

American Red Cross

Disaster mental health services

Contact information

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Background/history

The United States of America has a population of 273 million people, many of whom are recent emigrants from countries affected by war, famine, political instability and major disasters. The population is made up of at least 150 ethnic and cultural groups. In general, Americans have a great awareness about mental health, stress-related illness and psychological services. Natural disasters, such as hurricanes and earthquakes, frequently strike the US; the country has also been the target of terrorist attacks. Although the death rates from these events have been extremely low compared to other countries, the emotional effects are widely felt, and often have a long-term impact on individuals and affected communities.

The US government has mandated the American Red Cross (ARC) to provide an integral disaster relief programme. Supported financially through donations from corporations and individuals, the programme's workforce consists mainly of volunteers, with approximately 10 per cent paid staff. The ARC responds to more than 5,000 disasters each year throughout the US.

The ARC disaster mental health services (DMHS) programme was developed in 1990 after the US was affected by a number of severe disasters in a short period of time. These events led to the resignation of many of the society's most experienced paid and volunteer staff. A task force was formed to make recommendations about how to resolve the problem of "burn out", and how to address the needs of affected people who were often overwhelmed with grief and facing long, difficult recoveries. The task force recommended implementing a stress management programme for staff, which would include support for victims. Those recommendations led to the development of the two-day DMHS course. Several thousand mental health professionals throughout the US have been trained in DMHS, and over 2,500 are currently available and ready to deploy anywhere in the country where they may be needed.

Objectives

- To reduce the stress experienced by disaster workers, which in turn improves their ability to provide quality services to victims of disaster.

- To reduce the incidence of post-traumatic stress symptoms and long-term psychological effects in people affected by disaster, by providing supportive listening, crisis intervention, education and referrals to ongoing community-based psychological support programmes.

Brief description of activities

The DMHS programme is one of the five direct services included in the disaster relief programme. Services provided include crisis intervention, education about stress and coping skills, advocacy, defusing and debriefing. These services are offered to disaster workers, to prevent secondary traumatization, as well as to the disaster victims, and the community at large.

Major elements of the programme

Licensed mental health professionals who have completed the ARC's two-day DMHS course are assigned to all Red Cross service delivery sites. They focus on outreach, speaking to everyone they encounter to identify those in need of supportive services. They may provide education through schools, churches and civic meetings, or may meet individually with families to provide appropriate disaster mental health services.

Partnerships and alliances

The ARC programme has formal agreements with many governmental and non-profit mental health organizations. These agreements include professional associations such as the American Psychological Association, the National Association of Social Workers and the International Critical Incident Stress Foundation, as well as federal agencies such as the US Department of Veterans Affairs, and the US Department of Health and Human Services. ARC activities are supplementary and complementary and do not replace community-based mental health programmes. The services are usually provided in the immediate aftermath of major disasters, before governmental agencies are able to mobilize a full response. The ARC also collaborates by offering DMHS training to members and staff of other associations, and recommending their training to its volunteers.

Monitoring and evaluation

Periodic research studies have been completed which evaluate the impact of the ARC's services on Red Cross workers as well as the victims of disaster. This has led to improved training techniques, expansion of services and identification of areas that need to be developed. All DMHS workers are also evaluated at the end of any assignment, with recommendations as needed for further individual training and development.

The future

Based on recent surveys, several new courses are being developed. One will be an overview of disaster mental health, focusing on the basic services and skills needed, in order to prepare local mental health volunteers to assist with "everyday" disasters, such as house fires and small

community evacuations. The DMHS two-day programme will also be enhanced to include more technical information. A greater focus will be given to dealing with immigrants to the US, including awareness of cultural and religious issues that may impact upon how they respond to traumatic events, and what types of psychological services would be most appropriate. The ARC is also developing a two-day programme on the psychological impact and response to mass-casualty disasters, including events such as aviation disasters and weapons of mass destruction. The society is also creating at least eight new disaster-, language- and age-specific brochures that will be available for disaster victims.

Lessons learned

- The ARC's DMHS programme is the largest and most reputable volunteer psychological support programme in the United States. It is community based, offering services to local chapters in response to disasters affecting as few people as one family, yet having the capacity to recruit and assign over 2,500 mental health professionals to larger disasters anywhere in the US or its territories.
- Services are offered to anyone who seeks Red Cross services, all disaster workers and any group or organization in an affected community. DMHS workers are assigned to outreach teams, going from house to house in a disaster area, visiting those injured in hospitals, working in shelters or in Red Cross service centres. These services are in collaboration with, and supplemental to, those offered by other community-based organizations, in order to ensure the widest distribution of services.
- Although there is little statistical data to support the success of the programme, there is much anecdotal evidence, for example, changes in attitudes and behaviours have frequently been noted after an intervention, and positive feedback from both workers and victims emphasize the helpfulness of the programme. Many have stated how much it has reduced their personal stress levels. For ARC staff, there has been a dramatic decrease in the number of volunteers who have chosen to leave the organization. In fact, they now expect to have psychological support on every disaster relief operation.
- Each unit of the ARC is responsible for developing a list including the special population groups within its area of action. This list includes ethnic, racial and cultural groups, as well as any agencies that provide services to them. When a disaster impacts a community, that information is disseminated and the mental health workers are recruited based on the specific needs of that community. The ARC involves agencies that provide social services to ensure that emotional needs are met in an equal yet culturally appropriate way.
- The ARC keeps information about people assisted, but does not share it with any outside agency without the specific written permission of the individual. After receiving this permission, the ARC frequently refers the person to other agencies, or may give them the contact information, and request that they contact the agency themselves. The only information regularly shared with other agencies is the number of mental health contacts made, including sex, ages, specific cultures and types of interventions that have been provided. These statistics are used by the local governmental mental health agency to apply for financial grants to provide immediate and long-term psychological services for those affected.
- Because the ARC focuses on the needs of the individual community and its residents, and collaborates in planning and preparing for disasters with other mental health agencies and organizations, it becomes easily integrated into the overall response. The ARC's volunteer base is not only drawn from the affected community, but from around the country. This means that professionals with specific language skills and cultural sensitivity can be recruited to support the affected community.

- The ARC is able to mobilize its paid and volunteer staff extremely efficiently. In disasters where some warning can be given, it deploys a full complement of relief workers, including mental health staff, to the affected area prior to the event. This allows them time to identify and meet with local mental health agencies and organizations, and to do anticipatory planning. If the event occurs with no warning, the local volunteers are immediately mobilized, while national headquarters recruits and sends in adequate numbers of outside support staff to assist the local chapter with the relief efforts. DMHS staff, like other disaster relief workers, will stay on the relief operation until all needs have been met and the local governmental programmes are in place for ongoing support services.
- Each officer (the programme's leaders) and all mental health workers are also expected to submit a formal report at the close of either their assignment or the relief operation. This report includes such information as mental health statistics including both staff and individuals served, unusual issues or problems, trends, successes and recommendations for future action. Changes to the programme and service delivery are based on the recommendations from these reports.
- Resources common to the mental health function include stress management brochures, disaster-specific colouring books, toys and stuffed animals. DMHS workers do very little documentation, essentially only keeping a daily statistical count of services provided. Documentation is only required if a worker or victim is a danger to themselves or others and needs immediate mental health referral and treatment.
- The ARC DMHS programme is expected to continue and expand as more courses are offered, and more agencies encourage their staff members to attend the training. This will enhance collaborative efforts to meet the needs of everyone impacted by disasters in the US.
- The ARC is being asked to provide more and more support to other societies as well as the International Federation. The society believes that its training enhances the skills of those who elect to participate in international disaster responses.