Psychosocial Impacts of Disaster:
Risk and Protective Factors for Individuals and Communities

Andrew McLean, MD, MPH

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).
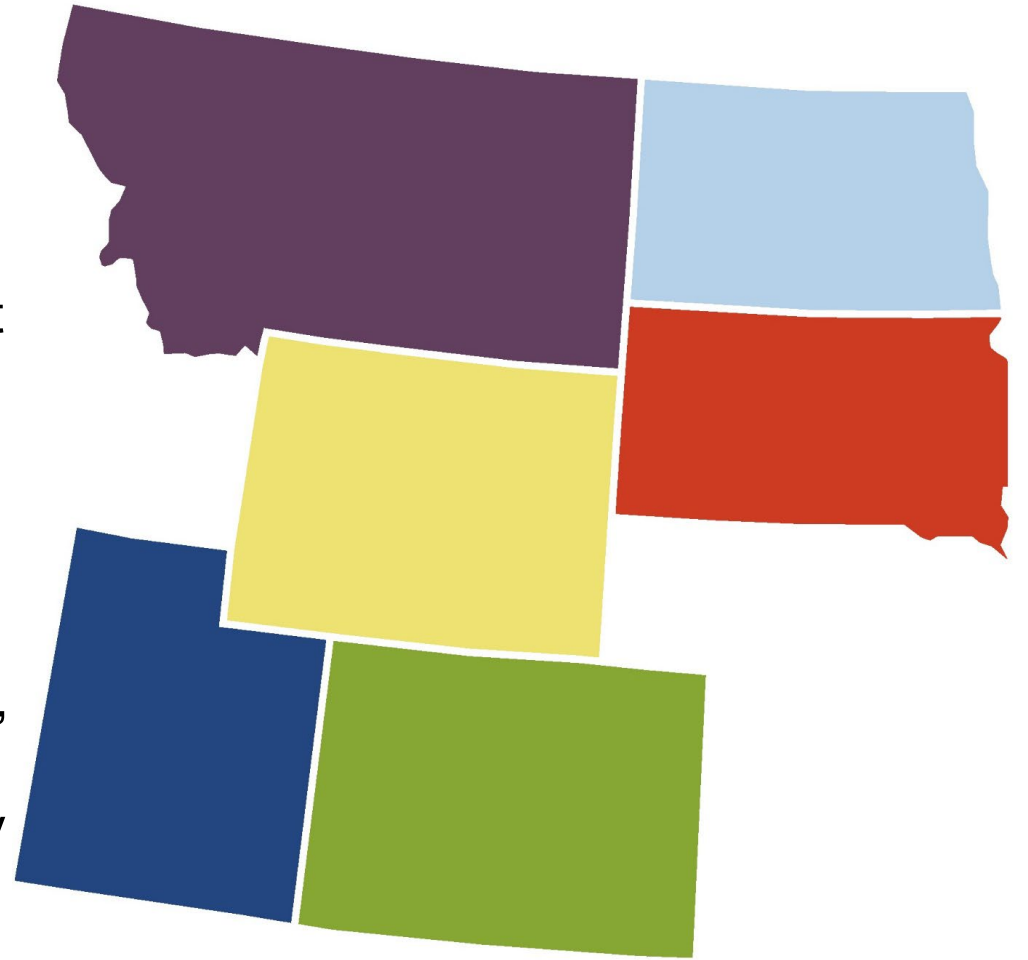
Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!
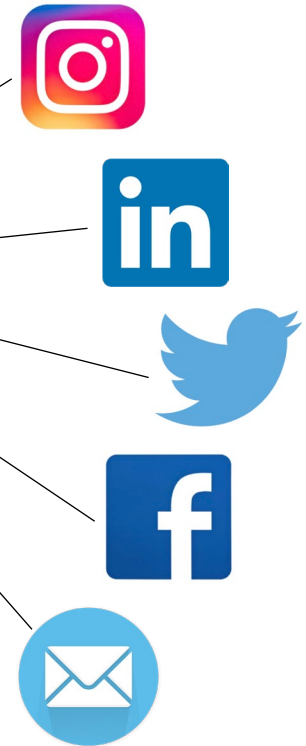
SCAN ME

Mountain Plains (HHS Region 8)

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Psychosocial Impacts of Disaster: Risk and Protective Factors for Individuals and Communities

Andrew J. McLean, MD, MPH

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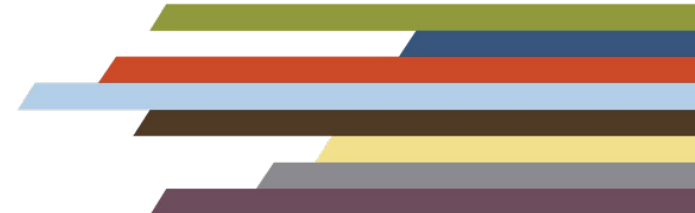
Associate Dean for Wellness

University of North Dakota School of Medicine and Health Sciences
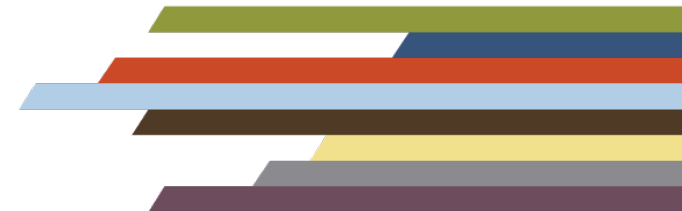
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Objectives:

- Review phases of disaster as pertains to mental health

- Discuss the importance of risk communication in mitigating mental health problems during phases of disaster

