

# Chapter 10: Mental Health

**“When something like this happens, people feel vulnerable. They feel unsafe. They worry, their children worry, grandparents worry, and it has a mass effect. We can’t send in equipment to help fix that. We can just give our support.”**

– Mayor William Peduto, Pittsburgh PA

## Chapter Summary

The invisible impact of a mass shooting is the widespread trauma it causes, starting with survivors, their families, and first responders, extending to you and your staff, and deep into the community. As one mayor said, every person who was in the city on the day of the shooting will be affected in some way. And evidence shows that those watching media coverage from afar are also emotionally affected. Perhaps your most important role, after being the “communicator-in-chief,” is to ensure mental health resources are available to the community in the days, months, and years that follow.

In the **preparedness** phase, consider mental health in every aspect of emergency planning, including victim and family assistance, training, and communications. This is your chance to identify mental health resources of both local and national organizations for the response and recovery phase. All the protocols you develop, such as those for victim and family assistance, should include input from mental health and behavioral health service providers. Consider establishing a Community Crisis Response Team that can be mobilized in response to a shooting. You may request an assessment of the school district’s mental health resources for students.

During the **response**, move quickly to establish mental health services for the victims and family members, and also the broader community and first responders. Shape your messaging in consultation with mental health experts. Representatives from the American Red Cross, the Office for Victims of Crime (OVC), and the FBI Victim Services Division can help you identify community-based mental health resources and share their own considerable expertise.

Finally, your focus during the **recovery** phase should be to ensure that the long-term mental health needs of the victims and the wider community are met. This may involve establishing a Resiliency Center. In addition, urge first responders, your staff, and others directly affected by the shooting to seek help (including yourself).



## Preparedness

### Consult Mental Health Experts in Preparedness Efforts

Mayors told us their planning did not focus on the recovery phase, and some lacked preexisting relationships with mental health experts and victims' services organizations. To aid your planning, identify and cultivate relationships with these experts now. Invite them to your tabletop exercise and discuss the mental health services that will need to be offered at the Family Reunification Center (aka Family Reception Center) (FRC) and Family Assistance Center (FAC). See Chapter 3 for additional information and resources (*e.g.*, the OVCTTAC Mass Violence Toolkit).

### Understand the Traumatic Impact of a Mass Shooting

As part of your planning, learn about the traumatic impact of a mass shooting on different populations. The exposure levels below, adapted from *The Wiley Handbook of The Psychology of Mass Shootings*, illustrate how widespread the traumatic impact can be:

- Survivors (extreme exposure): witnessed shooting, saw others injured or killed or wounded, maybe was wounded but survived.
- Indirectly exposed: physically present at location, heard gunfire, etc.
- Others who are members of the community that was targeted but did not witness the shooting firsthand.
- Bereaved family members who lost someone in the shooting.
- Law enforcement and first responders.
- Journalists covering the issue (they can experience both acute stress and long-term occupational health impacts).
- Broader public (exposed via media coverage or knowing victims and their families).
- Yourself and your staff.

### Community Crisis Response Team

Consider establishing a Community Crisis Response Team. The CCRT model involves inviting a variety of community partners to form a crisis response team that can be mobilized after a mass shooting. The CCRT's role is to analyze a request, identify gaps in resources, design and implement a culturally appropriate response, and evaluate the response that was delivered. The CCRT can also assist in the response to natural disasters and everyday mental health crises in your communities.

The following professional affiliations are represented on most CCRTs:

- Law enforcement representative
- Psychologist or psychiatrist



- Victim service professional
- Member of the clergy
- Member of a medical profession
- Child counselor or teacher
- Representatives of grassroots organizations serving diverse sectors of the community
- Person experienced with media relations

Consider who else might be included in your community. For instance, artists and art organizations often volunteer to help affected community members give expression to pain, outrage and a search for justice and healing.

