

## **Vulnerable Populations/Emotional Health**

### **Who needs help?**

A disaster in our rural community still has the ability to impact a lot of lives. When time and effort are invested into planning and preparation, we can facilitate a successful response and reduce impact thereby accelerating the recovery in our community.

Consider your community's population and the number of households that could be potentially impacted by a local disaster. Unfortunately, this is just the beginning. Now consider the following groups of people that also may be impacted by the disaster and may need some level of support: family and social networks of the victims, rescue workers, social service agency staff, families and social networks of responders and other community members and businesses. The individual victims will just be the tip of the iceberg.

### **Vulnerable and high risk populations in your community**

At risk populations can traditionally be described as individuals that have additional need in one or more of the following areas: communication, medical care, maintaining independence, supervision and/or transportation. It also includes the following groups of individuals: children, senior citizens, pregnant women, individuals with disabilities, individuals living in institutions, diverse cultures, those with limited or no English, chronic medical conditions and or pharmacological dependence. When assessing your community needs consider that many individuals will fall in multiple categories. Subsequently, their needs may be much more complex. Many of these at-risk groups will also suffer from: poverty, lack of income generation or unemployment, mental health conditions, poor nutrition, poor access to medical care, low education level and insufficient social networks. These individuals likely lack many protective factors that collectively lead to resilience. Therefore, they are unproportionately impacted and may require more resources and a more diverse set of resources to aid in their recovery.

We need continued attention to strengthen our communities so they are better able to withstand hard times— it will only help us to build a resilient community. By investing in small initiatives in our communities, we may be able to reduce the number of people in high risk categories or create/improve services that can be our allies when we need to address some unique needs.

How well do you know your community and the needs of the community? This will be an important part for long term recovery planning. If you have a high population individuals that speak English is a second language or individuals that don't speak English at all, part of your plan may include where to call for interpreters if they are needed. Think about cost and how it will be paid for. Is staff trained on etiquette when simultaneously working with a client and the interpreter?

Some areas of possible need to explore in your community:

- Communication
- Medical Care/chronic medical conditions/medication dependence
- Supervision/high needs/institutionalized
- Transportation
- Children
- Senior citizens
- Cultural considerations
- Employment services
- Mental health
- Spiritual care
- Financial assistance
- Food
- Housing
- Non-English speaking/ESL

It may be helpful to have various agencies look at your list of proposed needs and pinpoint areas in which they have the means or programs to assist. You may uncover programs or resources that you did not know of. It also may help your community identify any service gaps that could be addressed.

When planning, it can be easy to get overwhelmed by identified needs. The goal of disaster recovery should really be to get people to where they were prior to the event. Although it would be nice to have all of their needs met and have them in an ideal place in life when we leave, it is not feasible to do with limited resources. Try and stay focused on your role and the mission of the recovery. There are many more programs that may be able to assist them with some of their additional barriers or long term needs after the recovery. For example – if the family was struggling financially prior to the disaster due to unexpected job loss, you could refer them to the Workforce center or work program. Your focus should not be on helping them find

work. Your resources are precious and many people need them. Use your networks and refer to agencies that may specialize in the long term needs that they have. Remember that at the end of the recovery effort, you have to return to your traditional duties. If they have become reliant on you to help them with all of their needs, we have done them a disservice and have created a level of dependence. Refer early and refer often.

## **Psychological Adjustment to Disaster**

Adjustment to disaster is pretty well studied and the phases that individuals may go through. After the disaster hits, individuals will start with a “heroic phase” where there is a high level of altruism, people are pulling together and search and rescue efforts may be underway. After this initial response, there is a generally a “honeymoon phase” where things still seem to be moving at a good pace and people are optimistic that life will be back to normal soon. The third phase is also sometimes referred to as the “second disaster” or the disillusionment period. During this phase, people may be getting frustrated, angry or disappointment that things are not moving as quickly as they had hoped and they are encountering a lot of red tape or obstacles. The final phase is the “reconstruction phase” where individuals are accepting the changes and what may be their “new normal.” This adjustment process is often accompanied by the grief process. Many individuals will experience significant grief and loss reactions after disaster. Individuals can be affected by two kinds of loss and as providers and helpers we need to be mindful of both types. There are tangible losses that would include things like loss of life, homes, material things and income or employment. But there is also intangible losses that are a lot less visible which could include: loss of safety/security, loss of predictability, loss of trust, loss of hope and loss of control.

It is important to remember that people can go through these stages at different speeds and may cycle back into previous stages. It is not necessarily a linear path. The best thing you can do is try to meet the person where they are at each day. Sometimes all they will need is someone to listen. We can serve as an advocate if they are not able to do so themselves. It would be beneficial to help them reach out to their social network for support as well so that they can talk to multiple people rather than just focusing on one person (the helper). Make sure when you are providing services, your mission is firmly in your mind. It is easy to get caught up in other things when people come to your with numerous concerns. Again your best allies in this will be

your colleagues. Make sure you are referring them to others that may specialize and be able to help them with some of their needs.

