



NORTH CAROLINA  
**Psychiatric  
Association**

# **Disaster Psychiatry**

## **Past, Present, Future**

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# Disclosures

- | None

# Objectives

- | Review areas of clinical interest in the field of disaster psychiatry
- | Identify the paradigm shift away from disaster mental health relief centered post-disaster management.
- | Describe the model of 3 Rs used by the American Red Cross to identify individual mental health needs of disaster survivors
- | Review the principles of Disaster Mental Health

# Past

## History of the Role of Psychiatrists in Disaster

- | The study of traumatic stress contributed to the differentiation of psychiatry as a distinct specialty from neurology
- | The Swiss psychiatrist Edouard Stierlin was the pioneer in the study of disasters from a psychiatric perspective.
  - He studied two man-made disasters (a railway accident and a mining disaster in 1906), compared them with victims of a natural disaster (the 1907 earthquake in Meson, Italy which killed 70,000) and published two works on victims of disaster based on these studies which contained interesting findings, many of which have been replicated in modern research.

# Past

## History of the Role of Psychiatrists in Disaster

- | The first description of post-traumatic stress reaction in rescuers was provided by Hesnard, who studied the many-sided effects of two well known French catastrophes, ship explosions in 1907 and 1911.
- | Unfortunately, with the exception of Eric Lindeman's study of the Coconut Grove Night Club fire in Boston during World War II and a few other studies, civilian disasters were not studied again systematically with adequate research methods until the 1970' s.

*The Role of Psychiatrists in Disaster*

Robert J. Ursano, M.D., Ann E. Norwood, M.D.

September 1997

# Field of Disaster Psychiatry

- | Public Health Preparations
- | Early Psychological Interventions
- | Psychiatric Consultation to Surgical Units
- | Psychotherapeutic Interventions to alleviate stress on children and families after school shootings, hurricanes or civil conflict

*Disaster Psychiatry-Readiness, Evaluation, and Treatment*  
Frederick J. Stoddard, Jr., M.D., Anand Pandya, M.D., and Craig L. Katz, M.D.

# Present

## The Role of Psychiatrists in Disasters

**Psychiatrists bring a wide range of skills and expertise useful for preparing for and responding to disasters**

- | Basic first aid and CPR can prove lifesaving.
- | A calm, professional approach can help prevent panic.
- | A psychiatrist's leadership to coordinate an organized response and assistance at triage stations promotes accurate prioritization of medical/surgical dispositions and effective allocation and matching of resources to need.
- | The ability to distinguish between common reactions of hyperarousal from pathological ones can ensure appropriate management of individuals.

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# Present

## The Role of Psychiatrists in Disasters

**Medical training prepares psychiatrists for recognizing disease and developing differential diagnoses which is helpful in:**

- | Identifying the etiology(ies) of altered mental status, especially in the aftermath of trauma where medical illness or injury can be inappropriately diagnosed as psychiatric and vice versa.
- | Responding to toxic chemical exposures, whether delivered from terrorists' weapons or through industrial accidents, knowledge of pharmacology and experience with anticholinergic agents.
- | Facilitating communication across a wide range of professional boundaries: interacting with community officials, disaster response agencies, police, fire and rescue, school systems, hospital staff, and medical personnel to name but a few.

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September 1997



# Present

## The Role of Psychiatrists in Disasters

The psychiatrist's familiarity with an epidemiological approach to understanding disease in a group context is invaluable in the context of disasters which is a useful tool in identifying:

- | High risk groups for psychological distress based on exposure to trauma ( e.g., body retrieval workers).
- | Vulnerable groups such as the elderly and children.
- | "Vectors" of disease such as communication of fear via rumor or media.

# Present

## The Role of Psychiatrists in Disasters

In addition to general medical assessment and interventions, the psychiatrist brings a number of specialized medical skills-

- | Prescribe medications for psychiatric disorders.
- | Provide symptomatic relief as appropriate for sleep problems and hyperarousal.
- | Recognize and treat substance intoxication and withdrawal syndromes.
- | Screen carefully for the presence of organic brain disorders and suicidal/homicidal ideation.

*The Role of Psychiatrists in Disaster*

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September 1997

# Present

## The Role of Psychiatrists in Disasters

**Psychiatrists have a number of educational experiences which provide them with expertise in disaster consultation.**

- | Child training in the general residency or in fellowship provides a background in consulting to non-medical organizations and leaders such as school principals, teachers and guidance counselors.
- | Consultation/liaison training provides a firm foundation in working with the medically ill and their primary treatment team, chaplains, families and others in a hospital setting. It also exposes psychiatrists to experience with acute emergencies and a broad range of organic brain disorders.

