

**PEOPLE WITH SERIOUS MENTAL ILLNESS AT TIMES OF DISASTER:
A FOCUS ON CAREGIVERS**

A Videotape Presentation
and
Guide for Caregivers

Presented by
The University of Medicine and Dentistry of New Jersey,
University Behavioral HealthCare

New Jersey Department of Human Services Division of Mental Health Services

In Collaboration with
The New Jersey Center for Public Health Preparedness at UMDNJ

Seton Hall University College of Nursing

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I. Introduction

Caring for people with severe mental illness is difficult under the best of circumstances. In the event of a disaster or public health emergency, day-to-day care can take on added challenges. In the past we know that caregivers have helped people with serious mental illness in countless ways, staying on the job to provide care—an anchor of support and stability in a world in crisis.

For those caregivers who have confronted an on-the-job emergency or everyone else who must anticipate the unthinkable, the question remains: **How can we best prepare for disasters, public health emergencies and the threats of terrorism?** This video and curriculum guide will offer information and recommendations for you, your agencies and mental health consumers in the event of a community disaster.

These video and reading materials describe ways you and your supervisors can prepare and how you can assist in an immediate crisis, including:

- How to mitigate the more serious post-trauma stress reactions among people with severe mental illness
- Monitoring consumers over time
- How to take care of yourself

Purpose:

To educate professionals who care for persons with serious mental illness about planning, preparation and responding to intentional and unintentional disasters and public health emergencies.

Objectives:

At the completion of this educational activity, the learner will be able to:

1. Define terminology and concepts related to terrorism and disaster.
2. Recognize how New Jersey is prepared to respond in the event of a public health emergency
3. Identify changes in the consumer's mental health status post-disaster.
4. Mediate the responses to disaster and public health emergencies
5. Discuss preparedness within a program
6. Recognize the need for self-care and self-care strategies

II. Definitions

In the past few years, the citizens of this country have struggled to understand words such as *terrorism*, *bioterrorism* and *weapons of mass destruction*. Biological weapons have been used for centuries – bacteria, fungi and viruses can be used to intentionally infect a wide population. Understanding the terminology will help understand preparedness.

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Bioterrorism is the use of disease-causing microorganisms by groups to intimidate and frighten others into granting their demands.

Terrorism is defined as the unlawful use of force or violence to intimidate a government or a population in the pursuit of political, social or religious goals.

Weapons of mass destruction can be chemical, radiological, thermal or nuclear.

Preparedness includes activities to directly prevent the consequences of such harmful intentional acts.

Shelter in Place means to keeping people safe where they are and have the necessary supplies *and* the ability to communicate

III. Disaster Preparedness in New Jersey

- A. New Jersey is a focal point for health threats of natural or intentional origin.
1. NJ's location, population density, critical assets, vital infrastructure, and status as a major travel and transportation hub are contributing factors.
 2. In the past, New Jersey has dealt with:
 - Emerging infectious diseases (West Nile Virus, SARS, and Lassa Fever)
 - Natural disasters like floods, hurricanes, and tornadoes;
 - Intentional acts of harm like the attacks of 9-11 and anthrax bioterrorism.
- B. New Jersey is at the forefront of preparedness nationally.
1. Emergency preparedness and response as a top priority of the NJ Dept of Health and Senior Services.
 - The Department follows an all-hazards approach, preparing NJ for biological, chemical, radiological, nuclear, explosive/incendiary, and other public health threats.
 - Comprehensive preparedness plans have been developed and implemented.
 - These have enhanced NJ's capability to detect, identify, and respond to health threats in an agile, rapid, and coordinated fashion.
 - NJ's public health, health care, and emergency medical systems are divided into several defined regions.
 - This regional approach is key to effective command and control, communications, and resource management in times of emergency.
 - Surveillance capabilities have been improved through the addition of more than 150 professionals statewide, including epidemiologists and other public health experts.
 - There is increased efficiency and surge capacity of our Public Health and Environmental Laboratories.
 - A smallpox preparedness plan has been developed with approximately seven hundred members of public health and hospital health care response teams already vaccinated.
 - Through training exercises, NJ has enhanced capability to receive, stage, store, distribute, and dispense pharmaceuticals and supplies from the Strategic National Stockpile.

