Topic Collection: Mental and Behavioral Health

Disasters can have tremendous mental and behavioral health consequences that will directly impact healthcare systems in the short and long term. The resources below can help healthcare systems enhance their ability to prepare for and respond effectively to the mental and behavioral health complications that may arise during an emergency. This Topic Collection addresses the impact of post-disaster mental and behavioral health-related challenges on the healthcare system. For additional information regarding disaster mental and behavioral health as it relates to the general public please contact ASPR’s Division for At-Risk Individuals, Behavioral Health & Community Resilience or the Substance Abuse and Mental Health Services Administration’s Disaster Technical Assistance Center.

Though this topic collection includes information about diagnoses and interventions that planners should be aware of, it is not designed to be a comprehensive resource for treatment information. Mental health professionals should refer to other sources or contact the agencies noted above for specific questions. ASPR TRACIE updated this Topic Collection in March 2017.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

Must Reads
Education and Training
General Resources
Guidance
Lessons Learned
Plans, Tools and Templates
Posttraumatic Stress Disorder
Resilience Resources
Resources for Emergency Responders
Resources for Healthcare Providers
Resources for Survivors
Agencies and Organizations

Must Reads


This webpage provides links to: factsheets for families written by child/adolescent psychiatrists; frequently asked questions about a variety of topics; and links to resources for healthcare professionals. Resources include PowerPoint presentations, news and research articles, video clips, and book summaries.

This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid; links to related resources are provided.

Centers for Disease Control and Prevention. (2014). *Coping With a Disaster or Traumatic Event.*

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).


This tool can help state and local agencies and healthcare provider organizations measure their disaster behavioral health capacity and its integration into all phases of emergency management efforts. As users complete the assessment, gaps will emerge, highlighting opportunities for further research and local collaboration.


This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral healthcare efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.


The authors discuss the importance of preparing to address mental and behavioral health problems in affected populations and emergency responders following a major disaster, both programmatically and legally.

The authors share guidance for healthcare facilities on how to manage the psychological aspects of large-scale disasters that might involve a surge of psychological casualties.


This template was developed to assist hospitals and healthcare providers in integrating behavioral/mental health functions into their emergency plans. This document can serve as a template/checklist.

National Association of State Mental Health Program Directors and National Technical Assistance Center for State Mental Health Planning. (2003). Mental Health All-Hazards Disaster Planning Guidance. Substance Abuse and Mental Health Services Administration.

This is an instructional guide and template for state disaster mental health planners.


This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.


This mobile app can help responders who provide Psychological First Aid (PFA). It features a review of the core functions of PFA, helps users match interventions to survivors' reactions, provides mentoring tips, helps users assess their readiness to conduct PFA, and helps track survivors' needs.


This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.


The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.


This website provides information on the importance of learning about traumatic stress and how approaching survivors with genuine respect, concern, and knowledge about their process can help move them towards recovery.

**Education and Training**


This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid support and provides skill-based interventions to the affected individual; links to related resources are provided.


This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.


This course is geared towards community organizations (including healthcare agencies) and can help them understand and strengthen resilience. Materials include checklists, action lists, transcripts, and other support files. The two basic modules take about an hour each to complete.

This course can be used as just in time training to prepare emergency healthcare providers to identify the mental health needs of pediatric disaster survivors. Links to the PowerPoint presentation and a narrated version of the module are provided.


This self-paced 90-minute course was developed by the U.S. Department of Health and Human Services and the National Association of County and City Health Officials to introduce the concept of Psychological First Aid (PFA) as a leadership tool to build workforce resilience. The course uses scenario-based exercises to teach participants about the core components of Psychological First Aid for Leaders.


This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.


This course is designed for those who come into contact with disaster survivors, including first responders and healthcare providers. Participants will learn more about assessment and intervention both right after a disaster and in the weeks and months afterwards. A module on cultural awareness is also provided.


This course is designed for those who come into contact with disaster survivors, including first responders and healthcare providers. It is designed to help these professionals learn more about the effects of disaster-related trauma, and includes practice exercises and review questions.

Schonfeld, D.J. (2011). Supporting Children's Mental Health Needs in the Aftermath of A Disaster: Pediatric Pearls, Alabama Department of Public Health. (Requires Real Player or Windows Media Player.)

This 90-minute video includes information on how healthcare providers can help children cope with stress in the wake of a disaster. The target audience includes clinical staff (e.g., pediatricians and family physicians), and mental health professionals and social workers who work with children and their families. A link to the slides and reading list are also available.