*The Role of Psychiatrists in Disaster*

Robert J. Ursano, M.D., Ann E. Norwood, M.D.

September 1997

# Present

## The Role of Psychiatrists in Disaster

- | Psychiatrists are well-suited to provide consultation to disaster organizations such as the Red Cross, FEMA and emergency systems as well as community leaders.
- | Psychiatrists enjoy special psychotherapeutic skills useful in disasters.
  - Experience in working with injured patients and the management of associated hyperarousal.
  - Ability to deal with issues of death and dying are prominent in disaster work.
  - Facility in sleep management and the judicious use of medications is an important contribution.

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September 1997

# Barriers That Impede the Psychiatrist's Function in the Time of a Disaster

- | Internal characteristics - an internalization of a professional identity which focuses on office-based medical care.
- | Interprofessional characteristics - conflict between psychiatry and other mental health care providers
- | Community characteristics - the general public's perception and expectations of what psychiatrists do.

*The Role of Psychiatrists in Disaster*

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September 1997

## Internal Characteristics

- | Psychiatrists interested and willing to participate in helping post-disaster victims often need to modify expectations and attitudes which are helpful in their usual clinical practices.
- | Disaster psychiatrists must be comfortable in a professional collaboration with disaster emergency workers to join and assist in their objectives - assisting a victim in a setting of chaos, obtaining full historical data, and coping with shifting scenarios, blurring of roles and a large ratio of helpers to victims

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September 1997

# Disaster Response

Individual Needs Increase  
Physical  
Emotional  
Informational

Whole Communities Impacted

Public Expectations Rise

Agency Demands Increase

Greater Need for Coordination





# Disaster Mental Health Overview

## **Disaster Mental Health Services:**

- Respond to immediate emotional distress and mitigate long-term consequences
- Augment the community's mental health resources, rather than replace them
- Serve the community in preparedness activities and recovery programs



## Key Concepts of Disaster Mental Health

- | No one who sees a disaster is untouched by it.
- | Stress, trauma and grief: Normal reactions to abnormal situations created by disasters
- | Most people pull together and function adequately during and after a disaster, but their effectiveness is diminished by the impact of the event.
- | Many emotional reactions of disaster survivors stem from problems of daily living brought about by the disaster.

# **Intervention in Disaster Mental Health**



# Disaster System of Care

- | Disaster services provided through hierarchical incident command structure of local, state, and federal governments.
- | Impact and immediate post-impact services:
  - Emergency shelters
  - Family assistance centers
  - Health care settings
  - Schools
  - Community-based programs
- | Intermediate and long-term phases services:
  - Primary health care settings
  - Schools and preschools
  - Daycare & youth centers
  - Faith-based institutions
  - Volunteer organizations.

Practice Parameter on Disaster Preparedness

Betty Pfefferbaum, M.D., J.D., Jon A. Shaw, M.D., and the American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI)

