HEALTHPLAN - Mental Health Services Supporting Plan

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Functional Sub group: Corporate Administration - Governance
Clinical/ Patient Services - Critical care
Clinical/ Patient Services - Incident management
Population Health - Disaster management

Summary: This plan is the NSW Health Mental Health Services Supporting Plan to the NSW Health Services Functional Disaster Plan (NSW HEALTHPLAN) developed pursuant to the State Emergency and Rescue Management Act 1989 (as amended). This plan outlines the agreed roles and functions for the mental health services component of NSW Health being one of the five major contributing health service components that constitutes a whole of health response incorporating an all hazards approach.

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Audience: Chief Executives, LHD Functional Area Coordinator, Disaster Coordinators, all staff

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NSW HEALTH MENTAL HEALTH SUPPORTING PLAN TO NSW (HEALTHPLAN)

PURPOSE

The attached plan is the NSW Health Mental Health Services Supporting Plan to the NSW Health Services Functional Area Disaster Plan (NSW HEALTHPLAN) developed pursuant to the State Emergency and Rescue Management Act 1989 (as amended).

This plan identifies the emergency management arrangements necessary for the coordination of mental health services at State level when HEALTHPLAN is activated in response to a range of Emergency situations.

The arrangements in this plan will also provide guidance for the preparation of the Local Health Districts.

KEY PRINCIPLES

The plan outlines the agreed roles and functions for the mental health services component of NSW Health being one of the five major contributing health service components that constitutes a whole of health response incorporating an all hazards approach.

The plan identifies recommended actions under four emergency management phases: Prevention, Preparation, Response and Recovery. Actions under the Prevention and Preparation phases are recommended to be carried out on a continual basis. Actions under the Response and Recovery phases are recommended to be carried out once the Mental Health Services Supporting Plan has been activated by the State Health Services Functional Area Coordinator (HSFAC).

USE OF THE GUIDELINE

Responsibilities of key parties are detailed in Part Two of the Mental Health Services Supporting Plan. The plan should be communicated to those with roles and responsibilities under this plan and the HEALTHPLAN.

REVISION HISTORY

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<td>July 2012</td>
<td>Deputy Director-General Strategy and Resources</td>
<td>New guideline issuing the Mental Health Support Plan</td>
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ATTACHMENTS

1. NSW Health Mental Health Services Supporting Plan to HEALTHPLAN
NSW HEALTH
MENTAL HEALTH SERVICES
SUPPORTING PLAN TO
NSW HEALTHPLAN

February 2012
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The New South Wales Health – Mental Health Services Supporting Plan has been prepared as a supporting document to the New South Wales Health Services Functional Area Plan (HEALTHPLAN) to inform and assist in the coordination of mental health resources in the event of health emergencies.

ENDORSED

State Mental Health Controller
NSW Health
Dated: 19.4.2012
AMENDMENT LIST

This document will be updated regularly. Proposals for amendment or addition to the contents of the, The NSW Health – Mental Health Services Supporting Plan to NSW HEALTHPLAN are to be forwarded to:

State Mental Health Controller
Mental Health and Drug & Alcohol Office
NSW Health Department
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

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DEFINITIONS

See HEALTHPLAN

DEFINITIONS RELEVANT TO MENTAL HEALTH

ABC model
Assessment of client's level of arousal, behavioural disturbance and cognitive functioning.

Acute decompensation
A loss of touch with reality with an inability to perform basic cognitive processing functions.

ASD
Acute Stress Disorder. Set of responses commonly observed in the first few days-weeks following a trauma or disaster. See DSM-IV for diagnostic criteria.

CBRN
Chemical/ Biological/ Radiological/Nuclear threat or attack. These forms of attack have significant implications for mental health of rescue workers and the community.

CISD
Critical Incident Stress Debriefing
CISD is a formalised, structured method of group review of the disaster conducted in the first few days (48-72 hours post-event). It was developed for disaster workers and emergency personnel and may be helpful as a stress management process. However, it has not been established as preventing more severe consequences. It is not appropriate for everyone and should never be mandatory. In some cases it has been found to be harmful.