This online training can help health professionals learn more about the unique psychosocial needs of children in disasters. Continuing education credits are available.


This study measured the effect of the "Stress Management and Resiliency Training (SMART)" program which was designed to mitigate physician stress. The authors found improvement in resiliency and overall quality of life in subjects who were assigned the intervention.


The authors discuss readiness, response, and intervention, and provide an overview of the evidence base for psychiatric evaluation for disaster survivors.


This course provides an overview of the concepts and applications of Psychological First Aid and is intended for Medical Reserve Corps volunteers, hospital personnel, disaster responders, and first-responders.


This book can help disaster responders learn more about the disaster psychiatry and includes chapters on the neurobiology of disaster exposure, socio-cultural issues, workplace policies, and implications for public health planning at the level of the individual and the community.

**General Resources**


This page illustrates guiding principles for those responding to or otherwise affected by disaster. Visitors can get a better understanding of "The Impact Pyramid" and "The
Phases of Disaster," which illustrate impacted populations and emotions often associated after disaster.


The speaker in this webinar explains how healthcare coalitions can incorporate behavioral health strategies into building their healthcare preparedness capabilities.


The authors discuss the importance of preparing to address mental and behavioral health problems in affected populations and emergency responders following a major disaster, both programmatically and legally.


The authors examined 160 samples of disaster victims and coded their experiences by sample type, disaster type, disaster location, outcomes and risk factors observed, and overall severity of impairment. The most frequently mentioned results by the survivors were psychological problems, nonspecific distress, and health problems.

Guidance


This webpage provides links to: factsheets for families written by child/adolescent psychiatrists; frequently asked questions about a variety of topics; and links to resources for healthcare professionals. Resources include PowerPoint presentations, news and research articles, video clips, and book summaries.


This document is geared towards healthcare providers working with patients in isolation. The authors provide information related to stress and anxiety and how to help patients cope with these feelings. Tips for working with families, staff, and the community (when appropriate) are also included.

This webpage provides a brief overview of guiding principles, disaster survivor needs and reactions, and signs that may indicate the need for mental health treatment referral. A list of "common" stress reactions for responders is also included, as are links to the sources used to create the page.


This website contains links to article on various legal and ethical issues, and potential solutions, related to the identification, accommodation, response, and treatment of people with mental and behavioral health conditions before, during, and after emergencies and disasters.


The authors share guidance for healthcare facilities on how to manage the psychological aspects of large-scale disasters that might involve a surge of psychological casualties.


Healthcare facility-based faith leaders can use the information in this monograph to prepare to provide spiritual and emotional care after disasters and other emergencies.


These guidelines and recommendations can help emergency medical providers develop culturally competent disaster mental health services. Tips for working with refugees and guidelines for using interpreters are also included.

**Lessons Learned**


The authors highlight the roles played by the various agencies involved in the mental health response to the Boston Marathon Bombings.

The authors describe the usage of the two-year Trauma Response Program by survivors of the 2005 London bombings. Information on diagnoses and outcomes is included.


This article describes the emotional consequences and resilience of two groups of nuclear power plant disaster survivors: mothers of young children and nuclear plant workers. The authors stress the need for considering physical and mental health "in an integrated fashion," the need for more long-term research, and the need for healthcare providers to be able to recognize and manage psychological symptoms.


The author describes the clinical and administrative experiences and lessons learned from providing inpatient care in post-Katrina New Orleans. He covers categories such as the increased demand for programs to treat patients with co-occurring disorders, psychiatrists faced with providing primary care in addition to behavioral healthcare, and staff shortages and staff trauma.


The authors share the results from a nationwide sample of 2729 individuals to measure stress related to the 9/11 terrorist attacks.


In this podcast Dr. Elizabeth Ford discusses her experience during the evacuation of psychiatric patients from Bellevue Hospital in Manhattan in the immediate aftermath of Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor due to flooding and loss of electricity.


Before the 2011 Fukushima disaster, there were five hospitals and two clinics for psychiatric patients in the district of Soso (northeast Fukushima). Several years later,
however, one hospital and three clinics remained (though a new mental health clinic was opened in 2012 in Soma City to support disaster survivors). The authors stress the importance of "mid- and long-term supports...not only for psychiatric patients but also for all residents in the district of Soso."


This article describes Bellevue Hospital’s experience during the evacuation of psychiatric patients after Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor and transported to other facilities. During this evacuation patients were cooperative, which helped with the success of the evacuation.


