CHAPTER 11

Mental Health

New here? Ready, Set, Ready is a 10-minute starting point: an honest assessment, one gap closed for real, then a map for using the rest of this site. Once something's actually happened, Surviving picks up where this chapter leaves off, organized by chronology instead of category. Curious how Tier, Stage, and Phase relate? See the Glossary.

Why This Category Matters

A household can be perfectly stocked with water, food, and medical supplies and still fail if panic, grief, or conflict breaks it down from the inside. Disaster behavioral health research consistently shows that psychological reactions to disaster follow a recognizable arc over time. This chapter is organized around that arc, moving from acute stress in Tier 1, through the well-documented "disillusionment" phase in Tier 2, to long-term resilience and community mental health infrastructure in Tiers 3 and 4.

This chapter is general guidance, not a substitute for professional mental health care. If you or someone in your household is in crisis right now, call or text 988 (the Suicide & Crisis Lifeline); that's true whether or not any other part of this manual is in play.

Tier 1: Short-to-Medium Term (Hours – 14 Days)

Goal: *Manage acute stress, shock, and panic. Provide Psychological First Aid to stabilize family members in the immediate aftermath.*

Tier 1 covers the acute stress reaction in the first hours and days: what disaster behavioral health researchers call the "impact" and "heroic" phases, when adrenaline and immediate survival focus dominate. The goal isn't therapy; it's stabilization: helping people feel safe enough to think clearly and function.

Skills to Build

- **Psychological First Aid (PFA):** Use the actual FEMA-published framework (Listen, Protect, Connect, Model, Teach) from the "Listen, Protect, Connect: Family to Family, Neighbor to

Neighbor" handbook developed for exactly this use case. Listen without judgment; protect physical and emotional safety; connect people to family, neighbors, and basic resources; model calm coping behavior yourself; and teach simple, accurate information about normal stress reactions. This is designed to be usable by non-professionals, and it works specifically because it's simple enough to remember under stress. See the Psychological First Aid skill guide for the WHO/Red Cross version of the same approach.

- **Routine Maintenance:** Establish daily schedules (meals, sleep, chores) as early as possible. Predictable routine is one of the most effective, low-cost ways to reduce anxiety in both children and adults during a crisis.
- **De-escalation:** Learn basic de-escalation for family arguments or panic attacks under stress: lower your own voice and pace, don't argue with someone mid-panic, and focus on grounding (naming things they can see/hear/touch) rather than reasoning.
- **Recognizing Acute Stress Reactions:** Know the signs (hypervigilance, insomnia, irritability, intrusive thoughts) as normal short-term reactions to an abnormal event, not a sign that something has gone permanently wrong. That framing itself reduces fear about the reaction. The clinical line that actually matters: the same symptoms are diagnosed as acute stress disorder for the first month, and only become PTSD, post-traumatic stress disorder, if they persist beyond a month and are severe enough to interfere with daily functioning. Most people who experience acute stress after a disaster do not go on to develop PTSD. If symptoms are still disrupting sleep, work, or relationships a month out, that's the actual signal to seek a real mental health professional, not something to keep managing alone indefinitely.

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The **Mental Health Addendum** builds these into real, tested competency.

For the hands-on how-to:

Psychological First Aid | Substance Withdrawal: What's Actually Dangerous | Safety Planning When Home Isn't Safe

Tech & Equipment

- **Mental Health Apps:** Download offline-capable mindfulness or grounding apps before a disaster; many require an internet connection to activate features even if content plays offline, so test this in advance rather than assuming.

- **988 Suicide & Crisis Lifeline:** Memorize it. Call or text 988, 24/7, free and confidential. Utah-area-code callers are routed to the Utah Crisis Line, staffed by the Huntsman Mental Health Institute, a real, established local resource, not just a national hotline forwarding you elsewhere.
- **211 Utah:** Memorize it separately from 988: 211 is for non-emergency community resource referrals (food, housing, financial assistance), not crisis intervention. Knowing which number does which saves critical time.

Materials & Supplies

Item	Quantity / Spec	Notes
Comfort items	Familiar toys, blankets, hobbies	Especially important for children: a familiar object provides real psychological anchoring during disruption.
Journaling supplies	Notebooks and pens	For processing stress and trauma: writing it down is a well-supported, low-cost coping tool.
Family rules	Pre-agreed, written behavior/conflict rules	Decide these when calm, not in the middle of a stressful moment, the same principle as the Communication chapter's family code phrases.

