



Practical Tips for Dealing with Disaster Mental Health

As the MRC prepares to deploy, preparing to deal with mental health issues will be a priority whether you are a medical, non-medical or mental health volunteer. Here are a few tips to assist MRC volunteers in this area (remember: A, B, C, D, E, F) on providing PSYCHOLOGICAL FIRST AID in the field.

Good luck to all you.

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A: DECREASE AROUSAL

1. Protect:

Protect the survivor: PROVIDE BASIC NEEDS: survival, safety, security, food, water, medical care, shelter, clothing, etc. Remove survivors from traumatic scenes, media, onlookers, etc

Protect yourself: keep calm, be realistic, don't become a victim!

2. Connect:

Connect people with their **loved ones**, family, friends, and community

Connect to **information-** *it is the lifeline in disasters*

Provide it early and often

Be practical, be supportive and give "comfort communication"

Reassure, tell the truth when it is known, explain what is being done to deal with the problem, tell what is known and what is not known, be credible

Connect with **support resources**.

3. Respect:

Be sensitive to cultural diversity;

Know the cultural group that you are working with

Understand they may respond differently

Ask assistance of their community leaders

Don't stereotype or be judgmental

Respect individual beliefs and values

Tell them you are trying to help and ask them to help you understand

If you make a mistake, apologize.

4. Reflect:

Let people tell their story; active listening; don't push for traumatic details; provide support and a forum for people to discuss their reactions if they are so inclined

5. Direct:

People are often overwhelmed and often are unable to make simple decisions; help them problem solve in a practical way; define simple, concrete tasks

set realistic goals

Make sure you listen to what their needs are, not what you think they need

direct them step by step to the resources they have identified they need

respect their competency in decision making

B: FUNCTIONAL BEHAVIOR

1. While **panic** may be rare, people may react when they feel they are trapped, limited resources, feel at high risk or perceived lack of effective management

Dealing with angry, irrational or aggressive behaviors:

Avoid overreaction and under reaction; begin with a supportive approach that requires empathic and active listening; avoid being judgmental or dismissing the person as a “complainer”

If the person begins to give you clues, verbally and nonverbally, that they are beginning to lose control and are not rational, make sure you attempt to set some limits.

For example, if a person is getting too loud, let them know why their behavior needs to cease.

A simple explanation can often be enough. If it is not, point out that they cannot stay in the area unless they quiet down. Try to help them feel as if they have a choice. Try not to get into a no win power struggle.

If the person refuses to follow directive or crisis has occurred and all means of managing the situation have been exhausted, try to avoid physical intervention. Try to remember that most physical acting out is not premeditated violence, but often simply pent up frustration.

Be aware of your nonverbal communication.

The proximity between you and a possibly violent person may be perceived as a threat if you encroach on their “personal space” While you may be speaking in a calm voice, recognize that face to face, shoulder to shoulder may be seen as a “challenge position”. Be aware of your paraverbal communication- how you are speaking may be more important than what you are saying.

Although you may have good intentions, the person may perceive you as the threat. While you will always try to make sure that you remain rational and professional, you must also remain safe.

2. **Help people deal with their stress and anxiety in a positive manner**
Teach and apply stress management and self regulation techniques; deep breathing, relaxation techniques, finding positive coping mechanisms like exercise, finding acceptable outlets for boredom and frustration when sitting for days in a shelter.
3. Dependency, immobility and inactivity may precipitate stress
Activities such as music, singing, art; finding humor, prayer or meditation are helpful.
4. Present options and redirect to constructive tasks
5. Get people to help each other
6. Remember, it is often the **secondary stressors** that are more difficult than the primary event
7. Identify those who might be high risk and using negative coping: substance abuse, impulsive or destructive venting of anger; poor reality testing

C: CLEAR COGNITION (thinking)

1. Keep people oriented and provide reality testing
2. Clarify what has happened
3. Help them identify realistic goals and set up small steps to achieve those goals
4. Remember, thinking may be clouded. It might be difficult to listen and retain. Repeat often, have written information available
5. Be patient
6. Help “reframe” irrational thinking
7. Identify those that are unable to perform necessary everyday functions, unable to make simple decisions, disoriented to time and place, paranoia, hallucinations, extreme disturbances of memory

