



Governmental Emergency Preparedness Plans and Mental and Behavioral Health Concerns

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Introduction. While national or regional emergencies or disasters are well-known for causing an array of harms to physical health, they can also have a significant impact on individuals' mental and behavioral health. Existing mental health conditions, such as schizophrenia and depression, may be exacerbated by an emergency. Large-scale emergencies may affect the mental and behavioral health of first responders, public health officials, health care workers, and others involved in response efforts. The mental health of certain vulnerable populations, including children, the elderly, individuals in group facilities, and persons from socially or economically disadvantaged groups, may also be impacted. Depending on the particular mental and behavioral health issues that arise, individuals may need to access mental health services during and/or after a declared emergency.

In September 2008, the Centers for Disease Control and Prevention (CDC) established a Preparedness and Emergency Response Research Center (PERRC) at the Johns Hopkins Bloomberg School of Public Health. One of the Center's goals is to identify, research, and analyze the legal and ethical issues that arise during emergencies relative to mental and behavioral health. As part of this effort, scholars and researchers at the Johns Hopkins PERRC, in collaboration with the ASU Sandra Day O'Connor College of Law, have created a series of translational tools on relevant legal and ethical issues.

Purpose. This tool is intended as a resource for health care providers and administrators, public health officials, emergency planners, clergy, and their public and private sector partners who seek to understand how governmental emergency preparedness plans address mental and behavioral health concerns. This tool provides general information and is not intended to offer jurisdiction-specific guidance.

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Disclaimer. While this document was prepared with support from CDC (5P01TP000288), its contents do not represent the official legal position of CDC or other project partners. *This document does not provide specific legal advice.* Practitioners should consult with their legal counsel for a more detailed understanding of federal laws and to understand the implications of relevant state laws.

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Overview: Medical and public health professionals rely on state-level preparedness plans and related resources, particularly for information about mental and behavioral health emergency preparedness.¹ The federal and state governments have developed multiple resources, such as guidance documents and training manuals, to help address these concerns. Some states have included language about mental and behavioral health preparedness in their emergency plans. This information may be useful for states and localities as they seek to better integrate mental and behavioral health concerns into their own emergency plans. It can also assist states to anticipate possible legal or ethical issues that may arise relative to mental and behavioral health during the response and recovery process.

Resources from the Federal Government: The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a report entitled [Mental Health All-Hazards Disaster Planning Guidance](#), which states and localities can consult in conjunction with the Federal Emergency Management Agency's guide [Developing and Maintaining Emergency Operations Plans](#). The SAMHSA report highlights several domains for mental and behavioral health preparedness that should be considered when developing an emergency plan:

- Through what channels will the state mental health authority communicate with the public during an emergency response and how will information be disseminated to the public?
- If care is needed for a large number of injured individuals following an emergency, what role will the state mental health authority and local mental health agencies play (e.g., providing counseling services; identifying and caring for those with emergent or exacerbated mental health conditions)?
- How will mental health personnel—including those arriving from out of state—be credentialed, organized, and transported?

The report also includes a detailed guide for states to use when crafting a disaster mental health plan with an all-hazards orientation.

State-Level Emergency Preparedness Plans: The 50 states vary in the extent to which they account for mental and behavioral health needs in their disaster plans. Some states have crafted additions to their emergency operations plan to provide guidance for mental and behavioral health needs that may arise. For example, Georgia's [Emergency Support Function #8](#) states that “public health and medical services include responding to medical needs associated with mental health, behavioral health, substance abuse and the mental well being of both victims of disasters and the personnel involved in disaster response.” The entire document is intended to provide guidance for both physical and mental health issues that may arise during an emergency response within the state. Colorado has taken the additional step of creating specific guidance for mental and behavioral health during emergencies ([Behavioral Health – Emergency Support Function #8a](#)). This document focuses exclusively on behavioral health needs, including substance abuse treatment, which may arise within the state should a disaster occur. It details how the state Department of Public Health and Environment, Emergency Preparedness and Response Division will liaise with local community mental health centers to ensure that the response proceeds collaboratively and efficiently. Importantly, some states have taken relatively few steps towards integrating mental and behavioral health concerns into their emergency operations plans.

Legal Considerations and Preparedness Plans: While state and local preparedness plans are not intended to provide detailed legal guidance, they can offer helpful information to the public health workforce in a variety of areas that typically raise legal challenges, such as the licensure and credentialing processes for out-of-state mental health responders; procedures for ensuring that displaced persons continue to receive substance abuse treatment services; and explanations of the resources for mental health care that become available when a state-level emergency is officially declared. As they revisit their own emergency plans with mental health concerns in mind, states could benefit from consulting federal resources and other states' preparedness plans to identify language that constructively addresses these types of legal concerns.

¹ Hawley SR, Hawley GC, Ablah E, et al. Mental health emergency preparedness: the need for training and coordination at the state level. *Prehosp Disaster Med.* 2007;22(3):199-204.