It is only in the past few years that the mental health impact of disasters has gained attention in research and planning. This article provides a perspective of the experience of the H1N1 outbreak in New Zealand and the response by nurses in a community mental health residential facility. The key lessons learned were: planning and managing for infectious diseases should be part of disaster planning, know your clients and your community, share your knowledge, support the mental health of individuals throughout, and expect reactions as part of recovery. More research and publications are needed in this area for nurses to fully support consumers through pandemics in a more integrated manner.

Every nurse, however, must have sufficient knowledge and skill to recognize the potential for a MCI [mass casualty incident], identify when such an event may have occurred, know how to protect oneself, know how to provide immediate care for those individuals involved, recognize their own role and limitations, and know where to seek additional information and resources.

(Nursing Emergency Preparedness Education Coalition, 2003, para. 1)
During the past year, New Zealand has endured its normal winter challenges of weather, colds, and influenza. As part of the global community, we also experienced an outbreak of the H1N1 (swine flu) virus. Although this H1N1 outbreak was not a mass casualty issue, it affected the entire population, and management was the key challenge that was faced. In the early stages, this meant enforced containment of all positive cases in their home or care environment. The emergence of H1N1 has brought about a national public health response as part of our national pandemic planning.

The number of individuals diagnosed with H1N1 increased throughout the winter, and we stopped counting the exact numbers. The worst affected were those with chronic conditions who were medically compromised and younger individuals who were otherwise healthy. Health support systems such as general practitioners, emergency departments, and Healthline (a free telephone health information service) experienced considerable pressure in responding to anxious clients.

As a mental health nurse, my focus throughout the progression of the H1N1 pandemic in New Zealand was to ensure the consumers for whom I provide clinical care were supported. This necessitated well-informed staff who were kept up to date and maintained a sense of control throughout this event.

Our facility consists of five residential houses and two apartments, with three or four residents in each house. The facility is staffed 24 hours per day with RNs and community mental health support workers who provide care for individuals with high and complex needs as well as comorbidities. Residents include individuals with schizophrenia, bipolar disorder, depression, learning disabilities, medical brain injuries, addiction disorders, and anxiety disorders.

These residents represent a mixture of cultures: Maori, Eastern Block European, British, Irish, and New Zealand European. Residents have come to our facility from many sources such as other community providers, forensic medium secure units, and acute inpatient units. Many residents are on compulsory treatment orders under the Mental Health (Compulsory Assessment and Treatment) Act of 1992.

This article discusses the measures we have taken to address the H1N1 outbreak in our mental health residential facility.

ISSUES FOR MENTAL HEALTH SERVICES

Little information is available on the mental health impact of infectious disease outbreaks, largely because there have been few pandemic health threats in the past century (Ministry of Health, 2007). This article addresses some of these issues, particularly from the point of view of people who are living in mental health residential facilities.

Individuals who live in mental health residential facilities often have moderate to high needs, with complicating factors such as poor personal hygiene and underlying health issues (e.g., a history of cigarette smoking). They also may have a sense of relatively little control over their environment. These factors are likely to lead to increased vulnerability and anxiety in these individuals.

Planning and Managing

Pandemic planning needs to be part of all emergency planning and requires a similar process to that which would be used for any other emergency affecting a community. Staff and clients need to be involved in developing and learning about a pandemic plan. This will ensure the plan is realistic and achievable and that staff and clients can implement it. Because facilities do not all have the same access to resources and personnel, consistency and infection control must be ensured in a manner that is appropriate for containment.
and management. For example, our emergency plan includes a wide range of issues, from managing staff absences to access to supplies.

It also is critical to incorporate a psychosocial emergency response throughout all emergency planning. Although much of public health planning assumes that measures to prevent an outbreak will be successful, it is crucial to manage the spectrum of behavioral responses to failure to control an outbreak, including failure to deliver support and services, failure to develop a vaccine, and failure of therapies (e.g., the emergence of drug-resistant illness). Clients will become anxious; this may affect their mental illness, and all of their current treatments will need to continue without interruption.

**Knowing Your Clients and Community**

As a nurse leader, I have come to realize the importance of knowing the evidence, having access to up-to-date information (which may change daily), and staying connected to professional bodies and public health information. Being aware of clients’ needs and local resources is key to successfully planning and managing an emergency response.

For example, much of the information produced for the general public is not readily accessible for our clients, many of whom have poor literacy skills. This may mean developing your own basic information (e.g., posters in graphic form) or finding meaningful ways to convey information (e.g., wash your hands for as long as it takes to sing “Happy Birthday”).

As a nurse involved in community mental health, I have come to realize the importance of updating my skills such as conducting physical assessments, practicing infection control, and caring for infectious patients. It is important to find and share information on nursing and public health websites, and to attend briefings and seminars whenever possible. In addition, finding opportunities to bring the specific needs of our clients to the attention of public health services is also important.

