Over a decade ago it was reported that 16 percent of the world’s population was at risk of experiencing some kind of catastrophic event. That has now risen with a total of 16 percent vulnerable to floods alone, worldwide. Exposure to an emergency situation of any kind, whether a natural disaster or a terrorist attack has a devastating effect on psychological and social well-being of people who experience them. Emergency situations can range from natural disasters such as floods, tsunami, earthquake, volcanic eruption, to terrorist attacks and outbreaks of pandemics. Nurses play a critical role in contributing to psychosocial recovery from emergency situations and this role is on increase. Unfortunately, the potential for such situations to occur is increasing.

Nurses form a large component of the rescue health workforce team, so it is essential that they are provided with clear information about psychosocial responses in emergency situations and are sufficiently prepared to differentiate between ‘normal’ responses and those that may indicate the emergence of a compromised psychosocial recovery. The effects of disasters on communities are widespread and can include destruction of infrastructure, absence of electricity, sanitation and water, destruction of contact with the outside world (bridges, telephones), dissipation of community due to death and injury, vulnerability and exploitation due to media, and the potential for recurrence.

Emergency Planning – The Nurse’s Role
Ensuring that nurses have the skills and knowledge to respond effectively and contribute to the psychosocial recovery of survivors of emergencies is critical. However, not all nurses can or should be prepared as first responders. Every nurse, however, must have basic knowledge and skills to recognise such an event, know how to protect oneself and provide immediate care for the individuals involved, recognise their own role and limitations, and know where to seek additional information and resources (International Nursing Coalition for Mass Casualty Education). It is also important that nurses have adequate education in mental health before an emergency. During the preparation phase, opportunities to use existing knowledge and skills should be identified. For example, nurses working in psychiatric hospitals may have good knowledge and skills in the assessment and treatment of mental health problems. These nurses may be able to work effectively in community settings, providing secondary consultation and support to other nurses. Training opportunities should be used to reinforce existing skills, rather than introduce new skills. Education could be used to refresh nurses’ knowledge of communication and further develop their skills for use in post-emergency situations.

Promoting natural resolution is the recommended response in the acute and initial stages of an emergency and normal recovery should be expected. During the acute phase of an emergency immediately following the event, any psychosocial interventions should focus therefore on providing the basic forms of social, emotional and informational support. These early interventions should be focused around the themes of:
Connection

People who survive a catastrophic event immediately lose the connection with the world with which they are familiar. A supportive, compassionate and non-judgmental exchange may assist survivors to achieve a reconnection to the shared values of goodness and altruism. It is also critical that survivors are reconnected with their families and friends. They need to be connected with accurate information about the event, and the efforts underway to support survivors.

The establishment and dissemination of such information link is crucial to the recovery process (WHO). This information needs to be diverse, covering the emergency itself, efforts underway to respond to the situation including physical safety of survivors, relief efforts and a process for locating families and friends. Survivors need to be connected with aid agencies and/or information about receiving additional support, if needed.

Protection

Survivors need to be protected from further harm and exposure to distressing stimuli. If possible, create shelters or safe havens. Psychosocial recovery will be improved if survivors can be protected from exposure to further trauma. It is important also to ensure that survivors are protected from the negative projection by the media and onlookers.

Direction

Survivors will be in shock and therefore require kind and firm direction to stay away from the site of event (if applicable), from severely injured survivors and/or corpses and also away from any further danger.

Triage

Most survivors will experience acute reactions in the form of stress – a normal reaction to such an event. Some survivors, however, may display more acute symptoms such as intense grief or panic. Signs of panic include trembling, agitation, rambling speech and erratic behaviour. Symptoms of intense grief may include loud wailing, rage and catatonia.

If a nurse encounters these symptoms of panic and grief it is important to react quickly and

- Establish therapeutic rapport
- Ensure survivor’s safety
- Acknowledge and validate survivor’s experience and
- Offer empathy.

Based on the themes outlined above, any specific care provided by nurses should focus on providing basic survival needs and comfort (for example food, water, shelter and clothing). Survivors should be helped to achieve restful and restorative sleep and should have protective personal safety and space.

Non-intrusive social contact acts as a ‘sounding board’, provides silent companionship; it includes initiating talk about current events. Any immediate physical health problems should be addressed and assistance provided to help locate relatives and verify their personal safety.

Survivors should be helped to take practical steps to resolve any pressing problems that have arisen as a result of the emergency and should be assisted to resume normal daily life, facilitating as soon as possible a return to the family, community, school and work roles. Survivors also need to be provided with opportunities to grieve for their losses and to be helped to reduce tension, anxiety or despondency to manageable levels. Finally, nurses can support survivors’ local helpers through consultation and training about common stress reactions and stress management techniques.

Identifying the emerging psychosocial problems

While research indicates that most people recover psychosocially from disasters, for some people recovery is delayed or more complicated. Immediate and longer-term mental health issues following a disaster cluster around the following themes:

- Anxiety-based symptoms including those of acute stress disorder and post-traumatic stress disorder
- Grief reactions and depression
- Generalised distress (including increased stress levels and sleep disruption)
- Physical problems (including a worsening of existing conditions such as asthma)
- Creation or exacerbation of chronic problems
- Loss of psychosocial resources – normal coping skills and social support.

Promoting natural resolution is the recommended approach to responding in emergency...
situations while at the same time engaging in observation of emerging potentially serious psychosocial recovery issues and needs assessment to assist with the identification of people who might require referral to more formal intervention (WHO). While serious symptoms may be common in the initial stages of an emergency, the prevalence tends to decrease over time. Some survivors may require more formalised interventions if they develop post-traumatic stress disorder or other severe mental health problems, suffer complicated bereavement, have pre-existing mental health problems which are not well managed during the course of the event (e.g. medication is suddenly stopped), and those whose exposure to the event was particularly intense or long in duration.

Nurses need to be aware of symptoms that emerge which may require referral for more specialised treatment. These symptoms include:

- Sleep disruption that persists, including insomnia, nightmares, fatigue
- Thought disruption, including flashbacks, attention and concentration problems
- Feelings of numbness, anger, tearfulness, tantrums, irritability, withdrawal from usual relationships, or avoidance, maybe by keeping excessively busy
- Depression and anxiety (especially where severe, with extreme agitation, hopelessness, thoughts of death)
- Increasing use of drugs, including nicotine and alcohol.

If there are indications of suicide, or (more rarely) severe mental illness, referral to specialist services should be considered.

**Conclusion**

Unfortunately, the potential for a catastrophic event to occur is increasing. Nurses, as the largest component of the emergency response team are well placed to contribute greatly to the psychosocial recovery of survivors. They need to be involved at the outset, during the emergency planning process to ensure they are well aware of survivors' reactions and have the ability to recognise ‘normal’ responses from symptoms that may require referral and further treatment by specialist providers. Nurses can also provide effective social interventions in minimising the potential for serious mental illness.

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