Disasters: Impact on Mental Health in an Elderly Population and Practical Suggestions for Preparation, Response, and Recovery

Lisa M. Brown, PhD
Department of Aging and Mental Health Disparities
Florida Mental Health Institute
University of South Florida

Objectives

1: Become familiar with the four phases of disaster and psychological interventions that are appropriate for each phase.

2: Be able to describe how to assess older adults at risk for disaster-related psychological distress.

3: Be able to distinguish abnormal from normal recovery from disasters.

4: Be able to describe activities that build resilience in older adults.
World Health Organization

Several reports have been published about the importance of integrating mental health into primary care practice during disasters.

Primary care physicians are on the frontlines.

Role of Primary Care Physicians after Disasters

- Some people are reluctant to accept assistance from government agencies or find completion of the paperwork required to receive aid daunting and turn to a trusted health care provider.
- Others turn to religious leaders, family members, informal social networks, or their personal physician for relief from their distress.
Role of Primary Care Physicians after Disasters

Most people who are psychologically or emotionally distressed after a disaster, don’t self-identify as having a mental health problem.

GOOD NEWS: Primary care physicians have increased their efforts to screen for trauma among people who seek medical care for somatic complaints following disasters.
What Happens After a Disaster and Why Should I Care?

1. Different types of psychological intervention are delivered/funded by different agencies - depends on the magnitude of the disaster (big disasters usually get more resources) and phase (different interventions are used pre- and post-disaster).

2. Knowing about the types of available interventions makes it easier to:
   - make referrals
   - understand what types of treatment your patient may have received prior to seeing you
   - coordinate care

Phases of Disaster

Adapted from CMHS, 2000.
The Disaster Cycle

- **Mitigation** – identifying threats and resources, taking preventive actions, avoiding hazards – Resilience Building Workshops
- **Preparedness** – planning and training – Preparedness Workshops
- **Response** – Activities that occur during the disaster
- **Recovery** – returning to normal (pre-disaster state) – Psychological First Aid, Crisis Counseling, Psychotherapy
**Psychological First Aid (PFA)**

An evidence based approach designed to reduce the initial stress caused by traumatic events and to foster short and long-term adaptive functioning.

Developed by the National Center for PTSD and the National Child Traumatic Stress Network and used by American Red Cross and the Medical Reserve Corp.

Crisis Counseling Program

- Normalize and validate feelings and reactions
- Help define and prioritize needs
- Help design strategies for addressing needs
- Help to adapt/re-establish coping skills
- Offer practical assistance and referrals
- Prevent future emotional and psychological problems

Crisis Counseling vs. Traditional Psychotherapy

**Traditional**
- Office Based
- Diagnosis & Treatment
- Attempts to enhance functioning
- Examines content and process
- Psychotherapeutic focus
- Duration of treatment – possible long-term

**Crisis Counseling**
- Home & community based
- Examines strengths & coping skills
- Seeks to restore pre-disaster functioning
- Content is accepted at face value
- Validates appropriateness of reactions and normalizes the experience
- Psycho-educational focus
- Duration of treatment – short-term
Crisis Counseling Client vs. Traditional Psychotherapy Patient

**Patient**
- Self-identified as depressed, anxious, etc. or court ordered to obtain treatment because of emotional, interpersonal, or mental illness
- If you build it, they will come

**Client**
- Self-identified as having disaster-related distress
- Setting (where the individual lives) and existing infrastructure affects ability to access resources

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Crisis Counseling Strategies

- Provide information about common physical and psychological reactions to crisis
- Provide education about stress and coping
- Help restore the individual's sense of control
- Encourage networking and re-establishing contact with informal and formal support, providers, and clergy
Traumatic Stress

“Traumatic stress refers to the emotional, cognitive, behavioral and physiological experiences of individuals who are exposed to, or who witness, events that overwhelm their coping and problem solving abilities”

(Lerner & Shelton, 2001)

6% - 7% of the U.S. population is exposed to a disaster or trauma each year

(Norris, 2001)
Mental Health Issues

★ The majority of individuals who are psychologically traumatized by disaster will recover in 16 to 18 months
★ Some will experience long-term psychological problems, such as PTSD, or exacerbation of previously existing mental health disorders
★ Others will report experiencing growth

