

ACA Practice Briefs

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Disaster Mental Health in the Age of COVID-19

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DESCRIPTION OF DISASTER MENTAL HEALTH

Disaster mental health (DMH) counseling, also known as disaster behavioral health, is the treatment of the immediate reaction to, and ongoing exacerbated stress born of, extreme natural or human-made crises, often bringing subsyndromal symptoms to the surface due to the extenuating circumstances that negatively impact individuals' and communities' access to internal and external coping and resources (SAMHSA, 2015; Webber & Mascari, 2018). DMH requires a systematic response to return individuals and communities to pre-event baseline functioning, expressed in the two goals of "mitigating the development of serious mental disorders...(and) providing tools that support the natural recovery process that occurs over time for the majority of the affected population" (SAMHSA, 2015, p. 2).

DMH has historically been employed in response to mass shootings, bombings, hurricanes, tornadoes, earthquakes, tsunamis, floods, wildfires, and other regionally-bound large-scale crises (Webber & Mascari, 2018) that result in trauma, which has been described as the body's natural response to an overwhelming situation (Levine, 2010). From a traumatology standpoint, the closer one is to a life-threatening event; the higher the risk of being traumatized; as layers of protection or distance are available, the risk of being traumatized is reduced (MacFarlane et al., 1996).

The COVID-19 pandemic presents the first truly global disaster with negative repercussions touching nearly every sector of public health and well-being, thus reducing the layers of protection available to the general populace, though increasingly so for those who must continue to work or live where they are exposed to the public. This pandemic affects private coping dramatically, due to the enforced social isolation, yet disproportionately due to pre-existing social and financial inequities, and widescale competition for limited support resources to address food insecurity, lost health insurance, employment, and housing and healthcare services for those of lesser means. Furthermore, similar to 9/11 first responders' unpredicted, yet devastating long-term health impacts, DMH for COVID-19 must be employed by practitioners who are themselves at ongoing risk of exposure.

The COVID-19 pandemic forced clinicians and educators in every country and setting to prioritize crisis stabilization of Maslow's (1943) survival and affiliative needs while social distancing and sheltering-in-place, often while learning to meet personal and professional needs in real-time (Shang et al., 2020). Virtually all professional and personal contacts were impacted physically, financially, emotionally, and relationally; the mental healthcare workforce had no sustainable option but to prepare and respond accordingly.

According to the World Health Organization on March 3, 2020, the COVID-19 global mortality rate was about 3.4%, with higher rates closer to hot spots (<https://www.worldometers.info/coronavirus/coronavirus-death-rate/#ref-13>). The high contagion risk, lack of herd immunity, and unpredictability

of health risk factors for this novel coronavirus created severe life-threatening risk for already-vulnerable populations, and the long-term health effects of contracting the virus for all populations were still unknown. Further complicating this threat assessment was the steady flow of conflictual data and behavioral guidelines, and politicization of the crisis, which interfered with confident decision-making based on individual, familial, and systemic needs and responsibilities. This ongoing unpredictability and life-threatening danger activated a widespread survival response across the globe, wreaking economic havoc, overwhelming medical systems, shutting down pathways to care, and exacerbating chronic relational stressors to increase risk of domestic violence, child abuse, depression, anxiety, insomnia, substance abuse, and post-traumatic stress disorders (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>), replicating the impact of a regional disaster on a global scale.

Diminished options for escaping unsafe or increasingly stressful situations necessitated more considerable skill among clinicians not specializing in crisis intervention to assess for increased risk of suicide and safety needs, especially for clients already dependent on paid professionals for social contact. Similarly, counselors worked with front-line medical workers who suffered moral injuries affiliated with insufficient support to safely care for all their patients or struggled to process the exorbitant emotional demands placed upon them with little downtime (Reger et al., 2020). Increased demand for crisis intervention skills was also required for work with abuse victims, often without clinicians having proximal access, assured confidentiality, or reliably safe referral locations for their clients. Such clinical stressors increase the risk of burnout for clinicians, which can be further exacerbated into compassion fatigue when one is experiencing primary traumatic stress from the same event. This practice brief offers personal and professional resources to support counselors' work within DMH.

INTERVENTION STRATEGIES

At the time of this writing, there was no recognized national standard for DMH intervention during a global pandemic. Further, regionally-bound disaster intervention tended to produce outcomes specific to the population impacted by the particular form of disaster, delimiting its generalizability. The best available practice at the time appeared to be Psychological First Aid (PFA), delivered via telehealth whenever possible, or wearing personal protective equipment upon return to the field as an essential worker. However, a systematic literature review of PFA did not provide evidence-based guidelines across populations and disasters (Dijtjens et al., 2014).

Preliminary research suggested telehealth is useful in psychiatric emergencies (Bolle et al., 2018), so long as ethical considerations are managed effectively (Stoll et al., 2020). The American Counseling Association (ACA) offers guidelines and training for standard telehealth practice while continuing education trainings discounted during the quarantine helped strengthen DMH practice and a comparison of telehealth platforms (<https://telementalhealthcomparisons.com/>) helped inform decision-making about the best format for practice. The following is an overview of how to apply PFA via telehealth.

PFA is an evidence-informed intervention applied immediately following disasters, terrorism, and other emergencies, prioritizing those at highest risk by assessing factors associated with PTSD, depression, and anxiety, following simple listening and action steps to help calm, restore a sense of individual and community agency, and re-connect survivors to appropriate long-term supports (Dijtjens et al., 2014). According to the National Center for PTSD (Brymer et.al., 2006):

(PFA) is supported by disaster mental health experts as the “acute intervention of choice” when responding to the psychosocial needs of children, adults and families affected by disaster and terrorism. At the time of this writing, this model requires systematic empirical support; however, because many of

Resources

D M H P F A

To call 911 out of your area: https://www.911.gov/frequently_asked_questions.html

For more information on DMH: <https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/mental-health-professional-counseling-and-emergency-preparedness>

For more information on DMH: <https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>

For disaster help: <https://www.samhsa.gov/disaster-preparedness>

For domestic violence help: <https://www.thehotline.org/>

For more information on current HIPAA guidelines: https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/telehealth-information-and-counselors-in-health-care?utm_source=informz&utm_medium=email&utm_campaign=covidresources

For online training and tools:

