

Disaster Mental Health Principles and Practice 2018

Richard Weisler, MD

*Adjunct Professor of Psychiatry
Duke University*

*Adjunct Professor of Psychiatry
University of North Carolina, Chapel Hill
Private Practice Raleigh, North Carolina
Distinguished Life Fellow APA*

Pamela Tucker, MD

*Senior Medical Officer
Centers for Disease Control
Office of the Director, Division of Health
Education and Promotion Agency for Toxic
Substances and Disease Registry
Atlanta, Georgia*

Contributor

Allan Chrisman, MD

Distinguished Life Fellow APA

Associate Professor Emeritus

Department of Psychiatry & Behavioral Sciences, Duke Health

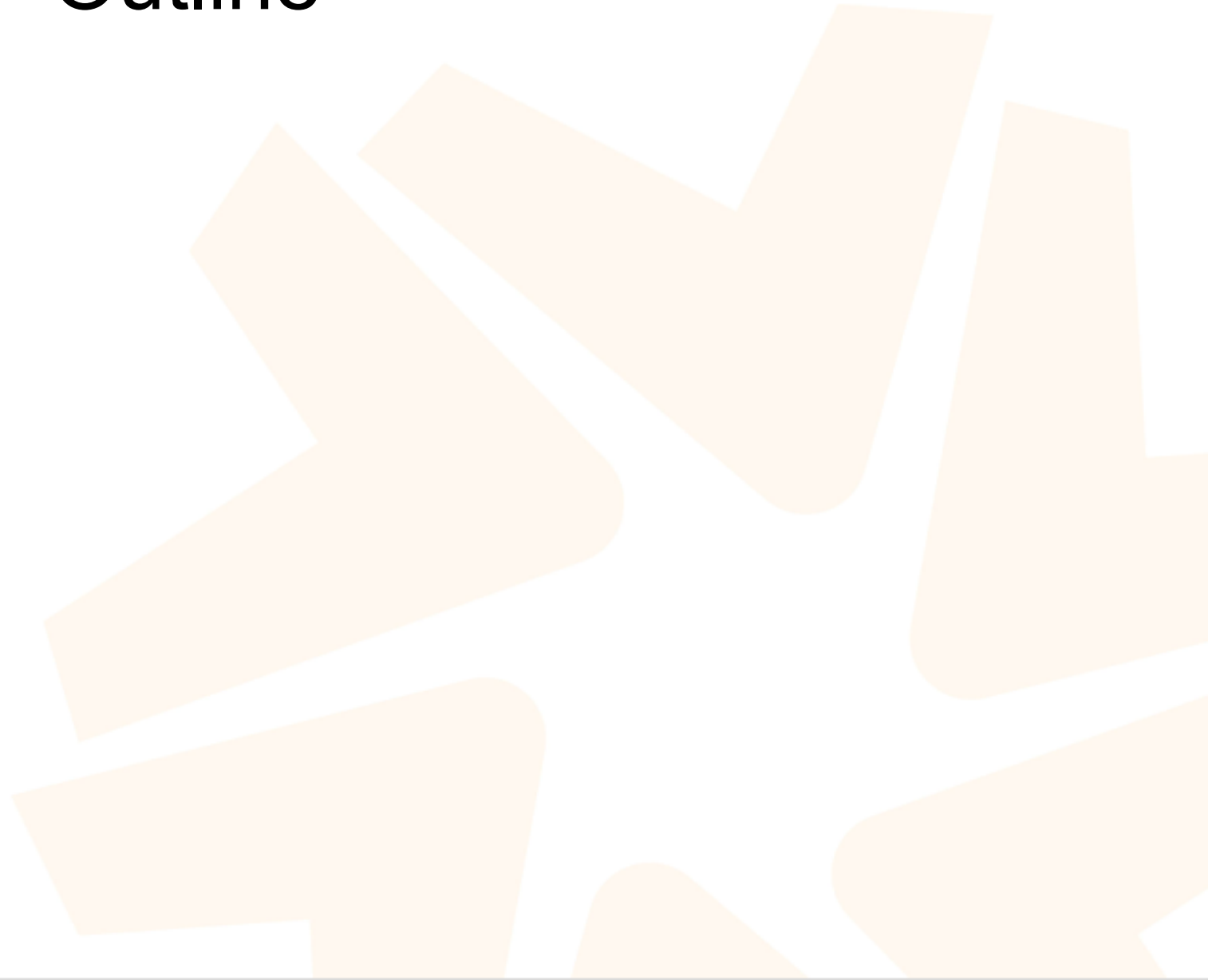
Chair, Disaster Committee North Carolina Psychiatric Association

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- This activity has been independently reviewed for balance.

Outline

- Disaster Overview
- Natural Disasters
- Dislocation Impact
- Man Made Disasters
- Resilience
- Interventions
- Lessons Learned



Disaster

A severe disruption, ecological and psychosocial, which greatly exceeds the coping capacity of the altered community

Types of Disasters

Natural

- Hurricane
- Tornado
- Flood
- Wild Fire
- Tsunami
- Drought
- Blizzard
- Volcano

Man-Made

- Nuclear
- Biological
- Fire
- Chemical
- Shooting
- Terrorism
- Road Accidents
- Epidemics
- War/Armed Conflicts

Catastrophe vs Disaster

1. Most or all of the community built structure is heavily impacted
2. Local officials are unable to undertake their usual work role, and this often extends into the recovery period
3. Help from nearby communities cannot be provided. In many catastrophes not only are all or most of the residents in a particular community affected, but often those in nearby localities are also impacted

	<i>Routineness/ Severity</i>	<i>Impact/ Resources</i>	<i>Social Order/ Psyche</i>
<i>Emergency</i>	Routine, adverse events	None outside the affected individual or family	No disruption or long-term effect
<i>Disaster</i>	Nonroutine, severe	Community-wide impact; may require resource assistance	Disrupts social order or psyche of area or region
<i>Catastrophe</i>	Unusually extreme, rare events	Affects an entire nation and/or parts of the world; requires extensive resource assistance	Long-term disruption to the social order, security, or psyche of a nation or its peoples

Disaster Levels

LEVEL 1

Requires local emergency,
medical, and community
agencies

LEVEL 2

Regional response requiring
multiple sourced skilled personnel
and special equipment

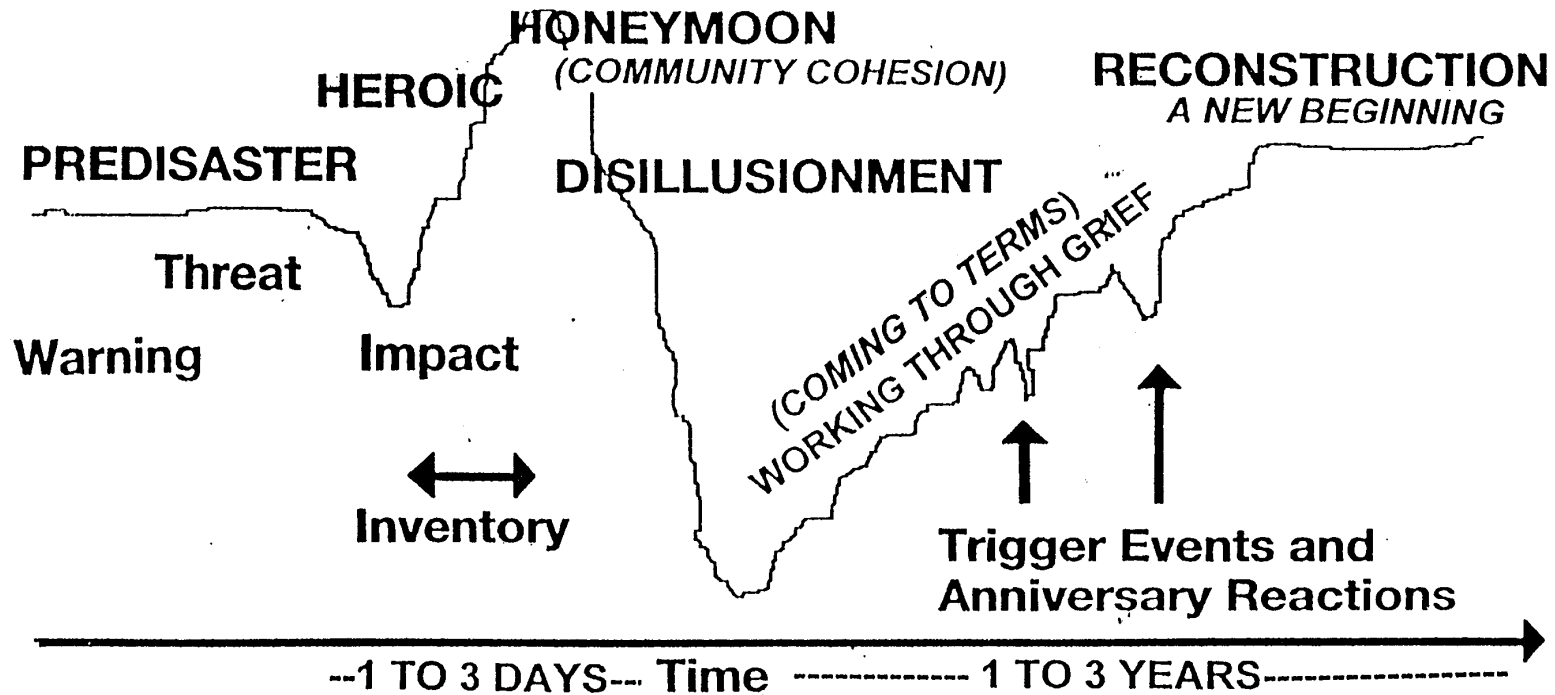
LEVEL 3

Requires the involvement of state
and federal authorities to cope with
massive and widespread destruction

