Mental Health in the Face of Disaster

Skyler Conway MS CCISM
NH DHHS Disaster
Behavioral Health
Coordinator

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NH DIVISION OF
Public Health Services
Department of Health and Human Services

Learning Objectives

- Understand disaster trauma for survivors and rescuers, including volunteers
- List steps to take for personal and team well-being
- Demonstrate key steps to apply when providing aid to someone with survivor's trauma

Psychological Trauma

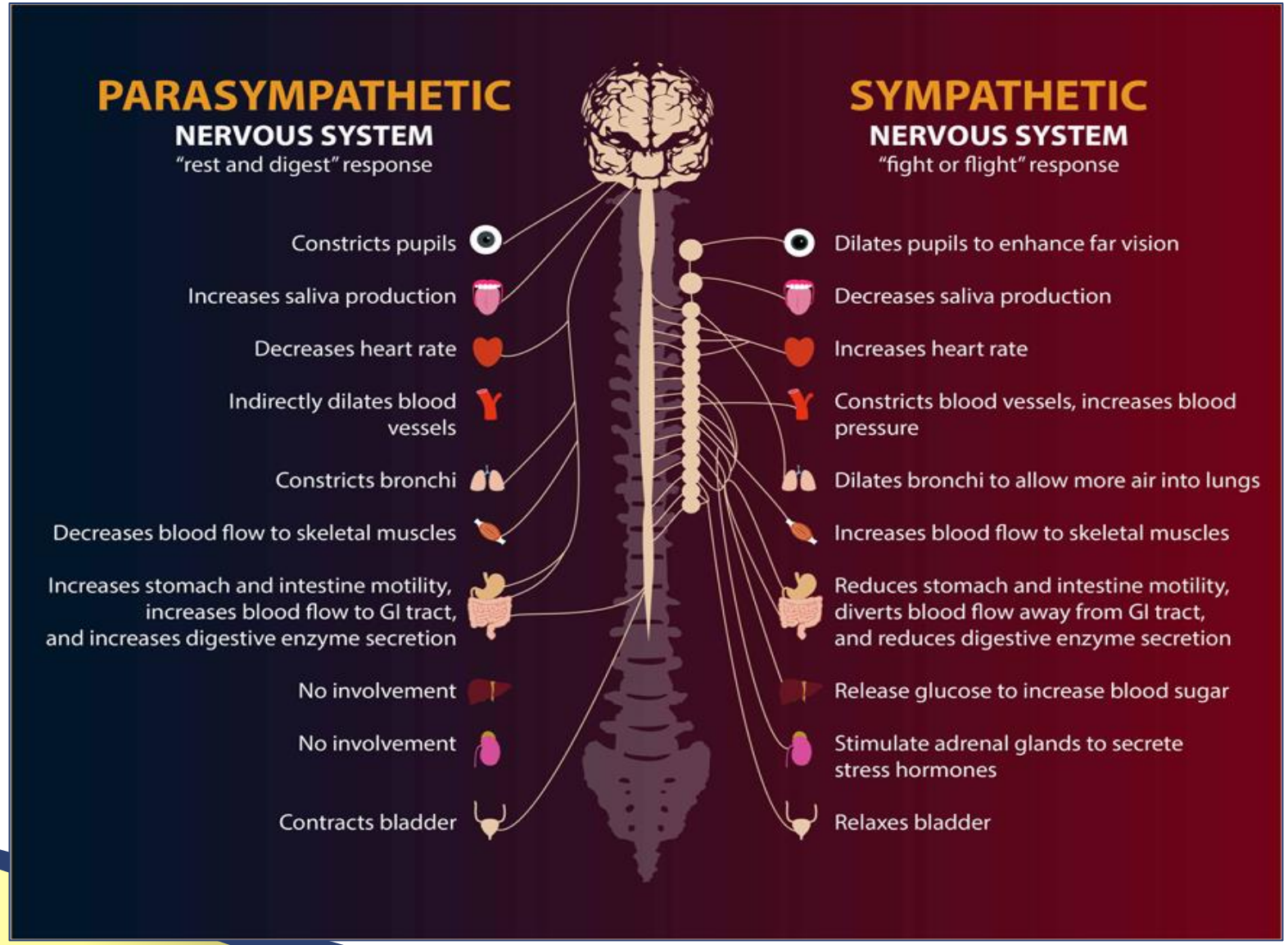
Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control.

