

## Disasters are Stressful

Responding to disasters is not for everybody. It is physically and mentally challenging. Mental health services are increasingly recognized as an essential support function to address this stress in responders. In the future, offering such services probably will be considered a responsibility of disaster relief organizations. Current disaster response programs for the care of animals and their owners are potentially exposing their volunteers to dangerous levels of stress without adequate coping strategies. This section addresses the importance of mental health care for responders.

A discussion of mental health services for primary victims is beyond the scope of this book, but statistics point out the importance of such services. A recent article on suicides following disasters showed that suicide rates in primary victims increased 13.8% in the 4 years following floods, 31% in the 2 years following hurricanes, and 62.9% in the first year after earthquakes. Other risk factors for the development of mental health problems are prior experience of violent trauma and being female, white, and adolescent.

The common belief is that mental health services are only for the primary victims of disasters. However, counseling of responders helps prevent them from becoming secondary victims and puts them in the frame of mind to help others.

A person's reaction to stress and grief is the result of previous life experiences, including those experienced through the media; how these stresses were dealt with; the situation that faces the responder; and the physical and psychologic resources available to cope with these factors. Stress reactions are a natural response to protect a person facing anything from exhaustion to being eaten by a tiger.

## Stress in primary disaster victims

The phases of emotional stress most common in primary disaster victims are summarized in Table 23-3.

**Table 23-3** Summary of phases of a disaster and some typical stress reactions in primary disaster victims

Phase	Physical responses	Emotional responses
Warning	Increased heart rate, rapid breathing, increased perspiration, tightened muscles, dry mouth, nausea, vomiting, tremors, and diarrhea	Disbelief, denial, ignoring of warnings
Threat	Decreased coordination, agitation, "fight or flight" reactions, survival actions such as lying down or taking cover	Fear of loss of life, health, and possessions
Impact	Feeling stunned and frozen, trembling, numbness, nausea, fainting, fear, shock	Anxiety, feelings of hopelessness, helplessness, frailty, and vulnerability, feeling the disaster is focused on victim alone, feeling isolated or abandoned
Rescue	Search for trapped victims, giving of First Aid	Dazed feeling, bewilderment, apathy, shock, passivity, withdrawal, disorientation, feelings of gratitude
Recovery	Loss of appetite, difficulty sleeping, feelings of apathy, emotional emptiness, or guilt	Lifting of spirits or exaggerated grief caused by realization of losses; feelings of numbness, bewilderment, and disbelief; continued feelings of fatigue and sadness, listlessness, and disorganization; frustration over delays in recovery efforts, financial burdens, and children's behaviors

From Minister of National Health and Welfare, Emergency Services Division, Medical Services Branch: *Personal services: psychosocial planning for disasters*, Ottawa, Ontario, 1994, Health Canada.

## Stress in Disaster Responders (secondary disaster victims)

Mental and physical stress is a component of every disaster responder's life.

**Table 23-2** Sources of stress for disaster workers

Stressor	Examples
Incident	Death or serious injury of a coworker, particularly in the line of duty Loss of life of a person or an animal after prolonged rescue attempts Death or violence involving a child or animal Serious injury or death of a civilian Serious injury or death of an animal (including euthanasia) Any incident with profound emotion (grieving owners) Personal identification with the victims or circumstances Unusual sights, sounds, activities Having to deal with large numbers of animals
Occupation	Limited time availability Overburdening with responsibilities Unusual physical demands Unusual mental demands (decision making) Unusual emotional demands (traumatic experiences) Work environment Limited resources High expectations
Environment	Extreme weather conditions (heat, cold, rain, snow) Hazards (toxic chemicals and fumes, wounds, burns)

From Minister of National Health and Welfare, Emergency Services Division, Medical Services Branch: *Personal services: psychosocial planning for disasters*, Ottawa, Ontario, 1994, Health Canada.

Stress reactions in responders commonly occur at two times in disasters: during the field activation phase and within the first month after the response. Table 23-4 lists some typical stress behaviors.

**Table 23-4** Some typical reactions to stress

Reactions to stress	Examples
Physical	Increased heartbeat, respiration, and blood pressure Nausea, upset stomach, diarrhea Sweating and chills Loss of appetite
Behavioral and social	Withdrawal from friends and family Feelings of not being understood by others Increased use of alcohol, tobacco, or other drugs Hyperactivity Inability to rest or lie down Periods of crying
Psychologic and emotional	Strong identification with victims Sadness, grief, depression, moodiness Recurrent dreams of the event or other traumatic events Apathy, lack of concern for safety of others Feelings of helplessness, vulnerability, and inadequacy Confusion, concentration problems Suicidal thoughts

From Minister of National Health and Welfare, Emergency Services Division, Medical Services Branch: *Personal services: psychosocial planning for disasters*, Ottawa, Ontario, 1994, Health Canada.

