

Translating Legal Research on Mental and Behavioral Health During Emergencies for the Public Health Workforce

LAINIE RUTKOW, JD, PhD, MPH^a
JON S. VERNICK, JD, MPH^a
NATALIE L. SEMON, MSED^b
ARTENSIE FLOWERS, PhD, MPH^c
NICOLE A. ERRETT, MPH^a
JONATHAN M. LINKS, PhD^{a,b}

ABSTRACT

Translation strategies are critical for sharing research with public health practitioners. To disseminate our analyses of legal issues that arise relative to mental and behavioral health during emergencies, we created 10 brief translational tools for members of the public health workforce. In consultation with an interdisciplinary project advisory group (PAG), we identified each tool's topic and format. PAG members reviewed draft and final versions of the tools. We then worked with local health departments throughout the country to distribute the tools along with a brief survey to determine practitioners' perceived utility of the tools. Through survey responses, we learned that practitioners believed the tools provided information that would be useful during the planning, response, and recovery phases of an emergency. This article describes the creation of the PAG, the development of the tools, and lessons learned for those seeking to translate legal and ethical research findings for practitioner audiences.

^aJohns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management, Baltimore, MD

^bJohns Hopkins Bloomberg School of Public Health, Department of Environmental Health Sciences, Baltimore, MD

^cMaryland Department of Health and Mental Hygiene, Office of Preparedness and Response, Baltimore, MD

Address correspondence to: Lainie Rutkow, JD, PhD, MPH, Johns Hopkins Bloomberg School of Public Health, Department of Health Policy and Management, 624 N. Broadway, Room 513, Baltimore, MD 21205; tel. 410-614-6404; fax 410-614-2797; e-mail <hrutkow@jhsph.edu>.

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Public health emergencies, such as infectious disease outbreaks and natural disasters, may cause varied health challenges.¹⁻³ While emergencies' physical health ramifications usually receive much attention, due to their visible and often urgent nature, mental health concerns typically garner less notice.⁴ This disparity most likely occurs because some mental health conditions related to an emergency, such as depression or posttraumatic stress disorder, may arise long after the emergency's acute phase has resolved.⁵ For example, five years after Hurricane Katrina struck in 2005, New Orleans residents continued to experience elevated prevalence of these mental disorders.⁶⁻⁸ In addition, mental health disorders are often stigmatized and, in emergency and nonemergency contexts, those with such disorders may be marginalized.^{9,10} Legal research related to public health emergency preparedness reflects this disparity, as it tends to focus primarily on how law can facilitate responses to physical casualties rather than mental ones.

Through a five-year project entitled "Legal and Ethical Assessments Concerning Mental and Behavioral Health Preparedness," funded by the Centers for Disease Control and Prevention (CDC),¹¹ we explored the often-overlooked intersection of law, mental and behavioral health, and emergency preparedness and response. Our study team included public health lawyers, ethicists, mental health professionals, and emergency preparedness experts. We conducted legal and ethical analyses intended to foster community-level public health preparedness, with a focus on vulnerable populations including individuals with mental or behavioral health conditions. In addition to publishing articles in the legal and biomedical literature,^{4,12-22} we translated our research findings for public health practitioners and other stakeholder audiences (e.g., emergency managers) who typically have no legal training.

Translating legal research for the public health and emergency management communities is particularly important, as these groups may have divergent views about law's role in public health emergency responses. Botoseneanu and colleagues recently found that public health officials view law as a "prerequisite to establishing the basis for preparedness," while emergency management officials view saving lives as a response's main goal, with law playing a secondary role.²³ In addition, this study found that these groups differ in their perceptions and interpretations of law for public health emergencies. We sought to address these challenges through our translational work by clarifying law's role in responses and providing brief explanations about specific legal issues that arise during responses.

This article describes the process we used to create

10 brief tools for the public health workforce that convey information about legal and ethical issues related to emergency preparedness and mental and behavioral health. We also describe the creation of a project advisory group (PAG), the dissemination plan for the tools, and lessons learned for those seeking to translate legal and ethical research findings for practitioner audiences.

METHODS

Establishment of project advisory group

Before the study team began its research, an interdisciplinary group of advisors was established. The PAG's purpose was to provide advice and feedback to the study team about research topics and translation and dissemination strategies. PAG members were identified through a convenience sample (i.e., colleagues with expertise in mental and behavioral health, emergency preparedness, law, or ethics). We then used a snowball sample approach by asking these individuals to recommend others. Finally, we identified disciplines or occupations that were not yet represented on the PAG. In consultation with CDC's Office of Public Health Preparedness and Response, we contacted additional individuals with corresponding expertise and invited them to join the PAG. As the project progressed and we became aware of missing perspectives (e.g., faith-based community), we extended additional invitations to join the PAG.

Ultimately, the PAG included 25 members with expertise in the following areas: bioterrorism ($n=1$), community mental health ($n=1$), disaster mental health services ($n=2$), emergency preparedness ($n=6$), ethics ($n=3$), faith-based services ($n=1$), geriatrics ($n=1$), health disparities ($n=1$), health policy ($n=2$), health services research ($n=1$), human rights ($n=2$), law ($n=4$), medicine ($n=1$), nursing ($n=1$), pediatrics ($n=1$), pharmaceutical policy ($n=1$), public health practice ($n=4$), public health systems ($n=2$), public policy ($n=1$), psychiatry ($n=3$), and psychology ($n=1$). Some members had expertise in more than one area. The PAG included several members of the state and local health department workforces, which allowed us to learn about the perspectives of potential users of our tools.

The PAG's initial meeting in April 2009 introduced the project's goals and timeline. PAG members participated in a facilitated discussion about planned project scholarship, translational materials, and dissemination. This discussion was revisited with PAG members throughout the project. Subsequent PAG meetings were held via conference calls and webinars.

Creation of translational tools

The study team was committed to developing translational tools that would complement the project's scholarly research and be accessible to the public health practice community. Based on the PAG's feedback, it was decided that all tools would be brief and that each tool would address a specific topic—identified through discussion with the PAG—at the intersection of law, ethics, emergency preparedness, and mental and behavioral health. The final topics for the 10 tools were selected by the study team through an iterative process that included multiple conversations with the PAG and topic refinement by study team members. In addition, the study team shared options for the format of each tool with the PAG (e.g., legal memorandum or fact sheet). The study team selected each tool's final format.

Translational tools were drafted throughout the project as specific substantive analyses were completed. Draft versions were shared with the PAG, feedback was solicited, and this feedback was incorporated into each tool. Once finalized, the tools were posted on a publicly available website.²⁴ PAG members received final versions of the tools via e-mail and were encouraged to share them with their networks. The tools were disseminated through conference presentations, listservs, and Web postings (e.g., via the Network for Public Health Law).

Survey of local health department workers

After completing the translational tools, the study team collaborated with colleagues at the Maryland Department of Health and Mental Hygiene's Office of Preparedness and Response to develop a short survey about the tools' utility. For each tool, the survey asked about potential preparedness uses (i.e., before, during, or after an emergency) and potential nonpreparedness uses (i.e., "Would you find this tool useful in any of the following circumstances: nonemergency mental health services, nonemergency disability services, non-emergency substance abuse services, nonemergency legal services, or I would not use this tool for non-emergency purposes"). Basic demographic questions were included (e.g., "Do you have prior experience responding to emergencies and/or disasters?").

In 2013, the survey, along with the tools, was distributed via e-mail to local health department workers (e.g., health department employees and emergency planners) in 10 states with which members of the study team had previously worked (Florida, Idaho, Indiana, Maryland, Minnesota, Missouri, Oregon, Virginia, Washington, and Wisconsin). We approached a single point of contact in each state who was familiar to the

study team. This person received an institutional review board-approved e-mail to use when distributing the tools and survey. Reminder e-mails with the survey and tools were sent one and two months after initial distribution.

OUTCOMES

The study team created 10 translational tools that can be used as a set or individually. Each tool has a standardized cover page that explains the project's overall purpose and the tool's specific purpose. A brief summary of each tool is provided in the Figure.