Adapted from Robert D. Macy, Ph.D

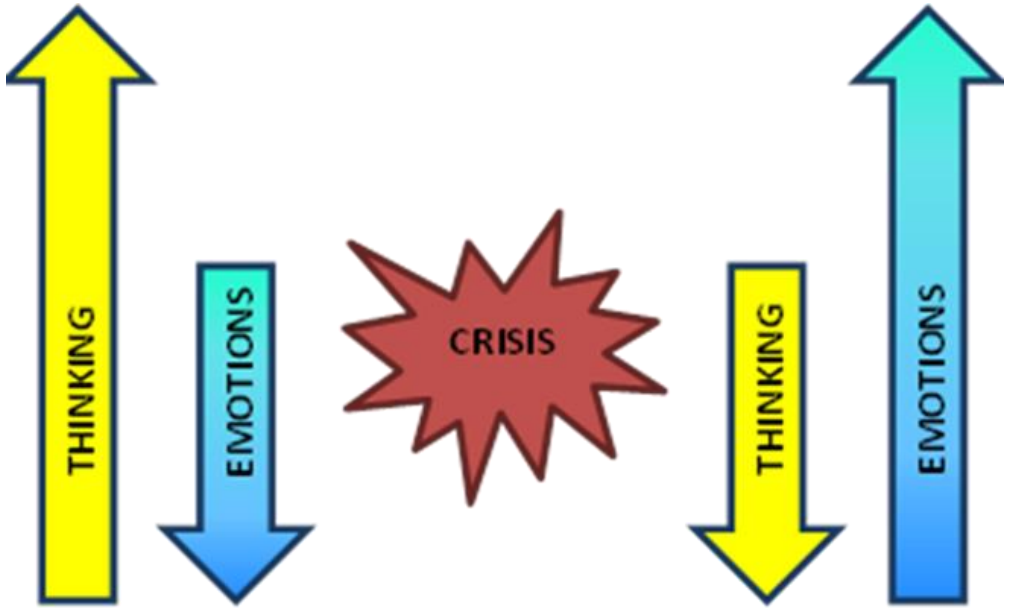
Distress: emphasis on “stress”

- Autonomic Nervous System
- Stress response initiates in 1/20th second
- Unconscious process
  - Parasympathetic Nervous System – Relaxed
  - Sympathetic Nervous System – Emergency!

Distress: emphasis on “stress”



Normal Reactions to Trauma



Normal Reactions

No one who sees a disaster is untouched

Responders are affected too

Many will reject help

Survival response can look like trauma

Normal Reactions

Shattered assumptions

Identity: “I’m not the same person.”

Community: “How could it happen here?”

Spiritual: “How could He let this happen?”

Life: “What does it all mean?”

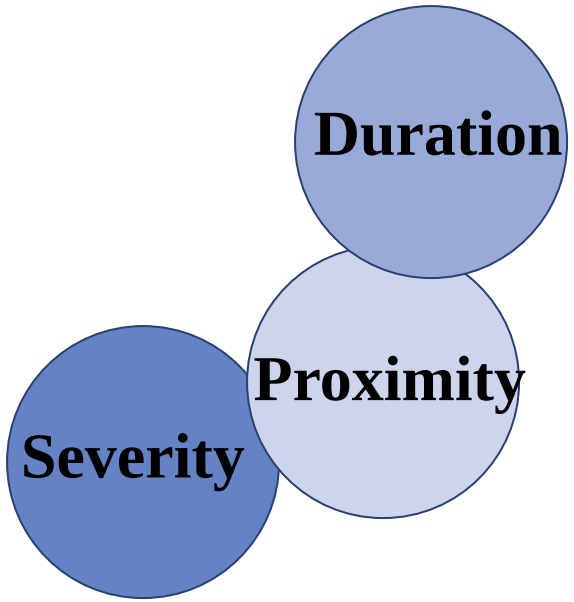
Characteristics of Disasters

- Natural vs. Human Causation
- Degree of Personal Impact
- Size and Scope of the Disaster
- Visible Impact/Low Point
- Probability of Recurrence

