"Managing Mental Health in Cultural Heritage Emergency Response: Occupational Safety and Operational Resilience"
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Foreword:

The authors acknowledge that the work from which this paper is derived was performed and delivered to a live audience prior to the emergence of the COVID-19 pandemic, significant uprisings for social justice, and hostile events occurring in the US, and across the world.

It is impossible in hindsight to account for the complex and layered multiple **traumas** sustained by persons in communities of all kinds since we delivered the presentation in 2019. The continuing effects of economic, political, and social unrest, the devastating pandemic and its impacts, which are rife with inequity among individuals and classes, continue to be felt and will be for years to come. The rampant political discord surrounding the pandemic that has been sown, leading to failures in trust in civil institutions, their practices and protections, due to misinformation or other, are another insult to a gravely traumatized society. Obvious fights, uncivil behavior, microaggressions, or social justice fatigue, can be causes of **secondary trauma**, as shown later in the paper. So too is ignoring the existence of such issues, by "powering through" or manifesting "toxic positivity" (Princing and UW Medicine 2021), or not acknowledging that prior expectations must be reckoned under changed circumstances and unbalanced situations.

Whether an emergency is labeled "natural" or "man-made", the direct and **cascade effects** that impact infrastructure or normal operating status of an entity such that a response and recovery is called for, there will be imbalances of power, control, and resources. It is incumbent on the responder to realize that their role is not only as a subject matter expert but is that of an individual that represents power. While a cultural heritage responder may believe they are a neutral observer, that is a fallacy. Power dynamics are always in play. The position of a responder with limited time and resources, but also a temporary status and life outside of the incident area, scope, or duration, can affect relationships and outcomes for all concerned.

Active listening, **cultural competency, emotional intelligence**, empathy, a **trauma-informed approach**, as well as formal situation assessment, documentation, resource identification, skills training, and suggested remediation, are all tools in the cultural heritage responder's toolbox.

The authors seek to guide the reader based on their combined experience over several deployments to **disaster**-affected communities, domestic and international, and our discussions with individuals who experienced these disasters as colleague or client. While we are neither licensed in psychology, nor work as Emergency Managers full-time, we have tapped into the behavioral, mental, and occupational health expertise of our colleagues in those fields. The

reader will find the discussion informed by licensed clinical social workers, medical professionals, and freely available resources.[1] The prior literature search was not exhaustive; citations point to reliable resources that are expected to be continually accessible without a firewall. The bibliography has been updated with new resources that have emerged since the primary research was undertaken. A glossary includes terms that may be new to the reader, with references cited. Case studies are cited to share real world examples.

Losses are felt in many ways – not all of them are apparent, and not all need be known or shared in a workplace. But they, and the people who hold them, need to be cared about. We ask that you, whether in leading, observing, or responding to an emergency, continue to be mindful of the invisible burden(s) and traumas that all persons may carry, as well as ones which are visibly present or known to the supervisor (private information might not be disclosed to the team). If and when you engage in this work, bring your best self, be patient and kind – to those with whom you work, and to yourself.

Background:

The authors' goals at the time of their initial presentation (Kennedy and Lockshin 2019), were to introduce some concepts, strategies, and resources for managing and understanding mental health needs in a crisis, both during and after. The audience was generally composed of occupational health and safety, and cultural heritage workers, employed in, or as students of the galleries, libraries, archives and museums (GLAM) sector. Some were full-time staff of large organizations that have access to an Employee Assistance Program (EAP), while others were independent, employed in smaller organizations, or students, who may move from place to place, or work as contractors for deployments or aftermath of incidents requiring additional personnel.

Most of the time, the authors manage collections emergencies, from minor to moderate, in our own and others' locales, and train colleagues at our own or others' organizations. We have also worked under the aegis of the United States Government for the National Incident Management System (NIMS) or the Federal Emergency Management Agency (FEMA), in times of declared disasters or emergencies. During these deployments, we have observed colleagues demonstrating effects of mental health crises that compromised their ability to function in various capacities. With empathy, and a goal to better our own practice, whether in response or training others, we were moved to engage more deeply in our subsequent research and to advocate for this topic to become a consistent part of training and activated emergency operations.

