

Section V – Disaster Mental Health Services Team and Program Development

Disaster mental health teams take two basic forms.

Standing teams are formed before or shortly after disaster occurs (i.e., by agencies such as community mental health centers or the Department of Veterans Affairs; or by mental health and emergency service practitioners).

Ad hoc teams are formed at disaster sites, often joining together several standing teams to provide a coordinated response. In this section, we outline the basic considerations in forming and operating a standing disaster mental health team.

TEAM FORMATION AND SELECTION

Staffing Roles

1. Disaster Team Leader – responsible for administrative management of operating procedures including fiscal mechanisms, mobilization procedures, inter/intra agency relations, and staff development/training
2. Direct Service Providers – multidisciplinary team:
 - a) Field Coordinator(s);
 - b) First Responders;
 - c) Back-up teams.
3. Ad hoc Secretarial Support.
4. Program Analyst/Researcher.

Direct Service Provider Selection Considerations

Candidates seeking to become a member of the disaster mental health team should have the following qualifications:

1. Possess a mental health clinical license.
2. Be available for service on “hours to days” notice for 10-14 day assignment.
3. Have letters of reference indicating that the candidate has:
 - a) A high tolerance for difficult working conditions which may include:
 - long hours
 - substandard lodging, primitive facilities
 - unstructured or ambiguous situations
 - intense political competition
 - rapid change;
 - b) Ability to establish rapport with people of various ages,

- ethnicity, and social, economic, and educational backgrounds;
- c) Training and experience in emergency mental health debriefing methods;
- d) Organizational “savvy” and political sensitivity;
- e) Ability to give educational group presentations to survivors, helpers, community groups;
- f) Training as a disaster mental health volunteer with the American Red Cross.

STAFF TRAINING

All members of a disaster mental health team require specialized training because many of the intervention skills needed differ from those used in traditional outpatient or inpatient clinical work.

Although training cannot fully prepare disaster workers for the impact of disaster stressors (Hodgkinson & Shepherd, 1994; Paton, 1994), training and experience do predict optimal versus-maladaptive response in disaster emergencies (Weisaeth, 1989). Content of training should include the following:

- impact of disaster on individuals, disaster workers, organizations, and communities;
- factors associated with adaptation to disaster-related trauma;
- at-risk groups and individuals in the wake of disaster;
- specific interventions to match the needs of specific at-risk groups and individuals in each phase of disaster impact (i.e., on-scene, early post-impact, and restoration phase)
- operational guidelines for applying disaster mental health interventions, including defusing, debriefing, death notification, and ritual and psychoeducational interventions;
- operational guidelines for disaster mental health worker stress management;
- pertinent issues involved in forming and operating a disaster mental health team;
- an overview knowledge of the Federal Response Plan and the disaster mental health team’s and practitioner’s liaisons to other disaster response organizations

It is also important to develop a library of educational materials which can be made available to team members.

**DEVELOPMENT OF STANDARD
OPERATING PROCEDURES**

Each disaster mental health team will need to develop standard operating procedures to address fiscal, skills development and maintenance, mobilization, field services, return to home site, and evaluation practices. Each of these mechanisms is to a degree contingent upon the size and scope of the parent organization and whether the team is planning to respond to an in-house incident, a community-wide local disaster, or a disaster in another community. These considerations aside, standard operating procedures should address:

Fiscal

- Fiscal responsibility mechanisms
- Budget for equipment (cell phones, flashlights, identification badges, etc.)
- Budget for logistical support (transportation to and from site, on-site vehicles)
- Budget for lodging and per diem expenses
- Budget for miscellaneous expenses (postage, phone bills, laptops, miscellaneous stationary supplies, etc.)

Mobilization

- Equipment procurement procedures
- Staff notification procedures
- Staff check-in procedures
- Logistical support (providing staff transportation, lodging, and per diem expenses)

Field Procedures

- Conduct of needs assessment
- Coordination of staff assignments, frequency of status reports, scheduling
- Liaison with other agencies
- Mitigation and monitoring of stress levels of staff
- Intra-operation defusings
- Post-operation debriefing

Demobilization

- Demobilization procedures
- Reintegration back into regular assignment
- After action report formats
- Intra/inter-agency coordination

Education

- Development & distribution of educational materials for the public (e.g., common stress reactions in adults, elders, children; stress management techniques; other information)
- Continuing education of team
 - Trainings
 - Exercises

Program Policy and Evaluation

- Development of Disaster Mental Health Team policy including membership process, administrative structure, liability, referrals, clinical and statistical reporting forms, expense records, etc.
- Development of program evaluation mechanism

**STRESSORS ASSOCIATED
WITH DISASTER MENTAL
HEALTH WORK**

Disaster mental health work typically involves a combination of positive and negative experiences.

