Law and the Public's Health

This installment of *Law and the Public's Health* examines how the law shapes and influences prevention, care, and management of mental and behavioral health conditions before, during, and after major emergencies that affect the population's health. The authors bring an important focus to issues affecting not only residents exposed to emergency conditions, but also emergency responders and health workers.

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MENTAL AND BEHAVIORAL HEALTH LEGAL PREPAREDNESS IN MAJOR EMERGENCIES

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In this installment of *Law and the Public's Health*, we assess the U.S. legal environment underlying the identification, accommodation, response, and treatment of mental illnesses and behavioral conditions before, during, and after major emergencies. Following a background and overview, we discuss implications for public health policy and practice.

BACKGROUND

Public health emergencies and disasters are often defined by their impact on human health. The 2010 Haiti earthquake, one of the worst natural disasters in global history, had a staggering impact on human morbidity and mortality. More than 230,000 individuals perished from the earthquake itself,¹ thousands more died waiting to be treated for their injuries, and a multitude of survivors face disabling physical impairments.² In a country of abject poverty and dysfunctional health services, the physical plight of Haitians constitutes a health emergency necessitating international response efforts. Other natural disasters such as the 2004 Asian tsunamis and the 2005 Hurricane Katrina in the U.S. displaced hundreds of thousands of people and caused billions of dollars in damage. Entire economic and social centers were destroyed.³ Although the 2009/2010 H1N1 influenza pandemic did not damage the built environment, it did affect millions globally, causing or

contributing to thousands of deaths among children, young adults, and others who do not typically succumb to seasonal influenza.⁴

The physical effects of large-scale emergencies are a consistent and deserved focus of emergency preparedness and response efforts. However, a hidden epidemic of mental and behavioral health threats will linger among affected populations for years, exacerbated by the extreme loss of life, environmental destruction, and diminutions in socioeconomic status.⁵ Invisible, unspoken, and unacknowledged in many cultures,⁶ mental and behavioral health conditions are pervasive during and after major emergencies. These conditions arise among those previously unaffected (e.g., posttraumatic stress disorder) as well as among individuals with existing, clinically diagnosed mental illnesses. Frontline responders, health-care workers (HCWs), and mental health counselors may also be challenged emotionally by their response efforts.^{7,8}

Addressing mental and behavioral health needs associated with emergencies is a crucial element of individual, community, and societal health and productivity. Public health emergency planning, mitigation, and response efforts must increasingly consider the mental health effects of natural disasters, pandemics, and other catastrophic events.

MENTAL AND BEHAVIORAL HEALTH PREPAREDNESS: PLANNING, MITIGATION, AND RESPONSE

Numerous laws and policies are relevant to the detection and treatment of mental and behavioral health conditions among emergency survivors and their families, public health practitioners, HCWs, and others. Our assessment of mental health legal preparedness focuses on vulnerable populations, namely (1) people with