[1] Among them, individual colleagues with terminal degrees and decades of experience in Social Work, Clinical Psychology, Public Health, Occupational Health.

This paper should be used as a guide to seek out supportive resources for oneself, and those individuals and communities with whom the reader may work.

Introduction:

The requirement to respond to emergencies at museums and other collecting institutions can have adverse mental health effects on the staff which can lead to physical safety issues, inhospitable workplaces, and even long-term health issues. When emergencies threaten or destroy the collections and programs under their purview, staff can feel a complex range of emotions, such as anxiety, anger, denial, and also blame, shame, or grief from experiencing extreme loss or failure. These workers also feel pressure to perform during an emergency incident, often ignoring personal suffering and loss. During day-to-day operations of a cultural heritage institution, workers are aware of their distinct skill set to care for the collection, which often leads to the thought that “only I can do this” when responding to a collections emergency. This inaccuracy can lead to a frantic and under-resourced response, compounding behavioral, mental health and overall occupational risk. During emergencies, working conditions can range from less-than-ideal to mentally and physically demanding. In addition to the immediate stressor (focus on the collection and organizational impact), workers may have to contend with disrupted infrastructure, severe weather, increased or unusual hours of duty that impact family care, self-care including sleep hygiene, and limited resources.

It is important to remember that survivors and responders to cultural emergencies are humans, who have human feelings and needs. Each person will respond to an emergency or disaster situation differently. Responders to a disaster may also be survivors who are dealing with stresses at home, such as acquiring food, water, safe shelter, and other humanitarian needs.

