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Foundations of Disaster Mental Health Training

**Version 11.3
May 14, 2011**





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Welcome and Introductions

Tell us your:

- ◆ **Name**
- ◆ **The type of work you do**



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Course Objective

- ◆ **To prepare first time, independently-licensed Disaster Mental Health (DMH) workers to deploy to a disaster relief operation.**





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Mental Health Association Partners

- ◆ **American Counseling Association (ACA)**
- ◆ **American Association of Marriage and Family Therapy (AAMFT)**
- ◆ **American Psychiatric Association (APA)**
- ◆ **American Psychiatric Nurses Association (APNA)**
- ◆ **American Psychological Association (APA)**
- ◆ **National Association of Social Workers (NASW)**
- ◆ **National Association of School Psychologists (NASP)**
- ◆ **American School Counselors Association (ASCA)**



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DMH Mission

- ◆ **DMH has a dual mission to provide mental health support to **disaster survivors** and **workers** across the disaster continuum of preparedness, mitigation, response and recovery.**



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Red Cross DMH

- ◆ **4,000 independently-licensed, master's level (or higher) DMH volunteers, based out of 600 chapters**
- ◆ **Respond to 70,000 disasters/year**





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- ◆ **Humanitarian organization with a Congressional charter that is guided by seven fundamental principles:**
 - **Humanity**
 - **Impartiality**
 - **Neutrality**
 - **Independence**
 - **Voluntary service**
 - **Unity**
 - **Universality**



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Readiness to Deploy

- ◆ **Disaster relief operations are stressful.**
- ◆ **Assess:**
 - **You and your family's readiness to deploy**
 - **Personal support for doing volunteer disaster work**
 - **Job-related support for doing volunteer disaster relief work**
 - **Personal history of trauma or mental health issues**
 - **Comfort levels in stressful environments**



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Disaster Relief Services

- ◆ **Sheltering,**
- ◆ **Feeding**
- ◆ **Distribution of bulk supplies**
- ◆ **Emergency aid stations**
- ◆ **Outreach**
- ◆ **Safe and Well Web Site**
<http://www.redcross.org/safeandwell>





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Disaster Relief Services (cont.)

- ◆ **Client Casework - information and referral**
- ◆ **Disaster Health Services (HS)**
- ◆ **Integrated Care Teams**
- ◆ **National Spiritual Care Response Teams**





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Disaster Mental Health Activities

- ◆ Deployed throughout operation
- ◆ Intervene with both staff and survivors
- ◆ Staff involvement
 - **Workers trained in PFA enhance ability of DMH to provide support to survivors**
 - **DMH works with staff to reduce stress on operation and mitigate adverse outcomes**
- ◆ Two supervisors: Site and Technical



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Expected Stress Reactions

- ◆ **Can range widely**
- ◆ **Dependent on individual factors, such as age, culture, previous functioning, etc.**
- ◆ **Occur in all domains of functioning**
 - **Emotional**
 - **Cognitive**
 - **Physical**
 - **Behavioral**
 - **Spiritual**
- ◆ **Avoid pathologizing**
- ◆ **Most people are resilient!**



Disaster Response Phases





Three Phases of DMH Response

- ◆ **Assess the situation and triage using exposure-based risk factors**
- ◆ **Promote resilience and coping skills**
 - **People are resilient**
 - **Most return to pre-incident functioning**
- ◆ **Intervene to mitigate psychological complications of disaster**
 - **30-40% of direct victims of disaster at risk for new incident disorders**
 - **Early triage, intervention and referral to services can reduce risk**



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Phase 1: Assessment and Triage

- ◆ ***Psychological triage:*** All workers utilize the Red Cross PsySTART triage tool to refer high risk clients to DMH
- ◆ ***Behavioral Surveillance:*** Deployment of workers to areas with higher numbers of risk factors



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Psychological First Aid: Triage/Force Multiplier

- ◆ **All volunteers to be trained in PFA**
- ◆ **4-hour curriculum**
- ◆ **PsySTART triage**
 - **“saw/heard death or serious injury”**
 - **highly predictive, especially in contrast to transient post-disaster Sx**
- ◆ **Provide emotional support to survivors and other workers**
- ◆ **DMH works with**
 - **higher risk survivors**
 - **more difficult tasks**





