For Mental Health and Human Services Workers in Major Disasters

POTENTIAL RISK GROUPS

Each disaster-affected community has its own demographic composition, prior experience with disasters or other traumatic events, rural or urban setting, and cultural representation. Consideration should be given to the following groups, as well as additional groups with particular needs residing in the disaster-affected area:

Age Groups

Cultural and Ethnic Groups

People with Serious and Persistent Mental Illness

People in Group Facilities

Human Service and Disaster Relief Workers

AGE GROUPS

Each age group is vulnerable in unique ways to the stresses of disaster. Different issues and concerns become relevant during the progression of phases in the post-disaster period. Some disaster stress reactions listed below may be experienced immediately, while others may appear months later. The following table describes possible disaster reactions of the different age groups and helpful responses to them.

Disaster Reactions and Intervention Suggestions

Ages

Behavioral Symptoms

Physical Symptoms

Emotional Symptoms

Intervention Options

1-5

- Resumption of bed-wetting, thumb sucking, clinging to parents
- Fears of the dark
- Avoidance of sleeping alone
- Increased crying

- Loss of appetite
- Stomach aches
- Nausea
- Sleep problems, nightmares
- Speech difficulties
- Tics

- Anxiety
- Fear
- Irritability
- Angry outbursts
- Sadness
- Withdrawal

- Give verbal assurance and physical comfort
- Provide comforting bedtime routines
- Avoid unnecessary separations
- Permit the child to sleep in parents' room temporarily
- Encourage expression regarding losses (i.e., deaths, pets, toys)
- Monitor media exposure to disaster trauma
- Encourage expression through play activities

6-11

- Decline in school performance
- Aggressive behavior at home or school
- Hyperactive or silly behavior
- Whining, clinging, acting like a younger child
- Increased competition with younger siblings for parents' attention

- Change in appetite
- Headaches
- Stomach aches
- Sleep disturbances, nightmares

- School avoidance
- Withdrawal from friends, familiar activities
- Angry outbursts
- Obsessive preoccupation with disaster, safety
- Give additional attention and consideration
- Relax expectations of performance at home and at school temporarily
- Set gentle but firm limits for acting out behavior
- Provide structured but undemanding home chores and rehabilitation activities
- Encourage verbal and play expression of thoughts and feelings
- Listen to the child's repeated retelling of a disaster event
- Involve the child in preparation of family emergency kit, home drills
- Rehearse safety measures for future disasters
- Coordinate school disaster program for peer support, expressive activities, education on disasters, preparedness planning, identifying at-risk children

12-18

- Decline in academic performance
- Rebellion at home or school
- Decline in previous responsible behavior

- Agitation or decrease in energy level, apathy
- Delinquent behavior
- Social withdrawal

- Appetite changes
- Headaches
- Gastrointestinal problems
- Skin eruptions
- Complaints of vague aches and pains
- Sleep disorders

- Loss of interest in peer social activities, hobbies, recreation
- Sadness or depression
- Resistance to authority
- Feelings of inadequacy and helplessness

- Give additional attention and consideration
- Relax expectations of performance at home and school temporarily
- Encourage discussion of disaster experiences with peers, significant adults
- Avoid insistence on discussion of feelings with parents
- Encourage physical activities
- Rehearse family safety measures for future disasters
- Encourage resumption of social activities, athletics, clubs etc.
- Encourage participation in community rehabilitation and reclamation work
- Coordinate school programs for peer support and debriefing, preparedness planning, volunteer community recovery, identifying at-risk teens

ADULTS

- Sleep problems
- Avoidance of reminders
- Excessive activity level
- Crying easily
- Increased conflicts with family
- Hypervigilance
- Isolation, withdrawal

- Fatigue, exhaustion
- Gastrointestinal distress
- Appetite change
- Somatic complaints
- Worsening of chronic conditions

- Depression, sadness
- Irritability, anger
- Anxiety, fear
- Despair, hopelessness
- Guilt, self doubt
- Mood swings

- Provide supportive listening and opportunity to talk in detail about disaster experiences
- Assist with prioritizing and problem-solving
- Offer assistance for family members to facilitate communication and effective functioning
- Assess and refer when indicated