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In order to have 48-hour self-sufficiency in the event of a disaster, a Strategic State Stockpile of pharmaceuticals and supplies has been developed and implemented within NJ.

Funding has allowed counties to acquire decontamination trailers and HazMat equipment and training.

There is a health emergency rapid response team of medical and public health experts:

On call 24 hours a day, seven days a week

To be deployed immediately anywhere in New Jersey to evaluate a suspicious disease or suspected outbreak.

- C. Hospital and community health center preparedness:
1. NJ is the first in the nation to have installed 800 MHz radios in every one of its acute care hospitals and essential agencies of state government.
This system provides non-interruptible contact in the event of failure of conventional means of communication.
 2. Funding has allowed hospitals to:
Improve decontamination capability,
Obtain additional personal protective equipment,
Add negative pressure rooms and isolation capacity.
 3. Health care providers are trained to:
Recognize the symptoms caused by biological agents
Access and use communication channels necessary to place a response plan into motion.

IV. The Mental Health Response to Disaster

- D. Mental Health services are a vital service in response to disaster.
1. The goal is to promote resilience and wellness.
 2. For the most part, people affected by disaster will not develop serious mental illness.
 3. Providers must also recognize when people effected by disaster need more intense, clinical services and to provide the necessary referral information.
- E. Mental health is integrated in emergency response planning at all levels.
1. There is a longstanding partnership between the mental health community and the State and County offices of emergency management
 2. These response plans are re-visited and revised based on lessons learned from experience.
 3. Today there is increased collaboration with our emergency response partners such as the state and county offices of emergency management and the volunteer organizations active in disaster.
- F. The New Jersey Division of Mental Health Services began to prepare for the possibility of disaster over fifteen years ago.
1. Mental health providers are trained on an array of topics related to crisis counseling.

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2. New Jersey's mental health emergency response system continues to evolve and improve as a result of lessons learned from the September 11 terrorist attacks.
3. New Jersey's mental health providers have responded to all types of disasters:
 - Local incidents such as airplane crashes, fires and deaths in school communities
 - Major events that threaten whole counties and the entire state; the pipeline explosion in Edison, the aftermath of Hurricane Floyd and the World Trade Center attacks.

V. Preparedness.... Day-To-Day Living

- A. What is preparedness?
 1. Preparedness is an important step in decreasing worry and fear.
 2. Being prepared is more than knowing who to call or where to get information.
 3. For caregivers of people with serious mental illness, there are other actions and preparations that need to be considered as well.
 - Planning for consumers and their needs during those first hours and days after a disaster.
 - It is a good idea to include the consumers in the process of planning.
- B. Emergency kits
 1. Consumers and care providers can prepare together.
 2. The kit should include:
 - Food, water and clothing a consumer may need in the event of an emergency.
 - For each person, a 3-day supply of:
 - Water,
 - Non-perishable foods,
 - Paper goods,
 - A blanket, and
 - A change of clothes.
 - Equipment for emergency lighting and communications
 - Flashlights and battery-powered portable radios
 - Accessible to consumers as well.
 - At least a week's supply of all medications for consumers
 - Important documents
 - Medicare/Medicaid cards,
 - Prescription information.
 3. Both consumers and their care providers should know where these emergency items are kept.
 - All of these items will minimize disruption in treatment and maximize stability.
 - Encourage family members to use the same preparation plans at home.

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- C. Program preparedness includes:
1. A telephone directory with all staff numbers.
These directories should also contain consumer information,
 - Direct contact numbers
 - Contact numbers for family members.

VI. At Times Of Disaster.... Helping Persons with Serious Mental Illness

- A. The majority of people with serious mental illness respond to a disaster in the same way as the general population.
1. Common reactions may include:
Shock, confusion, and anxiety.
For the most part these symptoms will subside.
 2. People will recognize new areas of strength having survived the disaster.
 3. Some of us, however, may be more vulnerable or more intensely affected by the disaster.
- B. In the aftermath of a disaster people with serious mental illness have been found to have a wide range of reactions.
1. Some individuals have an increased ability to handle this stress without escalating symptoms of their pre-existing illness.
Consumers participated in recovery efforts, often rising to the occasion in a heroic manner.
Some clinicians reported that their consumers did not feel isolated from the community at large.
In some sense, they felt they were in the 'same boat' as everyone else.
 2. Some people with severe mental illness have a delicately balanced day-to-day functioning before a disaster.
The added stress of a crisis disrupts this balance.
As a result additional mental health support services, medications, or even hospitalization are necessary to regain stability.
 3. The death of a loved one, loss of home or possessions, interrupted treatment services, and disrupted daily routines can cause a burden that exceeds a consumer's ability to cope.
Psychological care after a disaster must address these issues, including concrete services for the restoration of basic needs.
 4. A small fraction of people with severe mental illness may also have cognitive impairment; as a result disasters are not fully understood.
There is increasing anxiety as they absorb cues from others in their environment.
Care providers have to do their best to convey relevant information in a way that minimizes confusion and anxiety.

VII. At Times of disaster.... The Consumer Perspective

- A. The consumer has many of the same concerns as the general population:
 - 1. An immediate worry is for the safety of their family members.
It is important for us to help them get this information as quickly as possible.
 - 2. They will also need assistance with attending to their basic needs such as food, housing, plumbing, electricity, medications and physical health care.
 - 3. And of course, their mental health services need to be included in the days and weeks following a disaster.
- B. Strengths at times of disaster:
 - 1. People with serious mental illness are not helpless at times of crisis.
 - 2. Many consumers become important resource people in their communities.
 - 3. Some have exceptional helping skills and are able to reach out to others in unique and effective ways.
 - 4. Other consumers have become heroes in their own communities because of their tremendous selfless contributions.
 - 5. It is important not to underestimate what persons with serious mental illness have to offer one another and the general public to meet the challenges of today.

VIII. At Times of Disaster.... The First Hours and Days

- A. The first hours and days following a disaster are the most challenging.
 - 1. The first time caregivers working in group homes or partial hospital settings may hear information and media reports of an event may be in the presence of the consumer. This requires a framework for responding that will best serve consumers and caregivers.
 - 2. This framework includes five key strategies that can guide your response in the first hours and days following a disaster:

Coordinate

Meet together with other staff to discuss the information available.
It is important to give the consumers a single message.
It is appropriate to inform them of the risks without causing more fear and panic.

Communicate

Assist consumers in contacting their families.
Caregivers have found it helps consumers to know that staff members need to call their families as well.
Caregivers can rotate reaching their own families to ensure that the consumers understood and did not feel uncertain and abandoned.

Structure

Try to keep business as usual, although that may seem difficult, is helpful for consumers.
This is especially important for meals and other activities.
Maintain, as much as possible, a 'normal' daily routine.

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At a time when the world appears to be out of control and no one can predict the future, at least staff can predict the next moment.

Control

In group homes or other settings with television and radio, it is appropriate to limit the time news coverage of an event is viewed.

Caregivers have found that when consumers watch the television constantly, repeatedly seeing the same scenes of destruction, they were not only upset, but also experienced an increase in symptoms.

- i. Staff can discuss the events with consumers in groups to clarify and allow for questions.

Support

Staff members have found that it is appropriate and effective to talk to the consumers about their own feelings of shock and confusion.

This helps consumers talk more about their own reactions.

Both caregivers and consumers have a feeling of “being in this together”.

Remember:

During the immediate hours and days, depending on the nature of the disaster, there will be many decisions to make.

- o Try to do this as a team in conjunction with the consumer and administration.
- o When making a decision ask yourself, ‘will this provide support, control and structure’ and this should serve as a guide

IX. In The Aftermath.... Helping Consumers In The Weeks And Months Ahead

A. How might people with serious mental illness react to disasters and community emergencies in the weeks and months that follow?

1. Many consumers are resilient and respond in the same way as the general population.

They, like many others, feel distressed while trying to cope with the disruption in their lives.

Consumers may also grieve because of loss – the death of friends and loved ones.

For those people who have experienced a life-threatening situation it is not unusual to hear concerns of:

Anxiety

Sleep difficulties and/or upsetting dreams,

Intense and variable emotions

Difficulty concentrating for the first few weeks

These responses are posttraumatic “reactions” and not a disorder.

Within a short time these uncomfortable sensations, thoughts and feelings usually go away.

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Even if someone is able to cope effectively in the immediate hours after a disaster, they can still develop posttraumatic reactions later.

2. Some consumers develop a range of more serious responses, extending beyond the common reactions almost everyone experiences after a traumatic event. There are three possibilities:

A relapse of the primary mental illness.

Some consumers may return to the use of alcohol or drugs.

Consumers with previous trauma are at greater risk of developing posttraumatic stress disorder.

Extremely stressful events, such as the recent terrorist attacks, can exacerbate or cause a relapse of a preexisting posttraumatic stress disorder.

New disorders, which can develop as a result of the disaster.

Posttraumatic stress disorder

Symptoms include repeatedly re-experiencing the traumatic event,

Actively avoiding reminders of the trauma and

Experiencing increased arousal/hypervigilance

Depression.

Serious difficulties related to a disruption in services.

These are more serious responses not arising from any illness.

Disasters cause chaos and consumers might not have access to their usual support systems and medication.

Caregivers play a key role in restoring these services.

Remember: Any of these three possibilities can result in poorer functioning and increase the need for mental health services.

B. The caregivers' role in monitoring consumers following a disaster or emergency:

1. Caregivers are in the best position to monitor consumers' behavior
2. Care providers know the consumers better than anyone else and can compare their pre-disaster and post-disaster functioning.
3. Observe for the following in the days, weeks and months after a disaster:

Worsening symptoms of the primary mental illness.

A decline in functioning.

Signs of suicidal behavior.

Decreased social skills.

Symptoms of PTSD and Depression.

Note: Panic attacks and avoidance behavior are two signs that a person may be developing posttraumatic stress disorder after a disaster. Anyone with these symptoms should be referred for a full psychiatric assessment.

4. After a few months, when everyone else seems to be "getting back to normal," if any person in your care is having persistent symptoms or difficulty functioning, a full psychiatric assessment should be done.

C. Strategies to help consumers in the aftermath of a disaster.

1. The consumer's pre-disaster milieu will provide the best setting to help individuals regain their pre-disaster functioning.

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2. Additional support services can be made available if it appears that someone is experiencing increased stress.
3. Support services include;
 - Family intervention,
 - This is especially important if the consumer is worried about how the disaster is affecting family members.
 - Stress management training will help reduce anxiety.
 - The support of peers may be effective to promote resilience and facilitate coping strategies.
 - Coping skills training
4. Families as partners
 - Families can be the caregivers' best ally as consumers weather the storm of a disaster.
 - Educate families and offer open discussion about the normal reactions to disaster.
 - Families must also know about prolonged responses or exacerbating symptoms of the consumer's illness.
 - These include depression, anxiety, changes in eating patterns, and sleep disturbances.
 - These warning signs may require a psychiatric referral.
 - Families can also help to create an environment that is conducive to healing by:
 - Encouraging contact with peers and friends,
 - Maintenance of existing routines and
 - Ensuring the provision of recreational activities.

X. Self-care for Caregivers

- A. Care providers are also vulnerable to the stress and chaos of a disaster or emergency.
 1. Caregivers must protect themselves during these times.
 2. Self-care takes many shapes and sizes:
 - Activities that give one a sense of peace and nurturing.
 - Surround yourself and spend time with family and friends
 - Sharing and talking with others.
 - Focusing on life affirming activities.
 - Limit media to avoid being bombarded by images.
 - Reading.
 - Listening to music.
 - Deep breathing or yoga.
 - Exercise.
 - Meditation and prayer.

APPENDIX

Who's Who in the Film

Mariette Hartley (narrator) is the Emmy Award winning actress who has established herself as one of the most celebrated actresses in the industry through her impressive career in television, film and theatre. Ms. Hartley has appeared in dozens of television shows from, "M*A*S*H", and "The Incredible Hulk", to, "Law and Order: SVU." A three-time Clio Award winner for her Polaroid commercials with James Garner, she also hosted the CBS Morning Program and is currently hosting her ninth season of the acclaimed "Healthy Solutions" television series.

Ms. Hartley is the national spokesperson for the *American Foundation for Suicide Prevention*, which honored her with their Humanitarian Award for her outstanding work in the field of suicide prevention and research. Her outspoken advocacy for mental health programs has also led her to be the national spokesperson for bipolar disorder. Her autobiography, "*Breaking the Silence*," published by Putnam was a best seller in hard cover and paperback. Through her many charitable activities, she has become one of the top motivational speakers in the country.