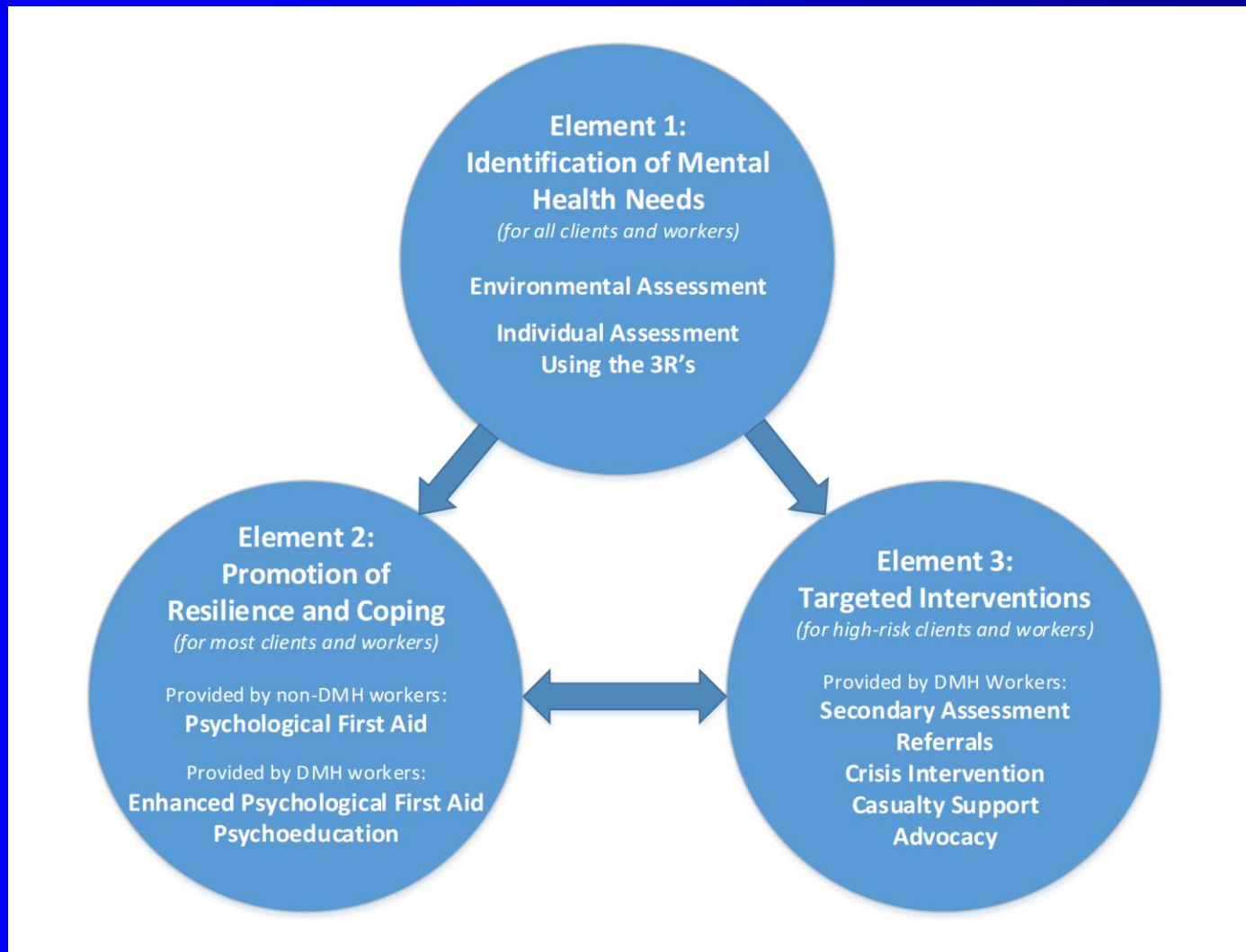
# Basic Principles for Intervention

- | Expect normal recovery  
*(most people recover fully)*
- | Assume survivors are competent  
*(communicate confidence & respect)*
- | Collaborative relationship in intervention  
*(core practice in trauma care)*

# Basic Principles for Intervention

- | Engage survivor strengths  
*(helps them rediscover & build strengths)*
- | Provide hope  
*(in a realistic & genuine way)*
- | Promote resilience  
*(resilience overcomes adversity)*

# Intervention Elements



# Element 1: Identification of Mental Health Needs



# *The Combination of the 3R's Resilience-Risk-Reactions*



# Element 2: Promotion of Resilience and Coping

# Promote Resilience and Coping

## Enhanced Psychological First Aid

- Make a connection
- Help people be safe
- Be kind, calm and compassionate
- Meet basic needs
- Listen
- Give realistic reassurance
- Individual psycho-education
- Encourage good coping
- Help people connect
- Give accurate and timely information
- Make a referral to a Disaster Mental Health worker
- End the conversation
- Take care of yourself



# PFA Mobile

US Department of Veterans Affairs (VA)

