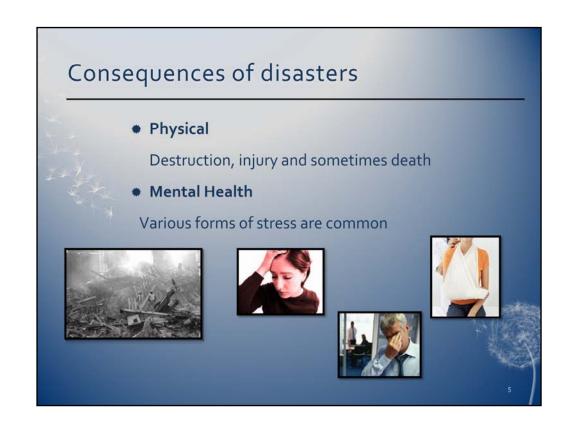


This program is **NOT** intended to:

- Train you to assess, diagnose or treat individuals with post-traumatic stress disorder or other psychiatric illnesses resulting from a disaster
- Address the long-term treatment or counseling needs of disaster survivors
- Prepare you for <u>your own reactions</u> to the disaster

This program IS intended to:

- Make you aware that there are <u>mental</u> <u>health consequences</u> to disasters
- Expose you to the common <u>normal</u> reactions that survivors have to disasters
- Help you <u>anticipate</u> these normal reactions of survivors
- Show you what you can do to <u>assist</u> <u>survivors</u> immediately following a disaster



Need for disaster mental health services

- There are more mental health injuries than physical injuries
- Mental health of community before a disaster occurs will determine how resilient the community is after disaster
- Disaster mental health services are a vital component of planning and response

Example of need for disaster mental health services

Sarin gas release in Tokyo, Japan (a poisonous liquid used as a nerve agent in chemical warfare)

- 12 died
- 5,500 sought medical care, of those:
 - ★ Most had no signs of exposure
 - Many had anxiety



Implications for public health

- There is the potential for a high ratio of mental health casualties
- Immediate mental health services being delivered by non-mental health personnel
- With specialized training, public health workers and volunteers can provide basic "crisis intervention"



Definition of disaster A disaster is an occurrence such as: • Hurricane, tornado, flood, earthquake • Explosion, hazardous material accident • War, fire, famine or epidemic

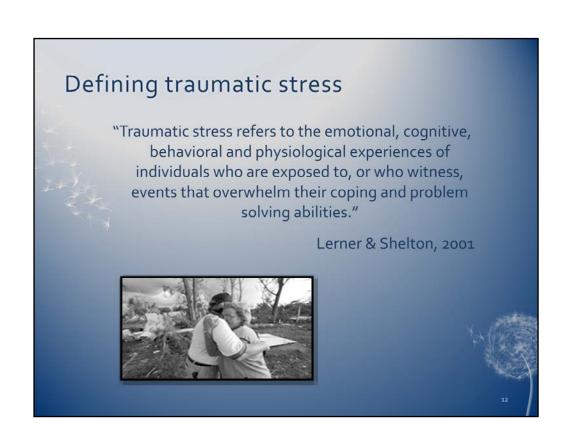
Definition of disaster A disaster Causes human suffering Creates a collective human need Requires outside assistance to alleviate

Types of traumatic events

- Natural disasters
- Technological disasters
- Disasters of human intention
- Other interpersonal violence
- Sudden traumatic loss



¾ of the US population will be exposed to some event in their lifetime that meets the stressor criteria for post-traumatic stress disorder (PTSD)



Defining traumatic stress

"Traumatic stress disables people, causes disease, precipitates mental disorders, leads to substance abuse, and destroys relationships and families.

Additionally, traumatic stress may lead to post-traumatic stress disorder (PTSD)."

