

## Behavioral Health & Emergency Preparedness

### Why address behavioral (mental) health in emergency preparedness?

A range of mental health and chemical abuse (behavioral health) problems may surface in the early stages of an emergency situation. These may continue to emerge among the public and among professionals who respond to an event. Some reactions include confusion, an inability to concentrate, anxiety, depression, phobias, sleep disturbance, panic disorders, acute or post-traumatic stress disorder (PTSD), suicidal behaviors, rage, and rigidity.

A study of federal declared disasters found that suicide rates increased after severe earthquakes, floods and hurricanes.

A 1999 study after the Grand Forks, North Dakota flood found:

- a 24% increase in domestic violence.

An Oklahoma City study found:

- at least six suicides of people directly involved with the bombing of the Murrah building;
- nearly half of the 182 building survivors had a post-disaster psychiatric disorder;
- One-third of the 182 survivors had post-traumatic stress disorder.

Studies post-September 11, 2001 found that in the United States:

- 90% of adults reported one or more symptoms of mental health problems to at least some degree;
- 44% reported one or more substantial symptoms of stress;
- 47% of children worried about their own safety or the safety of loved ones;
- a 24.6% increase in alcohol use.

### Pre-event behavioral health planning

Communities may not be adequately prepared to anticipate and care for the full range of behavioral health needs during and after an event. Questions to consider include:

- Who monitors the behavioral health of professionals who respond to an event?
- Do responders and others know how to identify behavioral health problems and how to intervene and make referrals to mental health services?
- How do we ensure the needs of the most vulnerable citizens are addressed (i.e., children, elderly, people with disabilities)?
- Do community members know where to go for behavioral health services?
- Will there be financial or other barriers to accessing behavioral health services?
- What can communities do now to reduce their vulnerability for behavioral health problems in the event of an emergency?

### A public health approach

A public health approach to emergency preparedness addresses the needs of the entire population, identifying high-risk populations, reducing risks and building on the strengths of individuals and communities. The Minnesota Department of Health is working regionally with hospitals, emergency services, public health, human services, schools, mental health providers, and community behavioral health resources to enhance Minnesota's behavioral health emergency preparedness.

More information is available on-line:

<http://www.health.state.mn.us/oep/responsesystems/behavioral.html> ; or contact Nancy Carlson, Behavioral Health Preparedness Coordinator at 651.201.5707, or at [Nancy.J.Carlson@state.mn.us](mailto:Nancy.J.Carlson@state.mn.us)



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