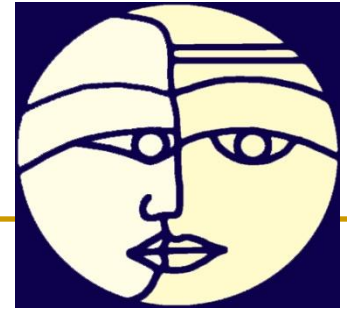


Psychosocial issues in emergencies



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For Te Ao Māramatanga
New Zealand College of Mental Health Nurses (Inc.)
Partnership, Voice, Excellence in Mental Health Nursing







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Public Health Advisor



Iasc Guidelines on Mental Health and Psychosocial Support in Emergency Settings

The Inter-Agency Standing Committee (IASC) issues these Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.

<http://www.humanitarianinfo.org/iasc/content/products>

**Planning for Individual and
Community Recovery in an
Emergency Event**
Principles for Psychosocial Support
**National Health Emergency
Plan**
Ministry of Health (2007)

This document is available on the Ministry of Health's website:

<http://www.moh.govt.nz>

Part A: Evidence-based Principles and Good Practice for Psychosocial Recovery

Principles of the psychosocial recovery process

How people react to emergency

Risk and protective factors

Addressing potential disparities

Promoting psychosocial recovery Operational principles

Part B: Operational Planning

Key aspects of planning for psychosocial recovery

Ministry of Health roles

District Health Board roles

National inter-agency links

Operationalising the psychosocial recovery principles: a summary of agency actions

Pre-event: risk reduction

Pre-event: readiness

Response and recovery

An example of emergency management: pandemic influenza

Glossary

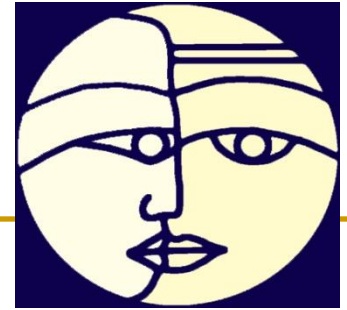
Abbreviations

References

Further reading

Objectives

- Describe normal emotional and behavioural responses following an emergency
 - Introduce psychological first aid and practice two psychosocial skills – problem solving and rebuilding social connections
 - Identify the common mental health problems associated with emergencies
 - Understand the mental health needs of nurses and other health workers after an emergency
-



Understanding normal reactions

Individuals and communities are resilient. In the face of emergencies their response is to adapt and recover

Focusing on psychosocial issues reduces the distress associated with adapting and recovering and helps minimise the number of people who will experience long term distress

Psychosocial

- The term psychosocial is used to reflect the complex interactions between psychological and social factors that impact on the mental health of an individual or community.
 - It includes not only the non-medical aspects of psychological and social care, but also the promotion of mental health and the treatment of mental disorders.
-

Key Principles

Participation

People from communities affected by disasters should be involved in the disaster response. The early involvement of affected people assists in establishing a dialogue with affected communities and assists people in taking control of their lives.

Multilayered support

No single component of the health or welfare sector is able to meet the mental health needs of a community alone. An effective mental health response after a disaster requires cooperation across a range of sectors.

Do no harm

It is essential that mental health interventions do no harm. Effective mental health interventions require a system-wide, public health approach

“Stress is normal. It is the body’s natural reaction in response to a physical and/or emotional challenge. Stress can be positive in activating a person’s body, mind and energy. It can be defined as an individual’s capacity to mobilize every resource the body has to react promptly and adequately to any given situation. However, if stress lasts too long, the body’s resources will be exhausted and the person will develop harmful or negative forms of stress reactions.”

(International Federation of Red Cross and Red Crescent Societies 2001).

Exposure to Trauma

- In an emergency people may be exposed to multiple traumatic events eg
 - Initial event
 - Losses
 - Associated trauma (such as after shock, disease)
 - Rescue and support efforts
 - Rebuilding
 - The greater the trauma exposure the more severe the emotional response
-

Individual Variation

■ Risk factors

- Nature of exposure
- Secondary trauma
- Prior psychological problems
- Gender & age
- Socioeconomic factors

■ Protective factors

- Social support
 - Resilience
-

Communities are also disrupted

- Many of the community structures we rely on are damaged
 - Initially communities pull together and there is shared focus
 - Rebuilding takes a long time – and people do it at different rates
-