Crisis Resources: Know the Difference

988: call or text, 24/7, for a mental health crisis or suicidal thoughts, yours or someone else's. 211: non-emergency, for finding resources like food banks, shelters, or financial help. 911: immediate danger to life. This manual's crisis-related guidance below is meant to help while you're getting to real help, not as a substitute for it.

Talking to Children About a Disaster

Children process disaster differently than adults, and standard, well-established guidance (echoed by the American Academy of Pediatrics and organizations like Save the Children) differs from the general PFA framework in a few specific ways. Be honest without oversharing frightening detail: children generally cope better with a truthful, age-appropriate explanation than with vague reassurance they can sense is incomplete. Maintain routine as aggressively as circumstances allow; predictability is even more protective for children than for adults. Give children a small, real task or role: helplessness is a major driver of child anxiety during a crisis, and even a token responsibility measurably helps. Expect and don't overreact to regression (bedwetting, increased clinginess, baby talk); it's a normal, temporary response, not a sign of lasting harm. Limit repeated exposure to disaster news or imagery specifically for children; research from events like 9/11 found that repeated media exposure independently increased trauma symptoms in children beyond the event itself.

Quick Checklist

- [ ] 988 and 211 numbers memorized by every adult in the household, and the difference between them understood
- [ ] PFA framework (Listen, Protect, Connect, Model, Teach) known by at least one adult
- [ ] Daily routine plan (meals, sleep, chores) ready to implement immediately
- [ ] Comfort items and journaling supplies packed, especially for children
- [ ] Family conflict-resolution rules written down in advance, while calm
- [ ] Offline mindfulness/grounding app downloaded and tested before an emergency
- [ ] Age-appropriate honesty and routine-first approach for children in the household understood by every caregiver
- [ ] Practiced: every adult can describe normal acute stress signs without alarm

Tier 2: Extended (2 Weeks – 3 Months)

Goal: *Address the "Disillusionment Phase" where grief, hopelessness, and exhaustion set in as the reality of prolonged disruption becomes clear.*

This tier is named directly after a real, well-documented stage in SAMHSA's six-phase model of disaster psychological response (Pre-disaster → Impact → Heroic → Honeymoon → Disillusionment → Reconstruction). After the initial adrenaline of Tier 1 fades and the "honeymoon" sense of community solidarity wears off, disillusionment sets in: people realize how much has actually been lost, how long recovery will take, and how limited outside help is. This is a well-studied, predictable phase; expecting it in advance makes it meaningfully easier to get through.

Skills to Build

- **Grief Support:** Support family members through loss (of a home, possessions, routines, or a sense of normalcy) without rushing them past it. Grief during Tier 2 is a proportionate response to real loss, not a problem to fix quickly.
- **Substance Use Awareness:** Recognize increased alcohol or drug use as a common coping mechanism during the disillusionment phase. This is well-documented in disaster behavioral health research, not a moral failing, but it does need to be noticed and addressed rather than ignored. If a supply disruption forces withdrawal, see the Substance Withdrawal skill guide: alcohol and benzodiazepine withdrawal can be fatal in a way opioid withdrawal, despite looking far worse, usually isn't.
- **Community Connection:** Deliberately maintain social bonds with neighbors: isolation is one of the strongest predictors of poor mental health outcomes during this phase, and connection is one of the strongest protective factors.
- **Stress Management Teaching:** Teach simple relaxation techniques (slow breathing, grounding exercises) to the whole household, not just whoever is naturally calmer under pressure.

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Tech & Equipment

- **Community Radio:** Listening to local news, even when there's little new information, maintains a sense of connection and normalcy that matters more than the specific content.

- **Online Forums:** If power/connectivity allows, connecting with other affected households or communities can reduce the isolation that defines this phase, but weigh this against the OPSEC guidance in the Security & Self-Defense chapter before sharing specifics.

Materials & Supplies

Item	Quantity / Spec	Notes
Coping/resilience books	Physical, non-digital	Same principle as other chapters' reference libraries: useful without power.
Activity kits	Card games, puzzles, board games	Genuinely effective, low-cost tension reduction, especially for children and groups.
Exercise equipment	Resistance bands, jump ropes	Physical activity is one of the better-supported, low-cost interventions for anxiety during prolonged stress.

