Disaster Behavioral Health: Resources at Your Fingertips

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What is Disaster Behavioral Health?
When disasters strike, the ripple effects can be significant. Survivors may be injured or displaced, or may have loved ones in similar situations. The emotional, physical, and financial tolls can be jarring, and no one in the community is immune. Disaster behavioral health (DBH) includes the provision of mental health, substance abuse, and stress management services to disaster survivors and responders (ASPR ABC, 2012). Incorporating DBH into all phases of emergency management can ensure resident and responder preparedness, an effective, compassionate response effort, and a more resilient community moving forward.

This document provides information on and links to select DBH programs and resources. This is not meant to be a comprehensive list, but a selection of programs and resources that can be of immediate use to emergency healthcare providers, emergency management stakeholders, and other professionals and survivors affected by naturally-occurring or human-caused incidents.

If your jurisdiction or healthcare entity has a DBH plan or similar resource that you would like ASPR TRACIE to consider for inclusion, please send it to askasprtracie@hhs.gov.

This document and its hyperlinks/guidance references are current as of March 24, 2017.

Quick Links

A Note for Leaders in Emergency Healthcare
General DBH Resources for Emergency Medical Responders
DBH Tools and Planning Guidance
Select State DBH Plans
Self-Care Resources: SAMHSA DTAC
Self-Care Resources: Other Sources
Training Programs
A Note for Leaders in Emergency Healthcare

During and just after a disaster or other type of emergency, it is important to remember that some of your employees may have literally “lost everything.” In 2016, in response to the Baton Rouge flooding, ASPR TRACIE worked closely with subject matter experts to publish Tips for Retaining and Caring for Staff after a Disaster. In it, we remind readers that on-site disaster behavior health professionals (e.g., an available member of your facility’s employee assistance program [EAP] who has been trained in Psychological First Aid) can help staff get through the initial shock of the event, and provide them with additional resources and services as necessary. Building Workforce Resilience through the Practice of Psychological First Aid can also help leaders guide their teams through stressful disaster response operations.

It is equally important to promote good mental health practices to your team in non-emergency times. The 2016 National Survey on EMS Mental Health Services found that while nearly 100% of respondents said their agency had a policy regarding drug and alcohol use, only a quarter noted that their agencies offered programs that could assist those suffering from substance abuse and addiction. Half of the agencies surveyed offered occupational health and wellness programs with on-premises fitness centers and tobacco cessation programs being the top two services offered. Just one fifth of these programs offered classes in stress management, and approximately one-third of respondents said they were not allowed to access mental health services during work hours.

General DBH Resources for Emergency Medical Responders

DBH staff are integrated into preparedness and response activities throughout many state agencies and community organizations. This can make it easier for you to access their services before, during, and after an incident more easily and with less stigma. During non-emergency times, or prior to deploying, you and your colleagues can learn more about the negative behavioral health effects of disasters and how to respond to people experiencing these effects. These agencies and organizations (listed alphabetically) have developed helpful resources.

ASPR’s At-Risk, Behavioral Health, and Community Resilience Division (ABC) hosts a Resource Library that includes links to fact sheets, tools, videos, reports, and partner resources. Some key fact sheets and reports include:

- American Indian and Alaskan Native Disaster Preparedness Resource
- Behavioral Health Tips for Responders: Maintaining Calm at a POD
- Communication in Crisis Fact Sheet
- Disaster Behavioral Health
• Disaster Behavioral Health: Current Assets and Capabilities
• Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach
• Planning for Psychiatric Patient Movement During Emergencies and Disasters
• Promoting Stress Management for Pregnant Women during the Zika Virus Disease Outbreak: A Resource for Healthcare Providers
• Roundtable on the National Health Security Strategy and At-Risk Individuals, Behavioral Health, and Community Resilience

The ASPR TRACIE Mental/Behavioral Health Topic Collection addresses the effects of post-disaster mental and behavioral health-related challenges on the healthcare system.

The Center for the Study of Traumatic Stress has developed a set of factsheets that can be searched by keyword, role, and topic. Their website also includes links to education and training resources (e.g., conferences, videos, and presentations); recent and ongoing research efforts; and other resources (e.g., journal articles, newsletters, reports, and book chapters).

