

Emergency Preparedness & Response

Navigation for the CDC Emergency Preparedness and Response Website

- [Home](#)
- [Emergency Preparedness & You](#)
- [Agents, Diseases, & Other Threats](#)
- [Bioterrorism](#)
- [Chemical Emergencies](#)
- [Mass Casualties](#)
- [Natural Disasters & Severe Weather](#)
- [Radiation Emergencies](#)
- [Recent Outbreaks & Incidents](#)
- [Mental Health](#)
- [Lab Information](#)
- [Training & Education](#)
- [Preparation & Planning](#)
- [Surveillance](#)
- [News](#)
- [Related Links](#)
- [What's New](#)

Additional Navigation for the EPR Website

[Coping With Disasters](#) > [State & Local Health Departments](#) >

Disaster Mental Health for States: Key Principles, Issues & 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 Responders and as a general primer. Sources of additional information are listed at the end of this document.*

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 (90 KB/)

What Should Happen During First Four Weeks of a Disaster (*Important first steps would include the following actions.*)

- Meet basic needs (food, shelter, clothing...)
- Provide Psychological First Aid (ABCs)
 - **Arousal:** Decrease excitement (provide safety, comfort, consolation)
 - **Behavior:** Assist survivors to function effectively in disaster
 - **Cognition:** Provide reality testing and clear information
- Provide needs assessments
- Monitor the recovery environment (conducting surveillance)
- Provide outreach and information dissemination
- Provide technical assistance, consultation and training
- Foster resilience, coping and recovery
- Provide triage
- Provide treatment

Questions to Address in Disaster Mental Health Response Plan (*Answering these questions in a disaster can help you and your team better prepare.*)

Community Demographic Characteristics

- Who are the most vulnerable people in the community? Where do they live?
- What kinds of families live in the community (i.e., single-parent households)?
- How could individuals be identified and reached in a disaster?
- Are policies and procedures in place to collect, maintain, and review current demographic information for an area that might be affected by a disaster?

Cultural Groups

- What cultural groups (ethnic, racial, and religious) live in the community?
- Where do they live, and what are their special needs?
- What are their values, beliefs, and primary languages?
- Who is knowledgeable about the culture or is an informal leader in the community?

Socioeconomic Factors

- Are there recognizable socioeconomic groups with special needs?
- How many live in rental property? How many own their own homes?
- Does the community have any special economic considerations that might affect people?

to disaster?

Mental Health Resources

- What mental health service providers serve the community?
- What skills and services does each provider offer?
- What gaps, including lack of cultural competence, might affect disaster services?
- How could the community's mental health resources be used in response to different types of disasters?

Government roles and Responsibilities in a Disaster

- What are the Federal, State, and local roles in disaster response?
- How do Federal, State, and local agencies relate to one another?
- Who would lead the response during different phases of a disaster?
- What mutual aid agreements exist?
- How can mental health services be integrated into the government agencies' disaster response?
- Do any subgroups in the community harbor any historical or political concerns that affect government?

Nongovernmental Organizations' Roles in a Disaster

- What are the roles of the American Red Cross (ARC), interfaith organizations, and other organizations?
- What resources do nongovernment agencies offer, and how can local mental health services be integrated into their efforts?
- What mutual aid agreements exist?
- How can mental health providers collaborate with private disaster relief efforts?

Community Partnerships

- What resources and support would community and cultural/ethnic groups provide during disaster?
- Do the groups hold pre-existing mutual aid agreements with any State or county agencies?
- Who are the key informants/gatekeepers of the impacted community?
- Has a directory of cultural resource groups, potential volunteers, and community informant knowledge about diverse groups been developed?
- Are the community partners involved in all phases of disaster preparedness, response, and recovery operations?