### Key Resources: Community Crisis Response

**National Organization for Victim Assistance, Crisis Response Team Training:** Ideally, all members of the Community Crisis Response Team should be trained in trauma mitigation, psychological first aid, and education protocols so that they are prepared to deliver or coordinate the delivery of these services if a public mass shooting occurs.  
<https://www.trynova.org/crisis-response-program/crtregistration/>

**National Organization for Victim Assistance and Office for Victims of Crime, Community Crisis Response Training Manual:** The current version used in the above training is the fourth edition, which can be ordered (\$85 per copy) from NOVA (the hyperlink is to the second edition which remains available free of charge). This training manual is for individuals and organizations interested in responding to crisis, providing an overview of trauma responses, crisis intervention techniques, media management techniques, and discussion of organizational roles in crisis preparedness, response, and recovery.  
[https://www.ncjrs.gov/ovc\\_archives/reports/crt/welcome.html](https://www.ncjrs.gov/ovc_archives/reports/crt/welcome.html)



### Student Mental Health Services

Consider requesting a report that assesses the school district's mental health system. There are many tools available to help with this assessment. Ask school leaders and mental health experts for their recommendations on ways the city can support their efforts to provide needed mental health services.

Also, encourage school officials to consult with the American Red Cross as part of their security planning to understand the mental health resources the ARC can provide in the event of a school shooting. For more information and resources, see Chapter 6 on school shootings.



## Response

### Ensure Mental Health Services are Available

Quickly establish the FAC to provide for the immediate mental health needs of victims and family. You may also need to consult mental health experts to ensure that a range of mental health services are made available to meet the needs of the broader community. Your planning should include community-based services for people who face barriers to seeking mental health services, such as childcare obligations, limited time off from work, stigma, language barriers, or unemployment. For more information, see Chapter 3 on Victims and Families.

### Crisis Communications Informed by Mental Health Experts

To inform your messaging during the response phase, familiarize yourself with the crisis communications resources provided by the CDC and consult with mental health experts. The CERC manual is a useful tool. For more information on crisis communications and resources, see Chapter 1 on Communications.

Promptly and consistently announce the location and services of the Family Reunification Center—and later the Family Assistance Center (FAC)—so that victims and family members know where to go for mental health support and care. Clearly communicate who is eligible to receive services at the FAC, which may only serve those who are directly impacted by the tragedy. Offering mental health services as quickly as possible in a central location will ease the burden of seeking care for families when they are at their most vulnerable psychologically.

Share information about mental health resources available to the broader community and encourage people to seek help if they need it and to lend a hand where they can. You can let everyone know “it’s okay to not be okay.” Community members should know that their initial reactions and feelings (whatever they are) are a predictable response to a shocking and disruptive tragedy. This message is not only important for the public, but also for first responders and your own staff and colleagues.

Familiarize yourself with concepts from psychological first aid (PFA) resources so that you can include them in your crisis communications during the response phase.

### Psychological First Aid

Psychological first aid (PFA) is a counseling technique developed by the National Center for Post-Traumatic Stress Disorder (NC-PTSD). According to the NC-PTSD, PFA is an evidence-informed approach that first responders and others can use to assist people in the immediate aftermath of a traumatic event to reduce initial distress, foster adaptive functioning, and prevent later post-traumatic stress. PFA includes non-intrusive care and assessment of needs (like medical triage). It does *not* include discussion of the underlying traumatic event like traditional therapy.

The American Red Cross and other partners can help your staff identify local organizations that can appropriately serve the psychological needs of the victims, family members, witnesses, and first responders.



## Key Resource: NC-PTSD Psychological First Aid (PFA) Manual

NC-PTSD Psychological First Aid (PFA) Manual:

[https://www.ptsd.va.gov/professional/treat/type/psych\\_firstaid\\_manual.asp](https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp)



## Recovery

### Communications: Shifting from Response to Recovery

Your messaging will gradually shift from a “response” to a “recovery” frame. As you begin to develop recovery messages, consult with mental health experts to understand how to avoid exacerbating or resurfacing trauma for the community. For example, in Dayton, Mayor Whaley consulted with a countywide mental health services network with whom she had previously partnered to understand how to effectively communicate about the opioid crisis.