Disaster Behavioral Health

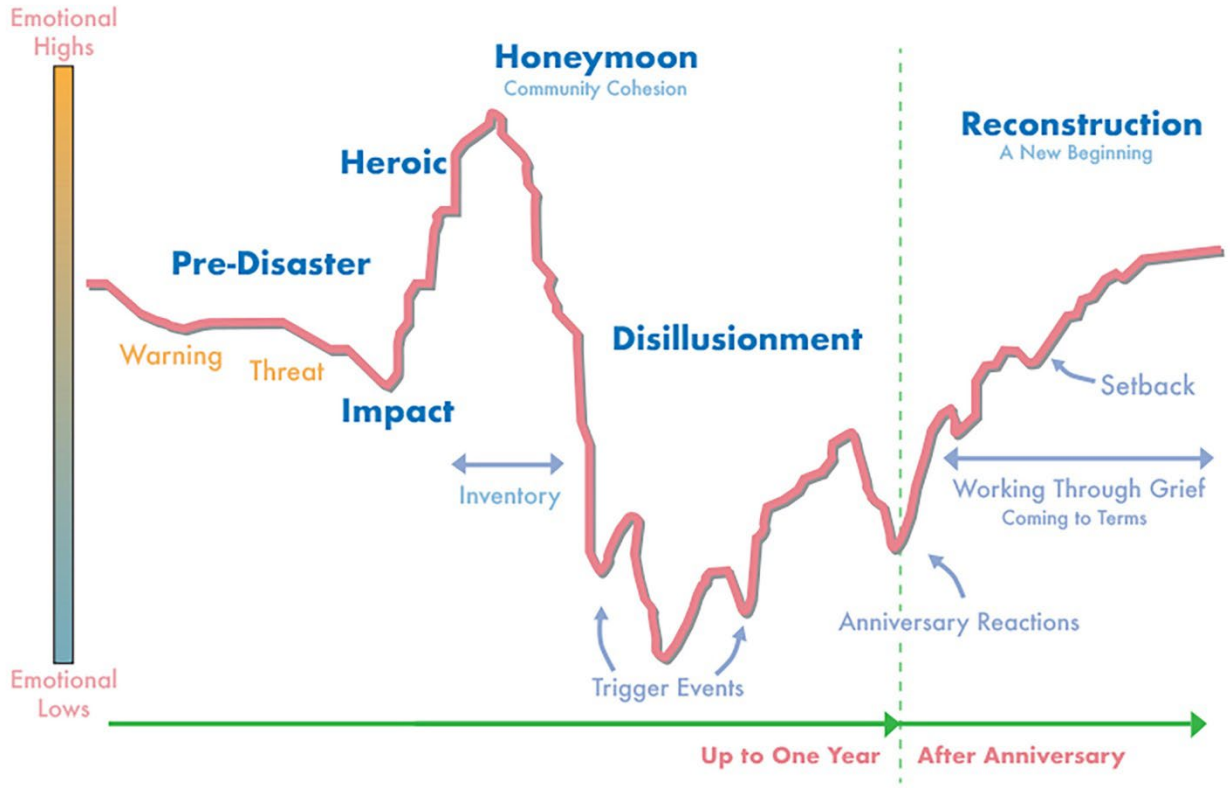


Figure 1. The Phases of Disaster, adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000.

Disaster behavioral health professionals recognize the emotional phases of disaster (fig.1), a graphic representation of which is often used for training disaster responders (Substance Abuse and Mental Health Services Administration [SAMHSA]. U.S. Department of Health and Human Services, Disaster Technical Assistance Center 2015). People may experience these ups and downs at different, and non-linear rates, and sometimes atop each other in a lengthy or recurrent event, or one with complex multipliers. For instance, in the *heroic* phase of emergency response when action is being taken, negative feelings are often put aside. We see cultural professionals responding to emergencies by running into black water or staying behind in their buildings during hurricanes. This is usually the part you see on the news, on social media, and in promotional material. It looks motivational, but eventually action-focused energy spirals downwards. Moreover, if work during this phase is not done correctly it can lead to further loss and damage, including receiving harsh criticism of actions taken or to reputation generally. Conversely, those stewards of the collection who are not put into action during an emergency or included in the process may skip the heroic phase and immediately plummet into *disillusionment*. While these decisions are always well intentioned, they are emotional decisions often spurred by the critical incident.

