

# *Responding to Mental Health Disasters 101*

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# The Role of Epidemiological Research in Disasters

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- **WHO** is at risk?
  - Demographics, incident characteristics, prior psychological functioning
- **WHEN** are people impacted the most?
  - After which types of disaster?
  - What are the long term consequences?
- **WHAT** services are helpful?

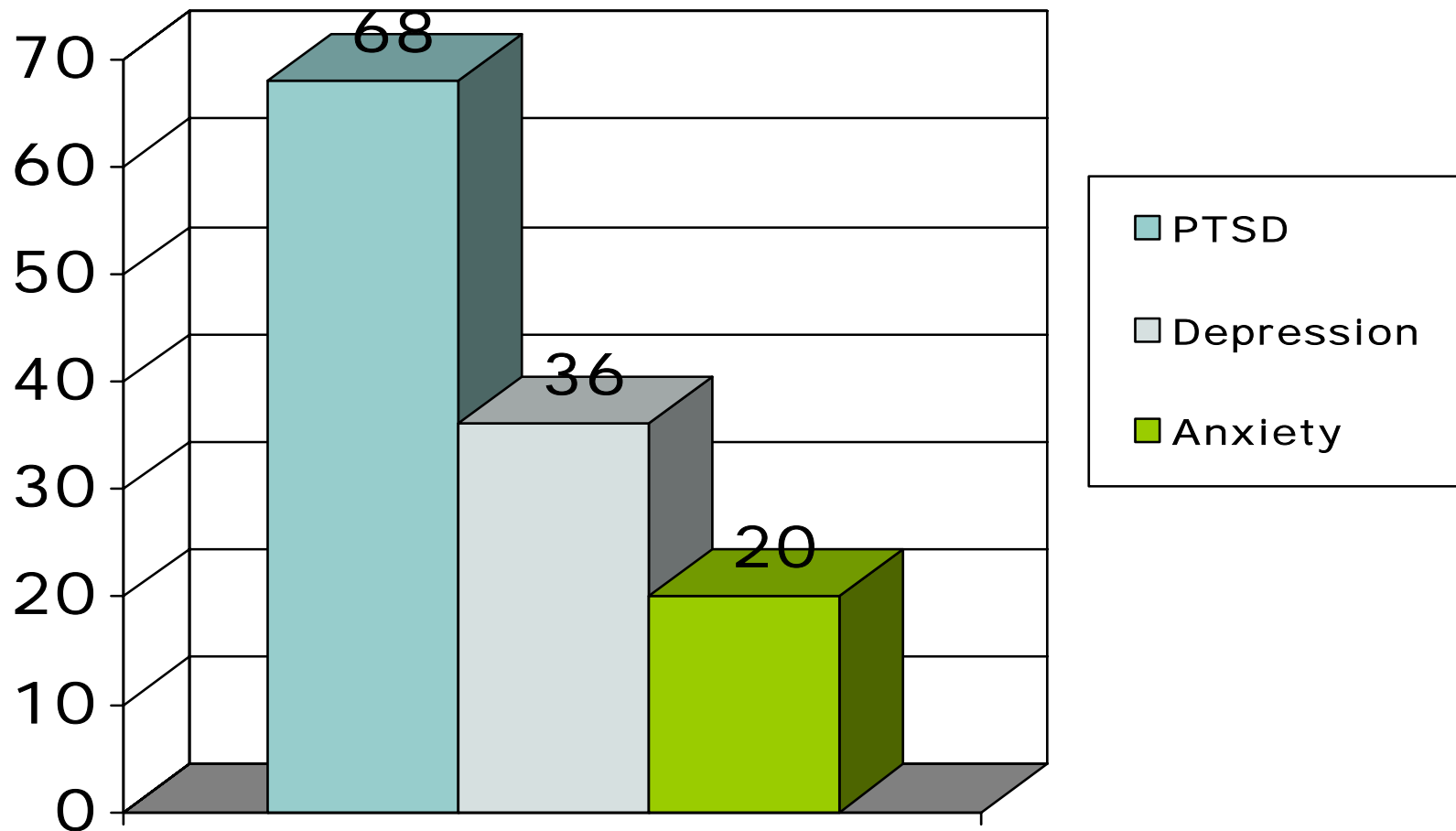
# 60,000 Disaster Victims Speak: Norris (2002) review

