DRF-5

MENTAL AND SPIRITUAL HEALTH

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MENTAL AND SPIRITUAL HEALTH

PRIMARY AGENCIES:	**Burrell Behavioral Health**	**Cox Hospital**
	Mercy Hospital	**Lakeland Behavioral Health**
	Ozarks Counseling Center	**Lost and Found Grief and Loss Center**

SUPPORT AGENCIES:	**Show Me Response**
	Dept of Mental Health

I. PURPOSE

The Greene County Mental Health and Spiritual Care Committee, working under the Greene County Office of Emergency Management and the Community Organizations Active in Disaster, has developed a plan that includes specific information and resources for providing the citizens of our community who are impacted by disaster a framework for recovery of their emotional and spiritual well-being.

Disaster mental health and spiritual care services following a disaster are directed toward providing for the immediate and short-term needs for those who have experienced and directly impacted by a disaster. These services include but are not limited to outreach, psychological triage, brief interventions, short and long-term counseling, psycho-educational activities, and referral services. Mental Health efforts are focused more toward normalizing rather than pathologizing, and providing for immediate needs. Considerations and references are made with respect to the process and continuum of disaster management and the Mental Health and Spiritual Care services needed in the Preparedness, Response, and Recovery phases of disaster, with particular emphasis on the Long-Term Recovery.

II. PRE-INCIDENT

Incident periods for the Incident Management Continuum will be defined in the following terms:

1. Pre-Incident Period: Preparedness, Prevention and Protection
2. Incident Period: Response
3. Post-Incident: Recovery
4. Post-Incident: Evaluation and Mitigation

Statement of Purpose: To provide for the mental health and spiritual care needs of the citizens of our community when a disaster occurs.

III. SITUATION AND ASSUMPTIONS

A. Situation and Assumptions

a. For our purposes, Disasters are defined as any event or circumstance that overwhelms the system or person’s ability to manage and respond effectively.
b. Types of Disasters vary: Natural (Weather—Tornadoes, Earthquakes, Hurricanes, Storms, Fires, and Floods) and Human-Made (acts of violence or terrorism or CBRNE—Chemical, Biological, Radiological, Nuclear, and Explosives). [Table 1].
c. Disasters are unique and have a life of their own; a beginning, middle, and an end.
d. Each survivor is unique; must be treated with dignity and respect.
e. Disaster Mental Health is only one part of a larger Disaster Response and Recovery.

f. Disaster Mental Health response and recovery efforts, including interventions, should be tailored to the event, the needs of the individual and the community, and the resources that are available.
g. Efforts should be collaborative, coordinated with, and communicated to others who are also responding to the disaster.

B. Steps in Handling Situation

a. First, DO NO HARM.
b. Second, BE FLEXIBLE. Disaster response/recovery rarely goes according to plan.
c. Provide the highest level of respect and dignity to those who have been impacted.
d. People who witness or experience disaster are impacted in one way or another.
e. People are generally resilient and will most likely respond well to and recover from disaster without formal mental health interventions.
f. NORMALIZE, NOT PATHOLOGIZE. Stress and grief reactions are common, normal, and to be expected.
g. Early, brief, and focused interventions can help reduce emotional and mental health symptoms.
h. Although therapeutic skills provide a basis of disaster mental health interventions, mental health workers will not be doing “therapy” in the wake of a disaster.
i. Those people who have preexisting conditions and limited access to resources may need more practical assistance than psychological intervention.
j. The use of individual support system and natural methods of coping is encouraged.
k. Provide referrals to appropriate community resources for follow-up and on-going mental health services if risk factors are identified.
l. Disaster Mental Health responders should not refer clients to themselves or their agencies, although they may be included as a resource for follow-up services.

