



## 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 before a 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 data for any 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's vulnerability to disaster?

### **Mental Health Resources**

- What mental health service providers serve the community?

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- 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 their trust of government?

### ***Nongovernmental Organizations' Roles in a Disaster***

- What are the roles of the American Red Cross (ARC), interfaith organizations, and other disaster relief 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 or following a 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 who have knowledge about diverse groups 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 medical 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 appropriate interventions including Psychological First Aid, triage, outreach and education
- Train provider groups including public health nurses, school health professionals, community support 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

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### **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 information)
- 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 resilience, and 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 be done to 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

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- 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

Academic & Specialty Centers for Public Health Preparedness

<http://www.phppo.cdc.gov/owpp/cphp.asp>

American Psychiatric Association

<http://www.psych.org/>

National Center for Post Traumatic Stress Disorder

<http://www.ncptsd.org>

The National Child Traumatic Stress Network

[http://www.nctsnet.org/nccts/nav.do?pid=hom\\_main](http://www.nctsnet.org/nccts/nav.do?pid=hom_main)

Uniformed Services University of the Health Sciences

<http://www.usuhs.mil/psy/traumaticstress/newcenter.html>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

<http://www.mentalhealth.samhsa.gov/publications/allpubs/ADM90-537/Default.asp>

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For more information, visit [www.bt.cdc.gov](http://www.bt.cdc.gov),  
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).