

# Mental Wellness in the EOC

**A Pocket Guide for Those  
Working in Emergency  
Operations Centres**



# Acknowledgments

**PUBLISHED MAY 2024**

## **COPYRIGHT**

Available to print and/or distribute under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](#).

## **FUNDING**

This resource was made possible due to generous funding from [Boundary Family Services](#) and [Health Emergency Management BC](#).

## **DISCLAIMER**

The information in this resource is believed to be accurate but is provided for informational purposes only. It is not intended to constitute medical, health or other professional advice.

This resource is not a replacement for professional support nor is it intended to override the advice of a licensed health care practitioner.

Neither the funders nor creators of this guide will be liable for any claims, damages or losses of any kind whatsoever arising out of the use of, or reliance upon, this information.



Emergency  
Management

## LAND ACKNOWLEDGMENT

This resource was developed within the province of BC, on the traditional, ancestral and unceded territories of over 200 First Nations, whose historical relationships with the land continue today.

## CONTRIBUTORS

- Carolyn Sinclair, SBRI Inc.
- Chris Marsh, [Clear Sky Consulting Ltd.](#)
- Mark Stephens, Manager of Emergency Programs, [Regional District of Kootenay Boundary](#)
- Dan Derby, Regional Fire Chief, [Kootenay Boundary Regional Fire Rescue](#)
- Darren Pratt, Executive Director, [Boundary Family Services](#)
- Margaretha Lundh, Lead, Wellness Planning and Recovery, [Health Emergency Management BC](#)
- Rachel Penner, [Rachel Penner Consulting](#)
- Sean Larsen, PhD
- Sean Miller

## PROJECT MANAGER



## DESIGNER AND EDITOR



## Content notice

Information about emergency management and mental health can be complicated and difficult.

This guide features quotes based on the real-life experiences of emergency operations centre (EOC) participants and first responders.

While these quotes are intended to show the breadth and normality of experiences that EOC staff might face, some of the details may be triggering.

You can stop reading any time you feel uncomfortable and return to this document when you feel ready.

To connect with local supports, call 811 or see the next page.

# **If you or someone you know needs help**

A crisis is any time that you are struggling, having difficulty coping or are feeling overwhelmed.

Access support 24/7 from anywhere in the province by dialling one of these numbers:

- **310-6789 BC Mental Health Support Line**

For emotional support, information and resources specific to mental health and substance use disorders

- **1-800-SUICIDE (1-800-784-2433) BC Suicide Prevention and Intervention Line**

For anyone thinking about suicide or for those who are concerned about someone who may be at risk of suicide

- **9-8-8 National Suicide Crisis Help Line**

- **911 for emergency services**

# In This Guide

**Acknowledgments • 2**

**Content notice • 4**

**If you or someone you know needs help • 5**

About This Guide • 8

Who it's for ..... 8

Why this guide ..... 9

What you will find in this guide ..... 11

How to use this guide ..... 12

## INTRO

Mental Health • 14

Mental wellness ..... 16

Mental illness ..... 17

Mental health continuum ..... 18

What Mental Illness Can Look Like • 19

Types of mental disorders..... 20

## BEFORE

What to Expect • 30

How to Prepare • 33

Learn and practise..... 33

Get yourself ready ..... 35

## **DURING**

### Stress in the EOC • 38

Types of stress .....	40
How you might be exposed to stress or trauma .....	41

### How to Take Care of Yourself • 53

Lean on supportive relationships .....	53
Make self-care simple .....	55

## **AFTER**

### Returning to Mental Wellness • 57

Focus on restoration .....	59
Make use of programs at work .....	63
Connect with your peers .....	64
Check in on others .....	66

## **RESOURCES**

### Support and Information • 72

For those working in emergency response .....	72
For work-related incidents .....	73
For those with mental health and/or substance use challenges .....	74

### Apps • 74

# About This Guide

## Who it's for

This resource was developed for those who work in emergency operations centres (EOCs), emergency support services, incident command posts, reception centres and other support systems and locations that support emergencies.

This can include local government staff, part-time and full-time emergency management practitioners and volunteers.

This guide is also for emergency managers, public safety personnel and part-time practitioners who need to manage stress in any aspect of emergency management.

**Emergency operations centre:** The central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management, or disaster management functions, at a strategic level during an emergency and for ensuring operational continuity of a company, local or First Nations government or other organization.



## Why this guide

This guide is a response to the need for the emergency management industry to improve support for mental wellness.

With climate change triggering more frequent and more intensive disasters, people are working in EOCs more often and for longer periods of time.

Unfortunately, they are also:

- Leaving the industry for easier jobs or retiring early
- Choosing not to support emergency response anymore
- Suffering from short- and long-term mental illness

**Emergency management:** The organization and management of the resources and responsibilities for dealing with all humanitarian aspects of emergencies, including prevention, preparedness, response, mitigation and recovery. The goal is to prevent and reduce the harmful effects of all hazards, including disasters.

As an industry, we need to recognize that stress and trauma create responses in us. We also need to treat those responses with compassion and view them as seriously as we do the crises in our communities.

To strengthen our own mental health, to guide others toward mental resilience and to break down the stigma of mental illness, **we all need to do our part** to support ourselves, each other and the emergency management community at large.

Addressing mental health and making conversations about mental wellness normal must become routine – for the betterment of our entire peer group.

This guide is one step toward creating healthier minds for all of us.