Norris and colleagues (2001) reported that the presence of at least 2 of the following 4 conditions increased negative mental health consequences of an event:

♦ Occurrence of a human-made disaster
♦ Widespread damage to property and community
♦ Economic hardship
♦ High prevalence of threat to life, injury, and loss of life
PTSD Prevalence

- National Comorbidity Study (Kessler, 1995)
  - 61% of adults (ages 18-55) have experienced at least one traumatic event
  - 8% of men have lifetime history of PTSD
  - 20% of women have lifetime history of PTSD

Trauma & PTSD

- Characteristics of the trauma
  - Severity or intensity
  - Duration
  - Predictability
  - Proximity to trauma

- Characteristics of the person
  - Prior trauma exposure
  - Family history
  - Psychiatric illness

- Post-event factors
  - Availability and quality of social support,
  - Time to rebuild community/return to normal
Risk Factors for PTSD

- Demographic Factors
  - Gender – Females at increased risk
  - SES
  - Cognitive Ability – less effective coping skills, less appreciation of safety issues
- Previous Trauma
  - History of childhood physical or sexual abuse
  - Exposure to previous trauma or disaster

(Ehlers & Clark, 2003)

Common Psychiatric Problems After Disasters

- Acute Stress Disorder
- PTSD
- Depression
- Anxiety
- Adjustment Disorder
- Grief Reactions

The extent of the psychiatric morbidity and mortality that develops in people depends on the type of disaster, the degree of injury sustained, the type of disaster, the degree of injury sustained, the amount of life threat, and the duration of community disruption.
Those at Increased Risk for Adverse Consequences

- Socially isolated
- Frail
- Chronic illness
- Cognitively impaired
- History of exposure to an extreme traumatic stressor
- Substance Abuse
- Low SES
- Language and cultural barriers
- Severe mental illness
- People at ground zero
- 1st responders and media

Disaster Mental Health Outreach and Service Use

In Florida and in other states providing DMHS, there is a consistent and substantial gap between those who are psychologically distressed after a hurricane and use of disaster behavioral health services during the recovery phase.
Personal Barriers to Use of Disaster Behavioral Health Services

Disaster affected people don’t self-identify as having a mental health problem

Most people don’t want to be known as needing mental health services

- Stigma

  “I'm not crazy, I have problems because of the disaster”

- Social comparison

Personal Barriers to Disaster Behavioral Health Services

People are reluctant to use disaster behavioral health services in traditional mental health settings due to a complex set of help-seeking factors:

- Problem recognition
- Symptom misattribution
- Readiness to change
- Preferences for location of services
- Practical barriers to treatment – no transportation
Evaluation Considerations When Assessing Those at Risk

★ Determine person’s proximity to the disaster
★ Learn about their recovery process
  ➢ Was aid available?
  ➢ Were they relocated?
  ➢ Quality of current social support?
★ Prior history of traumatic events?

Vulnerability During Disasters

What makes people vulnerable?
- Limitations due to disability (e.g., limited mobility)
- Cognitive impairment
- Chronic health conditions
- Difficulties evacuating
- Poverty
- Language and cultural barriers
- Lower Reading Ability
- Isolation from information about risks of not evacuating and recovery services
Treatment Issues with Older Adults

- Issues addressed more frequently in therapy with older than with younger adults include:
  - Physical health (changes in health status)
  - Sensory capacity (changes in vision or hearing)
  - Late family development
  - Loss and grief

- Psychological assessment with older adults tends to be more specialized than are interventions.

Older adults respond as well to psychotherapy as younger adults.

However, older adults rarely present to traditional mental health settings. Rather, they present their problems predominantly in medical settings (Haley, 1996)

Older adults are 5 times more likely to seek help from a medical provider than from a mental health professional when experiencing a mental disorder (Koenig & Blazer, 1990)
Steps to Build Resilience

★ 61% of USAF pilots captured and tortured during the Vietnam conflict did not develop PTSD and said that they benefited from the ordeal.

★ In contrast, there are case reports that giving birth has resulted in the development of PTSD.

