Disaster Mental Health for Responders: Key Principles, Issues and Questions
http://www.bt.cdc.gov/mentalhealth/responders.asp
Content source: CDC Emergency Risk Communication Branch (ERCB), Division of Emergency Operations (DEO), Office of Public Health Preparedness and Response (OPHPR)

***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 city, county and state Public Health officials and as a general primer. Sources of additional information are listed at the end of this document.*

Guiding Principles *(It is helpful to keep these points in mind when preparing for or responding to a disaster.)*

- No one who experiences a disaster is untouched by it.
- Most people pull together and function during and after a disaster, but their effectiveness is diminished.
- Mental health concerns exist in most aspects of preparedness, response and recovery.
- Disaster stress and grief reactions are "normal responses to an abnormal situation."
- Survivors respond to active, genuine interest and concern.
- Disaster mental health assistance is often more practical than psychological in nature (offering a phone, distributing coffee, listening, encouraging, reassuring, comforting).
- Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feelings of helplessness related to Federal, State, and non-profit agencies' disaster assistance programs. They may reject disaster assistance of all types.

Survivor Needs & Reactions *(Responses differ, but there are common needs.)*

- A concern for basic survival
- Grief over loss of loved ones and loss of valued/meaningful possessions
- Fear and anxiety about personal safety and physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from the disaster
- Concerns about relocation and the related isolation or crowded living conditions
- A need to talk, often repeatedly, about events and feelings associated with the disaster
- A need to feel one is a part of the community and its recovery efforts

Reactions that Signal Possible Need for Mental Health Referral *(Many responses to trauma can be expected, but some are cause for extra attention/concern.)*

- Disorientation (dazed, memory loss, unable to give date/time or recall recent events…)
- Depression (pervasive feeling of hopelessness & despair, withdrawal from others…)
- Anxiety (constantly on edge, restless, obsessive fear of another disaster…)
- Acute psychosis (hearing voices, seeing visions, delusional thinking…)
- Inability to care for self (not eating, bathing, changing clothing or handling daily life)
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse or elder abuse

Common Disaster Worker Stress Reaction Checklist *(It is not unusual for responders to have these reactions. Check yourself and your buddies.)*

Behavioral and Emotional Responses/Symptoms

- Anxiety, fear
- Grief, guilt, self-doubt, sadness
- Irritability, anger, resentment, increased conflicts with friends/family
- Feeling overwhelmed, hopeless, despair, depressed
- Anticipation of harm to self or others; isolation or social withdrawal
- Insomnia
- Gait change
- Hyper-vigilance; startle reactions
- Crying easily
- Gallows humor
- Ritualistic behavior

Cognitive Responses/Symptoms

- Memory loss, Anomia (difficulty naming objects or people)
- Calculation difficulties; Decision making difficulties
- Confusion in general and/or confusing trivial with major issues
- Concentration problems/distractibility
- Reduced attention span and/or preoccupation with disaster\
- Recurring dreams or nightmares

Physiological Responses/Symptoms

- Fatigue
- Nausea
- Fine motor tremors
- Tics
- Paresthesia
- Profuse Sweating
- Dizziness
- GI Upset
- Heart Palpitations
- Choking or smothering sensation

Mis-Attribution of Normal Arousal *(Misinterpretation of normal physiological responses can increase anxiety and the number of unnecessary ER visits.)*

- Interpretation of normal physiological arousal as serious illness
- Misinterpretation often is increased by rumors and false information
- Increased by hyper-suggestibility in victim fueled by changes in routine and surroundings
- Risk communication and rumor control can help reduce unnecessary drains on healthcare

Longer-Term Effects Checklist *(Potential down-stream consequences of exposure to a natural or human-caused disaster.)*

- Nightmares
- Intrusive thoughts
- Uncontrolled affect
- Relationship problems
- Job/school related problems
- Decreased libido
- Appetite change
- Blame assignation
- Decreased immune response

Sources of Stress for Responders Checklist *(These can increase stress.)*

- Role ambiguity
- Lack of clarity of tasking
- Mismatching skills with tasks
- Lack of team cohesion
- Discomfort with hazardous exposure
- Ineffective communication within team, with non-team members, with headquarters
- Lack of or too much autonomy
- Intense local needs for information (media/health officials) that cannot await clearance delay
- Database issues, linkage between epidemiology, laboratory, and environmental sampling
- Laboratory specimen tracking, reporting
- Resources/equipment shortages
- Command and control ambiguities
- Re-integration barriers
- Coworkers had to pick up your work…or no one did and it is overwhelming
- Lack of understanding of or appreciation for what you have been through
- Domestic/family conflict

Individual Approaches to Avoid/Reduce Stress Checklist *(Things you can do to help maintain your own mental, emotional, physical, spiritual balance.)*

- Management of workload
  - Set task priority levels and create a realistic work plan
  - Delegate existing workload so workers not doing usual job too
- Balanced Lifestyle
  - Exercise and stretch muscles when possible
  - Eat nutritionally, avoid junk food, caffeine, alcohol, tobacco
  - Obtain adequate sleep and rest, especially on longer assignments
  - Maintain contact and connection with primary social supports
- Stress Reduction Strategies
  - Reduce physical tension by deep breathing, meditating, walking
  - Use time off for exercise, reading, listening to music, taking a bath
  - Talk about emotions & reactions with coworkers at appropriate times
- Self-Awareness
  - Recognize and heed early warning signs for stress reactions
  - Accept that one may not be able to self-assess problematic reactions
  - Be careful not to identify too much with survivors/victims' grief and trauma
  - Understand differences between professional relationships and friendships
  - Examine personal prejudices and cultural stereotypes
  - Be vigilant not to develop vicarious traumatization or compassion fatigue
  - Recognize when own disaster experience interferes with effectiveness

Self-Care Examples Checklist *(Examples, by category, of things you can do.)*

- Physical Diet, exercise, sports, sleep, relaxation…
- Emotional Stay in contact with family, friends, social support
- Cognitive Training, reading, perspective
- Behavioral Civic involvement, personal & family preparedness
- Spiritual Meditation, prayer, fellowship, volunteerism

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