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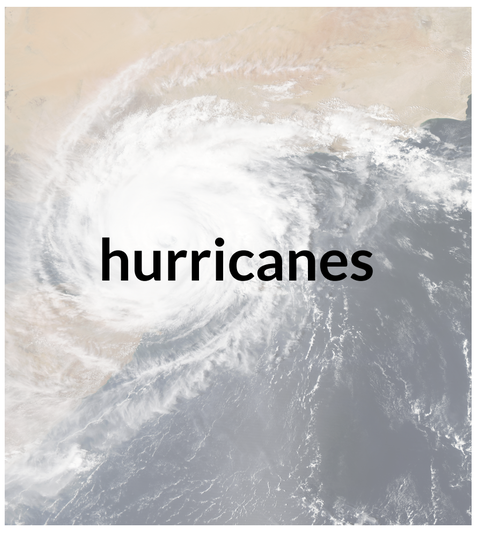
Mental Health Response to Disasters

Disaster Response Overview

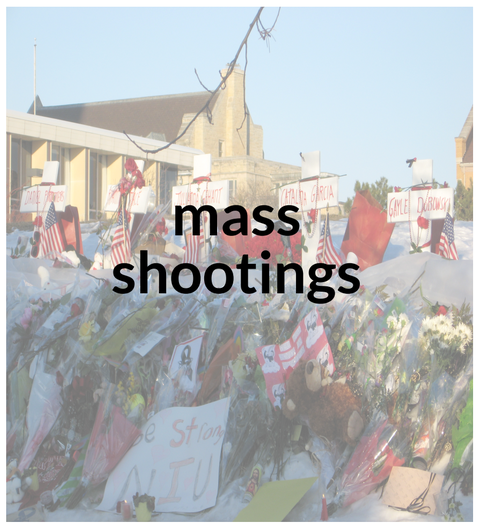
Types of Disasters

Disasters fall into two main categories:

NATURAL DISASTERS



HUMAN MADE DISASTERS



Stages of a Disaster Response

Mitigation

Pre-disaster mitigation efforts

Reducing vulnerability to disaster impact

Preparedness

Education

Outreach & training

Building capacity to respond and recover

Response

Address immediate threats

Meet humanitarian needs

Assess the damage

Efforts to deal with emergency issues

Recovery

Short term: delivery of care and services to those affected

Long term: thoughtful & strategic planning to address the more permanent effects of a disaster

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Psychological Responses to Disasters: Distress vs Dysfunction

Distress

A painful situation or misfortune, a pain or suffering affecting the body, a bodily part, or the mind (a normal response to an abnormal situation, resolving within 10 days)

Signs of distress can be:

Cognitive
- Poor concentration
- Confusion
- Disorientation
- Memory loss

Emotional
- Shock
- Numbness
- Depression
- Feeling lost

Behavioral
- Supsicion
- Irritability
- Withdrawal
- Inappropriate humor

Physical
- Nausea
- Dizziness
- Poor sleep
- Pain

Dysfunction

Abnormal or unhealthy interpersonal behavior or interaction within a group; normal response to an abnormal situation, which has not resolved itself and has resulted in long term impairment

There are those who are a higher risk of dysfunction after a disaster: those who were close to or directly affected by the disaster, those with a history of trauma, or those with a chronic illness or disorder.

Dysfunction can manifest as:
- PTSD – Post Traumatic Stress Disorder or Acute Stress Disorder
- Depression
- Substance Abuse
- Generalized Anxiety Disorder
- Domestic Violence or abusive behaviors

First Responders must have:

- Knowledge of distress vs. dysfunction
- Knowledge of warning signs
- Active listening skills
- Knowledge of triage and rapid assessment
- Able to help set limits and boundaries
- Psychoeducation – coping skills, relaxation
- Problem solving skills
- Knowledge of special populations – children, special needs, disabilities
- Knowledge of working within a family unit
- Knowledge of cultural contexts
- Knowledge of community supports systems and resources
- Connection with psychiatrists and psychologists

Psychological First Aid (PFA)

An evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning. Its goals include but are to limited to:
- Enhancing immediate and ongoing safety, and provide physical and emotional comfort
- Offering practical assistance and information to help survivors address their immediate needs and concerns.

There are challenges present in every disaster response in the United States, whether natural or human-created:
- Racial tensions and issues
- Cultural sensitivities
- Creating relationships between agencies before the disaster strikes
- Dealing with the blend of federal, state and local assistance
- Allocation of resources
- Caring for the Caregivers and First Responders

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Mental Health Response to Natural Disasters

BEFORE THE DISASTER

Identify response partners:

- Public Health Departments,
- Department of Environmental Control
- Private practice
- Hospitals
- Agencies
- Mental health associations
- Incident command
- Red Cross

Determine mental health screening procedures to be implemented in shelters:

- Previous/current MH care
- Previous stressors
- Medicine use
- Recreational drug use
- Injury
- Missing family
- Trauma exposure
- Local support system

Train response staff in PFA, and establish a stress coping plan for responders that they can use during the storm response.

Get to know your cohorts in the disaster response community. The scene of a disaster is not the optimal time or place to make new connections. If you have positive relationships pre-disaster, you build trust. Then you are more able to identify signs of stress during and post-disaster.

Other Pre-Storm Strategies:

- Develop local and statewide DMH plans and resources
- Provide basic psychological training to First Responders
- Include DMH in planning efforts
- Join your local Healthcare Coalitions
- Incorporate DMH into Exercises and Drills
- Take FEMA ICS courses
- Get to know your Emergency Manager
- Participate in community preparedness events

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Mental Health Response to Natural Disasters (continued)

DURING THE DISASTER

All evacuees entering the shelter screened by the mental health team (psychiatrists, counselors, social workers).

