

Mental Health

OVERVIEW

Many residents and emergency response staff will need multiple mental health services during and after a disaster. County mental health services provide trained counselors to help people identify their immediate needs as well as connect them to appropriate resources. Public Information Officers (PIOs) will work with mental health staff to create psychologically helpful messages.

OBJECTIVES

- Link and coordinate with mental health services to offer disaster mental health services.
- Maintain contact and assistance to existing mental health clients and continue drug and alcohol-related services during the disaster response.
- Provide critical incident stress management and mental health referral and treatment to emergency responders, disaster victims, and victims’ families.

ACTIVATION

The Public Health Director/designee notifies the mental health services director when the Public Health Department Operations Center (DOC) is activated for an emergency that may have major mental health consequences.

The mental health services director assigns a staff member to serve as agency representative to the response organization.

ADDITIONAL RESOURCES

For More Information:

- Tab B, Mass Prophylaxes
- Tab C, Medical Care Point
- Tab D, Rapid Screening Point
- Tab E, Isolation and Quarantine
- Tab F, Evacuation/Shelter-in-Place
- Tab G, Risk Communication

Appendices:

- Ma: Info for Emergency Response Workers
- Mb: What You Can Do On-Site
- Mc: What You Can Do At Home
- Md: Communicating with the Public
- Me: Clinical Guidelines for ASD or PTSD
- Mf: Interventions for ASD and PTSD

Mental Health Services During Emergencies

TASK	REFERENCE	COMPLETED
<p>Manage Current Caseload. In emergencies, mental health services still need to manage current caseloads of mental health clients. Mental health teams visit shelters and other incident facilities and operations to provide crisis-counseling services and to locate their regular clients in order to ensure there is no interruption in their treatment, particularly with regard to regular medications. Maintaining up-to-date daily inventories of special needs populations and drug rehabilitation caseloads is important.</p>		
<p>Provide crisis management. After immediate needs for rescue, medical care, emergency shelter, food and clothing are met, mental health recovery is the focus. Mental health professionals play an important role in crisis management in mass casualty situations and at mass care facilities; training mental health personnel for emergency response is critical. Mental health professionals also assist in reuniting family members who might have become separated in the emergency. Per Christine: Should we include section outlining MH roles we have identified within our response operations i.e. MCPs, Mass clinics, RSPs?</p>	<p>Tabs B, C, D, E, F</p>	
<p>Provide recovery planning and services. Mental health services establish and maintain a registry of mental health professionals trained to provide critical incident stress management and disaster counseling to emergency response personnel and the public. In emergencies, they provide disaster/emergency related mental health services as appropriate to the nature of the event, such as critical incident stress debriefing, crisis intervention, short and long-term recovery planning and service delivery.</p>	<p>Tabs B, C, D, E, F</p>	
<p>Provide community interventions. It may become necessary to send mental health teams door-to-door in the impacted area to assess mental health needs of residents and to intervene as needed. If social service, medical or other needs are identified, these teams assist and make referrals to the appropriate agency for follow-up.</p>	<p>Ma</p>	
<p>Request additional mental health services. Additional mental health services are requested through the State Emergency Operations Center (EOC) if County capability is over-extended. Similarly, the State requests additional services through the Federal Response Plan (FRP) if the State capacity is reached.</p>		
<p>Use Risk Communication. Coordinate, using risk communication strategies, with other local, state, and federal agencies involved in the emergency to notify internal/external stakeholders and the public. Prepare public information materials relating to victim support and stress management.</p>	<p>Tab G</p>	

<p>The Incident Commander arranges for mental health service messages to be included in risk communication efforts. Mental health services provide information and public education through the Information Officer (IO), covering:</p> <ul style="list-style-type: none">• General disaster mental health information.• Specific disaster mental health information including psychological reactions to disasters, trauma and bioterrorist threats/events.• Referral information.• Available services.		
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Appendix Ma: **Traumatic Incident Stress: Emergency Response Workers**

Disasters take many forms and demand quick response from emergency workers. They may include natural disasters such as earthquakes or hurricanes, or they may involve manmade disasters such as technological failures or terrorist attacks. As a member of an emergency response team, you and your team members are at risk of experiencing what psychologists refer to as a **traumatic incident**—an incident that may involve exposure to catastrophic events, severely injured children or adults, dead bodies or body parts, or the loss of colleagues, for instance.

