

Mental Health Professionals in Disasters: an Exploratory Study

by A. Dyregrov and R. M. Solomon*

Abstract

Despite the increasing frequency of reports about the psychological effects of working in the disaster field on emergency service personnel, there are still relatively few about the effects on mental health professionals involved. However, as the authors demonstrate in this paper, various studies suggest that there is a significant reaction to dealing with victims or survivors of a disaster no matter how well-trained the professional is. The paper looks specifically at a study of mental health professionals who worked during and after the Loma Prieta, California earthquake in 1989. Using a questionnaire to obtain most of the information, the authors noted both the positive and negative effects on the workers' lives. They concluded that there is both a need to recognise that even professional workers are not immune to the pain and suffering of others and to specify further the expectations and roles of mental health workers following disasters.

There are a vast number of reports on the effects of disaster work on emergency personnel – police, fire fighters, paramedics and emergency nurses. Yet, although mental health workers have become increasingly involved in disaster work, there are relatively few reports on how they experience their involvement. Perhaps it is assumed that personnel from this group are so well educated and have so much training in facing human suffering that they are capable of carrying out their tasks in disaster situations without noticeable distress.

However, Berah, Jones & Valent,¹ in one of the few studies of mental health professionals involved in disaster work, did not find them immune to the suffering of others. They reported on the reactions of 19 volunteer mental health workers who made up a team which worked with fire-affected people following the Ash Wednesday bushfires in Australia in 1983. Team members experienced considerable stress and emotional and physical reactions as a consequence of their work. Nine of them indicated that they became ill during their work and eight were involved in accidents. But most of them also noted the value of the experience on both a professional and personal level.

Raphael *et al*² found increasing role ambiguity and associated feelings of frustration and helplessness in those workers whose primary tasks were to provide emotional support to bereaved family members following a rail disaster. However, their group of family assistance workers consisted of only five persons.

In a study of 131 officers who assisted bereaved families over an extended period of time following an army air crash in Gander, Newfoundland, Bartone *et al*³ found a dose-response effect between exposure at six months and well-being, symptoms and illness at one year following the crash. The study also showed that the assistance workers who provided support to bereaved families were at risk from increased illness, psychiatric symptoms, and a negative frame of mind for up to a year after beginning their support activities. However, it should be remembered that these people were not personnel with a mental health background, but captains, majors and lieutenants relatively unfamiliar with such assistance roles.

Although there is sparse information concerning the effect of disaster work on mental health professionals, reports from therapeutic work with survivors or crisis victims indicate psychological reactions as a result of the clinical exposure to trauma victims. This has been found in mental health personnel working with victims of political repression (Comas-Diaz & Padilla),⁴ rape researchers (Alexander *et al*),⁵ and psychotherapists working with holocaust survivors (Danieli).^{6,7}

This report focuses on the experiences of mental health workers involved in victim assistance following the earthquake in California in October 1989. It must be regarded as an exploratory report into a new research area.

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Methods

Subjects

A total of 25 mental health professionals at a mental health centre near the epicentre of the earthquake received a questionnaire about six months after the earthquake. Of these, 23 returned the questionnaire; 20 were women. Their ages ranged from 32 to 61 years ($M=46.7$, $SD=7.9$). Professionally they had worked for an average of 8.4 years in the area, ranging from four months to 20 years. The group consisted of mental health therapists and supervisors who provided services to the community following the earthquake. Their professional background was MA/LMFCC (39%), minister (17%), MSW/LCSW (35%) and PhD (9%). Regarding experience in disasters, 48% had never worked in disaster situations before, 30% had done this once, and 22% had done it several times. Regarding prior experience with critical incidents, 13% had none, 39% some, 22% much and 26% extensive. Only 13% knew personally any of those killed or injured, and 9% had one of their own family injured. As many as 91% suffered material losses, but many indicated that these were limited.

The tasks the subjects were involved in varied, but consisted mainly of counselling and outreach work; individual and family counselling; groups for caregivers, parents, children; debriefing sessions, and the organising, recruiting and training of mental health professionals.

Procedure

At the invitation of the director of the CMH Centre, the authors led several debriefing sessions for mental health professionals two weeks after the earthquake. The authors were part of the Pacific Rim Disaster Team, a volunteer organisation which provides search and rescue services and psychological debriefing following major disasters. Questionnaires were given to the director following the debriefing. He then distributed them to 25 of the professional staff who were involved in the disaster work. Questionnaires were filled out anonymously, collected by the director, and mailed to the authors. Respondents were not identified by name, and no follow-up attempts were made to collect unreturned questionnaires.

Table I Reactions during the Disaster Work

Reaction experienced	Percentages			
	Not at all	A little	Much	Very much
Sadness	4	22	52	22
Fatigue	4	31	30	35
A sense of unreality	22	30	26	22
Anger	8	48	35	9
Concentration difficulties	22	39	26	13
Frustration	4	48	35	13
Anxiety	13	48	35	4
Thoughts/feelings interfered with work	17	48	26	9
Restlessness	39	35	17	9
Fear	13	61	13	13
Helplessness	17	61	22	0
Hopelessness	48	43	9	0

Questionnaire

The questionnaire, about six pages long, was based on the authors' experience with disasters, as well as on the motivation to learn more about the needs of mental health workers for use in planning for future disasters. It consisted of questions regarding demographics (age, professional background, experience); personal victimisation (knowing killed or injured, family injury, material losses); tasks, and experience of personal preparation. Open-ended questions explored the most rewarding and the worst part of the work, training that had proved useful and training they felt they needed, as well as how they took care of themselves. They were asked for advice for future therapists who would work with survivors, as well as their overall impressions of working in the aftermath of an earthquake. They were presented with a list of reactions both tapping their experiences during their work as well as following their involvement. These reactions were based on reports on helpers' and rescuers' reactions following disasters. They were asked to indicate on a four-point scale (not at all, a little, much, very much) to what degree they had experienced these reactions.

