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Roles of Psychiatrists on Multidisciplinary Mental Health Disaster Teams

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American Red Cross policy minimizes professional conflict in disaster mental health work by using only volunteer mental health professionals as general crisis workers. This policy is effective, but it limits the activities unique to each professional, and for psychiatrists, it disallows the provision of psychiatric medication.

In 1996 the American Red Cross and the American Psychiatric Association established a joint disaster intervention plan. The significant issues identified were cooperative relationships among mental health disciplines in disaster settings and specific roles for psychiatrists. Three examples of successful roles for psychiatrists in disaster work are presented here.

The first example is the training of community professionals. After the Great Midwestern Flood of 1993, Dr. Carol North, a psychiatrist and disaster researcher, in collaboration with the St. Louis Mental Health Association, the American Red Cross, and the Eastern Missouri Psychiatric Society organized a crash course to train 250 local area mental health professionals in disaster work and estab

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bono psychiatric services at six area hospitals. Fortunately, few individuals needed these traditional se

This experience demonstrated that individuals under stress from a disaster did not generally seek men treatment, particularly not outside their own communities. Project CREST (Community Resources for Education, Support, and Training) was created to deliver mental health support in communities with u local human resources—health and mental health professionals of various disciplines, teachers, clergy firefighters, and others—in quasi-mental health roles. Dr. North and Barry Hong, Ph.D., a psychologi: designed the program and delivered training to psychologists, psychiatric residents, psychiatric nurses nurse specialists, clinical social workers, marital and family counselors, and activity therapists. These professionals in turn provided training to 2,800 community resource persons on emotional support, cr counseling, assessment for psychiatric referral, and triage.

The second example is one of coordination and direction of services. Few psychiatrists serve as active American Red Cross volunteers. Frank Ochberg, M.D., one of the most active, has assisted at four ma disasters, including a January 1997 commuter plane crash in Michigan in which 29 passengers were k provided direct intervention to the families of the plane crash victims, collaborated with local counsel members of the clergy, and supported the psychologist assigned to the temporary morgue.

Dr. Ochberg identified the most important function of a disaster team as a "ministry of presence." His members accompanied families to the disaster site, provided crisis counseling, and assisted with proce emergency medication through primary care providers.

The third example entails the mobilization of an existing disaster network. Rebecca Daily, M.D., a chi psychiatrist, had previous disaster experience providing services after a tornado and after two shooting rampages. In these settings, she cooperated with various mental health professionals from nondisaster health settings: psychologists, social workers, child psychiatrists, and fellows and residents. Thus, wh bomb exploded at the Alfred P. Murrah federal building in Oklahoma City on April 9, 1995, Dr. Daily ready-to-assemble team from her previous efforts.

Dr. Daily identified four essential elements for the successful disaster intervention in her situation. Fir individuals were in place to recruit disaster-trained workers and to navigate organizational structures. flexibility was provided by prearranged coverage of workers' usual duties during disaster relief operat by support from administration and peers. Third, team debriefing was conducted. And fourth, she had knowledge of the team's training, strengths, and weaknesses.


These three scenarios exemplify successful cooperative efforts in mental health working relationships facilitated by psychiatrists to serve disaster victims. Cooperation may be best realized when team men share a professional affiliation or a history of working together in previous disasters or in preparation possible disaster. Having a mental health disaster team in readiness should be a goal for many commu

Multidisciplinary mental health disaster response teams can consider using members' unique professic For example, psychiatrists can assess medical and pharmacologic treatment needs, social workers can

triage to available community resources, and psychologists can assist traumatized survivors with behavior models of coping and with formalized assessment. The role of psychiatrists will vary by community and each particular disaster.

Footnotes

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