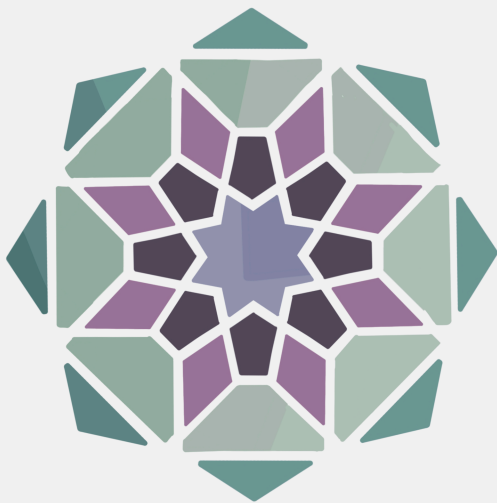


DISASTER MENTAL HEALTH



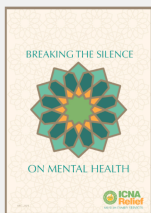
MENTAL HEALTH SERIES
BOOKLET 5

MAR 2023

The author of this booklet, Dr. Amber Haque is the Program Director of Muslim Family Services, ICNA Relief USA. He is also a researcher for the Muslim Mental Health Consortium, Department of Psychiatry, Michigan State University:

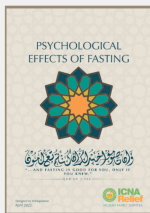
<https://muslimmentalhealth.psychiatry.msu.edu/researchers/amber-haque-phd>

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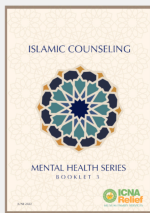
Booklet 1

https://www.academia.edu/70623506/Mental_Health_Booklet_Dec_2021



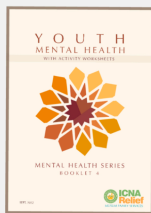
Booklet 2

https://www.academia.edu/74337572/Psychological_Effects_of_Fasting



Booklet 3

https://www.academia.edu/82485006/Islamic_Counseling



Booklet 4

https://www.academia.edu/87585546/Youth_Mental_Health

Why this booklet?

Disaster management saves lives and reduces the impact of crises on disaster survivors. This booklet focuses on the mental health aspects of disaster relief and is helpful for anyone interested in disaster readiness or helping disaster survivors. The booklet is part of ongoing mental health series published by Muslim Family Services, ICNA Relief, USA.

Disclaimer

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Mental Health Booklet 5, MAR. 2023

WHAT IS A DISASTER?

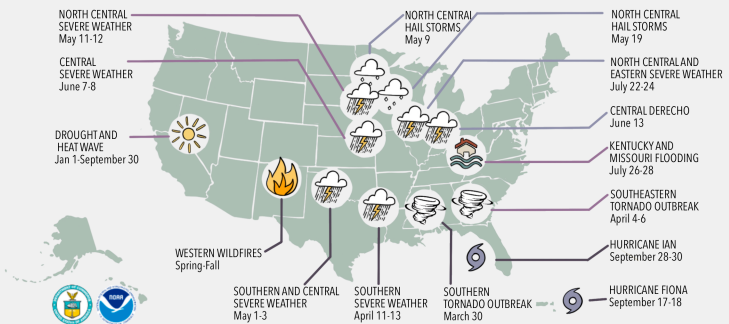
A disaster is a sudden event that causes significant damage, loss, or destruction of life and property. Disasters can be natural or human-made, and can happen anywhere, anytime. Globally, there is an average of one disaster daily, and the frequency of disasters is rising with climate change.