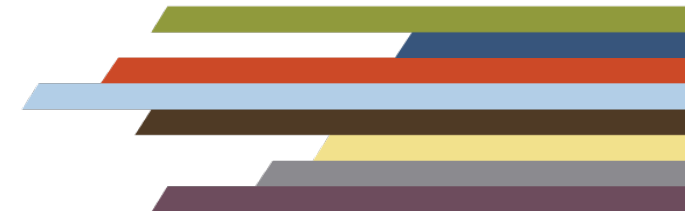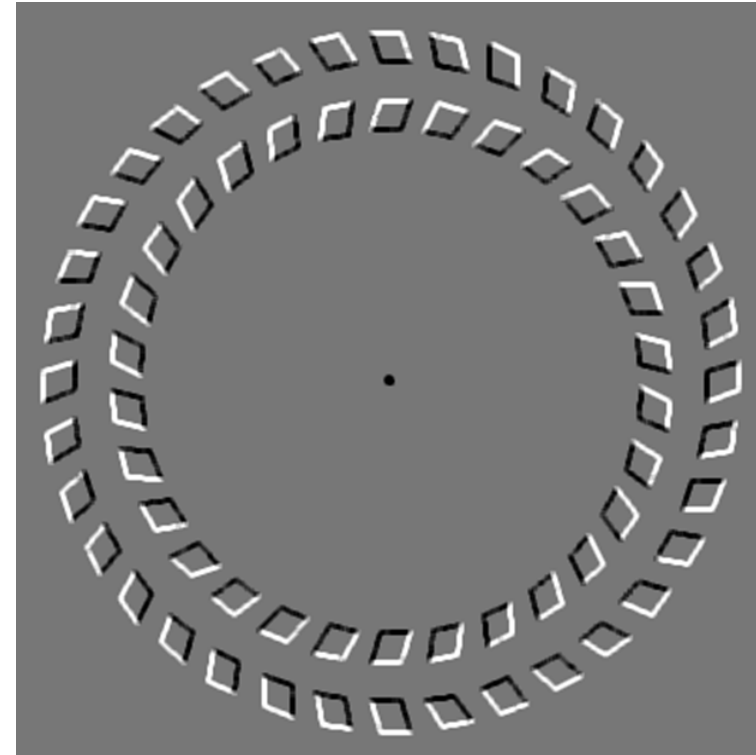- Review protective and risk factors of both individuals and communities in the phases of disaster

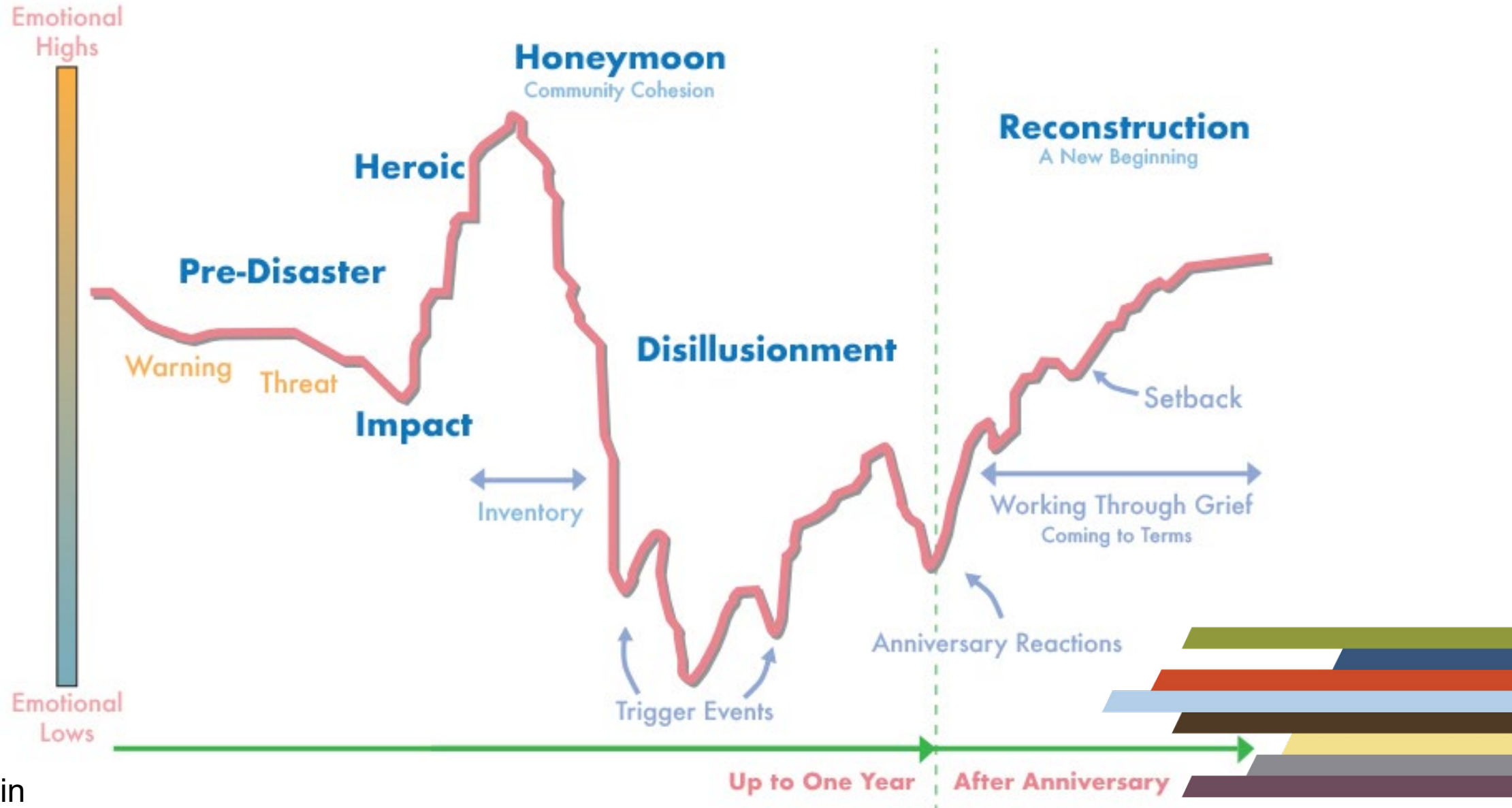# Phases of Disaster Response
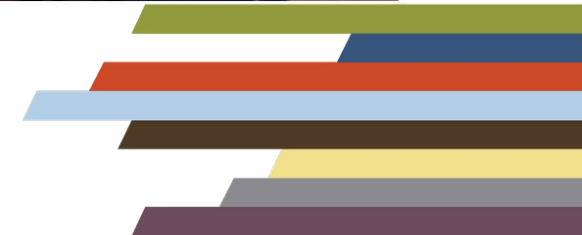
Mitigation

