

Faith Communities & Disaster Mental Health

Natural or human-caused disasters are, by definition, disturbing and unexpected. Most people react to a perceived threat with stress. Stress reactions are normal in most cases but may differ depending upon the severity of the situation. This Tip Sheet includes guidance on identifying and coping with normal and abnormal stress reactions, and making mental health referrals.

TIP SHEET

09

COMMON STRESS REACTIONS TO DISASTERS

People commonly experience a variety of disaster-related stress reactions before, during, or after a crisis or disaster event. Reactions will vary among people, and range from physical to emotional to mental to cognitive to spiritual to social. It is helpful to be aware of these types of reactions in yourself and others. Age, culture, ethnicity, gender, sexual orientation, theology, physical condition, and self-management habits all play a role in people's resilience and how they are impacted by stress.

Some common reactions include:

- A concern for basic survival
- Difficulty understanding and accepting what has happened
- Grief over loss of loved ones and loss of valued and meaningful possessions
- Intrusive thoughts about the disaster
- Domestic violence and substance abuse
- Being easily reminded of the event by things that are not entirely related
- Reliving the smells and sounds of the event; mentally replaying details over and over
- Increased difficulty controlling emotions
- Being easily irritated or startled
- Fear and anxiety about personal safety and physical safety of loved ones
- Sleep disturbances, often including nightmares and imagery from disaster
- Concerns about relocation and related isolation or crowded living conditions
- Concerns about backlash and social alienation
- A need to talk about the events and feelings associated with disaster, often repeatedly
- A need to feel one is part of the community and its recovery efforts

COPING WITH DISASTER STRESS REACTIONS

Below are some steps for coping with stress reactions (for yourself or those you work with):

- **Talk it out.** Share your feelings and thoughts with family, friends and others in your community when you are ready. This may reduce the intensity of the feelings and help you feel less uncomfortable. You may also find that your loved ones are experiencing similar feelings and that you are not alone.
- **Know your limits.** Make time to relax, and reduce stimuli in general as well as other reminders of the disaster.
- **Pay close attention to your physical health.** Keep medical appointments, get enough rest and exercise, eat nutritious meals, practice deep breathing, engage in fun and enjoyable activities, be gentle with yourself, and take time to appreciate the joy and beauty in your life.
- **Avoid** prolonged or excessive use of substances such as sugar, caffeine and alcohol.
- **Reassure children** in your life about their safety. Help them to understand how they are protected. Answer their questions as honestly as you can. Remember that children often adapt their responses to those of adults around them; therefore, it is important that adults model healthy responses.

HELPING OTHERS COPE WITH STRESS REACTIONS

As a religious leader, you may be the first resource that an individual turns to for help. You can also help to:

- Identify concrete needs and sources of support, such as Assistance Guides (published after a disaster occurs)
- Reinforce the importance of establishing a "normal routine"
- Educate others on common stress reactions and coping techniques
- Identify ways to relax – suggest relaxation techniques
- Recognize that children, the elderly, people with disabilities, the traditionally underserved, and those of lower social or economic status may be dealing with compound issues.

REFERRAL TO MENTAL HEALTH SERVICES

Working so closely with individuals who are coping with a disaster, spiritual care providers are in a unique position to help identify mental health needs and to make referrals to mental health services. A **referral** is the act of recommending that a person speak to a professional who is trained to handle the difficulties and complexities of his or her needs.

When to Refer

You should refer an individual when you realize that an individual needs help beyond your capability and level of training. Some indications that a person should seek help from a mental health professional include:

- An individual self-identifies as a psychiatric patient in need of care (or is so identified by a legal guardian)
- You have difficulty maintaining real contact with the person
- A person hints at or talks openly of suicide
- A person seems to be socially isolated
- A person presents imaginary ideas or details of persecution
- You become aware of child abuse or any criminal activity
- You see the development of persistent physical symptoms
- You become aware of dependency on alcohol or drugs
- You see the person engaging in risky behavior (showing carelessness towards oneself/others)
- You yourself become restless, confused, and have recurring bad thoughts or dreams about your interactions with an individual as a spiritual care provider or recovery leader

How to Refer

Religious leaders and other spiritual care providers must master these skill sets whether they are serving in mass care settings in standard house of worship or community settings. In either setting, it is preferred that you have a pre-determined referral protocol with a licensed mental health practitioner or mental health agency

- Attempt to always work in a team and have a plan for how to keep physically safe and maintain appropriate boundaries
- Before contacting a mental health professional, inform the person concerned about your intentions
- Let him/her know that you care for him/her and then explain the reasons for the referral
- If possible, present different referral options to the person concerned
- Discuss matters such as fees, location, accessibility, etc.
- Assure the person that you will continue your support until the referral is complete
- You might offer to accompany him/her to the referral location in a mass care setting - if serving alone in the field, you may offer to accompany him/her to hi/her first visit with the mental health provider.
- Once a person's referral is complete it is no longer appropriate to provide support other than spiritual care, if sought out

Resources for Referrals

As trusted figures, spiritual care providers can help encourage people who are not likely to reach out for additional support through the mental health system. During times of disaster, this may include referrals to:

- Employee Assistance Programs (EAPs) through an employer
- Health insurance providers
- Mutual assistance networks
- Disaster mental health programs (established after a disaster)
- American Red Cross
- Local crisis or mental health hotline
- 911 in case of a mental health emergency

OTHER RESOURCES

- Centers for Disease Control (CDC) — Coping with Disasters and Trauma: <http://www.bt.cdc.gov/mentalhealth/>
- Church Disaster Mental Health Project: churchdisasterhelp.org
- David Baldwin's Trauma Information Pages: <http://www.trauma-pages.com/disaster.php>
- NDIN Tip Sheet "*Self Care for Religious Leaders: How to Care for Your Self and Family During Disasters.*"
- NYDIS (New York Disaster Interfaith Services) — "*The NYDIS Manual for Religious Leaders: Spiritual Care and Mental Health for Disaster Response in New York City*": www.nydis.org
- Psychological First Aid Manual-Second Edition: <http://www.nctsn.org/content/psychological-first-aid>
- U.S. Substance Abuse and Mental Health Services Administration: www.samhsa.gov/Matrix/matrix_disaster.aspx for extensive lists of resources on disaster mental health topics.
- Book — *Creating Spiritual and Psychological Resilience: Integrating Care in Disaster Relief Work* by Daniel Bush, Grant Brenner & Joshua Moses