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PsySTART wallet card

| PsySTART™ Mental Health Triage System | | |
|---|--|---|
| DANGER TO SELF OR OTHERS? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| FELT/EXPRESSED EXTREME PANIC? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| SAW / HEARD DEATH or SERIOUS INJURY OF OTHER? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| DEATH OF PARENT, CHILD or FAMILY MEMBER? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| DEATH OF PET? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| TRAPPED or DELAYED EVACUATION? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| UNACCOMPANIED CHILD? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| HOME NOT LIVABLE? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| SEPARATED FROM IMMEDIATE FAMILY DURING EVENT? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| PRIOR HISTORY OF MENTAL HEALTH CARE? | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| NO TRIAGE FACTORS IDENTIFIED | | |
| | If yes, contact site supervisor and DMH immediately. | |
| | If yes, contact DMH as soon as possible. | |
| Contact DMH at the end of your shift for all other risk factors. | | |
| © 2001-2011 Merritt D. Schreiber, Ph.D. 2011-04-25 | | |



If stats called in: Time ____ : ____ to ____
(supervisor / manager)

DRO# _____ DRO District / Site: _____

Date: _____ Person completing form: _____

| | | |
|----------------------------------|---|--|
| DMH contact with staff tally box | Total numbers of DMH contacts with staff: _____ | Total numbers of DMH exit interviews with staff: _____ |
|----------------------------------|---|--|

Sheet ____ of ____

| | Client 1 | Client 2 | Client 3 | Client 4 | Client 5 | Client 6 | Client 7 | Client 8 | Client 9 | Client 10 | Client 11 | Client 12 | Client 13 | Client 14 | Client 15 | Client 16 | Client 17 | Client 18 | Client 19 | Client 20 | Total | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------|--|
| EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | Triage Level | PURPLE | |
| FELT OR EXPRESSED EXTREME PANIC? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | RED | |
| FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | | | |
| SAW / HEARD DEATH or SERIOUS INJURY OF OTHER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | | |
| DEATH OF PARENT, CHILD OR FAMILY MEMBER? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| DEATH OF PET? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | | | |
| SIGNIFICANT DISASTER RELATED ILLNESS or PHYSICAL INJURY of SELF or FAMILY MEMBER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | | | |
| TRAPPED or DELAYED EVACUATION? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | | | |
| HOME NOT LIVABLE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 | | | |
| FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | | | |
| CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 | | | |
| FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION / STATUS DURING AN EVENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | | YELLOW | |
| PRIOR HISTORY OF MENTAL HEALTH CARE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | | | |
| PRIOR HISTORY OF DISASTER EXPERIENCE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | | | |
| NO TRIAGE FACTORS IDENTIFIED? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | | GREEN | |
| Adult Client 18 years or over | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total Adults: _____ | | |
| Child Client under 18 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total Minors: _____ | | |



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Phase 2: Promote Resilience and Coping

Psychological First Aid

Make a connection

Help people be safe

**Be kind, calm and
compassionate**

Meet people's basic needs

Listen

Give realistic reassurance

Encourage good coping

Help people connect

**Give accurate and timely
information**

**Make a referral to a Disaster
Mental Health worker**

End the conversation

Take care of yourself



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Phase 3: Disaster Mental Health Interventions

- ◆ **Advocacy**
- ◆ **Crisis Intervention**
- ◆ **Casualty and Grief Support**
- ◆ **Family support**
- ◆ **Referrals**
- ◆ **Public health messaging and consultation**



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What We Don't Do

- ◆ **Psychotherapy**
 - Individual
 - Child
 - Group
- ◆ **Formal evaluations or diagnosis**
- ◆ **“pick-up orders”**
- ◆ **Critical Incident Stress Debriefings**
- ◆ **Long-term trauma therapies, such as**
 - EMDR
 - Cognitive Processing Therapy



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Why not?