Ensuring that you are honest and upfront with individuals about what you can and cannot do for them will be especially helpful for both parties. Don't offer empty reassurances such as "it will all be alright" or "I know how you feel." Make sure you encourage them that you are there to help and will do everything you can do to ensure their needs get met. If you tell them that you will do something, it is critical that you follow through. Remember trust and safety are intangible losses in disaster- you need to help then regain trust and reassurance.

### **Special populations**

**Mentally Ill-** About 1 in 4 individuals will suffer from a mental illness at some point in their life. This is a significant amount of individuals. Generally these individuals will have less protective factors and many more risk factors as was described earlier. Mental illness usually is accompanied by things such as unemployment, poverty and lack of social support. They are also less equipped and prepared to handle disasters. This puts them at greater risk and they likely will need more services to help them get back on track. Learn about the mental health resources in your county and where you could turn to help individuals with these needs.

**Children -** In a time of disaster, we may be so busy working with parents on basic needs that we forget about the children. Children can be greatly impacted by traumatic events and it is important for us to be educating parents on warning signs and also sharing resources with them. Also this is a time of great stress on the family as a whole. High stress can decrease parent's ability to use healthy coping skills. Be on the lookout for child abuse or neglect during these times.

**Elderly -** The elderly also have some unique needs that should be considered when preparing for a disaster. First, they are of a generation that do not like "handouts" and may not want to ask for help. They may suffer from complex medical issues, poverty, lack of transportation and lack of social support which puts them at greater risk as well. It is also very important to consider the losses that they have experienced through the event. The elderly have high rates of depression, anxiety and suicide. Keep in mind, what may be just a house to you,

may have been the home that they shared with their family for 50-60 years and it has a lot of sentimental value.

### **Care for responders and helpers**

Every experience in life touches us in some way whether that is good or bad. Disasters will do the same. You can't walk through water and not get wet. In the same way, you cannot be engulfed in a disaster zone and not be affected by the events and the people that you encounter. Caring for our responders and helpers should be one of our priorities when planning for recovery. Without the helpers, the work will not get done or will be done in a less efficient manner. Healthy people will result in a healthy response.

Stress is a normal reaction in life. Stress can be good if it increases performance and motivation. There is also stress that occur as a reaction to something, but generally is short lived and only causes distress for a short time during or immediately after the event. A stress injury is generally more severe and can have a much longer impact. You could think of this as when things get stuck and are staying with you. During this type of stress response, you may start to notice it affecting other areas of your life. Finally a severe stress response may be something that reaches the level of a diagnosable mental health disorder such as PTSD, depression, anxiety or substance abuse. These cause significant life disruption and functional limitations. It is important that we are aware of our stress levels and are monitoring ourselves as well as our co-workers for behaviors that may indicate a stress injury or severe stress response. We spend a lot of our time as helpers assessing others and their needs and giving advice about proper self-care, but how often do we assess ourselves and take our advice.

In addition to stress reactions, it is important for use to be mindful of other serious psychosocial effects that result from helping professions. We may consider compassion fatigue or secondary trauma. Or it may be necessary to watch for burnout in our peers. All of these things can have a very negative affect on us as indivuals as well as those around us including those we are supposed to be helping. We can't help others if we are not healthy ourselves. Some things to be on the watch for include: sleep difficulties, nightmares, memory loss, trouble concentrating, changes in appearance, not finding joy in previous enjoyable activities, becoming cynical or lacking compassion, more somatic complaints, taking more sick days, irritable, having difficulties getting along with others, drug/alcohol use.

The disaster response team should plan for ways to help the helpers and reduce their stressors. Some of this involves making sure that there is a lot of transparency and communication through the team. It is also beneficial and less stressful with individuals have clear and defined roles. Confusion and chaos lead to more stress on your team members. If at all possible consider respite areas for staff and offer self-care activities if possible. Minimally encourage workers to take breaks as assigned and frequent check-ins. It is very helpful to set a precedence of self-care from the beginning of recovery and carrying it through long term.

Organizations also have a large role in looking after their helpers. They can create a culture of self-care everyday rather than just when a disaster hits. With a well trained staff, self-care can become routine and part of the work culture. Organizations also have a large role to play in helping their workers remain engaged and not nearing burnout. By balancing caseloads, being mindful of paperwork obligations, being accessible to their workers for consultation and mentorship, organizations can make strides to reduce stressor on workers. There are many additional recommendations as well and leaders should strive to help their agency grow to be a healthy place to work. If this is the case, this will continue through a time of disaster.

We also need to individually take charge of our health and wellbeing. It is important to be intentional about wellness. We need to watch our boundaries and focus on a work-life balance, educate ourselves and reflect on what some of our warning signs may be and lastly, seeking professional help should we feel that something is not right. Spend time thinking about activities that help your recharge and restore. Your health and wellness needs to be your top priority. If you are not well, you will not be able to help others.