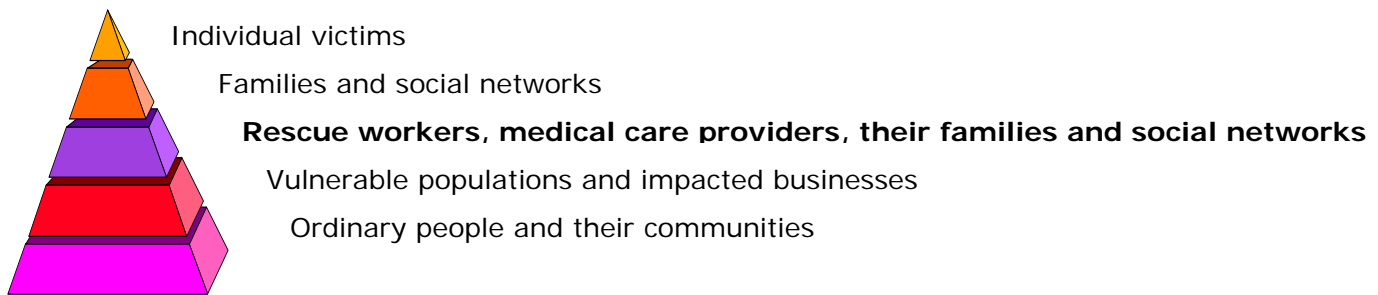




Disaster Mental Health Primer: Key Principles, Issues and Questions

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 city, county and state Public Health officials and as a general primer. Sources of additional information are listed at the end of this document.*

The Impact Pyramid *(The victim count only represents the tip of the iceberg.)*

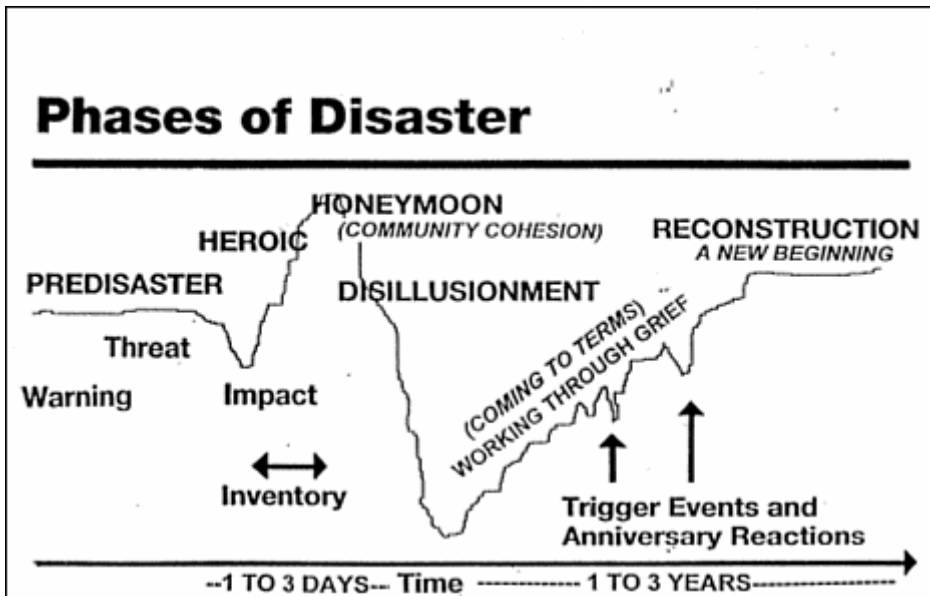


Guiding Principles *(It is helpful to keep these points in mind when preparing for or responding to a disaster.)*

- No one who experiences a disaster is untouched by it.
- Most people pull together and function during and after a disaster, but their effectiveness is diminished.
- Mental health concerns exist in most aspects of preparedness, response and recovery.
- Disaster stress and grief reactions are “normal responses to an abnormal situation.”
- Survivors respond to active, genuine interest and concern.
- Disaster mental health assistance is often more practical than psychological in nature (offering a phone, distributing coffee, listening, encouraging, reassuring, comforting).
- Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feelings of helplessness related to Federal, State, and non-profit agencies’ disaster assistance programs. They may reject disaster assistance of all types.

Phases of a Disaster *(General Principles. No precise, universal timeline exists. Responses vary by disaster. These phases first were observed/described in natural disasters.)*

Disaster Mental Health Primer: Key Principles, Issues and Questions
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- **Warning of Threat:** Ranges from no advance notice (suicide bomber) to weeks (hurricane)
- **Impact: Actual onset of disaster** Varies. BT has fuzzy beginning/end; bombing is precise
- **Rescue or Heroic:** People watch out for, protect, even risk own safety to save strangers
- **Remedy or Honeymoon:** People initially pitch in and collaborate for the collective good
- **Inventory:** External resources begin to come online—people watch what goes where
- **Disillusionment:** Resource allocation often seen as too little too late, poorly distributed
- **Reconstruction and Recovery:** People move beyond self interests and start to rebuild

Factors That Determine the Stressfulness of a Disaster *(Individual responses are a function of the interplay of multiple factors.)*