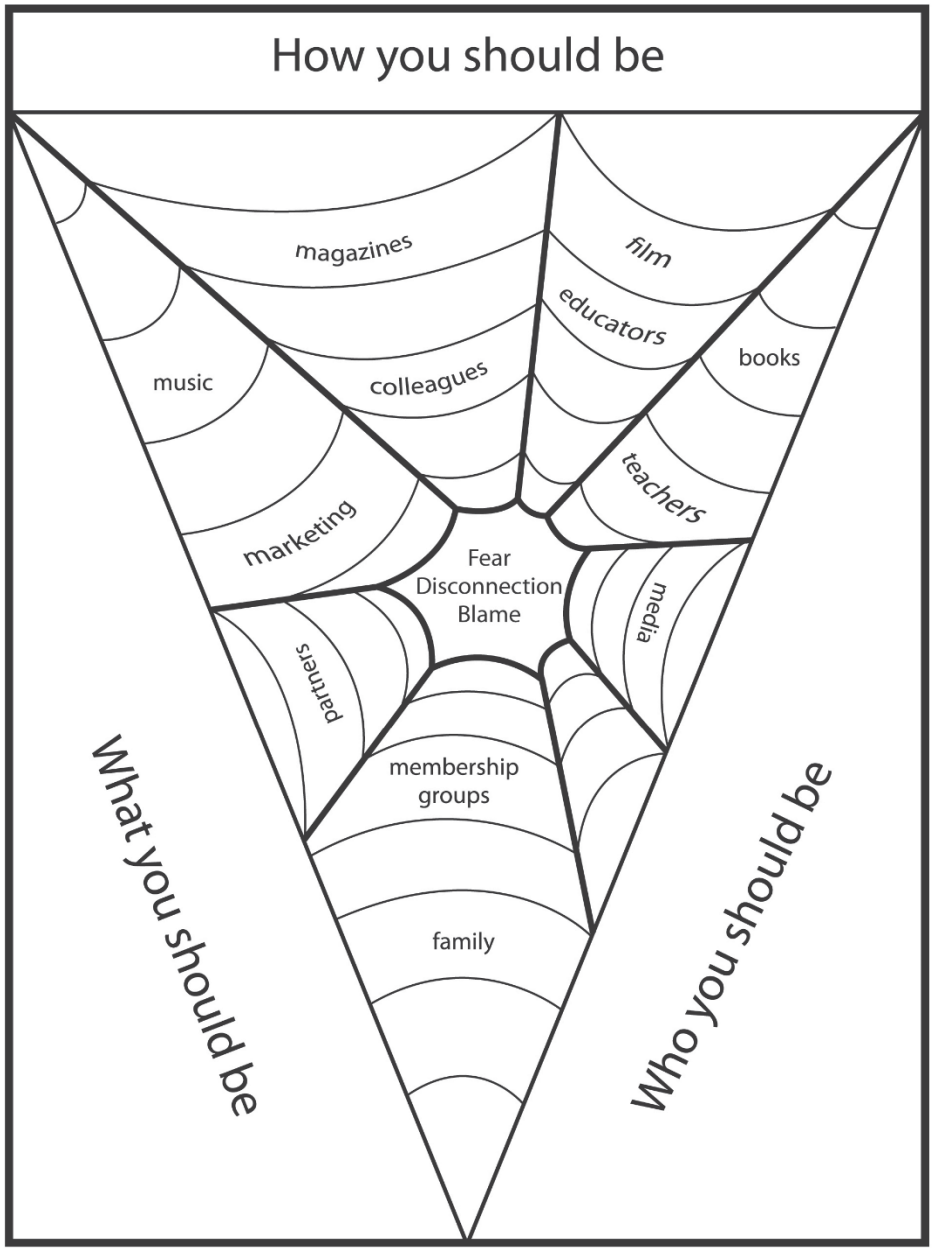
An emergency (such as leak, hurricane, fire, flood, etc.) can cause **critical incident stress**, resulting in poor decision making. The urge to run into the storage facilities or buildings to save the collections is overpowering, but disregards life safety. While having to cope with loss, shock, and confusion during the initial critical incident, cultural heritage staff often experience a secondary trauma, which may or may not be acknowledged. Secondary trauma can be caused by loss of career-long research, pressure from administrators to work faster, longer, and harder, or to forgo personal needs, such as caring for personal health, safety, and their families. This includes being denied breaks, water, food, and even acquisition and provision of proper safety gear. If the incident itself is one that has precedent, and/or one that could have been prevented, this is an example of **retraumatization**. [See Case Studies at close of paper.]

Cultural heritage staff also work under the eye of the public, colleagues, administrators, and media. External sources apply their own pressures during an emergency or disaster. This can force many professionals to experience the conceptual framework of the "shame web" (fig. 2 (Brown 2006; 2012)[2]. We feel shame that we did not do enough to protect our collections, or blame from administrators, media, public, colleagues…usually people who are not there on the ground. Shame often leads to those affected being unwilling to share "lessons learned" which would be beneficial for others to improve their preparedness and response. Unfortunately, the shame felt by cultural heritage workers during and/or after an emergency is usually unfounded, but too common.

[2] An illustration of the shame web may be found without paywall via Semantic Scholar, and the concept is discussed in Brown's Ted Talk (2012).

Session 3

Shame Web **Handout 3.1**



Connections: *A 12-Session Psychoeducational Shame-Resilience Curriculum*
Session 3: *Big Webs and Small Boxes*
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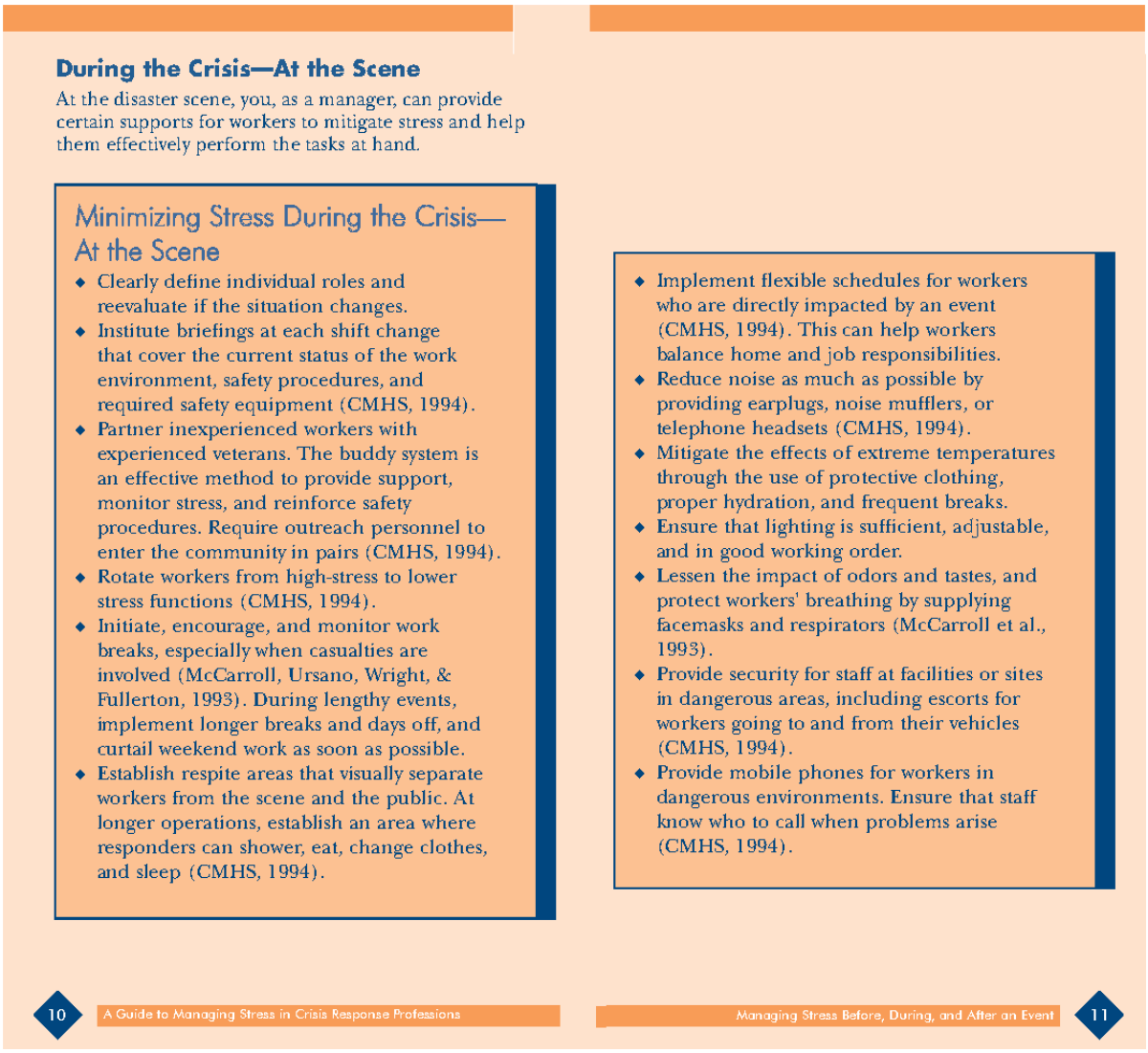
Figure 2. “[S]hame as a web of layered, conflicting, and competing expectations” (Brown 2006; Brown, Hernandez and Villareal 2011)