Debriefing
A term historically used to describe immediate early intervention with those affected by trauma/disaster. Recent empirical findings have cautioned against the routine application of this approach. The term is still commonly used to describe preparatory briefings or follow-up debriefings for rescue and support workers.

Psychological debriefing refers to a less formalised process of debriefing than CISD and includes education and review processes. There is often a positive focus on resilience and coping strategies. There is no systematic research for psychological debriefing as an operationalised intervention, nor for clear differentiation from CISD.

Operational debriefing is a routine process for emergency organisations and can provide an effective mechanism for reviewing the experience.

First Level Early response
This entails 'Safety, Security, Survival' and 'Psychological First Aid'.
Mental Health Staff
This document applies to mental health staff employed in NSW mental health services. It is acknowledged that there are many others in community health and public hospital services that provide Psychological First Aid and referral to specialist care as part of any disaster response involving health services. Mental health services should liaise regularly with allied health and nursing services that are engaged in psychosocial support and work collaboratively with services in the delivery of the health response in a disaster or major event.

Psychological First Aid
Encompasses a range of processes that may be provided by first responders. These include: 'do no harm', active and compassionate support, triage for those with acute decompensation, keeping families/social groups intact, facilitating reunion with loved ones, providing accurate and clear information, and protection from further harm. This first level early intervention is supported by comprehensive empirical findings and international consensus.

PPRR
Prevention, Preparedness, Response and Recovery.

PTSD
Post Traumatic Stress Disorder
A term used to describe a group of responses that may be disabling in both the short and longer term. Only experienced by a small percentage of the population. (Refer DSM-IV for diagnostic criteria).

Triage
In a mental health context triage may involve judgements relating to cognitive functioning, judgements related to risk to self/others. The ABC model can be used to assist: for those whose levels of arousal are threatening to self/others; those behaviourally disturbed to a significant degree; those with ongoing cognitive impairment (dissociative or organic states that may threaten safety or function). Systems must be in place for those who become acutely psychotic and need to be transferred to immediate care. Triage may also assist in identifying those at higher risk for subsequent follow-up.

ABBREVIATIONS
SEE HEALTHPLAN
PART ONE – INTRODUCTION

GENERAL

Authority

101 The Mental Health Services Supporting Plan provides additional information to HEALTHPLAN in the coordination of the Emergency Mental Health Response.

102 The plan details the emergency management arrangements adopted by NSW Health Mental Health and Drug & Alcohol Office (MHDAO) to ensure a coordinated mental health response to and recovery from major health emergencies under HEALTHPLAN.

Structure

103 NSW HEALTHPLAN identifies the primary role for the mental health services component of NSW Health as that of coordinating a response for the prevention, preparation, emergency response and subsequent recovery from the impacts of an emergency.

104 The paramount position holder concerning mental health services emergency operations is the State Mental Health Controller. The State Mental Health Controller reports to the State Health Services Functional Area Coordinator (State HSFAC). Local Health District (LHD) responses are coorindated by the LHD HSFAC.

GOVERNANCE ARRANGEMENTS WHERE HEALTHPLAN IS ACTIVATED UNDER DISPLAN
Scope

105 The arrangements and principles outlined in the Mental Health Services Supporting Plan may be activated independently. However the role of the State Mental Health Controller in mobilising and coordinating mental health resources is effective only when HEALTHPLAN is activated.

106 The arrangements provided in the Mental Health Services Supporting Plan are also at the local level in support of LHD Health Plans. The LHD HSFAC coordinates the LHD Health response.

Related Plans

107 The Mental Health Services Supporting Plan should be read with the following plans:

   a. Disaster Mental Health Manual 2011
   b. NSW State Disaster Plan (Displan)
   c. NSW HEALTHPLAN
   d. Ambulance Service NSW State Major Incident / Disaster Plan (AMPLAN)
   e. Medical Services Supporting Plan
   f. Public Health Standard Operating Procedures
   g. NSW Health Influenza Pandemic Action Plan
   h. Health Communications Guidelines

Aim

108 The Mental Health Services Supporting Plan identifies the emergency disaster management arrangements necessary at State level for the coordination of the mental health services component of a whole of Health response including the supplementation of resources when HEALTHPLAN has been activated.