Preparedness

Response

Recovery

Community Response to Disaster

Myers and Zunin

Perspective

"One of the worst outcomes of a crisis is the collapse of fundamental assumptions about the world."(Mitroff, 2004, re: Hurricane Katrina)

The Impact Pyramid

- Individual victims
- Family and social networks
- Rescue workers, medical care providers, their families and social networks
- Vulnerable populations and impacted businesses
- Ordinary people and their communities

CDC
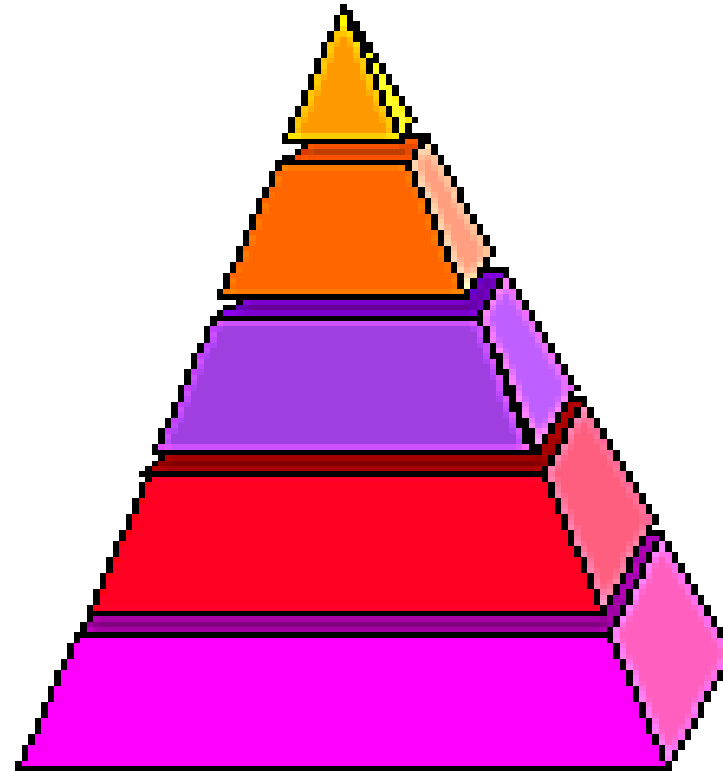
Pacing and Perspective

You can run a sprint,
or you can run a marathon,
but you can't sprint a marathon

Resilience

Individual

- The ability to adapt to adversity

- The capacity to cope
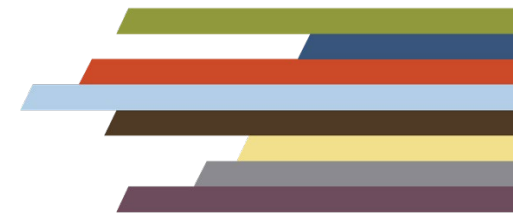
- With potential for change and growth

Community

- "the ability of community members to take meaningful, deliberate, collective action to remedy the impact of a problem, including the ability to interpret the environment, intervene, and move on"

Pfefferbaum and colleagues (2005)

Predictors

- Man-made vs. natural (man-made disasters more challenging re: blame, etc…)

- Developing vs. Developed (countries)

- Severity of Exposure/History

- Social Connectedness

- Resources
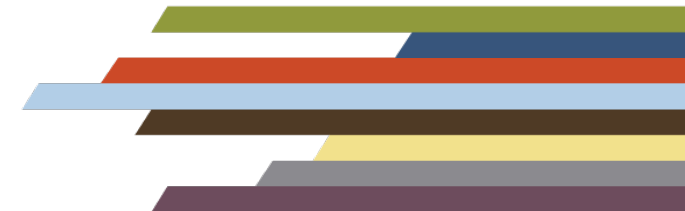
- 30-50 percent

(for both emergency and non-emergency providers….)

- Pandemics, even longer…

- Issues:

- Moral

- Professional
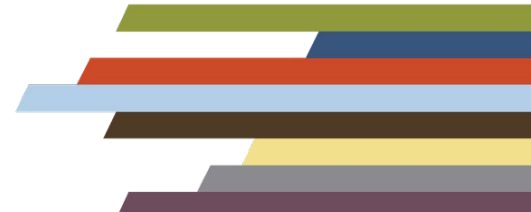
- Personal

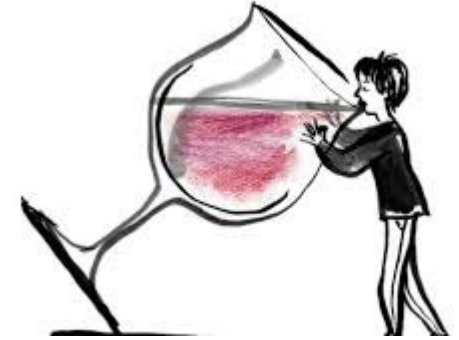# Work Force-absenteeism

What sorts of behavioral health issues do we often see?