Recognizing When Substance Use Has Become a Problem

The line between “coping” and “developing a problem” is blurry in the moment. Watch for use that increases over weeks rather than stabilizing, use to avoid rather than cope, or any use that starts interfering with caregiving or safety. If it’s happening, address it directly and without shame; isolation and secrecy make it worse. SAMHSA’s National Helpline (1-800-662-4357) is a free, confidential, 24/7 referral resource specifically for substance use and mental health, separate from 988.

Quick Checklist

- [ ] Household understands the disillusionment phase is normal and expected, not a sign of failure
- [ ] Grief being acknowledged, not rushed past, for any real losses
- [ ] Substance use patterns being watched for and discussed openly, without shame
- [ ] Regular contact maintained with neighbors/community to prevent isolation
- [ ] Physical activity built into the daily routine
- [ ] Activity kits and coping/resilience books available
- [ ] Practiced: a household check-in routine (even brief) happening regularly, not just during obvious crises

Tier 3: Permanent (Indefinite)

Goal: *Build long-term psychological resilience within a community. Address disaster fatigue and the loss of societal structure.*

Tier 3 assumes disruption has outlasted the "recovery" framing entirely: this is now simply how life works. The focus shifts from getting through a phase to building a sustainable psychological foundation: purpose, structure, and real skill in supporting others through genuine crisis, not just stress.

Skills to Build

- **Community Governance & Conflict Resolution:** Facilitate group decision-making fairly: this is as much a mental health skill as a logistics one, since unresolved group conflict is a major, ongoing source of chronic stress.
- **Purpose & Meaning:** Help household and community members find genuine purpose in daily survival tasks, a documented protective factor against despair during prolonged hardship, not just a nice idea.
- **Safe Crisis Support Within Real Limits:** Get trained through an actual certification like Mental Health First Aid, which teaches laypeople to recognize and respond to developing mental health crises safely, the same way CPR training teaches physical first aid. Within that training's real scope: prioritize physical safety, use de-escalation and grounding, and for anyone expressing suicidal thoughts, ask directly and remove access to lethal means (firearms, medications); this is one of the single most effective, well-evidenced actions a layperson can take, and it does not require clinical training. What lay support cannot safely do is manage psychosis, mania, or a severe dissociative episode alone: those situations call for prioritizing transport to any available care over attempting to "handle" it at home, even in a Tier 3 scenario.
- **Cultural Preservation:** Maintain traditions, holidays, and rituals: these anchor identity and continuity precisely when the rest of life has lost its normal structure.

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Safety Planning When Home Isn't Safe

Tech & Equipment

- **Reference Library:** An extensive collection of books on psychology, philosophy, and history, genuinely useful raw material for the “purpose and meaning” work above, not just entertainment.
- **Music/Art Supplies:** Instruments, paints, or clay for creative expression: a well-supported outlet for processing prolonged stress that doesn’t require language.

Materials & Supplies

Item	Quantity / Spec	Notes
Ceremony materials	For marking birthdays, seasons, achievements	Deliberately marking time and milestones counters the flattening, structureless feeling of prolonged crisis.
Herbal remedies	Chamomile, valerian root, lavender	Reasonable support for mild anxiety, but valerian in particular can interact with sedatives, alcohol, and some prescription medications; treat this the same as the herbal guidance in the Medical Care and Access & Functional Needs chapters, not as a substitute for treating a serious anxiety or panic disorder.
Community pact	Formalized mental health support agreement	Builds on the community pacts in the Security & Self-Defense and Medical Care chapters: explicitly include mental health support and conflict resolution, not just physical needs.

Northern Utah Note

The Huntsman Mental Health Institute (University of Utah) is a real, major regional mental health resource beyond just operating the 988 Utah Crisis Line, worth knowing about directly, and worth connecting with (or training through) before Tier 3 conditions make outside professional support unavailable.

Quick Checklist

- [ ] At least one household or community member Mental Health First Aid certified

- [ ] Means-restriction practice understood (removing access to firearms/medications during acute suicide risk)
- [ ] Clear understanding of what lay crisis support can and cannot safely handle
- [ ] Purpose-building daily structure established beyond pure survival tasks
- [ ] Cultural/family traditions and milestones actively maintained
- [ ] Herbal remedy use understood in context of interactions and real limits
- [ ] Community pact explicitly covers mental health support
- [ ] Practiced: household has a rehearsed, calm response for a family member expressing suicidal thoughts

Tier 4: Sustainable Community

Goal: *Build a community-wide mental health support network so no single household, or single crisis, has to be faced alone.*

A single household's Tier 3 resilience still concentrates support in one or two people; if they burn out, get sick, or are themselves in crisis, the household has no backup. Tier 4 distributes psychological support capability across the community, the same redundancy principle used for medical responders, radio operators, and caregivers in earlier chapters.

