



EMERGENCY MENTAL HEALTH RESPONSE RESOURCES – HADASSAH MEDICAL ORGANIZATION

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BASIC PROFESSIONAL MINDSET

- First, calm yourself as a therapist. Before you meet people, take a short moment to breathe and ground yourself. In crisis work, your calm helps others calm.
- A traumatic event is not the same as a mental disorder. Many reactions are normal in the beginning.
- Do not “diagnose PTSD” too early. In the first weeks, focus on safety, support, and functioning. PTSD is usually not diagnosed before symptoms continue for more than one month.

MAIN MESSAGES TO SHARE WITH THE COMMUNITY

- Not every traumatic event becomes PTSD. Most people feel stress at first and then improve naturally over time.
- This is a normal reaction to an abnormal event. Fear, anger, confusion, being on alert, sleep problems, intrusive thoughts, sadness, sensitivity, and difficulty focusing can happen at the start.
- Natural recovery is common. The community’s job is to support this recovery and notice early who needs extra help.

PRIORITIES IN THE FIRST STAGE

In the first days-weeks, work in this order:

- Safety
- Basic functioning (sleep, food, daily routine, children’s schedule)
- Social connection and practical help
- Hope
- Symptom relief (important, but usually not the first step)



WHAT TO DO AND WHAT NOT TO DO (EARLY CRISIS INTERVENTION)

DO:

- Give short and reliable information (what we know / what we do not know).
- Ask what people need right now (practical needs + emotional needs).
- Help with practical steps (contacts, transport, childcare, information, basic planning).
- Connect people to support: family, friends, community leaders, services.
- Offer short coping tools (breathing, grounding, sleep support, limiting news exposure).
- Refer people to professional help if needed, and follow up.

AVOID:

- Do not force people to talk in detail about the trauma
- Do not do one-time mandatory “debriefing” sessions for everyone as a method to prevent PTSD.
- Do not turn the meeting into an “investigation” of details.

SUPPORT NATURAL RECOVERY AND COMMUNITY STRENGTH

Encourage small actions that bring control, for example: checking on a neighbor, making a short daily plan, helping in an organized way.

Support return to routine, step by step: school, work, daily tasks, community activities (when safe).

Create clear professional availability (a hotline / fixed hours / clear referral system), to prevent chaos and overload.

EXPOSURE CIRCLES AND STEPPED CARE (TRIAGE)

Who may need closer follow-up:

- People with direct exposure or injuries, close family of victims, witnesses, first responders, community leaders under heavy load.
- Children and teens exposed to frightening content (videos/news).
- People with ongoing threat (continued harassment, repeated incidents).



RISK SIGNS (NEED MORE ATTENTION):

- Past trauma or mental health history
- Severe exposure
- Strong dissociation (feeling unreal, “not here”)
- Extreme avoidance
- Increasing alcohol/drug use
- No social support

STEPPED CARE APPROACH:

- Most people: information, connection, practical help, routine, support.
- Some people: active follow-up + a few support sessions + coping skills + focus on functioning.
- A smaller group: referral to evidence-based trauma treatment (more structured therapy), especially if symptoms stay strong and functioning is clearly harmed.

WHAT TO ASSESS (WITHOUT “OVER-DIAGNOSIS”)

Focus on:

- Functioning (sleep, work/study, parenting)
- Avoidance that is growing
- Strong and repeated panic/anxiety attacks
- Deep withdrawal from people
- Increased alcohol/drug use
- Ongoing threat or repeated stressors

WORK WITH COMMUNITY LEADERSHIP AND PUBLIC COMMUNICATION

- Coordinate with community leaders, education teams, security/police, and welfare services.
- Keep one clear message: safety steps, support options, and how to get help.
- In an antisemitic attack, there may be identity and belonging pain. Give space for this, while also strengthening safety, connection, and hope.

PROTECT THE PROFESSIONALS (SECONDARY TRAUMA AND BOUNDARIES)

- Work with short shifts, clear roles, and team support.
- Use short operational check-ins (what happened, what we do next), not deep emotional “processing” after every shift.
- Watch for signs of secondary trauma and burnout. Reduce load early and use supervision/peer support.
- Optional appendix: simple structure for a community support system
- Community professional hotline: name, phone, hours, language.
- Quick triage questions: functioning + “red flags” (self-harm risk, suicidal thoughts, psychosis, severe substance use, violence).

