Disasters are events from the physical environment which are harmful for human beings and are caused by forces which are unfamiliar to them. They are normally unpredictable and catch the affected populations unprepared. Disasters can be natural like hurricanes and earthquakes as well as human-made like plane crash and terrorist attacks.

In 2014, natural catastrophes cost global insured loss of US\$ 31 billion and uninsured loss of US\$ 79 billion (Munich Re, 2015). In 2013, 150 natural catastrophes and 158 man-made catastrophes hit the world which cost insured loss of US\$ 37 billion and US\$ 8 billion respectively (Swiss Re, 2014). Total loss of human lives due to natural disaster was 21,610 in 2013 around the world (Guha-Sapir, Hoyois, & Below, 2014). The September 11, 2001 terrorist attack in the United States is the deadliest man-made disaster in the history of mankind till now.

The key components of disaster mental health are threat to life, physical harm, loss of nearest ones, property loss and information stress (Ursano, Fullerton, & Norwood, 2003). All these are associated with higher risk of psychiatric morbidity. Surveys in the general population estimate that approximately 69 percent of the US population is exposed to disasters or individual traumatic events over their lifetime. Of those exposed, 15 to 24 percent develop post-traumatic stress disorder (PTSD) (Lo pez-Ibor, Christodoulou, Mai et al., 2005). Among other psychiatric outcomes acute stress disorder, major depressive disorder, generalized anxiety disorder, substance abuse disorder are common.

Among the key components of early crisis interventions, basic needs assessment, psychological frst aid, monitoring and referral are

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