The Intersection of Disaster Communication and Mental Health

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Objectives and Significance

Objectives: Examine how mental health strategies are incorporated into disaster messaging and how emergency management communicators are supported.

Significance: The work of EM communicators is vital to protecting life and property; stressors can have down-the-line impact on communities.

- Incidents of disaster-related suicide, PTSD, burnout, and career changes for EM workers.
- Evidence of increase in disaster-related suicide and mental health diagnoses for disaster survivors.
- Compounding events enhance fatigue, burnout, and attrition.
- EM communicators are not supported like first responders.

Research Questions

RQ1: How do disaster communicators prepare to address the mental and emotional needs of the public they serve before, during, and after a disaster event?

RQ2: How do communicators shape their messaging throughout a disaster response in terms of the emotional and mental health needs of the public they serve?

RQ3: What procedures are in place to support the emotional and mental health needs of the disaster communicators during and immediately following a disaster response?
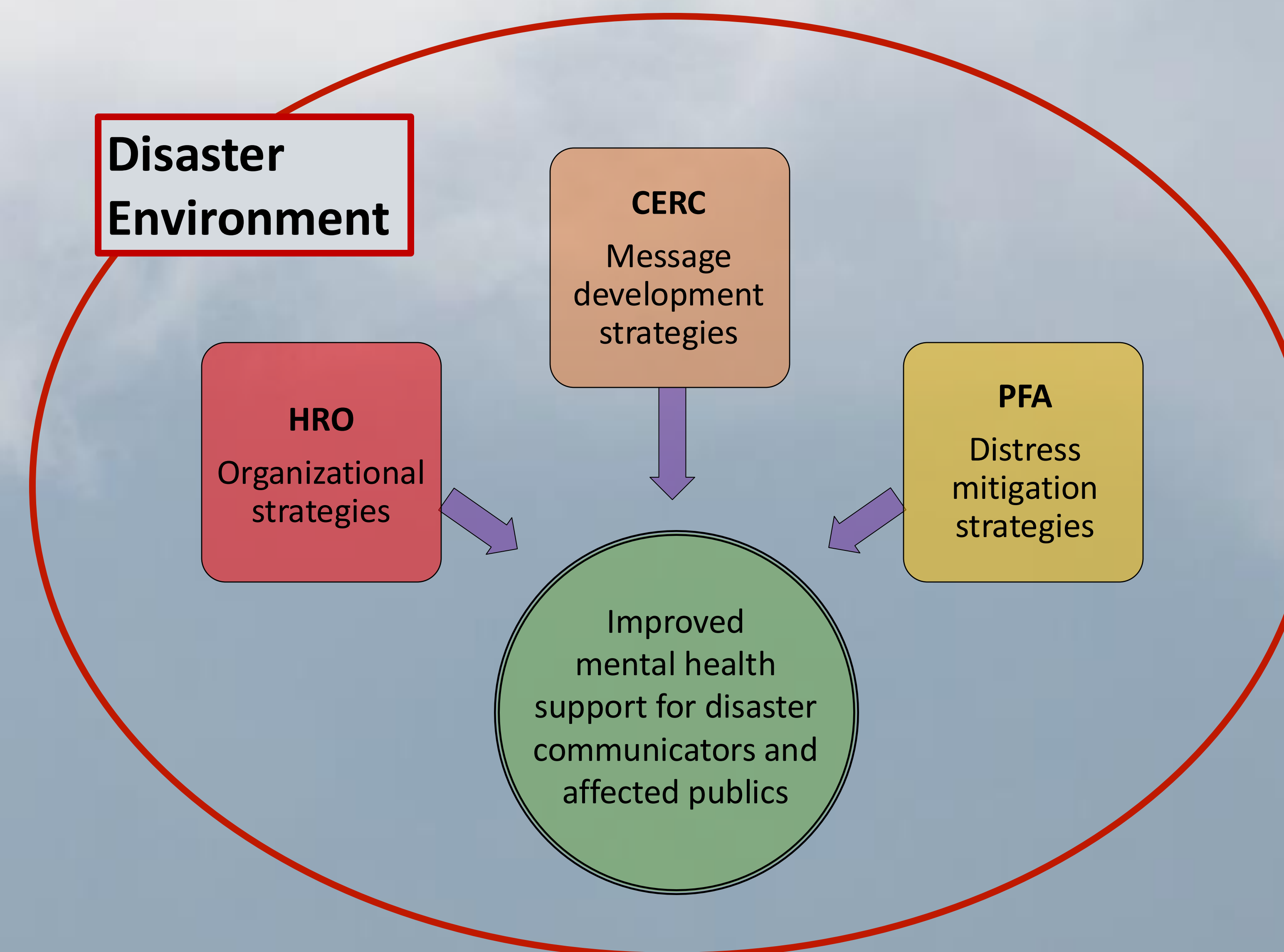
Methods

We employed a phenomenological approach with EM communicators:

- Four focus groups: 13 participants; 8 women, 5 men
- In-Depth Interviews: 14 (to-date); 6 men, 8 women

Our challenge: Data collection during disruption in federal emergency management.

Figure 1: Model of Trauma-Informed Disaster Communication

- Combines theories from organizational behavior, emergency communication, and psychology
- Triad model considers the reality of working during a disaster and communicating vital instructional information to a public that may be under stress from the evolving chaos of a traumatic event.

Disaster Environment

CERC — Message development strategies

HRO — Organizational strategies

PFA — Distress mitigation strategies

Improved mental health support for disaster communicators and affected publics

Results

RQ1:
- Mental health training = from none to part of the culture
- Often depends on leadership's priorities for mental health
- Focus on basic physiological needs for survival
- Custom messaging for different life stages

RQ2:
- Few consider mental health needs in messaging
- Concerned about overwhelming community
- Partners' responsibility for mental health
- Uncomfortable using MH materials without training

RQ3:
- Differences based on community size and frequency of disasters
- Generally, communicators not part of debriefing/after action, unlike first responders
- Agreement that EM communicators need mental health support

Conclusions

- HRO attributes of deference to expertise are not being applied in the Incident Command Structure.
- Principles of CERC are being followed but need more emphasis on psychological impact.
- PFA training would support many goals of disaster communication for both the communicator and the public.

Future research

- Investigate possible gap in emergency communications and mental health on college campuses.
- College strategic communications have different goals (reputational) than public safety (lives and property).

References

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., & Watson, P. (2006). Psychological first aid: Field operations guide (2nd ed.). The National Child Traumatic Stress Network. https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition

First Responders: Behavioral Health Concerns, Emergency Response, and Trauma. (2018). SAMHSA disaster technical assistance center supplemental research bulletin. https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf

Goldmann, E. & Galea, S. (2014). Mental health consequences of disasters. Annual Review of Public Health, 35, 169 – 183. https://www.annualreviews.org/doi/10.1146/annurev-publhealth-032013-182435

Horsley, J. S., & Cain, D. S. (2024). Mental Health and Disaster Communication. In B. F Liu & A. Mehta (Eds.) Handbook of Risk, Crisis, and Disaster Communication, New York: Routledge, 285-299.

Reynolds, B., & Lufty, C. (2018). CERC manual | Crisis & emergency risk communication (CERC). Centers for Disease Control and Prevention. https://emergency.cdc.gov/cerc/manual/index.asp

Weick, K. E., & Sutcliffe, K. M. (2015). Managing the unexpected: Sustained performance in a complex world (3rd ed.). Wiley.

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