

Setting up a Shelter/Facility for Success in Working with People with Intellectual and Developmental Disabilities and Mental Health Concerns (IDD/MH)

A Resource for: Shelter operational managers, supervisors, trainers

Don't reinvent the wheel – Know who has expertise in working with individuals with IDD/MH. Reach out to groups that can lend training expertise, support and resource needs during an emergency. Keep your communication calm, short and simple

Environmental Adaptations

- People with IDD/MH may have difficulty processing information, especially in times of stress. Ensure all information and shelter rules are presented in multiple formats, in plain language and with visual aids. Check for comprehension.
- Use or create one-page guides/contact cards to assist volunteers to best communicate support people with I/DD.
- Realize that individuals with IDD/MH may need more individualized support at a time when resources are scarce.

Use **PERMA-V**¹ to establish framework for grit and resilience during the active crisis

Positive emotion: hope promotes resilience

In addition to FEMA's² recommendation to designate space for a mental health area, consider the inclusion of a low sensory area (with low light, quiet, with weighted blankets) that can be used for meditation and reflection, and a grieving area with staff/clinicians trained in trauma informed care³.

Limit exposure to media coverage of the disaster. Too much information is overwhelming and can add stress.

Engage people in positive, healing and helping activities; engagement promotes resilience

Create a daily schedule for people in the facility. Routine promotes resilience. Include activities that promote mental wellness (ie: grounding, meditation, yoga, physical movement, singing, games, developing personal recovery plans)

Connect people; Relationships and bringing people together promote resilience

People with IDD/MH need added support to navigate and acclimate to the environment. Provision should be made to allow supporters (ex: family, providers) to evacuate and shelter with a person. Being without familiar people increases vulnerability, anxiety and trauma along with the likelihood of medical or psychiatric crises. If an individual arrives and you suspect they experience IDD/MH and do not have supporters, it is recommended that they be partnered with a volunteer for reassurance and assistance in getting their physical and emotional needs met.

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Help people find a purpose; Meaning promotes resilience

Involve people in helping tasks, assisting others and working together to help themselves (self-care activities). Pitching in and giving back boosts people's immunity to stress.

Engage clinicians or trained emergency staff with experience supporting persons with IDD/MH experiencing grief and trauma. A future focus should be used, including building coping skills that promote healing.

Acknowledge the small gains; Achievement promotes resilience

Encourage people to set small, attainable, daily goals. Consider the creation of a cooperative meeting time where a daily focus, affirmation or theme is presented (work together, see the bright side) and small goals suggested (fold clothes, take a walk, wash hair, make cards, write letters, etc.).

Create an affirmation board where people can write positive messages to each other and acknowledge the strengths and admirable qualities they see in others. There are many resources for [strengths spotting](#), [affirming statements](#) and [activities](#) are available for free on the web.

Reassure people that they are accomplishing a great deal as they get through this crisis. People often expect to maintain a normal schedule and energy level during crisis, so reassurance anger, fear, anxiety and general fatigue are normal and expected. Getting through is enough.

Pay attention to signs of medical and psychological distress; overall wellness promotes resilience

Individuals IDD/MH often experience co-occurring medical conditions; and for individuals with genetic disabilities can experience complex medical complications. They may also having difficulty in communicating when they are experiencing pain and describe symptoms they may be experiencing.

Careful attention and support may be needed to ensure that medication is taken as prescribed. If a person does not come to the shelter with a medication list, you may choose to [create one](#) with them.

Some knowledge of common medication side effects^{4,5} is recommended since some carry danger of physical illness if withdrawal occurs.

Sensory issues may impact nutrition, so care should be made to ensure nutritional needs are being met for persons with IDD and restricted dietary plans.

Physical activity is proven to promote mental wellness, so it is recommended that options for movement are available several times per day. Physical activity improves stress, depressive symptoms and reduces anxiety.

Getting Ready for Evacuation with a Person with IDD/MH

Below is a list of questions to help families and support personnel consider what they need in preparation for evacuation

- Do you have medications, in prescription bottles and medication list?
- What does the person need to have their best day? (items, access to activities, etc.) Bring those along if at all possible.
- What helps this person remain calm? Are there items or activities you can bring to do this?
- What helps this person communicate most effectively?
- What helps this person transition between physical places and activities?
- Do you have social stories or other items that help this person understand expectations in new situations?
- Do you have chargers and back-up battery chargers for electronic items that help calm the person?

Below is a list of questions to help facility staff prepare to support visitors with IDD/MH.

- Where can visitors keep medications safe?
- How will visitors communicate needs (medical, food sensitivities/allergies, communication, etc)?
- Is there a designated quiet area for persons who are overwhelmed?
- Do you have an area designated for more activity, where people can expend energy without disrupting others?
- Are you and your volunteers ready to communicate in nonverbal ways? Do you have picture cards readily accessible?
- Have you considered food sensitivities and options for those who experience them?

References

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3. Substance Abuse and Mental Health Services Administration (2014). *Concept of trauma and trauma informed care approach*. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
4. National Institute of Mental Health. *Mental health medications*. Retrieved from: <https://www.nimh.nih.gov/health/topics/mental-health-medications/index.shtml>
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