Common Natural Disasters in the US:

- West (Pacific): Earthquakes, Wildfires, Volcanoes, Landslides.
- West (Mountain): Earthquakes, Wildfires, Winter Storms
- Midwest: Tornadoes, Earthquakes (IL, MO), Wildfires
- Mid-Atlantic: Hurricanes, Winter Storms
- New England: Hurricanes, Winter Storms
- South and Southeast: Tornadoes, Hurricanes, Landslides (KY, WV, VA), Earthquakes

Source: *The Most Common Natural Disasters Across The U.S.* | Red Cross

U.S. 2022 Billion-Dollar Weather and Climate Disasters



EFFECTS OF DISASTERS ON SURVIVORS

Survivors of disasters may experience physical consequences like agitation, rapid heartbeat, or sweating and they may have sleep and eating issues, including a craving for nicotine or alcohol. Some survivors may experience symptoms like breathlessness and palpitations, or gastrointestinal distress like indigestion and nausea. There could also be somatic symptoms in some survivors, like muscle tension, pain, or headache.



Emotional

Survivors may also experience a sense of hopelessness, fear, anxiety, and depression, and some may experience guilt, emotional numbing, panic, anger, or resentment. Such reactions differ in individuals and may result in extreme mood swings.

Cognitive

Survivors commonly experience worry, disbelief, a sense of helplessness or preoccupation with existing difficulties. For some, there could be difficulties remembering, concentrating, and making decisions. Some people may blame themselves or others for the disaster.

Behavioral

Immediately after the disaster, survivors experience a change in sleep habits, diet, and increased alertness, social withdrawal, and find conflict with others, including anger or agitation.

Spiritual

Survivors may also start to examine their relationship with God. There could be an increase in the belief of a higher power and faith or just the opposite, by either a decrease or questioning of faith. Some survivors may increase in their religious practices and reach out for spiritual advice.

DISASTER MENTAL HEALTH

Disaster mental health is a growing field where helpers are approached with the attitude that survivors are under extreme stress and not seen as suffering from any psychological disorders. Instead of providing serious counseling, DMH workers receive training to remain calm in trying circumstances. Any mental health intervention is done by licensed mental health professionals who teach the survivors ways to cope with stressors and prevent long-term negative psychological consequences of the disaster.

Psychological First Aid (PFA)

- Short-term
- Focuses on symptom reduction
- Promotes healing
- Deals with the here and now
- Given based on clients' specific needs

Helpers are trained to exhibit a calm and genuine attitude of care, attend to the safety needs of survivors, meet physiological needs (food, water, medicine), provide access to social support, and encourage positive coping behaviors.



Cautions in using PFA.

- Unqualified persons should not try to solve issues unrelated to the disaster.
- Consider individual and cultural differences in needs
- Careful not be intrusive if survivors aren't receptive.



Early Interventions

Increasing attention is given to how we can help build resilience before disaster strikes. Some helpers' activities may involve assisting communities in preparing and planning before a disaster strikes. It can be challenging to encourage preparedness when it is peaceful, but since disasters are inevitable, building resilient communities is one of the essential activities.

Skills for Psychological Recovery

- Developed by the National Center for Post-Traumatic Stress Disorders (PTSD)
- Focus is on problem-solving, positive activity scheduling, managing reactions, helpful thinking, and building healthy social connections
- Goals are to get a clear sense of clients' concerns and priorities
- Identify the problem, define the goal and brainstorm solutions

Sometimes the most distress comes from inaccurate thinking.

Disasters may also result in a desire to blame someone for the catastrophe, leading to negative behaviors toward others. Humanitarian workers should take precautions about the risks of misinformation. Helpers must also strive to be impartial and empathetic to the needs of survivors.

Survivors Needing Special Attention

Those who require medical or surgical attention.



Pre-existing psychiatric condition.



Those whose exposure to the incident is more intense and long



Those with low resilience/ coping ability



Those with acute stress or other symptoms stemming from psychological trauma.



For those whose stress lasts 2 weeks and is affecting work and relationships, professional help would be needed.

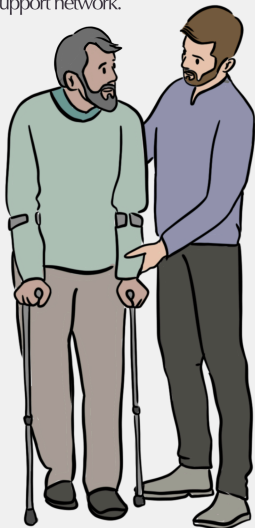


Vulnerable populations

Frail Seniors

Older adults with the following characteristics would need special attention due to decreased physical mobility or agility, sensory limitations, cognitive decline resulting in decreased making rapid decisions in a disaster situation, those suffering from grief, low self-esteem, anxiety, and suffering from poverty.