Lerner & Shelton, 2001

Factors influencing response to traumatic events

- Multiple traumatic exposures
- History of mental illness
- Low socio-economic status (SES)
- Intensity and duration of exposure
- Gender
- Age
- Pre-trauma factors











Typical disaster response patterns

Cognitive—pertaining to the mental processes of perception, memory, judgment and reasoning

- Distractibility
- Duration, sequence, distortion
- Declining school work performance
- Recurrent intrusive recollections
- Flashbacks, nightmares

Typical disaster response patterns Behavioral Clinging, isolation Thrill seeking behaviors Re-enactments of trauma Increased substance abuse

Hyper-vigilance

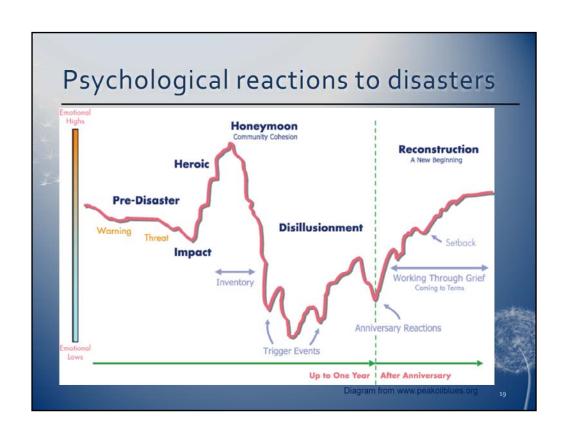
Elevated startle reflex

Typical disaster response patterns Physical Shock symptoms Insomnia Loss of appetite Headaches Muscle weakness Elevated vital signs

Typical disaster response patterns

Affective (Relating to moods, feelings, and attitudes)

- Depression, anxiety
- Numbness
- Constricted affect (mild restriction in the range or intensity of display of feeling)
- · Guilt, shame, fear
- Intolerance of fear response



Psychological reactions to disasters: First phases

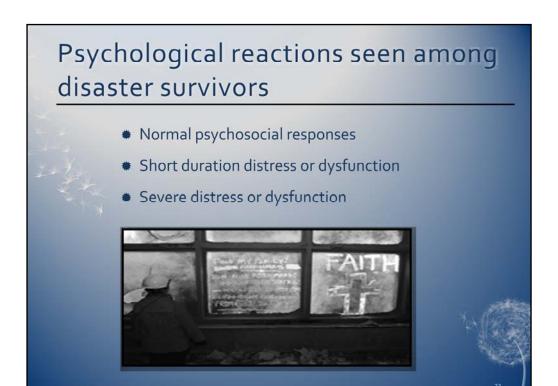
- Threat: Time before impact; potential hazards or threats for the community
- Warning: Communities receiving notice of a disaster; ranges from no advance notice to weeks
- Impact: The disaster is occurring—actual onset

Psychological reactions to disasters: Next Phases

- Heroic: Immediately after a disaster; intense effort to rescue others; people watch for and protect others
- Honeymoon: Weeks or months after a disaster—help from volunteers and government; survivors experience short-lived sense of optimism
- Inventory: External resources become available, but survivors recognize that disaster sources are limited; peopl are physically and emotionally exhausted and discouraged

Psychological reactions to disasters: Final Phases

- Disillusionment: Survivors feel abandoned or resentful; disaster assistance agencies and volunteer groups pull out; resources seen as poorly allocated
- Reconstruction or Recovery: Months to years after the disaster; individuals and communities rebuild physical property and recover emotional well-being



Resistance, resilience and recovery

- Resistance: defend against manifestations of distress, impairment or dysfunction
- Resilience: rebound rapidly & effectively from psychological distress
- Recovery: regain the ability to function adaptively in the wake of distress, impairment or dysfunction



Healthy coping skills

- Ability to orient oneself rapidly
- Planning and execution of decisive action
- * Appropriate use of assistance resources
- Tolerance of uncertainty without resorting to impulsive action
- Appropriate expression of painful emotions



i.