D: DIAGNOSTIC ISSUES

1. Focus on “normality” of disaster stress response
 - a. Most people will experience signs of distress:
 - i. Physical
 - ii. Emotional (fear, anger, irritability, hopelessness, etc)
 - iii. Cognitive (decision making, decreased attention span, memory problems , struggle to listen to directions)
 - iv. Behavioral (crying, increased substance abuse, change in sleep, etc)
 - v. Spiritual (questioning values and beliefs, loss of meaning)
2. When people are distressed over their symptoms, remind them
 - a. ***You are a normal person, experiencing a normal response to an abnormal event***
 - b. While you may not function as well as during normal times, most will return to normal functioning and SOME MAY EVEN EMERGE HEALTHIER
 - c. Expectation is recovery
 - i. *Things may never be the same, but they will get better*
3. Remember, individuals are very vulnerable and suggestible in this stage. Often they are very reluctant to seek mental health assistance for fear of being labeled.
4. LESS IS MORE
 - a. Don't initially over diagnose or over treat
 - b. Don't use mental health jargon!
5. **Identify high risk: PIE:**
 - a. Proximity
 - b. Intensity
 - c. Exposure
6. **Identify risk factors :**
 - a. Severe injury
 - b. Extensive financial loss
 - c. Major property destruction
 - d. Death of loved one
 - e. Social support
 - f. Women (higher rates of PTSD and depression)/ children/ elderly
 - g. Preexisting psychiatric illness
7. Be able **to identify mental health issues and sequelae**
 - a. Acute Stress Disorder (2 days – 1 months)
 - b. Posttraumatic Stress Disorder (only diagnosed after one month)
 - c. Major Depression
 - d. Anxiety Disorders
 - e. Substance Abuse
 - f. Bereavement
 - g. Note: special alert to domestic violence
 - h. Note: be alert to drug seeking behaviors
 - i. Remember: symptoms may also be do to medical issues: delirium from medical problems, dehydration,, withdrawal,etc
 - j. For many survivors who have had preexisting psychiatric illness, they may not have had their medication
8. **REFER WHENEVER YOU FEEL THE PROBLEM IS BEYOND YOUR SKILLS OR CAPABILITIES or**
 - a. Suicidal/ Homicidal thoughts
 - b. Serious regression/ isolation/withdrawal
 - c. Inability to function in everyday life
 - d. Significant disturbances of memory/ disorientation /confusion
 - e. Psychotic symptoms : hallucinations, paranoia
 - f. Abuse of alcohol / drugs

E: EDUCATE

1. Better than any medication --- INFORMATION treats anxiety during crisis
2. Be interactive, be firm, be direct
3. See CONNECT under AROUSAL for details
4. Educate individuals regarding:
 - a. Normal responses- what to expect
 - b. Stress Management Techniques
 - c. Adaptive Behaviors
 - d. When to seek additional help
 - e. Reinforce resiliency (positive adaptation in face of adversity is NOT extraordinary—it is the RULE, not the exception!)
 - f. Resources in community, on line, etc
5. Outreach: WALK AROUNDS- pass out prepared flyers; community organizations, etc

F: FELLOW COLLEAGUES- SELF CARE -COMPASSION FATIGUE

1. working long hours, unfamiliar situations, new challenges along with the demands from survivors for services, even antagonism toward responders coupled with survivor's fear and distress can lead to responder stress.
2. Have a support system available- don't isolate
3. Pay attention to your own reactions. Keep your arousal and anxiety down
4. Use the buddy system to monitor yourself and your fellow colleagues
5. Basic self care includes reasonable work hours, rest, exercise, healthy diet with limitations of alcohol and caffeine
- 6... Limit exposure:
 - Don't work more than 12 hr shifts
 - Rotate from high intensity to lower intensity if possible
 - Take breaks:
 - If you can't break, take 3 minutes
 - In the midst of chaos: stop, take 3 deep breaths, reach and stretch to the sky and get some oxygen to your brain and muscles to function better
 - Take some private time
7. Be reasonable with yourself
 - You are not responsible for making everything OK
 - Thought stopping: interrupt negative thoughts with positive self talk
 - Be rational
8. Keep in touch with your family and loved ones
9. Remember why you are here