

## *Navigating Uncertainty: Best Practices in Disaster Behavioral Health* Podcast

Season 1: Diversity, Equity, Inclusion, and Accessibility (DEIA) in Disaster Behavioral Health

Episode 3: Mitigation and Response—Transcript

**Narrator:** Welcome to *Navigating Uncertainty: Best Practices in Disaster Behavioral Health* from the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center, also known as SAMHSA DTAC. This podcast covers disaster behavioral health, or mental health and substance use-related issues and where they intersect with disaster preparedness, response, and recovery. In our first season we'll explore diversity, equity, inclusion, and accessibility in disaster behavioral health.

Please note that the views, information, and opinions expressed in this podcast are those of the speakers and do not necessarily reflect or represent the views and opinions of SAMHSA. We've worked in this podcast to bring together a range of expert voices. We will cover many complex topics that always benefit from more and different voices. We invite you to share your questions and feedback with our team so we can keep making this podcast better and continue promoting nationwide disaster resilience and information sharing.

**Xani Podolny:** Welcome to *Navigating Uncertainty: Best Practices in Disaster Behavioral Health*, from the Substance Abuse and Mental Health Service Administration Disaster Technical Assistance Center, also known as SAMHSA DTAC. This podcast covers disaster behavioral health or mental health and substance use-related issues and where they intersect with disaster preparedness, response, and recovery.

In our first season, we'll explore diversity, equity, inclusion, and accessibility in disaster behavioral health. Please note that the views, information, and opinions expressed in this podcast are those of the speakers and do not necessarily reflect or represent the views and opinions of SAMHSA.

We have worked in this podcast to bring together a range of expert voices. We will cover many complex topics that always benefit from more and different voices. We invite you to share your questions and feedback with our team so we can keep making this podcast better and continue promoting nationwide disaster resilience and information sharing.

Welcome to *Navigating Uncertainty: Best Practices in Disaster Behavioral Health*. I'm your host, Xani Podolny, Deputy Director of SAMHSA's Disaster Technical Assistance Center. On today's episode, we'll be discussing the intersection of DEIA—diversity, equity, inclusion, and accessibility—and disaster behavioral health.

Recently it's become increasingly clear that disasters disproportionately impact marginalized communities, and this highlights the importance of addressing DEIA in disaster response and recovery efforts. Specifically, today we'll be exploring how disaster behavioral health (DBH) professionals can work toward a more equitable and inclusive approach to communication, focusing on the mitigation and response phases of disasters. We'll explore these important topics with our esteemed guest, Mr. Roger Williams.

Roger Williams is the owner of Hands On Interpreting LLC, a private practice specializing in consulting and training related to the need of deaf adults in the mental health system. Until his retirement in 2023, he was employed as the Executive Director of the Spartanburg Area Mental Health Center with the South Carolina Department of Mental Health. Mr. Williams is a South Carolina licensed independent social worker and has been recognized at the state and national level for his leadership in mental health services within the deaf community. He has a master's of social work specializing in community mental health and has worked as an interpreter and trainer, primarily in mental health interpreting, for over 40 years.

Roger, welcome and thank you so much for joining me today.

**Roger Williams:** Hi, Xani. It's great to be with you.

**Podolny:** We're so glad to have you here to dive into these interesting topics. Starting off, I think it's almost intuitive that effective communication is really critical throughout the phases of a disaster. But effective communication in all of those phases has a number of DEIA considerations.

And I think anyone who's experienced a language barrier or the inability to communicate probably knows how insurmountable it can feel because you can't even exchange basic information. But at the same time, communication is one of the most critical things that needs to happen in emergencies. So how can we make sure speakers and users of languages other than English are included in all the phases of the disaster cycle, and that we're not running up against language barriers when communication is so important?

**Williams:** Well, I realize it's true in almost every aspect of disaster response, but in this, as in so many, planning is the key. What we need to be doing is before the incident, when the weather is calm and we're all rested, is start to be thinking about what are the communities that we serve in our area? And there can be many ways to find out who's there, but once you find out, then start assessing who's of a high need. Who are you likely to be seeing? Who can you predict?

