



Behavioral Health Care Committee

(This is not meant to be an exhaustive list rather, a synopsis of what may be expected)

In emergency management, behavioral health care focuses on addressing the psychological, emotional, and substance use needs of disaster survivors and responders, ensuring mental health support is integrated into preparedness, response, and recovery efforts.

- **Importance:**
 - It recognizes the unique needs of individuals and communities in the aftermath of a disaster, addressing potential long-term behavioral health consequences.
- **Integrated and Collaborative Approach:**
 - Disaster Behavioral Health or DBH is not a separate entity but is integrated into all phases of emergency management, from preparedness to recovery.
- **Psychological First Aid (PFA):**
 - A cornerstone of disaster behavioral health, PFA provides immediate emotional and practical support to individuals experiencing acute distress.
- **Resilience Building:**
 - **Pre-Disaster Planning:** Engaging behavioral health providers in pre-disaster planning activities, such as developing response plans and training community members.
 - The focus is on promoting resilience and recovery by helping individuals cope with stress, trauma, and other psychological impacts of disasters, during and after the event.
- **Training and Education:**
 - Providing training to first responders, community members, and behavioral health professionals on disaster behavioral health principles and interventions.

If you are interested in joining this committee and/or would like more information, please reach out to Chairs, Bary Kramer at: Bary.Kramer@dmh.mo.gov or Josette Mitchell at: jmitchell@swopehealth.org. You may also reach out to the KCR COAD Chair, Dr. Jennifer L'Heureux at: Jennifer.LHeureux@dmh.mo.gov

Disaster Mental Health Response Committee (DMHR)

As of 19 December 2024

Greetings! If you are reading this then you are the newest member of the KCRCOAD Disaster Mental Health Response (DMHR) team. Welcome and thank you for volunteering to help reduce suffering and improve the mental health response of our communities and my neighbors related to disaster. Your efforts and input are valued as we move forward with the KCRCOAD mission.

This committee is great opportunity to meet other disaster mental health and other Emergency Management partners and increase your skill sets in Disaster Mental Health services. Disaster Mental Health has three components: Disaster Mental Health Preparedness; Immediate Disaster Mental Health Response; and Long Term Disaster Mental Health Recovery.

In Disaster Mental Health Preparedness, we will focus on community education, resource identification and development, and ensuring a system of contacting needed resources in the event of an actual disaster. This phase is also where we will focus on training and scenarios/exercises to ensure we are prepared when a disaster occurs.

In Immediate Disaster Mental Health Response is the immediate response in the days and weeks following a disaster. In this phase, we will provide Psychological First Aid (PFA) and education on disaster reactions to the members of the community experiencing disasters and the first responders/staff working in these settings. We will assess for the longer term needs of the persons served and make referrals as needed for additional services beyond the immediate response.

The Long Term Disaster Mental Health Recovery phase focuses on the needs beyond the immediate aftermath of a disaster. This phase will go beyond the first days and weeks following a disaster and can last months or even years. This will involve assessing those long term needs and giving information on ways to help with this and making sure people are connected to resources and services needed to assist with this.

Emergency/Incident Operations

The DMHR team's Emergency/Incident Operations primary efforts are focused on how we can rapidly and effectively support the KCRCOAD Emergency Operations Center (KCRCOAD EOC) with Immediate Disaster Mental Health Response and activate our community disaster mental health services.

When an Incident (either natural or man-made) occurs in the KCRCOAD region DMHR chair or DMHR Co-Chair will be contacted (text) by the KCRCOAD Executive Committee (EC) to:

1. Determine the need for Disaster Mental Health responders.

2. Communicate with local Disaster Mental Health responders to fill needed roles. Partners in this include but are not limited to: The American Red Cross; Community Mental Health Centers; local Behavioral Health Strike Team members; others.
3. The Disaster Mental Health Response team will coordinate with the COAD and local Emergency Management to assess need and coordinate response.

