

What About Us? Addressing the Needs of First Responders in Behavioral Health Disaster Planning in Chicago

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Introduction: Behavioral health needs of first responders often receive less attention than those of survivors. Fire, police, medical, and other personnel frequently witness direct loss of life, assaultive violence, and other stressors during disasters. Evidence indicates a greater incidence of psychiatric sequelae among disaster workers. What role do emergency management authorities have in addressing the needs of such personnel?

Aim: To evaluate integration of first responder behavioral health needs among a metropolitan healthcare coalition, the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR).

Methods: CHSCPR developed a Behavioral Health Annex providing uniform guidance on behavioral health integration into emergency operations with attention to first responders. An electronic Behavioral Health Capability Survey of coalition members was performed in March 2017 to assess implementation of these recommendations. Qualitative and quantitative responses were recorded.

Results: Fifteen of thirty-five institutions responded, including academic and private community hospitals. Many reported no services. Where services existed, most facilities endorsed use of employee assistance programs or external vendors for staff support. 4/15 (26.7%) reported proactive strategies to mitigate stress such as information sheets on healthy coping. Measures for family support of affected emergency personnel were varied and typically outsourced to online resources, or reported as “in development.”

Discussion: Findings suggest that recognition of emergency personnel behavioral health needs is lacking in city-wide disaster planning with greater emphasis on post-disaster needs than preventative efforts. Increased awareness of risk for psychological decompensation among first responders, and inclusive efforts to mitigate this risk, are warranted in future disaster planning.

References

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