IV. CONCEPT OF OPERATIONS

A. General

a. Incident Command System (ICS)

- The Mental Health function falls under Public Health/Medical Branch and Operations Section of the ICS Structure.
- Reference current Local ICS Structure [Form: ICS 207, Incident Org. Chart]

B. Credentialing

a. Volunteers and responders who are providing mental health services following a disaster must be currently licensed and adhere to and comply with state and federal laws and the authorities of their professional regulations under which they are licensed.
b. As mandated reporters, any suspected abuse of Children, Elders and Vulnerable adults must be reported to Child Protective Services or appropriate authority.
c. Liability is generally provided by the activating agency (i.e. the American Red Cross, the Medical Reserve Corps—Show-Me Response, or as a Partner) only when formally requested and activated.
d. Spontaneous volunteers and those who self-deploy or who have not completed recommended training and education may not have liability coverage for their activities if not sanctioned by their respective licensure.

C. Activation

a. Mental Health volunteers are not to self-deploy, but should be prepared to respond if called by the American Red Cross or COAD Committee.
b. Licensed Mental Health volunteers should present their current professional licenses and training certificates to the supervisor/team lead before being assigned and deployed.
c. Orientation to the operation should be completed prior to service.
d. Mental Health volunteers will not be deployed to areas that are considered unsafe, should not deploy alone, and should be teamed or paired-up.
e. Documentation and tracking of activities and persons served may be requested and should be kept by the Mental Health Volunteers and their Team Lead/Supervisor. [Form: ICS 204 Assignment List]
f. The information collected is used to identify needs and assess if additional volunteers or follow-up is necessary.

D. Supervision

a. Adequate supervision of Mental Health responders protects the recipients of the services as well as the responders.
b. Assignments and tasks may be changed and modified, depending on the needs and coordinated efforts of the Incident Command. Assess assignments, rotation.
c. Maintain highest level of Ethical Standards and Practices (HIPAA) in the delivery of direct services and take action when these are not being met.
d. Provide support, guidance, and direction in a coordinated and collaborative manner with responders, community agencies, and treatment providers.
e. Assess and correct rumors, public perceptions, and feedback from responders.
f. Report to Incident Command, Medical Care Branch Director.

E. Demobilization

a. Mental Health and Spiritual Care volunteers should check-in with the Team Lead/Supervisor prior to leaving the assignment.
b. Defusing/Debriefings or some other form of post-event processing of the experience should be provided for responders volunteers following their service.

F. Training and Education

a. Training, Education and Exercises provide opportunities for Mental Health Professionals, public officials, emergency response personnel and the public to be operationally ready. Training and Education courses and Exercises should address the core competencies that are essential for providing services to those who have been impacted by disaster in an appropriate, competent, and ethical manner. Educational programs should meet the recommended standard and criteria, share a common language, philosophy and best-practices for mental health personnel who respond to disaster. Recommended trainings include:

V. ROLES AND RESPONSIBILITES

Primary & Support Agencies

The Burrell Center	**Ozarks Counseling Center**
Cox Hospital	**Lost and Found Grief and Loss Center**
Mercy Hospitals	**Lakeland Regional**

Provide immediate emotional support, Psychological First Aid, Critical Incident Stress Debriefings, Triage and Referral for additional mental health services during the recovery process.