Continue to share information about mental health resources available to victims, families, and the broader community. Your communications may also include messages to bolster long-term community resilience and restore hope. Your messages will depend on the situation, but common themes to promote resiliency include unity (“OneOrlando”), strength (Pittsburgh’s “Stronger than Hate”), and healing (“Dayton Shines”). Note, however, that the well-intentioned hashtags and messages that organically arise in the wake of a shooting can be emotionally



Image 13: “Hate and terror will never divide us” poster at Christchurch mosque shooting memorial (Natecull).



harmful to those who were most directly impacted. Some victims and families have shared negative reactions to some of these themes due to the impossibility of feeling strong in the face of unspeakable loss.

Vigils, remembrances, and memorials are important tools for helping your community grieve and increase their psychological wellbeing. Plan these events in consultation with mental health experts in addition to victims and their families. For more information about planning these events, see Chapter 6 on Commemorations.

## **Provide Services to Address Ongoing Trauma**

Mental health services may be needed for months, and even years, following a public mass shooting. The role of a Resiliency Center (RC) is to provide these services to the survivors and their families. Ideally, the RC should also provide referrals to mental health services for the broader community. For more information on establishing a RC, see Chapter 3 on Victims and Families. For information on funding an RC, see Appendix C on Funding Opportunities.

## **Include Information on Mental and Behavioral Health in After Action Reports**

Information on mental health, behavioral health, and victim services is rarely included in after action reports, but could benefit victim service agencies and community organizations. Feedback from victim service providers, victims and families themselves, and first responders that receive mental health and behavioral health services, should be included in after action Reports. For more best practices and a useful template, see the key resource below.

### **Key Resource: After Action Report Recommendations and Templates**



#### **National Mass Violence Victimization Resource Center, Victim-Centric Mass Violence Incident After Action Report: Recommendations and Template:**

<https://www.nmvvrc.org/media/obkbbid/victimcentricmviaarrecommendationsandtemplate-final-07-14.pdf>

## **First Responders' Mental Health**

First responders often experience trauma and post-traumatic stress syndrome following a mass shooting. Yet, Dayton Police Chief Richard Biehl told us there are inadequate mental health resources for police officers and first responders. You can work in partnership with your Police Chief to ensure first responders in your city receive the mental health support they need and deserve. As noted above, first responders are eligible for services that are funded by AEAP (see Appendix C).

Similarly, in the event of a serious injury or death of an officer, there are concrete actions you can take to ensure that the officer is recognized for his or her heroism. Beyond advocating on behalf of the officer's family for the services and benefits they will need, you could also use an existing 501(c)(3) organization to receive public donations intended for the officer's family. See Chapter 5 for more information on donations and fund management.





## Key Resources: Mental Health Services and Benefits for First Responders

**COPS Office resource center, Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies:** The COPS Office publishes materials for law enforcement and community stakeholders to address crime and disorder challenges. This link features a book entitled Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies, which describes agencies' programs that protect the mental and emotional health of law enforcement officers, their nonsworn colleagues, and families.  
<https://cops.usdoj.gov/RIC/ric.php?page=detail&id=COPS-P371>

**Law Enforcement Mental Health and Wellness Act—Funding opportunities available through the COPS office:**  
<https://cops.usdoj.gov/RIC/ric.php?page=detail&id=COPS-P371>

**National Alliance on Mental Illness, Preparing for the Unimaginable:** Report describing actions to take within police departments to safeguard officers' mental health, promote resilience, and prevent secondary trauma.  
<https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Preparing-for-the-Unimaginable/Preparing-For-The-Unimaginable>

**Public Safety Officers' Benefits Program (PSOB):** PSOB provides death and educational benefits to the survivors of fallen law enforcement officers, firefighters, and other first responders, and disability benefits to officers catastrophically injured in the line of duty.  
<https://psob.bja.ojp.gov/>



## Community Conflict

Be aware of the “dark side of solidarity,” when people feel pressured to participate in shared mourning or collective expressions of unity that may not reflect their own emotional reactions. Although community solidarity provides an opportunity to increase psychological wellbeing or buffer against mental health symptoms, it may also be undermined by differing views about the “readiness to move on.” Conflict can arise within community groups and in affected workplaces, as people experience grief in different ways, or as the shooting becomes politicized.

As Mayor, you can try to balance these tensions by providing high levels of support and assistance in the immediate aftermath (generally, the first six months), being a source of credible and accurate information, and being attentive to the differing needs of various groups as they attempt to “find meaning” of the event.