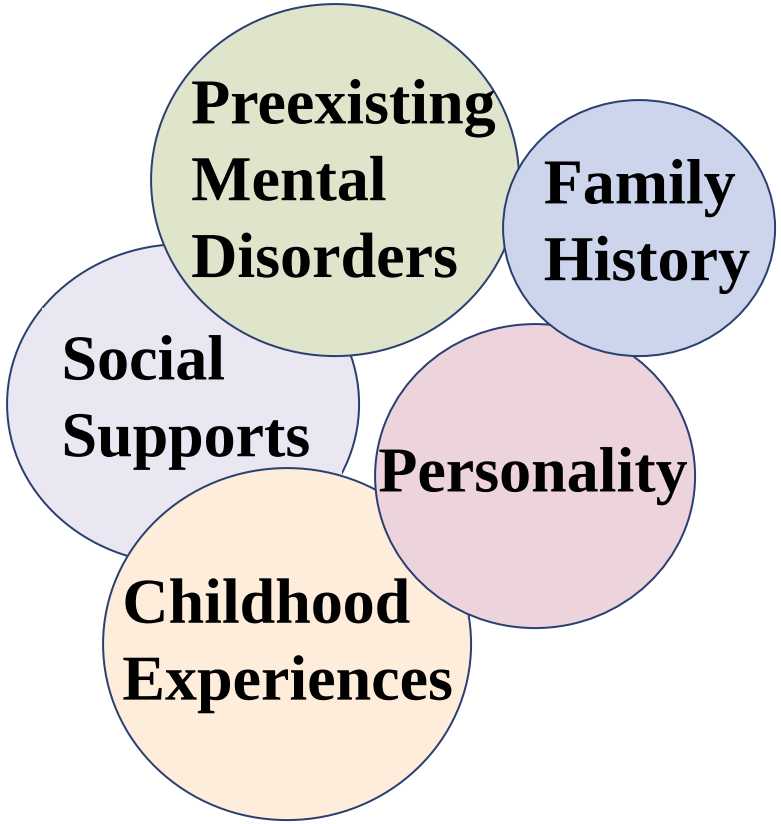
Human Caused	Natural
Airplane crash, chemical leaks, mass violence, terrorism	Earthquakes, fires, floods, tornadoes
People, government, or businesses to blame	No one to blame
Seen as preventable and a betrayal by fellow humans	Beyond human control
No advance warning	Advanced warning is possible
Post-disaster stress is often higher than that of natural disasters and felt by more people not directly affected	Post-disaster distress is high and felt mainly by survivors

Who will be most affected?

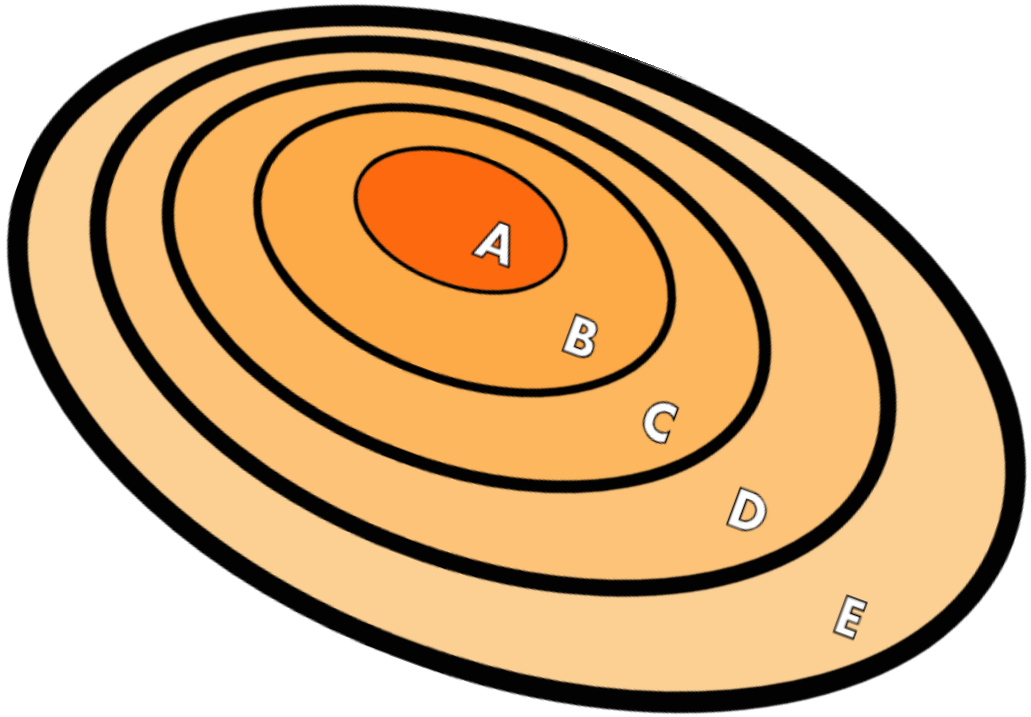
Event related factors:



Person related factors:



Circles of Risk



Adapted from DeWolfe, 2002.

