



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

HELPING THE HELPERS: Building Responder Resilience

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Photo courtesy of HHS ASPR

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You may be operating or functioning outside the realm of your training.

You may be used to caring for a “packaged patient” in relatively controlled situations, but disasters may find you working with frightened, emotional patients. And you may be doing this while worrying about your own loved ones, if you live in or near the disaster scene.

*—CAPT Dori Reissman,
Associate Administrator,
[CDC/NIOSH World Trade
Center Health Program](#)*

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Responding to disaster scenes and public health emergencies, where there may be physical destruction, chaos, and people experiencing emotional distress, can take a toll on emergency response personnel, and it is challenging to prepare them for some of the situations they might encounter. Health care practitioners may find themselves practicing quick triage and providing mass care for wounded or sick patients in nontraditional, austere settings, where rest and healthy sustenance are hard to come by. In addition to “traditional responders,” those who are deployed to quickly and safely manage a mass fatality event may be faced with managing the emotional turmoil of grieving loved ones; thus increasing the complexity and psychological pressures of the job at hand. If these responders and providers live or work in communities affected by the incident, they may also be experiencing various losses such as changes to the built or natural environment or the loss of colleagues or loved ones, adding to the stress of the situation. Even highly trained and experienced responders can be distressed by some situations, particularly the death of children. And during disasters, some responders may be tasked with assignments that surpass their areas of expertise or their ability to cope. When you are already functioning in a stressful work environment, the threat of the unknown — whether it is due to terrorism, a natural disaster, or a highly infectious disease — can amplify fear, uncertainty, and any existing personal behavioral health risk factors.

The National Association for Emergency Medical Technicians (NAEMT) just published results from the 2016 National Survey on EMS Mental Health Services. This survey was designed to assess how the field was attending to job-related mental health issues and was sent to emergency medical

technicians, EMS managers, and medical directors in all 50 states. Nearly 2,200 responded and more than 500 shared their personal thoughts in response to open-ended questions. Some key findings include:

- Nearly 60 percent of respondents were not satisfied with the EMS mental health services provided by their organization.
- Close to 100 percent of respondents said that their agency had a policy regarding drug and alcohol use, but only a quarter reported that their agency had a program that could help those suffering with abuse and addiction.
- Not everyone trusts the confidentiality of employee assistance programs (EAP), and some feel that that short-term nature of free EAP counseling (usually six sessions) may not be enough.

Occupational Health and Wellness Programs

An effective, comprehensive health and wellness program must incorporate evidence-based, confidential (when necessary) behavioral and mental health tools and strategies. NAEMT survey responses were nearly split in half when respondents were asked whether their agencies offered health and wellness services. The top five services offered by these programs were: on-premises fitness centers (52 percent); tobacco cessation programs (41 percent); dietary/nutrition counseling (33 percent); substance abuse counseling (28 percent); and membership to a local fitness center (25 percent). Just one-fifth of these programs offered classes in stress management, and approximately one-third of respondents said they were not allowed to access mental health services while on duty. A recent survey of health and wellness programs for hospital employees sponsored by the American Hospital Association found that while nearly 90 percent of the 882 hospitals that responded had health and wellness programs, participation rates varied; maintaining employee motivation was listed as one of the top challenges to program effectiveness.

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Most of the people in my organization do not feel comfortable using any service provided by the organization for fear that the information will come back and be used against them in the future.

—Survey Respondent

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The Centers for Disease Control and Prevention’s National Institute for Occupational Safety and Health (NIOSH) embraces a “Total Worker Health” philosophy. The promising practices and planning, assessment, and evaluation resource pages highlight real case studies that can help agencies of any size create or improve their own programs.

The Importance of Fostering Resilience: It Starts at the Top

NAEMT received dozens of comments that expressed disappointment with managers’ and colleagues’ attitudes related to mental health services. Some felt as though seeking help was seen as a weakness, while

Access SAMHSA’s [Behavioral Health Treatment Services Locator](#) for confidential information on treatment for substance abuse, addiction, and mental health problems.

SAMHSA’s Disaster Technical Assistance Center (DTAC) recently published [Tips for Disaster Responders: Identifying Substance Misuse in the Responder Community](#).

The tip sheet explains that working in disaster response can increase the risk of substance misuse, as responders may turn to substances for help with forgetting their experiences or to numb emotional pain.

The SAMHSA DTAC publication [Preventing and Managing Stress](#) highlights information on preventing, identifying, and managing personal (responder) stress before, during, and after the response phase.

Access ASPR TRACIE’s new tip sheet [Disaster Behavioral Health: Resources at Your Fingertips](#) for links to information that can help you build responder and community resilience.

SAMHSA DTAC's [Helping Staff Manage Stress When Returning to Work](#) includes tips that can help supervisors prepare their staff to respond to disaster scenes, ease the transition back into the regular workplace environment when they return, and identify and address employees experiencing difficulties.

What occupational health and disaster behavioral health strategies have you incorporated to improve your, your team's, or your community's resilience? We want to hear from you. Please email us your input (including tips, plans, and templates) at askasprtracie@hhs.gov to be considered for a future ASPR TRACIE resource.

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By addressing mental health issues and emotional wellness, employers are addressing the total health of an employee when combined with programs for clinical measure achievement. That makes everyone stronger, more productive, and happier.

—Judi Hennebry Wise, Mental Health as Part of Corporate Wellness Programs, Corporate Wellness Magazine

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others wrote that they sensed a lack of concern from leadership. When it comes to responder and community resilience and a comprehensive disaster response (which includes disaster behavioral health), it must address both leadership and workforce concerns and become ingrained in the organizational culture and safety climate. When leaders take into consideration the physical, behavioral, and mental health of their staff during preparedness plans and exercises, and during a traditional work day, it increases staff resilience and the feeling among staff members that they matter. It is also important for leaders to demonstrate their investment in staff through organizational resources and policies that support self-care, adequate rest, a healthy diet, and good fitness habits. In the article *Mental Health as Part of Corporate Wellness Programs*, the author Judi Hennebry Wise emphasizes the increased productivity and lower incidence of job burnout, workplace violence, and injury associated with EAPs.

At ASPR TRACIE, we know that the work our stakeholders and partners perform can be stressful, even during nonemergency times. Many of you provide excellent medical care in challenging conditions, often while your loved ones and your property may be experiencing the negative effects of the same emergency. In a disaster setting — as well as every day — it is important to remember that behavioral health and physical health should be addressed together — yours, your patients', and your team's. Showing your colleagues and your staff that you care and support all aspects of their health will in turn create a more caring, resilient workplace and community.

Dr. Dori Reissman currently serves as the Associate Administrator of the CDC/NIOSH World Trade Center Health Program and is a Captain in the U.S. Public Health Service Commissioned Medical Corps. Corina Solé Brito provides ICF contract support as ASPR TRACIE's Communications Manager and leads the ASPR TRACIE Technical Resources domain.



Louisiana flood survivor hugs NDMS responder. Photo courtesy of HHS ASPR.