## What you will find in this guide

- Information about mental health, trauma and the ways stress can impact you as an EOC participant
- Orientation information if this is your first time working in an EOC
- How to increase your overall wellness before, during and after working in an EOC
- Programs that can support you, your family and others if you or anyone else you know needs additional help

This guide does not address factors like workplace safety, harassment or bullying; medical issues that can exacerbate impacts of stress and trauma; stressful personal experiences like divorce; or systemic issues such as racism and sexism.

However, these all play a role in mental wellness, and this guide acknowledges that a person's mental health is greatly influenced by a multitude of factors.

# How to use this guide

Refer to this guide before, during and after an emergency event as the types and impacts of stress will vary at different times throughout an emergency.

Use the coloured tabs on the right-hand edge of the pages to guide yourself through the document.

You can go to the table of contents by clicking on or tapping the page number in the top-right corner of any page.

*Whatever you might be feeling is OK – even if it's a long time after an emergency!*

*Your feelings are a normal response to abnormal stress conditions.*

*Keep reading to find out how to take care of yourself.*

Intro

# Mental Health

Emergency operations centres are activated during community-wide disasters to manage the emergency response.

An EOC is the central command and control facility that provides strategic emergency preparedness and emergency management functions during an emergency or disaster.

Police, fire and ambulance are often first responders, while the EOC supports their efforts at the incident site.

Although they are not on “the front lines” in the same way that first responders are, **staff in an EOC can be exposed to both acute and chronic stress that can negatively affect their mental health.**

**Activated:** When an EOC is ready to provide and support emergency management and response activities before, during or after an emergency. An activation may be minor, moderate or significant, depending on the level of risk the community is facing.

EOC staff are typically people whose regular job might be at a local government or non-profit. Some of them may be professional or part-time emergency management practitioners.

But many of them are not experts in emergency management, and some of them may not have worked in an EOC before.

Even seasoned professionals may be unprepared for the stress and trauma that they might experience in an EOC.

Mental health awareness and support programs have become common in first responder professions, including police, fire, ambulance services and the military.

But the emergency management field has only recently started to recognize the need to support the mental health of staff, volunteers and supporters.

**Part-time practitioner:** A local government staff member whose day-to-day duties do not relate to emergency management but who may be drawn into the preparedness, response or recovery for an emergency event that impacts residents in the region they work for.

# Mental wellness

Mental health is defined by the World Health Organization as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”

Mental wellness is more than the absence of illness. A healthier mind allows us to have big emotions or face multiple stressors without being overwhelmed by them.

Just as healthy eating and physical exercise enable our bodies to better manage the physical demands of world and reduce our risk of injury, **we can improve our ability to better manage the mental and emotional stressors of the world.**

For example, exercise and spending time in nature have both been shown to positively impact our mental health.



# Mental illness

Mental illness involves emotions, thoughts and/or behaviours that are distressful and impair functioning both professionally and personally. **It is both common and treatable.**

First responders and those working in emergency response tend to have higher rates of mental illness than others due to the high levels of stress they experience in their work and the repeated exposure to traumatic events.

However, you can mitigate these outcomes by tending to your mental health before, during and after an EOC deployment.

**Deployment:** When someone is requested to attend an emergency operations centre to staff a certain position to help manage an emergency. The deployment may be for a set period of time or an as-and-when-needed arrangement.

# Mental health continuum

The [mental health continuum model](#) can help us assess our mental state and take action for mental wellness. This graphic was adapted from multiple versions of the model (see this [PDF](#) or this [PDF](#)).

## Thriving "I'm good!"

- › Mood fluctuations feel ordinary
- › Feeling in control and able to respond to negative events without deep distress
- › Normal sleep patterns
- › You have both the motivation and energy to pursue your interests

### What to do:

- › Maintain a healthy lifestyle and your self-care routines
- › Learn new skills and practices
- › Build or deepen your support system

## Reacting "Something feels off."

- › Frequently irritable, impatient or on edge
- › Harder to relax and/or sleep
- › Having greater difficulty in adapting to changes or feeling overwhelmed more quickly

### What to do:

- › Identify and try to minimize stressors
- › Use your tools and practices
- › Build in extra time for self-care

## Injured "I'm struggling to keep it together."

- › Persistent anger, anxiety and/or sadness
- › Exhaustion and abnormal sleep patterns
- › Numbing out through substances, foods or avoidance
- › Struggling with decision-making

### What to do:

- › Reach out to people you trust and share what's going on
- › Get support without shame
- › Take breaks from, defer or reduce commitments so you can take care of yourself

## III "I'm done."

- › Frequent angry outbursts and/or panic attacks
- › Thoughts of self-harm or suicide
- › Can't sleep or always sleeping
- › Non-functional in some or many daily aspects of life

### What to do:

- › Seek help from professionals
- › Lean on trusted people to help you with things that feel too hard
- › If you can, take time off work

# What Mental Illness Can Look Like

This section briefly describes some mental disorders that EOC staff might experience.

If you identify with these symptoms, or notice someone you care about displaying them, check out the [Resources](#) section or keep reading to learn what you can do about it and where to get help.

*“I mean – we all drank a lot. It was just kind of the culture.*

*I think it was hard on my family, but at the same time it was helping me hold it together.*

# Types of mental disorders

## **Depression / Mood disorder**

Depression causes feelings of sadness and a loss of interest, or enjoyment, in things that used to be rewarding.