OPEN



5.0 ★★★★★

5 Ratings

4+

Age

## What's New

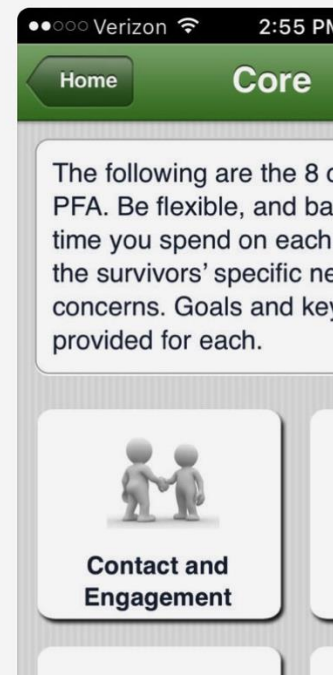
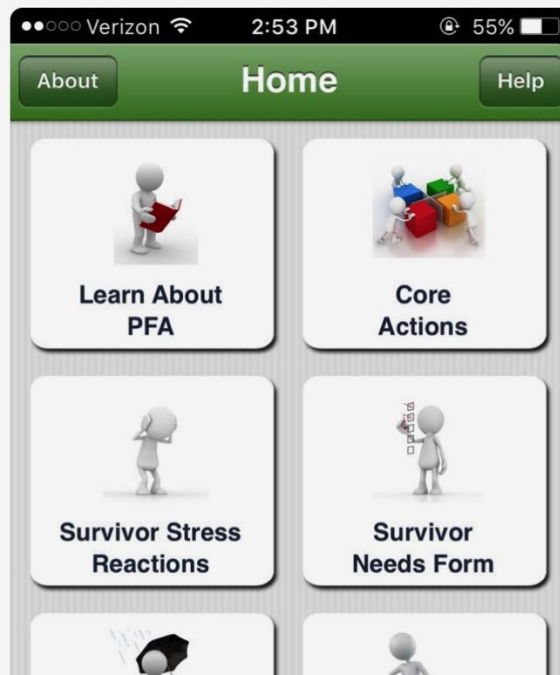
[Version History](#)

Version 1.4

2w ago

bug fixes and performance enhancements

## Preview



# Element 3: Targeted Interventions for Clients

# *Crisis Intervention*

- | Is time-limited (two to three contacts);
- | Is focused on problems of daily living (immediate reactions to the disaster situation)
- | Is oriented to the here and now (alleviating distress and enabling clients to regain equilibrium)
- | Includes a high level of activity by the Disaster Mental Health worker (engaging with the client to identify immediate tasks for completion)
- | Uses concrete tasks as a primary tactic of change efforts (the task development process involves clients in achieving a new state of equilibrium)
- | Is more directive than some traditional mental health work.

# *Secondary Assessment and Referrals*

Referrals may be made to external agencies or providers when the individual may require:

- | A formal mental health evaluation
- | Ongoing counseling or psychotherapy
- | Medication (for replacement of client's existing medications lost or damaged during the disaster, contact Disaster Health Services)
- | More than the brief support provided by Disaster Mental Health
- | Immediate hospitalization
- | Community support group services (for example: grief or bereavement support, attention to problems experienced by children).

# *Casualty Support*

- | In Disaster Mental Health, casualty support is the provision of a compassionate presence and emotional support to individuals affected by deaths or serious injuries due to a disaster. Intervention should be supportive and appropriate to the specific situation



# Advocacy

## Advocacy includes:

- | Helping individuals affected by disasters communicate their needs to supervisors and/or care providers
- | Providing culturally competent services
- | Marshalling resources for people with functional and access needs
- | Providing information about relief programs and services available from the Red Cross, from local, state and federal agencies and from private organizations
- | Explaining and accompanying people as they go through the process of applying for services
- | Facilitating timely access to evidence-based community treatment such as trauma focused cognitive behavioral therapy.

# Target Groups for Intervention

- | First Responders
- | Survivors of Disaster
- | Mental Health Volunteer (Self)

# First Responders

## Experience Trauma in 3 Ways

- Primary Stress (*direct experience*)
- Secondary Stress (*witness others' trauma*)
- Vicarious Traumatization  
(*hearing about others' trauma*)

# Mental Health Volunteers

Experience of Trauma is mainly:

- Secondary Stress (*witness others' trauma*)
- Vicarious Traumatization  
(*hearing about others' trauma*)

# Compassion Fatigue/Burnout

Affects 1st Responders & MH Volunteers

Causes of compassion fatigue:

- *Isolation*
- *Exposure*
- *Continuous empathy*
- *Ambiguous success*
- *History of trauma*
- *Continuous vulnerability*
- *Identification of survivors with family members*

# Stress Prevention and Management

## *Preparing for a Disaster Assignment*

- | Mobilize your stress management skills before disaster assignment.
- | Reduce responder stress by:
  - Developing a personal toolkit of stress management skills
  - Preparing your loved ones
  - Practicing for the disaster role (role-play)