- Anxiety
- PTSD
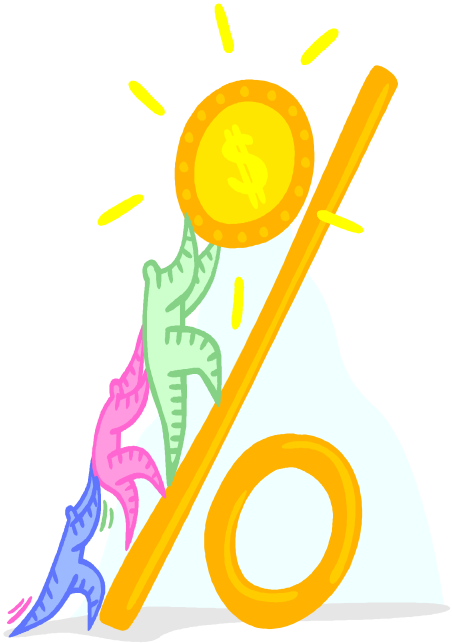- Depression

- Increased interface with law enforcement, such as:

- Substance use
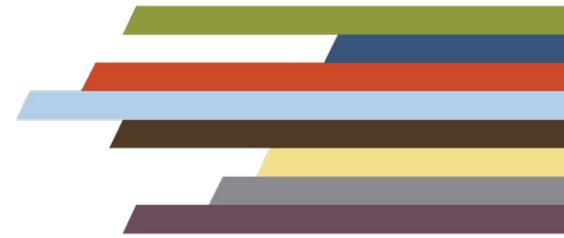- Domestic violence
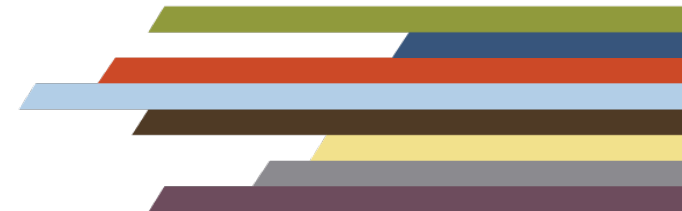
Stress and Coping Skills

Resilient Attitudes

- View change as challenge or opportunity

- Think realistically – keep things in perspective

- Set goals and plan action steps

Dr. Kit O'Neill

Resilient Behaviors

- The 3 Rs

  - Rest

  - Routine

- R^3

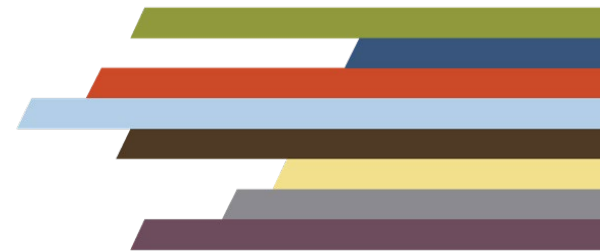 - Relationships

McLean

Taking Care of the Caretakers (The Risks of Empathic Engagement)

- Emotional Exhaustion

- Loss of Self

Burnout

Compassion Fatigue

Secondary Traumatic Stress

Vicarious Trauma

- Symptoms similar to post-traumatic stress disorder

- Change in cognitive schema

Bush, N.J. (2009). Compassion Fatigue: Are you at risk? Oncology Nursing Forum, 36(1), 24-28
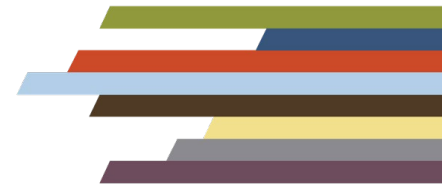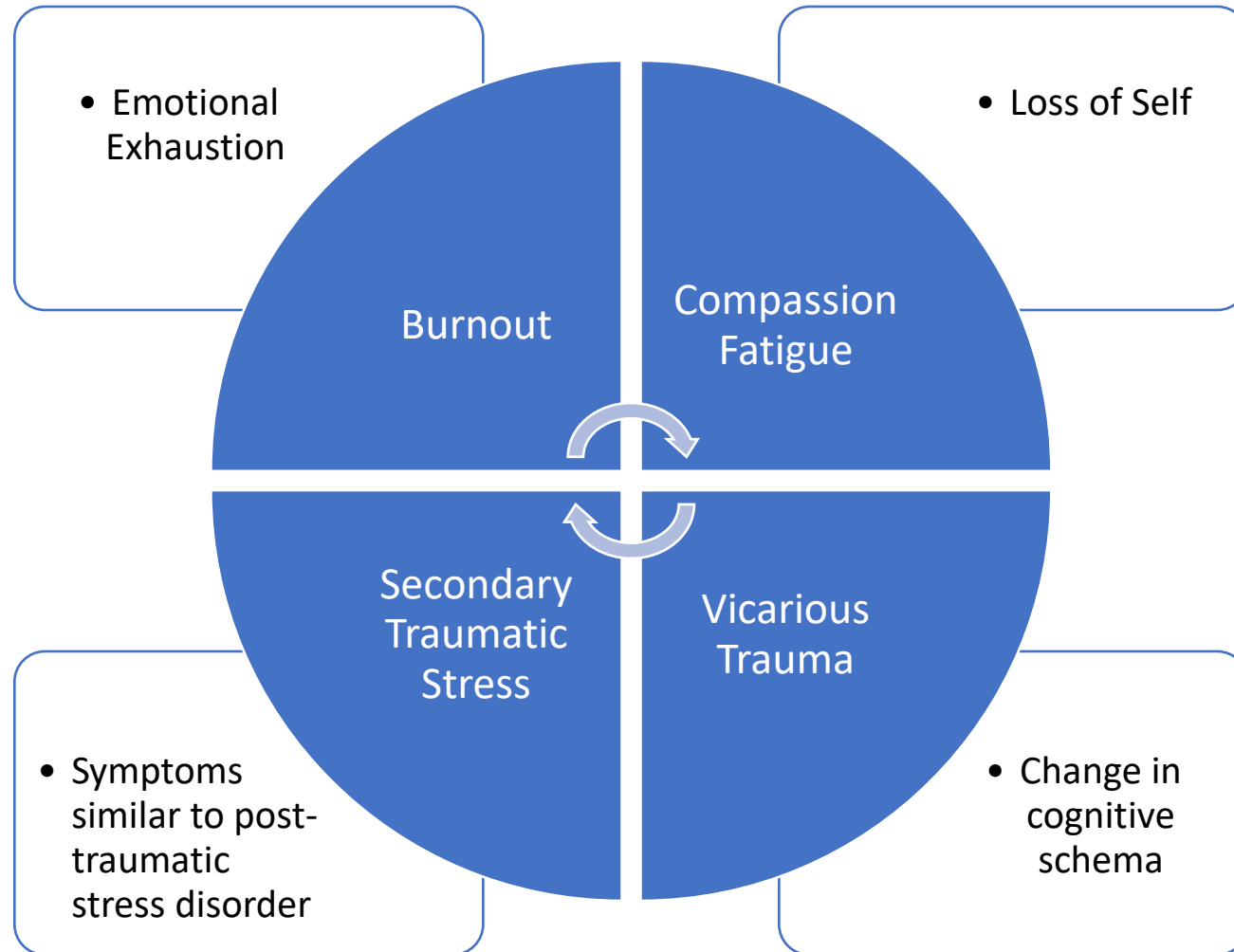
An additional risk for those in the health field during disasters
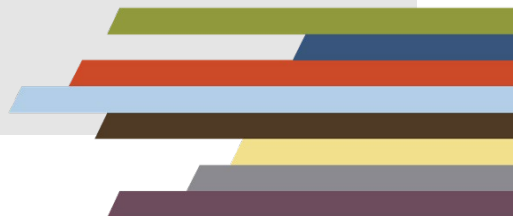
Moral Injury