A. Injured survivors; bereaved family members

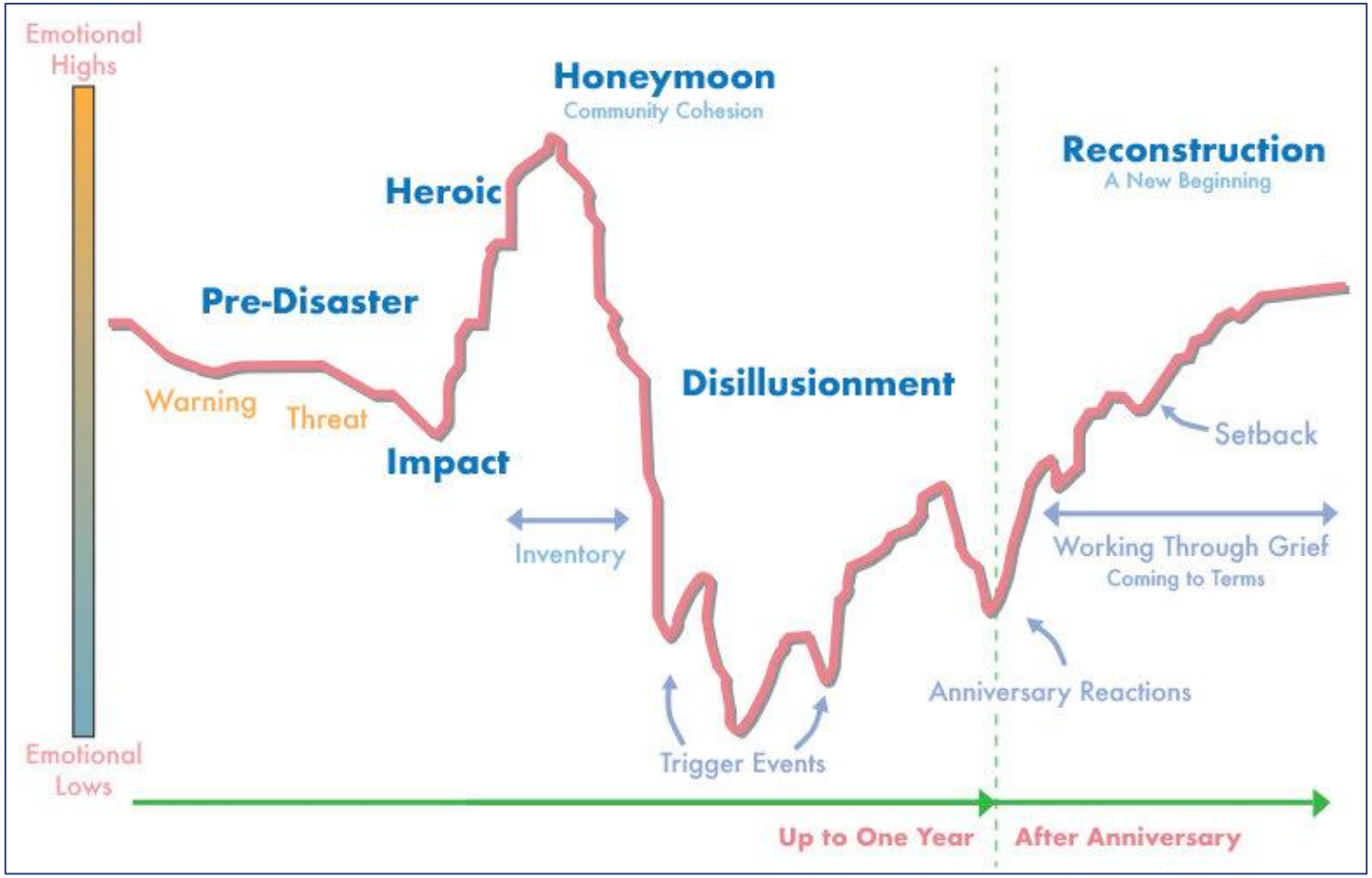
B. Survivors with high exposure to disaster trauma or evacuated from disaster zones

C. Bereaved extended family and friends; first responders

D. People who lost homes, jobs, and possessions; people with preexisting trauma and dysfunction; at-risk groups; other disaster responders