For where I live, that's persons who speak Spanish, people who use American Sign Language, and those are the two communities that we know that almost any incident that is community wide we're going to be seeing those individuals. And then breaking that further down to moderate level of individuals, people who we might see occasionally but we know are in the community, but then you also need to be prepared for that very low incidence.

For example, at the mental health clinic where I was recently working, we had one speaker of a particular dialect of Congolese, so even though clearly we didn't have bilingual staff or people on board, we also had to make preparation. So you need to be thinking about tiering your response and being organized before the event.

**Podolny:** Okay, so are you saying with this type of planning you have to do a blanket approach over everyone? Or for these tiered levels of need, how do you determine what to do for each of them?

**Williams:** Well, as in disasters we talk about all hazards, and in the same way, I think we need to be thinking about all languages. But at the same time, you prepare for the ones you're most likely to face. So for example, in my community for speakers of Spanish and American Sign Language, we have bilingual staff. We have interpreters on site, ready to go. We have the technical equipment needed—for example, videophones and other common devices within the deaf community. For the moderate level, we may have interpreter contracts, perhaps for in-person interpreters if it's a . . . for example, in my community, we're seeing a significant increase in speakers of Ukrainian and Russian, certainly in the last couple of years, and so we are making arrangements. We have live interpreters now available onsite in the event of a disaster, and of course, for everyday clinical intervention.

And then for those infrequent speakers, you still need to be thinking about do you have a contract of interpreters? Do you have a language bank or a language line or some other resource that can meet the diversity? Because there are over 200 languages that we know are being spoken in the United States, and so you need to be thinking about those, but your level of preparation and what resources you sort of stage and have ready would be different depending on your anticipated need.

**Podolny:** Absolutely. And I appreciate your giving so many concrete examples of different strategies you've used for the different populations, be it live interpreters and having contracts prearranged to deploy them to using technological solutions.

I know I was recently traveling abroad in a Spanish-speaking country, and my Spanish is quite rusty, but I was able to use a translation app on my phone to communicate with folks I encountered there. But it was for simple things like communicating with an Uber driver. And I know when we're getting into some of our more challenging topics, more complicated topics such as mental health and disaster behavioral health, it will be, I think, fascinating to see how some of those technologies evolve and get applied in these spheres.

As you were talking about assessing the population to determine the needs, the low, moderate, high structure, you touched on identifying populations using data. Could you elaborate a bit on some of the ways to use data in support of DEIA and how data can be used to determine if you're really serving the whole community?

**Williams:** Yeah. I think what's important to recognize is that there are a lot of resources with data already out there; we don't necessarily need to do large-scale needs assessment. So reaching out to the data that's available from the census department, the community environment studies that the census does. In our state, we use the Office of Minority Affairs. They provide a lot of information about different languages that are used in different communities.

I think you can also reach out to your hospitals or large healthcare providers. They'll often know what languages the patients who are coming in to their clinics or hospitals are using, and that can give you a good indication of who might be out there.

It's also important to recognize a difference. Often we get languages spoken but it may not identify who is a monolingual user, meaning somebody who speaks only one language, whether that one language be English or Spanish or Ukrainian or American Sign Language, as opposed to bilingual users who may be able to get messages which are being delivered to the general public.

**Podolny:** How can that data be used during disaster response?

**Williams:** I think the data that you collect then helps you determine who's in those different tiers. Who are the large populations that may be 1 percent, 2 percent, 3 percent of your target population, or even larger? And then for those groups where you know you're going to be having people. Again, looking at different levels of response, do you have bilingual staff? Do you have staff who can act as communications facilitators who may not be fluent enough to work as interpreters, but who may be able to tell somebody, "Hold on a minute. We'll be right back with somebody who is fluent."

And then moving down in terms of the population that you're serving, what are you doing to make sure you have somebody who is under contract or available? Because you don't want to be looking for somebody at 2 in the morning who may be speaking a language—as I said, in our community, our next group are speakers of Vietnamese and speakers of Ukrainian, Russian, and some of the other Slavic languages.

And then you also need to be thinking about what are those other odd, relatively small users of languages that you haven't thought of, and making sure you have something in place for everybody who you might come in contact with.