- Being unable to provide what you know is best for the patient/public due to conditions beyond your control.

(Researchers initially defined this in more onerous ways: the emotional, physical and spiritual harm people feel after "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.")

Purpose and Meaning

- An individual protective factor against burnout:

- Re-capturing the primary essence of why you went into this field...
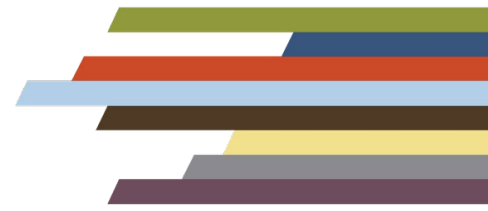
Resilience

Of all variables, two of the most impactful:

- Resources (less controllable)

- Social Connectedness (more controllable) Obviously an issue if there is required social distancing, particularly if technology is disrupted…
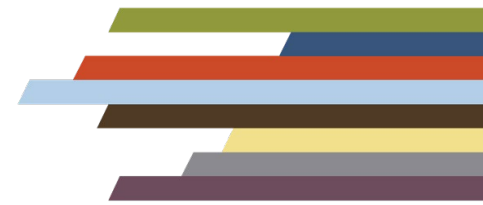
Traits of Successfully Resilient Communities:

- Strong Leadership

- Engagement of members

- Wise use of resources

- Attention to psychosocial issues

Norris et al

Behavior and Public Health- Risk Communication
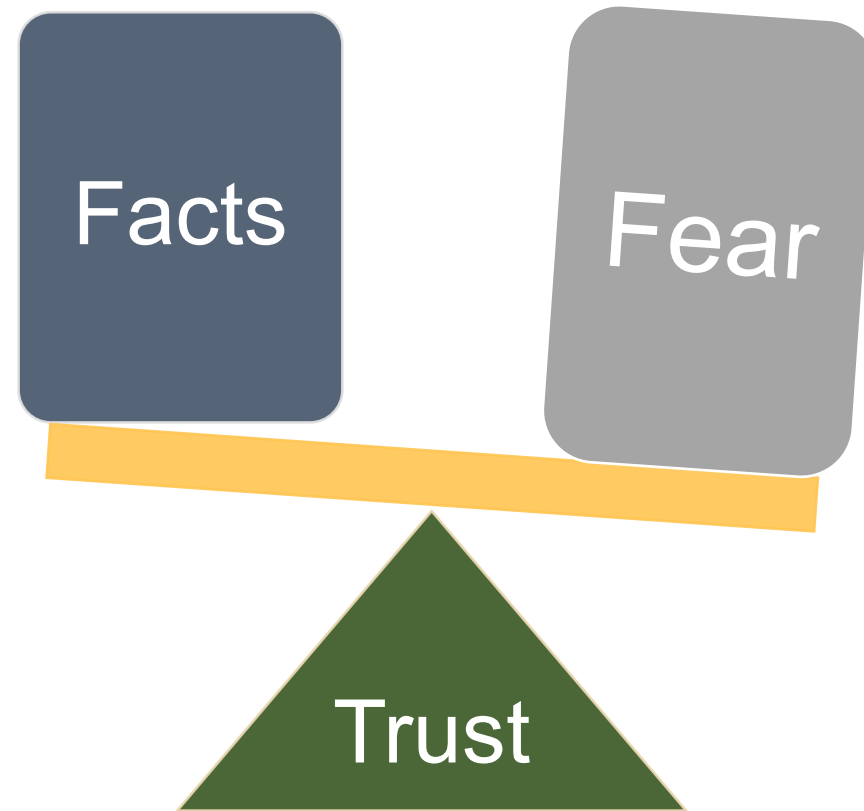
Why are messages so simple, short and repetitious?
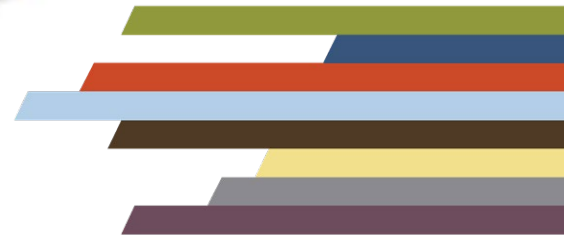
- Low stress may help memory/performance
- High acute stress, or chronic stress impedes memory/performance, complex problem-solving ability
- Think about digit span memory--many important numbers are no more than 5-7 digits. In high stress, memory ability often drops to 3 digits/pieces of info.
- (think also about what you have personally remembered from the rest of the conversation after "the bad news" was delivered…)
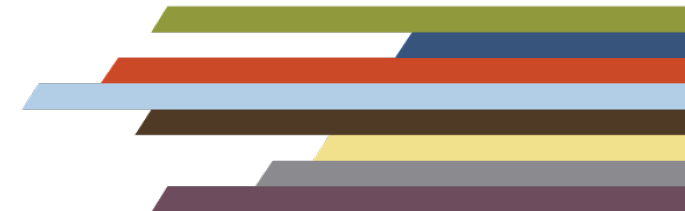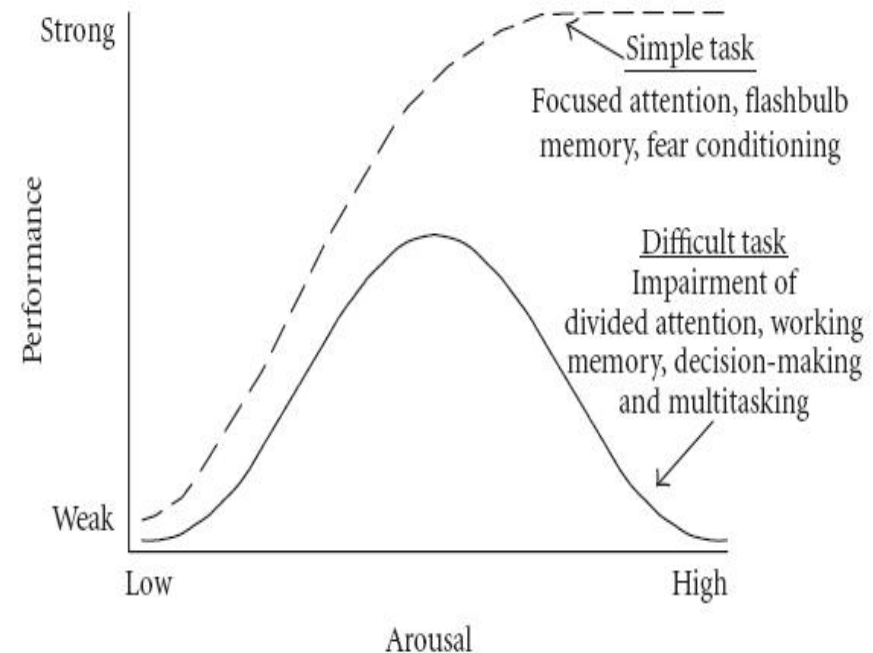
CDC-Crisis and Emergency Risk Communication (CERC)