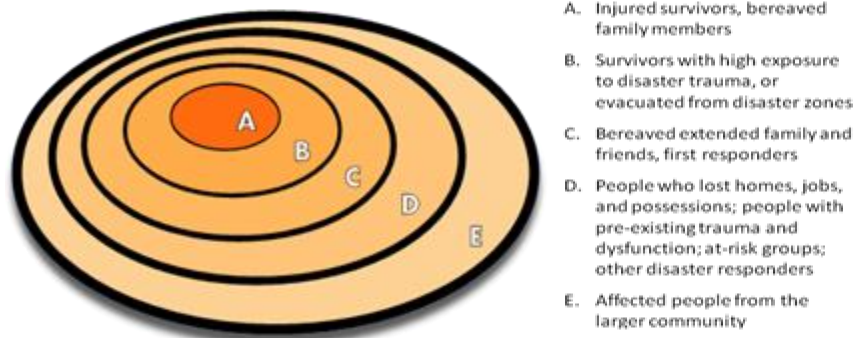
State Support Agencies

Show Me Response
Dept of Mental Health

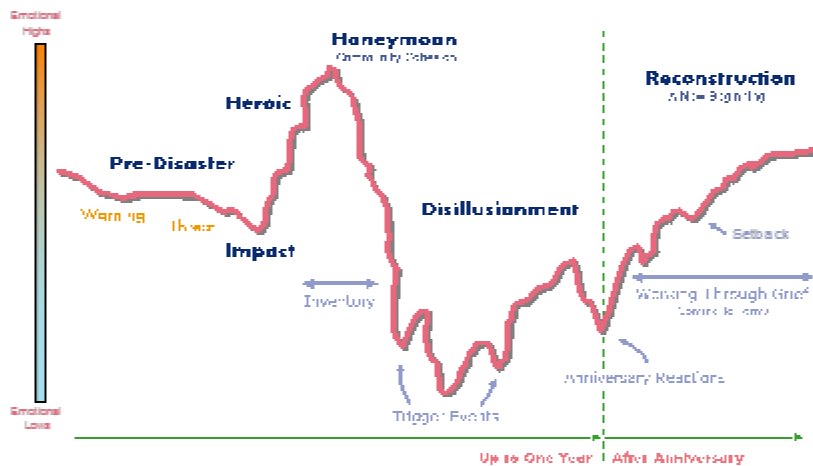
Provide immediate emotional support, Psychological First Aid, Critical Incident Stress Debriefings, Triage and Referral for additional mental health services during the recovery process.

VI. INCIDENT PERIOD: RESPONSE

Response efforts will largely be based on the type of disaster (human-made, natural), damages (buildings, property and infrastructure), and the number of persons impacted (fatalities, injuries, displaced, evacuated, homes damaged or destroyed, family member missing, injured or killed). Primary function is providing Psychological Triage, Assessment and Referral.



Adapted from DeWolfe, 2002



Common Psychological/Emotional Phases Following Disaster, Zunin and Meyers.

A. Immediate Tasks (First 24 Hours)

1. American Red Cross

a. Psychological Triage (Protect, Connect, Direct)
b. Coordination of Services with Community, State, and Regional Resources
c. Information Dissemination (Tips for Self-Care and Stress Management) [Table 2].
d. Refer for immediate treatment if Survivor has following symptoms (PsySTART)

- Expressing suicidal or homicidal ideations, threats
- Actively psychotic symptoms (audio, visual hallucinations)
- Witnessed deaths of family members, friends
- Felt own life was threatened
- Extreme panic, anxiety, or anger; inappropriate affect
- Significant disturbance of normal level of functioning

2. COAD Disaster Mental Health and Spiritual Care Team [Table 3]

a. Direct Services

- Assessment of functioning and inquiry of needs
- Connecting impacted with existing support system, family, friends and neighbors
- Referral for follow-up and treatment services
- Outreach, Death Notifications
- Defusings, Debriefings

b. Indirect Services

- Needs Assessment [Table 4].
- Consultations
- Interviews with media
- Public Town-Hall and Government Agency Meetings

3. Intermediate (Day 2 – Transition to Recovery Phase)

Continue to care for immediate needs while setting up the Long Term Recovery Committee (LRC) through the oversight of the COAD. Through the LTRC, case management will be organized. Referrals for ongoing cases for Mental Health Services may be recommended from the volunteer responders and case managers of these agencies.

a. American Red Cross
b. Burrell Behavioral Health (Administrative Agent for MO Dept of Mental Health)
c. Healthcare Facilities—Cox Health, Mercy, Ozarks Community Hospital, Lakeland Behavioral Health
d. Educational Programs—Drury, Evangel, Forest Institute, Missouri State University, SPS
e. Partner Organizations: Catholic Charities of Southern Missouri, Clarity Recovery and Wellness, Lost and Found, Ozarks Counseling Center, Show-Me Response (MRC).