- Provide information on disaster stress and coping, children's reactions and families
- Provide information on referral resources

OLDER ADULTS

- Withdrawal and isolation
- Reluctance to leave home
- Mobility limitations
- Relocation adjustment problems

- Worsening of chronic illnesses
- Sleep disorders
- Memory problems
- Somatic symptoms
- More susceptible to hypo- and hyperthermia
- Physical and sensory limitations (sight, hearing) interfere with recovery

- Depression
- Despair about losses
- Apathy
- Confusion, disorientation
- Suspicion
- Agitation, anger
- Fears of institutionalization
- Anxiety with unfamiliar surroundings
- Embarrassment about receiving "hand outs"

- Provide strong and persistent verbal reassurance
- Provide orienting information
- Use multiple assessment methods as problems may be under reported
- Provide assistance with recovery of possessions
- Assist in obtaining medical and financial assistance
- Assist in reestablishing familial and social contacts
- Give special attention to suitable residential relocation
- Encourage discussion of disaster losses and expression of emotions
- Provide and facilitate referrals for disaster assistance
- Engage providers of transportation, chore services, meal programs, home health, and home visits as needed.

CULTURAL AND ETHNIC GROUPS

Workers must respond specifically and sensitively to the various cultural groups affected by a disaster. Ethnic and racial minority groups may be especially hard hit, because of socioeconomic conditions that force the community to live in housing that is particularly vulnerable. Language barriers, suspicion of governmental programs due to prior experiences, rejection of outside interference or assistance, and differing cultural values can present challenges for workers in gaining access and acceptance.

Cultural sensitivity is conveyed when disaster information and application procedures are translated into primary spoken languages and available in non-written forms. Cultural groups have considerable variation regarding views of loss, death, home, the family, spiritual practices, grieving, celebrating, mental health, and helping. It is essential that workers learn about the cultural norms, traditions, local history, and community politics from leaders and social service workers indigenous to the groups they are serving. Establishing working relationships with trusted organizations, service providers, and community

leaders often facilitates increased acceptance. It is especially important for workers to be respectful, well-informed, and to dependably follow through on stated plans.

PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

Many disaster survivors with mental illness function fairly well following a disaster, if most essential services have not been interrupted. They have the same capacity to "rise to the occasion" and perform heroically as the general population during the immediate aftermath of the disaster. However, for others who may have achieved only a tenuous balance before the disaster, additional mental health support services, medications, or hospitalization may be necessary to regain stability. For survivors diagnosed with Post-traumatic Stress Disorder (PTSD), disaster stimuli (e.g., helicopters, sirens) may trigger an exacerbation due to associations with prior traumatic events.

The range of disaster mental health services designed for the general population is equally beneficial for survivors with mental illness; disaster stress affects all groups. Workers need to be aware of how people with mental illness are perceiving disaster assistance and services and build bridges that facilitate access where necessary.

PEOPLE IN GROUP FACILITIES

People who are in group facilities or nursing homes during a disaster are susceptible to anxiety, panic, and frustration as a consequence of their limited mobility and dependence on caretakers. The impact of evacuation and relocation on those with health or functional impairments can be tremendous. Dependence on others for care or on medical resources for survival contributes to heightened fear and anxiety. Change in physical surroundings, caregiving personnel, and routines can be extremely difficult.

Both the staff and patients/residents of evacuated or disaster-impacted group facilities are in need of support services. Interventions for these groups include reestablishing familiar routines, including residents in recovery and housekeeping activities when appropriate, providing supportive opportunities to talk about disaster experiences, assisting with making contact with loved ones, and providing information on reactions to disaster and coping.

HUMAN SERVICE AND DISASTER RELIEF WORKERS

Workers in all phases of disaster relief, whether law enforcement, local government, emergency response, or survivor support, experience considerable demands to meet the needs of the survivors and the community. Depending on the nature of the disaster and their role, relief workers may witness human tragedy, fatalities, and serious physical injuries. Over time, workers may show the physical and psychological effects of work overload and exposure to human suffering. They may experience physical stress symptoms or become increasingly irritable, depressed, over-involved or unproductive, and/or show cognitive effects like difficulty concentrating or making decisions. Mental health workers may intervene by suggesting or using some of the strategies described in the next section.

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