The experience of depression can be caused by the stressors around us and how we deal with them.

What it can look like:

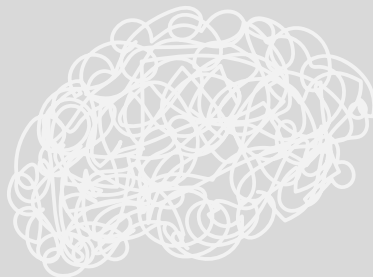
- Feelings of sadness or depressed mood, lasting for at least two weeks
- Loss of interest or enjoyment of usual activities
- Changes in sleep or appetite
- Loss of energy or increased exhaustion
- Recurring sense of doom or dread
- Difficulty concentrating
- Increased irritability
- Thinking about self-harm or that others would be better off without you

*“After my stint in the EOC, I couldn’t really handle anything.*

*I would get up in the morning and already be exhausted and overwhelmed.*

*I remember my wife saying something to me and just looking at her and thinking: ‘You have no idea how bad it is right now.’*

*I was in a hole for sure.*



## **Substance use disorder**

Alcohol and other substances can be used to help manage difficult emotional or mental experiences. Research has repeatedly found that first responders experience higher rates of problematic substance use.

While substances can help numb the pain of mental illness or traumatic stress, habitually using them to cope can have disastrous consequences on both your professional and personal life.

Differentiating recreational substance use from problematic substance use can be a challenge.

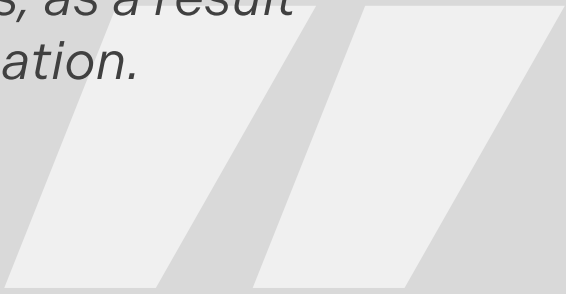
A disorder can look like:

- Thinking you should cut down on your substance use
- Others commenting on your substance use and its negative impact on you
- Using substances to cope with difficult emotions

- Struggling to function professionally or personally because of substance use
- Health, social, financial or legal problems as a result of substance use
- Not doing what's expected of you because of substance use

*"I probably had enough alcohol immediately after [the incident] that I wasn't going to be dreaming because my body was processing poison.*

*Avoidance of trauma-related thoughts? Yes, as a result of self-medication.*



## **Secondary / Vicarious trauma**

When you help those who are suffering or have been traumatized, or you listen to them share details of the event and their experiences, it can cause what's known as secondary or vicarious trauma. This can look like:

- Flashbacks or intense memories of the experiences of others
- Outbursts of anger with little provocation
- Frustration and irritation with people in distress or who have experienced trauma
- Losing sleep over the things you have heard at work
- Fear of the things you saw or that were described to you by those you helped
- Avoiding people or places because of the things you heard from others
- A sense of dread or anxiety about attending work or work environments
- Feeling overwhelmed or burned out in relation to the emotional demands of helping others





**Compassion fatigue** can happen when you are **repeatedly** exposed to secondary trauma.

*It can feel like being overwhelmed or burned out by the emotions or emotional needs of people in distress.*

*Symptoms are similar to secondary or vicarious trauma, and you might find it difficult to feel empathetic or sensitive to the suffering of others.*

## **Critical incident stress syndrome (CISS) and post-traumatic stress disorder (PTSD)**

CISS can happen when you experience or witness an abnormal or shocking incident, a traumatic event or the aftermath of such an event.

This can happen when you are involved in supporting the emergency response to an injury or death of community members or to disasters like wildfires or floods.

PTSD can happen when a single event overwhelms your ability to cope or when you are repeatedly exposed to trauma.

Access support **right now**, from anywhere in the province:

**310-6789** BC Mental Health Support Line

**1-800-SUICIDE** (1-800-784-2433) BC Suicide Prevention and Intervention Line

Because every person's nervous system is different, the same incident might instigate PTSD in one person but not in another.

Both CISS and PTSD can look like:

- Feeling numb or detached from people, activities or work
- Feeling guilty and unable to stop blaming yourself for things that happened
- Having a hard time sleeping
- Using substances to alter your mood or make it easier to cope with emotions
- Feeling constantly on guard, irritable or more stressed than you used to
- Feeling angry more often or with less provocation
- Avoiding people, places or situations that remind you of the traumatic event
- Having nightmares, vivid memories or flashbacks to the traumatic events
- Feeling heightened awareness of danger or negative things in your life

- Responding out of proportion to everyday events (like the sound of a door closing)
- Feeling intense fear, anger or frustration related to things that remind you of these experiences

*“About two months after the event, I was at a dinner at a friend’s, and someone brought it up.*

*Everyone always asks what the worst part about it was.*

*My heart just started pounding. I had to get up and leave the room.*

Before

# What to Expect

Working in an EOC can be an exhilarating experience.

For those who do not work in emergency management all the time, it can be exciting to be a part of one of the most enriching forms of public service — helping those in need.

You play a role in the immediate and dynamic decision-making that an EOC is designed for and in supporting the health and wellness of a community.