4. At-Risk Populations may include the following:

a. Suicidal or homicidal ideations
b. Psychotic symptoms (Delusional, visual or auditory hallucinations)
c. Homeless (including those who are temporarily displaced due to damage)
d. Traumatized—experienced life-threatening event, witnessed threats or loss of life
e. Prior or Recent Significant Loss

5. **Vulnerable Populations may include the following:**

    a. Elderly—Nursing Homes, Assisted and Senior Living, Rehabilitation Facilities
    b. Young Children—Schools, Preschools, Homes
    c. Pre-existing Physical Health Conditions
    d. Pre-existing Mental Health or Substance Abuse Conditions
    e. Access and Functional Needs
    f. Financial constraints
    g. Mobility constraints (no transportation or access to mass transit)
    h. Limited Familial or Social Support System
    i. Unemployed, Loss of Business
    j. Visitors, Tourists, International, and newly located
    k. Language Barriers
    l. Helpers and Responders
    m. Locations for Deployment of Mental Health and Spiritual Care Responders
    n. Homes – Outreach, Surveillance

6. **Possible Locations for Deployment**

    a. Independent Living Homes, Assisted Living Facilities
    b. Mass Care Sites, Shelters, Family Assistance Centers
    c. Volunteer (Personnel) Processing Points, Volunteer Reception Center
    d. Multi-Agency Resource Centers, Disaster Recovery Centers
    e. Emergency Operations Center
    f. Meal, Food and Bulk-Distribution Sites
    g. Schools, Preschool and Daycare Facilities,
    h. Churches, Worksites
    i. Hospitals, Dept of Public Health, First Aid Stations
    j. Morgues, Mortuary
    k. Re-entry Checkpoints, Staging Areas
    l. Community Centers, Senior Centers
    m. Shopping Malls

VII. POST-INCIDENT PERIOD: RECOVERY (3 WEEKS TO 2 YEARS OR MORE)

Restoring sense of safety, provision of immediate physiological needs—food, shelter, clothing, and returning to a sense of normalcy—normal level of functioning prior to event.

1. Coordination and collaboration with available referral resources and services through the LTRC.
2. Identified mental health service providers and agency resources in the community [Table 3].

    a. Recommended or Evidence Based Trauma Treatment Approaches
    b. Trauma-Focused Cognitive Behavioral Therapy

        - Specialized Trauma Treatment
        - Specialized Grief and Loss Therapy
        - SITCAP (Structured Sensory Interventions of Traumatized Children, Adolescents and Parents)
        - EMDR (Eye-Movement Desensitization and Reprocessing)
        - Substance Abuse Prevention and Treatment
        - Client Casework Services for Chronic Mentally Ill
        - Psychopharmacology

3. Funding the Response and Recovery Efforts. Volunteer responders should understand that their service is as a volunteer and no remuneration or compensation may be available for their time. There are incidents that grants may be awarded or other donations collected for the long-term recovery and may include some compensation for therapy and other treatment services; however, this should not be presumed.

   a. FEMA Crisis Counseling Program Grant (must be Presidential Declared Disaster)
   b. SAMHSA Emergency Response Grants
   c. Missouri Department of Mental Health
   d. MOVOAD (Missouri Volunteer Organizations Active in Disaster)
   e. Long-Term Recovery Committee, Community Organizations Active in Disaster
   f. Community Foundation of the Ozarks
   g. Community Partnership of the Ozarks
   h. United Way

VIII. POST-INCIDENT PERIOD: EVALUATION AND MITIGATION

a. Conduct after-action reviews
b. Hot-wash activities – what worked…didn't work?
c. Lessons learned, what could be done better next time?
d. Identify gaps in services, allocation of resources
e. Make necessary revisions and remedies and prepare for next event.