- ◆ **Work is short term**
- ◆ **Building strong therapeutic alliance is not appropriate**
- ◆ **Some interventions have concerns about efficacy or secondary trauma**
- ◆ **Best time to talk is...when you feel like it, not necessarily when a group debriefing is scheduled**
- ◆ **Lack of pre-screening can be problematic for groups**



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Tips for Working with Disaster Survivors

- ◆ **Remember Maslow's hierarchy**
- ◆ **Your services won't always be welcome.**
- ◆ **Be mindful of individual and cultural context (clients and workers)**
- ◆ **Help clients help themselves**
- ◆ **Volunteers are relatively homogenous group**
- ◆ **Focus first on connecting people to existing supports, including religious and faith-based systems**



Tips for Working with Disaster Survivors (cont.)

- ◆ **Utilize the Initial Intake & Assessment Tool (shelters only)**
- ◆ **Offer realistic reassurances (fast-changing environment)**
- ◆ **Remember that people are resilient**
- ◆ **Be aware of disaster phases (threat, heroic, honeymoon, disillusionment and reconstruction)**
- ◆ **When possible, check w/ parents before helping children**
- ◆ **Support children by supporting their parents. Help them help others, need schedules, support to school system**



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Staff Mental Health Role (Your most important role)

- ◆ **On large DROs there will be DMH teams designated to focus solely on staff mental health; on small DROs you will frequently change staff and client mental health hats**
- ◆ **Make yourself available throughout the DRO**
- ◆ **Participate in DRO orientations—stress & coping skills**



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Staff Mental Health Role (continued)

- ◆ **Get to know the Staff Relations team immediately upon arrival and review roles and contact information**
- ◆ **Work with the Staffing Lead to get worker “out-processing” dates**
- ◆ **Offer post deployment support**
- ◆ **Be familiar w/ Red Cross “Zero Tolerance” policy**



DMH Support for Clients with Functional Needs Support Services (FNSS)

- ◆ **Individuals with disabilities, access and functional needs will be accommodated in general population shelters**
- ◆ **The term “functional” replaces “special needs”**
- ◆ **Applies to individuals who, under usual circumstances, are able to function on their own *with support* in the areas of:**
 - ***Communication***
 - ***Medical, health or mental health needs***
 - ***Maintaining independence***
 - ***Supervision***
 - ***Transportation***



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DMH responsibilities related to FNSS

- ◆ **Plan and coordinate services with local community partners, e.g.**
 - *State & local agencies focusing on disabilities*
 - *Public health agencies*
 - *Faith and community-based organizations*
 - *National Alliance for the Mentally Ill (NAMI)*



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DMH FNSS Responsibilities (continued)

- ◆ **Assess and refer the seriously ill/injured to an appropriate level of care**
- ◆ **Advocate for the appropriate resources to assist people in maintaining their usual level of independence**
- ◆ **Coordinate with and support shelter staff in addressing clients' functional and access needs**



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Obstacles to Self-Care: Every Task Appears Urgent!

- ◆ **Every task can be seen as an emergency**
- ◆ **Worker needs appear to “pale” in comparison to survivor needs**
- ◆ **Self care and other critical tasks are lost amidst the homogeneity of all things being urgent**
- ◆ **Chaotic environment begets micro-management or too little involvement**





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Mission Critical vs. Non Mission Critical

- ◆ Divide work into mission critical vs. non-mission critical (*easier said than done*)
- ◆ Put worker self care at the top of the mission critical list
- ◆ Supervisors need to resist the urge to either micro-manage or spend too little time with their workers
- ◆ Avoid making *everything* mission critical – then *nothing* is!





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So, What's Mission Critical in DMH?