Steps to Build Resilience

- Determine what is controllable
- Act on facts and not on fear, rumors, speculation
- Keep informed about new developments
- Be part of a larger social network – don’t isolate
Steps to Build Resilience

- If feeling depressed, angry, worried, talk to others. Share your concerns.
- Have a plan prior to an event – better to be proactive than reactive
- Discourage maladaptive coping such as excessive use of alcohol and drugs – identify adaptive coping techniques
Resources

American Psychiatric Association – Disaster Psychiatry Principles and Practice
http://www.psych.org/disasterpsych/principlespractice.cfm

SAMHSA – Managing Stress Before, During, and After an Event

Anxiety Disorders Assoc. of America – PTSD
http://www.adaa.org/GettingHelp/AnxietyDisorders/PTSD.asp

American Association for Geriatric Psychiatry –
http://www.aagponline.org/prof/disaster.asp

Duke University Web Reference Guide –
http://psychiatry.mc.duke.edu/Clinical/DisasterMentalHealth.html

Disaster Mental Health International
http://www.disastermentalhealth.com

AAHSA On-line Disaster Community
http://aahsa.communityzero.com/disasterhelp

Preparing for Disaster for People with Disabilities and other Special Needs

Older people in disasters and humanitarian crises: Guidelines for best practice
http://www.helpage.org/Resources/Manuals

Center for Disease Control
http://www.bt.cdc.gov

Texas Statewide Bioterrorism Continuing Education Project
http://www.TexasBiosecurity.org
Resources

National Library of Medicine

Western Reserve Geriatric Education Center
http://darla.neoucom.edu/ElderPrepare

Ohio Valley Appalachia Regional Geriatric Education Center
http://www.rgs.uky.edu/aging/btepa/index.html

FEMA Metropolitan Management Resource Centers
http://www.mmrs.fema.gov/

GAO Report on Evacuation of Hospitals and Nursing Homes Due to Hurricanes

Resources

AAHSA On-line Disaster Community
http://aahsa.communityzero.com/disasterhelp

American Red Cross
American Red Cross: Disaster Preparedness for People With Disabilities
http://www.redcross.org/services/prepare/prepare/disability.html
American Red Cross: Disaster Preparedness for Seniors by Seniors
http://www.redcross.org/services/prepare/prepare/seniors.html

Federal Resources
Department of Health and Human Services: Disasters and Emergencies
http://www.hhs.gov/emergency
Centers for Disease Control and Prevention - Influenza www.pandemicflu.gov/
Pandemic Influenza Planning Checklist
http://www.pandemicflu.gov/plan/LongTermCareChecklist.html
Pandemic Influenza Tabletop Exercises - US Department of Health and Human Services
www.hhs.gov/nvpo/pandemics/tabletops.html
Home Health Care Services Pandemic Influenza Planning Checklist
http://www.pandemicflu.gov/plan/healthcare.html
Administration on Aging: Disaster Preparedness and Assistance for Pandemic Flu
Resources

Pan American Health Organization: Health Library for Disasters
http://www.paho.org/English/DD/PIN/p060526.htm

Agency for Healthcare Research and Quality: Disaster Response Tools and Resources
http://www.ahrq.gov/path/katrina.htm

National Organization on Disability: Disability Emergency Preparedness for Community Leaders
23

Baylor College of Medicine – “Best Practices for Managing Elderly Disaster Victims”
http://wwwbcm.edu/pdf/bestpractices.pdf

Disaster Preparedness and Response for Nurses
http://www.nursingsociety.org/education/case_studies/cases/SP0004.html

Resources

AARP – “We Can Do Better: Lessons Learned Protecting Older Persons in Disasters”
http://www.aarp.org

Public Health Agency of Canada Pandemic Flu Plan

HRSA Projects in Bioterrorism & Emergency Preparedness in Aging – BTEPA
Western Reserve GEC at Case Western University
Consortium of New York GEC at NYU
Gateway GEC of Missouri and Illinois at St. Louis Univ.
Ohio Valley/Appalachian Region GEC at University of KY
Stanford GEC at Stanford University
Texas Consortium GEC at Baylor College of Medicine

HIPAA Privacy Rule: Disclosure for Emergency Preparedness – A Decision Tool
http://www.hhs.gov/ocr/hipaa/decisiontool