IX. AUTHORITY AND REFERENCES

A. Disaster Mental Health and Spiritual Care Committee

a. Local, State, and Federal Resources (American Red Cross, Greene County Office of Emergency Management, Medical Reserve Corps—Show-Me Response, Missouri (MO) Department of Mental Health, MO Department of Health and Senior Services)
b. Public/Private Mental Health Providers and Agencies (Burrell Behavioral Health, Catholic Charities of Southern Missouri, Clarity Recovery and Wellness, Harmony House, Lost and Found, Ozarks Counseling Center)
c. Chaplains, Pastors, Church and Faith-based Organizations (Council of Churches)
d. Employee Assistance Programs
e. Schools, Universities (Drury University, Evangel University, Forest Institute, Missouri State University, Springfield Public Schools)
f. Hospitals and Health Care Agencies (Cox Health, Greene County Public Health Department, Lakeland Behavioral Health, Mercy, Ozarks Community Hospital)
g. Community Agencies, Volunteers, Community Emergency Response Teams (Community Partnership of the Ozarks, National Alliance on Mental Illness)

B. Resources

a. American Red Cross **http://www.redcross.org/take-a-class**
b. Behavioral Health Emergency Plan Template for Health Care Agencies. Missouri Department of Mental Health. **http://dmh.mo.gov/docs/diroffice/disaster/BHHealthCareTemplateFinal.pdf**
c. DeWolfe, D., PhD, 2000. Training Manual for Mental Health and Human Service Workers in Major Disasters, 2nd Edition. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. **http://www.samhsa.gov/dtac/FederalResource/Response/4Training_Manual_MH_Workers.pdf**

d. Disaster Mental Health Services: A Guidebook for Clinicians and Administrators. The National Center for Post-Traumatic Stress Disorder.
http://www.hsdl.org/?view&did=441325
e. Federal Emergency Management Agency, National Incident Management System
http://www.fema.gov/national-incident-management-system http://www.fema.gov/
f. Gist, R., PhD. 2008. Who Needs Help, Of What Sort Following Disaster: TSQ. Disaster Psychology. Homeland1.
http://www.homeland1.com/homeland-security-columnists/richard-gist/
g. Hermann, Jack, MSEd, NCC. 2005. New York State County Disaster Mental Health Planning and Response Guide.
http://www.omh.ny.gov/omhweb/countyguide/countyguide.pdf
h. Johnson County ESF-8 Public Health and Medical Services Annex
http://www.jocoem.org/files/docs/ESF-8MentalHealthFinal.pdf
i. Nebraska Mental Health All-Hazards Disaster Response and Recovery Plan; University of Nebraska Public Policy Center. Nebraska Department of Health and Human Services, 2012.
http://www.disastermh.nebraska.edu/files/currentplan/2012/appendices/CurrentPlan.pdf
j. Psychological First Aid, 2nd Edition. 2005. National Child Traumatic Stress Network. National Center for PTSD.
http://www.nctsn.org/content/psychological-first-aid
k. Schreiber, M., PhD. 2012. The PsySTART Rapid Mental Health Triage and Incident Management System. Center for Disaster Medical Services, Department of Emergency Medicine, University of California, Irvine School of Medicine.
http://www.cdms.uci.edu/pdf/psystart-cdms02142012.pdf
l. State of California Disaster Mental-Behavioral Health Disaster Response Plan. 2012.
http://www.cdmhc.org/CA_Disaster_Mental_Behavioral_Disaster_Response_Plan.pdf
m. State of New Jersey. Understanding the FEMA Crisis Counseling Program. 2012.
http://www.state.nj.us/humanservices/dmhs/disaster/resources/fema/
n. Substance Abuse and Mental Health Services Administration. Crisis Counseling Assistance and Training Program.
http://www.samhsa.gov/dtac/proguide.asp
o. U.S. Department of Health and Human Services. Mental Health All-Hazards Disaster Planning Guidance. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003.
http://store.samhsa.gov/shin/content/SMA03-3829/SMA03-3829.pdf
p. U.S. Department of Health and Human Services. Mental Health Response to Mass Violence and Terrorism: A Training Manual. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2004.
q. http://store.samhsa.gov/shin/content/SMA04-3959/SMA04-3959.pdf

