

DISASTER SPIRITUAL AND EMOTIONAL CARE TIP SHEETS

<p>Topic:</p>	<p>How to Refer Disaster Survivors for Mental Health Care</p>
<p>Aim:</p>	<p>It is important to remember that some disaster survivors may need additional follow-up services from a licensed mental health professional. Similarly, some relief workers and volunteers may also need additional assistance after particularly traumatic events. This tip sheet will help you know when and how to refer others for mental health care.</p>
<p>Signs that Suggest Help is Needed:</p>	<p>A more serious level of disturbance is seen in more severe symptoms, symptoms that persist more than a few days, or symptoms that appear much later. Sometimes people begin to have unpredictable or extreme emotional reactions, engage in impulsive or risky behavior that is unlike them, or resort to self-medication such as with drugs or alcohol. Such signs for concern include the following:</p> <ul style="list-style-type: none"> • Disorientation or confusion, and difficulty communicating thoughts. • Difficulty remembering instructions. Difficulty maintaining balance. • Becoming easily frustrated and being uncharacteristically argumentative. • Inability to engage in problem solving and difficulty making decisions. • Unnecessary risk taking. • Tremors, headaches, and nausea. Unusual clumsiness. • Tunnel vision and muffled hearing. • Colds or flu-like symptoms. • Limited attention span and difficulty concentrating. • Loss of objectivity. • Inability to relax. • Refusal to follow orders or to leave the scene. • Increased use of drugs or alcohol. •
<p>When to Refer:</p>	<p>Do not hesitate to admit that you don't know how to solve the problem, or if additional care is needed. Just be willing to help the person find someone who might know or has additional training. As you make the referral, remind disaster survivors that you do care. You care enough to want the best possible help or service for that person. Next are examples of when to refer:</p> <ul style="list-style-type: none"> • When you feel in over your head. • When you feel persistently uncomfortable. • When you believe that improvement is "impossible" or the situation is • "hopeless."

	<ul style="list-style-type: none"> • When the person you visit with says, "nothing is helping" or what you provide the person isn't helping. • There is an obvious change in speech and/or appearance. • The person continues to be so emotional he or she can't communicate. • There is ongoing deterioration of life (social and physical). • All the person discusses are physical complaints. • There is a sudden onset of memory confusion. • You see signs/know of substance abuse. • Hallucinations, delusions or severe pathology. • Threats of self-harm or harm to others. • Aggression and abuse (verbal and physical). • If the situation seems horrible or unbearable. • Most importantly, if you're unsure, then refer.
<p>How to Refer</p>	<ul style="list-style-type: none"> • Protect privacy - find private space and try to avoid interruptions while you are talking. Sensitivity to disaster survivors' privacy communicates trust, respect and sincerity. • Discuss specific behaviors - prior to discussing the referral, list the behaviors you've seen exhibit that have raised concern. Your list might include withdrawal, anger, self-destructive action, depression, lack of sleep or loss of appetite. • Ask what the disaster survivor thinks and feels - check for understanding, and support any attempts disaster survivors make to respond to the concerns you've voiced. • Understand possible barriers and offer alternatives - before you approach disaster survivors about the problems, understand what barriers may be keeping him or her from seeking professional help and be able to offer suggestions to help overcome these barriers. • Locate possible community resources - before talking with disaster survivors, you also need to know what community resources are available. Making the first contact often is the most difficult part of getting help. It can be helpful to provide a list of resources and licensed mental health professionals. • Continue to be supportive - no matter how much you prepare disaster survivors, you still may not be able to convince disaster survivors to seek professional help. • Making independent referrals - if the person or family is unwilling to make the contact or if there is some danger if action is not taken, to self or others, you should take immediate action and begin the process for an independent referral and help obtain additional care. Remember, in such situations, serious concerns about harm to self or others should not be kept confidential.



**Other
Resources:**

- Harding, S. (2007). *Spiritual care and mental health for disaster response and recovery*. New York: New York Disaster Interfaith Services.
- National Child Traumatic Stress Network. (2006). *Psychological first-aid: Field operations guide for community religious professionals*. Los Angeles, CA: Author.
- National Voluntary Organizations Active in Disasters. (2009). *Disaster spiritual care: Points of Consensus*. Arlington, VA: Author.
- National Voluntary Organizations Active in Disasters. *Light our way: A guide for spiritual care in times of disasters*. Arlington, VA: Author.
- Roberts, S., & Ashley, W. (2008). *Disaster spiritual care: Practical clergy responses to community, regional, and national tragedy*. Woodstock, VT: Skylight Paths Publishing.

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