



Disaster Mental Health

Psychological Reactions to Disaster

This is a list of common psychological reactions people have following disasters or traumatic events. Psychological reactions have physical, cognitive, emotional and behavioral manifestations. This list is not exhaustive but serves to illustrate some of the normal reactions normal people have to abnormal events.

Physical Reactions

- Increased heartbeat, respiration, blood pressure
- Trouble getting breath (may need medical attention if accompanied by chest pain)
- Nausea, upset stomach, diarrhea
- Sweating or chills; hot or cold spells; clammy skin
- Tremors, especially of hand, lips, eyes
- Muffled hearing
- Headaches
- Difficulty focusing
- Feeling weak, numb, or a tingling in parts of the body; heavy feeling in arms or legs
- Feeling uncoordinated
- Soreness in muscles
- Lower back pain
- Feeling a "lump in the throat"
- Pains in chest (have checked at hospital)
- Faintness or dizziness
- Exaggerated startle reaction
- Fatigue
- Appetite change

Cognitive reactions

- Memory problems
- Difficulty naming objects
- Disorientation
- Slowness of thinking, difficulty comprehending
- Mental confusion, difficulty calculating
- Difficulty using logic, making judgments and decisions, problem solving
- Loss of ability to conceptualize alternatives or prioritize tasks
- Loss of objectivity

Emotional reactions

- Feeling high, heroic, invulnerable
- Feelings of gratefulness for being alive, euphoria
- Anxiety, fear
- Strong identification with victims
- Anger, blame
- Irritability, restlessness, hyper excitability
- Sadness, grief, depression, moodiness
- Recurrent dreams of the event or other traumatic dreams; other sleep problems
- Guilt; wanting to do more to help
- Feelings of isolation, detachment, estrangement; feeling lost or abandoned
- Apathy, diminished interest in usual activities
- Denial or constriction of feelings; numbness
- Excessive worry about safety of others

Behavioral reactions

- Inability to express self verbally or in writing; difficulty communicating
- Decreased efficiency and effectiveness of activity
- Outbursts of anger; frequent arguments
- Hyper-activity; inability to rest, or let down
- Periods of crying
- Increased use of alcohol, tobacco, or other drugs
- Social withdrawal, distancing, limited contacts with others

Disaster Stress

All people who experience a disaster are impacted by the disaster in some way. Psychological reactions to disaster are usually normal reactions by normal people to abnormal events. It is also normal to have no reactions to a disaster.

Disaster stress reactions usually diminish in severity over time for most people but also can become more severe as time passes. CERT members can encounter incidents doing disaster work that result in psychological reactions. When disaster stress responses become a problem or are distressing for you or your family, a consultation with a mental health professional can be helpful. The list below describes some of the normal reactions people have following disasters. CERT members can have these same reactions during and following participation in disaster relief work.

Human Responses to Disaster

1. All people who experience a disaster are impacted by the disaster.
2. Psychological reactions to disaster are normal reactions by normal people to abnormal events. It is also normal to have no reactions to a disaster.
3. Disaster stress reactions can become more severe as time passes but usually diminish over time.
4. Neighbors and CERT members can take steps to help themselves and each other cope with disaster-related stress reactions.

Reactions

- Anger
- Anxiety
- Criticalness
- Denial
- Difficulty concentrating
- Disorientation
- Emotional numbing
- Fearfulness
- Feelings of inadequacy
- Forgetfulness
- Grief
- Headaches
- Increased alcohol use or substance abuse
- Irritability
- Loss of appetite
- Muffled hearing; muscle tremors
- Nightmares
- Persistent or obsessive thoughts
- Sense of unreality or being in a movie
- Sleep disturbance
- Sweating
- Withdrawal
- Anger at supervisors/organization
- Confusion
- Decreased sexual interest
- Depression
- Difficulty making decisions
- Distortions in time perspective
- Fatigue
- Feelings of being unappreciated
- Feelings of loss
- Frustration
- Guilt
- Helplessness
- Intense concern for family members
- Letdown
- Memory problems
- Nausea
- Persistent interest in the event
- Sense of being in a bad dream
- Shock
- Stomach cramps
- Visual flashbacks

