Developing a Better Understanding

Disaster Preparedness

Natural and human-caused disasters affect thousands of people each year, often bringing catastrophic loss of life, extensive physical destruction, and profound disruption to communities. Frequently striking without warning, these events can leave entire populations in shock. For those who live through a disaster, emotional distress is a common response. Anxiety, persistent worry, sleep disturbances, and other depression-like symptoms may appear before, during, or long after the event. While many individuals recover with the support of family and community, others require additional resources and professional care to heal and move forward. The risk is not limited to survivors in affected areas—it extends to first responders and recovery workers as well. The toll of disasters often includes physical injury, property damage, and loss of homes or livelihoods. Even witnessing such events can be deeply distressing. Emotional reactions may resurface during related circumstances, such as anniversaries or memorials, triggering renewed feelings of fear, anxiety, or grief.

Key aspects of integrating mental health in disaster preparedness and relief:

Planning: Developing disaster plans that consider the psychological needs of the community and incorporate mental health support into response strategies.

Training: Providing training to responders and community members on psychological first aid (PFA) and other mental health interventions.

Resource Allocation: Ensuring access to mental health professionals and resources during and after a disaster

According to the World Health Organization, international guidelines recommend a range of mental health and psychosocial support (MHPSS) activities during emergencies—from community self-help and public communication to psychological first aid and clinical mental health care. Integrating these supports into disaster preparedness and risk reduction efforts is essential to mitigating long-term harm. Mental health plays a critical role in the social and economic recovery of individuals, communities, and countries after emergencies. Despite the hardship disasters bring, they can also serve as catalysts for strengthening mental health systems—by leveraging increased aid, public attention, and political will to expand and improve care for the long term. Disaster preparedness and relief efforts must integrate mental health support to address the psychological impact of emergencies on individuals and communities. This includes providing resources for coping with stress, trauma, and potential mental health conditions that may arise during and after a disaster.

What is Disaster Behavioral Health (DBH)?

Substance Abuse and Mental Health Services Administration (SAMHSA) defines Disaster Behavioral Health (DBH) as the understanding and provision of mental, emotional, and substance use services and interventions for persons and communities impacted by disasters. DBH encompasses the delivery of behavioral health and stress management interventions to address and promote mental health, reduce substance misuse, and foster resilience and recovery.

Trauma has no boundaries regarding age, gender, race, or socioeconomic status. It is a common experience for both adults and children, particularly for those with mental health or substance use disorders or those affected by disasters. Addressing trauma is critical to effective behavioral health care and the recovery process.

Populations at higher risk may include:

- Children and Youth
- Adults
- First Responders and Recovery Workers
- Women and Girls at Risk of Intimate Partner or Family Violence

Anyone who has experienced a disaster can be at risk of experiencing emotional distress however, the following individuals and professionals may experience emotional distress at a higher rate:

- **Survivors** – Injured victims and bystanders in close proximity to the event are especially at risk for emotional distress.
- **Friends and loved ones** – It is normal for friends and family members located outside of the impacted area to feel anxious about people who are in direct proximity to the impacted area.
- **Children and youth** - Children and youth are among the most vulnerable after a traumatic event or disaster. Young people often need time and emotional support to feel secure again after experiencing trauma or a disaster. Their reactions are influenced by how parents, relatives, teachers, and caregivers respond.
- **Women and girls at risk of intimate partner violence** – Trauma and disasters disrupt families and communities, increasing stress and the risk of violent behavior, including partner and family violence. During disaster recovery, the risk of violence rises as women and girls may be displaced heightening their isolation and vulnerability.
- **People with disabilities** – People with disabilities can experience disproportionate effects of disasters and emergencies when it comes to recovery efforts after an event. Such inequities can include housing and access to medical care and accommodations, to name a few.
- **First responders and recovery workers** – These individuals may experience prolonged separation from loved ones during the incident and show signs of mental fatigue.
- **Community members** – People who live in the area surrounding the event may experience emotional distress.

It is natural for people to experience emotional distress after a disaster—or even in anticipation of a similar event. Anniversaries and memorials can reignite feelings of fear, anxiety, and sadness for survivors. Sensory triggers, such as the smell of smoke or the sound of sirens, may also bring people back to the moment of the disaster or cause them to fear it is happening again. These "activating events" can occur at any time, not just on commemorative dates. Trauma knows no boundaries and can affect anyone, regardless of age, gender identity, race, ability, or socioeconomic status.

Behavioral health is an essential component of community resilience following a disaster. The capacity of individuals and communities to recover is not only determined by the restoration of physical infrastructure, but also by the restoration of emotional and psychological well-being. Addressing mental health needs is critical to restoring productivity, fostering social cohesion, and enabling communities to move forward. In the wake of a disaster, demand for behavioral health services often spikes—sometimes dramatically—due to heightened stress, loss, and disruption. This increase in demand comes at a time when behavioral health providers may themselves be affected, facing challenges such as facility damage, staffing shortages, or the emotional toll of serving their own communities during crisis. Building the capacity, knowledge, and resilience of the behavioral health workforce is therefore a cornerstone of effective disaster preparedness.

Behavioral health disaster planning and response draw on evidence-informed and evidence-based strategies to support individuals, families, and communities. Crisis counseling programs, peer support networks, psychological first aid, and trauma-focused clinical interventions can all play a role. While crisis services focus on the immediate psychological needs of individuals, broader disaster response efforts must address the community-wide effects of trauma—helping entire populations process what has happened, rebuild a sense of safety, and restore hope. In addition, disaster response often reveals systemic inequities. People in rural or underserved areas may have less access to behavioral health care; individuals with disabilities may face greater barriers to evacuation or shelter; and marginalized communities may be disproportionately impacted due to housing insecurity, employment instability, or discrimination. Recognizing and addressing these inequities is essential to ensuring that recovery efforts are equitable and inclusive. Integrating behavioral health into all levels of emergency management—planning, response, and recovery—strengthens Ohio's readiness to meet both immediate and long-term needs.

Sources: Ohio Department Mental Health and Addiction Services Substance Abuse and Mental Health Services Administration
World Health Organization