Emergency Preparedness & Response

Disaster Mental Health for States: Key Principles, Issues and Questions

NOTE: These materials represent highlights of the kinds of mental-health related information that might be beneficial in a disaster. Because of their brevity, they do not provide an exhaustive, formal review or compilation of the wealth of available knowledge on disaster mental health. This is a starting point. There are companion pieces that provide similar information for Responders and as a general primer. Sources of additional information are listed at the end of this document.

What Should Happen During First Four Weeks of a Disaster (Important first steps would include the following actions.)

- Meet basic needs (food, shelter, clothing...)
- Provide Psychological First Aid (ABCs)
  - Arousal: Decrease excitement (provide safety, comfort, consolation)
  - Behavior: Assist survivors to function effectively in disaster
  - Cognition: Provide reality testing and clear information
- Provide needs assessments
- Monitor the recovery environment (conducting surveillance)
- Provide outreach and information dissemination
- Provide technical assistance, consultation and training
- Foster resilience, coping and recovery
- Provide triage
- Provide treatment

Questions to Address in Disaster Mental Health Response Plan (Answering these questions disaster can help you and your team better prepare.)

Community Demographic Characteristics

- Who are the most vulnerable people in the community? Where do they live?
- What kinds of families live in the community (i.e., single-parent households)?
- How could individuals be identified and reached in a disaster?
- Are policies and procedures in place to collect, maintain, and review current demographic area that might be affected by a disaster?

Cultural Groups

- What cultural groups (ethnic, racial, and religious) live in the community?
- Where do they live, and what are their special needs?
- What are their values, beliefs, and primary languages?
- Who is knowledgeable about the culture or is an informal leader in the community?

Socioeconomic Factors

- Are there recognizable socioeconomic groups with special needs?
- How many live in rental property? How many own their own homes?
- Does the community have any special economic considerations that might affect people
Mental Health Resources

- What mental health service providers serve the community?
- What skills and services does each provider offer?
- What gaps, including lack of cultural competence, might affect disaster services?
- How could the community's mental health resources be used in response to different types of disasters?

Government roles and Responsibilities in a Disaster

- What are the Federal, State, and local roles in disaster response?
- How do Federal, State, and local agencies relate to one another?
- Who would lead the response during different phases of a disaster?
- What mutual aid agreements exist?
- How can mental health services be integrated into the government agencies' disaster response?
- Do any subgroups in the community harbor any historical or political concerns that affect government?

Nongovernmental Organizations’ Roles in a Disaster

- What are the roles of the American Red Cross (ARC), interfaith organizations, and other organizations?
- What resources do nongovernment agencies offer, and how can local mental health services be integrated into their efforts?
- What mutual aid agreements exist?
- How can mental health providers collaborate with private disaster relief efforts?

Community Partnerships

- What resources and support would community and cultural/ethnic groups provide during disaster?
- Do the groups hold pre-existing mutual aid agreements with any State or county agencies?
- Who are the key informants/gatekeepers of the impacted community?
- Has a directory of cultural resource groups, potential volunteers, and community informants been developed?
- Are the community partners involved in all phases of disaster preparedness, response, and recovery operations?

Example of State Mental Health Assoc. Response to Terrorism

Pre-Event Phase

- Build relationships with public health officials, community stakeholders, private and public providers, and school officials
- Identify alternate channels of information to and from targeted communities
- Conduct baseline health surveillance (to look for both physical and mental health outcomes)
- Identify special populations and characteristics relevant to recovery
- Collaborate with public health and emergency response planning groups
- Train mental health professionals and qualified paraprofessionals to perform a range of interventions including Psychological First Aid, triage, outreach and education
- Train provider groups including public health nurses, school health professionals, community workers, etc. in psychosocial consequences of terrorism/disasters
- Train and exercise agency and state preparedness plans under public health and emergency management response leads
- Prepare public education and risk communication templates

Response Phase
Consult on the development of risk communication
Meet basic safety and security needs of target populations
Perform Psychological First Aid at impact site(s) (*States* document has more informative
Monitor the impact environment and initiate responses appropriate to the findings
Distribute educational information appropriate to the event
Offer technical assistance, consultation and training to emergency response managers

### Recovery Phase

- Institute surveillance and needs assessment across the affected communities
- Monitor emerging needs of special populations
- Field evidence-informed interventions to support natural recovery processes, foster resilient treat acute distress
- Train and enhance capacity of social support networks
- Promote availability of and ongoing need for recovery resources
- Anticipate and plan to deal with trauma reminders

**Potential Risk Groups** *(Certain individuals/groups are more vulnerable than others.)*

- Age groups (Infants, children and seniors)
- Cultural and Ethnic Groups (immigrants, non-English speakers, undocumented aliens etc)
- Low-visibility groups (homeless, mobility-impaired, unemployed, mentally-challenged etc)
- People with Serious and Persistent Mental Illness
- People in Group Facilities (hospitals, nursing homes, assisted living homes, prisons)
- Human Service and Disaster Relief Workers

**Risk Factors For Children** *(Example from just one special needs population)*

- Death or serious injury of family member or close friend
- Witnessing grotesque destruction in person or via the media
- Exposure to life threat
- Separation from parents
- High level of family stress
- Recent stressful life events
- Prior functioning problem

**Common Disaster Worker Stress Reactions** *(See list in: "Disaster Mental Health for Responders: Key Principles, Issues and Questions")*

**Organizational Approaches to Avoid/Reduce Stress Checklist** *(Several important things can minimize or reduce unnecessary sources of stress.)*

- Effective Management Structure and Leadership
  - Clear chain of command and reporting relationships
  - Available and accessible clinical supervisor
  - Disaster orientation provided for all workers
  - Shifts no longer than 12 hours with 12 hours off
  - Briefings provided at beginning of shifts as workers exit/enter
  - Necessary supplies available (paper, pens, PCs...)
  - Communication tools available (cell phones, radios...)
- Clear Purpose and Goals (clearly defined intervention goals/strategies)
- Functionally Defined Roles
  - Staff oriented and trained with written role descriptions
  - When setting is under other agency's jurisdiction, roles clear
- Team Support
  - Buddy system for support and monitoring stress reactions
  - Positive atmosphere of support and tolerance. Say “good job” often
- Plan for Stress Management
  - Workers' functioning assessed regularly
  - Workers rotate between low-, mid-, and high-stress tasks
  - Breaks and time away from assignment encouraged
  - Education about signs/symptoms of workers stress & coping strategies
Individual and group defusing and debriefing considered (might be contraindicated)
Exit plan for workers leaving operation (reentry, efforts recognized)
Number of tours of duty clarified

Some of the Sources of Information Used in this Overview

- The Centers for Public Health Preparedness Program
- American Psychiatric Association
- National Center for Post Traumatic Stress Disorder
- The National Child Traumatic Stress Network
- Uniformed Services University of the Health Sciences
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration