# Psychosocial response in emergency situations – the nurse's role

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**Background:** It is critical to ensure that nurses have the skills and knowledge to respond effectively and to contribute to the psychosocial recovery of survivors of emergencies, particularly as an increasing proportion of the population is at risk of being exposed to a catastrophe. Over a decade ago it was reported that 16% of the world's population was at risk of experiencing some kind of catastrophic event. That has now risen with a total of 16% vulnerable to flood alone worldwide (Ministry of Health 2005). In the first semester of 2005, there were 174 natural disasters affecting 86 countries, resulting in the deaths of 5967 people, affecting a total of 60 million with an estimated damage of $6.3 billion (US$) (Centre for Research on the Epidemiology of Disasters 2005).
**Aim:** To describe the nursing contribution to the psychosocial recovery of survivors of emergencies during the emergency preparedness and planning stage and in promoting recovery over the longer term.
**Methods:** Data for this article was sourced from relevant literature including World Health Organization policy and guidelines regarding mental health in emergencies.
**Implications for education, training and practice:** It is vital that nurses realize they are too vulnerable to the effects of an emergency situation and that steps can be taken to protect nurses from enduring psychosocial effects.

*Keywords*: Emergency, Nurse's Role, Psychosocial Recovery

## Introduction

Exposure to an emergency situation of any kind, whether it be a natural disaster or a terrorist attack, has a devastating effect on psychological and social well-being of people who experience them. Nurses play a critical role in contributing to psychosocial recovery from emergency situations. Unfortunately, the potential for such situations to occur is increasing and emergency situations can range from natural disasters such as tsunami, earthquake, volcano, to terrorist attacks and outbreaks of pandemics (Peek & Mileti 2002; Ronan & Johnston 2005; Tierney et al. 2001).

Nurses form a large component of the emergency response health workforce team and 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.

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This article provides guidance to nurses regarding their involvement in emergency planning, responding in the acute phase of an emergency, responses over the longer term, and the need to recognize the psychosocial effects that they may experience as health care workers in these situations. It is based on a review of the literature regarding mental health and psychosocial recovery in emergency situations including World Health Organization policy and guidelines.

## 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 sufficient knowledge and skill to recognize the potential for a [mass casualty incident], identify when such an event may have occurred, know how to protect oneself, know how to provide immediate care for those individuals involved, recognize their own role and limitations, and know where to seek additional information and resources (International Nursing Coalition for Mass Casualty Education 2003, p. 4).

The SARS outbreak in Canada exposed weaknesses in emergency response when there are insufficient numbers of nurses. It has been claimed that the outbreak occurred in the context of an overstretched health system that relied heavily on part-time and casual nurses and had too few nurse managers. Canada has since recognized the need to build a strong and effective nursing workforce to ensure capacity to respond to future emergencies (Grinspun 2005).

It is also important that nurses have adequate education in mental health before an emergency. The World Health Organization (WHO) and the International Council of Nurses (ICN) have identified four priority areas: (i) nurses working in primary care; (ii) integration of mental health into basic education programmes; (iii) education of nurses working in psychiatric hospitals; and (iv) for some countries the development of specialist psychiatric nurse education programmes (ICN & WHO no date).

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. For example, many nurse education programmes include communication skills. Education could be used to refresh nurses' knowledge of communication and further develop nurses' skills for use in post-emergency situations.

## Assisting psychosocial recovery during acute phase

Nurses should realize that survivors of any kind of disaster are exposed to an event that is outside the realm of normal human experience, and most survivors will recover fully from initial symptoms without formal intervention. Despite this, survivors of a disaster or catastrophic situation will initially experience acute symptoms owing to exposure to such an extreme stressor.

> Stress is normal. It is the body's natural reaction in response to a physical and/or emotional challenge. Stress can be positive in activating a person's body, mind and energy. It can be defined as an individual's capacity to mobilize every resource the body has to react promptly and adequately to any given situation. However, if stress lasts too long, the body's resources will be exhausted and the person will develop harmful or negative forms of stress reactions (International Federation of Red Cross & Red Crescent Societies 2001, p. 2).

Promoting natural resolution is the recommended response in the acute and initial stages of an emergency and normal recovery should be expected. Therefore, the National Institute of Mental Health (2002, p. 2) states that a sensible working principle in the immediate post-incident phase is to expect normal recovery. Presuming a clinically significant disorder in the early post-incident phase is inappropriate, except when there is a pre-existing condition (National Institute of Mental Health, 2002).

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 interventions are most effective in the acute phase and it is entirely appropriate for nurses to be fully involved in them.

These early interventions should be focused around the themes of connection, protection, direction and triage, and each is outlined further below.

### Connection

There are several 'connections' that need to be established which will go a long way towards supporting survivors psychosocial recovery. People who survive a catastrophic event immediately lose the connection with the world with which they are familiar. A supportive, compassionate and non-judgemental exchange may assist survivors to achieve a reconnection to the shared values of goodness and altruism (National Center for Post Traumatic Stress Disorder 2005). It is critical also 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 is proven to be a critical component of the recovery process (WHO 2003). This information needs to be diverse, covering the emergency itself, efforts underway to respond to the situation including ensuring physical safety for survivors, relief efforts and a process for locating families and friends. Finally, survivors need to be connected with aid agencies and/or information about how to receive additional support should they need it.

**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 media and onlookers (National Center for Post Traumatic Stress Disorder 2005).

**Direction**

Survivors will be in shock and will therefore require kind and firm direction 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 (National Center for Post Traumatic Stress Disorder 2005). Symptoms of intense grief may include loud wailing, rage and catatonia (National Center for Post Traumatic Stress Disorder 2005).

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

**1** establish therapeutic rapport,
**2** ensure survivor's safety,
**3** acknowledge and validate survivor's experience, and
**4** offer empathy (National Center for Post Traumatic Stress Disorder 2005).

Based on the themes outlined above, any specific care provided by nurses should focus on providing for 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 protected personal safety and space. Non-intrusive social contact is important, for example act as a 'sounding board', provide silent companionship or initiate small 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 daily life, facilitating as son as possible a return to normal 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 problematic 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 emergence of more serious psychosocial problems

While research indicates that most people recover psychosocially from disasters, for some people recovery is delayed or more complicated (Ministry of Health 2005). Immediate and longer-term mental health issues following a disaster, cluster around the following themes (Norris 2002):

- specific forms of immediate and longer-term distress – anxiety-based symptoms including those of acute stress disorder and post-traumatic stress disorder;
- grief reactions and depression;
- generalized 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 including 'secondary stressors' (for example relationship conflict, financial problems, disruptions or obstacles to hazard recovery);
- loss of psychosocial resources – normal coping skills and social support; and
- problems specific to childhood and adolescence (including 'clinginess' or tantrums, or in older children minor acts of disruption or delinquency).

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 assessments to assist with the identification of people who might require referral to more formal intervention (WHO 2003).

While serious symptoms may be common in the initial stages of an emergency, the prevalence tends to decrease over time. For example, following the September 11 attacks on the World Trade Center, 20% of the sample of over 1000 adults living in Manhattan initially qualified for a post-traumatic stress disorder diagnosis. This number had reduced by over two-thirds within 4 months (Galea et al. 2001).

Similarly, in New Zealand following the 1995 eruption of Mount Ruhepehu, most children aged 7–13 years in a sample of over 200 improved over time. Scores on the distress level fell by 33% for these children over a 2-month period (Ronan 1997).

Some survivors may require more formalized 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 specialized 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;
- experience from previous disaster events indicates that men may not present for help as quickly as women; research has also indicated that children are at highest risk for problems and that many children affected after disasters have been found not to get necessary attention. Therefore seeking information about children's welfare is recommended.

## Psychosocial recovery of children and adolescents

Evidence indicates that nearly all children and adolescents who have experienced an emergency situation will initially display symptoms of psychological distress, however, most will recover once basic survival needs are met, safety and security is returned, and developmental opportunities restored within the social, family and community context (WHO 2005b).

For children and adolescents, any psychosocial interventions should aim to maintain or re-establish their normal development process (WHO 2005b). Interventions that are effective for promoting psychosocial recovery for children and adolescents include reconnecting them with family members, friends and neighbours. Daily life should be normalized as far as is possible with emphasis on fostering social connections and interactions. Allow for expressions of grief within a trusted environment only when the child or adolescent is ready and when follow-up is guaranteed (if necessary).

## Psychosocial recovery over the longer term

Once the acute phase of the emergency has passed and people's access to basic necessities such as food, water and shelter has been restored, it is essential that the focus shift to the longer-term recovery of individuals, families and the community. It is during this phase that mental and psychosocial issues are likely to become more prominent.