All members of the DMHR will be licensed mental health providers and will have training to include:

- Psychological First Aid (recommended for all disaster volunteers)
- American Red Cross (ARC) Disaster Mental Health Fundamentals I and II and/or National Organization for Victim Assistance (NOVA) National Community Crisis Response Team Training
- National Incident Management System (NIMS) Incident Command Systems 100 and 700

Recommended training topics includes:

- Trauma
- Trauma Informed Care
- Disaster Behavioral Health
- Skills for Psychological Recovery
- Emotional First Aid
- Disaster Response and Recovery
- NOVA (Advanced)
- CISM
- Children and Disaster
- Self-Care for Responders
- Empathy
- Disaster Reactions
- Crisis Counseling
- Americans with Disabilities Act

Disaster Mental Health Response volunteers will:

- Coordinate with EM and COAD to determine mental health response needs of the disaster
- Assist in shelters to provide comfort and stabilization.
- Provide information on stress reactions and coping methods while assessing for possible need for referral to counseling resources
- Visit sites where recovery is occurring to assess mental health needs and reactions of survivors, family, responders working on recovery actions

- Participate in Multi Agency Resource Centers (MARC)s to provide information on stress and coping methods, mental health resource, and referral as needed or requested to formal counseling services

Disaster Mental Health is NOT formal counseling, group counseling, or critical stress debriefing. These services need to be provided by therapists who will be available to the client long term and not by transitory disaster responders. It is contraindicated to have clients disclose to mental health staff who may not be available to them long term as needed. As needed, disaster mental health providers can assist with making these referrals and helping clients determine funding availability for these. Clients may need help with accessing insurance, Employee Assistance Programs (EAPs), or not for profit providers if clients do not have resources.

Disaster Mental Health Partners include:

- The American Red Cross
- State Community Mental Health Centers
- The Behavioral Health Strike Team (BHST) – Missouri
- Not for profit mental health providers (Jewish Family Services, Mattie Rhoades, Guadalupe Center, ...)
- 988 Suicide Crisis Access Line

DISASTER MENTAL HEALTH RESPONSE ORGANIZATIONAL CHART

As of 11 December 2024

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SAMHSA
Substance Abuse and Mental Health
Services Administration



Tips for Survivors of a Disaster or Traumatic Event:

WHAT TO EXPECT IN YOUR PERSONAL, FAMILY, WORK, AND FINANCIAL LIFE

About Disasters and Traumatic Events

Disasters and traumatic events touch all of our lives. About two thirds of the U.S. population have reported experiencing at least one personal traumatic event before the age of 18.¹ Many people experience trauma due to natural disasters such as floods, hurricanes, and other storms and human-caused events like mass violence and terrorism. For some survivors, disasters can remind them of earlier trauma and make it harder to recover. But with good social support and coping skills, most survivors have the ability to recover and are quite resilient. For those who continue to suffer, help is available.

After a Disaster or Traumatic Event

What follows are examples of the types of emotional, behavioral, physical, and cognitive responses that are all common reactions to a disaster or other traumatic event.

WHAT TO EXPECT IN YOUR PERSONAL LIFE

Anxiety, sadness, and trouble sleeping are the most common responses to traumatic events. So are headaches and stomach aches, overeating, and loss of appetite. Grief may be felt intensely on and off for at least a year if someone has lost a loved one in the event.

Anger is a common response experienced more by men, while self-blame appears more often in women. Some people will look at what their lives were like prior to a trauma and make comparisons. Others may be concerned about their own and their family's safety. Additionally, everyone has different ways of coping, which can make people act differently than they usually do.

WHAT TO EXPECT IN YOUR FAMILY LIFE

The effect of a disaster or traumatic event goes far beyond its immediate devastation. It takes time for survivors to grieve and rebuild individual and family lives. Everyday routines may not return to normal for months, or even years, especially following a large-scale disaster or traumatic event. Alternate living conditions (e.g., temporary housing) can disrupt day-to-day activities and create shifts in roles and responsibilities, leading to strains in relationships. These disruptions in routine can make life unfamiliar or unpredictable and change everyone's expectations. Remember, also, that children's stress may be a reflection of how their parents are handling the stress.

¹ Centers for Disease Control and Prevention. (2012). The Adverse Childhood Experiences (ACE) study. Retrieved from <https://www.cdc.gov/violenceprevention/aces/index.html>

WHAT TO EXPECT IN YOUR WORK AND FINANCIAL LIFE

Workplace routines may change, or businesses may close altogether, if there is extensive physical damage to buildings and roads. Daily travel and commuting patterns may be disrupted because of the loss of a car or road reconstruction. The stress of a traumatic event may lead to poor work performance, and short tempers may surface at the workplace. Those who experience work disruptions may be unable to regain their previous standard of living, and reduced income may lead to unpaid bills. Seeking financial assistance to rebuild and repair damages can add to the already high levels of stress and frustration caused by the disaster or traumatic event.