Unhealthy coping skills

- Excessive denial and avoidance
- Impulsive behavior
- Over-dependence
- Inability to evoke caring feelings from others
- Emotional suppression
- Substance abuse







Cultural factors influence disaster reactions and coping skills

- National origin
- Customs and traditions
- Length of residency
- Language
- Age and generation
- Gender
- Religious and political beliefs

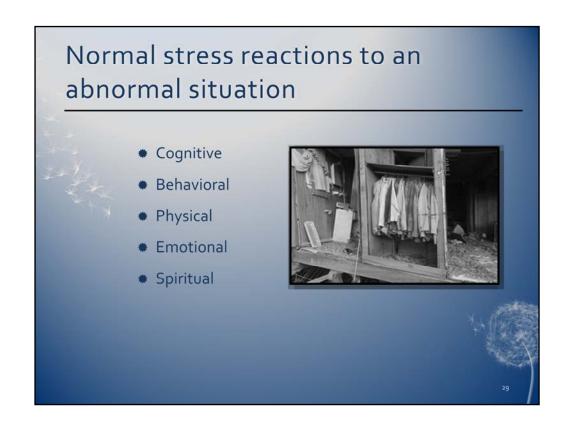
- Perceptions of family and community
- Health, well-being, disability, physical ability or limitations
- Socio-economic status
- Education level
- Geographic location

Cultural competence

Cultural competence is a set of values, behaviors, attitudes and practices that...

Enables people to:

- Work effectively across cultures
- Respect beliefs, languages, and behaviors of individuals and families receiving services and of staff providing services



Problematic stress responses to disasters

- Debilitating anxiety
- Severe dissociation
- Severe intrusive re-experiencing
- Extreme avoidance
- Severe depression
- Problematic substance abuse
- Psychotic symptoms



Four syndromes commonly seen post-disaster * Generalized anxiety disorder (GAD) * Post-traumatic stress disorder (PTSD) * Major depression * Alcohol abuse

Generalized anxiety disorder (GAD) is a pattern of frequent, constant worry and <u>anxiety</u> over many different activities and events. The main symptom is the almost constant presence of worry or tension, even when there is little or no cause. Worries seem to float from one problem to another, such as family or relationship problems, work issues, money, health, and other problems.

PTSD is an anxiety disorder that some people get after seeing or living through a dangerous event.

When in danger, it's natural to feel afraid. This fear triggers many split-second changes in the body to prepare to defend against the danger or to avoid it. This "fight-or-flight" response is a healthy reaction meant to protect a person from harm. But in PTSD, this reaction is changed or damaged. People who have PTSD may feel stressed or frightened even when they're no longer in danger.

Alcohol abuse

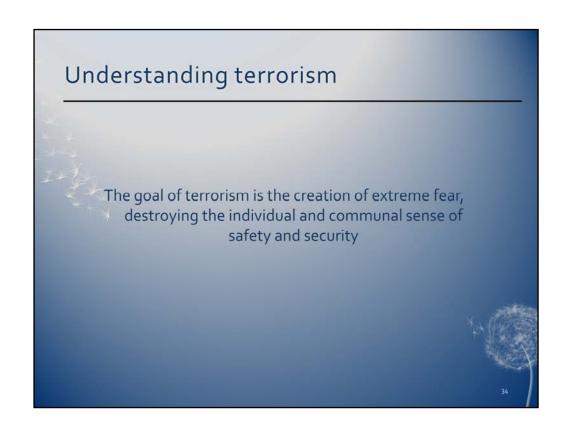
Not uncommon to see survivors of disasters use selfmedication as a coping mechanism

- Self-medication may be thought of as the self-prescribed use of any psychoactive substance in order to reduce distress
- Most common substance used in self medication is alcohol, due to ease of accessibility

Self-medication substances

Other substances self for self-medication may include:

- Caffeine
- Over- the-counter medications
- Illicit drugs
- Increased use of medications that have already been prescribed





Asymmetrical warfare: The term is very frequently used to describe what is also called "guerrilla warfare", "insurgency", "terrorism", "counterinsurgency", and "counterterrorism", essentially violent conflict between a formal military and an informal, poorly-equipped, but elusive opponent.

Psychodynamics of CBNR disasters

- Chemical, biological, nuclear, radiological (CBNR)
- Subgroup of technological disasters often referred to as "silent disasters"
- Have the added dimension of "future orientation," such as delayed medical illness, risk of birth defects, and other forms of genetic transmission

Terror-producing aspects of CBNR events

- Potential for high number of casualties
- Limited availability of treatments
- Uncertainty about effectiveness of treatments
- Contagion
- Dispersion of biological casualties

Silent Disasters...

Odorless, Invisible, Quiet

Mental health implications of CBNR disasters

- Chronic anxiety
- Depression
- · Alienation, mistrust, paranoia
- Somatic reactions—what effect the agent will have on your body

The possibility of disease to the individual or their family poses an ongoing and chronic stressor

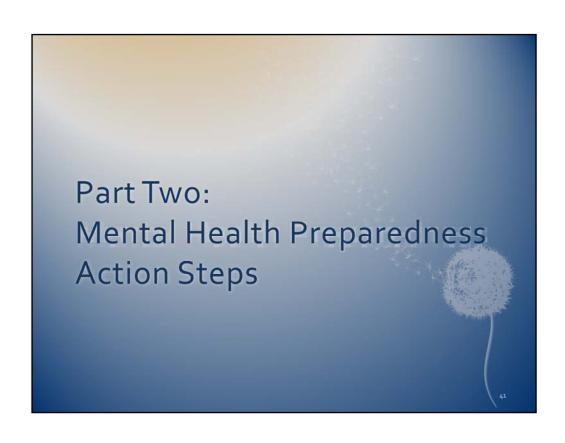
Mental health preparedness concepts - Summary

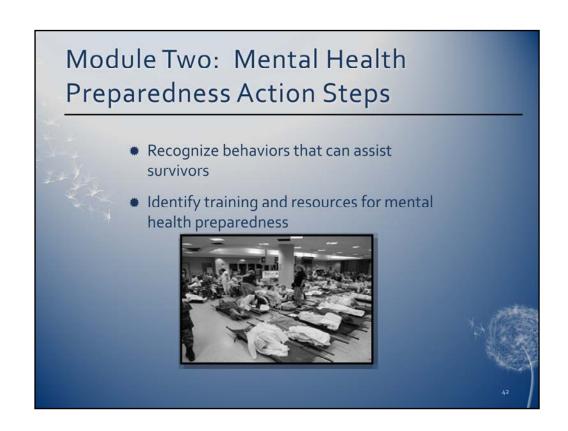
- There are physical and psychological consequences
- Stressors can range from natural disasters to terrorist events
- There are normal stress reactions to these stressors
- There are also problematic reactions to these stressors

Mental health preparedness concepts – Concluding remarks

- Be aware of physical and psychological consequences
- Prepare yourself by anticipating normal stress reactions and natural resilience

You can make a difference





Consequences of disasters can involve *loss of*

- Loved ones
- Possessions
- Employment/income
- Community/neighbors
- Dignity
- Positive self-image
- Trust in the future



Essential attributes and skills you bring to assist survivors

- Good listening skills
- Patience
- Caring attitude
- Trustworthiness
- Being approachable and culturally sensitive
- Non-judgmental
- Flexible and tolerant of chaos



Psychological first aid (PFA) * Is an approach for assisting people in immediate aftermath of disaster * Designed to reduce the initial distress for children, adolescents, adults and families

Psychological first aid - When and where

- Be used immediately following the disaster
- Needed in various settings sush as shelters, hospitals, schools, homes, family assistance centers
- As well as mass casualty collection points, clinics, other community settings

Psychological first aid – Who

- Trained mental health professionals
- First responders, public health staff, and volunteers can assist with some aspects



Psychological first aid approaches

- · Protection from danger
- Establishing safe recovery environment
- Caring for basic needs
- * Reducing the stressfulness of the new environment
- Supporting people's natural resilience
- Reducing reactions to the disaster

Psychological first aid approaches

- Activating resources and social support
- Giving information about positive coping and dealing with stressors and reactions
- Helping people refer individuals to other resources