109 The Mental Health Services Supporting Plan also identifies NSW Mental Health response systems, responsibilities, and required actions in the event of an emergency; to set in place processes necessary to fulfil mental health requirements for recovery and to identify longer term strategies.
PHASES OF EVENT RESPONSE

110 The Mental Health Services Supporting Plan informs mental health service staff of their roles and responsibilities in each phase of emergency management.

Prevention Phase

111 Prevention (mitigation) measures are designed to avoid (or reduce) the potential impact of emergencies in the community.

112 The State Mental Health Controller will contribute to mitigation, with advice on reduction of risk via evidenced-based recommendations. These could include information relevant to engaging individuals, families and communities in prevention / mitigation strategies which are effective and which do not unduly increase anxiety. He/she will advise on prevention strategies for individuals to build resilience and coping strategies to prevent adverse consequences as well as community capacity building interventions such as strengthening partnerships with relevant community agencies, the development of service networks and establishing pathways to mental health advice and support that can be activated as required.

Preparation Phase

113 This phase involves considering and planning for mental health issues which need to be incorporated in any response, ensuring that staff and resources are available for effective response in line with other agencies, appropriate training and best available evidence.

114 This will involve ensuring adequate numbers of staff to provide a spectrum of prevention, early intervention, treatment and rehabilitative interventions. These guidelines should be well exercised alongside general health response exercises and strengthened through evaluation.

Response Phase

115 This phase requires the mobilisation of mental health personnel as part of the health response who are trained and skilled to provide emergency response as needed alongside other health and emergency agencies. In the first instance the LHD HSFAC will mobilise health resources from within the LHD. If the event requires a multi area or statewide response, the resources will be coordinated by the State Mental Health Controller at the direction of the State HSFACs.

116 There will be strong links within LHDs between mental health personnel and hospital and emergency department staff.

117 The response phase involves provision of support, advice and mental health expertise as required; assessment of current and potential mental health needs in the immediate, intermediate and longer term and establishment of documentation and monitoring processes.

118 Identification of high risk/high need individuals and groups, and prevention, early intervention and treatment interventions to meet their needs. This will deal with mental health impacts of stressors including trauma, loss,
dislocation, searching for missing family and friends, impact of human malevolence, chronic stressors including those of resource loss. It will address pre-existing vulnerabilities, supportive networks, community and societal response and recognition, empowerment strategies, positive expectations for resilience and recovery; while providing for those in need, and will be guided by the available evidence.

119 Key issues will be managed by the State Mental Health Controller in a major emergency, or at a LHD level for a more localised incident, with support from State Mental Health Controller as required.

120 For Mental Health, this phase will involve mobilisation of Mental Health resources including:
   a. Specialist mental health advisory group, as determined by the NSW Health Mental Health Controller;
   b. Linkage to information and communication agencies to provide advice;
   c. Mental Health consultation and advice and access to specialised mental health services for welfare and emergency agencies involved in the response;
   d. Psychological First Aid, triage and emergency mental health assessment and care if required, either at evacuation or recovery centres, or at another site determined by the LHD HSFAC in consultation with the NSW Health Emergency Management Unit, Office of the State HSFAC.
   e. Support for affected or responding systems, eg. school, workplace, emergency response provider systems;
   f. Managing the transition from the response to the recovery phase;
   g. The NSW Department of Forensic Medicine coordinates and provides counselling support for the Disaster Victim Identification process, in conjunction with LHDs. The Department of Forensic Medicine, as part of the Chief Health Officer’s portfolio, provides the following services to the State Coroner:
      a) Disaster Victim Identification
      b) Autopsies as directed by the NSW Coroner
      c) Delivery of bereavement support services
      d) The Coroner and NSW Police investigate the factors which may have caused/contributed to the disaster.

Recovery Phase

121 This phase involves the role of mental health services and response systems in returning the affected individuals, families and communities to functioning, to the extent possible. It will involve prevention and treatment strategies informed by the best available evidence. It will usually commence at the same time as the response phase. It will be informed and delivered in strong partnership and collaboration with other recovery agencies such as The Department of Human Services, Community Services (Community Services): There will be positive expectations of recovery and active engagement of individuals, families or communities in the recovery process, with a smooth transition from emergency to recovery and return to functioning for individuals and the community.
There will be provision for documentation, review, monitoring, supervision and identification of emerging needs.