The helpers would need to meet the physical needs of this group, providing them quick access to medications and assisting devices, restoring their routine, adapting a post-disaster setting to accommodate their needs as much as possible, and connecting them with a positive support network.



Physically Disabled

Physical disabilities can be chronic, acute, or intermittent. People with physical disabilities are far from a homogeneous group. Yet, they are often treated that way in disaster planning and response, leading to inappropriate communications or services that fail to help large segments of those in need. While the physically disabled need almost all assistance given to frail older adults, they also need priority needing assistive devices, like crutches or hearing aids. They could also benefit from caregiving services, such as an aide for personal hygiene or a sign language interpreter, especially during and after a disaster. Collaborating with local organizations would also help the cause.

Intellectually Challenged

Intellectual disabilities involve delayed or incomplete development of the mind that can limit cognitive, language, motor, and social abilities. While intellectual disabilities begin early in life and delay or prevent the development of essential skills, mental disorders usually occur later in life and cause a sudden or progressive loss of skills. Communicating clearly, restoring access to medication, and restoring all support sources are essential.

First Responders

Research shows that while some first responders experience temporary distress after a disaster, a few may develop psychological disorders that can impact personal and social functioning and relationships. First responders with such symptoms could benefit from psychological intervention.

Trauma-Screening Questionnaire

The Center for Post-Traumatic Stress Disorder has the following questionnaire to screen survivors' post-disaster mental health conditions asking if they have experienced the following at least twice in the previous week. A mental health referral may be needed for some survivors.



- Upsetting thoughts or memories about the event that have come into your mind against your will.
- Upsetting dreams about the event
- Acting or feeling as though the event were happening again.
- Feeling upset by reminders of the event.
- Bodily reactions when reminded of the event.
- Difficulty falling or staying asleep.
- Irritability or outbursts of anger
- Difficulty concentrating
- Heightened awareness of potential dangers to yourself and others
- Being jumpy or startled at something unexpected

Answering “Yes” to more than six items indicate the need for additional assessment.

Trauma Screening Questionnaire (TSQ) - PTSD: National Center for PTSD (va.gov)

Children and Disasters

Experiencing a disaster can leave children feeling frightened, confused, and insecure. Because children cannot always communicate their worries, it could affect them more seriously than adults. Some children may react immediately, and others may respond slowly after days or weeks of experiencing a disaster. Knowing common signs at different ages can help parents recognize problems and respond accordingly. Children may be more agitated or act out. They may become clingier or cry often.



Adults they trust should give them attention & reassurance



Remind children that what they saw and experienced is over.



Keep children with parents or relatives.



Encourage children to talk and express their feelings.

COUNSELOR DO's AND DON'Ts



DO be deployed by an organization

DON'T self-deploy



DO follow organization's disaster relief SOPs

DON'T create or follow your own procedures



DO be a nonintrusive listener

DON'T ask for details about what happened



DO ask what survivors need

DON'T tell the survivors what they need



DO look for symptoms of trauma

DON'T assume everyone is traumatized

DO acknowledge that survivor stress responses are normal

DON'T label reactions or diagnose without proper assessments



DO acknowledge that mental health workers may also be traumatized



DO acknowledge that survivors will communicate when they want to

DON'T assume not communicating is a sign of disorder

DON'T assume you are immune to compassion or work fatigue



DO confirm the facts before sharing

DON'T don't share information that may be inaccurate



CULTURE

Failure to understand and respect survivors' cultural perspectives may create a communication barrier. Consider the following tips when helping people from different cultural backgrounds.