While shame is a perfectly normal emotion, with other stressors, like a multi-modal incident, can have **cascade effects**. We expect our cultural heritage workers trusted with response to be performing at 100% — fully aware of their surroundings, concerned for the life-safety of their teams and physical safety of the collections. However, it could be that we have colleagues suffering from critical incident stress, potential secondary trauma, and caught in a shame web, while possibly worried about family members, personal stresses, or are at different points in their own mental health cycle. It is too much to ask to perform at 100% capacity of standard operating conditions—especially if they have not had consistent training or experience in emergency management and its lifecycle. We see people rush into situations without taking the necessary time and preparation such as checking to see if the area is safe, or to source and don correct personal protective equipment (PPE) because the stress and trauma have impacted their judgement. As precautions such as rest, food, and water needs are ignored, mistakes get made and shortcuts are taken, resulting in more injuries, adding complexity to the situation and straining resources. If basic needs for supporting response personnel are not met, this can lead to further concerns. As with any employment, but especially in stressful incidents, workers may become disgruntled, potentially leading to another cascade of workplace stressors, with multiple implications such as accidents, theft and loss, and effects on morale or even workplace violence. Employment retention rates, reputation, and trust in the organization may suffer.

Under the Safety Officer and Team Supervisors (whether organized under the Incident Command System [ICS] or an ad-hoc structure), a **Total Worker Health®** approach must be an important part of their leadership and management (Lee MP et al. 2016). Not limited to the leadership structure, awareness, and communication on use of care and compassion as tools for operational stress control must spread throughout the team’s functional hierarchies to protect workers and continue effective response.



During the Crisis—At the Scene

At the disaster scene, you, as a manager, can provide certain supports for workers to mitigate stress and help them effectively perform the tasks at hand.

Minimizing Stress During the Crisis—At the Scene

- Clearly define individual roles and reevaluate if the situation changes.
- Institute briefings at each shift change that cover the current status of the work environment, safety procedures, and required safety equipment (CMHS, 1994).
- Partner inexperienced workers with experienced veterans. The buddy system is an effective method to provide support, monitor stress, and reinforce safety procedures. Require outreach personnel to enter the community in pairs (CMHS, 1994).
- Rotate workers from high-stress to lower stress functions (CMHS, 1994).
- Initiate, encourage, and monitor work breaks, especially when casualties are involved (McCarroll, Ursano, Wright, & Fullerton, 1993). During lengthy events, implement longer breaks and days off, and curtail weekend work as soon as possible.
- Establish respite areas that visually separate workers from the scene and the public. At longer operations, establish an area where responders can shower, eat, change clothes, and sleep (CMHS, 1994).

- Implement flexible schedules for workers who are directly impacted by an event (CMHS, 1994). This can help workers balance home and job responsibilities.
- Reduce noise as much as possible by providing earplugs, noise mufflers, or telephone headsets (CMHS, 1994).
- Mitigate the effects of extreme temperatures through the use of protective clothing, proper hydration, and frequent breaks.
- Ensure that lighting is sufficient, adjustable, and in good working order.
- Lessen the impact of odors and tastes, and protect workers' breathing by supplying facemasks and respirators (McCarroll et al., 1993).
- Provide security for staff at facilities or sites in dangerous areas, including escorts for workers going to and from their vehicles (CMHS, 1994).
- Provide mobile phones for workers in dangerous environments. Ensure that staff know who to call when problems arise (CMHS, 1994).

10 A Guide to Managing Stress in Crisis Response Professions

Managing Stress Before, During, and After an Event 11

Figure 3. Specific actions to take, excerpt from "A Guide to Managing Stress in Crisis Response Professions." (composite figure by authors; from SAMHSA and Carter, 2005)

Excellent guidelines for promoting a positive workplace environment are provided in *A Guide to Managing Stress in Crisis Response Professions* (fig. 3). The guide offers actionable measures and tips to minimize stress before, during/on-scene, and after the critical incident (but not the effects of it) have passed. Many of these can be planned for and practiced in "blue sky" times, under standard operating procedures, so that their application in a disaster is automatic and not overlooked.

In the experience of the authors, additional suggestions for managing behavioral and mental health in a team during a collections emergency are:

- Normalize mental health care as part of occupational safety and Total Worker Wealth.

- Train on all aspects of emergency management including mental health under occupational safety. Use the case studies in this paper to prompt discussion and get staff comfortable with discomfort.
- Practice regular, open communication with team members to avoid a sense of isolation, prevent misinformation, and sources of resentment.
- Ensure civility as a norm among workers, and address problematic behavior that affects morale.
- Recognize and reward good effort and safe practices.