The authors explain that the behavioral health consequences experienced by survivors of the 2006 Dawson College shooting surpassed posttraumatic stress disorder and included substance abuse and major depressive disorder.


This webinar provides details regarding the 2014 Ebola outbreak in Dallas, Texas and the speakers share behavioral health-specific lessons learned.


This is a compilation of 10 years’ worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.


This article describes the impacts from the temporary shut-down of Bellevue’s psychiatric ward after Hurricane Sandy. In particular, questions were addressed about patient care and institutional transparency.
Nemethy, A. (2011). *At Vermont State Hospital after Irene, Drama--and Many Questions.* VTDigger.org

This article discusses the evacuation of 51 psychiatric patients from Vermont State Hospital after Hurricane Irene. The experience was described as an “orderly chaos” as patients were evacuated and transported to other facilities.


The authors studied the relationship between prior exposure to traumatic experiences (e.g., violence or sexual abuse) and the development of posttraumatic stress reactions after the 2011 Oslo Terror events.


The authors review the work emerging in the disaster behavioral health field and make recommendations for future service delivery.


This special report from the Journal of Bone & Joint Surgery and the Journal of Orthopaedic & Sports Physical Therapy describes the emergency medical disaster preparedness process and "the arduous lifelong recovery" facing survivors – Chapter 9 provides an overview of some of the community and patient-oriented mental health services provided.


Almost 60 Norwegian adults who survived the 2004 Southeast Asia Tsunami completed questionnaires two and six years after the disaster. The authors examine the effect of post-traumatic stress and growth on quality of life.


Dr. Craig Spencer describes his experience treating Ebola patients in Guinea (and the effects the work had on his behavioral health). He also highlights his experience as a patient, and emphasizes the role that "irrational fear" had on the response to the disease.

The authors studied in traumatic symptoms experienced by pediatric survivors of the 2011 Japan earthquake and tsunami 8, 20, and 30 months after the event. They found that while most negative effects decreased over time in this population, post-traumatic stress disorder and depressive symptoms did not improve consistently.


The authors examined use of mental health services by adult Hurricane Katrina survivors. They found that barriers (e.g., financial, attitudes towards treatment) kept some with serious mood or anxiety disorders from seeking treatment.

World Health Organization. (2013). **Building Back Better Sustainable Mental Healthcare after Emergencies.** (Available in several languages.)

The World Health Organization presents ten international case studies to highlight how stakeholders built high-quality and sustainable mental health systems in the face of challenging circumstances.


The authors surveyed 71 older evacuees and found significantly lower quality-of-life scores (compared to the national average) for the following subscales: “physical functioning,” “role physical,” “general health,” “social functioning,” “role emotional,” and “mental health.” The authors emphasize the importance of treating both physical and emotional effects experienced by disaster survivors.


In this conference call, the speakers discuss mental health issues and Hurricane Sandy. They also highlighted how these findings could be incorporated into disaster preparedness and response activities and how healthcare providers can help address mental health challenges in disaster survivors.
Plans, Tools and Templates


This framework document provides a statewide approach to the mental/behavioral health disaster function and can help government and other agencies and organizations develop, revise, and implement their own mental/behavioral health disaster policies, plans and procedures.


The authors discuss the special issues related to bioterrorism response planning, including "negative emotional/psychological reactions." They list steps for protecting and promoting mental health in the community and include an action model for a mental health response to a bioterrorism event.


This tool can help state and local agencies and healthcare provider organizations measure their disaster behavioral health capacity and its integration into all phases of emergency management efforts. As users complete the assessment, gaps will emerge, highlighting opportunities for further research and local collaboration.


The mission of this program is to help individuals and communities recover from the behavioral health effects of natural and human-caused disasters by providing community-based outreach and psycho-educational services. Supplemental funding for crisis counseling is available to State Mental Health Authorities through two grant mechanisms: the Immediate Services Program (ISP; funds for up to 60 days of services immediately following a disaster declaration); and the Regular Services Program (RSP; funds for up to nine months following a disaster declaration). The RSP is monitored by the Federal Emergency Management Agency and the ISP is funded by the Substance Abuse and Mental Health Services Administration.


This toolkit can help practitioners intervene effectively with children experiencing emotional distress related to catastrophic events. Various screening tools are demonstrated through case studies, and treatment options are described, along with information on accessing mental health resources for treatment referrals.