Phases of Response to Disaster

- Impact
- Heroism
- Honeymoon
- Disillusionment
- Disorganization
- Recovery/Restoration

Phases of Disaster



ZUNIN/MYERS



Category 5 hurricanes have hit 6 land areas dead-on in 2017, more than ever before

- **Brenden Moses, a researcher at the National Hurricane Center, found that of all Category 5 landfalls on record in the Atlantic since 1851, one-quarter have occurred in the 2017 season**
- Category 5 hurricanes are the most destructive storms on Earth, bearing peak winds of at least 157 mph
- A high percentage of framed homes will be destroyed, with total roof failure and wall collapse. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Most of the area will be uninhabitable for weeks or months

Hurricane Harvey

- Hurricane Harvey caused roughly \$265 billion in damage
- Harvey is the wettest tropical cyclone on record in the United States. Harvey dumped a record-shattering 60 inches of rain over some parts of Texas with 24 to 34 trillion gallons of water falling in the area. Scripps Institution of Oceanography thought the weight of the water actually depressed the earth more than half an inch in some spots
- Hurricane Harvey caused at least 103 direct and indirect deaths

Areas Affected	Winward Islands, Suriname, Guyana, Nicaragua, Honduras, Belize, Yucatan Peninsula, Southern and Eastern United States (especially Texas, Louisiana)
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American Red Cross Shelters



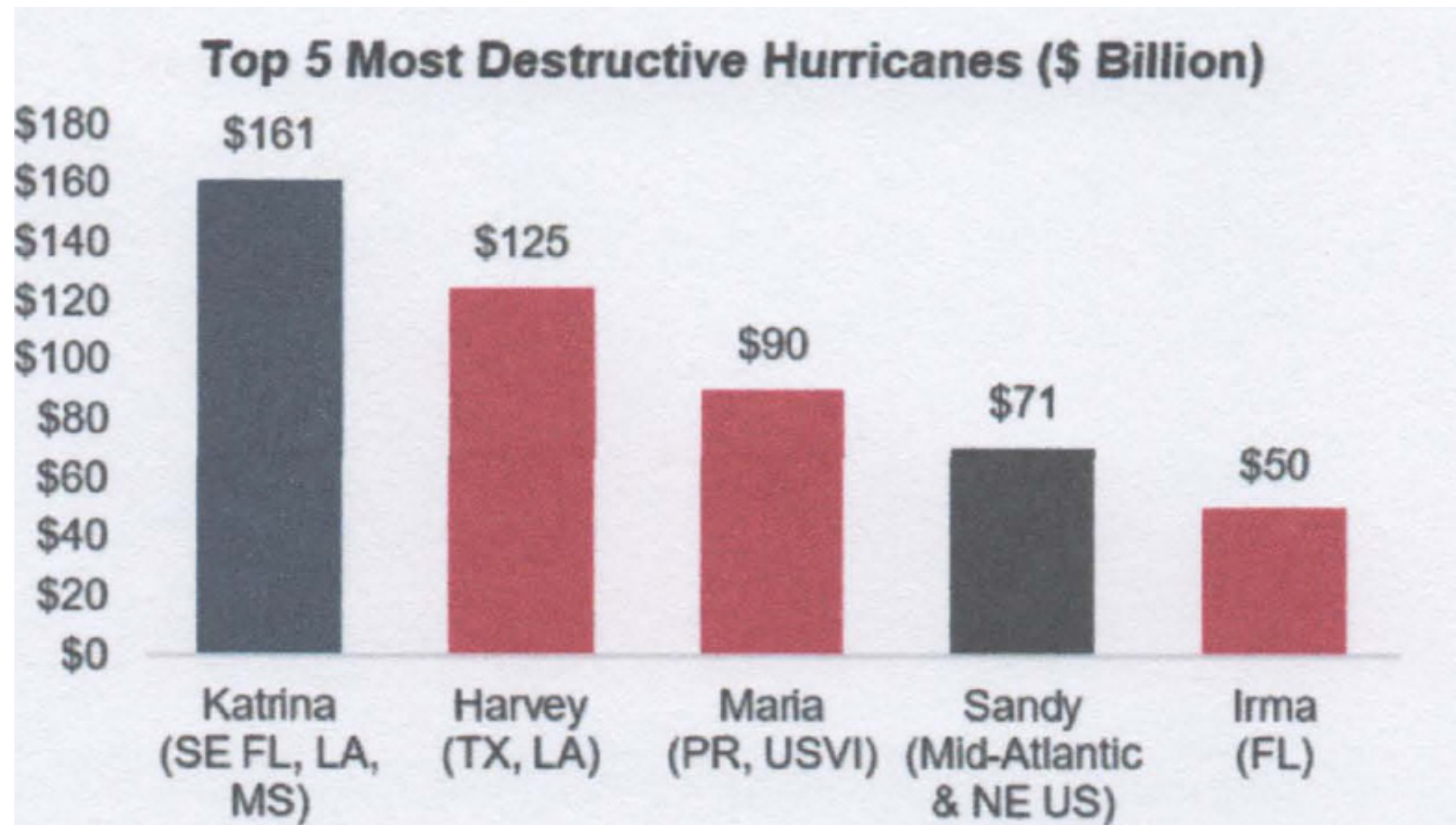


Figure 3: When adjusted for inflation, the 2017 hurricanes are among the top five costliest on record dating back to 1980 (source: NOAA National Centers for Environmental Information).

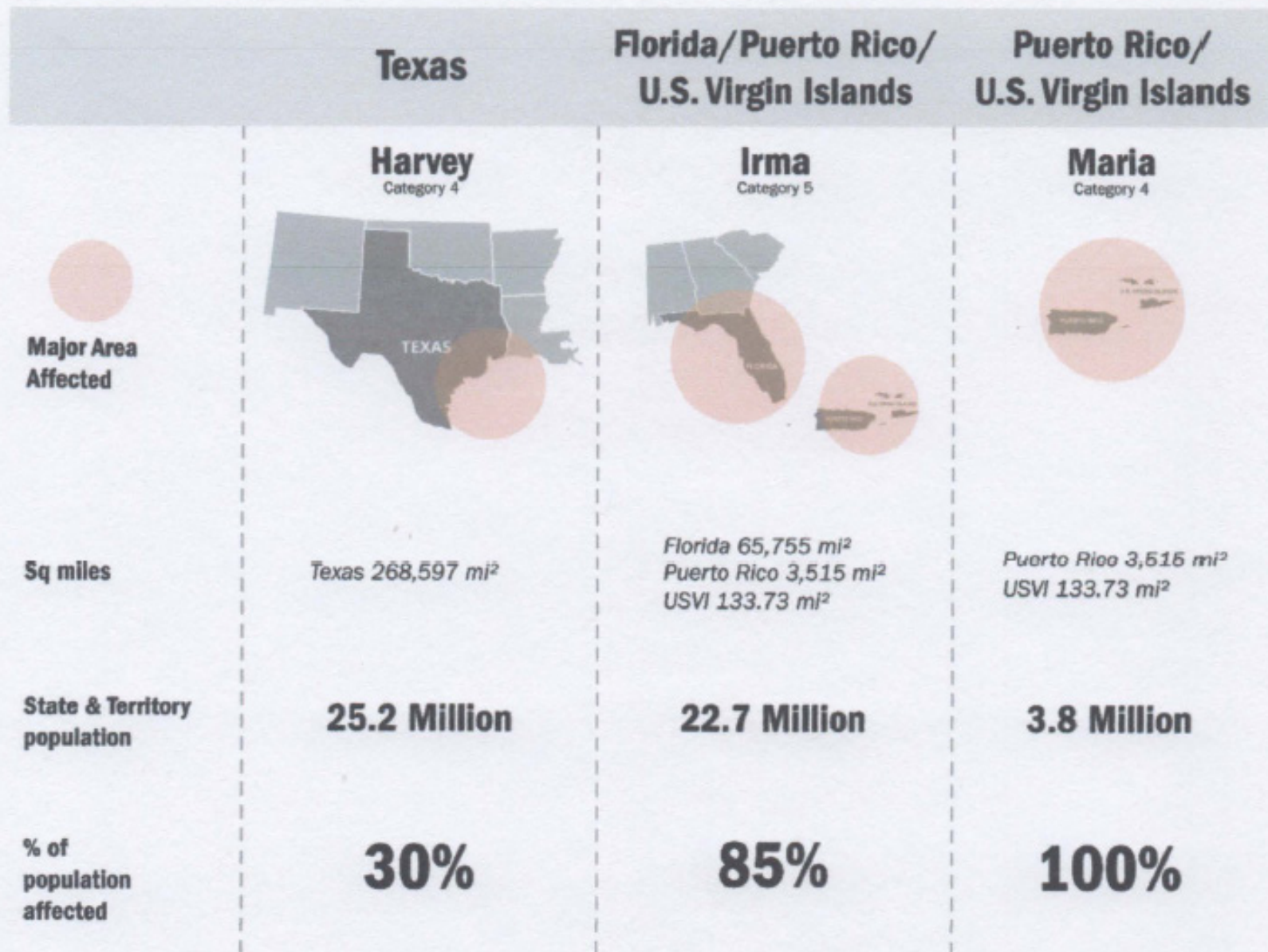


Figure 4: Hurricanes Harvey, Irma, and Maria affected more than 28 million people in Texas, Florida, U.S. Virgin Islands, and Puerto Rico.