Edward Kim, M.D is with Adult Services of UMDNJ-UBHC as well as the Behavioral Research & Training Institute. He focuses on neuropsychiatry and addresses the issues of physical health for persons with mental illness, brain injury, and neurological disorders. He is Board certified, American Board of Psychiatry & Neurology and is a graduate of Jefferson Medical College in Philadelphia.

Clifton R. Lacy, M.D., Commissioner, New Jersey Department of Health and Senior Services (2002-2004). Dr. Lacy headed the department responsible for public health protection and services, health planning and regulation, oversight of health care institutions and managed care companies, hospital financing, public health and environmental laboratory services, senior services, health care policy and research, minority and multicultural health, and preparedness for and response to the health-related aspects of terrorism.

Dr. Lacy was Senior Vice President for Medical Affairs and Chief of Staff at Robert Wood Johnson University Hospital in New Brunswick. He was also Associate Professor of Medicine and Chief of the Division of Cardiovascular Diseases and Hypertension and Director of the Center for Disease Management and Clinical Outcomes of UMDNJ-Robert Wood Johnson Medical School.

Margaret Molnar is the Special Assistant to the Director for Consumers at the New Jersey Division of Mental Health Services. She reports directly to the Director with the important goal of receiving input firsthand from consumers about opportunities for improvement to the Division's programs. Ms. Molnar has re-instituted the State

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Consumer Advisory Committee, otherwise known as SCAC, to actively dialogue with consumers on a regular basis about what's working and what isn't.

Joseph Napoli, M.D. is chair of the New Jersey Psychiatric Association's Disaster Preparedness Committee, and was involved in the psychiatric response to the World Trade Center attacks. Dr. Napoli heads the Crisis Response Team of the Fort Lee Office of Emergency Management. In this capacity he directed a group of mental health professionals and clergy who provided trauma-related counseling services to employees of the Port Authority of New York and New Jersey after the loss of more than 200 of their colleagues in the collapse of World Trade Center, as well as to victims' families.

Gladys Padro, MSW, LSW is the Statewide Director of Disaster Mental Health Services for the New Jersey Division of Mental Health Services, Department of Human Services. She oversees a team of professionals who provide training and consultation for disaster preparedness. She was responsible for Project Phoenix, New Jersey's 9/11 mental health recovery program funded by the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA). During the 26 months following the 9/11 attacks, Project Phoenix provided services in various counties across the state. It coordinated the assistance efforts of over 50 different agencies. Ms. Padro oversees the new NJ Division of Mental Health Services-Disaster & Terrorism Branch.

Resources

CDC Emergency Preparedness & Response

<http://www.bt.cdc.gov/>

Disasters and Emergencies

<http://www.hhs.gov/disasters/index.shtml>

NAMI- Responding to Terrorism (Links and resources)

http://www.nami.org/Content/ContentGroups/Hotline1/Resources_for_Responding_to_Trauma_and_Terrorism.htm

The New Jersey Center for Public Health Preparedness at UMDNJ

<http://www.njcphp.org/>

The New Jersey Division of Mental Health Services-Disaster & Terrorism Branch

<http://www.disastermentalhealthnj.com/>

New Jersey Homeland Security

<http://www.state.nj.us/njhomelandsecurity/>

NJ LINCIS is a system of public health professionals and electronic public health information that enhances the identification and containment of diseases and hazardous conditions that threaten the public's health.

<http://www.state.nj.us/health/lh/lincs/>

US Department of Homeland Security

<http://www.dhs.gov/dhspublic/>

NJ Preparedness Training Consortium

<http://www.nj-ptc.org>

A Self-Care Inventory

Think back to your childhood. What made you feel better when you were sad, angry, upset or scared?

Write at least 3 things that worked well for you:

- 1 _____
- 2 _____
- 3 _____

Now, think about what makes you feel better today.

- 1 _____
- 2 _____
- 3 _____

How often do you do any of these self-care activities?

- Every day
- 2-3 times a week
- Once a week
- 3-4 times a month
- Once a month
- Can't remember

Develop a self-care schedule

If you do not practice self-care strategies at least once a day, you need to look at what you do to take care of yourself.

Create a time for yourself, even if it is five minutes!

