Participating in Disaster Relief—What Psychiatrists to Know When Catastrophe Strikes

Profesional Objectives:

After reading this, you will:

- Be familiar with the complexities of entering, participating, assisting and collaborating with the emergency postdisaster response system;
- Know what factors may influence and modify psychiatrists' roles in disaster assistance activities;
- Be aware of a knowledge base on postdisaster mental health activities developed in the last 20 years.

Psychiatrists in ever-increasing numbers are responding to community needs after natural or other disasters. Recent examples can be found in psychiatrists' efforts in such disasters as Oklahoma City, South Florida (Hurricane Andrew, 1992) and North and South Carolina (Hurricane Hugo, 1989). In those disasters, professionals were able to utilize their knowledge of reactions to stress, trauma and loss; of grieving; and of coping techniques (Lazarus 1984, Caplan 1981).

This article is written to guide psychiatrists in their efforts when they join an emergency system that already has official sanctions and assigned responsibility.

Category 1 Posttest

CME, Inc. encourages you to take this posttest for your personal enrichment. The correct answers are listed below.

Circle the correct answer.

- 1. Federal assistance to fund mental health services was instituted in
 - a. 1930
- b. 1974
- c. 1990
- Psychiatrists need to attend to the following before they can offer their services to postdisaster victims:
 - a. have knowledge of community plans for disaster.
 - b. link with the emergency agency authority.
 - c. be able to offer a proportion of daily time to the disaster operations.
- 3. Victims may snow depression symptoms during the
 - a. preimpact phase. b. postimpact phase—immediate phase. c. postimpact—later phase.
- 4. Crisis counseling, postdisaster, is defined as
 - a. prescribing medication for acute symptoms. b. restoring the victim's capacity to cope.
 - c. a method to resolve long-standing emotional conflicts.

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Legislative Authority

In 1974 the enactment of Public Law 93-288, Section 413, the Disaster Relief Act, established the foundations for systematic, organized development for postdisaster mental health assistance.

The law recognized that disasters produce a variety of emotional and mental health disturbances which, if untreated, may become long-term and debilitating. Crisis counseling programs funded under Section 413 are designed to provide immediate relief as well as to prevent longer-term problems from developing.

Assistance under this program is limited to presidentially declared major disasters. Moreover, the program is designed to supplement available state and local resources and services. Consequently, grants could be obtained for crisis counseling services on a short-term basis to disaster victims, if these services

cannot be provided by existing agency programs

This legislation became a blueprint for the mental health care of disaster victims. It became a means to channel resources and to coalesce efforts of mental health professionals working with the National Institute of Mental Health, the Federal Emergency Management Agency and the Red Cross. Although the legislation primarily impacted major presidentially declared disasters, its influence permeated smaller local disasters

The Disaster Relief Act solidified the position taken by many psychiatrists and mental health professionals interested in participating in catastrophic events.

Another event that gave further opportunity to strengthen mental health activities was the legislation that mandated states to have preparatory predisaster plans.

Psychiatry's Role

Preparation is the cornerstone of effective and efficient disaster response assistance. Mental health professionals who have been participating officially since 1974 in federally declared disasters have developed the content and guidelines to increase the knowledge in this field (Gleser and colleagues 1981, Cohen and Ahearn 1980). Since then, the role of the psychiatrist has evolved through the experiences of many individuals responding to specific disasters in their areas (Bromet 1980. Ursano and colleagues 1995, Lystad 1985, Cohen 1976). They have published and shared experiences and methods with their colleagues, thereby accumulating a knowledge base that can be used to define the roles emerging as specific to psychiatry.

The activities that will operationalize these roles are defined by the type of psychiatry practiced by the professional. Generally, psychiatrists with private practices will volunteer or work with the emergency system in specific areas or with specific objectives. Many may volunteer to use their time and skills to impact information through the mass media or serve as consultants to mental health teams. Psychiatrists that work for the government may be deployed to the "frontlines" to direct teams or work within the shelters. Psychiatrists that are employed by academic instituitions are permitted to use discretionary time to participate in the community efforts. A new employment base-health maintenance organizations and managed care systems-will have to develop policy planning to use their psychiatrists in emergencies.

The conflict between attending to his or her own patients and devoting time to the community is a crucial decision to be made by each individual. It will be the responsibility of government agencies to provide a mental health service within the multiple response systems and volunteer agencies that are helping survivors cope after the disaster (Auf der Heide 1989).

Cooperation

The design, organization and implementation of postdisaster, crisis-oriented services require the establishment of integrated, interactive, flexible linkage systems between mental health organizations and emergency management agencies. While psychiatrists organize themselves to assist survivors, multiple activities are taking place within the other governmental and public systems, and decision-making about the life situation of the survivors is in other agencies hands.