

## PSYCHOSOCIAL CONCERNS AFTER NATURAL DISASTER: TIPS FOR HEALTH CARE PROVIDERS

Health care providers assume many roles in the midst of natural disasters: caregiver, leader, comforter, and information source. Natural disasters displace thousands, destroy homes and property, and claim numerous lives. Even after a disaster's strength has dissipated, its aftermath is felt for a considerable time.

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should be mindful of the losses experienced by the population they will assist. Interviewing with sensitivity is essential, and is the first step in assessing specific needs. This fact sheet provides information for health care providers after

disasters and pays special attention to some of the issues for individuals providing support in the aftermath of a natural disaster.

Services and basic needs, such as water, food, power, and sanitation, have been disrupted. Depending on the extent of damage and access to damaged areas, it may be some time before these are restored. The potential for spread of disease and infections underscores the need for surveillance and institution of public health measures. Providers play an integral role in advocating for the restoration of basic services as public health necessities.

Those who have otherwise well-controlled medical conditions may not have access to their regular medications. Evacuation and relocation may disrupt medication availability and may exacerbate ongoing mental health and other medical conditions. In addition, persons who routinely use alcohol, tobacco, or illicit drugs may experience additional difficulties when these are not readily available.

Psychological First Aid, an evidenced-informed approach for helping populations cope in the aftermath of a disaster, aims to reduce the emotional and physical responses in the immediate aftermath of a disaster.

### Principles include:

- Promotion of safety: help people meet the basic needs for shelter and food, provide a 'recovery environment', which includes limited exposure to news and other media related to the disaster, and encourage those who are relocated to return only when their areas are deemed safe.
- Promote calm: offer accurate information about the disaster and the efforts underway to help the situation.

- Promote connectedness: help to reunite families and friends, establish a sense of normalcy for children by reinforcing parent-child bond, reunite children with playmates, and re-establish, if possible, school and other safe environments.
- Promote self-efficacy: give practical suggestions and referrals that move people to help themselves.
- Promote hope: direct people to services that are available, remind people (if you know) that more assistance will be arriving.

Many people who have experienced a natural disaster first-hand have lost loved ones, pets, jobs, and property. After such losses, it is not uncommon to experience distress in the form of difficulty sleeping, disbelief, nightmares, feeling sad, and anxiety. In most individuals, these symptoms remit over time and require no formal treatment. A small subset will continue to have difficulties and may present with depression, anxiety, increased arguments with significant others, unexplained medical symptoms, and increased use of cigarettes and alcohol. Should health care providers identify such problems, this may indicate a need for more formalized assessment and intervention.

Providers must be aware of the impact of the disaster on themselves and their professional colleagues. Times of high demand and the desire to "do more" put providers at risk for burn out, fatigue, and reduced effectiveness.

Providers are not immune, and should attend to their own needs as well as those around them.