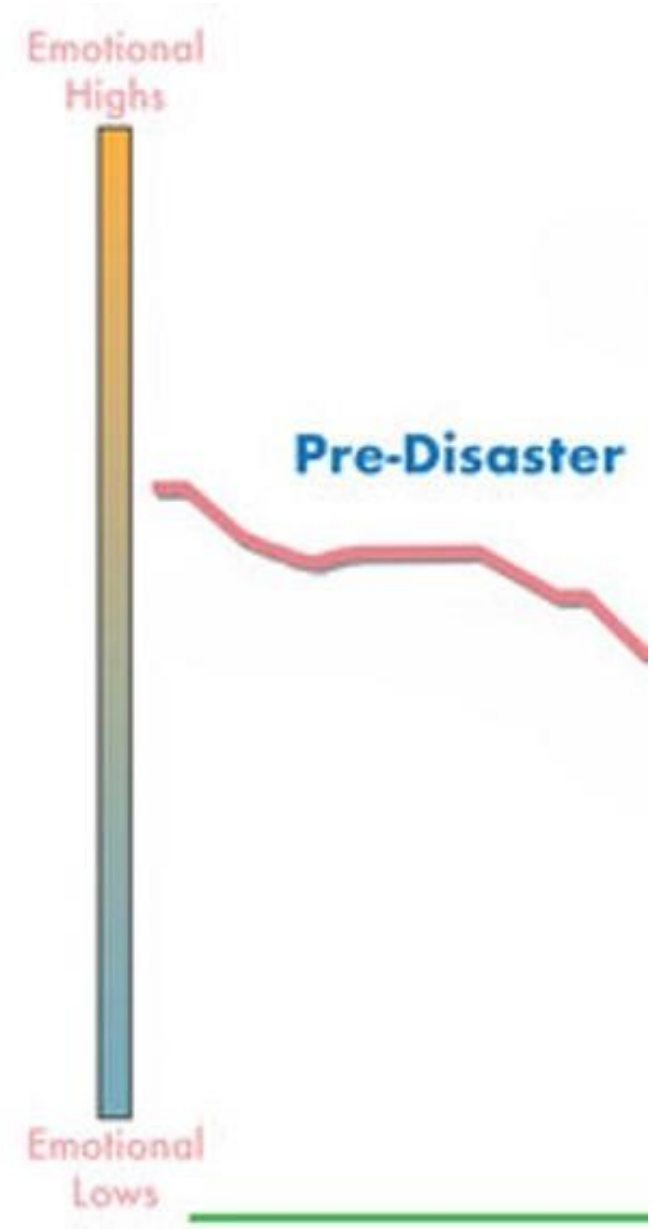
E. Affected people from the larger community

Phases of Disaster



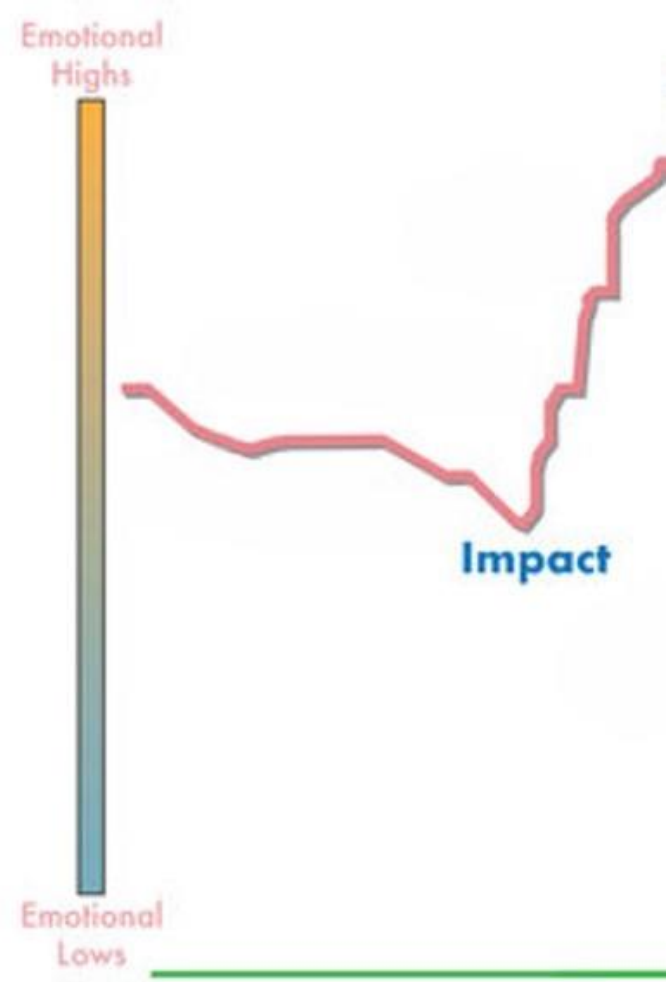
Phases of Disaster: Pre-Disaster

- Disasters with no-warning can cause:
  - Feelings of vulnerability
  - Lack of security
  - Loss of control
- Disasters with-warning can cause:
  - Guilt or self-blame for failure to heed warning