Remember

These are normal responses

Trauma Responses

- Physical
 - Emotional
 - Cognitive
 - Behavioural
-

Physical

- Faintness and dizziness
 - Hot or cold sensations
 - Tightness in throat and chest
 - Agitation, nervousness, hyperarousal
 - Fatigue and exhaustion
 - Gastrointestinal distress and nausea
 - Appetite decrease or increase
 - Headaches
 - Exacerbation of pre-existing conditions
-

Emotional

- Shock, disbelief
 - Anxiety, fear, worried about safety
 - Numbness
 - Sadness, grief
 - Longing and pining for deceased
 - Helplessness
 - Powerlessness and vulnerability
 - Disassociation (disconnected, dream-like)
 - Anger, rage, desire for revenge
 - Irritability, short temper
 - Hopelessness and despair
 - Blame of self and others
 - Survivor guilt
 - Unpredictable mood swings
 - Re-experiencing pain associated with previous trauma
-

Cognitive

- Confusion and disorientation
 - Poor concentration and memory problems
 - Impaired thinking and decision making
 - Complete or partial amnesia
 - Repeated flashbacks, intrusive thoughts and images
 - Obsessive self criticism and self doubts
 - Preoccupation with protecting loved ones
 - Questioning of spiritual or religious beliefs
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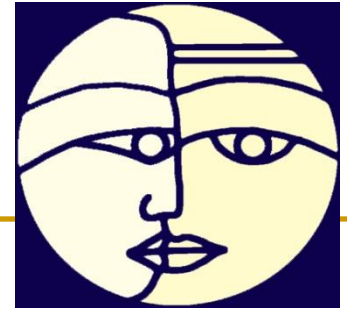
Behavioural

- Sleep disturbances and nightmares
 - Jumpiness – easily startled
 - Hyper vigilance – scanning for danger
 - Crying and tearfulness
 - Conflicts with family and co-workers
 - Avoidance of reminders of trauma
 - Inability to express feelings
 - Isolation or withdrawal from others
 - Increased use of alcohol or drugs
-

Timeframe

- In the initial period
 - People may feel numb, emotional responses may be delayed, focus on practical issues
 - In the medium term
 - Reactions fluctuate, people may feel overloaded as strong emotional reactions continue, misunderstanding, rivalry, conflicts may emerge
 - Long term
 - Response may take a long time to emerge, people adapt to a new reality
-

Emergencies expose people to trauma that is generally beyond the realm of normal human experience and most survivors will exhibit a range of responses demonstrating their distress. Many of these responses are 'normal' given the circumstances, and most will go on to recover completely without any kind of formal psychological intervention. The mechanisms of natural recovery from traumatic events are strong. The psychological outcome of a community as a whole will be resilience, not psychopathology. For most people, fear, anxiety, re-experiencing of the trauma, urges to avoid situations associated with the trauma, and hyperarousal symptoms, if present, will gradually decrease over time



Children and young people

Children and young people

Increased vulnerability

- Perception of risk
 - Developmental stage
 - Rely on parents for their emotional support – but parents are traumatised
 - Previous traumas
 - Disruption to schooling
-

Common responses

- Depends on developmental stage
 - Can exhibit physical, cognitive, emotional and behavioural symptoms
 - Regression is common
-

Responding to the needs of children

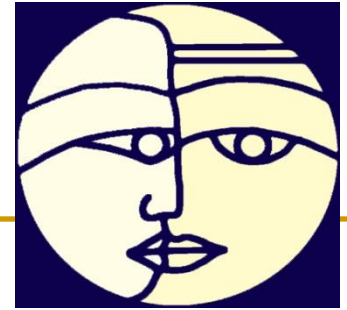
- Children experience trauma in different ways.
 - Intervention focuses on
 - Meeting physical needs
 - Helping them understand what has happened
 - Accepting their feelings
 - Being patient
-

Create a sense of safety

- Age appropriate information
 - Importance of routines and boundaries
 - Reassurance
 - Encourage children to explore their environment,
 - Give praise
 - Soothe children by hugging and comforting them
 - Create a safe, predictable environment for the child to learn and grow.
 - Allow them to help
-

Social support

- Where possible keep with stable caregivers
 - Sustain usual support mechanisms
 - Opportunities for play
 - School
 - Community activities
 - Support caregivers
 - Child's distress may be a reflection of caregivers distress
-



Psychological First Aid

Psychological first aid (PFA) is aimed to reduce immediate post trauma distress by supporting short and long-term adaptive responses. It is therefore designed for delivery wherever trauma survivors are found (Ruzek et al. 2007).