[illegible]

Figure 5: During the course of an exceptionally active year of disasters, FEMA supported 75 Major and Emergency Disaster declarations.

Hurricane Harvey at peak intensity, prior to
landfall in southern Texas on August 25

Formed August 17, 2017

Dissipated September 3, 2017

(Extratropical after September 1)

Highest winds *1-minute sustained:*
130 mph (215 km/h)

Lowest pressure 938 mbar (hPa); 27.7 inHg

Fatalities 83 confirmed

Damage ≥ \$65 billion (2017 USD)
(Preliminary total; unofficially
third-costliest tropical cyclone in
U.S. history)

Hurricane Maria – Puerto Rico

- Maria had entered Puerto Rico's southeast side on Wednesday with Category 4 winds of 155 mph
- 16,267 refugees and 234 pets of Puerto Ricans headed to 500 emergency shelters to ride out the storm
- 100% of the Puerto Rico populations lost electricity and water services after Hurricane Maria hit the island. For many the power was out for months or longer. That along with damaged roads/transportation and housing, telephone/Internet service, limited access to food, water, and power most likely limited residents ability to get medical care/medications, hospital surgery, and dialysis care in cases
- **Maria initially was thought by Puerto Rican officials to have caused at least 64 confirmed deaths. However, a 5/29/18 study led by Harvard concluded that a distribution resulted in a post-hurricane mid-point statistical estimate of 4645 excess deaths (95% CI, 793–8498) to a 62% increase in the mortality rate as compared with the same period in 2016 were associated with Hurricane Maria and its aftermath in Puerto Rico alone. The household-based survey suggests that the number of excess deaths is more than 70 × the official estimate.**

Before and After: California Wine Country

Santa Rosa Neighborhood Tubbs Fire 10/8/2017
5643 Structures Destroyed





NASA image courtesy NASA/Goddard Space Flight Center Earth Science Data and Information System (ESDIS) project.

Hurricane Katrina 2005



Hurricane Katrina 2005



Hurricane Katrina 2005



Hurricane Katrina's Impact

- Impacted a 90,000 square mile area size of United Kingdom
- > 1825 people died with hundreds of people still missing
- Over 2,500,000 people still living outside of their home zip code area according to FEMA 10 months later in 6/06
- 108,000 New Orleans homes were under 4 feet or more of water
- 31% of the homes in Louisiana and 21% of the homes in Mississippi were damaged
- Significant loss of inpatient and nursing home beds
- Major losses of faculty at Tulane Medical Center and LSU Health Sciences Center in New Orleans plus MHCs

Mental Health: *Firemen and Policemen* Post-Katrina

- Of 525 firefighters, 114 (22%) reported symptoms consistent with PTSD, and 133 of 494 (27) reported major depressive symptoms
- Of 912 police officers, 19% (170) reported PTSD symptoms and 26% (227 of 888) reported major depressive symptoms

PTSD = posttraumatic stress disorder.

Centers for Disease Control and Prevention (CDC). *MMWR Morb Mortal Wkly Rep.* 2006;55(16):456-458.

Hurricane Sandy's Impact

- What catapulted this system into a “superstorm” was a rare climate event. At mid-latitudes, Sandy interacted with a polar jet stream that steered the system toward the mid-Atlantic coastline, transforming the system into a hybrid blend of posttropical cyclone and winter storm. The system’s cloud canopy expanded to 1000 miles in diameter as circulating winds funneled ocean waves into the New Jersey shoreline, Long Island Sound, and New York Harbor, inundating portions of Staten Island and southern Manhattan.
- In the United States, an estimated 60 million people across 24 states experienced a range of storm effects at varying intensities, including wind, rain, flood, coastal surge, and blizzard. The effects of the storm on vulnerable and fragile infrastructure produced power outages for more than 8 million residents; flooded New York City’s subway system and East River tunnels; set off a major fire that destroyed 111 housing units in the Breezy Point section of Queens; disrupted communications; and created acute shortages of gasoline, food, and commodities. Sandy was blamed for 113 US deaths and damaged 200,000 homes. Costs have been estimated at \$50 billion, second only to Hurricane Katrina as the nation’s costliest natural disaster.

Hurricane (Superstorm) Sandy

Conclusions

- Climate change and emergence of new forms of natural disasters, as recently evidenced in Superstorm Sandy, may foretell of future extreme incidents that are likely to present substantial threats to large populations across the United States and neighboring countries. Well-documented patterns of mental health burden post-disaster, in the immediate and long-term aftermath, require ongoing preparedness and early proactive efforts aimed at identification of at-risk individuals and appropriate psychological intervention. Given the effectiveness and safety of available trauma-focused interventions, local and federal administrations may consider establishing evidence-based strategies for mental health response to prevent extensive mental health effects and chronic disability resulting from disasters.

Great Louisiana Flooding of August 2016



Post-Katrina Survey

- Post-Katrina respondents were 2 × as likely to have serious mental illness (11.3% vs 6.1%) and mild to moderate mental illness (19.9% vs 9.7%)
- Among people with serious mental health problems, an estimated one-third to one-half suffer from PTSD
- Prevalence of thoughts of suicide in people with mental illness, however, was significantly lower than in the pre-Katrina sample
- Most (88.5%) respondents said that their Katrina experience had helped them develop a deeper sense of meaning or purpose in life
- About three-quarters said that their experiences with the hurricane made them more spiritual or religious
- Exception
 - New Orleans: Suicide rate 3 × higher as reported by Rouse, Medical Examiner

Sheltering

- The provision of shelter and housing for disaster victims falls along a continuum from pre-disaster emergency sheltering to permanent re-housing. The 4 categories that are usually arrayed along this continuum include emergency shelters, temporary shelters, temporary housing, and permanent, or replacement, housing
- Shelters should be run by the local jurisdiction or state and staffed by hospital employees, home healthcare staff, local healthcare providers, caregivers, and volunteers
- Multiple agencies manage shelters during a disaster, including Red Cross. Other agencies may be managing a shelter in cooperation with Red Cross, with or without receiving Red Cross support, or they may be managing a shelter completely independently. Partner Managed Shelters are managed by partners, following Red Cross principles, in cooperation with the Red Cross

Sheltering-in-Place

- Sheltering-in-place is necessary when conditions require that people seek protection in their home, place of employment, or wherever they are when a disaster occurs
- Sheltering-in-place is a strategy often used in instantaneous onset events such as tornadoes, hazardous materials spills, and limited radiological releases
- In such instances, people should stay where they are and take precautions to protect themselves by using safe spaces in their residences or businesses and limiting exposure to the hazard
- The notion of sheltering-in-place assumes that people will be moved to safety quickly and not left exposed to the elements for long periods of time

George R. Brown Convention Center Red Cross Mega Shelter, Houston, TX



Hurricane Harvey 2017.
Photo by Daniel Cima for the American Red Cross.

Post-Hurricane Katrina Renaissance Village in Baton Rouge, LA



David Post, MD, Former Area Mental Health Director for Baton Rouge, LA during and after Hurricane Katrina.



Assisting with Dislocation after Disasters

Pamela Tucker, MD
Medical Officer

Reducing the Emotional and Physical Effects of
Trauma and Dislocation

October 29, 2018

Lessons Learned

- **Superfund relocations**
- **Emergency evacuations after chemical spills**
- **Mass evacuation/relocation after Hurricane Katrina**
- **Resettlement out of contaminated (RED) zone after Chernobyl**

Psychological Stressors in Disaster Relocation

- **Trauma from unexpected relocation under threat**
- **Physical and financial losses**
- **Loss of family members and pets**
- **Social disruption**
- **For children, disruption of family routines, friendships, and school**
- **Strain in resettlement**

Psychosocial Responses to Dislocation

- **Immediate reactions:** Shock, grief, numbness, feelings of unreality, flashbacks, diminished ability to function
- **Intermediate reactions:** Grief, sorrow, anxiety about the future
- **Long-term reactions:** Healing, posttraumatic resiliency, generalized anxiety disorders, depression, and posttraumatic stress disorder, increased substance use

www.atsdr.cdc.gov/emes/health_professionals/document

Create Supportive Recovery Environment after Evacuation

- **Provide support for physical and medical needs**
 - Once the rescued are physically safe, tend to their immediate physical, psychological, and medical needs
 - Assist them to regain physical strength by reminding them of the importance of eating, drinking, and sleeping
 - Help restore daily activities and routines
 - Provide comfort and support

Intermediate Phase of Recovery: Supporting Your Patients as They Rebuild

- **After homecoming or resettlement, rebuilding a new life occurs**
- **Physical rebuilding and long-term emotional recovery begins after initial physical and emotional shock has passed**
- **Support and guidance is critical to help people begin to work on developing an emotional understanding of the disaster**
- **Remember that working through grief, loss, and disaster related emotions will take time**