Results

Preparation, Useful Experience, Training Requirements

As 23 subjects returned their questionnaires, the response rate was 92%. Around one quarter (26%) felt adequately prepared for the tasks they participated in, 61% felt partly so, while 9% answered not much and 4% not at all. The training and experience that proved useful were pre-disaster and crisis experience, brief earthquake training provided following the earthquake, and prior life experience.

Of the training they wished they had received, the participants mentioned more training in doing debriefings, more knowledge about organisational structures that have been effective in co-ordinating work activity in other disaster situations, and more knowledge of Post Traumatic Stress Disorder (PTSD). Receiving training before engaging in tasks was also mentioned as desirable.

Reaction During Work

Table I gives an overview of the reactions experienced while assistance was being given to victims. Sadness (74%), fatigue (65%), frustration (48%) and a sense of unreality (48%) were the most common reactions (the percentages within the categories "much" and "very much" are added). More than a third of the mental health workers also reported anger (44%), concentration difficulties (39%), anxiety (39%) and thoughts/feelings that interfered with work (35%).

A sumscore of reactions was obtained by assigning a score of 0 to a "not at all" endorsement of a symptom, 1 to "a little", a 2 to "much", and a 3 to "very much", and adding the scores for each individual. There was a significant negative correlation between how adequately the respondents felt prepared for the tasks they participated in and the sumscore ($r = -0.47$, $p < 0.05$). Those who felt inadequately prepared had a higher score, indicating that they experienced more distress during their disaster work.

To the open ended question about the worst part of working with survivors, the answers varied greatly. Most identified seeing, feeling and sharing the survivors' pain, and hearing about their losses of home and precious family heirlooms: "Sharing in their pain of the devastation of our town and some of the horror story graphics of what happened to people."

But other aspects were noted: Not getting organised soon enough, the high emotional expenditure over long periods of time, and the frustration of people's immobility. Another frequent response was dealing with their own stress, distress and loss, feeling burned out themselves: "My own feelings came up, sadness, etc, and I was not sure at first I could do it."

Being drawn between clients and traumatised family at home, and the mixture of being both helper and victim was evident in many answers: "I felt so angry that I had little to give - I felt I needed help to care for my family before I could provide services. People wanted reassurance that was not available (promise me that there won't be another one)."

Table II lists reactions experienced following their involvement in the disaster work. Again sadness (61%) is the most common response (the percentages for the categories "very much" and "much" are added), followed by exhaustion (52%), and anxiety for loved ones (43%): "I walked away feeling vulnerable and raw - still to an extent."

More than one third of the group experienced difficulties in concentrating and expected a new disaster to occur, 30% experienced anger, while one-fifth of the group experienced crying more easily, sleeping difficulties, colds (flu), and general anxiety and worry. Several added that the work had reactivated personal trauma. All in all, 61% felt very upset by the earthquake. When asked how long after the earthquake it took before their work and family life returned to normal, 26% answered that it still was not back to normal, 39% said after two months, 13% after a month, while the remaining 21% only took a day to several weeks to recover.

As many as 48% reported that their personal reactions to the earthquake had affected their work, 35% that it had affected their family life, and 26% that it had affected their plans for continuing in their line of work.

There was a significant negative correlation ($r = -56, p < 0.05$) between the feeling of preparedness and a score based on the individual reaction listed in Table II. The more prepared they felt for the tasks they participated in, the less distress they experienced following the disaster work.

Table II Reactions following the Disaster Work

Reaction experienced	Not at all	Percentages		
		A little	Much	Very much
Sadness	4	35	48	13
Exhaustion	13	35	30	22
Anxiety for loved ones	22	35	26	17
Concentration difficulties	13	48	30	9
Expectancy of another disaster	13	52	22	13
Anger	22	48	26	4
Sleeping difficulties	22	52	22	4
Crying more easily	30	48	13	9
Cold (flu)	61	17	9	13
General anxiety and worry	26	53	17	4
Isolation from others	48	39	13	0
A more pessimistic outlook on the future	57	30	13	0
Lack of understanding from family	35	52	13	0
Everything still feels unreal	48	43	9	0
Regret or guilt over things done or not done	30	61	9	0
Headaches	57	43	0	0
Stomach aches	65	35	0	0

Professional and Personal Growth

Regarding the open-ended question on the most rewarding aspect of working with the earthquake, the most common response centred on the ability to be of assistance and help, to assist victims in working through their feelings, validate their feelings and validate their experience: "Their gratefulness; the feeling of really being helpful to people in great need."

In addition, several workers noted how open and ready the survivors were for receiving assistance and help. The tremendous show of community support also made a great impact: "Empowering. Makes me feel like I'm participating in putting my community back together."

More than half the group (61%) had discovered strong sides in themselves that they were not aware of, and 44% stated that life had changed its meaning: "Sense of appreciation for being alive, having a wonderful family and network of friends."

When asked to state their overall impressions of working in the aftermath of the earthquake, many commented on how much they had learned, and the excitement of taking part in the work.