Example of State Mental Health Assoc. Response to Terrorism

Pre-Event Phase

- Build relationships with public health officials, community stakeholders, private and public providers, and school officials
- Identify alternate channels of information to and from targeted communities
- Conduct baseline health surveillance (to look for both physical and mental health outcomes)
- Identify special populations and characteristics relevant to recovery
- Collaborate with public health and emergency response planning groups
- Train mental health professionals and qualified paraprofessionals to perform a range of interventions including Psychological First Aid, triage, outreach and education
- Train provider groups including public health nurses, school health professionals, community workers, etc. in psychosocial consequences of terrorism/disasters
- Train and exercise agency and state preparedness plans under public health and emergency management response leads
- Prepare public education and risk communication templates

Response Phase

- Consult on the development of risk communication
- Meet basic safety and security needs of target populations
- Perform Psychological First Aid at impact site(s) (“States” document has more information)
- Monitor the impact environment and initiate responses appropriate to the findings
- Distribute educational information appropriate to the event
- Offer technical assistance, consultation and training to emergency response managers

Recovery Phase

- Institute surveillance and needs assessment across the affected communities
- Monitor emerging needs of special populations
- Field evidence-informed interventions to support natural recovery processes, foster resilience, and treat acute distress
- Train and enhance capacity of social support networks
- Promote availability of and ongoing need for recovery resources
- Anticipate and plan to deal with trauma reminders

Potential Risk Groups *(Certain individuals/groups are more vulnerable than others.)*

- Age groups (Infants, children and seniors)
- Cultural and Ethnic Groups (immigrants, non-English speakers, undocumented aliens etc)
- Low-visibility groups (homeless, mobility-impaired, unemployed, mentally-challenged etc)
- People with Serious and Persistent Mental Illness
- People in Group Facilities (hospitals, nursing homes, assisted living homes, prisons)
- Human Service and Disaster Relief Workers

Risk Factors For Children *(Example from just one special needs population)*

- Death or serious injury of family member or close friend
- Witnessing grotesque destruction in person or via the media
- Exposure to life threat
- Separation from parents
- High level of family stress
- Recent stressful life events
- Prior functioning problem

Common Disaster Worker Stress Reactions *(See list in: “Disaster Mental Health for Response Principles, Issues and Questions”)*

Organizational Approaches to Avoid/Reduce Stress Checklist *(Several important things can minimize or reduce unnecessary sources of stress.)*

- Effective Management Structure and Leadership
 - Clear chain of command and reporting relationships
 - Available and accessible clinical supervisor
 - Disaster orientation provided for all workers
 - Shifts no longer than 12 hours with 12 hours off
 - Briefings provided at beginning of shifts as workers exit/enter
 - Necessary supplies available (paper, pens, PCs...)
 - Communication tools available (cell phones, radios...)
- Clear Purpose and Goals (clearly defined intervention goals/strategies)
- Functionally Defined Roles
 - Staff oriented and trained with written role descriptions
 - When setting is under other agency’s jurisdiction, roles clear
- Team Support
 - Buddy system for support and monitoring stress reactions
 - Positive atmosphere of support and tolerance. Say “good job” often
- Plan for Stress Management
 - Workers’ functioning assessed regularly
 - Workers rotate between low-, mid-, and high-stress tasks
 - Breaks and time away from assignment encouraged
 - Education about signs/symptoms of workers stress & coping strategies

- Individual and group defusing and debriefing considered (might be contraindicated)
- Exit plan for workers leaving operation (reentry, efforts recognized)
- Number of tours of duty clarified

Some of the Sources of Information Used in this Overview

[The Centers for Public Health Preparedness Program](#)

[American Psychiatric Association](#)

[National Center for Post Traumatic Stress Disorder](#)

[The National Child Traumatic Stress Network](#)

[Uniformed Services University of the Health Sciences](#)

[U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration](#)

[Emergency Home](#) [What's New](#) [Search Emergency Site](#)

Additional Navigation for the CDC Website

[CDC Home](#) [Policies and Regulations](#) [Disclaimer](#) [e-Government](#) [FOIA](#) [Contact Us](#)

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