Principles

- Safety
 - Calming
 - Hope
 - Connectedness;
 - Self and collective efficacy (i.e. confidence, power, capacity to get life back together).
-

PFA Steps (1-4)

1. Contact and engagement

Goal: Respond to contacts initiated by affected persons, or initiate contacts in a nonintrusive, compassionate, and helpful manner.

2. Safety and comfort

Goal: Enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if necessary)

Goal: To calm and orient emotionally-overwhelmed/distraught survivors.

4. Information gathering: current needs and concerns

Goal: Identify immediate needs and concerns, gather additional information, and tailor PFA interventions.

PFA Steps 5-8

5. Practical assistance

Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

6. Connection with social supports

Goal: To reduce distress by helping structure opportunities for brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

7. Information on coping support

Goal: To provide the individual with information (including education about stress reactions and coping) that may help them deal with the event and its aftermath.

8. Link to other services

Goal: To link survivors with needed services, and inform them about available services that may be needed in the future.

Skills for Psychological Recovery

■ Principles

- ❑ Most people will recover
 - ❑ Stepped approach
 - ❑ PFA should be widely available via first responders
 - ❑ SPR provides empirically derived skills for counselors
 - ❑ People with more severe problems should be referred for formal intervention
-

Problems solving skills

- After emergencies people often face multiple problems
 - People may feel overwhelmed by the number of problems
 - May be facing new problems
 - Role changes within the family
 - Feel may helpless that they cant solve problems
 - Promoting problem solving increases the sense of self efficacy
-

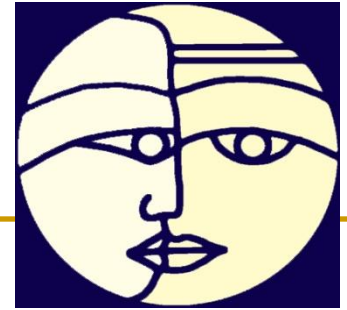
Key steps

- Explain why focusing on problem solving is important
 - Help define the problem
 - Decide whose problem it is
 - Set the goal
 - Brainstorm possible solutions
 - Evaluate options
-

Rebuilding healthy social connections

- Goal: Assist people to increase their positive social connections and support
 - Following an emergency people often feel 'disconnected' from others
 - Social support is a powerful recovery tool





Common mental health problems after an emergency

Generic WHO Predictions of the Prevalence of Psychosocial Problems after an emergency

(adapted from van Ommeren, 2006)

	<i>Before Emergency 12-month prevalence</i>	<i>After Emergency 12-month prevalence</i>
Severe mental disorder	2-3%	3-4%
Mild or moderate mental disorder	10%	20% (reduces to 15% with natural recovery)
Mild psychological/social distress	No estimate	Small percentage (Increases over time)

Depression

- Commonest mental health problems following a disaster
 - Overlap with normal responses
 - Severity
 - Length
 - Distress
 - Refer for specialist treatment
-

Anxiety

- Post traumatic stress disorder
 - Reliving the trauma over and over again through visions of the incident, nightmares or flashbacks
 - Avoiding situations that remind them of the trauma.
 - Increased arousal, for example they may feel hyper-alert, irritable or be unable to sleep
 - Feeling emotionally distant from people
 - Feeling depressed or losing interest in usual activities
 - Experiencing difficulties in their relationships or inability to return to work.
-

Nursing interventions

- Reassure the person that their reactions are normal, can be treated and they are not going crazy
 - Focus on practical problem solving
 - Allow the person to talk about the event
 - Encourage the person to talk with others.
 - Encourage the person to discuss with their GP or counselor
 - Discourage alcohol use
 - Benzodiazepines such as valium should be avoided
 - If symptoms do not resolve or the person is very distressed refer to a mental health specialist
-

Suicide

- Suicide risks increase after an emergency
 - People at greatest risk
 - Mental health issue
 - Previous history
 - Losses
 - Lack of social support
 - Need for coordinated approach
 - Prevention
 - Intervention
 - Post vention
 - Impact of rumors on community well being
-

Grief and Bereavement

- Complex interaction between trauma and grief
 - Multiple losses
 - Disruption to the usual rituals
 - Grief delayed as people are busy with the recovery process
 - Loss of memories
 - People outside damaged area
-