This template was developed to assist hospitals and healthcare providers in integrating behavioral/mental health functions into their emergency plans. This document can serve as a template/checklist.

National Association of State Mental Health Program Directors and National Technical Assistance Center for State Mental Health Planning. (2003). *Mental Health All-Hazards Disaster Planning Guidance.* Substance Abuse and Mental Health Services Administration.

This is an instructional guide and template for state disaster mental health planners.

National Child Traumatic Stress Network. (2013). *PFA Mobile™*

This mobile app can help responders who provide Psychological First Aid (PFA). It features a review of the core functions of PFA, helps users match interventions to survivors' reactions, provides mentoring tips, helps users assess their readiness to conduct PFA, and helps track survivors' needs.


This toolkit provides victim assistance resources for communities to include in their emergency response plans. There are links to resources on creating and maintaining partnerships, developing victim assistance protocols, and tools such as checklists, samples, a glossary, and a compendium of victim assistance resources.


This plan is designed to guide the behavioral health planning, intervention, and response efforts outlining preparedness and response guidelines specifying agency and staff roles. While geared towards behavioral health practitioners, other healthcare professionals can use this information to plan for or better understand the mental and behavioral health needs associated with a disaster or public health emergency.


This Concept of Operations plan highlights the preparedness steps taken by the U.S. Department of Health and Human Services to address the behavioral health effects of a public health and medical emergency or disaster.
The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.

**Posttraumatic Stress Disorder**


The authors of this study evaluate posttraumatic symptomatology in a sample of seventh- and eighth-grade students from Sderot, a town in Israel which faces near-constant threat of shelling and mortar attacks. They also studied the efficacy of a teacher-delivered intervention in preventing and reducing adolescents' related symptoms.


This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.


The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.

The authors studied the relationship between prior exposure to traumatic experiences (e.g., violence or sexual abuse) and the development of posttraumatic stress reactions after the 2011 Oslo Terror events.


The authors studied the factors associated with posttraumatic stress disorder (PTSD) symptoms in World Trade Center first responders. They found that prior psychiatric history, Hispanic ethnicity, severity of WTC exposure and WTC-related medical conditions had the strongest relationships with PTSD; greater levels of education and family and work support were protective factors.


The authors studied the effect of meditation-based interventions on veterans with posttraumatic stress disorder. They found that those in the "active" group reported better results than participants in the control group.


The authors studied the role of prolonged exposure (PE), cognitive therapy, and delayed PE on traumatic event survivor posttraumatic stress disorder.


The authors examined the relationship between positive and negative experiences with media and posttraumatic stress reactions among survivors of the 2011 Utøya Island terrorist attack in Norway.

Resilience Resources


The authors examined if certain demographic characteristics (e.g., age, gender, disaster exposure severity) could predict types of informal social support in a cohort of Swedish survivors of the 2004 Southeast Asian tsunami.

This article describes the development and validation of the Perceived Ability to Cope with Trauma (PACT) scale and associated scales that, in part, represent the ability to process and move beyond trauma. The authors studied a sample of Israeli students sample with a higher potential of being exposed to trauma and a sample of American college students.


This course is geared towards community organizations (including healthcare agencies) and can help them understand and strengthen resilience. Materials include checklists, action lists, transcripts, and other support files. The two basic modules take about an hour each to complete.


The authors of this chapter present an overview of the relationship between behavioral health, resilience, and healthy communities; highlights strategies for mitigating negative behavioral health effects in disaster survivors; lists some of gaps in addressing disaster-related behavioral health needs; and discusses opportunities for bolstering the behavioral health sector and improving integration with other sectors.


This webpage provides an overview of the three priorities the National Health Security Strategy lists as key to sustaining healthy and resilient communities. Also included are actions specific to each priority, and links to supporting resources.


This factsheet provides an overview of community resilience and its role in disaster preparedness and response.

This factsheet explains resilience and how it contributes to disaster preparedness and response and community resilience.


This guide includes a chapter for healthcare providers, highlighting their role in post-disaster community resilience.


Sponsored by the U.S. Department of Homeland Security, this web-based collection includes a number of resilience resources. Users can search for information by resource type, hazard, mission area, and functional capability.

**Resources for Emergency Responders**

* Berkowitz, S., Bryant, R., Brymer, M., et al. (2010). *Skills for Psychological Recovery: Field Operations Guide*. This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid; links to related resources are provided.