Understanding Special Needs of Children Experiencing Relocation Distress

- **Losses from disaster are difficult for young people to understand**
- **Ability to understand and cope depends on age of child**
- **Children and adults lose illusion of safety**
- **Children can have immediate or delayed reactions**
- **Children's reactions are strongly affected by emotions and behavior of adults with them**

Understanding Special Needs of Elderly Experiencing Relocation Distress

- May have difficulty adjusting to new settings
- May have medical problems requiring medications or immediate attention
- Demented elderly become disoriented in new settings
- Multiple losses may be harder to cope with
- Worries about loss of independence
- Worsening of pre-existing medical problems due to stress

Signs That Referral for Psychological Disorder is Needed

- **Physician should ask about these signs**
 - Person withdraws, undergoes personality change
 - Person is very sad to point of being unable to work or cope with new situation
 - Person expresses survivor's guilt
 - Person suffers painful nightmares, numb feelings, or has outbursts of anger or is aggressive
 - Person has/expresses thoughts of self harm or harm to others

Agency for Toxic Substance and Disease Registry

www.atsdr.cdc.gov

For more information, contact ATSDR
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.atsdr.cdc.gov
Follow us on Twitter @CDCEnvironment

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

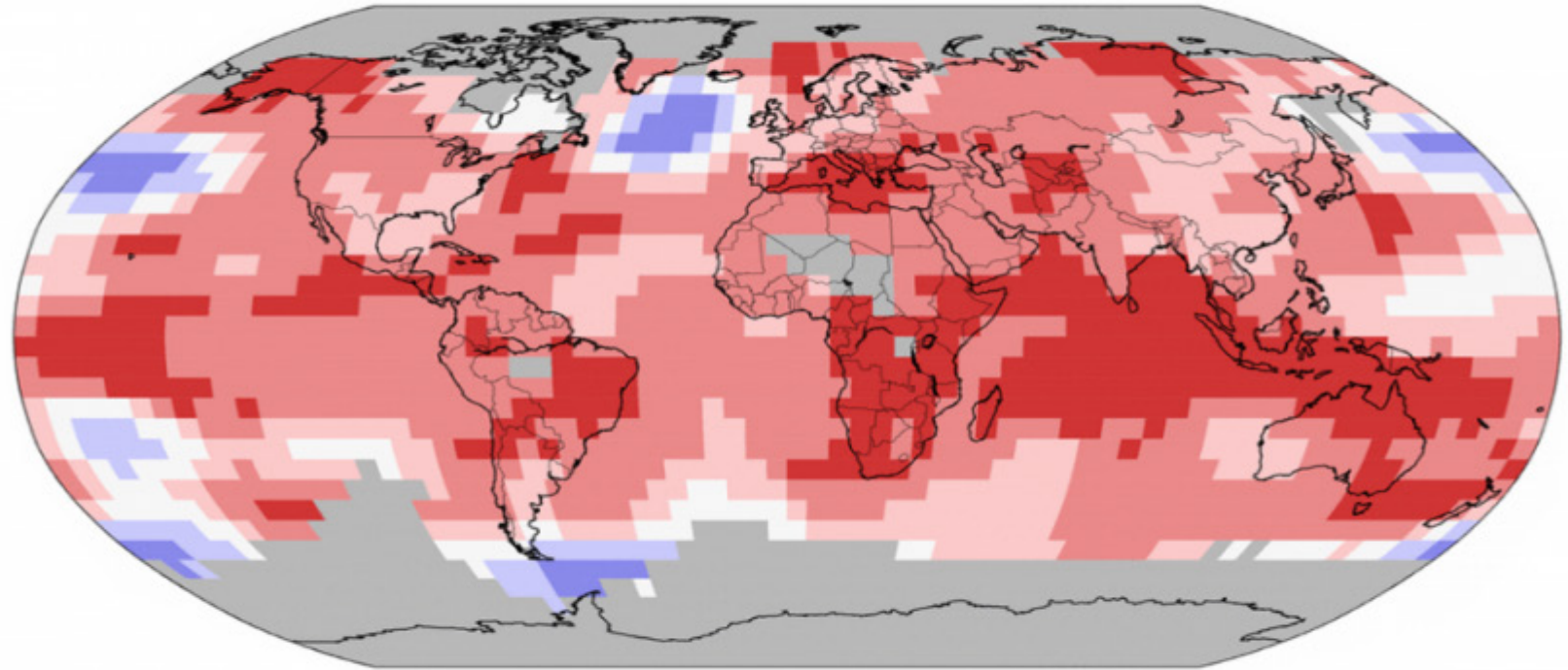


2016: Hottest Year so far

Land and ocean temperature percentiles Jan-Apr 2016

Planet at its hottest in 115,000 years thanks to climate change, experts say. Global Warming is said to be bringing temperatures last seen during an interglacial era, when sea level was 6–9 meters (20–30 ft) higher than today.

It is important to remember that 2017 was only .1 degree cooler than 2016 making it the third warmest year in 115,000 years!



Record coldest

Much cooler than average

Cooler than average

Near average

Warmer than average

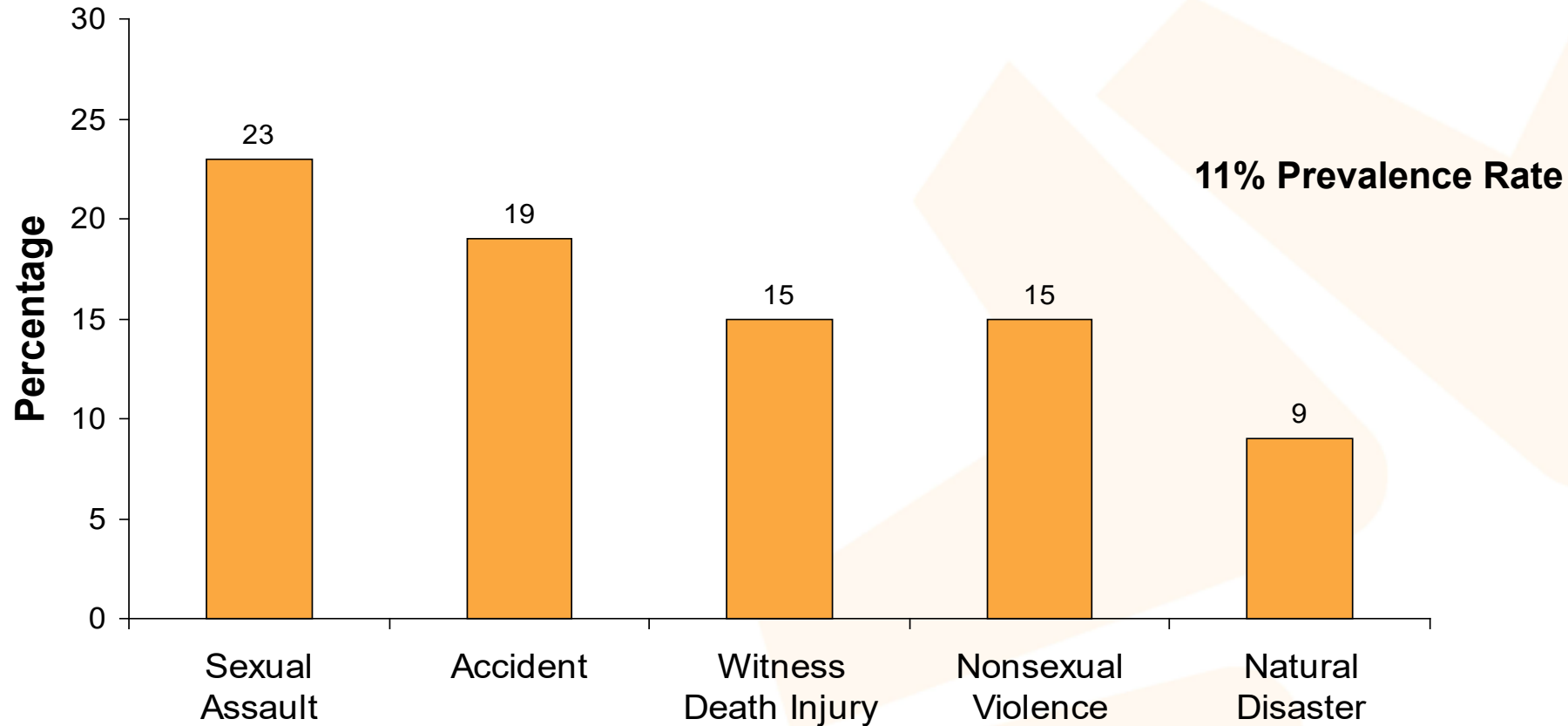
Much warmer than average

Record warmest

Source: NOAA NCEI

CLIMATE CO₂ CENTRAL

Most Upsetting Traumas in Primary Care Cases of PTSD



Summary of New York Findings

- High prevalence of exposure to 9/11 attacks among general population of New York City
- 2- to 3-fold increase in PTSD and depression over baseline after events of 9/11
- Event experiences predictive of PTSD
- Stressors and supports predictive of major depression

US Mass Shootings 1984–2018

HISTORY OF BLOODSHED



Coping More Effectively with Stress after a Mass Shooting

- Stay connected with other people, such as friends, family, and neighbors that provide positive and helpful support; social support helps people recover from stressful situations
- If going to public places or traveling causes distress, go with other people or in groups until distress reduces
- Check in with other people that were affected; reaching out to connect with others can be helpful to both of you