C. Recommended Training Resources

a. Psychological First Aid
- American Red Cross (PFA and Fundamentals of Disaster Mental Health)
  http://www.redcross.org/take-a-class
- Missouri Department of Mental Health
  http://dmh.mo.gov/disaster/training.htm
- The National Child Traumatic Stress Network
  http://learn.nctsn.org/course/category.php?id=11

b. National Center for Critical Incident Stress Management
http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp
- Critical Incident Stress Management
- International Critical Incident Stress Foundation
  http://www.icisf.org/

c. National Organization for Victim Assistance
d. National Crisis Responder Credentialing Program
   http://www.trynova.org/help-crisis-victims/crisis-training/
e. National Incident Management System (NIMS)
   http://www.fema.gov/NIMS
   - Incident Command System
     http://www.fema.gov/incident-command-system
     http://training.fema.gov/EMIWeb/is/ICSResource/index.htm
   - National Disaster Response Framework
     http://www.fema.gov/national-disaster-recovery-framework
f. Other Trauma, Grief, or Disaster Mental Health-Related Training
   - Trauma Informed Care and Trauma Services
     http://www.samhsa.gov/nctic/trauma.asp

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CMHS Needs Assessment Formula

TABLE 1
Comparison of Disasters and Response and Recovery Needs

Type of Disaster Event	Impact	Services
Fire **Single-family Home** **Multi-family Apartments** **School, Workplace** **(without warning)**	Threat to safety, loss of life; loss of property and possessions; loss of sense of safety; separation from children, family and pets.	Shelter, food, water, clothing; Housing; Debris removal, Clean-up kits; Triage and Referral.
Aircraft Crash **Multi-vehicle Collisions** **Railroad Accident** **CBRNE** **(without warning)**	Threat to safety, loss of life; unfamiliar with local resources; uncertain time frame; exposure to or contaminated by hazardous materials.	Shelter, food, water; Family Assistance Center; Triage and Referral.
Mass Casualty Incident **Shootings, Bombings** **Riots, Acts of Terrorism** **(without warning)**	Threat to safety, loss of life; separation from family; world view and spiritual beliefs may be shaken; increased sense of vulnerability.	Shelter; Family Assistance Center; Triage and Referral.
Tornado **(very brief warning)**	Threat to safety, loss of life; loss of property and possessions; disrupted daily functioning – school and work; limited access to resources, home.	Shelter, food, water, clothing; Housing; Debris removal, Clean-up kits; Disaster Assistance Center; Triage and Referral.
Flood **(predictable, some warning)**	Threat to safety, loss of life; property damage; evacuated, displaced from home; indefinite time frame; exposure to hazardous environment.	Shelter, food, water, clothing; Housing; Debris removal, Clean-up kits; Disaster Assistance Center; Triage and Referral.
Earthquake, Sinkhole **(without warning)**	Threat to safety, loss of life; property damage; uncertain time frame; evacuated or displaced from home; disruption of routine – school and work.	Shelter, food, water, clothing; Housing; Debris removal, Clean-up kits; Disaster Assistance Center; Triage and Referral.
Wildfire **(some warning, time to prepare and evacuate)**	Threat to safety, loss of life; property damage; evacuated and displaced from home; exposure to hazardous environment; disruption of routine – school and work.	Shelter, food, water, clothing; Housing; Debris removal, Clean-up kits; Disaster Assistance Center; Triage and Referral.