For mental health, this phase will involve mobilisation of Mental Health resources including:

a. Mental health staff to assess and deliver appropriate mental health care for those at high risk or with established need, while providing support and advice to recovery systems.
b. Supervision, review and monitoring of services delivered by specialist mental health providers with appropriate expertise.
c. Education, consultation, support and referral systems for other health, non-government, GP and community providers, with respect to mental health elements of recovery.
d. Continuing delivery of mental health services to the community, including responding to the mental health impacts of the disaster with current clients.
e. Participation in operational review and debriefing to inform future prevention, preparation and response planning.

PRINCIPLES

The following principles apply:

a. Mental Health emergency response should provide consultative support and where appropriate prevention and treatment services informed by best available evidence and consensus;
b. Mental health emergency response will be implemented in partnership and collaboration with other key agencies in emergency and recovery but will be clearly identified as a component of the health response. There will be strong links within LHDs between mental health personnel and major hospitals and emergency departments. The five Health Controllers will report to the LHD HSFAC on disaster response activity;
c. Mental health response will occur at appropriate levels in the emergency and recovery phases, linking to relevant interagency frameworks to deal with complex, dynamic and protracted processes;
d. Operations will be conducted and managed at the local level of region or area, with support from state-wide resources should local resources be overwhelmed;
e. Mental health service management arrangements recognise the need to plan for surge requirements and sustainability of response;
f. Core mental health services will be maintained throughout the state during an emergency. Consumers with pre-existing psychopathology will continue to require and receive prioritised services with special attention to those with increased
psychopathology in response to the event, previous clients who represent, and new clients;

g. Mental health will participate with other agencies in training programs and exercises so as to ensure an effective response for NSW;

h. Mental health services are provided in a timely, fair, equitable and flexible manner, with a focus on those with the highest level of need. However, the provision of mental health services in an emergency may involve a change in normal priorities to ensure the greatest good for the greater number;

i. Training programmes and exercises support the effective response of mental health personnel;

j. Mental Health Services may provide support to Emergency Personnel including advice on normal response; Psychological First Aid and mental health consultation during operational briefings or debriefings.

k. Intake documentation, clinical record keeping (a clinical log) and data collection are essential components of the mental health response
PART TWO – ROLES AND RESPONSIBILITIES

State Mental Health Controller

201 The State Mental Health Controller is one of the five major contributing health service components that constitute the whole of health response incorporating an all-hazards approach.

202 The State Mental Health Controller reports to NSW State Health Service Functional Area Coordinator (State HSFAC) during the time HEALTHPLAN is activated and should be available for mobilisation at all times and when absent / off duty, should have a nominated readily available appointee to take his or her place.

203 The State Mental Health Controller is responsible for the preparation and implementation and evaluation of the mental health response which is formulated in the Mental Health Service Supporting Plan.

204 The State Mental Health Controller is responsible for:
   a. controlling all mental health resources in NSW which are needed to respond to an emergency;
   b. ensuring that core mental health services throughout the State are maintained during an emergency;
   c. overall planning, activation, direction and control of the mental health response during the emergency and in the recovery phase as part of the health response;
   d. the provision of technical and clinical management advice on mental health issues during an emergency and in the recovery phase as part of the health response
   e. Collaboration and liaison with relevant government agencies, and recovery and welfare NGOs

Mental Health Services

205 Mental Health Services are responsible for:
   a. A coordinated mental health response for prevention, preparation, emergency response and subsequent recovery for mental health aspects of an emergency under HEALTHPLAN; and
   b. Consultation and liaison with key support agencies with particular support and interventions provided to support the welfare agencies under the auspices of Community Services, schools and general practitioners. Specialist assessment, intervention and the establishment of pathways to clinical care as required for persons both directly and indirectly affected (including survivors, emergency responders and the bereaved).