In the aftermath of a “public mass shooting” (the focus of this Playbook), communities that deal with daily “urban gun violence” (including gang- and drug-related shooting involving multiple victims) are understandably upset that so much more attention and funding is paid to this type of shooting. Please see the afterword, “A Note on Urban Gun Violence” for guidance on how to address this issue in your community.



## Taking Care of Yourself and Your Staff

Mayors and their staff report that adrenaline carried them through a week or so of the response, as the stress of hosting VIP visits, attending funerals, speaking to the national media, and managing city agencies prevented them from processing their own emotional reactions to the public mass shooting. Then many experienced a “crash” once safety was established. Grief haunted them for years after the event.

You and your staff will be affected for months or years, just like other members of the community. You need to engage in self-care and encourage others to do so. Mayors spoke of their own coping strategies and emphasized the importance of modeling self-care to other members of the community. For example, El Paso Mayor Dee Margo spoke of taking time for prayer while he was traveling from Austin back to El Paso on the day of the shooting. Other mayors spoke publicly about receiving therapy, thereby modeling self-care for their staff and the community.

Mayors also described their conversations with other mayors as “therapeutic” and emphasized the importance of reaching out to their social support systems.

Encourage your staff to seek help as well. In the immediate aftermath, look around and notice which staff members are struggling and need to take time away from the response. Encourage staff to take time off to recover. Ensure there are systems in place to document and meet employees’ needs. Some actions mayors have taken to help their staff include:

- Group therapy sessions
- Providing time off work
- Reassigning them from their response or recovery work
- Checking in personally to see if they need anything you can provide





## Endnotes

<sup>1</sup> THE WILEY HANDBOOK OF THE PSYCHOLOGY OF MASS SHOOTINGS, (Laura C. Wilson ed., 1st edition ed. 2016).

<sup>2</sup> The difference between CCRT and CERT: The focus of a local Community Crisis Response Team (CCRT) team is trauma mitigation, mental health recovery, and community resilience. The Community Emergency Response Team (CERT) is a national program that educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and management that professional first responders can rely on during disaster situations, allowing them to focus on more complex tasks. See <https://www.ready.gov/cert>. Your community may establish both to offer opportunities for residents to serve their community and to leverage their expertise and manpower.

<sup>3</sup> Mary R. Harvey, Anne V. Mondesir & Holly Aldrich, *Fostering Resilience in Traumatized Communities*, 14 J OF AGGRESSION, MALTREATMENT & TRAUMA 265–285 (2007).

<sup>4</sup> See e.g., SCHOOL HEALTH ASSESSMENT AND PERFORMANCE EVALUATION SYSTEM, *available at* <https://www.theshapesystem.com/> (last visited June 10, 2021).

<sup>5</sup> CTRS FOR DISEASE CONTROL AND PREVENTION, CERC Manual, 2018, <https://emergency.cdc.gov/cerc/manual/index.asp>.

<sup>6</sup> Amy Novotney, *What happens to the survivors?*, 49 MONITOR ON PSYCHOLOGY, 2018, at 36.

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> STEPHEN A. SCAFFIDI, SIX MINUTES IN AUGUST: A STORY OF TRAGEDY, HEALING AND COMMUNITY 155 (2015).



# MENTAL HEALTH CHECKLIST

## Preparedness

- Identify mental health resources. Include mental health experts in your preparedness planning and exercises and ensure they have the proper training for crisis response, which is different from “everyday” talk therapy.
- Consider establishing a Community Crisis Response Team.
- Request an assessment of the school district’s mental health resources.

## Response

- Ask the American Red Cross and other partners for help identifying mental health resources; work with them to establish the Family Assistance Center.
- Establish access to mental health services for the broader community.
- Seek the guidance of victim’s assistance and mental health experts to develop trauma-informed messaging.
- Encourage school districts to accept help from outside resources.
- Understand Psychological First Aid (PFA) basics.

## Recovery

- Focus your messaging on encouraging people to seek help if they need it, bolstering long-term community resilience, and restoring hope.
- Establish a long-term Resiliency Center to provide mental health services.
- Ensure mental health services are available for first responders.
- Take care of yourself and your staff.