- Western-trained interventions focus more on the individual than the community, which may not be suitable for people from collectivistic cultures.
- Taking charge of the recovery process may be difficult for people who believe in karma or fate, as they have a different opinion of how much control they have over their lives.
- New immigrants with limited English language skills could have trouble understanding instructions and announcements for group participation, leading to confusion and isolation.
- Some people may not eat certain foods due to their beliefs or personal preferences.
- Some survivors may offer ritualistic prayers daily, which needs to be respected by relief workers.

Spiritual Care of Disaster Survivors

Survivors regularly turn to their faith communities for direction. Chaplains and spiritual care providers are often the first people to respond to disasters and provide supportive services. Relationships between mental health and spiritual care providers should be established well before a crisis to allow for effective referrals. This means that the chaplains/Imams also need training in responding to disasters in their communities.



The Concept of Disasters in Islam

According to the Quran, disasters, and calamities are a test of a believer's patience and a test for those not afflicted by disasters in how they respond to the needs of those directly tested. When afflicted with a calamity and bearing it with patience, believers quickly say, "Indeed we belong to Allah, and to Him is our return." Muslims believe a calamity is a test if it brings one closer to Allah and punishment if it distances one from Allah.

إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاغِبُونَ

Indeed, we belong to Allah, and to Him is our return (2:156)

Disasters are also a warning of falling short in matters prescribed for Muslims and humbling themselves in front of Allah. The experience of disasters is also a means of expiation of one's sins. One of the sayings of Prophet Muhammad, peace be upon him, is that "trials will not cease afflicting the believers in their self, children, and wealth until they meet Allah without having any sin." (Tirmidhi No. 2399).



Worship and turning to Allah in times of hardship also has special rewards for believers in this world and the next. Seeing any disaster should make one mindful of Allah's blessings, being grateful for the protection from it, and sharing one's time and wealth to make the lives of others easy. A hadith states, "The most beloved people to Allah are those who are most beneficial to others (Al Mujam Al Aswat)."

For a guide on religious literacy during crises, disasters, and emergencies see: [The Religious Literacy Primer for Crises, Disasters and Public Health Emergencies | Center for Religion and Civic Culture \(usc.edu\)](https://www.usc.edu)

First Responder Self-Care

The first responders need to continually evaluate their mental health by following these strategies:



Finding social support



Share feelings with coworkers



Physical self-care



Spiritual activities



Relaxation exercises

Disaster Relief Services by ICNA Relief USA

Disaster Relief Services is at the core of what ICNA Relief is all about. Since 2005 ICNA Relief's DRS team has responded to over 75 natural and human-made disasters. Every year, hurricanes, tornadoes, flooding, fires, and other disasters impact the lives of our fellow citizens throughout the US. Our mission of serving humanity with sincerity, compassion, and service has established ICNA Relief as the face of the Muslim community in domestic disaster relief.

ICNA Relief has partnered with other NGOs, such as NVOAD, Salvation Army, and American Red Cross, as well as local and federal agencies in disaster response, recovery, and case management. ICNA Relief's DRS team is committed to serving the needs of disaster survivors regardless of race, creed, color, or gender. We rely on Allah, our faith, and then the help of our volunteers and supporters to carry out this mission.

In June 2022, ICNA Relief Houston and DRS hosted a multi-agency conference to promote communication and cooperation and to achieve preparedness and resiliency in the face of disasters.

Visit our website to see what we do to help the Americans in the event of a disaster:
<https://icnarelief.org/disaster-relief/>

Disaster Relief Services –
ICNA Relief National Helpline: 844-412-9809

Additional Resources:
NIMH » [Coping with Traumatic Events \(nih.gov\)](https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/)
Get Assistance After a Disaster | FEMA.gov
[Home | disasterassistance.gov](https://www.fema.gov/home-disaster-assistance)
Disaster Distress Hotline: Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), this helpline provides immediate counseling for people affected by any disaster or tragedy. Call 1-800-985-5990 to connect with a trained professional from the closest crisis counseling center within the network.



DISASTER MENTAL HEALTH FLOWCHART

MENTAL HEALTH SERIES BOOKLET 5



NOTES