PAG members were instrumental in translating complex legal research into concise tools. For example, our initial legal research yielded a 60-page article that identified and analyzed the overarching legal concerns that arise relative to emergencies and mental health.⁴ Our study team and the PAG agreed that this research contained information that would be useful to practitioners. Working with the PAG, we determined that a helpful way to translate this research would be through a frequently asked questions (FAQ) document. After developing a tentative list of questions for the FAQ document, we shared these questions with the PAG and, based on feedback received, we further refined the questions to make them relevant and accessible to practitioners. PAG members reviewed the full FAQ document, with questions and answers, to determine if the tool would likely be useful in practice.

Survey responses

Twenty-three respondents answered our survey about the translational tools' utility, although not every respondent answered every question completely. Twenty-two respondents indicated that they regularly had preparedness or response duties at work, and 19 indicated that they had responded to emergencies. Ninety-one percent of respondents ($n=21$) believed that all of the tools would be useful at some point in the preparedness process (e.g., for planning, during a response, or for recovery). Tool 6 (i.e., Ethics FAQ) was perceived as the most useful for planning purposes ($n=21$, 98%). Tool 8 (i.e., Emergency Detentions) was deemed the most useful for real-time response ($n=14$, 61%). Tool 4 (i.e., Liability for Mental Health-Care Providers) was found to be the most useful for recovery activities ($n=10$, 43%).

Seventy-eight percent of respondents believed that at least some of the tools could be useful for non-emergency response activities. Tool 2 (i.e., Legal FAQ) was perceived as the most useful for non-emergency mental health services ($n=17$, 74%) and for non-emergency

Figure. Summary of legal and ethical translational tools about mental and behavioral health and emergency preparedness developed from 2011–2013 for members of the U.S. public health workforce^a

1. "Potential Implications of CALIF v. City of Los Angeles for Mental and Behavioral Health Preparedness" (2011): This issue brief summarizes an important 2011 decision issued by a California federal court. The court found that Los Angeles violated federal and state law by failing to consider the needs of people with disabilities in its emergency preparedness program. The issue brief explains this decision's implications for emergency preparedness.
 2. "Frequently Asked Questions about Legal Preparedness for Health-Care Providers and Administrators, Public Health Officials, Emergency Planners, and Others Regarding Mental and Behavioral Health" (2011): This document addresses three categories of frequently asked questions at the intersection of law, preparedness, and mental health: (1) government powers in declared emergencies to respond to mental and behavioral health harms; (2) deployment, use, and authorization of mental health personnel; and (3) provision of mental health services.
 3. "Prescribing Authority During Declared Emergencies for Mental and Behavioral Health-Care Providers" (2011): This memo offers concise explanations about legal issues associated with prescribing authority for mental health-care providers during nonemergency contexts (e.g., drug schedules, prescription content, and professional licensure) and during declared emergencies (e.g., licensure portability and civil liability protections).
 4. "Sample Legal Guidance Letter—Liability for Mental Health-Care Providers" (2011): This sample letter, intended for local or state health department counsel, provides information about select laws that offer liability protection for mental and behavioral health-care providers who participate in emergency responses.
 5. "Substance Abuse Treatment, Emergencies, and the Law" (2012): This issue brief contains concise explanations of legal issues associated with substance abuse treatment during nonemergency contexts and declared emergencies. It also explains funding mechanisms that may support substance abuse treatment services during and shortly after emergencies.
 6. "Frequently Asked Questions on Ethical Issues Related to Mental Health Care in Emergencies" (2012): This document addresses frequently asked questions regarding ethical issues that arise relative to mental and behavioral health during emergencies, including balancing effectiveness and risk when providing care, respecting privacy, and maintaining confidentiality.
 7. "Mental Health Legal Preparedness and Crisis Standard of Care" (2012): This memo contains information about specific instances when a shift to a crisis standard of care, or a deviation from traditional medical or public health practices, may be needed during and shortly after an emergency, particularly for mental and behavioral health services.
 8. "Emergency Detention of Persons Deemed a Danger to Themselves or Others During Public Health Emergencies" (2012): This issue brief identifies specific legal issues and considerations that may arise for individuals who the state may believe require short-term detention to protect themselves or the community. It also offers recommendations for emergency planners and policy makers.
 9. "First Responders, Mental Health Services, and the Law" (2013): This memo discusses how law can facilitate the provision of mental health services to first responders (e.g., counseling) during and shortly after emergencies. It also provides information about how the law can augment the mental health workforce during emergencies.
 10. "Governmental Emergency Preparedness Plans and Mental and Behavioral Health Concerns" (2013): This fact sheet contains information about how the federal and state governments' emergency preparedness plans address mental and behavioral health concerns.
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^aAll translational tools are available from: URL: http://www.jhsph.edu/research/centers-and-institutes/center-for-law-and-the-publics-health/research/MntlBeh_preparedness.html