Intervention Options for Children's Reactions to Disaster

Age	Support	Understanding	Reassurance	Encouragement
1-5 years	Give warm milk and comforting bedtime routines	Permit child to sleep in parents room or with sibling	Give additional verbal assurance and ample physical comfort	Provide opportunity and encouragement for expression of emotion through activities
5-11 years	Give additional attention and consideration. Gentle but firm insistence on relatively more responsibility than one would expect from a younger child	Temporarily lessen requirements for optimum performance in home and school activities	Provide opportunity for structured but not demanding chores and responsibilities at home. Rehearse safety measures to be taken in future disasters	Encourage verbal expression of thoughts and feelings about the disaster
11-14 years	Give additional attention and consideration	Temporarily lower expectations of performance in school and home activities	Provide structured but undemanding responsibilities and rehabilitation activities. Rehearse safety measures in future disasters	Encourage verbal expression of feelings and assist child to become involved with same age children
14-18 years	Be available if adolescent wants to talk. Share own feelings as a positive role model	If adolescent chooses to discuss disaster fears within family setting, such expression should be encouraged but not insisted on	Reduce expectations for level of school and general performance temporarily. Rehearse safety Measures to be taken in future disasters	Encourage discussion of disaster experiences with peers and extra-family significant others, and assist in becoming involved with peer social activities

Emotional and Behavioral Reactions of Children to Disaster by Age Groups

Age	Regression	Body	Emotions
1-5 years	Resumption of bedwetting, thumbsucking, fear of darkness	Loss of appetite, indigestion, vomiting, bowel or bladder problems, sleep disorders	Nervousness, irritability, disobedience, intractability, tics, speech difficulties, refusal to leave proximity of parents
5-11 years	Increased competition with younger siblings for parental attention	Headaches, complaints of visual or hearing problems, persistent itching and scratching, sleep disorders	School phobia, withdrawal from play groups, friends, and family contacts, unusual behavior, loss of interest in previously preferred activities, inability to concentrate and decreased level of school achievement
11-14 years	Competition with younger siblings for parental attention, failure to carry out chores, school phobia reappearance of earlier speech and behavior habits	Headaches, complaints of vague aches and pains, loss of appetite, bowel problems, acute appearance of skin disorders, sleep disturbances	Loss of interest in peer social activities, loss of interest in hobbies and recreation, increased difficulty in relating to siblings and parents, sharp increase in resisting parental or school authority
14-18 years	Resumption of earlier behaviors and attitudes, decline in previous responsible behavior, decline in emancipation struggles over parental control, decline in sexual interests and activities	Bowel and bladder complaints, headaches, skin rash, steep disorders, disorders of digestion	Marked increase or decline in physical activity level, frequent expression of feelings of inadequacy and helplessness, increased difficulties in concentration on planned activities

Coping with Disaster Stress

CERT workers can take steps to help themselves, family members and each other cope with disaster related stress reactions. This is a list of self-help suggestions.

1. Within the first 24 to 48 hours, periods of strenuous physical exercise alternated with periods of relaxation will alleviate some of the physical reactions to a stressful situation.
2. Structure your time by keeping busy.
3. Remind yourself that you are normal and having normal reactions. Don't label yourself as "crazy", "wacko", "weak", or unfit.
4. Talk is one of the most healing medicines. Talk to people you know care about you. People do care.
5. Be aware of numbing the pain with overuse of drugs or alcohol. Don't complicate things further with substance abuse problems.
6. Keep your life as normal as possible.
7. It is all right to spend time by yourself.
8. Help your co-workers as much as possible by sharing feelings and checking out how they're doing (respect their feelings of not wanting to talk about the incident).
9. Do things that make you feel good.