European trauma experts participated in a survey to develop consensus guidelines related to post-disaster psychosocial care. The authors list the guidelines in an appendix and emphasize the need to train responders in psychosocial aspects of disaster response.


This article can help emergency healthcare providers learn more about legal and ethical factors associated with providing disaster mental health services.
* Centers for Disease Control and Prevention. (2014). Coping With a Disaster or Traumatic Event.

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).


This webpage contains links to resource collections on a variety of disaster behavioral health topics (e.g., resilience and stress management, chemical and biological events, children and youth, and disaster responders).


This factsheet lists assumptions about the environment surrounding points of dispensing and tips for responders on actions to take and messages to convey to community members while on scene.


This factsheet defines disaster behavioral health, explains concerns that can affect both responders and survivors, and explains the role of disaster behavioral health responders.


This factsheet includes tips for responders when disaster planning for homeless people and families. Responders are encouraged to incorporate a trauma-informed approach (i.e., recognize that many members of the population have high rates of past trauma) when planning and responding. Links to additional resources are provided.

This tip sheet can help healthcare providers plan to relocate patients receiving psychiatric care in the event of an emergency. It includes a list of questions for planners and healthcare providers that can help with planning efforts.


Responders can learn more about resilience and the advantageous role it plays in disaster response and recovery from this factsheet.


The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.


This is a compilation of 10 years’ worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.


This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.


This app was designed to help responders provide Psychological First Aid to disaster survivors. It includes tips for different groups (adults, children, families) and links to other related resources.


Nearly 60 experts in disaster mental health met to examine research on the psychological interventions that are often the first responses to incidents of mass violence. Participants came to consensus in seven areas (e.g., early intervention, timing of early intervention,
screening survivors, and follow up); additional helpful information can be found in the appendices.


This document presents consensus guidelines specific to disaster emotional care that have been adopted by the National Voluntary Agencies Active in Disasters (NVOAD). All NVOAD members must abide by these points in order to belong to the agency.


This research study and literature review summarizes findings pertaining to individual and community resilience. The author provides an overview of resilience (including frameworks and concepts); highlights how individuals perceive and reduce risk; shares how individuals react to and cope with stress; and discusses implications related to behavioral science.


This factsheet reviews the effects of disasters on mental health and can be used by those preparing and planning for medical response.


The authors discuss the ethical and legal issues associated with three key areas in first responder mental health: mental health screening; licensure portability of mental healthcare providers; and workers’ compensation for mental health claims.


This webinar shares information about emotional reactions to mass casualty events, addresses what Medical Reserve Corps team members, Commission Corps Officers, and other responders may encounter in the field during a crisis event, and familiarizes participants with related disaster behavioral health.

This catalog lists disaster preparedness and recovery resources for professionals who work with survivors and communities after an event.


This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.


This app can help disaster responders provide behavioral health support to survivors. Features include a services locator and links to resources for survivors and responders.


This website provides information on the importance of learning about traumatic stress and how approaching survivors with genuine respect, concern, and knowledge about their process can help move them towards recovery.

U.S. Department of Veterans Affairs, National Center for PTSD. (2015). PILOTS: Published International Literature On Traumatic Stress. (Free registration required.)

This bibliographic database, sponsored by the U.S. Department of Veterans Affairs, provides citations and abstracts of international publications post-traumatic stress disorder and other mental health consequences of traumatic events. Anyone can search the PILOTS database, but not all articles are fully accessible.

Resources for Healthcare Providers


The authors sampled a group of adolescents after the 2011 Joplin, Missouri tornadoes to determine the prevalence of negative emotional consequences and risk factors for those affected by the disaster. The authors highlight their findings and list screening variables that healthcare providers should consider to identify at-risk adolescents after a disaster.

This book, geared towards clinicians, residents, and students, highlights post-traumatic stress disorder and how it manifests and can be treated.


This article can help emergency healthcare providers learn more about legal and ethical factors associated with providing disaster mental health services.


This factsheet lists strategies healthcare providers can use to help themselves and their coworkers manage stress after disasters.

* Centers for Disease Control and Prevention. (2014). Coping With a Disaster or Traumatic Event.

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).


This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.


This tip sheet can help healthcare providers plan to relocate patients receiving psychiatric care in the event of an emergency. It includes a list of questions for planners and healthcare providers that can help with planning efforts.

This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral healthcare efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.