Traumatic incidents can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later:

You may experience any of the physical, cognitive, emotional, or behavioral symptoms listed below in Table 1. Some people experience emotional aftershocks weeks or months after they have passed through a traumatic event. Others may experience these reactions while still at the scene, where they must stay clearly focused on constantly changing hazards to maintain their own safety and to rescue injured victims.

Remember that strong emotions are normal reactions to an abnormal situation!

Table 1. Symptoms of stress that may be experienced during or after a traumatic incident

Physical*	Cognitive	Emotional**	Behavioral
Chest pain*	Confusion	Anxiety	Intense anger
Difficulty breathing*	Nightmares	Guilt	Withdrawal
Shock symptoms*	Disorientation	Grief	Emotional
Fatigue	Heightened or	Denial	outburst
Nausea/vomiting	lowered alertness	Severe panic (rare)	Temporary loss or
Dizziness	Poor concentration	Fear	increase of
Profuse sweating	Memory problems	Irritability	appetite
Rapid heart rate	Poor problem solving	Loss of emotional	Excessive alcohol
Thirst	Difficulty identifying	control	consumption
Headaches	familiar objects or	Depression	Inability to rest,
Visual difficulties	people	Sense of failure	pacing
Clenching of jaw		Feeling overwhelmed	Change in sexual
Nonspecific aches and pains		Blaming others or self	functioning

***Seek medical attention immediately** if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils).

**** Seek mental health support** if your symptoms or distress continue for several weeks or interfere with your daily activities.

Appendix Mb: What You Can Do On-site

Taking care of yourself will help you to stay focused on hazards at the site and to maintain the constant vigilance you need for your own safety. Often responders do not recognize the need to take care of themselves and to monitor their own emotional and physical health—especially when recovery efforts stretch into several weeks.

The following guidelines contain simple methods for helping yourself. Read them while you are at the site and again after you return home.

- Pace yourself. Rescue and recovery efforts at the site may continue for days or weeks.
- Take frequent rest breaks. Rescue and recovery operations take place in extremely dangerous work environments. Mental fatigue over long shifts can place emergency workers at greatly increased risk for injury.
- Watch out for each other. Co-workers may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Be conscious of those around you. Responders who are exhausted, feeling stressed, or even temporarily distracted may place themselves and others at risk.
- Maintain as normal a schedule as possible: **regular eating and sleeping are crucial**. Adhere to the team schedule and rotation.
- Make sure that you drink plenty of fluids such as water and juices.
- Try to eat a variety of foods and increase your intake of complex carbohydrates (for example, breads and muffins made with whole grains, granola bars).
- Whenever possible, take breaks away from the work area. Eat and drink in the cleanest area available.
- Recognize and accept what you cannot change—the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when **YOU** feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provides you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible.

Appendix Mc: What You Can Do At Home:

Over time, your impressions and understanding of your experience will change. This process is different for everyone. No matter what the event or your reaction to it, you can follow some basic steps to help yourself adjust to the experience:

- Reach out—people really do care.
- Reconnect with family, spiritual, and community supports.
- Consider keeping a journal.
- Do not make any big life decisions.
- Make as many daily decisions as possible to give yourself a feeling of control over your life.
- Spend time with others or alone doing the things you enjoy to refresh and recharge yourself.
- Be aware that you may feel particularly fearful for your family. This is normal and will pass in time.
- Remember that "getting back to normal" takes time. Gradually work back into your routine. Let others carry more weight for a while at home and at work.
- Be aware that recovery is not a straight path but a matter of two steps forward and one back. You will make progress.
- Appreciate a sense of humor in yourself and others. It is OK to laugh again.
- Your family will experience the disaster along with you. You need to support each other. This is a time for patience, understanding, and communication.
- Avoid overuse of drugs or alcohol. You do not need to complicate your situation with a substance abuse problem.
- Get plenty of rest and normal exercise. Eat well balanced, regular meals.