Ask concretely how much real, sustained need exists, isolation, repeated disaster exposure, a genuine disillusionment-phase crisis, not a vague sense that more mental health infrastructure is always good. Then check real capacity against it: how many neighbors are actually willing to train, sit with group facilitation discomfort, and keep showing up over weeks, not just once. A peer-support network built past what the community can actually sustain just relocates the burnout this section already warns about from one household to one overextended volunteer.

Choosing an Approach

Three real models fit different circumstances.

Approach	What it is	Fits when
Informal peer check-ins	Neighbors checking on each other and sharing basic PFA/QPR awareness, no formal roles	A small trusted group, or a first step before anything more formal
Trained peer-support network	Multiple neighbors trained in Mental Health First Aid, a documented roster, a shared gathering space and supplies	Real recurring need and genuinely willing volunteers, with support for the supporters built in
Credentialed peer-supporter program	At least one neighbor pursuing Certified Peer Support Specialist or MHFA Instructor status to lead and sustain the network	Sustained, serious need and someone genuinely willing to pursue the credential

Skills to Build

- **Distributed Peer Support:** Train multiple community members in Mental Health First Aid or equivalent peer-support skills, so crisis support doesn't depend on any single trained person's availability.
- **Community Wellness Checks:** Extend the Access & Functional Needs chapter's wellness-check system to explicitly cover psychological isolation and struggle, not just physical/medical needs.
- **Facilitated Group Processing:** Learn to run simple group check-ins or processing circles: a real, low-tech way for a community to collectively process shared loss rather than everyone carrying it in isolation.
- **Sustainable Caregiver Support:** Actively watch for burnout in the people doing the supporting: caregiver and responder burnout is a well-documented risk in prolonged crises, and the supporters need support too.

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Tech & Equipment

- **Community Gathering Space:** A dedicated physical space for group activities, ceremonies, and processing: the community-scale version of Tier 3's individual purpose-and-meaning work.
- **Shared Creative/Recreation Supplies:** Music, art, and game supplies sized for group use, building on Tier 3's individual stock.
- **Peer Support Roster:** A simple, current list of who in the community is trained in peer support or Mental Health First Aid, same model as the medical and radio operator rosters in earlier chapters.

Materials & Supplies

Item	Quantity / Spec	Notes
Shared reference library	Psychology, philosophy, coping resources	Distributed across multiple households for redundancy, same as other chapters' shared libraries.
Community ceremony/ritual materials	For shared milestones and losses	Group-scale version of Tier 3's household ceremony materials.
Peer support training materials	Mental Health First Aid or equivalent curriculum	Kept on hand so training can continue even without outside access to a course.

Northern Utah Note

Utah's SafeUT app and crisis line infrastructure (run in coordination with the Huntsman Mental Health Institute) already model exactly this kind of accessible, low-barrier peer and crisis support at scale, a genuinely useful reference for how a community-level peer support system can be structured, even though the app itself depends on connectivity this manual's later tiers assume is gone.

Quick Checklist

- [ ] Multiple community members trained in Mental Health First Aid or peer support
- [ ] Wellness-check system explicitly covers psychological isolation, not just physical needs

- [ ] Community gathering space established for group processing and ceremony
- [ ] Peer support roster maintained and current
- [ ] Caregiver/responder burnout actively watched for and addressed
- [ ] Headcount and real volunteer capacity checked before building a network past what it can sustain
- [ ] Practiced: at least one facilitated group check-in or processing session held

At a Glance: Mental Health Across All Tiers

A single-page reference for planning purposes. This does not replace the detailed guidance above, and it does not replace professional mental health care; if you or someone in your household is in crisis, call or text 988 regardless of which tier you're in.

Tier	Duration	Primary Focus	Key Tool
Tier 1	Hours – 14 days	Acute stress stabilization	Psychological First Aid (Listen, Protect, Connect, Model, Teach)
Tier 2	2 weeks – 3 months	Disillusionment phase, grief, isolation	Routine, community connection, watching for substance use
Tier 3	Indefinite	Long-term resilience, purpose, safe crisis support	Mental Health First Aid certification
Tier 4	Sustainable community	Distributed community mental health network	Peer support roster, wellness checks