance for Public Health Response to Disasters.” 3-yr project supported by CDC’s Office for Public Health Preparedness and Response (OPHPR).
- Specific Aims:
 - Project Year 1 (2012): conduct needs assessment with state epidemiologists to identify needs, priorities, capacity , etc. for disaster MH surveillance response (in collaboration with CSTE)
 - Project Year 2 (2013): bring together state epis, MH SMEs and other stakeholders to develop standardized protocol(s) for disaster MH surveillance for use by states and CDC (contingent on funding).
 - Project Year 3 (2014): pilot MH survey following a disaster (contingent on funding).

Disaster MH Surveillance

Examples of MH Responses to Disasters



Disaster MH Surveillance

- ❑ Surveillance data is pivotal for understanding MH consequences of disasters.
- ❑ CDC's and States MH response efforts are challenged by limitations in existing surveillance assets, data, and collection methods. For example:
 - MH surveillance not part of core PH surveillance
 - Compartmentalization of MH and PH at state and local levels
 - Limited baseline data
 - Lack of standardized MH surveillance protocols
 - Interpretation and dissemination of MH surveillance data

Disaster MH Surveillance: CDC & CSTE

- ❑ Need better integration of PH and MH
- ❑ First step: CDC & CSTE conduct needs assessment with state epidemiologists to explore:
 - The nature of relations between state epidemiologists and mental health personnel during a response
 - Use of existing MH surveillance systems
 - MH surveillance needs and priorities during a response
 - How state epidemiologists use MH surveillance data in the context of disaster response
 - Barriers to use
 - Other pertinent issues related to mental health surveillance in the context of disaster response.

Planning Group

❑ CSTE

- Michael Heumann
- Martha Stanbury
- Erin Simms

❑ CDC

- Deborah Gould
- Bill Reeves
- Amy Wolkin

Next Steps

- ❑ Finalize work plan for CDC & CSTE Cooperative Agreement for Project Year 1
- ❑ Conduct phone interviews/focus groups with state epis to inform assessment questionnaire
- ❑ Conduct online assessment
- ❑ Analyze results
- ❑ Disseminate reports

Results from the assessment will be used in to inform the development of standardize disaster MH surveillance protocol that can be used by CDC and states.

Discussion

- The nature of relations between state epidemiologists and mental health personnel during a response
- Use of existing MH surveillance systems
- MH surveillance needs and priorities during a response
- How state epidemiologists use MH surveillance data in the context of disaster response
- Barriers to use
- Other pertinent issues related to mental health surveillance in the context of disaster response



Saving Lives.
Protecting People.
Saving Money
Through Prevention.

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Phone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Office of Surveillance, Epidemiology, and Laboratory Services
Public Health Surveillance and Informatics Program Office