Often recovery is marked by a reduction in the national and international efforts mobilized during acute phases of emergencies, leaving the local population at risk from the major mental and psychosocial problems associated with dislocation, trauma and loss (England 2004). Nurses are often the main health personnel available, remaining within the community for many years after the emergency. It is essential that they have the knowledge and skills to promote mental and psychosocial health and respond early and effectively to any emerging mental health problems.

Nurses should also provide advice to individuals on how they can look after their own mental health.

### Collaboration and partnership

Wherever possible, interventions should be developed in collaboration with other governmental and non-governmental agencies. An effective mental health response cannot rely solely on the nurse, or even the health sector, but is built on the cooperation and collaboration between many agencies. Some practical strategies to promote collaboration are displayed in Table 1.

**General suggestions that can be made to individuals for psychosocial well-being**

- Stay away from danger but remain in familiar surroundings with close family members.
- Begin reconstruction of physical infrastructure as soon as possible.
- Avail of all possible government and other bona-fide assistance.
- Listen only to authentic and reliable information.
- Get back to your daily routine as soon as possible.
- Share your feelings and experiences; do not try to suppress your emotions.
- Try to help others by participating in relief and rehabilitation operations.
- Take time to relax and engage in some pleasurable activities such as meditation, prayers, music or movies.
- Do not consume excessive amounts of alcohol or sedative medications.
- Eat right and sleep well (WHO 2005b p. 18).

**Table 1 Practical strategies to promote collaboration**

| *Collaboration needs to occur at different levels* | *Nurses should be involved in collaboration at national, regional and local levels* |
|---|---|
| Participate in planning phases | Many countries will have committees that develop and monitor emergency preparation plans. The involvement of nurses in these committees provides an opportunity to develop collaborative networks and can ensure that mental health is considered in the planning phases |
| Develop knowledge of local organizations and their roles | Strategies are more effective when the right organizations are involved |
| Identify the key agencies | It is often not possible to collaborate with every organization. Prioritizing the key organizations that you need to work with is critical |
| Participate in local coordination committees | Often there will be local coordination committees where groups of agencies interested in similar issues may come together to discuss key issues. This is often a useful strategy to build relationships and identify collaborative exercises |
| Collaboration takes time and work | Collaboration is built over time, and requires an investment of time and energy. While nurses can often be overwhelmed by the immediate health needs of people, it is essential to ensure that you have sufficient time to collaborate and communicate with other agencies (WHO 2005a) |

Source – World Health Organization (2005).

**Common mental health problems following emergencies**

Common mental health problems that the nurse may need to respond to after an emergency include:

*Suicide*

After an emergency some people may have thoughts of ending their lives, and a small number may attempt suicide. Mental health problems, such as depression and alcohol misuse are often associated with suicidal thoughts although social factors, such as losing a loved one and lack of social support can also play a part. It is important to talk with someone who is feeling suicidal, even though it is a sensitive topic. Ensure that you have a private area to discuss these issues, and be careful to show a non-judgemental attitude. This is especially important where suicide is considered an offence, or there are strong religious taboos against suicide (Patel 2003).

The initial priority is to ensure that the person is safe and out of immediate danger. They may require urgent medical care. If possible, involve a relative and friend who is aware of the person's feelings and is able to stay with them. Remove dangerous objects, such as poisons and knives. Before sending the person home, make an appointment for a few days and ensure that they agree to see you (or another worker) again. If the person fails to attend the appointment, visit them at home or contact a family member to make sure they are all right.

The person may benefit from some counselling. If you have counsellors available, then make the referral. If there are no specialized counsellors, perhaps there are one or two nurses in the team who have more experience and feel comfortable in talking with someone who has suicidal thoughts. Most people will benefit from talking about their problems, identifying the triggers for their suicidal thoughts and obtaining assistance with their problems. For example, explaining to people that alcohol will worsen their suicidal thoughts and assisting people to discover what has happened to missing family members can be very helpful. However, if the person's suicidal thoughts persist or they make serious or repeated attempts refer them to a mental health service if it is available or involve a more experienced health worker (for example, local doctor).

**Judging the risk of future suicide attempts**

While it can be difficult to predict whether a person will attempt suicide the following factors should increase concern:

- Past suicide attempts
- Continuing suicidal thoughts
- Ongoing sense of hopelessness for the future
- Presence of severe depression
- Limited social support
- Heavy alcohol use
- Severe physical illness

Adapted from: Patel 2003

*Post-trauma symptoms*

While many people will have emotional symptoms following an emergency, for a small number of people it may develop into a more serious problem that will affect their ability to cope or

disrupt their relationships with family or friends. People with post-traumatic stress disorder generally complain of:

- Re-living the trauma over and over again although visions of the incident, nightmares or flashbacks.
- Avoiding situations that remind them of the trauma. For example, the person may begin avoiding community meetings because being around other survivors reminds them of the emergency.
- Increased arousal, for example they may feel hyper-alert, irritable or be unable to sleep.
- Feeling emotionally distant from people.
- Feeling depressed or losing interest in usual activities.
- Experiencing difficulties in their relationships or inability to return to work (Patel 2003).