Treatment

Minor symptom presentation (treated in the community or shelter):

- Drug/alcohol withdrawal
- Mild to moderate anxiety, depression, unspecified mental disorders
- Disoriented, confused, insomnia

Severe symptom presentation (hospitalization):

- Severe psychosis
- Homicidal threat
- Suicidal threat
- Severe anxiety
- Severe depression
- Unspecified mental disorders

Recognize signs of stress in all disaster responders:

- Depersonalization – defense mechanism to dehumanize the victim or survivor so as reduce identification with them
- Gallows humor
- Hypervigilance
- Unwillingness to disengage from the disaster scene – works extra shifts, etc

Be prepared for:

- Racial and cultural differences
- Bad conditions
- The need for flexibility
- To care provide mental and emotional support to other responders
- An influx of lay-responders who may not have PFA or disaster response training (boundaries will need to be established)

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Mental Health Response to Natural Disasters (continued)

AFTER THE DISASTER

Be prepared to help meet physical needs as well as psychological needs:

- Dropping off supplies
- Distributing food and water
- Clean up

Debrief behavioral health staff:

- What worked well
- Lessons learned

Report any demographics or case management data to authorities (i.e. CDC):

- What sort of interventions had to be held in shelters (AA meetings? Counseling? Group sessions?)
- How many people received PFA?
- How many people were sent to the hospital from the shelters for psychological reasons?

Self-Care and Recovery for Staff - stress management is the goal.

- Identify coping plan pre-deployment
- Have professionals available to talk about experiences during and post employment
- Establish procedures so behavioral health is attainable
- Erase stigma of "having" to see a "shrink"
- CISM - Critical Incident Stress Managment

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Mental Health Response to Human-Created Disasters

There are many different types of human-created disasters: shootings, oil spills, plane and train crashes, fires, etc.

Accidental human-created disasters (spills, crashes, fires) have a different psychological impact than do acts of intentional mass violence (shootings, bombings, and arson).

These violent acts typically target defenseless citizens with the intent to harm or kill. They can instill feelings of confusion, fear, and helplessness in survivors. Incidents of mass violence disturb our collective sense of order and safety, and may even impact those with no personal connections to the event.

Because of the unpredictable nature of these types of disasters, it's normal for people to experience emotional distress. Feelings such as overwhelming anxiety, trouble sleeping, and other depression-like symptoms are common responses to incidents of mass violence. Other signs of emotional distress related to incidents of mass violence may include:

- Feeling numb or like nothing matters
- Feeling helpless or hopeless
- Worrying a lot of the time; feeling guilty but not sure why
- Feeling like you have to keep busy
- Excessive smoking, drinking, or using drugs

In an act of intentional mass violence, there are layers of victims:

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Mental Health Response to Human-Created Disasters (continued)

Necessary community partners:

- Incident Command
- Department of Mental Health
- Community Mental Health Centers
- Services for disabled persons (deaf, blind, handicapable)
- Law Enforcement
- Chaplaincy/Clergy/Spiritual Leaders

Create Immediate Access to Care:

- Family Assistance Center (FAC): a unique site that provides emotional support to the families of victims and assists the medical examiner in gathering information from families in order to help in positive identification of fatalities.
- Phone Band and Interviews
- Church Assistance Center (CAC): Faith-based community assistance centers and funds
- Community assistance at CMHCs
- Presence at prayer/meditation/candle light vigils for the affected community
- Debriefing of first responders
- Funeral planning aid
- Presence at funerals, wakes, schools, or universities

Other methods of behavioral/mental health support:

- Counselors at every community worship/temple service
- Presence at all court hearings – federal and state
- Counselors of various ministry meetings – women's, senior's, vacation bible school, support groups, etc.
- Bulletin inserts, information shared with local groups and places of worship
- Needs assessment survey
- Ongoing grief support groups
- Evidenced-based individual therapy survivor retreats
- Anniversary event planning
- Anniversary events
- Trial prep
- On-going support through the trials

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Mental Health Response to Human-Created Disasters (continued)

Taking steps to build resilience — the ability to adapt well to unexpected changes and events — can help people manage distress and uncertainty after an incident of intentional mass violence.

Long Term Support:

- Office of Victims of Crime Grant (OVC) - helps victims and victim service providers with program funding in accordance with OVC's Program Plan for the fiscal year.
- Resiliency Centers - provides a safe and supportive healing environment for individuals, couples, and families seeking improved emotional and mental health and support after a tragedy or disaster.
- Write Up of the Community Response – Produce a detailed report of how the community and authorities responded to the disaster.

"Caring for the Caregivers" - Responders are often the ones ones to arrive to the scene; they are the first line of contact for disaster survivors and help provide them with emotional and physical support. Not only is their job pivotal to the community, but also challenging as continuous exposure to crises can impact their well-being. It is important for repsonders to stay well as this helps prevent burnout and dysfunction. It is important to provide support to them before, during, and after any disaster.

Ways to support responders:

- Internal "Town Hall Meetings"
- Debriefings
- Constant communication
- Ongoing training and consultation
- Ongoing Department of Mental Health support
- Support throughout the trial of perpetrator(s) and afterwards

Resources

SAMHSA Disaster Technical Assistance Center (DTAC)

They provide an array of resources to assist states, U.S. territories, local providers, and tribes on how to plan and respond to behavioral health needs after a disaster.

SAMHSA Disaster Distress Hotline

The hotline offers 24/7 support to people experiencing emotional distress related to natural or human created disasters. They can be reached at 1-800-985-5990.

Disaster Assistance Improvement Program (DAIP)

Through joint sharing efforts between various government levels and private sector partners, the DAIP allows you to access and apply for disaster assistance.

CDC Emergency Preparedness and Response

The CDC shares information on how to plan, respond, and stay safe during various types of emergencies.