The U.S. Department of Veterans Affairs runs the National Center for Posttraumatic Stress Disorder (PTSD). Links to fact sheets, guidelines, research, and interventions are provided under the Disasters and Terrorism tab for professionals. Their Web Links: Disaster Relief tab provides access to information on how to give or obtain help following a disaster.

The National Child Traumatic Stress Network includes resources related to natural disasters, terrorism, and school violence. Their Psychological First Aid curriculum is available in several languages and for a variety of professional and paraprofessional audiences on their website.

SAMHSA’s publications store allows responders and community members alike to download DBH-related publications that speak to varied audiences (e.g., responders, administrators, caregivers, young adults, family members of responders, and teachers). These include, but are not limited to:
• Tips for Survivors of a Disaster or Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life
• Tips for Survivors of a Disaster or Traumatic Event: Managing Stress
• Tips for College Students: After a Disaster or Other Trauma
• Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event

SAMHSA DTAC’s Disaster Behavioral Health Information Series Resource Collections are annotated bibliographies that are geared towards a variety of audiences and cover a range of
DBH topics. SAMHSA DTAC also includes a variety of other DBH resources for survivors. Responders can share links to these tip sheets, webinars, and podcasts with survivors and each other as practical.

**DBH Tools and Planning Guidance**

In 2016, ASPR ABC released an updated version of the U.S. Department of Health and Human Services Disaster Behavioral Health Concept of Operations. This document outlines how HHS prepares for the behavioral health effects of large-scale emergencies and disasters and transitions from day-to-day operations to provide coordinated response and recovery activities. Their Disaster Behavioral Health Capacity Assessment Tool allows state and local agencies and provider organizations to assess and integrate DBH into all planning, preparedness, response and recovery efforts. The tool can help users identify strengths and gaps and how to address them. ABC’s Disaster Behavioral Health Coalition Guidance can help healthcare coalitions coordinate DBH care; it includes a worksheet specific to member recruitment and coalition assessment that can be used to identify gaps. Building Workforce Resilience through the Practice of Psychological First Aid – A Course for Supervisors and Leaders provides participants with a solid understanding of Psychological First Aid, explains why it is important, and teaches strategies for offering it to staff.

The Behavioral Health Emergency Plan Template for Health Care Organizations was created by the State of Missouri, but can be used by other hospitals and health care providers interested in integrating behavioral/mental health functions into their emergency plans.

The Multi-State Disaster Behavioral Health Consortium works with the National Association of State Mental Health Program Directors to provide states with a forum for promoting dissemination and sharing of response and recovery plans; standardized training and technical assistance; integration of DBH services into all phases of emergency management; and collaboration among federal, state and local disaster response agencies.

The Substance Abuse and Mental Health tab of the HHS Response and Recovery Resources Compendium includes information on products, services, and capabilities regarding DBH and non-emergency healthcare.

SAMHSA also offers the Mental Health All-Hazards Disaster Planning Guidance document that can help state and local mental health public officials create emergency preparedness plans for human-caused or natural disasters. The guide stresses integrating DBH services and conducting epidemiological surveillance.
SAMHSA DTAC offers the following “Promising Practices in Disaster Behavioral Health Planning” webinars (available on YouTube; presentations can be downloaded from https://www.samhsa.gov/dtac/webinars-podcasts):

- Introduction to Promising Practices in Disaster Behavioral Health Planning
- Financials and Administration Operations
- Building Effective Partnerships
- Implementing Your Disaster Behavioral Health Plan
- Assessing Services and Information
- Logistical Support
- Legal and Regulatory Authority
- Integrating Your Disaster Behavioral Health Plan
- Plan Scalability

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of patients’ health information (protected health information) but allows for the disclosure of information when necessary to treat a patient, to protect the nation’s public health, and for other critical purposes. The National Alliance on Mental Illness explains What HIPAA Means for Mental Illness in non-disaster periods. The following resources explain how the HIPAA rule applies in times of emergency:

- Bulletin: HIPAA Privacy in Emergency Situations
- HIPAA Privacy Rule: Disclosures for Emergency Preparedness – A Decision Tool
- Health Information Privacy – Is HIPAA Privacy Rule Suspended during a National or Public Health Emergency?

Select State DBH Plans

The State of California Mental/Behavioral Health Disaster Framework provides a statewide approach to the mental/behavioral health disaster function and can help government and other agencies and organizations develop, revise, and implement their own mental/behavioral health disaster policies, plans and procedures.