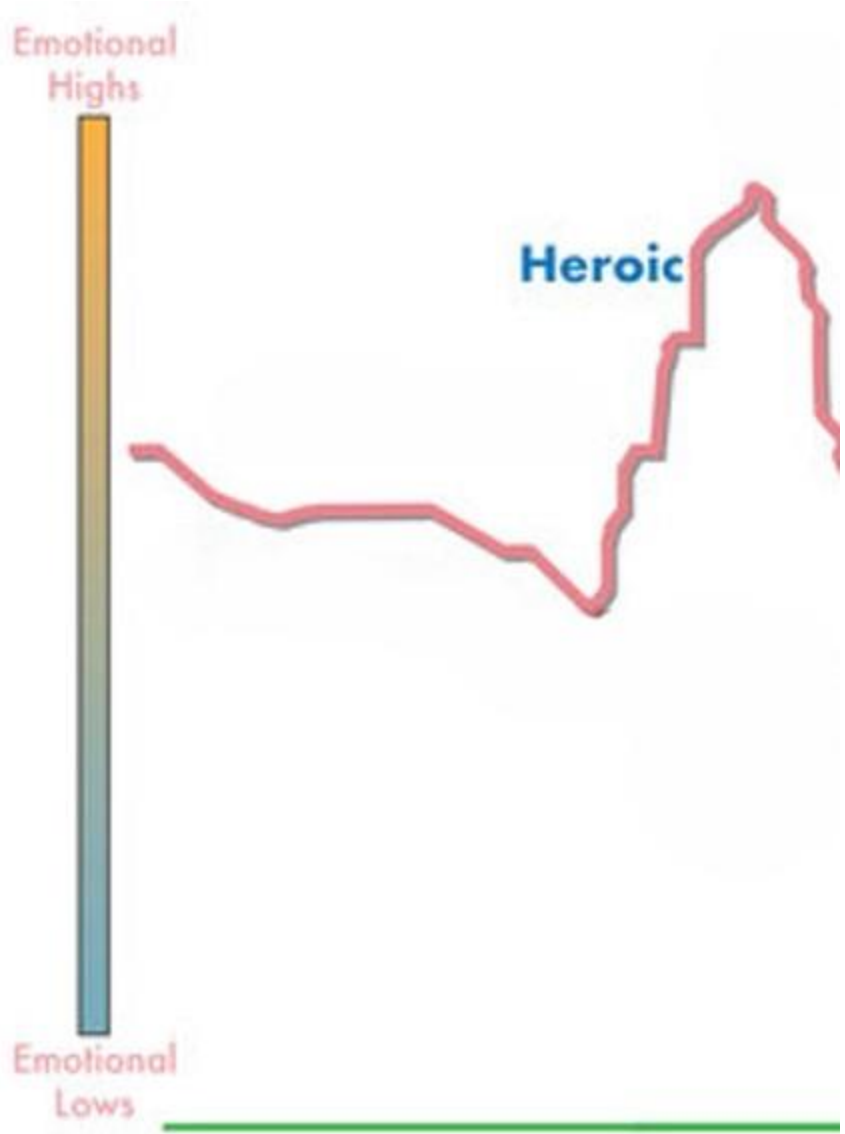
Phases of Disaster: Impact

- Losses lead to increased psychosocial effects
- Most deaths & injuries likely to occur
- Reactions range from shock to panic
- Confusion, disbelief followed by a focus on self-preservation & protection of family
- Family separation causes anxiety