***Stressors Affecting Disaster
Mental Health Workers
Assisting Survivors***

- Exposure to survivor grief, terror, shame, guilt, confusion
- Vicariously experiencing death and injury to children and adults
- Pressure to provide answers/solutions to insoluble problems
- Prolonged physically and emotionally demanding activity with few if any breaks
- Separation from loved ones; inability to protect or communicate with loved ones
- Direct threats to one's own physical safety
- Witnessing or experiencing grotesque destruction and its aftermath
- Personal loss caused by the disaster (e.g., home, personal belongings)

***Common Stress Responses of
Disaster Mental Health Workers***

- Compassion strain: Frustration, psychic numbing
- Vicarious traumatization: Shock, fearfulness, horror, helplessness
- Hyperarousal and hypervigilance
- Confusion and disorientation
- Urge to "anaesthetize" (e.g., substance abuse, excessive sleep)

***Acute and Chronic Stress
Disorder Indicators***

- Compassion fatigue: Demoralization, alienation.
- Ruminative or compulsive re-experiencing
- Attempts to "overcontrol" relationships
- Withdrawal and isolation
- Addictive attempts to anaesthetize

**DISASTER MENTAL HEALTH
WORK STRATEGIES FOR
SELF-CARE AND STRESS
MANAGEMENT**

Before an Assignment

Personal Preparation

- **Pre-existing stress:** Certain disasters may have personal significance to workers because of their own personal history of traumatization. If team members are requested to begin an assignment while experiencing an inordinate amount of stress, they are apt to become quickly fatigued, irritable, and ineffective and should probably forego the assignment.
- **Level of preparedness:** Personal preparedness can serve to mitigate worker stress before an assignment and help to create reasonable assignment outcome expectations.
- **Managing personal resources:** Pre-assignment planning to meet responsibilities while on assignment (e.g., financial, childcare arrangements, etc.).

Team and Organizational Preparation:

- Defining roles and rehearsing team intervention can reduce anticipatory anxiety and serve to establish reasonable self and team outcome expectations.
- Ensuring a coordinated organization plan for disaster response.

Safety of Family Members:

- Arrangements should be made to allow workers to secure the safety of family and to be given the time to contact family members.

Social & Organizational Support:

- It is critical that disaster workers have the support of their agency during an assignment. This requires that disaster workers' regular job duties be reassigned to others to minimize disruption in service and to prevent workers from being distracted by what and who has been left behind. In addition, the sponsoring organization must recognize and give credit to those who "cover" the responsibilities of the disaster workers who are in the field. Too often, disaster workers receive credit while the individuals who have contributed behind the scenes go unacknowledged, resulting in feelings of resentment and tension among staff after disaster workers return.

During an Assignment

Working with a partner:

- When at all possible team members should be partnered up.

Having someone to share the workload, to problem solve with, and to talk about the ups and downs of the day is extremely valuable and helps workers manage stress. Talking about particularly touching moments is often helpful.

Limit length of shifts:

- Limit length of shifts (e.g. a maximum of 12 hrs). and incorporate regular breaks and exercise. Often, arrangements can be made with a local gym to enable disaster mental health workers and other relief workers to have access to the facility. During an assignment, it is particularly important that workers eat and rest regularly and avoid excessive intake of sweets, caffeine, and alcohol.

Use stress management techniques:

- Disaster mental health workers are advised to use stress management techniques. It is beneficial to workers, and serves to create interest and credibility if witnessed by survivors or other relief workers.

Keep a notebook:

- It is recommended to keep a notebook. Keep your notebook with you to jot down key information. Divide the notebook into subject headings (e.g., key people, referral numbers, phone numbers back home, contacts, things to do, etc). Compile your own resource directory, photocopying the yellow pages listing mental health agencies, etc.

Defuse regularly:

- An important stress management strategy is to talk with another mental health professional toward the end of each day about any emotional reactions you may have experienced in the course of the day's work. Perhaps there was something someone said that stands out, or something you witnessed. Having a colleague to share your experience with is beneficial in and of itself and will give you an objective monitor of your level of stress.

Call home regularly:

- Stay in touch with loved ones - call home regularly. Share your emotions with family.

Closures:

- Lastly, we suggest that time be set aside to say good-bye to the people who were important to you.

After an Assignment

Returning home:

- When returning home, remember to express gratitude to those who have covered your usual responsibilities and expect to feel “out of sorts” for a while —the intensity and meaningfulness experienced during disaster work cannot be matched back home. Though your presence may be highly valued in the field, you most likely will not receive the same level of appreciation by colleagues.
- Expect an adjustment period of a week or two as you may experience mild depression and a physical let-down. This is a common reaction and will pass. If, however, it continues for more than two weeks, we suggest talking with your supervisor about it.

Obstacles to Self-Care

Despite a general awareness of the importance of self-care, it remains common to encounter fellow disaster mental health workers’ resistance to taking breaks, particularly to taking an afternoon or day off to rest. Certain values and beliefs often held by helpers may actually interfere with self-care. For example:

“It would be selfish to take some time to rest”

“Others are working around the clock, day after day; I should too”

“I should be strong enough to work all the time”

“Needs of survivors are more important than the needs of helpers”

“I can contribute the most by working all the time”

Thus, barriers to self-care come from the demands of the disaster environment, but also from attitudinal barriers on the part of some disaster workers.

Because an exhausted disaster worker is at risk to perform less well, become irritable, and solve problems less ably, it is important for helpers to re-examine their attitudes and, when on assignment, be alert to these obstacles to self-care.