TABLE 2
Coping and Self-Care Tips

Common Stress Reactions	Disturbing thoughts and images, flashbacks Confusion, disorientation Difficulty making decisions, not knowing what to do Low motivation, disinterest Feeling compelled to do more, increased energy Physical complaints – headaches, body and stomach aches, muscle tension Excessive tiredness, low energy, fatigue, sleep disturbance Numbness, disbelief, shock, blunted or flat emotions Hyper-vigilant – on the lookout, expecting something bad to happen Sadness, crying easily, fear, worry Anger, irritability Feeling guilty, self-blame, overly-responsible Regressing, going back to old behaviors – especially for children
What Helps	Connecting with family members, friends Engaging in positive activities, including the recovery efforts Moderate exercise, walking Getting adequate sleep, rest, personal time Maintaining routines, normal schedule Getting back to work, school Good nutrition, eating healthy foods, staying hydrated Taking time for yourself, take breaks from activities Talking with others, listening to others Using relaxation methods (breathing, meditation, prayer, soothing music) Journaling, writing or drawing Seeking, asking for help from others Using natural methods of coping, personal resilience
What Doesn't Help	Isolating, staying away from family members and friends Avoiding others or withdrawing from activities Using excessive alcohol or other drugs to cope Overeating or not eating Not participating in pleasant activities Working too much Excessive TV or computer games Risky behaviors (recklessness, spending too much money) Blaming others, anger outbursts, conflict with others Making excuses for careless behavior

TABLE 3
Community Mental Health Resources

Treatment Program/Agency	Services Offered
Burrell Behavioral Health 417-761-5555 http://www.burrellcenter.com/	24/7 Crisis Line, Outpatient Counseling, Psychological and Psychiatric Services, Client Casework, Emergency Residential, Disaster Response Team
Catholic Charities of Southern Missouri 417-866-0841 http://www.ccsomo.org/	Disaster Relief, Counseling Services, Casework
Clarity Recovery and Wellness 800-520-7758 http://clarityrecovery.org/	Substance Abuse Intervention, Outpatient Counseling, Residential Treatment
Cox Health 417-269-6891 http://www.coxhealth.com/	CISM, Inpatient and Outpatient Addictions Counseling, Inpatient Psychiatric, Outpatient Psychological and Counseling Services
Forest Institute 417-865-8943 http://www.forest.edu/	Outpatient Psychological and Counseling Services
Harmony House 417-837-7700 http://www.myharmonyhouse.org/	Emergency Shelter, Counseling
Lakeland Behavioral Health 800-432-1210 http://www.lakelandbehavioralhealth.com/	24/7 Crisis Line, Acute Psychiatric Inpatient and Residential Treatment
Lost and Found 417-865-9998 http://www.lostandfoundozarks.com/	Grief and Trauma Treatment for Children and Families
Mercy 417-820-2000 http://www.mercy.net/springfieldmo	Inpatient Psychiatric, Outpatient Psychological and Counseling
Ozarks Community Hospital 417-837-4000 http://ochonline.com/	Inpatient Psychiatric, Outpatient Psychological and Counseling
Ozarks Counseling Center 417-869-9011 http://ozarkscounselingcenter.org/	Outpatient Psychological and Counseling

TABLE 4
CMHS Needs Assessment Formula

Needs Assessment Formula. Using the CMHS Needs Assessment Formula, estimate the number of persons to be served in each designated area. Attach a CMHS Needs Assessment sheet for each designated area.

CMHS Needs Assessment Formula for
Estimating Disaster Mental Health Needs

This is an estimate for the following disaster area:____

Date of report:____________________ Completed By:____________________________________

Loss Categories	**Number of Persons**	**ANH*** Average Number of Persons per Household	**Range Estimated**	**Total**
Type of Loss	Number	Multiply by ANH	At-Risk Multiplier (Percent)	Number of Persons Targeted
Fatalities/Dead			100	
Hospitalized			35	
Non-hospitalized Injured			15	
Homes Destroyed			100	
Homes with major damage			35	
Homes with minor damage			15	
Disaster Unemployed			15	
Other loss – specify			10	
Other loss – specify			10	
Total estimated persons in need of Crisis Counseling Services				

From the Mental Health All-Hazards Disaster Planning Guidance, 2003. US Dept of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
http://store.samhsa.gov/shin/content/SMA03-3829/SMA03-3829.pdf