The **Six Principles** of CERC

Throughout these chapters, six principles of effective emergency and risk communications are emphasized:

1 Be First:
Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.

2 Be Right:
Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.

3 Be Credible:
Honesty and truthfulness should not be compromised during crises.

4 Express Empathy:
Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.

5 Promote Action:
Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.[3]

6 Show Respect:
Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

Fully integrating CERC helps ensure that limited resources are managed well and can do the most good at every phase of an emergency response.

Five pitfalls to avoid

1. Mixed messages from multiple experts
2. Information released late
3. Paternalistic attitudes
4. Not countering rumors and myths in real-time
5. Public power struggles and confusion
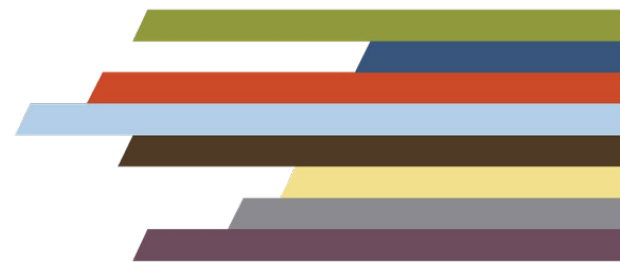
Resilient
(and resilience enhancing)
organizations
have a number of traits in
common.

A common theme, however, is that of clarity, even in the midst of crisis:
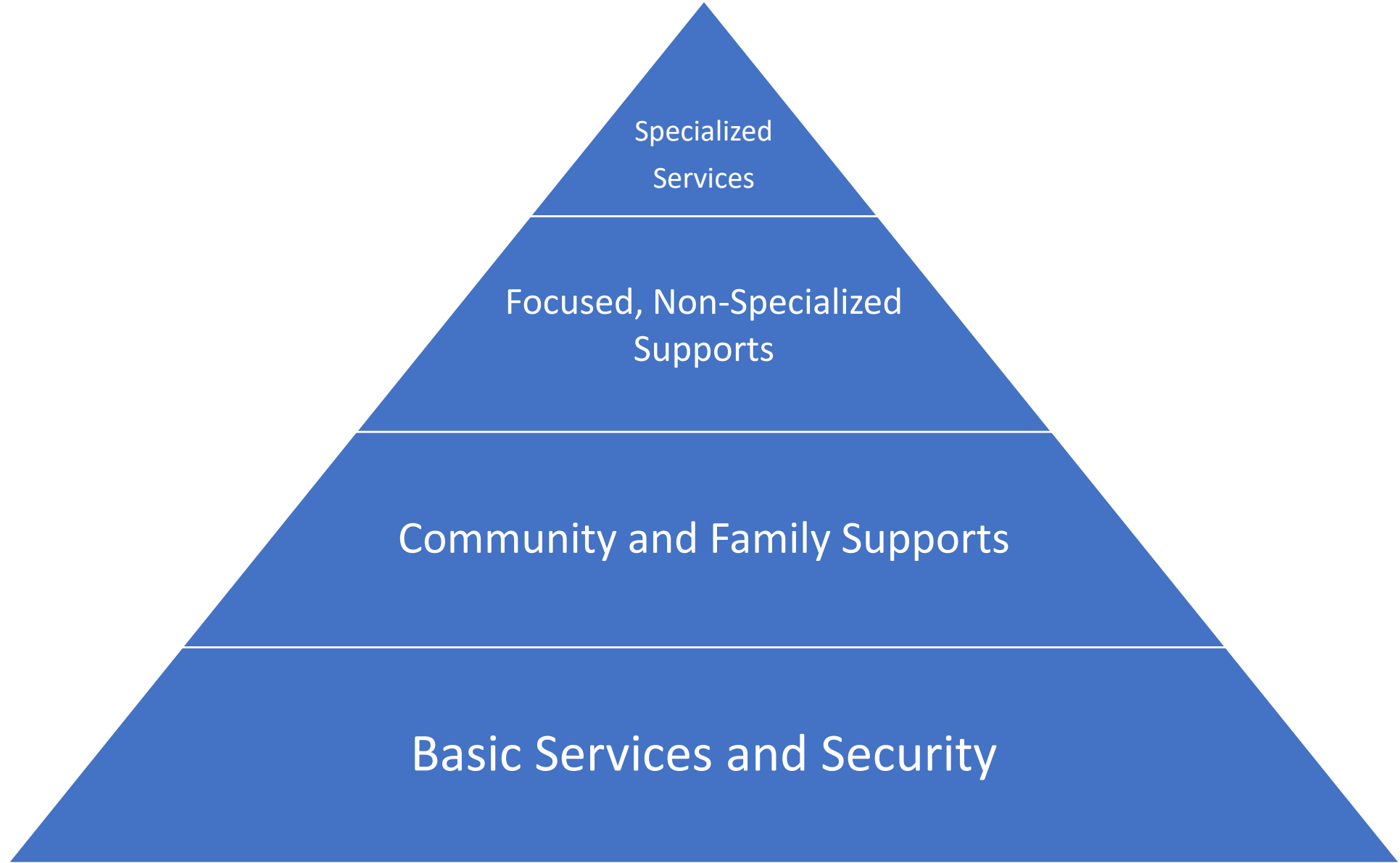
Clarity regarding:

| Guiding principles and values (mission, vision) | Direction | Acceptable practices and behaviors | The needs of staff and clients | Messaging; open, two-way communication |

A Holistic Framework for Recovery (Focus on Recovery)
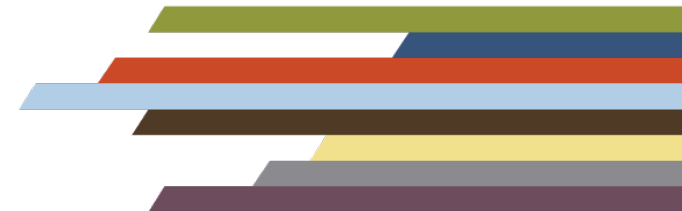

With appreciation to Dr. Alistair Humphrey
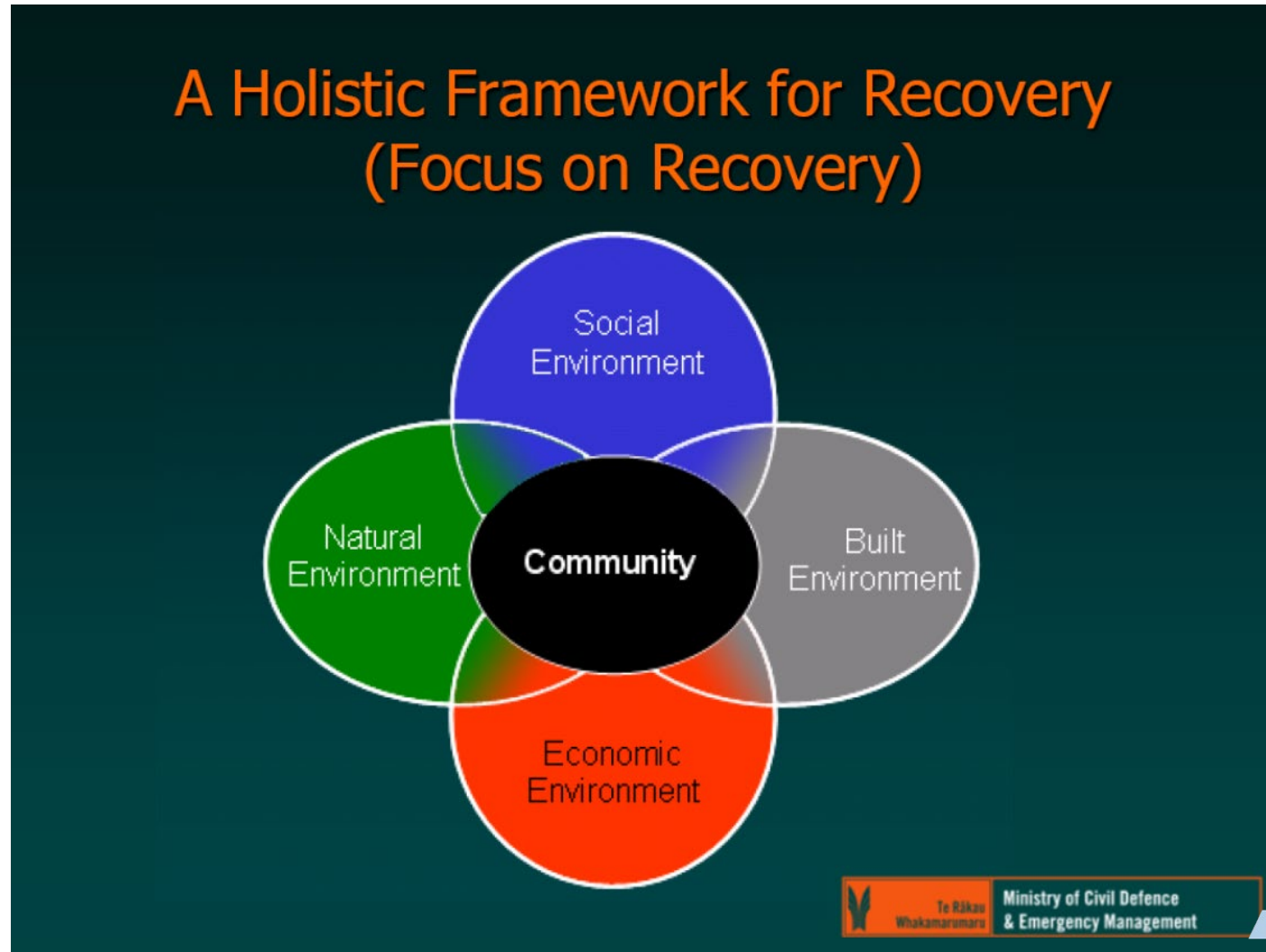
Intervention pyramid for mental health and psychosocial support in emergencies
IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Specialized Services