**Podolny:** I think that is a really excellent point. And I especially thought what you said about folks who may not be completely fluent but who have some multiple language skills to be maybe a frontline or a warm handoff in certain situations. Maybe you don't have an absolutely perfect solution for your interpretation needs right at hand, but if you can arrange a frontline of folks who can at least have basic communication, what a great way to ensure they're at least receiving that initial message and knowing that they are going to be involved

in the process and connected with people who can help them. That's such a great creative strategy.

**Williams:** Yes, so we provide some in-service training, some basic sign, some basic words in Spanish, because again those are our two primary target populations. And then during the disaster you also need to be sure that your services, how you're providing, who you're providing to, reflect who you anticipated seeing. So if you're seeing—

I'll give you an example. I worked with one community after a large hurricane, and they had seen like two deaf people and they were expecting to see several hundred, and they couldn't figure out why. And it was really a lack of connection between an organization that was serving the deaf and the FEMA [Federal Emergency Management Agency] CCP [Crisis Counseling Assistance and Training Program] office, which, sort of ironically, were in the same building, but they just didn't have that connection. So by using ... When you collect data ahead of time, that's great, but you also need to be using it during the disaster to make sure that who you're serving reflects who you expected to be serving.

**Podolny:** We know that disasters happen everywhere, but depending on the area, communities may be more or less prepared for certain types of incidents and less for others. So how can areas experiencing disaster ensure they're reaching special populations and addressing their needs? And what steps might they take during the response phase to address those needs?

**Williams:** Well, again, as we have identified, having the data to sort of know who you might be expecting to see and then where you see gaps. I think the key is reaching out to the already-existing social networks, whether that be in the deaf community, deaf clubs, deaf organizations. For some communities, that might be faith communities. In our area, with the Latino community, we reach out to the Hispanic Alliance.

Identifying and already knowing ahead of time, having those contacts, knowing who are the gatekeepers, who are the ambassadors, and then using that information to reach out to the community and ask, are we meeting your needs? And if we're not, starting to think about devoting some particular resources and really focusing in on those communities.

**Podolny:** Could you talk a little bit about how we might involve peers in this process?

**Williams:** As I was saying, there are going to be communities that perhaps you haven't reached out to, or you've identified as needing outreach and you don't have the resources. And so what I think is essential, or an essential element that I've used in several different responses, has been engaging with the community and then training peers, people from the community.

And this could be there was a flood where a large number of deaf people had been affected, and so we reached out into the community, made contacts with the deaf organizations there,

and then trained individuals who were living there, who knew the resources locally, who knew where everybody lived, who could go into homes.

You know there are communities where there may be distrust of the government as a whole; there may be distrust of law enforcement or people with a uniform—whatever that may be, whether it's conditions in their home communities or their home countries, or even experiences that they are having now. So by using peers, you can break down some of those barriers and working in coordination with the crisis counseling program, having these people who probably are not going to have a graduate degree, but you can still train them with Psychological First Aid or Mental Health First Aid to help go out and be that first layer of response and help identify people who may need more intense services.

**Podolny:** Absolutely. And what we see from the peer programs is that we don't run up against those barriers. It's a person from their community; it's someone who is much more likely to be accepted and heard. And what a great solution for when we're trying to reach communities, to have the representatives from that community be the messenger.

We've covered some really great information so far, but if folks are listening in and feeling overwhelmed, like they don't even know how to start with improving their DEIA approach to communication, what would you suggest they start with? What's that low-hanging fruit that leaders or communities can pursue or some good first steps?

**Williams:** Well, I think probably that first step is just as you said, reaching out to community leaders, finding out what are the already present social networks in their community, be that advocacy groups, faith communities, social clubs. They are out there, so asking is probably the simplest way to start. And just find out what those communities identify, what their big concerns are. Do a little—

Our South Carolina Emergency Management Division [EMD] did some outreach with workshops with the deaf community, which is the one I'm most involved with, just explaining what EMD does and what they can reasonably expect in a disaster, and what are the kind of steps that people should be taking ahead of time. But start to establish those relationships before the event occurs.