Local Health District Resource Management

206 As stated in HEALTHPLAN, LHDs through the State Mental Health Controller will provide personnel for Health Response Teams when requested by the State HSFAC in consultation with the LHD HSFAC(s).
The strategic presence of mental health personnel enables rapid assessment and timely management of those who may be experiencing acute psychiatric reactions or be at risk of developing psychopathology which may lead to complex morbidity and occasionally mortality. This may include the mobilisation of mental health response teams for deployment to other jurisdictions.

207 The State Mental Health Controller will liaise with the Area HSFACs to ascertain the need for the provision of personnel for response teams whose composition will be dependent upon the circumstances of the emergency including (but not limited to):

a. Mass Casualty Incidents (External Emergency Response);

b. Displaced Communities/Evacuation Centres (External Emergency Response);

c. CBR Incidents (Internal Emergency Response);

d. Mass Gatherings (External Emergency Response);

e. Major Trauma Incidents; and

f. To support hospital/ institution receiving large numbers of casualties, in collaboration with Area Social Workers.

208 Community Services is responsible for coordinating the welfare response to an emergency which includes the establishment of evacuation centres to temporarily house, feed and clothe emergency evacuees. NSW Health and the Mental Health and Drug & Alcohol Office will work in close cooperation with Community Services to provide consultation, emergency mental health treatment and psychiatric assessment, intervention and follow-up for evacuees and those at high risk.

209 When HEALTHPLAN is activated Mental Health Services will report through their relevant LHD HASFAC. In this event, Mental Health personnel will be required to provide assistance as part of a LHD response to a major or traumatic event.

210 LHDs will ensure the skill set for mental health personnel is maintained through the provision of training that meets approved state, national and international standards.

211 Up to date staff rosters will also be maintained by the LHD Mental Health Controller to ensure skilled mental health personnel are available at all times for an emergency response.

Internal Plans for Internal Emergencies

212 All LHDs are required to develop and maintain internal emergency response plans for internal emergencies.

Internal Plans for External Emergencies

213 All LHDs are required to have internal plans to respond to external emergencies. Each LHD is required to have a LHD Mental Health Services Supporting Plan. LHDs may wish to adapt this document and add their own contact lists and resources.
External Plans for External Emergencies

214 Resources requested may include mental health personnel to assess and manage people in need of immediate intervention or supervision. Personnel may be requested to provide on-site support to other responding agencies.

215 Personnel employed by a LHD should consult with their LHD Mental Health Controller if they are to deploy in an emergency response as part of a military or humanitarian effort in order to ensure the effective management of the Area resources (both material and personnel).

Justice Health

216 Justice Health provides health care in a complex environment to people in the adult correctional system, juvenile detainees, to those in courts and police cells. This is provided in partnership with Corrective Services New South Wales and Juvenile Justice New South Wales.

217 In the event of a local emergency involving or impacting on a correctional/detention centre, a Senior Corrective Services New South Wales/Juvenile Justice New South Wales representative becomes the Site Commander and liaises with the Justice Health HSFAC regarding the health response. Issues of relevance will entail liaison with the State Mental Health controller.

218 In the event that an internal emergency within a correctional/detention centre escalates to require a whole of government response, the provision of emergency health services to inmates and detainees in a custodial setting will be coordinated by the State HSFAC through the Justice Health HSFAC under the direction of the State Emergency Operations Controller (SEOCON). Issues relating to mental health care will be directed to the State Mental Health Controller.

219 In the event of an external emergency requiring resource support from or for Justice Health, this will be co-ordinated under the direction of the SEOCON by the State HSFAC through the Justice Health HSFAC. Issues relating to mental health care will be directed to the State Mental Health Controller.

Supporting and Participating Organisations

220 Mental Health Service response should be aware of, supportive to, and interactive with the Disaster response and Resilience Research Group, School of Medicine, University of Western Sydney and other organisations as detailed in HEALTHPLAN.

221 Mental Health Services should support the recovery work undertaken by Community Services by regular liaison and clear access to mental health care for those who may present in the months following a major event or disaster. Mental health services should provide consultation and be responsive to mental health issues affecting Emergency Service Organisations, recognising that these needs are addressed through their own support services, eg. chaplains, employee assistance or their
specialist mental health liaison services, with respect to the disaster impact.

Other Organisations
222 These include Centrelink; and Victims Counselling Services (NSW Attorney General's Department).