There are a number of effective nursing interventions that can assist the person with post-traumatic stress disorder:

- Reassure the person that their reactions are normal, can be treated and they are not 'going crazy'.
- Encourage the person to talk about the event, for example when did it start? What were they doing? Who else was present?
- Encourage the person to talk with others. They may be fearful of talking with others because they don't want others to know how they are feeling, or because talking to others causes flashbacks. Explain to the person that it is important that they do talk about their experience.
- Establishing groups for people with post-trauma symptoms can encourage people to talk to others, as well as promote friendships and help people understand that they are not alone.
- Encourage the person to confront uncomfortable situations. For example, it may be helpful to revisit the site where the trauma occurred. If necessary go with the person, or encourage them to take someone they trust.
- Help the person solve other problems in their life. Post-trauma symptoms are worsened by other stressors (for example, assisting the person to obtain adequate housing).
- Help the person deal with uncomfortable symptoms. For example, educating the person about sleep may assist. Alternatively sleeping tablets could be prescribed, but only for short periods.
- Identify if the person has any other mental health problem, for example depression, and provide treatment.
- If symptoms do not resolve or the person is very distressed refer to a mental health specialist or a more experienced health worker (Patel 2003).

*Depression*

Depression is often used to describe feeling low, sad or miserable. Many people will experience these feelings, particularly after an emergency, and to a large extent they can be considered normal. However, for some people these feelings are more severe, last longer and impact on their ability to manage after the emergency. For example, the person may not get out of bed in the morning, they may cry excessively during the day, develop physical symptoms or have suicidal thoughts.

**Case study:**

Sita, a 38 years old housewife, reported having headache, bodyache and difficulty in sleeping. She admitted to having suicidal ideas for a few weeks duration. She lost many of her relatives and neighbours in the recent disaster. She was lucky that her family survived the disaster. She reported that she was unable to enjoy anything and lacked energy and initiative to do anything at home. She would often burst into tears while talking to family members. She would express fear and hopelessness as if something terrible were about to happen to her. She was unable to sleep soundly as she used to earlier. She lost interest in worldly matters (WHO 2005c, p. 13).

The key features of depression identified by Patel (2003) include physical symptoms (tiredness, fatigue, aches and pains); emotional symptoms (sad, miserable, loss of interest in usual activities, guilt); cognitive symptoms (hopelessness, difficulty making decisions, low self-esteem, suicidal thoughts); behaviour (disturbed sleep, poor appetite).

Depression can be treated. Nursing intervention strategies can include providing people with an explanation of what is happening to them and reassurance that they will recover. Advice should be non-judgemental and demonstrate empathy – telling people to 'snap out of it', for example, usually makes the symptoms worse. Nurses should always assess if the person is having suicidal thoughts and if so ensure that they are safe. They should also encourage the person to discuss their feelings with a family member or trusted friend. Nurses can assist the person to deal with their problems by using a problem-solving counselling approach (described in the following box). It is important that if the person's depression worsens or they do not recover that they be referred to a mental health worker or more experienced health worker for further assessment and treatment if necessary. If available, and the person's depression is very severe, antidepressant medications can be prescribed.

*Alcohol and other drug problems*

Following an emergency, some people may increase their use of alcohol and other drugs. This is particularly likely in communities with easy access to alcohol and other drugs. The specific symptoms will depend on the type and quantity of the substance that

**Problem solving counselling**

You can help the survivors by providing counselling that assists them with finding solutions to their problems in a systematic way rather than avoiding the problems or reacting to the problems inappropriately and unproductively. You can help persons to solve specific problems by following these steps:
- Identify the problem
- Identify the alternative solutions through brainstorming
- Compare the pros and cons of each solution
- Identify the most suitable solution
- Implement the chosen solution (WHO 2005b, p. 24)