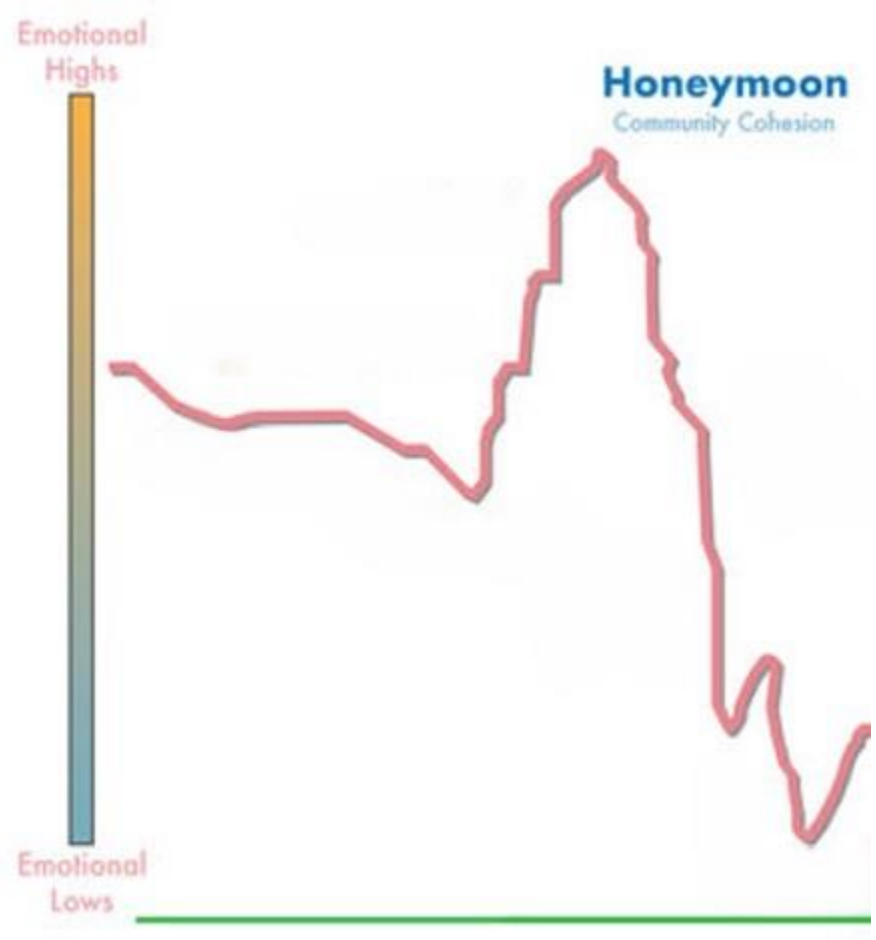
Phases of Disaster: Heroic

- Adrenaline-induced rescue behavior
- Fear & confusion among survivors
- High activity level with low productivity
- Sense of altruism



Phases of Disaster: Honeymoon

- Disaster assistance readily available
- Community bonding occurs
- Optimism that everything will return to normal
- Unrealistic expectations about recovery
- Denial of extent of emotional impact

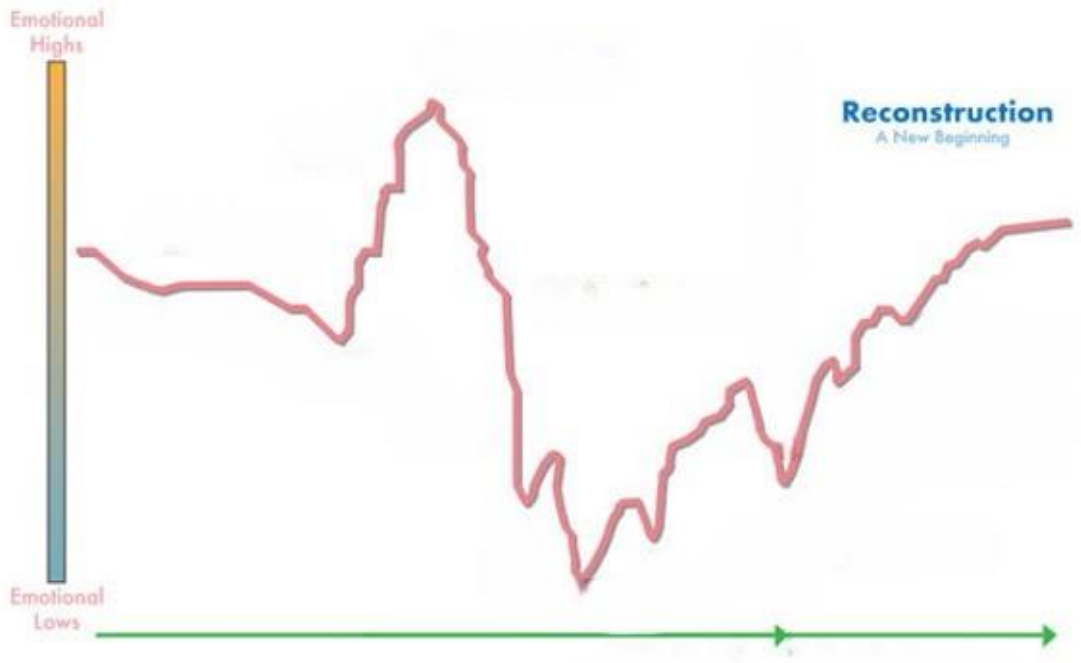


Phases of Disaster: Disillusionment

- Realization of losses begin to set in
- Communities & individuals realize limits of assistance
- Diminishing assistance leads to feelings of abandonment
- Physical exhaustion may surface
- Optimism turns to discouragement
- Grieving & abuse issues emerge
- Increased need for substance abuse services may begin to surface