Focused, Non-Specialized Supports

Community and Family Supports

Basic Services and Security

For Assisting the General Population:

- No Critical Incident Debriefing

- Consider Psychological First aid, or other supportive engagement

- Normalize the process, screen for higher need.
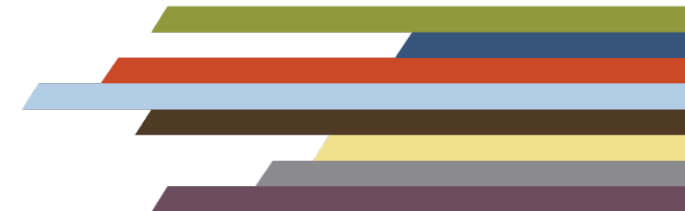
- "I don't need a shrink, I need a contractor…"

Types of Mental Health And Psychosocial Supports (MHPSS)

| Types	Hallmarks	Immediate	Intermediate	Extended
Psychological First Aid	"Look, Listen, Link"	X	X	
Crisis Counseling (Crisis Counseling Assistance and Training Program-CCP)	Community-based outreach, psycho-education	X ISP 0-60 days	X ISP 0-60 days	X RSP 2-9 months
Critical Incident Stress Debriefing (CISD)	Intended only for specific groups. Controversial	X		
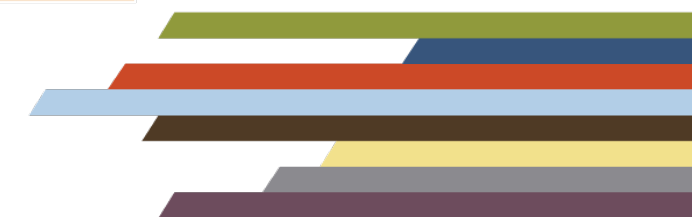
Types of MHPSS

| Types	Who Provides?	Who Receives?	Purpose?
Psychological First Aid	Trained lay people or Mental Health Professionals	Disaster survivors	Primarily supportive An alternative to psychological debriefing
Crisis Counseling	Mental Health Professionals and Trained Paraprofessionals	Disaster survivors	Assist individuals and communities in recovery
Critical Incident Stress Debriefing	Professional Peers/ Mental Health Professionals	Small, homogeneous groups, such as First Responders	Supportive crisis intervention process. Reduction of distress, restoration of unit function

Types of MHPSS

Types	Protocols	Orientation	
Psychological First Aid	Promote: safety, calmness, connectedness, self-efficacy	Outreach with practical care, support, assessment	
Crisis Counseling	Stafford Declaration Funded by FEMA, partnered with SAMHSA	Outreach emotional support, education, basic crisis counseling, and connection to familial and community support systems. Data	
Critical Incident Stress Debriefing	Specific, 7-phase, group		
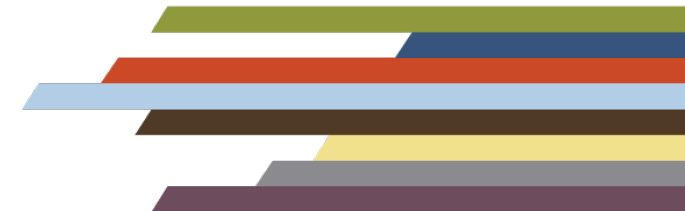
Myths About Disasters and Resilience

- Myth 1) The majority of those impacted will develop Depression or PTSD

- Myth 2) Resilience is an inherent trait, and can't be learned

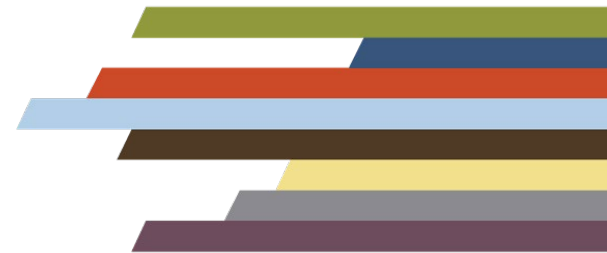- Myth 3) All disasters result in long-term negative outcomes
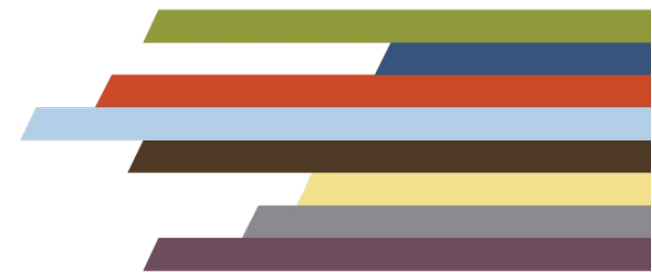
The FACTS

- **F**oster Hope
- **A**ct with Purpose
- **C**onnect with others
- **T**ake Care of Yourself
- **S**earch for Meaning

Red River Resilience
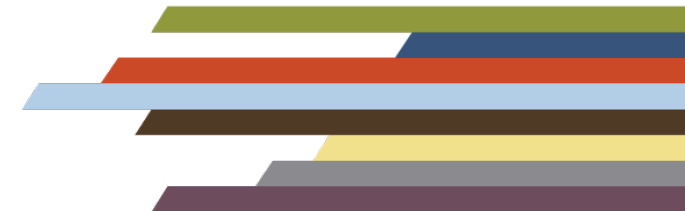
Resources

- **Disaster Mental Health tips:**
  http://emergency.cdc.gov/mentalhealth/

- **Center for the Study of Traumatic Stress**

  https://www.cstsonline.org/fact-sheet-menu/disasters

- **Psychological First Aid:**

Questions? Comments?