**Telephone counselling for drug users in Bosnia and Herzegovina**

The number of drug users in Bosnia and Herzegovina increased after the war, with an estimated 3000 addicts in Sarajevo alone. to assist young people with drug problems, a telephone-counselling programme was established. Thirty-four volunteer students were given training and supervision to respond to callers. While currently the majority of calls come from concerned parents, the programme is planning to expand to provide more assistance to children who may be at risk of developing drug use problems (Miskovic et al. 2003).

the person is using. It is important that nurses are aware of the type of substances (legal and illegal) that may be used by people in their community and routinely ask people about what they are using. Nursing interventions for people misusing alcohol or other drugs include building rapport with the person so that they feel comfortable to discuss their use of alcohol or other drugs. Information should be provided to the person about the negative effects of alcohol or other drugs. The person should be assisted to deal with some of the negative consequences of alcohol or other drug use. For example, the person may have difficulty obtaining sufficient food to eat each day.

Nurses should also assist the person with any physical or other mental health problems, such as depression, that might be associated with their use of alcohol or other drugs. If the person wants to stop their alcohol or drug use, help them identify how they might go about this. For example, are they likely to experience withdrawal, are treatment services available, and are self-help groups such as alcoholics anonymous in the area? The nurse may be able to assist with simple suggestions such as avoiding friends who use alcohol or drugs, enlisting support of family members, avoiding situations where alcohol or drugs are likely to be available.

*Referral to specialist services*

Some people will have mental health problems that are beyond the skills of the nurse. Referral will depend on both the nurse's level of skill, and the availability of other options. The development of referral pathways could include identifying what mental health services are available to the community. These may include not only the local health services, but also could non-government or international organizations that may have programmes in the local area. It is important that the nurse visits these services to establish what they can offer, when people can be referred to them and whether any costs are involved. A list of these services in the work area should be kept, as it is much easier to obtain information before they are needed. Nurses also need to understand the skills of their co-workers. Some colleagues may have had more experience, or feel more comfortable about treating people with mental health problems.

Developing a team approach and spreading the expertise is important. There are many health problems after an emergency and it is not possible to be an expert in them all. If the nurse has a health team, responsibility for different specialty areas should be distributed among the team members. While everyone may need some basic skills, it may be easier to educate a small number of nurses to respond to mental health issues.

## Needs of nurses

It is important to remember that nurses themselves may also be affected by the emergency. Effects on nurses can be far-reaching and include:
- Experiencing personal loss such as bereavement, destruction of homes, loss of income.
- Their family or community being adversely affected.
- An impact on the health system, resulting in loss of employment, disruption to training programmes, deterioration in work environments and reduction in professional standards. Internal displacement can result in over-staffing in secure areas with insecure areas deserted (Paganini 2003).
- An effect on the wider political system resulting in political instability and even a change of government. This political instability can in turn disrupt the health system (Paganini 2003).
- Effects on the security of nurses exposing them to an increased risk of violence, particularly if the political stability of the country has been compromised.
- Exposure to the impact of the emergency on others (e.g. observing the burial of people in mass graves, inability to meet the health needs of large numbers of injured people, witnessing the death of children).

The situation can have a more significant and lasting psychosocial impact on nurses. This is the result of three factors (US Department of Health & Human Services 2004) which are first, the level of exposure to the trauma; second, environmental factors such as working conditions and management practices; and finally, individual factors including workers' perceptions, personal coping and stress reduction practices, personality and applicable training and experience.

Effects can include 'compassion fatigue' (Figley 1995, 2001), 'vicarious traumatization' (Ehrenreich 2002; Pearlman & Saakvitne 1995) and 'empathetic strain' (Wilson & Lindy 1994). Other effects that may be suffered by nurses and other health workers include emotional distress, increased levels of concern for personal or family health, uncertainty, and feelings of social isolation or alienation (Ministry of Health 2005).

Steps can be taken to reduce the psychosocial impact on nurses (WHO 2005c). Consideration of the potential effects that nurses may experience in such situations should be included in the planning phases. Nurses should also be educated on the psychosocial impacts of disasters on survivors. Healthy workplaces should be promoted with nurses having clear instructions on their role, rotated between high and low stress tasks, and have shifts limited (for example) to 12 h.

## 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. Nurses need to involved at the outset, during the emergency planning process to ensure they are well aware of survivors' reactions and have the ability to recognize 'normal' responses from symptoms that may require referral and further treatment by specialist providers. Nurses can well provide effective social interventions in minimizing the potential for serious mental illness. Similarly, over the longer-term well-prepared nurses are critical in providing care and referral. At the same time, nurses providing care in emergency situations need to take care of their own psychosocial recovery to avoid a lasting impact.

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