

Mental Health and Disaster

Information on best or promising practices is emerging from ongoing research. The following recommendations on best practices should be updated as new information becomes available.

Nebraska adopts the recommendations resulting from the 2001 National Institute of Mental Health (NIMH) workshop to reach consensus on best practices in early psychological intervention for victims/survivors, excerpted here:¹

Guidance on Best Practice Based on Current Research Evidence

Thoughtfully designed and carefully executed randomized controlled trials have a critical role in establishing best practices. There are, however, few randomized controlled trials of psychological interventions following mass violence. Existing randomized controlled trial data, often from studies of other types of traumatic events, suggest that:

- Early, brief, and focused psychotherapeutic intervention can reduce distress in bereaved spouses, parents, and children.
- Selected cognitive behavioral approaches may help reduce incidence, duration, and severity of acute stress disorder, post-traumatic stress disorder, and depression in survivors.
- Early interventions in the form of single one-on-one recitals of events and emotions evoked by a traumatic event do not consistently reduce risks of later post-traumatic stress disorder or related adjustment difficulties.
- There is no evidence that eye movement desensitization and reprocessing (EMDR) as an early mental health intervention, following mass violence and disasters, is a treatment of choice over other approaches.

Other practices that may have captured public interest have not been proven effective, and some may do harm.

In addition to the above recommendations, the following is recommended:

- Any psychological defusings/debriefings requested or undertaken under the State Behavioral Health All-Hazards Disaster Response and Recovery Plan will be voluntary on the part of participants
 - The Nebraska Critical Incidence Stress Management (CISM) Program has its own guidelines and operating procedures to serve the mental health needs of first responders, and will follow those guidelines
- The number of responders activated should be enough to have a **consistent** presence at sites of intervention
 - Behavioral health responders should spend adequate time at a site to ensure behavioral health needs are met

¹ National Institute of Mental Health (2002). *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practice*. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office, p.2.