From the CDC website: www.cdc.gov/niosh/unp-trinstrs.html

Appendix Md: Communicating with the Public: Best Practices/ Tips

Make Your Job Easier With These Steps:

Reach out—Smile, touch forearms or shoulders, use names.

Expect anger—Anger is generated by fear and unwanted dependence on others.

Speak slowly—You have it all memorized, your customer does not.

Please is pleasant—Please remember to say please every time with direct eye contact.

Engage customers—Ask them to help you. Give them things to do to help others.

Consistency is vital—All should hear the same thing and be treated the same way (no favorites).

Take time for yourself—Respect yourself and avoid burnout with rest breaks.

Understand Your Customers' Feelings

- Crises cause fear, confusion, dread, denial
- Uncertainty is the greatest concern for most in a crisis
- They are seeking restored self-control
- Stress makes it harder to learn new tasks
- Authority figures can be intimidating
- Intimidated people say "yes" and may think "no"
- Any useful information is empowering
- Family members and pets are priorities

R.E.S.P.E.C.T and Understanding Helps You and Me

A positive Mass Clinic Experience Can Help:

Increase resiliency in the community and speed recovery.

Reduce feelings of hopelessness and helplessness.

Improve individual therapy completion (compliance).

Allow customers to ask questions now, not later.

Save lives and reduce illness.

Validate your contribution to others' well-being.

Top Tips:

- Show empathy and caring
- Be honest and open to all
- Don't over reassure
- Express wishes (I wish I had answers)
- Explain how to get answers
- Acknowledge people's fear
- Give people things to do
- Ask more of people—Ask for their support
- Under promise and over deliver
- Be flexible and tolerate differences

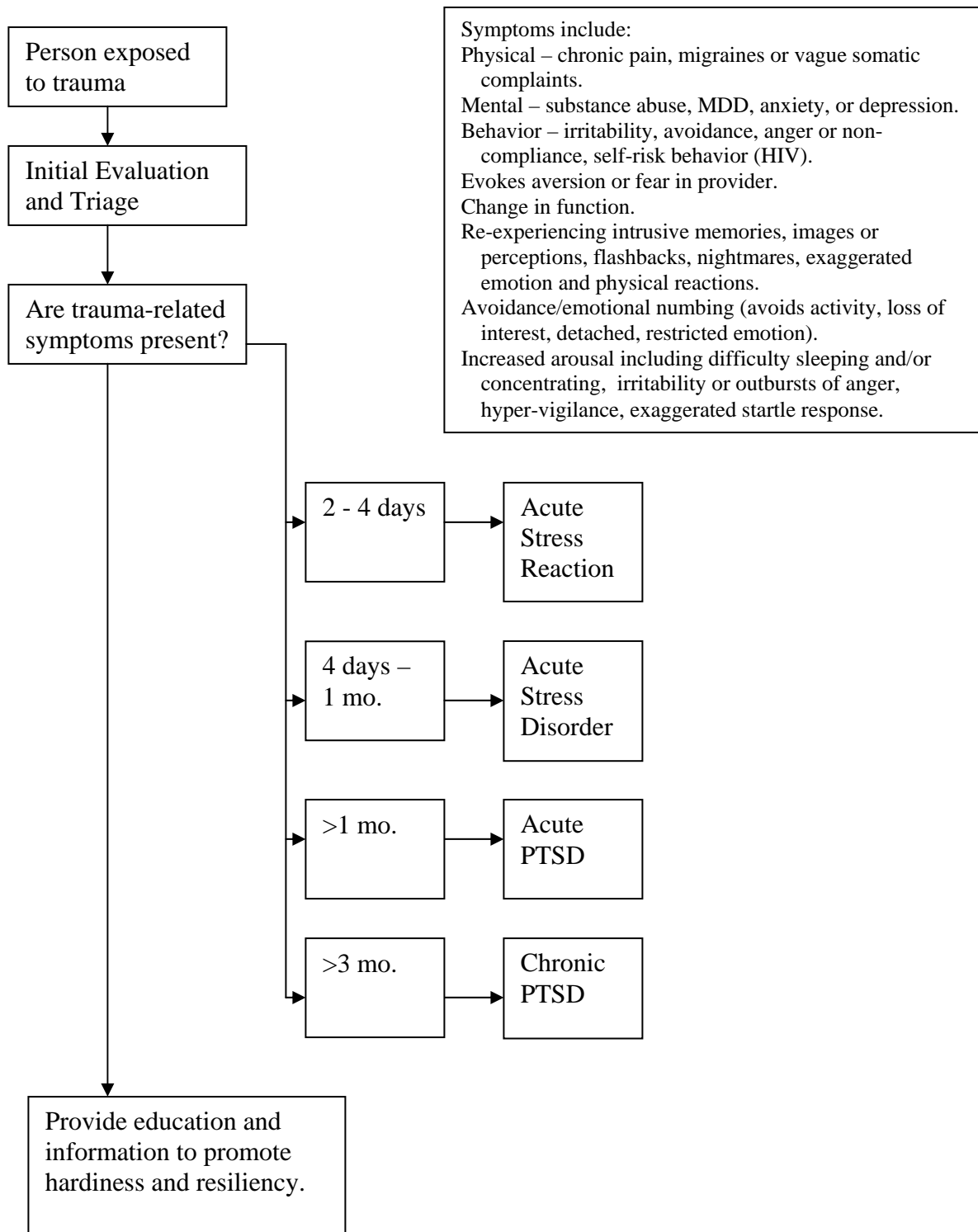
Special Concerns:

- Avoid jargon and acronyms
- Give directions in the positive
- Simple directions are best for all
- Consider the hearing and visually impaired
- Consider the cognitively impaired

Your Kindness Today Will be Rewarded

Adapted from materials developed for SNS PIC Toolkit.
Source: Barbara Reynolds, Office of Communications, CDC

Appendix Me: Clinical Practice Guidelines for Management of Acute Stress Disorder (ASD) or Post Traumatic Stress Disorder (PTSD)



Adapted from VA/DoD Pocket Guide: <http://www.oqp.med.va.gov>

Appendix Mf: Interventions for ASD and PTSD

Effectiveness of Various Interventions in Post Trauma Stress Syndromes				
	Significant Benefit	Some Benefit	Unknown	No Benefit/Harm
Pharmacotherapy Interventions				
A S D		Imipramine (B) Propranolol (C)	Benzodiazepines (I) Other Sympatholytics (I) Other Depressants (I) Anticonvulsants (I) Atypical Antipsychotics (I) Choral Hydrate (I)	Typical Antipsychotics (D)
P T S D	SSRIs (A)	TCA's (B) MAOIs (B) Sympatholytics (B) Novel Antidepressants (B)	Anticonvulsants (I) Atypical Antipsychotics (I) Buspirone (I) Non-benzodiazepine hypnotics (I)	Benzodiazepines (D) Typical Antipsychotic (D)
Psychotherapy Interventions				
P T S D	Cognitive Therapy (A) Exposure Therapy (A) Stress Inoculation Training (A) Eye Movement Desensitization and Reprocessing (A)	Imagery Rehearsal Therapy (B) Psychodynamic Therapy (B) PTSD – Patient Education (I)		
<i>Adjunct Treatment</i>		Dialectical Behavioral Therapy (B) Hypnosis (B)		

Level of Recommendation:

- A A Strong recommendation that the intervention is always indicated and acceptable
- B A recommendation that the intervention may be useful/effective
- C A recommendation that the intervention may be considered
- D A recommendation that a procedure may be considered not useful/effective, or may be harmful
- I Insufficient evidence to recommend for or against – the clinician will use clinical judgment

Adapted from VA/DoD Pocket Guide: <http://www.oqp.med.va.gov>