Interventions

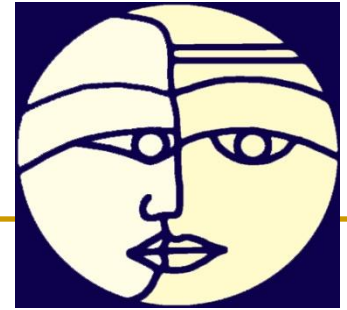
- Acknowledging loss
 - Encouraging rituals
 - Sharing experience with others
 - Grief counselling
-

Alcohol and other drug use

- Increase in alcohol and other drug use
 - Education – it increases the severity of post traumatic symptoms and disrupts recovery
 - Ensure recovery processes don't increase opportunities for drinking
 - Discuss with people
 - Refer for assistance early
-

Referral pathways

- When would I refer someone?
 - Who would I refer them to?
 - What do I think will happen?
-



Supporting nurses and other disaster responders

Nurses are affected by disasters in many ways

- Personal loss
 - Family or community may be adversely affected
 - Impact on the health system
 - Exposure to the impact of the emergency on others
-

Challenges for helpers

Challenges for helpers in disaster situations (Zagurski, Bulling & Chang 2005)

- Being part of the collective crisis
 - Repeated exposure to grim experiences
 - Carrying out physically difficult, exhausting or dangerous tasks
 - Lacking sleep and feeling fatigued
 - The perceived inability to ever do enough
 - Feeling guilt over privileged access to food, shelter, etc.
 - Facing moral and ethical dilemmas
 - Being exposed to anger and lack of gratitude
 - Being detached from personal support systems
 - Feeling frustrated by policies and decisions of supervisors
-

Talking about your own experiences

- Break into groups of three
 - Spend 15 minutes talking about your own experience of the earthquake
 - What were you doing when it happened
 - What have been some of the impacts
 - For you
 - For family or friends
 - For your nursing colleagues
-

Normal responses

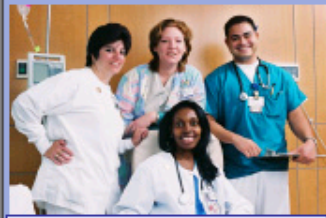
- Nurses may experience the same range of psychosocial responses as the affected communities
 - Emotional
 - Psychological
 - Behavioural
-

Strategies to support nurses

- *Do not try and do too much*
 - *Work with others*
 - *Talk about your experiences.*
 - *Acknowledge your achievements.*
 - *Take regular breaks.*
 - *Look after your physical health*
 - *Stay in contact with your family*
 - *See a counselor*
-

What can the NZCMHN do to assist

- Provide information
 - Training
 - Other information on their website
 - Provide opportunities for nurses to share their experiences
 - Advocate for evidence based practice
 - Publicise the role of nurses
 - Advocate for nurses and nursing
-



- Search
- MAIN TOPIC AREAS**
- Inside ANA
 - Information & Services
 - Newsroom
 - Nursing Issues/Programs
 - Publications
 - Core Initiatives
 - ANA Entities
 - Online CE
 - Home

MEMBER CENTER

Are you taking advantage of your membership?

- Members Only
- Members Only Content
- Join/Renew Membership
- Member Benefits
- Update contact information

Have you created an account?

BIOTERRORISM AND DISASTER RESPONSE

As the nation copes with anthrax scares and concerns over future bioterrorist attacks, many nurses and other health care professionals have been forced to quickly learn about treating victims of bioterrorism, as well as to re-think their hospital and community disaster plans. ANA wants to ensure that registered nurses (RNs) will be able to respond effectively to these new types of emergencies and is working on several fronts to achieve this goal.

This website is geared toward providing RNs with valuable information on how they can better care for their patients, protect themselves and prepare their hospitals and communities to respond to acts of bioterrorism. Links to articles and organizations that have made major contributions on the subject of bioterrorism are provided. Additionally, RNs can learn what ANA is doing on the bioterrorism front including board actions, collaborations with other organizations, articles and more.

- [How to Care For Patients](#)
 - [How to Prepare Your Hospital/Community](#)
 - [Action Alerts](#)
 - [How to Protect Yourself](#)
 - [National Nurses Response Team](#)
 - [Smallpox Information and Resources](#)
 - [ANA Activities](#)
 - [Other Resources](#)
- NEW:** [Hurricane Katrina Emergency and Relief Efforts](#)
[Messages of Support from Around the World](#)
- [Tsunami Emergency and Relief Efforts](#)

Reference

- Grigg, M & Hughes, F, (2010); Disaster Mental Health. In: Powers, R., Daily, E (eds). *International Disaster Nursing*. New York, Cambridge Press.
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