Coping More Effectively with Stress after a Mass Shooting (cont'd)

- Avoid increasing alcohol and tobacco to cope with stress; use behavioral techniques to relax (such as breathing, imagery, and muscle relaxation) that do not have negative health effects
- Be cautious of news or other commentary that scapegoats large groups of people for the actions of a single individual; these perspectives often damage community connections and may increase the likelihood of future violence
- Limit exposure to graphic images and videos on the news and social media, especially for children

Coping More Effectively with Stress after a Mass Shooting (cont'd)

- It is important to talk with children and ask questions to learn their understanding of a mass shooting event
- Consider the following when talking with children:
 - Use age-appropriate language, ask questions about what they may have seen or heard and listen to their concerns; respond in a non-judgmental and empathic way
 - Pre-school and early school-aged children often wonder if they have caused a bad thing to happen; If they have become aware of a mass shooting, they should be told directly it is not their fault
 - Remind children and adolescents that even though some people hurt other people, there are many people working to keep them safe such as police, fire and rescue, and health care providers

CDC Rapid Needs Assessment

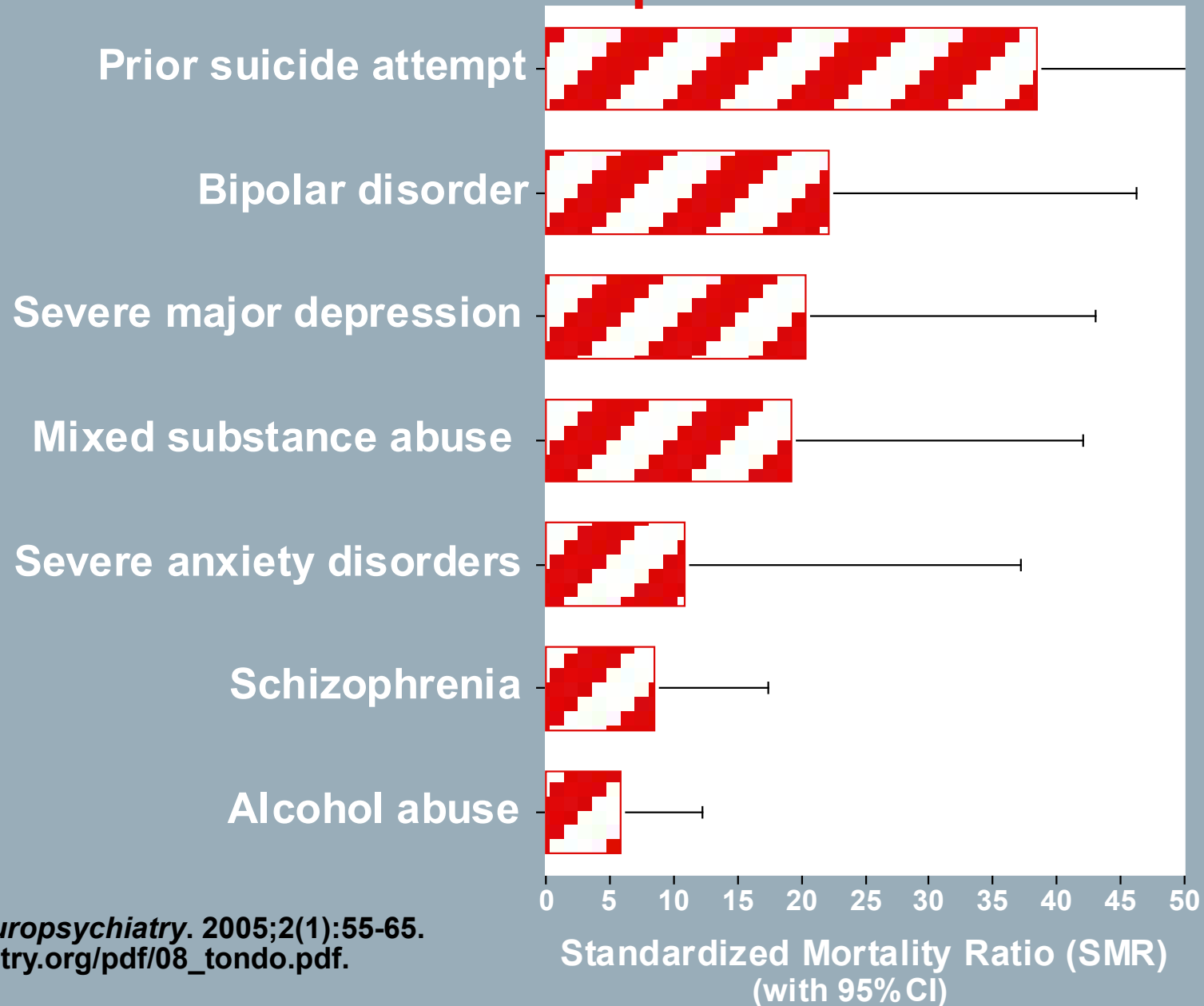
Mental Health in New Orleans 10/17–22/2005

- An estimated 25.9% (CI = 21.2%–30.5%) of households contained ≥ 1 members in need of counseling services, but only 1.6% (CI = 0.0%–3.2%) contained a person who had used counseling services since the hurricane
- However, on the SPRINT-E assessment, 49.8% (CI = 37.3%–62.2%) of respondents scored ≥ 3 high responses, indicating possible need for mental health services
- In addition, 33.1% (CI = 17.7%–48.6%) scored ≥ 7 high responses, indicating probable need for mental health services. These percentages did not vary significantly between Jefferson and Orleans parishes

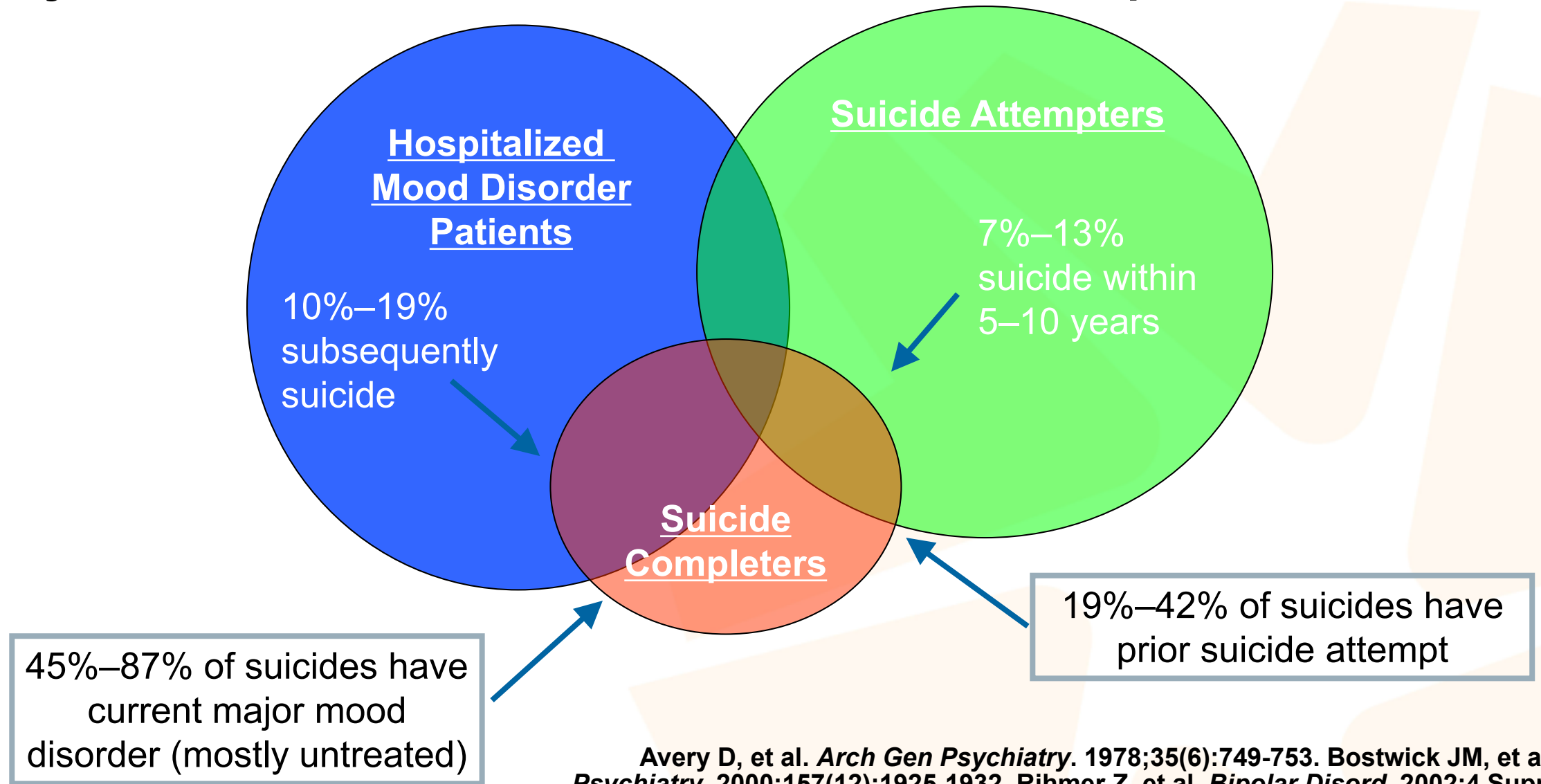
Ohio Study of Mortality in People with Serious Mental Illness