Continuing Education Credits

***People with Serious Mental Illness at
Times of Disaster, A Focus on Caregivers***

Donna A. Gaffney, RN, DNSc, FAAN

HOW TO OBTAIN CONTACT HOURS FOR THIS VIDEOTAPE SESSION

Instructions: You will receive contact hours by viewing the videotape and successfully answering the questions in the post-test.

To obtain contact hours:

1. View the Videotape, *People with Serious Mental Illness at Times of Disaster, A Focus on Caregivers*.
2. Review the accompanying manual to enhance your knowledge and understanding of the content.
3. Print out pages 16 to 19 and read each question and record your answers on the answer sheet.
4. Fill out the evaluation portion *completely*. You will not receive CE credit if this section is not completed.
5. Return the answer sheet and evaluation form (pages 17-19) to:

Dr. Donna Gaffney
Seton Hall University
College of Nursing
400 South Orange Ave
South Orange, New Jersey 07079

With a score of 70% you will receive one (1) contact hour for the program.
You will receive a certificate for your records by mail.

Post test for videotape and guide.

Name: _____ Address _____

SS# _____

License Number: _____

Circle the letter of the response that BEST answers the following questions.

1. Weapons of mass destruction can be:

- | | | |
|-----------------|------------|---------------|
| a. Chemical | c. Thermal | e. a,b,c, & d |
| b. Radiological | d. Nuclear | f. a & d |

2. New Jersey is well prepared for a disaster or terrorist event because of its:

- | | |
|------------------------------------|--------------------------|
| a. location | d. population density, |
| b. critical assets | e. vital infrastructure, |
| c. status as a transportation hub. | f. All of the above |

3. NJ is prepared to respond in the event of a public health emergency in the following ways: A state stockpile of medications, preparation of health care providers and HazMat preparedness

- | | |
|---------|----------|
| a. True | b. False |
|---------|----------|

4. Mental Health services are vital in response to disaster. Which of the following are true:

- The goal is to promote resilience and wellness.
- People affected by disaster will usually develop serious mental illness. Providers do not have to address the need for clinical services. Referrals are not necessary.

5. An emergency kit should include of food, water and clothing a consumer may need in the event of an emergency for how long:

- | | |
|-------------|--------------|
| a. 24 hours | c. one week |
| b. 3 days | d. two weeks |

6. Which of the following are ways to enhance preparedness within a program:

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- a. Talk with staff
 - b. Develop a plan
 - c. Organize communication information
 - d. a, b & c
7. Persons with serious mental illness *always* have more severe reactions to a disaster:
- a. True
 - b. False
8. People with serious mental illness are able to participate in recovery efforts following a community disaster.
- a. True
 - b. False
9. Which of the following changes *may* occur in the consumer's mental health status post-disaster?
- a. No change
 - b. Increased alcohol use
 - c. Exacerbation of previous illness
 - d. PTSD
 - e. All of the above
10. Which of the following are ways to mediate the responses to disaster and public health emergencies?
- a. Provide structure
 - b. Communicate
 - c. Limit media viewing
 - d. Don't talk about it
 - e. Increase medication
 - f. a, b & c
11. Identify three self-care strategies you can use in your own life.
- a. _____
 - b. _____
 - c. _____

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Evaluation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. After viewing this videotape, I can identify the elements of preparedness at home and at work.	1	2	3	4	5
2. After viewing this videotape I can discuss how people with serious mental illness respond to a disaster.	1	2	3	4	5
3. After viewing this videotape, I can recognize how caregivers can mediate the effects of a disaster.	1	2	3	4	5
4. After viewing this videotape, I can recognize that self-care is important for consumer and caregiver.	1	2	3	4	5
5. This videotape was current and relevant to my preparation mental health caregiver.	1	2	3	4	5
6. The quality of the videotape was good.	1	2	3	4	5
7. This videotape was an appropriate format for this content.	1	2	3	4	5
8. The videotape met my educational needs.	1	2	3	4	5
9. The relationship of the objectives to the overall goals of the videotape was appropriate.	1	2	3	4	5
10. How much time was required to view the videotape, review the manual and take the test?	40 min	60 min	80 min	100 min	120 min
11. I viewed this videotape:	Alone	With 2-3 other people		3 or more	