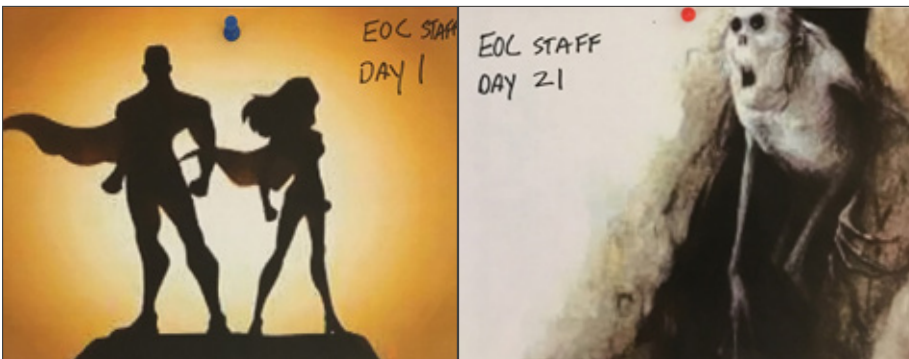
You get to directly see how your actions help first responders and mitigate dangerous, damaging and life-threatening situations for residents.

An EOC activation is not typical for the day-to-day operations of the organization that it supports. This can be disorienting.

You might encounter:

- Senior staff taking direction from junior staff. This can happen when a junior staff member has more experience or training in emergency management.
- Your colleagues in a variety of mental states. This can include severe stress, elation, giddiness, hopelessness, sadness, anger, frustration and other extreme emotional responses due to stress, disorientation, workloads and long hours.
- The organization appearing listless, uncoordinated, floundering or generally not functioning as effectively as normal. This can happen when it's facing an overly daunting emergency or an event it hasn't experienced before.

- Many unfamiliar terms, acronyms, forms, and processes. The jargon can create barriers to inclusivity within an EOC or emergency response.
- Dark, black or gallows humour. This is frequently used by emergency services personnel to relieve stress and develop a shared bond with colleagues. It also adds humour and levity into difficult and serious situations. It may seem inappropriate, rude, callous or simply wrong to those unfamiliar with it, but it does have therapeutic value.



*An example of dark humour being used in the EOC.*



# How to Prepare

If you think — or know — you will work in an EOC, you can take steps during down times to increase your resilience and the chance of a successful EOC deployment.

## Learn and practise

Exposure to the EOC and its processes while not under threat will make it less disorienting and intimidating when you see it during an emergency event.

**Join in training exercises** when they are offered and learn about your organization's EOC and emergency management program.



You can also **take courses** to improve your ability to respond to those who are going through traumatic situations, to understand the effects of stress and trauma and to better recognize when you need support for your own mental health.

- Courses through the Justice Institute of BC for people working in [emergency management](#), especially those related to [disasters](#) or [trauma](#).
- [Disaster psychosocial courses](#) from the Provincial Health Services Authority.
- [Mental Health First Aid course](#), offered virtually and in-person, from the Mental Health Commission of Canada.
- [Skillfully Responding to Distress, Crisis Response Training and other courses](#) provided by the Crisis Centre of BC.
- [SafeTALK](#), a workshop that teaches people how to connect with someone thinking about suicide, from the Centre for Suicide Prevention.

# Get yourself ready

A community may have a typical “response season.” For coastal communities, it may be winter storm season. For inland communities, it is often a combination of spring freshet season and summer wildfire season.

If there is an indication that an EOC activation may take place, you may want to:

- **Speak with your supervisor** to confirm that you can participate – and discuss how your ongoing work will be managed while you are in the EOC
- **Maintain situational awareness** of what is happening in and around your community from an emergency management perspective to get a sense of whether an EOC will be activated: Is the wildfire risk extreme? Are floods predicted because of a high snowpack?

- **Prepare your family and your home** for periods of time where you might work long hours and for days without breaks. This includes planning for child care and pet care, and ensuring your family is safe and healthy while you work in the EOC. Also, talk to your family about what your role will be and let them know what an EOC deployment might look like.
- **Pack a go bag** of spare clothes, toiletries and items like phone chargers and other essentials in case you are asked to support the EOC short notice.

During

# Stress in the EOC

Emergency operations centres are often viewed as being “far away from the action” because they support the first responders and emergency personnel who are directly dealing with the situation.

However, this doesn't mean that EOC staff – including professionally trained emergency management personnel and part-time practitioners, volunteers and agency representatives – aren't exposed to stress or trauma.

Stress can affect both our physical and psychological well-being by causing a variety of symptoms, including anxiety, insomnia, muscle pain, high blood pressure and a dysregulated immune system.

In turn, these can exacerbate or contribute to the development of illnesses such as heart disease and inflammatory bowel disease.

Previous negative experiences in an EOC, medical challenges and personal stressors can increase your vulnerability to stress during a deployment.

Certain coping tactics, like substance use or dissociation, can further harm your health if you use them for a prolonged amount of time.