223 Response and recovery may also entail liaison with community clinicians such as General Practitioners (GPs), and private practitioners such as Psychiatrists, Clinical Psychologists and Social Workers. Liaison and referral to these practitioners must be contingent upon membership of their professional body and proven expertise and experience in the area of trauma recovery, grief and bereavement.
PART THREE – COORDINATION

CONTROL STRUCTURE

Key Appointments

301  State Mental Health Controller and LHD Mental Health Controllers for each LHD.

State Mental Health Controller

302  The State Mental Health Controller supports the State HSFAC and will control and co-ordinate all mental health resources required during an emergency in consultation with the relevant LHD HSFAC. (See part two – roles and responsibilities).

LHD Mental Health Controller

303  The LHD Mental Health Controller will be appointed for each LHD and in most cases will be the LHD Mental Health Director. LHD Mental Health Controllers will provide support for their respective areas reporting to the LHD HSFAC and the State Mental Health Controller. All LHD Mental Health Controllers will have an appointed Deputy who will be available when the Controller is not. The Deputy is appointed by the LHD Mental Health Controller.

NSW Health Control Structure

304  When NSW HEALTHPLAN is activated, the State HSFAC will appoint a Health Commander at the site.

305  The Health Commander may come from any of the health service areas depending upon the emergency. Additional commanders will be deployed to control various aspects of the health response.

State Mental Health Controller

306  The State Mental Health Controller (or in the event of a local incident, the LHD Mental Health Controller) will coordinate Mental Health Responses with respect to the site and the State Health Services Disaster Coordination Centre (HSDCC) as appropriate to the particular incident and the requirements delineated by the State HSFAC at the State HSDCC or the Health Commander of the site.

307  The State Mental Health Controller or delegate will attend the State HSDCC to provide necessary input into the emergency response and to identify extent of the emergency with implications for subsequent mental health requirements.
308 It will be the responsibility of the State Mental Health Controller to maintain this supporting Plan and to ensure trained and skilled personnel are available for the emergency response; that there is a basis for systematic assessment of emergency and subsequent mental health need; and that mental health expertise is available as required to support other areas of response. Liaison with LHD Mental Health Controllers will aid the integrity of the Mental Health Services Supporting Plan.

COORDINATION

Liaison

309 Liaison and cooperation between the emergency services organisations and the NSW Health Service function is essential. This is achieved through:

a. Liaison with health representative(s) on State/District Emergency Management Committees. The LHD Mental Health Controller should liaise with the LHD HSFAC regarding appropriate representation on Local emergency management Committees.

b. Liaison with other States and Territories via the Commonwealth Department of Health and Ageing in addition to National Expert Working Parties in Disaster and Trauma Response.

c. Appointment of Health Liaison Officers to the Emergency Operations Centres at the direction of the State and/or LHD HSFAC.

310 It is the role and responsibility of the State Mental Health Controller to provide for mental health resource requirements in consultation with relevant systems of authority, with LHD Mental Health services and with other mental health resources within this framework of authority. The State Mental Health Controller will also link with appropriate liaison services in terms of local, state and national and emergency operations. The State Mental Health Controller will report to the State HSFAC on the State Mental Health response.

PLANNING

311 Elements of mental health planning include:

a. Coordination via the NSW Health Disaster Mental Health Advisory Group chaired by the NSW Health State Mental Health Controller.

b. Coordination of Emergency Response including consultation, advice, specialist mental health team/s, Psychological First Aid, triage, support for families with deceased or missing members and linkages to Forensic Counselling.

c. Provision for documentation, review, monitoring, oversight, supervision and identification of emerging need and progress through transition from emergency, recovery and return to functioning, for individuals and the community.
d. Participation in organisational / operational review or debriefing to provide learning to inform further response and provision of reports.

ACTIVATION

312 HEALTHPLAN can only be activated by the State HSFAC or delegate. Activation may be as a result of:

a. A request from the State Emergency Operations Controller for health support;

b. A request from the Health Emergency Management Committee; or

c. A health emergency.