**Podolny:** Absolutely, and I think once you start drawing those lines and making those connections, you find all kinds of ways that various groups want to be involved in the process. It likely will transcend just communication issues into some of the other things that need to be addressed during emergencies. So, laying that groundwork ahead of time, I completely agree, that is the low-hanging fruit.

And on the other side of that coin, when groups feel like they have addressed DEIA, and they're doing a good job, and they've put some thought and effort and resources into this, what gaps or blind spots do you think are still out there? What's not being addressed in a way

that is considered this is what we need to take care of but it's being ignored and it should be taken care of?

**Williams:** I see sometimes a disconnect between, kind of, the planners and the organizers who may be conscious of DEI, but making sure that everybody at the frontline has that same information. So, for example, you might have thought about how do you reach out to the deaf community, but did you tell the person who is going to be out on that food truck, hey, this is what you need to do?

I had a situation where we met with some folks after a disaster, and we were asking how were they were reaching out to the community, and had they had deaf people respond. And they explained to me that they had driven through the communities with radio trucks and nobody had responded. And we just sort of sat there looking at them for a few minutes before they realized, oh, maybe they didn't hear the radio truck.

So, you know, it's important not to just have that conversation at sort of a high level, 30,000-foot, but make sure that your frontline people are thinking about, oh, this person might not speak English—whether that's speaking Spanish or Russian or American Sign Language—but there might be a reason. And recognizing that the nature of disasters, the coping mechanisms that people use to deal with living in a community where English may be the primary language, those coping mechanisms may go out the window in the same way that so many other ways we cope with daily life get disrupted by a disaster.

So even somebody who might in other settings function okay and kind of navigate the environment, in a disaster where they may be in danger, their family may be in danger, they may not be able to still kind of cognitively access the same range of alternatives, so it's incumbent on us, the providers, to be making sure we're taking those extra steps to get the message out.

**Podolny:** Roger, those were excellent points. And you really brought us back around to what we mentioned right at the very beginning of the podcast, which is that many of these communities are marginalized and they are more impacted by disasters—that's what the research is showing us. And that just highlights why these efforts are so critical and that not only they happen at the 30,000-foot level in the board rooms, but that the information and the message and mission is understood throughout the emergency response, including those boots-on-the-ground people, of course.

So I really appreciate all of your excellent information you've shared with us today. Is there anything else you'd like to add to the discussion before we wrap up?

**Williams:** Just one thought in passing. Often we think of our need to reach out to different communities as sort of a hassle. But I think it's important to recognize that, for example, making some of your signage visual, writing it down for persons who might be deaf, can actually help those who are hearing in a loud environment. So it's important to recognize that

reaching out to ensure diversity, equity, and inclusion access as you develop a multifaceted, multipronged approach in your response not only helps those specifically targeted communities, but also is a benefit to everybody as a whole.

**Podolny:** Absolutely. Another excellent point. Thank you so much for joining us on today's podcast. You've been a wonderful guest, and we very much appreciate your insights on this important topic. And thank you, everyone, for listening.

**Williams:** Xani, thank you. It's been a pleasure and I hope this is helpful.

**Podolny:** Thank you for listening to this episode of *Navigating Uncertainty: Best Practices in Disaster Behavioral Health*. If you enjoyed this episode, please consider subscribing on Apple Podcasts, Spotify, or Google Podcast. You might also like to explore other SAMHSA DTAC products on our website at [www.samhsa.gov/dtac](http://www.samhsa.gov/dtac). We would love to hear from you. If you have questions or feedback, please call us via our toll-free number at 1-800-308-3515, or email us at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

**Narrator:** Thank you for listening to this episode of *Navigating Uncertainty: Best Practices in Disaster Behavioral Health*. If you enjoyed this episode, please consider subscribing on Apple Podcasts, Spotify, or Google Podcasts. You might also like to explore other SAMHSA DTAC products on our website at [www.samhsa.gov/dtac](http://www.samhsa.gov/dtac).

We would love to hear from you. If you have questions or feedback, please call us via our toll-free number at 1-800-308-3515 or email us at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).