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline
Toll-Free: **1-800-985-5990** (English and español)
SMS: Text **TalkWithUs** to **66746**
SMS (español): **"Hablanos"** al **66746**
TTY: **1-800-846-8517**
Website (English): https://www.samhsa.gov/find-help/disaster-distress-helpline
Website (español): https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol

SAMHSA's National Helpline
Toll-Free: **1-800-662-HELP** (24/7/365 Treatment Referral Information Service in English and español)
Website: https://www.samhsa.gov/find-help/national-helpline

National Suicide Prevention Lifeline
Toll-Free (English): **1-800-273-TALK (8255)**
Toll-Free (español): **1-888-628-9454**
TTY: **1-800-799-4TTY (4889)**
Website (English): https://www.suicidepreventionlifeline.org
Website (español): https://suicidepreventionlifeline.org/help-yourself/en-espanol/

Remember that during a disaster all responders have the right to care for themselves without repercussions. This will create a more efficient, healthier, and cooperative response. It is perfectly acceptable, and encouraged, to include local and national services such as licensed stress counselors (on staff or contracted) and other tools in your Collections Emergency Plan section under Occupational Safety (fig. 4). Please include the new number for the nationwide Suicide & Crisis Lifeline: '**988**', which has been put in service since the publication of figure 4.

Figure 4. Emergency assistance hotline numbers. (Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services 2017)

We know that it is ultimately up to everyone involved in the team to protect each other when they respond to an emergency. Being pushed hard in stressful situations to save collections that represent our communities and nations is an awesome responsibility. With awareness and sensitivity, we can also help the cultural heritage worker to come through strong, healthy, and ready to move forward on behalf of themselves, the collections, and the organization.

Case Studies

For the National Museum of Brazil fire (2018) in Rio de Janeiro, the critical incident stress was the fire and loss of the collections. Examples of secondary trauma range from revealing a lack of support from the government to, leading to many lives' work, and world heritage lost – from anthropology to zoology. Immediate feelings ranged from anger and empathy "a part of us burns today still", to loss of direction and purpose, "How do you conduct your research? What material do you give to the new student? How do you rebuild an institution this size from scratch?", and guilt "[t]hose holes are man-made…. the result of bad infrastructure that we knew was there. We failed the collection." (Yong 2018). Staff were isolated within a shame web of powerlessness as their international colleagues blamed them for not having fire suppression systems, unaware of the economic struggles the museum had suffered and recommendations ignored over repeated years (Angeleti 2022). As a way to process their grief during the recovery effort, some workers elected to get tattoos as reminders of their achievements and the collections they mourn. "I feel like it's a part of me as much as I am a part of the museum." (BBC World Service 2019).

Immediately following the fire at the Notre-Dame Cathedral in Paris, we saw secondary trauma inflicted in another form as a leader, none other than the President, rushed to make broad statements about rebuilding without consulting cultural professionals, who banded together to write an open response: "A number of [experts] can be found in your administration, in the Ministry of Culture. Let us remind you of their expertise, take the right path to find them, and then, yes, set an ambitious deadline for an exemplary restoration not only for the present but also for generations to come." (Greenberger 2019). Taking stock, and taking action, instead of fostering umbrage, is a way to move toward productive discussion, and be part of a more successful recovery, inclusive of multiple points of view.

Regarding the immediate and long-term aftermath of Hurricane Sandy at NYU Libraries, conservators reported on the extreme and multiple pressures faced during salvage and the lengthy recovery, while also returning to normal operations. While considering the outcome successful for the objects, "in retrospect…once the pamphlets were in their possession it was very difficult to let go of their sense of custodial responsibility toward the materials." They describe their sense of obligation, "wanting to help in whatever way they could", yet on behalf of the collections and themselves wish they had advocated more for funding to use external resources or put a pause on standard activities rather than continue to launch normal operations while in the midst of recovery. "The conservators recognize that the highly charged emotional climate in their surroundings…played a powerful role in affecting their decision-making and may be the most important factor that prevented their considering the salvage treatment undertaking as critically as they might have." (Andres 2015)

The attachment of GLAM workers to their collections is very real. Cultural stewards spend their lives working to protect, understand, and share the collections with which they are entrusted. The need to grieve for the loss of collections must be allowed in order to begin the emotional recovery of staff. The methods for emotional recovery vary in time and process based on the individual experiences of the workers and the institution as a whole.