Stages of Activation

313 There are four recognized stages of activation for HEALTHPLAN:

a. ALERT. On receipt of notification of a situation, which could escalate, or which may require the co-ordination of resources and support;

b. STANDBY. On receipt of information that a major incident/disaster is imminent and may require deployment of personnel and resources;

c. CALL OUT. On receipt of information that a major incident/disaster has occurred and there is a requirement for deployment of personnel and resources;

d. STAND DOWN. State level operations are no longer required.

COMMUNICATION

314 Note that where HEALTHPLAN is activated decisions regarding attendance of mental health personnel at a disaster site should be made between the State HSFAC and the State Mental Health Controller. Local emergencies will require that the LHD Mental Health Controller communicate with the LHD HSFAC.
PART FOUR – ADMINISTRATION AND TRAINING

GENERAL
401 Responsibilities for the administration of LHDs Functional Area Plans rest with the Chief Executives and are reflected in their performance agreement.

402 LHDs are to develop specific plans reflecting the HEALTHPLAN arrangements. Mental Health is included in this.

LOGISTICS SUPPORT
403 Whenever possible, normal procedures for the acquisition of health service goods and services are to be utilised. Should assistance be required it should be requested through the State HSFAC. Mental Health is included in this.

REVIEW, TESTING AND EVALUATION
404 The Mental Health Services Supporting Plan is to be reviewed and / or updated by the NSW Health Disaster Mental Health Advisory Group every 2 years or at the direction of the State Mental Health Controller.

TRAINING
405 Mental health education and training is essential to ensure a coordinated response in the event of plan activation. The education and training will be tailored to each component of the plan in accordance with minimum competencies as defined by the NSW Health Disaster Mental Health Advisory Group, in collaboration with the State Mental Health Controller. A mental health representative sits on the Health Disaster Education Advisory Committee to provide input.

406 Each Area Mental Health Service will provide training to ensure adequate numbers of trained personnel and that there are personnel of all required levels of competence.

407 A central register of trained mental health personnel will be maintained by each LHDs in collaboration with State and Area District Mental Health Controllers. This will include training levels and recency of updates.
Skills Training

408 Training is required for those personnel who may be needed to perform specific skills in unusual and difficult circumstances in the pre-hospital / emergency environment including (but not limited to):

a. Command, Control, Coordination and Communications;
b. Triage;
c. Clinical assessment and interventions;
d. Emergency Services Roles and Responsibilities;
e. Treatment and Transport;
f. Leadership;
g. Documentation;
h. Mental Health Aspects of Disasters; and
i. Public Health Aspects of Emergencies.

409 Key skills training for mental health personnel will follow national guidelines and will be in accordance with standardised systems of accreditation. Key criteria will be defined under the guidance of the State Mental Health Controller and in consultation with the NSW Health Disaster Mental Health Advisory Group.

Skills Acquisition and Maintenance

410 Skills must be regularly rehearsed and continually practiced to maintain proficiency and should be linked wherever possible to planned exercises and disaster scenarios. Mental Health Services should participate in whole of health exercises.

Validation of Training

411 Training should be validated for both its effectiveness and efficiency as indicated below:

a. Efficiency: Training is efficient when a satisfactory number and proportion of trainees meet the requirements of the training objectives for the least cost;
b. Effectiveness: Training is effective when it prepares the trainees to perform the desired standard.

412 The NSW Health Disaster Education Advisory Group is responsible for providing a State-based training framework to ensure uniformity of training across the LHDs.
The Area Mental Health Controller is responsible for ensuring training is provided to mental health staff in disaster mental health response. Training packages developed by individual LHDs should be reviewed by the NSW Health Disaster Education Advisory Group and the NSW Health Disaster Mental Health Advisory Group to ensure conformity with the State-based training framework.

EXERCISES

Training exercises, including a schedule of regular desktop exercises should be implemented as a means of validating emergency management plans and arrangements reinforcing and testing the training program.

Exercise objectives will need to be realistic and consistent with the training objectives to be tested and should address the following three components:

a. performance required from exercise participants;

b. conditions under which this performance will be tested; and

c. performance standards to be achieved.

EQUIPMENT

Mental Health staff participating in a disaster mental health response will require their workplace identification, health tabards and a supply of emergency mental health intake forms (for use in a disaster mental health response only).