# Stress Management on a Disaster Assignment

- | Know your personal signs of stress
- | Identify major stressors you may encounter
- | Create a team culture and a buddy system
- | Take time for yourself

# DMH in Summary

- | Connect
- | Calm
- | Respect
- | Inquire
- | Assist





# Future Disaster Care

- | Telepsychiatry
- | Paradigm shift paradigm shift from relief centered post-disaster management to a holistic, multi-dimensional integrated community approach
  - Relief (Sustained rescue work),
  - Rehabilitation (Long term remedial measures using community resources),
  - Recovery (Returning to normalcy)
  - Resilience (Fostering)

(Math SB, Nirmala MC, Moirangthem S, Kumar NC. Disaster Management: Mental Health Perspective. *Indian J Psychol Med.* 2015;37(3):261–271. doi:10.4103/0253-7176.162915)

- | Trauma Informed Care

# Telepsychiatry

Phases of Disaster	Roles
Pre-Disaster	Training in post disaster mental health issues Developing competence in the use of culturally aware telepsychiatry Learning to manage safety issues Developing supportive infrastructure Creating licensing and regulatory guidelines
Acute	Consultation with medical providers Consultation with other mental health professionals Consultation with disaster human services providers or organizations Training Monitoring of wellness in disaster responders Direct triage, evaluation, and intervention
Post Acute	Ongoing consultation with medical providers, including primary care physicians and emergency physicians Ongoing training and education of stakeholders Ongoing triage, evaluation and intervention

# Disaster Management

- | Paradigm shift from curative to preventive aspects of disaster management
- | Based upon principles of disaster prevention, preparedness and mitigation.
- | Rehabilitation efforts planned should be culturally appropriate and targeted towards empowering the affected community to enhance their camaraderie and competence to cope with future disasters.
- | Community-based group interventions should begin as early as possible, targeting all high-risk populations in the affected area.

# Preventive Aspects Disaster Management



**ROBESON COUNTY DISASTER  
PREPAREDNESS  
EXPO  
2019**

August 17th

9:00 AM to 2 PM

**RCDRC**

Guest Speaker, Pastor  
Leonard Henry former  
Miami Dolphins

RCC AD Lewis  
Auditorium  
5160 Fayetteville Rd  
Lumberton, NC  
Free food, prizes, school supplies  
Vendors, Workshops &  
Fun for the Whole Family!

ASL &  
Language  
Interpreters  
On Site!

