



Mental Health Reactions After Disaster

In the immediate aftermath of a disaster, almost everyone will find themselves unable to stop thinking about what happened. These are called intrusion or reexperiencing symptoms. They will also exhibit high levels of arousal. For most, fear, anxiety, re-experiencing, efforts to avoid reminders, and arousal symptoms, if present, will gradually decrease over time. The expected psychological outcome is recovery, not psychopathology.

What are common stress reactions in the wake of disaster?

Practitioners should remember that most disaster survivors (including children and disaster rescue or relief workers) experience common stress reactions after a traumatic event. These reactions may last for several days or even a few weeks and may include:

Common Reactions After Disaster:

- **Emotional Reactions:** shock, fear, grief, anger, guilt, shame, feeling helpless, feeling numb, sadness
- **Cognitive reactions:** confusion, indecisiveness, worry, shortened attention span, trouble concentrating
- **Physical reactions:** tension, fatigue, edginess, insomnia, bodily aches pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
- **Interpersonal reactions:** distrust, conflict, withdrawal, work or school problems, irritability, loss of intimacy, feeling reected or abandoned

What are some more severe reactions to a disaster?

Because stress reactions are so pervasive after a major disaster, it can be difficult to know when a stress reaction is more severe and may require clinical intervention. The following are severe stress symptoms that indicate increased risk for acute stress disorder or posttraumatic stress disorder (PTSD). Even more important than the symptoms listed below is the individual's functional capacity. Symptomatic individuals who can continue to function affectively at work or at home are at much lower risk for developing psychiatric problems than those who are functionally incapacitated.

Severe Reactions After Disaster:

- **Intrusive reexperiencing:** terrifying memories, nightmares, or flashbacks
- **Extreme emotional numbing:** completely unable to feel emotion, as if empty
- **Extreme attempts to avoid disturbing memories:** such as through substance abuse
- **Hyperarousal:** panic attacks, rage, extreme irritability, intense agitation, violence

- **Severe anxiety:** debilitating worry, extreme helplessness, compulsions or obsessions
- **Severe depression:** loss of the ability to feel hope, pleasure, or interest; feeling worthless, suicidal ideation or intent.
- **Dissociation:** fragmented thoughts, spaced out, unaware of surroundings, amnesia

Which individuals are at risk for severe stress responses?

Some individuals have a higher than typical risk for severe stress symptoms and lasting PTSD, including those with a history of:

Risk Factors for Severe Reactions:

- ☐ **Trauma and Stress:** Severe exposure to the disaster, especially injury, threat to life, and extreme loss. Living in a highly disrupted or traumatized community. High secondary stress.
- ☐ **Survivor Characteristics:** Female gender, if an adult survivor ages 40-60, being an ethnic minority, low socioeconomic status, and predisaster psychiatric history.
- ☐ **Family Context:** In an adult survivor, having children in the home. If female, the presence of a spouse. If a child, the presence of parental distress. A significantly distressed family member, interpersonal conflict or lack of support at home.
- ☐ **Resource Context:** Lacking belief in one's ability to cope, few, weak or deteriorating social resources.

Treatment

For information on treatments for disaster related problems see: Psychosocial Treatment of Disaster Related Mental Health Problems: A Fact Sheet for Providers and Pharmacological Treatment of Disaster Related Mental Health Problems: A Fact Sheet for Providers.