



# APPENDIX 3 TO EMERGENCY SUPPORT FUNCTION # 8 MENTAL HEALTH

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## PRIMARY AGENCIES:

State: Division of Emergency Management  
Department of Health Services - Behavioral Health Division

## SUPPORT AGENCIES:

County: County behavioral health agencies or equivalent

Volunteer: American Red Cross  
Arizona Critical Incident Stress Management Network

## I. PURPOSE

- A. Describe procedures to detect mental health issues and prevent harmful stress levels in the general population.
- B. Describe procedures to detect and prevent harmful stress levels in state emergency responders in the field, SEOC and DFO.

## II. SITUATION AND ASSUMPTIONS

### A. Disaster Condition

Emergencies/disasters have the potential to raise stress levels in survivors and emergency responders, which may negatively affect their mental and emotional equilibrium.

### B. Planning Assumptions

1. Critical level stress may develop after a single event or over time during an extended response/recovery period.
2. Stress during the immediate event is called acute stress and is a normal response to emergencies. Some survivors can resolve the stress using their own internal and external resources. Others may be overwhelmed with acute stress and require assistance in resolving stress and returning to normal.
3. Stress that accumulates because of an emergency event and continues during the recovery phase is called chronic stress. This takes greater resources to assist survivors in understanding and resolving the stress.

4. Government and volunteer response agencies should have personnel from their organizations trained in stress recognition and management techniques. They should assist their emergency responders and disaster survivors by requesting crisis incident stress management resources.

### **III. CONCEPT OF OPERATIONS**

#### **A. General**

The Department of Health Services (DHS)-Division of Behavioral Health (DBH) is the lead agency for the development and coordination of state plans and programs for behavioral health activities. DHS will coordinate with other agencies to prepare intra-agency plans, checklists and procedural guides. The objectives of mental health operations are to:

1. Coordinate mental health activities among state/local/public/private response agencies.
2. Assess mental health needs following an emergency/disaster considering the acute and cumulative stress resulting from a possible long term recovery period.
3. Provide mental public health education on critical incident stress and stress management techniques.
4. Provide stress management training support to mental health teams responding to assist disaster survivors and responders.
5. Manage contracts with behavior health providers. Provide fund management and reporting. Provide quality control of contractors and the services they provide. Maintain surveillance of behavioral health/mental health efforts.

#### **B. Activation**

Upon request from local government for state assistance in mental health care the Director, DHS, will authorize DBH to activate its programs to mitigate the effects of stress.

#### **C. Response/Recovery Activities**

1. Emphasis will be given to the mental health of disaster victims, survivors, bystanders, responders and their families and other community care-givers. Services may include crisis counseling, critical incident stress debriefings, information and referral to other resources and education about normal reactions to an emergency/disaster experience and how to cope with them.
2. Priority will be given to the provision of services listed in the response phase. Stress levels tend to increase during the recovery period.

## IV. ORGANIZATIONAL ROLES AND RESPONSIBILITIES

### A. State Agencies

1. **DHS-BHD** will:
  - a. Administer and coordinate disaster mental health programs, assist essential services providers, coordinate information collected and disseminate information to mental health providers.
  - b. Assist local government in the assessment of mental health needs.
  - c. Provide outreach to serve identified mental health needs.
  - d. Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance (see ESF # 6).
  - e. Coordinate with their Public Information Officer to arrange for dissemination of information to the public on stress effects and techniques for managing stress.
  - f. Ensure inpatient psychiatric facilities:
    - (1) Implement their facility's disaster plan;
    - (2) Provide care, safety and continued treatment of residents;
    - (3) Coordinate with authorities for safe evacuation of residents; and
    - (4) Provide resources and support to the community-based mental health system.
2. **ADEM** will:
  - a. Coordinate with DHS when preparing the Presidential Major Disaster Declaration request to ensure that mental health support is requested.
  - b. Activate their SOP for Stress Management for SEOC/DFO workers.
  - c. Develop a stress management program for SEOC/DFO personnel.

### B. Volunteer organizations

1. **ARC - Disaster Services Mental Health Program** will provide teams that respond to disaster sites. These teams detect signs and symptom of stress in disaster victims and assist them in handling acute and chronic stress.
2. **Arizona Critical Incident Stress Management Network** will provide teams to support state field, SEOC and DFO staff as needed.

## **V. ADMINISTRATION AND LOGISTICS**

ADEM, in coordination with DHS, will review and revise this Appendix. Each participating agency will prepare SOPs and update IOPs in support of this Appendix.