City of  
**LUMBERTON**  
North Carolina

EMERGENCY  
MANAGEMENT  
NORTH CAROLINA

ROBESON COUNTY  
EMERGENCY MANAGEMENT

Simply East  
Food

Nirvana

UNITY IN THE COMMUNITY

**ROBESON**  
COMMUNITY COLLEGE

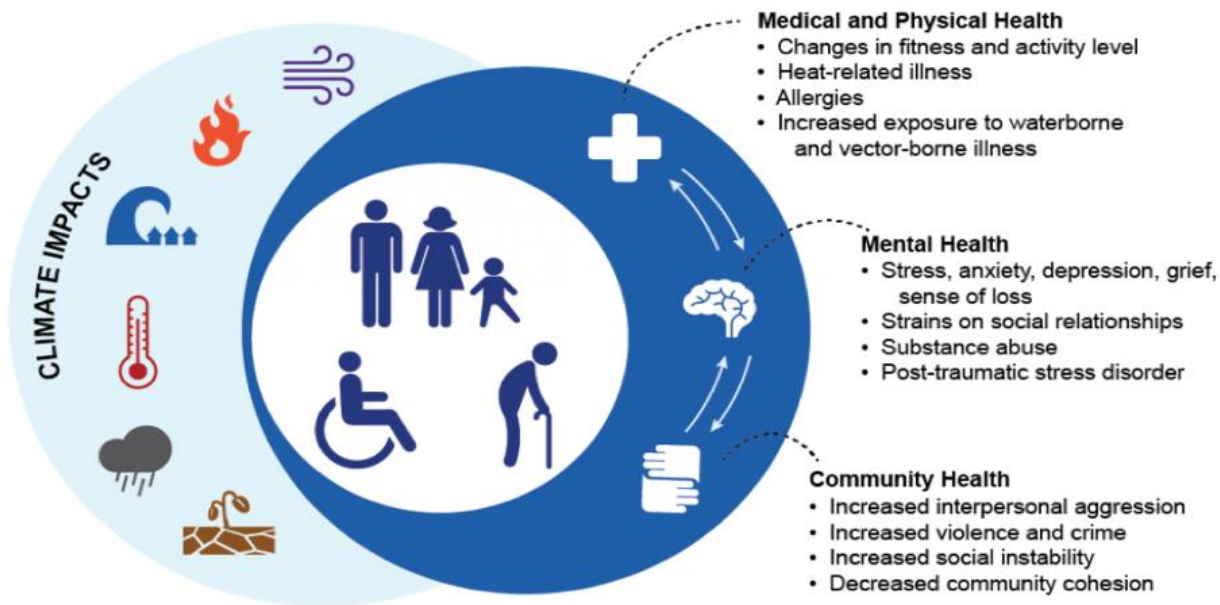


# Trauma Informed Care

- | Approach to the delivery of behavioral health services with an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.
- | Viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic
- | Involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma

# Future Challenges

## An Illustration on How Climate Change Impacts Physical, Mental, and Community Health



At the center of the diagram are human figures representing adults, children, older adults, and people with disabilities. The left circle depicts climate impacts including air quality, wildfire, sea level rise and storm surge, heat storms, and drought. The right circle shows the three interconnected health domains that will be affected by climate impacts--Medical and Physical Health, Mental Health, and Community Health.

Image source: U.S. Global Change Research Program. 2016. The impacts of Climate Change on Human Health in the United States: A Scientific Assessment.



# Global Warming



The infographic is titled "EXTREME HEAT" in large, bold, orange letters. To the left of the title is a red thermometer icon. Below the title, it says "CAUSES MORE DEATHS" in blue, followed by "each year than hurricanes, lightning, tornadoes, earthquakes, and floods" in smaller blue text. Below this is the word "COMBINED!" in bold blue letters, with icons of a house on fire, a lightning bolt, a house with a wave, and a house with a lightning bolt. To the right of the title is a large orange sun with flames. Below the "COMBINED!" text is the section "WHO'S AT RISK?" in bold orange letters. Below this are icons of an elderly person with a cane, a baby, a heart with a pulse line, and a globe with a red 'X' over it. Below these icons is the text "Adults over 65, children under 4, people with existing medical problems such as heart disease, and people without access to air conditioning" in blue. To the right of the "EXTREME HEAT" section is the section "WHAT CAN YOU DO?" in bold orange letters. Below this are four sub-sections: "STAY COOL" with a snowflake icon, "STAY HYDRATED" with a water drop icon, "STAY INFORMED" with a computer monitor icon, and "STAY INFORMED" with a computer monitor icon. Each sub-section has a list of tips in blue text. At the bottom right are two website URLs: "www.vdh.virginia.gov/Weather/ExtremeHeat.htm" and "www.cdc.gov/ephtracking".

## EXTREME HEAT

**CAUSES MORE DEATHS**  
each year than hurricanes, lightning,  
tornadoes, earthquakes, and floods

**COMBINED!**

## WHO'S AT RISK?

Adults over 65, children under 4, people with existing medical  
problems such as heart disease, and people without access  
to air conditioning

## WHAT CAN YOU DO?

### STAY COOL

- Find an air-conditioned shelter
- Avoid direct sunlight
- Wear lightweight, light-colored clothing
- Take cool showers or baths
- Do not rely on a fan as your primary cooling device

### STAY HYDRATED

- Drink more water than usual
- Don't wait until you're thirsty to drink more fluids
- Avoid alcohol or liquids containing high amounts of sugar
- Remind others to drink enough water

### STAY INFORMED

- Check local news for extreme heat alerts and safety tips
- Learn the symptoms of heat illness

[www.vdh.virginia.gov/Weather/ExtremeHeat.htm](http://www.vdh.virginia.gov/Weather/ExtremeHeat.htm)  
[www.cdc.gov/ephtracking](http://www.cdc.gov/ephtracking)

<https://www.psychiatry.org/patients-families/climate-change-and-mental-health-connections/resilience-and-individual-actions>

<https://www.psychiatry.org/patients-families/climate-change-and-mental-health-connections/affects-on-mental-health>

# Conclusion

- | It is becoming increasingly common for psychiatrists to be among the first responders when disaster strikes. More than 800 psychiatrists are believed to have responded to the 9/11 attacks.
- | As disasters become increasingly frequent, more severe and complex the role of a psychiatrist is more important than ever.