

CENTER FOR THE STUDY OF TRAUMATIC STRESS IDENTIFIES FACTORS OF INTEREST FOR COMMUNITY LEADERS IN THE INSTITUTE OF MEDICINE (IOM) REPORT

“Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery”

A driving goal of the Center for the Study of Traumatic Stress (CSTS) is to promote understanding of traumatic stress from the cellular level to the community level. That is accomplished through direct work by CSTS, collaboration with other organizations, and the dissemination of quality information from other reputable sources. In this process, it is important to reach beyond the behavioral health community to other individuals and organizations who are fellow stakeholders. In service of the latter, we recommend that community

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leaders in various roles consider the content of this 2015 Institute of Medicine (IOM) report.

As with all IOM reports, this was developed through a lengthy and considered process involving a wide diversity of experts on the topic. The draft report was then reviewed by

other content experts, including CSTS, representing a range of perspectives. The draft was revised and the final report published in 2015.

This report will be of interest to community leaders for a variety of reasons:

- The report dramatically illustrates the importance of crossing traditional role boundaries in promoting optimal community function and status following disasters.
- In its development and structure, the report models a multidisciplinary, multidimensional approach to understanding and promoting resilience in communities following disasters.
- It describes a strategic planning process for communities to consider. This includes establishing a shared vision of a healthy community, assessment of health and hazard vulnerabilities, planning across all sectors, and implementation guidance.
- It firmly reinforces behavioral health as an essential component of all health and health as a central element of community wellbeing.
- It documents that there are health components to *all* policies involved in disaster recovery and speaks to integrating health into other recovery activities and priorities.
- It provides specific and actionable recommendations that apply to leaders and stakeholders at all levels of government and within diverse stakeholder organizations and groups.

In the specific area of behavioral health and disasters (a longstanding priority of CSTS), the report contains a large

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amount of material of interest to community leaders. This includes content that identifies behavioral health factors, provides a framework for addressing these factors, offers examples of programs and approaches, and offers specific recommendations.

The report recommends behavioral health strategies that will be of interest to community leaders beyond the behavioral health sector. These cut across all disaster phases. Community strategies should feature:

- Integration of behavioral health into other recovery sectors.
- Assurance of a variety of services.
- Maximize participation of impacted populations in the preparedness and recovery efforts.
- Promote a sense of safety, connectedness, calming, hope, and efficacy at all levels.

The report provides a concise and readable summary of key elements in understanding factors involved in community recovery from disasters, including disaster behavioral health. This material will be of interest to community leaders already well-versed in this aspect of community recovery as well as those newer to this specific recovery element. It is rich in both the process of its development and in the scope and depth of its content. It is highly recommended for all formal and informal community leaders who are already involved in, or who wish to become involved with disaster preparedness, response, and recovery in and for their communities.

Additional Resources:

Ursano, R.J., McKibben, J.B.A., Reissman, D.B., Liu, X., Wang, L., Sampson, R.J., Fullerton, C.S. (2014). Posttraumatic stress disorder and community collective efficacy following the 2004 Florida Hurricanes. *PLoS ONE*, 9(2):p.e88467.

Heberman Mash, H.B., Fullerton, C.S., Kowalski-Trakofler, K., Reissman, D.B., Scharf, T., Ursano, R.J. (2013). Florida department of health workers' response to 2004 hurricanes: a qualitative analysis. *Disaster Med Public Health Prep*, 7(2):153-159.

Fullerton, C.S., Ursano R.J., Liu X, McKibben J.B.A., Wang L., Reissman D.B. (in press). Depressive symptom severity and community collective efficacy following the 2004 Florida Hurricanes. *PLoS ONE*.

Fullerton, C.S., Mash, H.B.H., Benevides, K.N., Morganstein, J.C., & Ursano, R.J. (In Press). Distress of Routine Activities and Perceived Safety Associated with PTSD, Depression and Alcohol Use: 2002 Washington, DC Sniper Attacks. *Disaster Medicine & Public Health Preparedness*.

Center for the Study of Traumatic Stress. Leadership in the Wake of Disaster. http://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_in_Disasters.pdf

Center for the Study of Traumatic Stress. Addressing the Needs of the Seriously Mentally Ill Following Disasters. Update URL: https://www.cstsonline.org/assets/media/documents/CSTS_FS_Addressing_Needs_of_Mentally_Ill_in_Disasters.pdf

Center for the Study of Traumatic Stress. Psychological First Aid. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological%20First%20Aid_Support_Well_Being_of_%20Disaster_Victims.pdf

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<https://doi.org/10.17226/18996>.

Website: <https://www.nap.edu/catalog/18996/healthy-resilient-and-sustainable-communities-after-disasters-strategies-opportunities-and>