Table 1: Years of Potential Life Lost (YPLL)			
Cause	M	F	Total
All causes of death	31.8	32.5	32.0
Intentional self-harm (Suicide)	41.4	42.7	41.7
Assault (homicide)	42.3	35.8	41.6
Accidents (unintentional injuries)	39.5	43.1	40.4
Symptoms, signs, and abnormal clinical and laboratory findings NEC	32.8	35.0	33.4
Diabetes mellitus	25.8	37.2	30.2
Pneumonia and influenza	29.4	25.0	28.3
Diseases of the heart	27.7	26.6	27.3
Cerebrovascular disease	20.7	32.8	25.5
Malignant neoplasms (cancers)	24.3	26.9	25.3
Chronic lower respiratory diseases	18.6	24.1	21.1

Suicide Risks in Specific Disorders



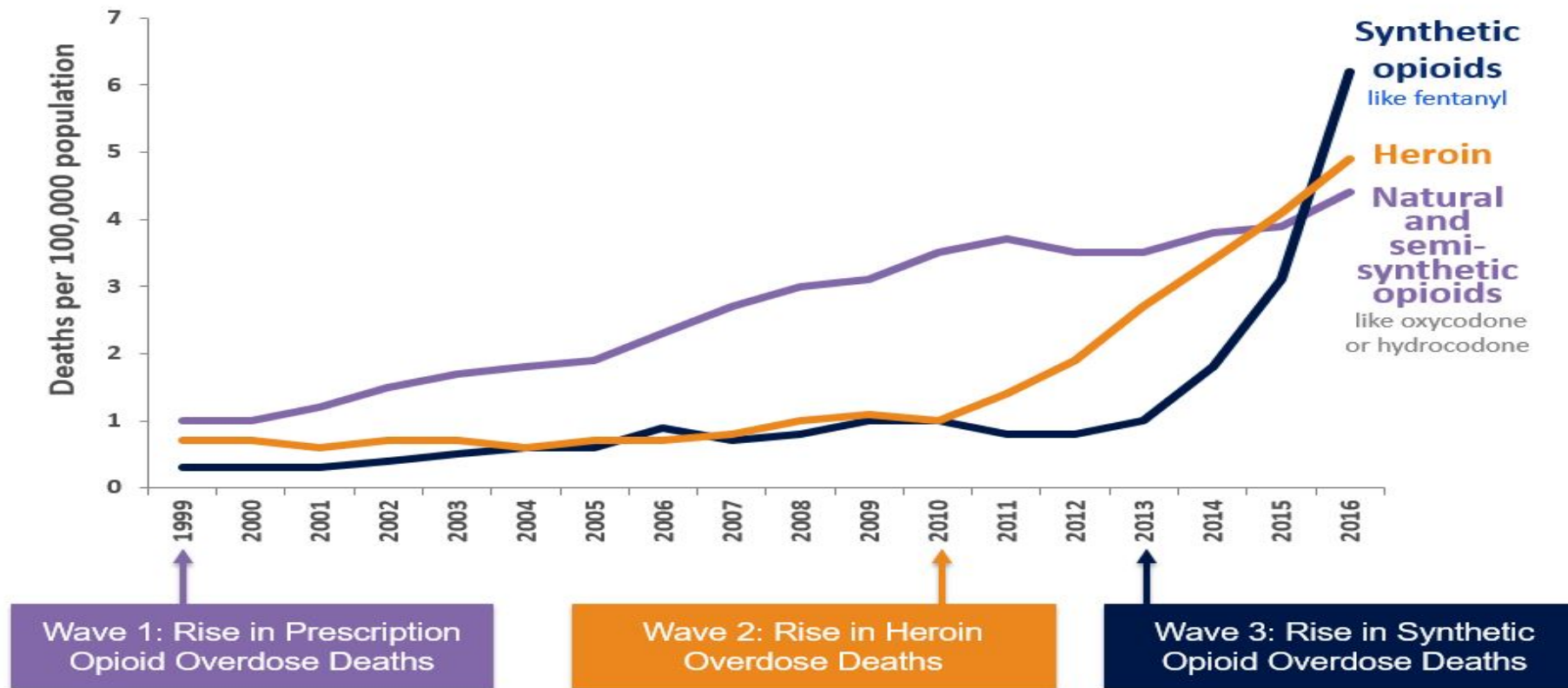
Major Mood Disorder, Suicide Attempt, and Suicide



Avery D, et al. *Arch Gen Psychiatry*. 1978;35(6):749-753. Bostwick JM, et al. *Am J Psychiatry*. 2000;157(12):1925-1932. Rihmer Z, et al. *Bipolar Disord*. 2002;4 Suppl 1:21-25. Suokas J, et al. *Acta Psychiatr Scand*. 2001;104(2):117-121.

Drug Overdoses Have Surpassed Motor Vehicle Crashes as the Leading Cause of Injury Death

3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.


Predictors of PTSD

Variable	Odds Ratio	<i>P</i>
Panic attack during the attack	7.3	.001
Lost possessions	7.0	.001
2+ stressors in prior 12 months	4.9	.01
Hispanic vs white	2.7	.01
Female gender	1.9	.05

Risk Factors for PTSD after Major Disaster

- Severe exposure to the disaster
- Living in a highly disrupted community
- Female gender, middle age, ethnic minority
- Poverty or low socioeconomic status
- Presence of children in the home
- Presence of a distressed spouse
- Psychiatric history
- Impoverished support system

What Promotes Resilience?

- More education
 - Older age
 - Social support
 - Specific training
 - Absence of early life trauma
 - Genetics
 - Looking at “glass half full”
- 

Factors of Resilience

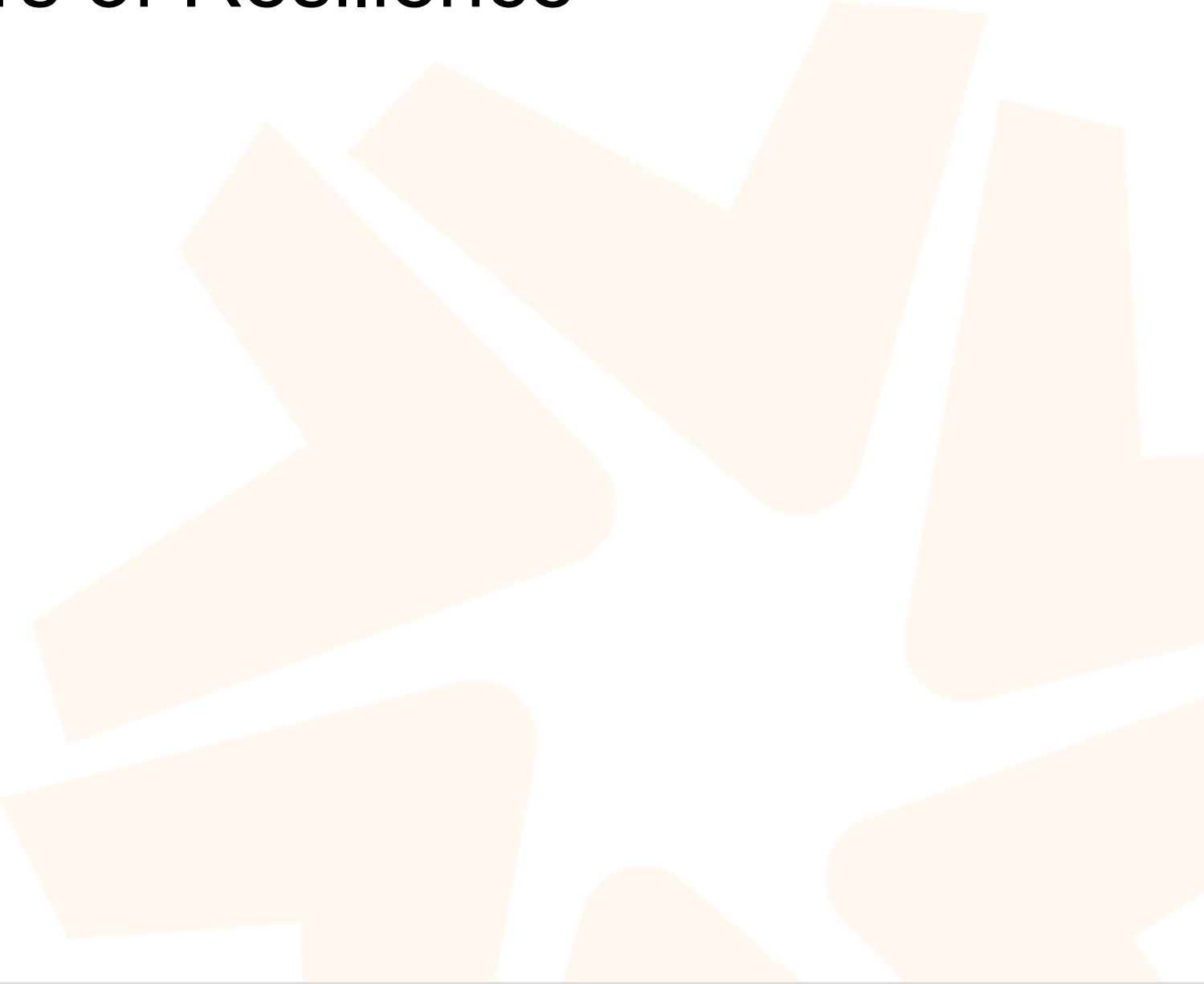
- Seeking support
- Seeking purpose in life
- Belief in ability of self to overcome adversity and to influence events and outcomes
- Belief one can learn from and grow from experience
- Self enhancement
- Repressive coping
- Positive emotion
- Laughter