Our facility’s experience is that the response to a pandemic outbreak generally has given little thought to the needs and experience of vulnerable populations such as our clients. We have developed a well-stocked pandemic emergency kit and ensure it is kept updated. Our kit includes personal protection equipment such as masks, aprons, and antiviral hand sanitizers and medicines such as paracetamol (acetaminophen) (syrup and tablets), cough medicine, vitamin tablets, and recommended antiviral agents for all of our residents who are taking clozapine (Clozaril®) or at greater risk due to comorbidities. In addition, hand sanitizer has been placed at the entrance to all of our residential houses.

**Sharing Knowledge**

There is little point in having a beautifully written emergency plan if no one knows about it. Staff and residents will benefit from ongoing education about the ways in which they can keep themselves and others safe. Our plan is based on our local civil defense requirements. It outlines what management, staff, and residents are expected to do in emergencies ranging from earthquakes and floods to infectious outbreaks to fires. It also outlines contingencies and provides information on where to obtain emergency supplies such as resident medication, food, and water as well as nominated emergency housing.

In our facility, monthly meetings are held for staff and residents that cover a range of topics focused on the importance of staying well. Some of these topics include correct hand washing techniques; proper use and disposal of tissues; and the importance of keeping warm, drinking enough fluids,
and dressing appropriately. We also talk about how we would manage containment of houses, and staff management of infectious diseases (e.g., staff stress, communications, and shifts). Staff and residents need to know whom they can contact for further information.

“Talking about it” includes more than just specific education sessions. In our case, it means building and maintaining an environment in which individuals feel they are able to tell someone if they are not feeling well and in which monitoring signs of illness is viewed as a positive response rather than an intrusion. Effective communication will also enable us to identify the early signs of stress and anxiety among our residents for early intervention.

Supporting Mental Health
An abundance of data is available on the mental health impact of geological or weather-related emergencies. However, there are almost no data on the mental health impact of disease outbreaks (Center for the Study of Traumatic Stress, n.d.). Those of us working in a mental health environment will have encountered a range of responses from our clients to the H1N1 pandemic. In our facility, residents have expressed differing levels of response. Some residents have little or no interest and expect that the nurses will “just sort it out,” whereas for other residents, the pandemic has fed into their existing anxiety or psychopathology.

Hughes, Grigg, Fritsch, and Calder (2007) recommended early intervention:

During the acute phase of an emergency, therefore, immediately following the event any psychosocial interventions should focus on providing the basic forms of social, emotional and informational support. These early interventions should be focussed around the themes of connection, protection, direction, and triage. (p. 20)

REACTIONS AND RECOVERY
Clearly, further nursing research in this area is needed. However, despite the lack of data, a review of the existing literature has identified the most probable reactions of individuals and communities in emergency events, as well as the actions that can best be taken to improve outcomes (DeWolfe, 2000; Hughes et al., 2007; International Federation of Red Cross & Red Crescent Societies, 2001; Norris et al., 2002):

- Most individuals will experience some psychosocial reaction, usually within a manageable range; some individuals may exhibit more extreme reactions in the short, medium, or long term.
- Most individuals will recover from an emergency event with time and basic support.
- It is essential to plan for individual and community recovery in an emergency event.
- There is a relationship between the psychosocial element of recovery and other elements of recovery.
- Support in an emergency event should be geared toward meeting basic needs.
- A continuum from self-help to more intensive forms of support should be provided within a clear referral and assessment framework.
- Those at high risk in an emergency event can be identified and offered follow-up services provided by trained and approved community-level providers.
- Outreach, screening, and intervention programs for trauma or related problems should conform to current professional practice and ethical standards.
- Readiness is an important component in creating effective psychosocial recovery planning.
- Cooperative relationships across agencies, sound planning, and agreement on psychosocial response and recovery functions are vital.

CONCLUSION
Mental health residential facilities in the community need to comprehensively plan for outbreaks of illness (pandemics) in the same way in which
they plan for any other emergencies. Nurses need to be involved at the outset of pandemic planning to ensure that psychosocial preparation and appropriate responses are included. This goes further than planning for mental health services, as there is a range of psychosocial responses throughout all communities that should not be ignored as part of a public health response.

For those working in mental health residential facilities, the focus should encompass effective access to information, including plainly written materials for those with complex needs. Mental health nurses need to take the lead to promote, prevent, and educate as much as possible, using our creativity by way of role-playing, charts, and demonstrations with our clients.

More formally, we need to plan and be prepared for a worst-case scenario. We also need to maintain our assessment skills and infection control practices, and ensure these skills are regularly updated. Effective planning must also include looking after ourselves.

Mental health nurses are presented with a challenge in terms of pandemic planning and its impact on our clients and on the mental health of our communities. There is considerable scope for research in this area and for the results of such research to contribute to future planning for all types of emergencies.

REFERENCES


Dr. Hughes is Facilitator, World Health Organization, Pacific Islands Mental Health Network, and Adjunct Professor, University of Technology-Sydney, Australia, and University of Technology-Auckland, New Zealand.

The author discloses that she has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.

Address correspondence to Frances A. Hughes, RN, DNurs, JP, ONZM, FCOMH(NZ), PO Box 58026, Whitby 5245, New Zealand; e-mail: Frances.Hughes@clear.net.nz.

Received: July 7, 2009
Accepted: December 9, 2009
Posted: February 22, 2010
doi:10.3928/02793695-20100202-02