**By understanding how stress and trauma are present in an EOC, you can take steps to protect yourself on the job and mitigate the impacts afterwards.**



# Types of stress

Definition	How it might be triggered
<p><b>Acute stress</b></p> <p>An intense physiological and psychological reaction to an event that your nervous system perceives as an immediate threat, either physically, emotionally or psychologically</p>	<ul style="list-style-type: none"> <li>▸ Hearing reports from the incident site of impacts and losses, whether on the news, from a resident, over a tactical radio or in a briefing</li> <li>▸ Getting into an argument with a frustrated resident</li> <li>▸ Hearing alarms, radios and other sudden noises or raised voices</li> <li>▸ Needing to make swift decisions without enough time to think through all the possible impacts</li> </ul>
<p><b>Chronic stress</b></p> <p>A consistent, and potentially debilitating, sense of feeling pressured and overwhelmed over an extended period of time</p>	<ul style="list-style-type: none"> <li>▸ Being exposed continuously to acute stress (either multiple unrelated events or the same stressor over and over) without a break</li> <li>▸ Not getting enough down time between high stress periods, including different kinds of stressors</li> <li>▸ Not being able to transfer or defer stress based on the nature of positions or expectations</li> </ul>
<p><b>Occupational stress</b></p> <p>A negative physical and emotional response to the demands and environment of your work</p>	<ul style="list-style-type: none"> <li>▸ Working in an environment where many of your colleagues regularly experience intense emotions (anger, frustration, fatigue) and you do too</li> <li>▸ Feeling like you haven't done enough when a disaster overwhelms the capacity of responders</li> <li>▸ Not getting the feedback you need to know your work matters because supervisors are stretched too thin</li> <li>▸ Seeing how issues can sometimes take a long time to get resolved</li> </ul>



# How you might be exposed to stress or trauma

## **Within the EOC**

The emergency operations centre can be a pressure cooker of stress and busyness that is simply not replicated anywhere else in your professional life.

Particularly during early stages of the emergency, EOC participants can expect:

- Incomplete information with which to try and manage the emergency
- An emergency situation that is getting worse – and sometimes much worse – before it starts to get better
- Not enough staff, space, resources, leaders or direction
- Public demands for more information, guidance, response and support
- Periods of boredom or waiting followed by periods of chaos and stress while trying to manage a challenging situation

- Colleagues who may be agitated, confused and scared
- Long hours of work without typical break and rest periods

All of these factors can lead to feelings of confusion, sadness, anxiety, exhaustion, fear and genuine concern for your own wellness and the wellness of others, both within and outside of the EOC.

*“There was just this pressure all the time.*

*I started constantly feeling like I was sick, like headaches and groggy.*

*Just burnt out. Just always holding that weight of people’s lives and futures.*

## **Through indirect exposure to trauma, loss, death, injury and destruction**

The emergencies that an EOC manages, which may be both human caused and natural hazards, can be severe.

During your deployment, you may become aware of or need to know specific details about deaths to people or animals, injuries to community members and emergency responders, property damage and destruction, damage to community assets like schools, roads, bridges, electrical and communications infrastructure, and other major impacts.

Many EOC staff will also interact with those who are directly impacted, including emergency responders and residents.

When you support others through a difficult time, you may not immediately realize the impact the events are having on your own well-being.

*“Because I was a good communicator and could work the phones, I was asked to take calls within the EOC for the first six days of the emergency.*

*Every day, all day, I dealt with people who were scared, angry, confused and made hopeless by their losses. People yelled at me, and, during most calls, people cried.*

*They told me about their pets who had died, family members who wouldn't evacuate and how scared they were for their elderly parents who now had nothing after their houses were damaged. It made me sad, scared and depressed too.*

*After the emergency, I went back to work, but something didn't feel right in me. It was hard to get back to normal, as normal didn't feel normal anymore.*

## **By seeing impacts to your own families, friends and community networks**

If you work in an EOC and live in a smaller community, there's a good chance you will personally know someone who is touched by the emergency you are responding to.

Friends and family may have been hurt, their homes or businesses damaged and their livelihoods impacted by the event.

Some EOC staff respond to this trauma by not disclosing their connection to the trauma and by doubling down and insisting that they and others work harder.

Other staff might become distant and reserved as they work to process the trauma.

It can be hard to know how to provide support in a personal relationship when you are simultaneously responsible for providing support to an entire community.

*“My EOC deployment started slow as we waited for the fire to do something. Then, late one night, it took a run, driven by strong winds. We knew it was bad – the fire department told us that at least half the homes in the subdivision were burning.*

*The next morning, I found out that my brother and his family made it out with only the clothes on their backs. Their house and belongings were all lost.*

*I didn't know what to do. I wanted to go and support him, but I felt like I had to stay in the EOC to help everyone else and my coworkers.*

*I felt pulled in two directions, and it was one of the most challenging periods of my life.*

## While or after making difficult decisions

In first responder sectors, resolution of emergency events typically follows well-established guidelines and procedures. This protects responders from having to make decisions without the support of the organization at large.

However, if you are in a leadership position in the EOC – such as an emergency manager, EOC director or section chief – you may have to make decisions without that level of historical backing.

Emergency decisions are sanctioned by legislation but are often entirely up to the leadership within an EOC to make, usually without all the information or the time needed to analyze potential consequences.

Those decisions might include:

- Suspending the rights and freedoms of citizens in the interest of their own good, such as implementing evacuations and restricting the freedom of movement

- Restricting access to food, fuel and medical services to ensure these are available for emergency response
- Protecting the health and safety of emergency responders, even if it means that other lives may be lost or that those exposed to the emergency event will be injured
- Damaging and destroying property to prevent further loss of life and property, such as demolishing a row of houses during a fire to prevent the entire loss of a community
- A choice that will forever alter an individual's life, such as the decision to implement, or not implement, a flood control measure during a flood

Making decisions like this can have both an immediate and long-term effect on the person or persons who made the final call, often with negative consequences.