Acknowledgements:

For their guidance, the authors thank our present and past colleagues from the Smithsonian Institution’s Employee Assistance Program, Occupational Health Services, and Wellness Initiative; FEMA Mental Health; the Substance Abuse and Mental Health Services Administration; for their support, the American Industrial Hygiene Association, Potomac Section and the Washington Conservation Guild; and for your stories, all our colleagues “on the ground.”

Appendix 1: Glossary

cascade effect a (sometimes unforeseen) chain of events due to an act affecting a system; a cross-disciplinary term is used in emergency management, and more disciplines https://en.wikipedia.org/wiki/Cascade_effect

critical event (or incident) a sudden, powerful event that is outside the range of ordinary experiences and has an impact stressful enough to overwhelm the usually effective coping skills of either an individual or group (Occupational Safety and Health Administration n.d.)

critical incident stress witness[ing] or experience of tragedy, death, serious injuries and threatening situations while responding to emergency events and or disasters that [can] strain ability to function (Occupational Safety and Health Administration, United States Department of Labor n.d.)

cultural competency is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services. (Disaster Technical Assistance Center and Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services 2022)

disaster an occurrence of a natural catastrophe, technological accident, or human caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in [the FEMA Glossary of Terms] Guide, a "large-scale disaster" is one that exceeds the response capability of the local jurisdiction and requires State, and potentially Federal, involvement. (Federal Emergency Management Agency and United States. Department of Homeland Security 1996)

emotional intelligence (emotional quotient or EQ) is the ability to understand, use, and manage your own emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and defuse conflict. (Segal, et al. 2022)

emergency: Any incident, whether natural, technological, or human-caused, that necessitates responsive action to protect life or property. (Emergency Management Institute, Federal Emergency Management Agency 2018)

incident: An occurrence, natural or manmade, that necessitates a response to protect life or property. In NIMS, the word "incident" includes planned events as well as emergencies and/or disasters of all kinds and sizes. (Emergency Management Institute, Federal Emergency Management Agency 2018)

operational stress control (more commonly used in military applications) procedures and protocols to optimize physical, mental, and emotional wellbeing for resilience to a variety of

physical, emotional, cognitive, and behavioral reactions, adverse consequences, or psychological injuries following exposure to stressful or traumatic events in combat or military operations. (Psychological Health Center of Excellence, et al. 2022)

psychological first aid (PFA) is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters and connect individuals to help and resources. PFA is delivered to affected individuals by mental health professionals and other first responders. The purpose of PFA is to assess the immediate concerns and needs of an individual in the aftermath of a disaster, and not to provide on-site therapy. (American Psychological Association 2019)

retraumatization is reliving stress reactions experienced as a result of a traumatic event when faced with a new, similar incident. (SAMHSA 2017)

secondary trauma can be read as one of two primary definitions. The most common (also known as vicarious trauma or compassion fatigue) usage regards providers: exhausted by continuous exposure to "knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (Bride et al. 2007). It is also proposed as "as a blow to the social fabric of a community caused by inadequate responses to an initial hazard event and/or inadequate responses to secondary hazards. (Gill 2007)

Total Worker Health® is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being. (National Institute for Occupational Safety and Health and Center for Disease Control and Prevention 2021)

trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

trauma-informed approach seeks to resist re-traumatization of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission. Six principles of trauma-informed care include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender Issues. (SAMHSA's Trauma and Justice Strategic Initiative and 2014a, 2014b)

Appendix 2: Further Reading

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