

Mental Health Needs of Disaster Volunteers: A Plea for Awareness

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TOPIC. *Meeting the mental health needs of disaster response volunteers. Voluntary disaster response organizations deployed volunteers across the country following Hurricanes Katrina and Rita.*

PURPOSE. *Disaster response volunteers may experience mental health needs, particularly following extended or multiple deployments. This article attempts to heighten the awareness of psychiatric mental health nurses regarding mental health needs of disaster volunteers.*

SOURCE. *As noted in the reference list.*

CONCLUSIONS. *It is essential to find ways to provide support for disaster volunteers experiencing stress and mental health needs, particularly for those who are not connected with an established disaster mental services program. Psychiatric Mental Health Nurses who are active in their communities are in a unique position to meet the mental health needs of volunteers who would otherwise not seek mental health assistance.*

Search terms: *Disaster response, mental health, stress, volunteers, voluntary organizations*

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Picture this scenario: Just after Hurricane Katrina, a couple takes up residence in a borrowed camper. In September, Hurricane Rita forces the couple to evacuate from their temporary living quarters; however, they are soon able to return to their camper. Most of their meals are prepared by volunteers using donated food. Their only opportunity to shower is at a warehouse with six portable showers sharing a 6-gallon water heater. They will not return home until March 2006. Are we describing Gulf coast residents directly affected by Katrina? No, they are disaster response volunteers.

Voluntary organizations active in disaster response were stretched to the limit following Hurricanes Katrina and Rita. Volunteers were deployed across the country and replacements were in short supply, particularly for organizations that functioned behind the scenes facilitating collection, distribution, and warehousing of donated goods. Guidelines for practices that limit stress during disasters and emergency situations exist (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.b). Training programs for disaster response organizations often emphasize the need to incorporate practices such as effective orientation to the disaster operation and rotation of volunteers. If few reinforcements are available, volunteers will find themselves with limited respite from an extended deployment despite admonition to avoid 24/7 responsibility and to schedule breaks and time away from the operation.

Most studies relating to mental health needs following a disaster focus on survivors of the event. With growing interest in the fields of posttraumatic stress disorder and critical incident stress management (CISM), research addressing the needs of paid or volunteer disaster rescuers has increased (Fullerton, Ursano, & Wang, 2004; Mitchell, 2003; Morren, Yzermans, van Nispen, & Wevers, 2005; Ursano, Fullerton, Vance, & Kao, 1999). A few

studies have focused specifically on nonrescue volunteers and their mental health needs (McCaslin et al., 2005; Morgan, 1995).

American Red Cross Volunteers

Following the 1989 aftermath of Hurricane Hugo and the Loma Prieta earthquake, the American Red Cross (ARC) recognized that its resources had been taxed more than ever before and undertook a survey of its service delivery processes (Morgan, 1995). The survey revealed unusually high stress levels among ARC volunteers and paid staff (Morgan). These results in part provided the impetus for the American Red Cross to expand the development of its Disaster Mental Health Services program.

McCaslin et al. (2005) studied American Red Cross responders to the September 11, 2001, attacks to examine the relationships between disaster response, postresponse negative life change, and emotional distress. McCaslin et al. found that negative life change in the year following disaster response fully mediated the relationship between disaster response and symptoms of depression and partially mediated the responses between disaster response and anxiety and posttraumatic stress symptoms. Recommendations from these researchers include increasing the support for Red Cross workers between disasters, providing referrals to local mental health resources, and providing psychoeducation on the impact of life-changing events on disaster recovery and coping mechanisms during exit interviews (pp. 250–251).

The American Red Cross has long been described as the largest volunteer disaster relief organization in the United States. It has been a leader in the provision of mental health support for both disaster survivors and Red Cross disaster volunteers through its extensive, well-developed Disaster Mental Health Services program.

Despite its size and experience, the American Red Cross was taxed to its limits in the aftermath of Hurricanes Katrina and Rita. Just imagine the experience of other disaster response organizations. Who are these

other organizations, and what mental health needs do their volunteers face?

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National Voluntary Organizations Active in Disaster

The National Voluntary Organizations Active in Disaster (NVOAD) consists of nearly 40 organizations functioning in some capacity following disaster. The organizations are diverse, including faith-based and nondenominational organizations, response and recovery organizations, and frontline and behind-the-scenes organizations (NVOAD, n.d.).

The smaller and more specialized the organization, the more likely its volunteers will face repeated and lengthy deployments. Many volunteers face adverse living and working conditions. Volunteers in behind-the-scenes organizations receive few thank yous or tangible evidence that their work is valued or making a difference. All of these issues can increase the possibility of stress responses. Most of these volunteers are not connected with an established disaster mental health services program. Who will attend to their mental health needs?

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Implications for Practice

The answer may come from the psychiatric mental health nurses who are active in their communities. Those who seek postdisaster support may be more likely to approach community leaders that they know and trust for mental health support rather than seeking traditional mental health services from unfamiliar practitioners (North & Hong, 2000). Psychiatric mental health nurses are connected to the community both professionally and personally. Many nurses are active participants in church groups, school groups, professional organizations, and voluntary organizations. If you belong to any of these groups, you may encounter a disaster volunteer. This places you in a unique position to approach and be approached by persons in need of mental health support.

Disaster volunteers come from all walks of life and it is vital for mental health providers to be alert to their needs. The clerk checking out your groceries at the local grocery store may be a disaster volunteer. The nursing professor you met at a professional conference may be a disaster volunteer. The musician who attends your church may be a disaster volunteer. Your next-door neighbor may be a disaster volunteer. Are these volunteers experiencing stress responses? Look for common signs: Have they become irritable and angry? Have they developed difficulty with communication? Have they been having trouble sleeping? Are they abusing alcohol or drugs? Have they been experiencing changes in appetite? Weight gain? Weight loss? Memory problems? Social isolation? (SAMHSA, n.d.a).

Mental health professionals have much to offer the community following a disaster. Reach out to disaster response and recovery organizations that may not have active mental health programs—offer support to them and their volunteers. Be particularly alert to this opportunity if you have pursued CISM training and certification through the International Critical Incident Stress Foundation (ICISF). Develop a network of support to allow referrals as needed. Offer therapeutic openings to fellow church members, civic organization

members, and school group members who have been disaster volunteers. Apparent *normalcy* is no guarantee that an individual will not experience mental health needs (McCabe, 2005). McCabe has asked “Where is the ‘mental health’ in psychiatric mental health?” (p. 133). You can answer this question by being ready to help disaster volunteers meet their mental health needs.

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