

WORLD TRADE CENTER BOMBING₂₀₁₁

State of Ohio's Emergency Management Newsletter

It Could Happen Here...

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Addressing Ohio Behavioral Healthcare Emergency and Disaster Needs

As evidenced by the April 15 Boston Marathon day bombing, there is always the threat of domestic and international terrorism. The trauma, fear and anxiety created by these events demand a state of perpetual readiness in addressing the physical, emotional and psychological needs of individuals, families, children and communities.

The bombing was a chilling reminder of nearly 12 years ago – the terrorist attacks of September 11, 2001. The trauma, fear and uncertainties returned, still clearly etched in the psyche and consciousness of many Americans. For some, the trauma of these events is short term and temporary; for others it may be permanent and lifelong. The trauma of a terrorist event affects everyone it touches: the victims, their families, onlookers, and the many emergency responders and rescuers.

We must be prepared to address these issues through an all-hazards approach to disasters and emergency preparedness that utilizes psychological first aid (PFA), crisis counseling. Additionally, we must support ongoing mental health awareness, education training, improved use of media and communication tools, appropriate level interventions, and collaborative planning strategies.

To address the behavioral health consequences of terrorist acts, the department and its collaborative partners are continuously working to develop plans and strategies to anticipate and meet Ohio's behavioral health needs.

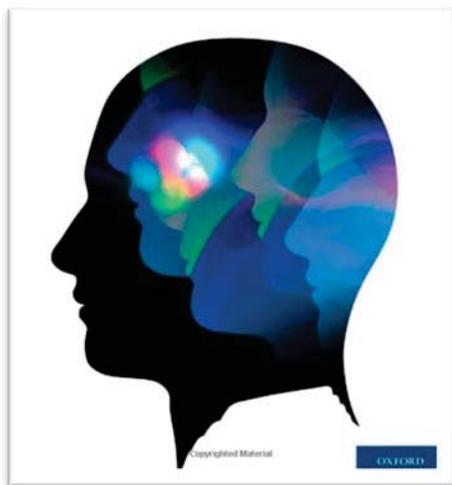
As a national leader in the delivery of behavioral health care, the Ohio Department of Mental Health has built systems of care that promote recovery, quality and the efficient use of resources. This infrastructure has served well in responding to the many natural disasters that have occurred in Ohio. For example, clinicians providing community care form a natural talent pool of crisis responders who have capably responded to Ohio floods and tornadoes. This infrastructure provides the state with a sound foundation on which to begin addressing needs in an environment that now includes terrorists and bio-terrorist events.

Because the events of September 11 and April 15 were planned and deliberate acts that killed and maimed thousands, many people were left feeling vulnerable, threatened and unsafe. These scenarios make us all potential victims. An approach of collaboration and statewide partnership is needed to promote readiness, recovery and resiliency while mitigating long term impacts to our communities.

An All Hazards Approach to Emergency and Disaster Preparedness

In partnership with local communities behavioral health boards, provider and state agency partners (some of which include state emergency management agency, department of public safety, health department, education, substance use and others), our mutual goals are to enhance state preparedness, resiliency and increased capacity to plan for, respond to and recover from catastrophic disaster, emergencies and terrorist events.

An all hazards approach encompasses all type disasters and emergencies, whether naturally occurring (floods, tornadoes and severe storms) or man-made terrorist events such as chemical, biological, radiological, nuclear (CBRN) or explosive incident. In an emergency, a range of acute psychosocial interventions, and longer-term mental health and substance use services are provided and made available through the behavioral healthcare emergency responders system to adults, children, emergency responders, health care workers and others impacted by these natural or man-made catastrophic events.



Psychological First Aid (PFA) and Crisis Counseling

Psychosocial interventions support individuals' rapid return to functioning and reintegration to the community. With a focus on crisis and short term acute interventions, behavioral health disaster and emergency services seek to address crisis and acute care needs.

This focus encourages the use of Psychological First Aid (PFA) and crisis counseling, which provide supportive intervention for the immediate aftermath of traumatic crisis events. PFA is an evidence-informed approach designed to reduce the initial distress caused by traumatic events and helps foster short and long term adaptive functioning and coping skills. This approach does not assume that all individuals will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on experiential knowledge in disasters that those who have been impacted by traumatic events experience a wide range of early reactions

(for example: physical, psychological, behavioral, and spiritual). Interventions may range from incident-specific technical education linked with psycho-education to group or one-on-one acute psychological interventions.

Longer term care refers to those interventions that extend beyond the acute interventions, and may require full diagnostic evaluation, treatment plan and consistency of treatment provider. In order to support these services, training and education of behavioral healthcare responders and volunteers are essential. Trainings should focus on addressing the immediate behavioral health needs of victims, families, responders and others impacted while planning for the longer term needs of those who are may be more severely traumatized by these events. These trainings will continue as the state builds a cadre of trained professionals and volunteers prepared to respond as needed in disaster events.

Increased Behavioral Health Training and Visibility

Finally, we must continue to increase the visibility of behavioral health participants and authorities in drills and exercises conducted by or in coordination with federal, state and county emergency management partners. These drills and simulated events are essential to preparedness. This enhanced role of behavioral health leadership improves the emergency and disaster preparedness of our state and exemplifies the increasingly relevant and essential role of behavioral health in emergency and disaster response.

We look forward to continuing collaboration, support and partnerships for improved behavioral health emergency and disaster services.

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