The authors encourage family physicians to educate themselves about disaster-related physical and mental health threats, and list common health outcomes under both domains. They emphasize the need for primary care providers to be able to anticipate increased resource use and screen for mental health impacts in their affected patients for a long time after the initial event.


The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.


This toolkit can help practitioners intervene effectively with children experiencing emotional distress related to catastrophic events. Various screening tools are demonstrated through case studies, and treatment options are described, along with information on accessing mental health resources for treatment referrals.


This is a compilation of 10 years’ worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.


This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.
* National Child Traumatic Stress Network. (2013). PFA (Psychological First Aid) Mobile. This app was designed to help responders provide Psychological First Aid to disaster survivors. It includes tips for different groups (adults, children, families) and links to other related resources.


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This factsheet reviews the effects of disasters on mental health and can be used by those preparing and planning for medical response.


The authors summarize recent reviews of child disaster mental health interventions and provide an overview of the "stepped care approach."


This "Practice Parameter" includes links to approaches that can be used to assess and manage the behavioral health needs of children and adolescents throughout all disaster phases.


The American Academy of Pediatrics released this clinical report urging pediatricians to look for common adjustment problems in children following a disaster or crisis, and to
promote effective coping strategies to ease the impact of the event. The report stresses the importance of ensuring basic support services, psychological first aid, and professional self-care while working with patients and families in the wake of disaster.


The information in this book highlights the effects of stress, disaster, and other traumatic events on children and their families. Information on the physio- and psychological effects stress can have is included, as is information on assessing and treating these negative outcomes.


This study measured the effect of the "Stress Management and Resiliency Training (SMART)" program which was designed to mitigate physician stress. The authors found improvement in resiliency and overall quality of life in subjects who were assigned the intervention.


The authors reviewed studies of screening instruments for post-traumatic stress disorder (PTSD) that used gold standard structured clinical diagnostic interviews and had interview samples of at least 50 individuals. They found that two screening incidents, PC-PTSD and the PTSD Checklist, were easy to administer and demonstrated "reasonable performance characteristics for use in primary care clinics or in community settings."


The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.


This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.

The authors discuss the prevalence of certain "Medically Unexplained Physical Symptoms" (MUPS) that arise in some disaster/traumatic event survivors which may help inform healthcare preparedness strategies. They conducted a literature review on 20 years' worth of articles and found the following consistent risk factors for MUPS: gender (females were more likely to suffer from these symptoms), high physical damage linked to the event, and posttraumatic stress symptoms.

**Resources for Survivors**


This website (hosted by the American Psychological Association) shares links to resources geared towards disaster survivors. Resources are categorized by topic (e.g., stress, trauma, violence, natural disasters) and include preparedness- and response-oriented information.


The website is geared towards disaster survivors and provides information from the American Psychological Association on the definition of resilience, shares strategies for building resilience, and provides ways for locating help.

* Centers for Disease Control and Prevention. (2014). *Coping With a Disaster or Traumatic Event*.

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).


This webpage contains links to resource collections on a variety of disaster behavioral health topics (e.g., resilience and stress management, chemical and biological events, children and youth, and disaster responders).

This is a compilation of 10 years’ worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.


This factsheet highlights common emotional responses to disaster and coping strategies.


This factsheet includes strategies caregivers can use to help teenagers deal with traumatic grief.


This webpage includes links to resources that can help disaster survivors cope with related stress and trauma.


This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center. (2014). How To Cope With Sheltering in Place.

This resource offers tips people can use to cope with sheltering-in-place. It explains reactions people often feel when sheltering-in-place; suggests ways to care for oneself and the family, such as making a plan and staying connected; and provides additional helpful resources.

U.S. Department of Veterans Affairs, National Center for PTSD. (2015). Resources for Survivors and the Public Following Sudden Trauma.

Information on this webpage is geared towards disaster survivors and includes handouts, resources on disaster mental health treatment, how media coverage can affect stress, common reactions to trauma, and how to cope with post-traumatic stress.

This website helps explain the steps survivors can take to manage stress after a disaster. It includes a link to handouts for survivors that disaster responders can print and share with community members.


This webpage contains links to resources geared towards survivors and other community members affected by disaster.

Agencies and Organizations

Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.


Centers for Disease Control and Prevention. Coping With a Disaster or Traumatic Event.


The Children's Hospital of Philadelphia. Health Care Toolbox.


U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Disaster Technical Assistance Center.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Mental Health Treatment Facility Locator.
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment Facility Locator.

U.S. Department of Veterans Affairs. The National Center for PTSD.


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