Being a leader can be lonely and stressful, as not many of your colleagues will be able to understand what it's like to be responsible for balancing competing needs.



*"I was in charge in the EOC during a disaster in our community. Our team tried hard to prevent impacts, but many homes and businesses were damaged.*

*I couldn't even go to the grocery store without someone asking me why I didn't do more to help them – as if I hadn't done everything I could to help everyone I could.*

*The last straw was when people started to wait outside my house for me to come home from my EOC shift so that they could vent their frustration with me and our EOC team.*

*I had to step back from the response. I couldn't do it anymore. They could yell at me all they wanted, but I wouldn't let them near my family.*

## **Though repeated exposure to negativity and lack of respect**

As a member of an EOC, you may be exposed to negativity from the media, residents, elected officials and others about your work.

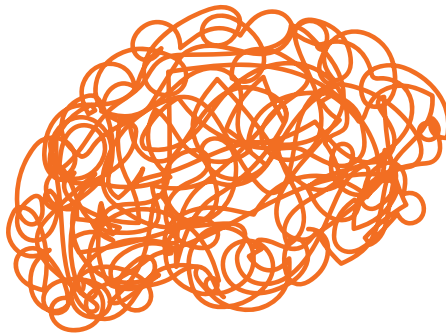
Often labelled bureaucrats, EOC staff rarely see the same levels of public or media support as other emergency response sectors, such as firefighters, paramedics and police officers, who may be credited as heroes.

Interactions with reporters, with the public through social media or with residents through phone calls and in-person interactions can frequently be negative.

The public expectation is always that more could have been done to prevent the emergency, respond to the emergency or lessen its effects.

Even though those who work in an EOC are rarely involved in the political and organizational decisions that could have prevented the impacts of an emergency event, they will often be targeted by a number of sources who demand additional disaster supports and accountability.

This ongoing and continual exposure to negativity can have a serious impact on your mental health, especially when you thought you were providing valuable support to your community.

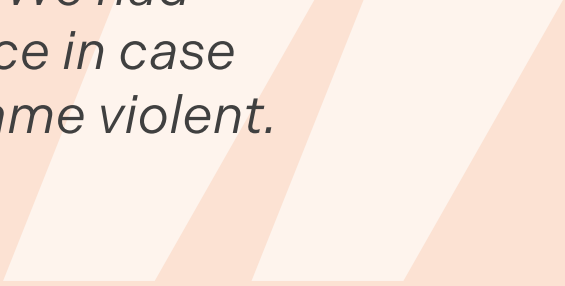


*“We had to put in flood control berms somewhere.*

*But we didn’t have time to protect every structure before the river peaked, so we had to make decisions about which buildings would be saved and which would be left to flood.*

*When people found out their homes and businesses weren’t going to be protected, they were livid. They came to the EOC to argue with us. They told us we had just ruined their lives.*

*It was terrible. We had to call the police in case someone became violent.*



# How to Take Care of Yourself

## Lean on supportive relationships

Staff working in an EOC will often find that friends and family want to help. Neighbours can help your family maintain your home, and friends can help with child care and meals.

It takes a community, and your friends and family will want to help you out as everyone wants to support the helpers during an emergency.


Having a friend or peer who is deployed to the EOC with you, or in another EOC in a similar capacity, is also valuable. Being able to talk to someone who has similar experiences can help with managing the stress and processing situations that you might experience.

*"I worked in a high stress EOC once with a good friend.*

*When we would see each other experiencing stressful situations, like phone calls, conversations or having to make difficult decisions, one of us would go to the kitchen and bring back two snacks – one for each of us.*

*It was a wonderful, non-verbal way for us to lean on each other and let the other know that we had their back without saying as much.*

*It just wasn't very good for our waistlines!*



# Make self-care simple

The recipe for mitigating stress typically includes sleep, healthy food, exercise and good relationships. However, all these things get interrupted during a deployment.

You may be working on very little sleep, eating food from a vending machine and having to forego your morning run.

But you can still support yourself with short and simple activities, for example:

- Sit quietly at your desk and be mindful of your senses: notice five things you see, four things you feel, three things you hear, two things you smell and one thing you taste.
- Hide in a bathroom stall for five minutes and just breathe. Then splash cold water on your face before going back to work.
- Take a 10-minute movement or stretch break outside or in a quiet hallway.

It's **okay to take breaks to ensure your own wellness**. We can only help others once we've taken care of ourselves!

After



# Returning to Mental Wellness

An EOC deployment can negatively affect your mental health in multiple ways. The good news is that there are many ways to restore your mental health afterward.

Above all else — as you would with a physical injury — **you must allow yourself time, space and energy to restore your mental health.**

Be aware that the impacts of stress or trauma can appear well after the initial experience has passed.

Suppressing exhaustion, mental illness, trauma and other difficult EOC experiences will not resolve those issues and may prolong recovery. This section outlines many options you can pick and choose from to restore your mental well-being.

Healing from stress and trauma is an individual process. Remember to be patient and compassionate with yourself.