10. Realize that those around you are also under stress and may not act or react in a manner you would normally expect
11. Keep a journal. Writing during sleepless hours may help.
12. Don't make any big life changes, buying that Fen-am or house you've always wanted, going to Reno to get married suddenly, etc.
13. Do make as many daily decisions as possible that will give you the feeling of control over your life.
14. Consult a mental health professional if you need assistance.

Assisting Disaster Survivors

1. Support, Understanding, Reassurance, Education and Referral
2. Specific strategies for children, elderly and the traumatized. Victim management strategies can help mitigate the serious psychological distress and stress responses of disaster victims:
 - a. Protect victims
 - b. Regroup with family and friends
 - c. Assist with finding familiar people and familiar settings for the victims
 - d. Assist with resources, including psychological assistance.
 - e. Provide reassurance
 - f. Provide services—food, shelter, medications, glasses
 - g. Alert clergy with whom victims are familiar
 - h. Provide referral to mental health professionals as needed
 - i. Provide accurate information
 - j. Provide private family quarters
 - k. Listen to victims
 - l. Use gentle and appropriate touching where appropriate
 - m. Speak quietly
 - n. Assure victims their psychological responses are normal
 - o. Anticipate needs of victims
 - p. Demonstrate kindness
3. Intervention methods
 - a. Pre-disaster education concerning disaster stress response stress management
 - b. Citizen-Peer support personnel
 - c. Neighborhood support services
 - d. Demobilization debriefing
 - e. Defusing critical incident stress debriefing
 - f. Consultation and appropriate referral

Coping Mechanisms for the Supervisor

1. Cover up bodies, body parts or other uncomfortable sights as soon as possible. (use disposable blankets, tarps, sheets, bedding, plastic, etc)
2. Rotate personnel out of the incident area on a regular basis. (Set up a rehabilitation area, provide healthy food and liquid refreshments; avoid sugar, caffeine, suggestive foods like barbecued chicken, etc; provide bathroom facilities, a quiet place to sit or lie down; provide blankets and dry clothing, etc.)
3. Know and recognize symptoms of Critical Incident Stress. (intervene early; keep an eye on and check your personnel regularly; ask obviously troubled individuals to take a break, order if necessary).
4. Allow persons to talk out experiences or to express emotions.
5. Remove the individual from the scene entirely if symptoms persist.
6. Allow the employee to return to duty only if he/she improves.
7. Learn how to prevent stress reactions.
8. Have a crisis intervention team and/or system established and know your resources.

Coping Mechanisms for Family and Friends

1. Listen carefully.
2. Spend time with the traumatized person.
3. Offer your assistance and a listening ear,
4. Reassure them that they are safe.
5. Help them with everyday tasks like cleaning, cooking, caring for the family, minding the children.
6. Give them private time.
7. Do not take their anger or other feelings personally.
8. Do not tell them that they are "lucky it wasn't worse".
9. Traumatized people are not consoled by these types of statements. Tell them you are sorry such an event has occurred and you want to understand and assist them)

Coping Mechanisms for CERT Volunteers

1. During the incident
 - a. Stay active
 - b. Work as part of a team and avoid isolation
 - c. Remind yourself that your job is important and contributes toward success of the mission
 - d. Drink fluids to avoid dehydration
 - e. Avoid caffeine, sugar and fatty foods
 - f. Arrange for rest breaks at appropriate intervals
 - g. Seek out support if you need help

2. After the Incident
 - a. Do moderate exercise within 24 to 48 hours post incident
 - b. Stay active
 - c. Remind yourself that no reaction to a disaster is also a normal response
 - d. Talk about what you have been through with people you know are supportive and will listen
 - e. Talk to spouses and family members about what you need
 - f. Some people prefer to spend some time alone after a disaster
 - g. Avoid caffeine and alcohol following the incident
 - h. Postpone major decisions if possible immediately following a disaster
 - i. Do your decision making when you are in a better position to make a decision
 - j. Resume normal routines as soon as possible
 - k. Engage in activities you enjoy
 - l. Seek psychological support services if you need them
 - m. Participate in a critical incident stress debriefing