Psychological first aid – Factors related to trauma recovery

- Sense of safety
- Coping ability
- Reduction of secondary stressors (Things other than basic needs)
- * A sense of hope

Psychological First Aid – Factors related to trauma recovery

- Keeping calm
- Connectedness with social supports
- Reduction of negative social support and negative interpretation of reactions

Psychological first aid – Focus of recovery efforts

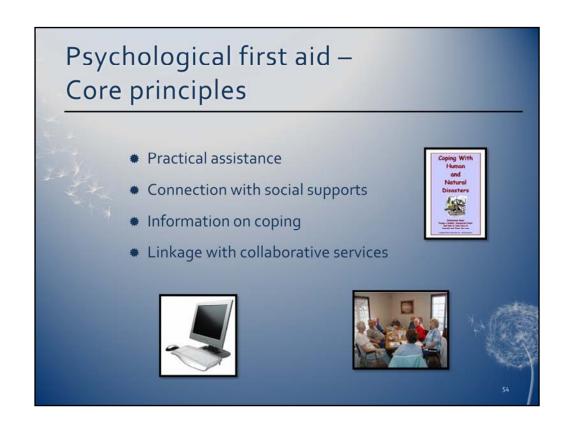
Foster a survivor's ability to:

- Continue task-oriented activity
- Regulate emotion
- * Sustain a positive sense of self-value
- Maintain and enjoy interpersonal contact with others





Psychological first aid — Core principles * Contact and engagement * Safety and comfort * Stabilization * Information gathering



Promote:

- Safety
- Calm
- Connectedness
- Self-Efficacy (relates to a person's perception of their ability to reach a goal)
- Help

Promote Safety

- Help people meet basic needs for food, shelter, and medical attention
- Provide repeated, simple, accurate information on how to get basic needs

Promote Calm

- Listen to people who wish to share their stories
- Be compassionate & friendly even if people are difficult
- Offer accurate information about disaster and relief efforts underway

Promote Connectedness

- Help people contact friends and loved ones
- Keep families together and children with parents or other relatives whenever possible



Promote Self-Efficacy

- Give practical suggestions that steer people toward helping themselves and reaching a personal goal
- Engage people in meeting their own needs

Promote Help

- Find out types and locations of services
- Direct people to available services
- If fear or worry are expressed, remind people (if you know) that more help is on the way

Psychological first aid for first responders

What you should NOT do:

- * Force people to share their stories with you
- Give simple reassurances like "Everything will be OK."
- Tell people why you think they have suffered
- Make promises that can not be kept
- Criticize existing services or relief efforts in front of people in need of these services

What you can do to manage intense emotions

Communicate calmly



- Communicate warmth
- Establish a relationship
- Use concrete questions to help the person focus



Making referrals

- Referral is the act of recommending that a person speak to a professional who is more competent to handle the difficulties and complexities of his/her needs
- Refer in consultation with your supervisor or the person who is in charge



When to refer

- Person hints or talks openly about suicide
- If there is possibility of child abuse or any criminal activity
- Person seems to be socially isolated
- Person has imaginary ideas or feelings of persecution
- Problem is beyond your training or capabilities

When to refer

- You become aware of dependency on alcohol or drugs
- When person is engaging in risky or threatening behavior
- You have difficulty maintaining real contact with the person

Or when you feel you are the only one who can help

Suicide referrals and disaster

- Suicide is relatively rare; however, research shows an increase in suicide rate in areas experiencing disasters
- Recognize that people who talk about suicide are the ones who ultimately commit suicide
- Take all threats seriously and refer in consultation with your supervisor or the person in charge

Confidentiality

- Helping a person builds trust and respect
- All discussions are confidential and private
- Personal information should not be discussed without consent

Exception: In extreme emergency when judged person will harm self or others

В

Introduction to Mental Health Preparedness Summary

- Concepts of mental health preparedness
- Skills for assisting disaster survivors

Volunteers make a difference.

<u>Thank You!</u>

