



Disaster Mental Health for Responders: 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 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

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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

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- 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

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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.nctsn.net/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>

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

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