6 Psychosocial Factors That Protect Against and Aid Recovery from Posttraumatic Stress

Factor: Definition

- 1) **Active coping style:** Problem-solving and managing emotions that accompany stress; learning to face fears
- 2) **Physical exercise:** Engaging in physical activity to improve mood and health
- 3) **Positive outlook:** Using cognitive-behavioral strategies to enhance optimism and decrease pessimism; embracing humor
- 4) **Moral compass:** Developing and living by meaningful principles; putting them into action through altruism
- 5) **Social support:** Developing and nurturing friendships; seeking resilient role models and learning from them
- 6) **Cognitive flexibility:** Finding good in adverse situations; remaining flexible in one's approach to solving problems

Factors of Resilience

- Altruism
 - Bonding
 - Cooperation
 - Optimism
 - Contingency planning
 - Reframing
 - Revisiting
- 

START

- **S** is for Safety. Seek Safety and Support.
- **T** Talk about your trauma. Tell people about how you feel. Translate feelings into words.
- **A** is for Action. Take Action, move beyond your restricted sphere. Use Altruism as a way to move beyond your trauma.
- **R** is for Re-write history. Re-visit the scene of the trauma. Re-live it with new eyes.
- **T** is for Transform. Transform yourself from victim into survivor. Transform society to make it a better place (MADD, Megan's law) etc.

Some Basics

- Expect normal recovery
- Assume survivors are competent
- Recognize survivor strengths
- Promote resilience

Basics of Psychological First Aid (PFA)

- **What:** Establish safety and security, connect to restorative resources, reduce stress-related reactions, and foster adaptive short- and long-term coping
- **For:** Individuals experiencing acute stress reactions or who appear to be at risk for significant impairment in functioning
- **By:** Mental health professionals and others who provide crisis assistance after catastrophic events
- **When:** Immediate and early phase post-event, in as little as 30 minutes and extended as needed
- **Where:** In a broad range of emergency settings, in either single or multiple sessions, adapted for use in group settings

PFA Core Actions


- Contact and engagement
- Safety and comfort
- Stabilization (if needed)
- Information gathering: Current needs and concerns
- Practical assistance
- Connection with social supports
- Information on distress reactions and coping
- Linkage with collaborative services
- A component of a disaster system of care

Safety and Comfort

- Ensure immediate physical safety
- Provide information about disaster response activities/services
- Offer physical comforts
- Offer social comforts
 - Link with other survivors
- Protect from additional trauma and potential trauma reminders
 - Discuss media viewing
- Give special consideration to acutely bereaved individuals

What Helped after a Disaster?

Survivors' Perceptions



Helpline	93%
Support group	83%
Reunion	83%
Individual therapy	44%
Medication	28%
Group therapy	14%

Features of PTSD

- Trauma
- Reexperience: Recollection, dreams, reliving
- Avoidance: Thoughts, activities, inability to recall
- Numbing / withdrawal / anhedonia
- Increased arousal

Increased Morbidity with PTSD

	% Rates	
	PTSD	Non-PTSD
Psychiatric		
GAD	53	9
Major depression	30	4
Somatization	12	0
Drug abuse/dependence	9	1
Medical		
Bronchial asthma	13	5
Peptic ulcer	13	4
Hypertension	31	18

GAD = generalized anxiety disorder.

Davidson JR, et al. *Psychol Med.* 1991;21(3):713-721.

PTSD/Somatic Symptoms and Primary Care

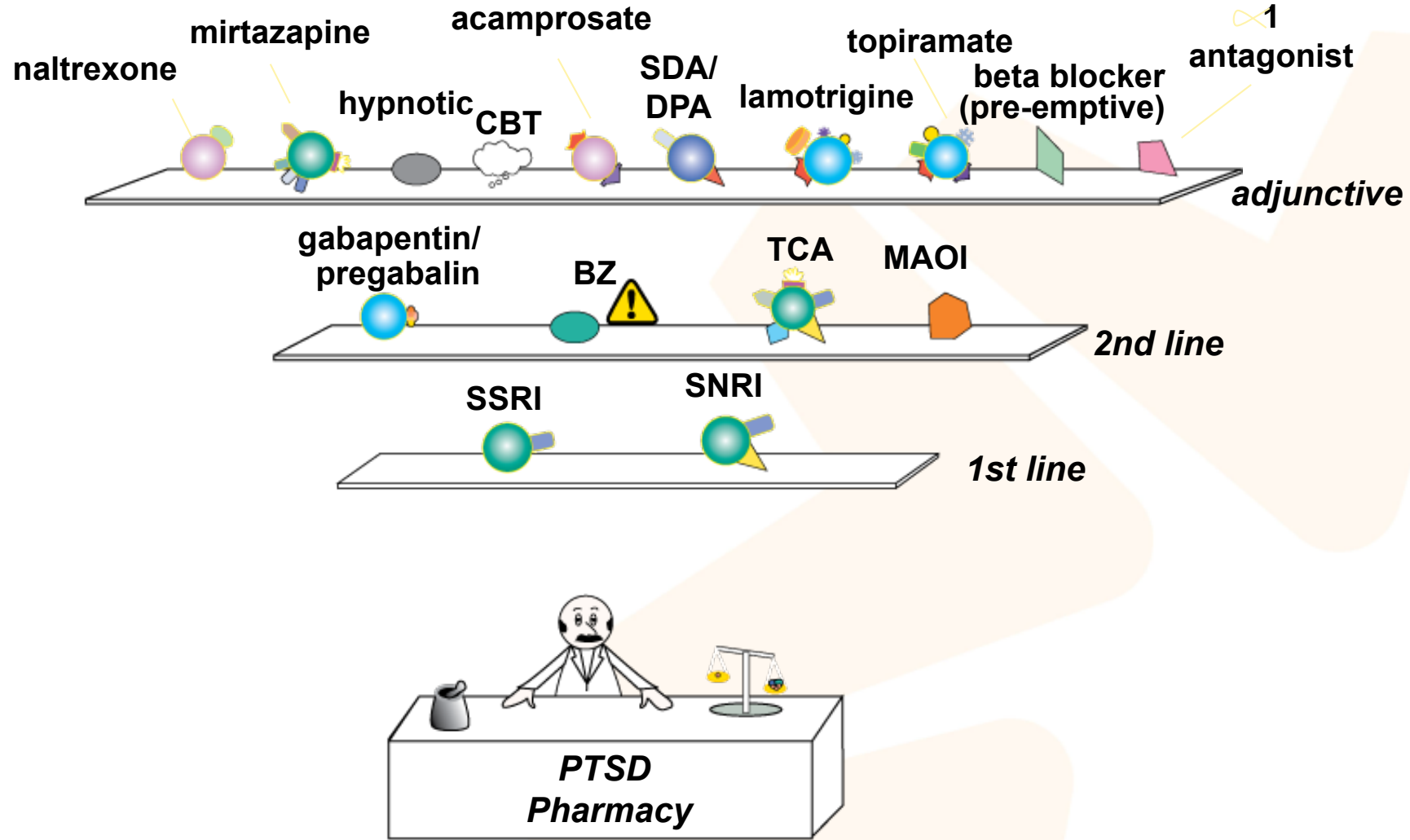
- Trauma and its effects (physical and psychological) are major public health problems
- Victims of trauma often present to primary care providers who need to be vigilant about PTSD
- PTSD may be masked by somatic symptoms and other psychiatric comorbidity, complicating proper diagnosis

Cognitive-Behavioral Therapy

- Prolonged exposure is the most common and effective form of CBT for PTSD
- Vivid, repeated recounting of traumatic event in presence of clinician
- Suggested treatment length is 10–15 sessions
 - Brief treatment (eg, ≤ 6 sessions) is sufficient but may not maintain effect
- Emotional response gradually diminishes to safe level
- Able to confront fear-evoking reminders
- Exposure therapy effective in modifying anxiety and beliefs about danger
- Cognitive restructuring effective when PTSD is characterized by shame and guilt vs fear

CBT = cognitive-behavioral therapy.

Schnurr PP, et al. *JAMA*. 2007;297(8):820-830. Sijbrandij M, et al. *Am J Psychiatry*. 2007;164(1):82-90. Zayfert C, et al. *Cognitive-Behavioral Therapy for PTSD: A Case Formulation Approach*. Guilford Press; 2008.



Sertraline and paroxetine are currently the only FDA-approved medications for PTSD. Some studies suggest prazosin, an alpha-1 blocker, can help nightmares.