- ◆ **Take care of yourself first**
- ◆ **Triage and work first with clients w/ acute symptoms**
- ◆ **Set achievable goals as you utilize the PsySTART risk factors to prioritize those w/ greater exposure-based risk**
- ◆ **Stay in contact with your team**
- ◆ **Stay within the DMH intervention standards**
- ◆ **Don't do anything unprofessional or unethical**



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DMH Self Care Strategies

- ◆ **Be a flexible worker**
- ◆ **Do an end of day/shift review**
- ◆ **Provide your own structure daily**
- ◆ **Acknowledge your limits, set boundaries, assert yourself and get help if needed**
- ◆ **Accept what belongs to you and tolerate what does not**
- ◆ **Contribute to a collaborative work environment**
- ◆ **Be attentive to stress symptoms in yourself & coworkers**
- ◆ **Stay connected to family and friends**



Disaster Relief Operation (DRO) Challenges

- ◆ **Infrastructure and basic services impaired**
- ◆ **Hardship working conditions and staff shelters**
- ◆ **Work along side of strangers, staff conflicts**
- ◆ **Inexperienced workers and supervisors**
- ◆ **Workers constantly transitioning in and out**
- ◆ **Personality differences become exaggerated**
- ◆ **Local chapters/service providers transitioning to national responders**
- ◆ **DRO structure is complex and regimented**



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DRO Challenges (cont.)

- ◆ **Inexperienced volunteers can struggle to navigate assigned “levels”—service associate, supervisor, manager, administrator, etc. (One lead DMH manager)**
- ◆ **DMH Interventions occur in context of integrated service delivery plan which is specific to each disaster**
- ◆ **Service provided today will change tomorrow**
- ◆ **Can’t do our work without partners (Gov, NGO), but this brings planning and coordination challenges**
- ◆ **Mentoring and teaching opportunities are infrequent**
- ◆ **What happens in any community, happens on a DRO**



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Challenges Unique to DMH

- ◆ **Informed Consent:** obtained by informing the client that you're DMH (timing on disclosure is challenging)
- ◆ **Multiple Role:** embedded into multi-function teams, you may have to alternate peer/friendship/staff mental health
- ◆ **Confidentiality:** staff and survivors will talk about personal issues in the open...find a private space
- ◆ **HIPAA:** ARC not a “covered entity” but info shared only on business “need-to-know” basis and releases used
- ◆ **Ethics:** no referrals to yourself or your agency
- ◆ **Mandatory Reporting:** ask supervisor about state laws



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REFERRAL AND RELEASE FORMS

- ◆ **Referral Form (1475) is used to make client referrals across ARC activities (i.e., health services to DMH)**
 - **No confidential information on 1475 (use 2077)**
- ◆ **ARC Referrals to DMH also come electronically via Client Assistance System (CAS)**
- ◆ **Set up notebook or protocol for tracking and following up on paper referrals (1475) and computer (CAS) referrals**
- ◆ **Casual in-person referral from co-worker doesn't require a referral form to be filled out**
- ◆ **Client Release of Information form used prior to passing information on to other agencies**



DMH Contacts (stats) & Client Health Record (2077)

- ◆ **DMH contact defined as a significant assessment or intervention (usually more than 15 minutes)**
- ◆ **PsySTART aggregate contact worksheets to tally total client contacts by risk level and site**
- ◆ **Client Health Record (Form 2077) is completed if an acute mental health condition is assessed requiring immediate intervention or follow-up**
 - **Consult w/ supervisor**
 - **Sign, date and time every entry**
 - **Keep this confidential form secure**



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DMH Involvement at the Local Chapter

- ◆ **Join your local Red Cross Chapter**
- ◆ **Take chapter's core courses and fulfill requirements**
- ◆ **Complete background check online**
- ◆ **Be flexible and willing to help where help is needed**



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DMH Involvement at the Local Chapter

- ◆ **Disaster action teams (DAT)**
- ◆ **DMH committees**
- ◆ **Trainings/disaster course instruction**
- ◆ **Support for returning workers**
- ◆ **Local mental health agency relationship-building**
- ◆ **Chapter disaster planning and drill participation**



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National Disaster Relief Operation Assignments

- ◆ **Volunteer inputs availability dates into online national database**
- ◆ **Disaster event takes place**
- ◆ **Disaster Staffing Center recruits from database starting first with volunteers in closest proximity to event (minimum of 10 day deployment)**
- ◆ **If recruited, chapter contacts member regarding recruitment status and next steps (e.g., receiving travel debit card)**
- ◆ **Chapter provides post-deployment support.**



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For More Information:

Your name

Disaster Mental Health

Your chapter info and contact information

Find your local Red Cross chapter:

www.redcross.org