disability services ($n=13$, 57%). Tool 3 (i.e., Prescribing Authority) was found to be the most useful for nonemergency legal services ($n=12$, 52%). The most common suggestion for improving the translational tools was to make them specific to state or local jurisdictions ($n=12$, 52%).

LESSONS LEARNED

The PAG's feedback was very beneficial. By convening individuals with wide-ranging expertise, we could efficiently gather feedback about the tools at each stage of their development. This feedback was especially useful for determining the tools' substantive focus and format. One challenge that arose was receiving

targeted feedback from the PAG for specific tools. To address this challenge, as the project progressed we reached out to individual PAG members, as opposed to the entire group, for phone or e-mail consultations when specific expertise was needed. Although we added individuals to the PAG throughout the project to address gaps in expertise, ideally all PAG members would have been in place from the beginning. Because our understanding of the subject matter evolved during the five years of the project, we could not anticipate all relevant perspectives at the project's inception. As the project progressed, however, it became increasingly difficult to orient new PAG members to the prior work and to summarize several years of research and translation activities.

Our PAG can serve as a model for those seeking to translate research findings from one field to another for varied stakeholder groups. A relatively large interdisciplinary advisory group provides a breadth and depth of knowledge that can complement study team members' expertise. Because advisory group members have their own discipline-specific networks in the academic and practice communities, they can help to disseminate translational materials.

Through our survey, we learned that members of the public health workforce found the tools to have uses beyond their intended scope. We initially anticipated that the tools would be most useful for emergency planning and response, but we learned that they were also perceived to be useful for communities recovering from an emergency. In addition, survey responses indicated that the tools could contribute to nonemergency public health practice, in areas including mental health and disability services. These findings underscore the importance of soliciting feedback about the tools from the practitioner community to understand their potential utility in the field.

The survey results influenced the ways we described and promoted the tools, and the venues in which we sought to disseminate them. For example, we presented our work at conferences that targeted academics and practitioners, and we concluded each presentation with information about the tools and how to access them. We repeatedly received feedback at conferences from practitioners who appreciated our decision to produce a variety of deliverables, and several noted that we raised issues related to law, mental health, and emergencies that they had not previously considered.

We tried to address challenges related to survey response by distributing the tools and survey in 10 states and sending brief reminders through local public health practitioner contacts. We were unable to respond to one specific survey recommendation (i.e., that the tools be tailored to individual states or localities); with 50 states and thousands of localities, tailoring the tools to specific states or localities was not feasible. Additional funding opportunities for developing jurisdiction-specific tools and other translation activities are critical for sharing public health law research with the practitioner community.

CONCLUSION

Mental and behavioral health concerns are often overlooked in preparedness research and practice. While journal articles can provide insight into these issues, such articles may not be accessible to the practitioner community, where subscriptions to academic journals

are less common. Translating legal or other research findings for practitioner audiences requires a multistep process that considers substance, format, length, and a dissemination plan. A multidisciplinary advisory group, with members from diverse stakeholder communities, can provide feedback at key project milestones to ensure that the translation process remains on target for the intended audience. The utility of translational work cannot be truly assessed, however, until one engages with the intended practitioner audience to understand their impressions of these products. The intended users may provide insights that influence the final form of the documents as well as the dissemination plan.

Even with the PAG's expert help, translating sometimes complex legal information for public health practitioners remains challenging. Brief documents may not capture all of the legal nuances of a particular topic. But public health lawyers must become comfortable providing the key information that is most useful for practitioners.

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