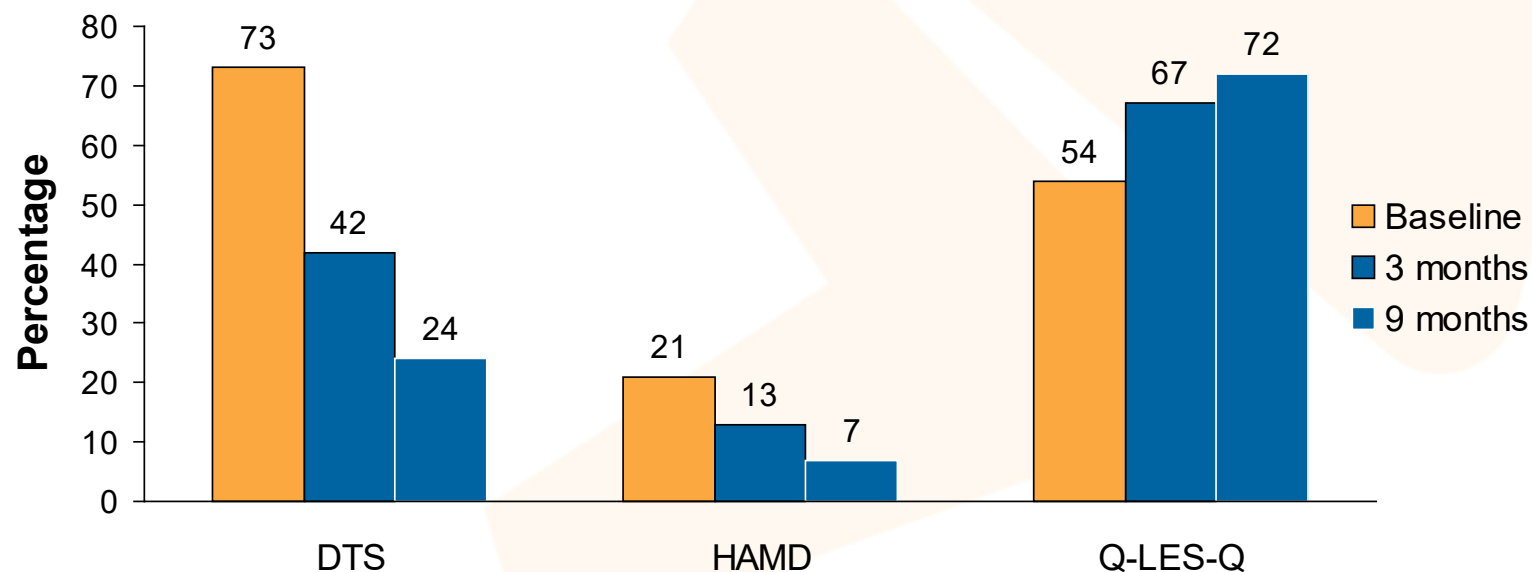
Courtesy of Stephen Stahl, MD.

Pharmacotherapy for PTSD

- Pharmacotherapy improves core PTSD symptoms and quality of life
- Longer duration of treatment is associated with better outcome
- Controlled data are limited and more studies are needed to evaluate other pharmaco-therapeutic agents

One Medication Example

Long-Term Effects of Sertraline in PTSD

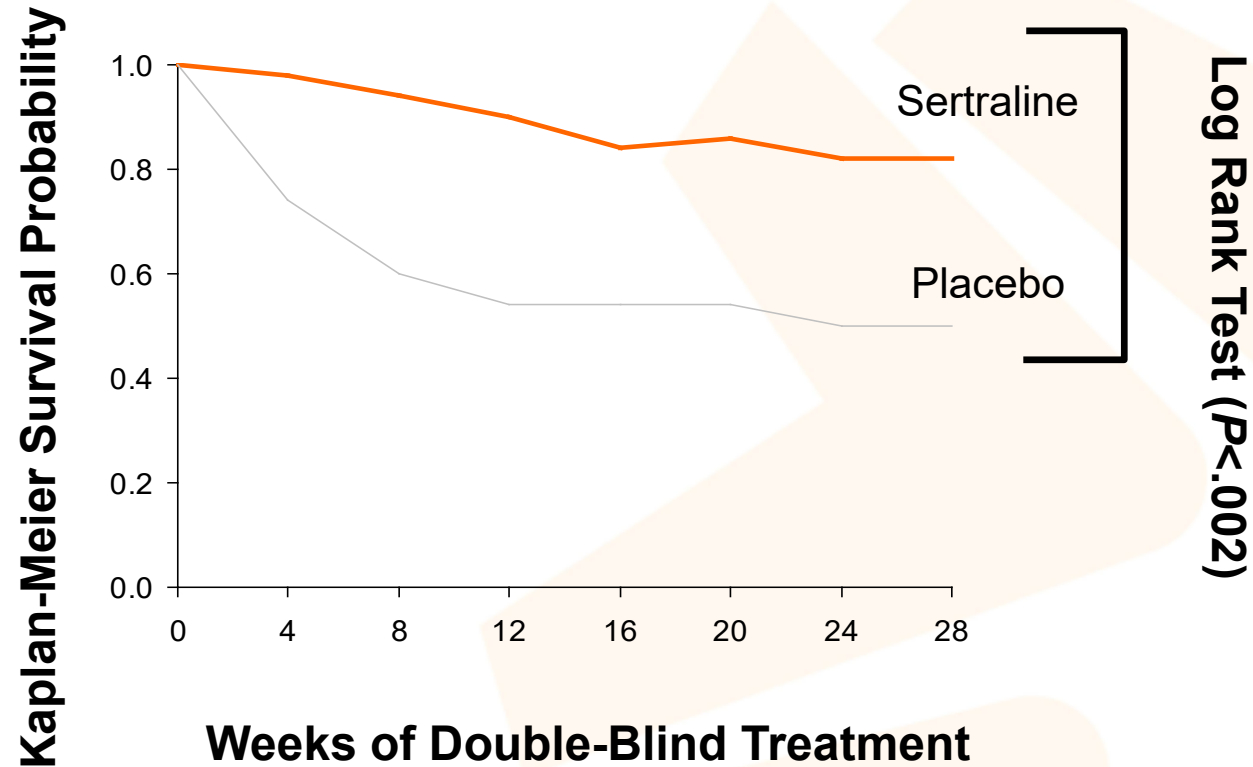


DTS = Davidson Trauma Scale; HAM-D = Hamilton Rating Scale for Depression Rating; Q-LES-Q = Quality of Life Enjoyment and Satisfaction Questionnaire.

Londborg PD, et al. *J Clin Psychiatry*. 2001;62(5):325-331.

One Medication Example: Sertraline in PTSD

Time to Discontinuation Due to Relapse or Clinical Deterioration



Sertraline = 50–200 mg.

Davidson J, et al. *Am J Psychiatry*. 2001;158(12):1974-1981.

Katrina – Current Issues: *Mental Health Parity*

- Mental Health is Identifiable and Treatable
- Mental Health Treatment restores a person to function
- Allows person to be part of:
 - Economic Solution...instead of: Disability Roles
- Societal: “Pay Now” vs Pay Later (and Larger)

Lessons Learned ... So Far (cont'd)

- Build Relationships Ahead of Time / MOUs (?)
- Due Diligence: Who to invite to your disaster?
- Red Cross, Salvation Army, etc.
- Understand Fiscal benefits of being major provider
- Become Familiar with your state Office of Emergency Preparedness Plan
- Role Community MHC (as interim base operations)

Lessons Learned

- Advance Planning, MOUs, other states (?), mock drills
- Role MHC in Emergency Planning
- Medical Model Worked: Rounds each AM
 - Ran like Med-Psych Consult Service though with triage
- Psych MDs on “state” DMATs
- Disaster vs Catastrophe:
 - “Eyeball to Eyeball” Command Control
 - Ponder in Advance (Who provides Clinical Leadership?)
 - Importance of Communication Technology

Lessons Learned

- Become Familiar State Emergency Prep Plan
- Screening Forms: Epidemiology Help
- Contemplate Credentialing
- Mobile Med Boxes / Early Intervention
- Transportation / Housing Needs
- Role Internet with Volunteers
- Logistics Assistance: Phone Tree / Contact Lists
- Organized Medicine and Allied Associates
 - Stafford Act was finally revised in 2013: Sec. 416. Crisis Counseling Assistance and Training (42 US Code 5183) **The President is authorized to provide professional counseling services, including financial assistance to State or local agencies or private mental health organizations to provide such services or training of disaster workers, to victims of major disasters in order to relieve mental health problems caused or aggravated by such major disaster or its aftermath.**

Top Recommended App for Disasters: SAMHSA

- Access critical, disaster-related behavioral health resources right from your phone with the SAMHSA Disaster App
- In a disaster, it's essential that behavioral health responders have the resources they need—when and where they need them. The SAMHSA Disaster App makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, and find local behavioral health services. And, self-care support for responders is available at all stages of deployment.
- The SAMHSA Disaster App helps responders focus on what really matters—the people in need
- **Be ready**—access resources for any type of traumatic event, including tip sheets; guides for responders, teachers, parents, and caregivers; and a directory of behavioral health service providers in the impacted area
- **Be prepared**—rely on and access pre-downloaded resources on your phone in case of limited Internet connectivity in the field
- **Be confident**—review key preparedness materials so you're confident you're providing the best support possible
- **Share resources easily**—send information to colleagues and survivors via text message, e-mail, or transfer to a computer for printing

SAMHSA Disaster Resources

<https://store.samhsa.gov/shin/content/SMA14-4873/SMA14-4873.pdf>

<https://store.samhsa.gov/product/SAMHSA-s-Disaster-Kit/SMA11-DISASTER>