Features of the Disaster

- | | |
|----------------------------------|--------------------------------------|
| Familiarity with the event | Avoidability of the event |
| Suddenness of its onset | Intensity of its impact |
| Course and duration of the event | Degree to which it can be controlled |

Community or Societal Factors

- | | |
|---------------------------------------|---|
| Previous level of community resources | Community's level of preparedness |
| Extent and nature of damage done | Community's experience with such an event |
| Consequent social/political unrest | Availability of resources to rebuild |

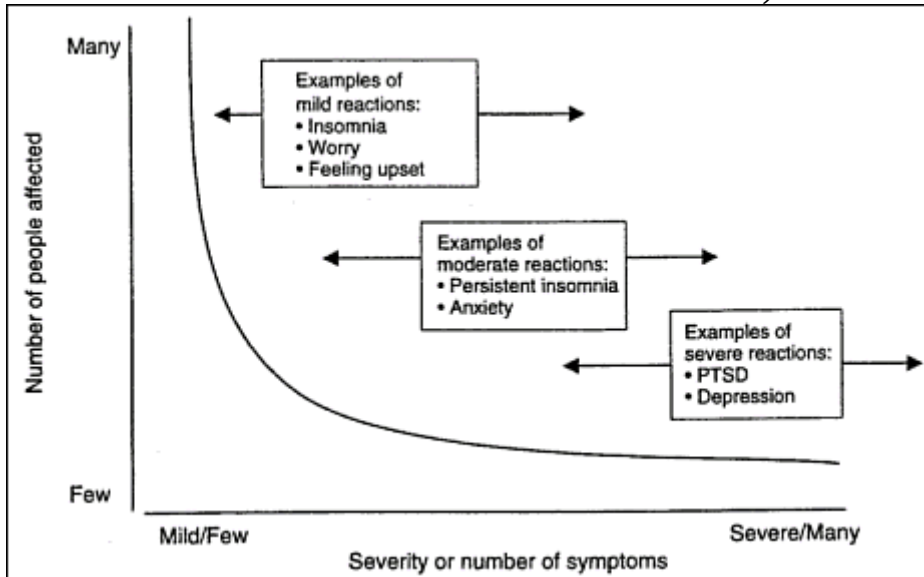
Characteristics of the Individuals Involved

- | | |
|--|---|
| Actual losses (and threat of loss) | Previous experience with similar events |
| Level of background stress in one's life | Physical or psychological closeness to event |
| Effectiveness of one's coping mechanisms | Nature and extent of available social support |

Disaster Mental Health Primer: Key Principles, Issues and Questions

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Severity of Psychological Reaction After a Traumatic Event *(Most people affected by a traumatic event "recover" without external intervention.)*



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, prisons)
- Human Service, Healthcare and Disaster Relief Workers

Survivor's Needs & Reactions *(While people respond differently, there are common needs.)*

- A concern for basic survival
- Grief over loss of loved ones and loss of valued/meaningful possessions
- Fear and anxiety about personal safety and physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from the disaster
- Concerns about relocation and the related isolation or crowded living conditions
- A need to talk, often repeatedly, about events and feelings associated with the disaster
- A need to feel one is a part of the community and its recovery efforts

Reactions that Signal Possible Need for Mental Health Referral *(Many responses to trauma are expected, but some require extra attention and concern.)*

- Disorientation (dazed, memory loss, unable to give date/time or recall recent events...)
- Depression (pervasive feeling of hopelessness & despair, withdrawal from others...)
- Anxiety (constantly on edge, restless, obsessive fear of another disaster...)
- Mental Illness (hearing voices, seeing visions, delusional thinking...)
- Inability to care for self (not eating, bathing, changing clothing or handling daily life)
- Suicidal or homicidal thoughts or plans
- Problematic use of alcohol or drugs
- Domestic violence, child abuse or elder abuse

Common Disaster Worker Stress Reactions *(See list in: "Disaster Mental Health for Responders: Key Principles, Issues and Questions")*

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Disaster Mental Health Primer: Key Principles, Issues and Questions

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Stress Basics. *(A quick review to help keep stress in perspective.)* **Stress is:**

- Normal
- Necessary
- Productive and destructive
- Acute and delayed
- Cumulative
- Identifiable
- Preventable (Much stress is); Manageable (Most stress is)

Some of the Sources of Information Used in this Overview

Academic & Specialty Centers for Public Health Preparedness

(<http://www.phppo.cdc.gov/owpp/cphp.asp>)

American Psychiatric Association

(<http://www.psych.org/>)

National Center for Post Traumatic Stress Disorder

(<http://www.ncptsd.org>)

The National Child Traumatic Stress Network

(http://www.nctsnet.org/nccts/nav.do?pid=hom_main)

Uniformed Services University of the Health Sciences

(<http://www.usuhs.mil/psy/traumaticstress/newcenter.html>)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

(<http://www.mentalhealth.samhsa.gov/publications/allpubs/ADM90-537/Default.asp>)

For more information, visit www.bt.cdc.gov
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).