Phases of Disaster: Reconstruction

- May continue for years
- Individuals & communities begin to assume responsibility for rebuilding their lives
- Begin to put disaster behind them
- People adjust to a new “normal”
- First anniversary of the event can trigger adverse reactions & set back recovery
- Recognition of growth & opportunity resulting from disaster experience



Possible Symptoms

Physical

Agitation

Hyper-arousal

Fatigue

Exhaustion

Gastrointestinal distress

Headaches

Deterioration in previous health condition

Cognitive

Intrusive thoughts

Concentration difficulties

Questioning spiritual beliefs

Confusion

Disorientation

Preoccupation

Recurring dreams or nightmares

Memory & concentration difficulties

Possible Symptoms

Emotional

Anxiety

Irritability, anger

Sadness, depression

Numbness or disconnectedness

Hopelessness & despair

Survivor guilt & self doubt

Unpredictable mood swings

Behavioral

Sleep problems

Crying very easily

Hyper-vigilance

Easily startled

Avoidance of reminders

Increased family conflicts

Isolation & withdrawal

Substance abuse

Self medicate

Possible Symptoms

Spiritual

Shattered sense of meaning

Questioning spiritual beliefs

Hyper-religious

Severe Reactions May Require Treatment

Depression

Anxiety disorder

Substance abuse

Posttraumatic stress disorder (PTSD)

Dissociative disorders

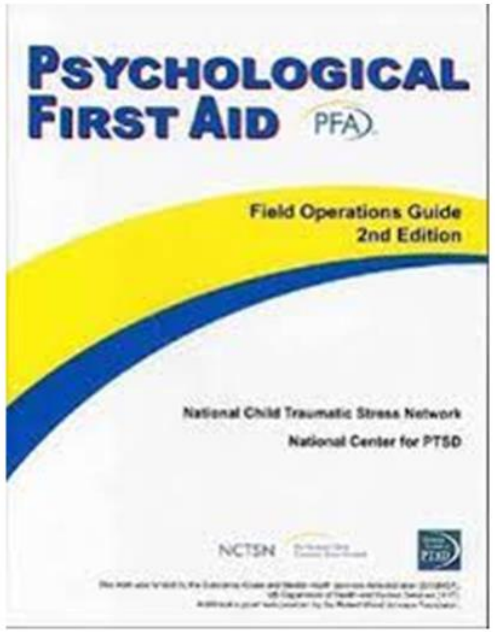
Paranoia

Suicidal behavior

Overview of PFA

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

Overview of PFA



Self Care

No one who sees a disaster is untouched by it

"There is a cost to caring. We who listen to the stories of fear, pain and suffering of others may feel, ourselves similar pain, and suffering because we care."

Charles Figley

Sources of Helper Stress

Unprepared for their own reaction

Repeated exposure to grim experiences

Lack of sleep & fatigue

Inability of being able to “do enough”

Guilt over privileged access to resources

Facing moral & ethical dilemmas

Angry & seemingly ungrateful victims

Detached from personal supports

Frustrated by leadership decisions & policies

Psychological Trauma

Factors that may impact your response

- Your own personal losses or experiences
- Working in your neighborhood
- Assisting neighbors, friends, coworkers who have also been injured
- Not feeling safe and secure

Helper Misconceptions

I will “fix” the problem…save the world…

If I care enough, everything will be O.K.

Survivors will appreciate everything I do for them

I will have enough resources (time, money, material, skills and training) to fix things

I know what I’m getting into

Prepare Ahead

Stock a Response Kit

Have plans in place with your family, friends, co-workers, volunteer teams

Identify Natural Supports

Be aware of your own coping mechanisms

Check www.Ready.gov for ideas

Traits That Support Resilience

Healthy…	physical and economic
Adaptive …	creative, balanced
Defusing …	tension & conflict
Active …	momentum/problem solving
Optimistic…	sense of mastery & control
Connected…	for social support
Meaning …	sought & found

Contact Information

Skyler Conway, MS CCISM
Disaster Behavioral Health Coordinator
Bureau of Emergency Preparedness, Response, and Recovery
New Hampshire Division of Public Health Services
Department of Health and Human Services
Office: 603-271-9460
Cell: 603-573-8212
Email: Skyler.F.Conway@dhhs.nh.gov

Cassie McNelly
Disaster Behavioral Health Liaison
Bureau of Emergency Preparedness, Response, and Recovery
Division of Public Health Services
NH Department of Health and Human Services
Cell: 603-731-9238
Cassie.L.Mcnelly@dhhs.nh.gov