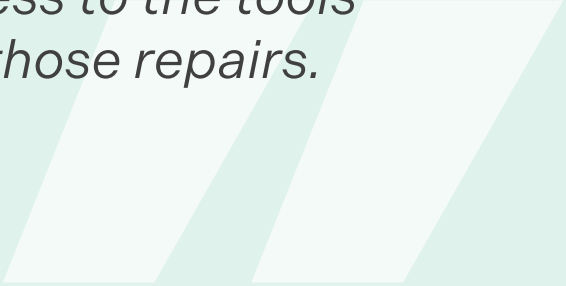
*“After what I went through in the EOC, it probably took me nine months to feel normal again.*

*To sleep properly, to enjoy the activities I enjoyed prior to my deployment, I needed that amount of time to restore myself, to heal and to get some distance away from the trauma that I had experienced.*

*I needed to rediscover the person I knew I was.*

*This is what I want new emergency managers to know: these events put chinks in your armour, but with enough time, rest and hard work, you can repair your armour.*

*And you need access to the tools and time to make those repairs.*



# Focus on restoration

Following participation in an EOC or emergency response, you may need to employ a variety of self-care strategies to help restore your mental resiliency and be ready for future EOC activations.

These could include:

- **Rest!** When it comes to recovering from trauma or burnout, not working can be as productive as working. If you can, take time off before returning to your regular job to recharge and gain perspective.
- **Tend to your physical self.** Movement and exercise, together with healthy sleep patterns and nutritious food will feed your body and mind.
- **Humans are social creatures.** Spending time with family, returning to social activities and reconnecting with friends and colleagues can be therapeutic.
- **Engage in meaningful activities.** Rekindle your favourite pastimes and do things that bring you fulfillment, such as hobbies or spending time in nature.

- **Use multiple tools** to calm your nervous system and process your experience. For example, breathing exercises and guided imagery can help settle an overactive stress response. Journalling, creative expression and grounding techniques can help manage distressing emotions and intrusive thoughts. Meditation can help as well.
- **Learn about trauma** and take courses to support self-resilience. Understanding how trauma can impact your mental health, such as by inducing hypervigilance or nightmares, can reduce feelings of guilt or shame.
- **Get professional support** – look for someone who is occupationally aware. Therapy can provide a safe space to share your feelings and develop coping strategies. A professional can also help you create and implement an exposure plan if you need extra support to work in an EOC again.

**Occupationally aware:** When a professional health care provider has specific training and experience working with the kinds of stress, trauma and mental health issues seen in a specific occupation, for example, emergency management and response.

## Accessing mental health supports

As noted [in the Intro](#), mental wellness is affected by multiple factors, not just work. That means your return to mental wellness may involve accessing supports via multiple channels.

By combining the resources available to you in both your professional and personal lives – and by addressing your EOC-related stress as well as other life stressors – you will increase the chances of successfully returning to mental wellness.

For example, if you learn relaxation and coping techniques to deal with stress from an EOC incident, they can also improve your ability to manage stress at home.

[See the table on the next page for ideas of where to start.](#)

### Options available to you as a citizen

- › Your family doctor or a GP at a walk-in clinic, who can refer you to specialists, such as a psychiatrist, or inform you of local programs for supporting mental health
- › Counsellors or other professionals that you pay for out-of-pocket
- › Emergency resources for a crisis situation, such as calling an ambulance or visiting the local emergency room

### Options that may be available through your employer

- › Regular or extended health care benefits, including employee assistance programs, that you can access to get support for both personal and workplace stress. See [the next page](#) for more info.
- › Mental health professionals, such as psychiatrists and counsellors, or programs that can refer you to these professionals

### Options that may be available through the EOC

- › Critical incident stress programs, defusing programs and exit interviews that allow you to share your experiences, perspectives and needs at the end of an EOC activation

### Options available through WorkSafeBC

- › The [Critical Incident Response Program](#), either as a group or individual debrief, or with additional sessions supported by a WorkSafeBC mental health professional
- › If necessary, a [mental health / occupational stress injury claim](#)

### Other options

- › Peer support from those who have experienced something similar. This might be as simple as a conversation over coffee or a more structured offer of support, such as recurring scheduled meetings. See [page 64](#) for more info.

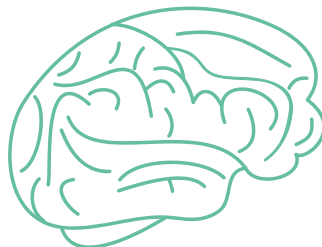
## Make use of programs at work

Many organizations provide their staff and/or volunteers with an Employee and Family Assistance Program (EFAP) or Employee Assistance Program (EAP) via extended health benefits.

These programs provide free, confidential counselling services for you and, sometimes, for your family members.

Additional sessions beyond what's provided through your benefits may or may not be covered by your organization.

While counsellors through EFAP programs may not be able to provide occupationally aware counselling, they should be able to suggest next steps or provide a referral to more specialized care.



## Connect with your peers

Peer support is when EOC participants meet as groups or one-on-one with the goal of helping each other manage stress, understand and manage trauma and restore and maintain mental wellness.

Shared or similar experiences, such as all participants having supported wildfire response, are helpful but not necessary. What's more important is an awareness of what the other is dealing with psychologically and emotionally.

Peer support can happen formally or informally.

**Formal peer support** includes scheduled meetings, formalized debrief or after-action reviews, and other structured activities with a focus on individual or team mental wellness, not operational reflection.

**Informal peer support** includes checking up on a peer who is or has been involved in a stressful emergency event or speaking up about mental wellness in informal meetings and social settings.



If you're interested in participating in peer support, talk to your EOC supervisor, director or risk manager and let them know you think it would be valuable.