WHAT HELPS

Everyone has different ways of coping, but there are some steps to recovery from a disaster or traumatic event that are known to help many people. Start by realizing that you survived the disaster or trauma and that life doesn't have to stop.

- **Talk with someone.** Connecting with and talking to others who accept and understand your feelings is the best way to help yourself. Reach out to a trusted friend, family member, or faith leader and talk about how you are doing.
- **Move your body.** It is the next best way to relieve stress. Try deep breathing, gentle stretching, and walking. These are the simplest exercises that can help. Other types of exercise can also relieve stress (use caution when lifting heavy weights, as excess adrenaline from stress can cause muscle damage).

- **Meditate and listen to music** timed to your breathing. These are effective ways to calm yourself.
- **Promote physical care** by eating healthy meals and snacks, getting enough rest, and drinking plenty of water. Model these behaviors for your family.
- **Reestablish routines.** Get back to doing the things you would normally do every day. This can help you regain a sense of control over your life and reduce anxiety.
- **Know that it's okay to celebrate successes** in the recovery process and have moments of joy even after a trauma. Return to doing things you enjoy as a family and spending time with friends.
- **Try not to let thoughts about the disaster or trauma take over your thinking.** If you are having difficulty making sense of the trauma or are questioning why this event happened, seek out a mental health professional or, if you prefer, speak with a trusted faith-based or spiritual leader.



- **Speak with a financial advisor.**

For help with financial matters, talking with a professional financial advisor may ease your stress and the feeling that you have to manage it alone. An advisor may have useful suggestions for addressing financial concerns, and may be able to help directly or to connect you with resources to help in other ways.



Signs That Survivors Need More Help Managing Stress

Sometimes excessive ongoing stress or medical problems that existed before the disaster or trauma can make recovery difficult. Some of the more serious signs of stress include the following::

- Disorientation or confusion and difficulty communicating thoughts
- Inability to see or hear properly
- Limited attention span and difficulty concentrating
- Feelings of becoming easily frustrated
- Overwhelming guilt and self-doubt
- Feelings of hopelessness
- Frequent mood swings or continuous crying
- Colds or flu-like symptoms
- Reluctance to leave home
- Fear of crowds, strangers, or being alone
- Increased use of illegal drugs, alcohol, or prescription medication
- Worsening of existing medical problems

If you or a member of your family experiences trouble coping, or these signs continue for more than 2 to 4 weeks, ask for help. Consult a counselor or mental health professional, or see the **Helpful Resources** on the next page. In the workplace, you may be able to get assistance from your human resources department or your company's Employee Assistance Program.

Helpful Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
Toll-free: 1-877-SAMHSA-7 (1-877-726-4727)
TTY: 1-800-487-4889
Email: samhsainfo@samhsa.hhs.gov
SAMHSA Store: <https://store.samhsa.gov>

SAMHSA Disaster Technical Assistance Center (DTAC)
Toll-free: 1-800-308-3515
Email: dtac@samhsa.hhs.gov
Website: <https://www.samhsa.gov/dtac>

National Child Traumatic Stress Network
Website: <https://www.nctsn.org>

Federal Emergency Management Agency (FEMA)
Toll-free: 1-800-621-FEMA (1-800-621-3362)
Website: <https://www.fema.gov>

Department of Veterans Affairs
National Center for Posttraumatic Stress Disorder (PTSD)
PTSD Information Voicemail: 1-802-296-6300
Website: <https://www.ptsd.va.gov>

Treatment Locators

FindTreatment.gov
Website: <https://findtreatment.gov/locator>

SAMHSA's National Helpline
Toll-free: 1-800-662-HELP (1-800-662-4357) (24/7/365 treatment referral information service in English and español)
TTY: 1-800-487-4889
Website: <https://www.samhsa.gov/find-help/national-helpline>

Hotlines

988 Suicide & Crisis Lifeline
Call or text: 988
Chat: 988lifeline.org
(Español) Línea de Prevención del Suicidio y Crisis: 988
For TTY users: Use your preferred relay service or dial 711 and then 988.
Website: <https://988lifeline.org>
Website (español): <https://988lifeline.org/es/home>

The Drug-Free Workplace Helpline
Toll-free: 1-800-WORKPLACE (1-800-967-5752)
Website: <https://www.samhsa.gov/workplace/about>

**Note: The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

*Photos are for illustrative purposes only.
Any person depicted in the photo is a model.*

Disaster Distress Helpline

Call or Text 1-800-985-5990 || disasterdistress.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration



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