Responders usually first experience stress when they arrive at the disaster site. There romantic ideas of heroic rescues often are confronted by a different reality. Responders who want to care for animals are usually motivated by their love of animals and their intentions to relieve suffering in defenseless creatures. However, in disasters responders are likely to be faced with destruction of property, extreme emotional reactions in primary victims, injuries, and even death. Dealing with the disarrangement of the environment and people's private property is a stressful experience.

Many stress situations can be handled through appropriate relaxation and coping techniques, but others are better addressed with the help of mental health counselors. Some responders have a personality that enjoys this work environment and thrive on a "responder's high." However, others, such as those who respond to disasters out of a desire to care for animals, may experience intense physical and mental stress. Without appropriate coping strategies many responders quickly burn out and may develop detrimental personal habits, which can lead to family crises.

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of property, extreme emotional reactions in primary victims, injuries, and even death. Dealing with the disarrangement of the environment and people's private property is a stressful experience.

The second period when responders face extraordinary stresses involves two situations. The first is during the transition from response phase to extended recovery phase. This is the time when primary victims express their frustration over delays in rebuilding their lives and communities. In their anger they are often overly critical and sometimes display outright hostility toward persons who were in decision-making positions during the response and initial recovery phases. These targets of frustrated primary victims may include the responders for the care of animals. Whether the criticism is justified or not, responders invariably take it personally because they have acted in good faith and have committed considerable time and energy to their efforts.

Another stressful situation is when responders return home. At the disaster site they are challenged with intense mental and physical activities, which are often balanced by a great sense of camaraderie. However, upon return home they often find few friends who can relate to their experiences. Commonly, returning responders are treated as heroes, which is alienating. This can result in responders feeling isolated and lonely after disasters even though their lives and health appear to be in perfect order.

Some responders deal with their anxiety by volunteering in disaster after disaster. They return to a chaotic environment over which they develop an increasing degree of control because they feel increasingly able to cope with disasters on site.

Stress can be addressed on a personal level by the individual, or the disaster response organization can attempt to reduce stress to a minimum. This includes offering Critical Incident Stress Debriefing (CISD) and not selecting highly stress susceptible or stress-causing responders.

Personal coping methods include shaping the environment in such a way that stress is minimized or averted. Some examples are given in Table 23-5. An important personal coping method is for disaster responders to collect the names and addresses of the persons they worked with in disasters and to stay in contact with them afterward. People who work together in disasters often become friends for life. This opportunity for friendship should not be neglected by leaving a disaster site with no means of contacting fellow responders.

At the organization level, emergency management professionals are learning to cope with stress through CISD. These are structured meetings of emergency management personnel and mental health professionals to lessen the impact of major events. They are intended to accelerate normal recovery in normal people who are experiencing normal stress after highly abnormal events. A common format for these meetings is to discuss the following:

**Table 23-5** Suggestions on how to relieve stress at a disaster site

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Surround yourself with happy art (drawn by children, cartoons, humor)  
Carry pictures of friends, family, and pets  
Exercise to the point of sweating  
Wear comfortable clothes and shoes (buy new clothes that feel good)  
Avoid watching television and listening to radio coverage of the incident  
Avoid use of drugs (alcohol, nicotine, caffeine, others)  
Take time out  
Take breaks every 2-3 hours  
Stay hydrated  
Eat well  
Get exposure to sunlight  
Look up at the sky  
Take time for religious reflection  
Share mealtimes with others  
Share time with children  
Ignore rumors  
Try to sleep 9 hours a day  
Catnap if you can  
Catch up on lost sleep  
Practice relaxation techniques  
Be prepared

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- What happened to the individuals
- How they felt at the scene
- What their reactions were afterward
- Acute stress and its normal effects
- Stress management techniques.

CISD meetings are often held within 72 hours of the incident but sometimes much later. The longer the period between the incident and the debriefing, the less the impact of the debriefing. The best counselors conducting CISD meetings have had practical experience in the environment in which disaster responders work. The impact of CISD meetings was demonstrated by a study that compared two similar airplane crashes. The findings are in Table 23-6.

**Table 23-6** Impact of Critical Incident Stress Debriefing (CISD) after two airplane crashes

<b>Intervention</b>	<b>San Diego crash (1978) (no CISD)</b>	<b>Cerritos, California, crash (1986) (with CISD)</b>
Number of emergency personnel involved	300	300
Frequency of meetings	Sporadic one-on-one meetings	12 CISD sessions, crisis hot line, follow-up
Loss of ranked police officers	5 in 1 year	None
Loss of fire personnel	5 in 1 year	None
Loss of paramedics	15 in 1 year	1 in 1 year
Increase in mental health use	31%	1%

Data from JT Mitchell, University of Maryland.