Alternatively, you can reach out to someone you trust from your EOC deployment and ask them if they'd be interested in talking about your shared experiences.

This doesn't have to be formal, and sometimes it works better if it's not. Read the next section for more tips about providing peer support.

*"It took a while, but I worked hard on my recovery and started to feel good again about six months after my experience in the EOC.*

*I am even looking forward to the next opportunity to support my community when another emergency happens.*

# Check in on others

After a major event or stressful period, it may be helpful to check in on co-workers, friends and peers to see how they are managing, especially if their behaviour or personality changes greatly.

The information in this section has been adapted from and builds on the Canadian Mental Health Association [“Having the conversation” PDF](#). It can help you check in respectfully and appropriately with someone who might need support.

## Prepare yourself

Take care of yourself. It can be difficult and tiring to support others, so it is important that you “put on your oxygen mask” first.

- Ensure you are in the right frame of mind to provide support and aren't pressed for time.
- Know what the next levels of support are, such as crisis lines and [resources](#).

## Tell them what you've noticed

Traumatic stress is not always invisible. Let the person know if you've observed any changes to their:

- Physical health and eating or substance use habits
- Personal hygiene and appearance
- Interactions with others
- Responses to either new tasks or familiar tasks
- Working habits, such as being unable to take a break or regularly missing work or being late

If you get a sense that a person might harm themselves or others, ask them directly.

Be prepared to connect them with professional support, including:

**310-6789** BC Mental Health Support Line


**1-800-SUICIDE** (1-800-784-2433) BC Suicide Prevention and Intervention Line

**9-8-8** National Suicide Crisis Help Line

## **Ask if they're OK – and listen to the answer**

Make space for the person to talk about the incident and their reaction to it, but don't pressure them to share if they don't want to.

Talking can be good medicine when someone listens compassionately, which can look like:

- Stepping back from assumptions and judgments
  - Being curious and interested
  - Asking one question at a time, using open-ended questions and paying attention to the answers
  - Allowing pauses and not interrupting
  - Taking more time to gather information than you normally would
- 

## **Don't pathologize them and don't make it about you**

EOC staff are very good at solving problems! But when you're listening to someone share their experiences about stress or trauma, it's important that you don't view the person or their feelings as something to fix.

- Don't take their anger or sad feelings personally. It's not unusual for a traumatized person to express extreme emotions at times.
- Notice if you begin to argue or defend — and stop.
- Instead of saying "I know how you feel" (because you might not), tell them that whatever they are feeling is normal.
- Don't say, "It could have been worse." This will come across as dismissive of their experience. Instead, acknowledge that something happened and validate that it impacted them. For example: "Of course you're angry that someone yelled and swore at you when you were only trying to help."

## Remind them that support is available

When someone is under stress or in survival mode, they might forget that they can access resources or they might be too overwhelmed to find appropriate ones.

- Let them know you're available to listen and when, for example, by setting up another coffee date. Make sure you only offer what you have capacity to give so that you don't burn out or get resentful.
- Offer to help them make a short-term plan for moving forward and keep them accountable for following it.
- Share this pocket guide with them and point them to the [Resources](#) section.

## Take care of yourself too

After supporting someone, take a moment to sit in silence or go for a walk to reflect on the interaction.

Remember that you can also contact a crisis line or access resources. Caregivers need support too!

# Resources

# Support and Information

For those working in emergency response

- [BC First Responder's Mental Health](#)

Resources and information for first responders and their friends and family

- [First Responder Health](#)

Includes a directory of occupationally aware providers and video archive of conversations about first responder mental health

- [VANFIRE Wellness](#)

Resources and information to help manage critical incident stress

- [Disaster Psychosocial Support](#)

Short-term support and wellness check-ins for staff supporting EOCs



## For work-related incidents

- [WorkSafeBC Crisis Support Line](#)  
1-800-624-2928

You don't need a claim to access this 24/7 service for workers or their family members who are in emotional distress after an on-the-job incident

- [WorkSafeBC Critical Incident Response Program](#) or 1-888-922-3700

You don't need a claim to access this free program, available for up to three weeks after an on-the-job incident

- [WorkSafeBC Mental Health Injury Claims](#)  
or 1-888-WORKERS (1-888-967-5377)

To learn more about or submit a claim for a workplace mental health injury

## For those with mental health and/or substance use challenges

These organizations provide a variety of resources, including information and programs, to help anyone manage a mental health or substance use issue.

- [Crisis Centre of BC](#)
- [BC Mental Health & Substance Use Services](#)
- [Canadian Mental Health Association](#)

## Apps

- COVID Coach for [iOS](#) or [Android](#)

Free app designed by the U.S. Department of Veteran Affairs during COVID for anyone to use, but especially for those with PTSD

- **Oak - Meditation and Breathing**

Free, simple app with guided meditations, [only on iOS](#)

- [Headspace](#) or [Calm](#)

Meditations, breathing exercises and resources for sleeping better. Both have free trials, but paid subscriptions are required to access everything in the apps. Available on iOS and Android.

- [Insight Timer](#)

Programs and meditations for better sleep, mental and spiritual health. Available on all your devices, with free and paid tiers.

- [Petit Bambou](#)

Simple meditation and breathing programs that can be accessed on all your devices. Free and paid options available.

**By taking steps before,  
during and after an  
emergency, you can improve  
mental health outcomes in  
emergency management.**