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- Reviewed research published between 1981-2001 on the impact of disasters on mental health
- 160 Samples; Research from 29 countries.
- Six Primary Outcomes:
  - Specific psychological problems
  - Nonspecific Distress
  - Physical Health Problems
  - Chronic Problems in Living
  - Resource Loss
  - Problems Related to Youth

# Outcomes: Specific Psychiatric Conditions

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Norris et al. (2002)

# Outcomes: Problems Specific to Youth

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- Variability by age and gender.
- Young children:
  - Increased clinginess,
  - dependence,
  - refusing to sleep alone
  - hyperactivity
- School aged children:
  - A decrease in disruptive behaviors (or at least teacher report of them)
- Adolescents:
  - Slight increase in delinquency

## Long Term Trends

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- As a general rule, symptoms improved over time
- Level of symptoms in the early phases of disaster were good predictors of symptom levels in later phases of recovery
- Delayed onsets of disorders were rare

## Risk Factors: Acute Disaster Stressors

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- Bereavement
- Injury to self or family member
- Life threat
- Panic or dissociation during the event
- Horror
- Separation from the family
- Property damage or financial loss
- Relocation
- Collective exposure

# Risk Factors: Individual Characteristics

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- Age (middle-age = more distress)
- Ethnic minority
- Lower SES
- Unmarried
- If child's parent is distressed
- Greater level of stress of number of major life events
- Predisaster mental health problems
- Resource loss
- Individual level of exposure

# Effects of Disaster on People with Severe Mental Illness

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- People with severe mental illness (SMI) are more likely to experience a traumatic event than others without SMI
- Over 90% of people with SMI have experienced a traumatic event in their lifetime
- People with SMI are about 20-30 times more likely to have PTSD than those without SMI
- People with SMI who experience other high risk factors (e.g., personal injury) are at significant risk to develop PTSD

(Jankowski & Hamblen, National Center for PTSD Fact Sheet, Goodman et al., 2001; Mueser et al., 1998)

## Resiliency Factors

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- More active coping
- Greater levels of self-efficacy
- Higher perceived social support
- Relatively few reports of severe impairment among rescue/recovery samples
- Lower levels of pre-disaster traumatic/stressful events

# Key Components of Early Intervention (NIMH, 2001)

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- Basic Needs
- Psychological First Aid
  - Protect from further harm
- Needs Assessment
- Rescue and Recovery Environment Observation
  - Monitor Media and rumors
- Outreach and Info Dissemination
  - Use established community structures
  - Have resources for all groups
- Technological Assistance
  - Improve Capacity of organizations to Provide what is needed
- Fostering Resilience and Recovery
  - Foster Natural Social Supports (church)
- Triage
  - Conduct assessments and identify vulnerable groups
- Treatment

# *Maslow's Hierarchy of Needs*

A pyramid diagram representing Maslow's Hierarchy of Needs. The pyramid is composed of five horizontal black bars of decreasing width from top to bottom, connected by black lines. The top bar is the narrowest, and the bottom bar is the widest. The text for each level is centered within its respective bar. The pyramid is set against a white background with a light blue rounded rectangular border.

**5. Self Actualization**

**4. Esteem (e.g. self-esteem and esteem of others)**

**3. Belongingness and Love (e.g. friends, family, significant others, children)**

**2. Safety (e.g. concern for physical safety)**

**1. Physiological needs (e.g. hunger, thirst)**

## Early Intervention: Lessons learned from 2004 Florida Hurricane Season

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- 1) Be prepared to serve whatever role is needed
- 2) Triage, triage, triage
  - Identify and assess individuals demonstrating risk factors (e.g., those who have been injured, those demonstrating the most distress, people with SMI)
  - May have resources to provide additional support
- 4) Pairing with the American Red Cross is key in the aftermath of a disaster area due to resources and experience

## Early Intervention: Lessons learned from 2004 Florida Hurricane Season (cont.)

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- 5) Have volunteers available to do pleasant activities to provide support to children in shelters and other areas populated with victims.
- 6) Work with your State and local health departments to help you find the resources
- (Based on presentations made at the NCTSN Terrorism & Disaster Rapid Response meeting, 2005)

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“If mental health workers happen to be driving trucks full of gasoline, water, food, or generators, we would welcome them!”

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