The Missouri Behavioral Health Emergency Plan Template for Health Care Organizations is meant to assist hospitals and other healthcare providers in integrating behavioral / mental health functions into their emergency plans and incident command functions.
Nebraska’s Behavioral Health All-Hazards Disaster Response and Recovery Plan provides a framework for organizing the behavioral health response to disasters to include: addressing mental health and substance abuse issues, mitigating the severity of adverse psychological reactions and restoring social and psychological functioning for individuals, families, and communities.

The New Hampshire Disaster Behavioral Health Response Plan is designed to guide the behavioral health planning, intervention, and response efforts outlining preparedness and response guidelines specifying agency and staff roles. While geared towards behavioral health practitioners, other healthcare professionals can use this information to plan for or better understand the mental and behavioral health needs associated with a disaster or public health emergency.

Self-Care Resources: SAMHSA DTAC

As a responder, clinician, or other healthcare professional involved in disaster response, it can be easy to lose track of your own needs. You may not be eating or sleeping well or enough, and you may be worrying about what is happening at home in addition to focusing on your field assignment. You may notice your colleagues or yourself engaging in risky coping behaviors. And returning home after being deployed—to your loved ones and/or your “regular” job—may be difficult, requiring an adjustment period. Knowing what the cues are and how to plan for them prior to deployment and then manage them after an event can be helpful. The U.S. Department of Health and Human Services’ (HHS) Substance Abuse and Mental Health Administration’s Disaster Technical Assistance Center (SAMHSA DTAC) has developed many resources on self-care for responders, including (listed in alphabetical order):

- Adjusting to Life at Home: Tips for Families of Returning Disaster Responders
- Deployment Supports for Disaster Behavioral Health Responders Podcast
- Helping Staff Manage Stress When Returning to Work: Tips for Survivors
- Self-Care for Disaster Behavioral Health Responders Podcast
- Tips for Disaster Responders: Identifying Substance Misuse in the Responder Community
- Tips for Disaster Responders: Preventing and Managing Stress
- Tips for Disaster Responders: Returning to Work
- Tips for Disaster Responders: Understanding Compassion Fatigue
- Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders Podcast
**Self-Care Resources: Other Sources**

ASPR TRACIE’s Responder Safety and Health Topic Collection contains a section on **Behavioral Health and Resilience** that provides links to resources on stress, resilience, and best practices.

The **National Association of Emergency Medical Technicians (NAEMT)** has a page dedicated to EMS Mental Health, where they share links to helpful resources.

The **Disaster Distress Helpline** is a free, confidential 24/7 hotline (1-800-985-5990 and text “TalkWithUs” to 66746) service that provides support for disaster survivors, responders, or anyone experiencing the stress of an event. Helpline staff also have access to information such as what to expect after a disaster, coping recommendations, and tips for caring for loved ones and pets. The **National Suicide Prevention Lifeline** (1-800-273-8255) provides a free, confidential 24/7 crisis response hotline, plus information on getting help for yourself or someone else, learning more about suicide and suicide prevention, how to get involved, and professional initiatives and best practices.

**Training Programs**

The **International Critical Incident Stress Foundation, Inc.** provides leadership, consultation, and education in comprehensive crisis intervention and DBH services to first responders and others. Their site includes links to online and in-person trainings on topics such as Critical Incident Stress Management with Children, Compassion Fatigue, Resilience Training, and Staff Support in the Healthcare Setting.

The **National Crime Victims Research & Treatment Center** at the Medical University of South Carolina provides training for clinical and research interns on a variety of specialized, evidence-based assessment, intervention, and treatment services for adults and children who are victims of violent crimes (including terrorist attacks and mass casualty incidents).

**Psychological First Aid**, an online training and mobile app, developed by the National Child Traumatic Stress Network and the National Center for PTSD, is an evidence-informed training tool that can help responders build their skills to work effectively with disaster survivors. Training materials are offered in a variety of languages and to a variety of audiences (e.g., Medical Reserve Corps members, community religious professionals).

A wide variety of training materials are available on the **SAMHSA DTAC Education and Training page**, including webcasts, web-based courses, and field events (e.g., conferences and workshops). Of note is the **SAMHSA Disaster App** that provides behavioral health responders
with information about pre-deployment preparation, on the ground assistance and post-deployment resources via a smartphone app.

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