the mental health association of new york city, inc.

MHA The Mental Health Association of Westchester

The Center for Policy and Advocacy

of The Mental Health Associations of New York City and Westchester

STRUCTURING A SYSTEM OF CLINICAL RESPONSE TO DISASTERS

A Presentation for the Geriatric Education Coalition

By

Michael B. Friedman

June 3, 2004

PURPOSE

- Not clinical technique
- Elements of a clinical system

Clinical service provision needs to change dramatically in the aftermath of a disaster

- Broad range of services must be made available including
  - crisis intervention
  - treatment
  - public mental health education
  - training and support for people who are providing help
  - organization of social support and mutual aid networks
  - helping to reduce the fearful reactions of the general population to the disaster or act of terrorism

Clinical service provision needs to change dramatically in the aftermath of a disaster (cont.)

- **Clinicians cannot wait in their offices for people to ask for services; they must go out into the community where people are struggling to cope**

- **Need a communications hub**

Critical factors about psychological reactions to disasters

- **Psychological reactions unfold over two phases.**
- **Two different kinds of psychological reactions—**
  - **normal distress**
  - **diagnosable mental illnesses**
- **People usually do not turn to mental health settings for help.**
- **Most people do not want professional mental health assistance although they want other kinds of help**

Phases of Psychological Reaction

- A phase of responding immediately to crisis
- A phase of gradually getting back to normal

Immediate Response to Crisis: Key Needs

- Getting out of danger
- Survival--a place to stay, enough to eat, medical care, etc.
- Coping with death and loss
- Getting a place to live, financial means, etc.
- Getting emotional support, especially from family

Immediate Response to Crisis

- During this phase people generally don't think of their emotional distress as requiring mental health intervention
- Mental health services need to be integrated with response to crisis and concrete need and respectful of personal choice.
- NCPTSD: Contra "critical incident debriefing" because it opens emotional issues without providing support to resolve them
- Emotional “first-aid”

Getting Back To Normal: Key Needs

- Reestablishing homes, dealing with finances, jobs, getting kids back to school, getting past mourning, etc.
- Some people do think about mental health to some extent during this phase and some of them will seek out and accept mental health interventions. But many will not.
- Key is to provide mental health services in the context of the help people want.

Where People Go For Help

- Helping places in the community such as crisis centers, schools, workplaces, and houses of worship rather than to mental health professionals.
- Subsequently people continue to rely on family and friends, houses of worship, community organizations, and primary care physicians more than on mental health professionals.
- Implication: Outreach is critical.

The Kinds of Help People Want

- People who are seeking help want help
  - Meeting concrete needs
  - Knowing how to Talk with their children
  - Cope with emotional distress
  - Find help with emotional distress
  - Need public mental health education

The Kinds of Help People Want (cont.)

- People who provide help want help
  - Training re. how to be helpful
  - Emotional support re. their own emotional distress

Types of psychological reactions include normal reactions and mental illnesses

- Clinical Issues
  - To what extent is it possible to distinguish between normal, transient reactions and mental illnesses of some duration?
  - Don’t assume pathology.
  - Respect human resilience.

A Policy Aside

- Unfortunately the distinction between normal emotional distress and mental disorders has led to a distinction in federal regulation which is drawn too sharply.
- FEMA funds outreach, crisis counseling, and mental health education for people experiencing emotional distress which will go away over time.
- It does not provide funding for treatment of mental illnesses.
- As if there were a sharp distinction between normal emotional distress and mental illness and a sharp distinction between crisis counseling and treatment.
- This is a problem because the federal government has no routine mechanism for funding treatment and because, if it did, it would result in foolish fragmentation between counseling and treatment.

Geriatric Mental Health Issues

- We tend to think about older people as if they were all fragile and needy. "It ain't necessarily so."
- Older people, in fact, may experience less impact than younger people because they are more prepared for tragedy by their life experiences.
- For example, many of America's old are from the "great generation" who survived the Depression and who fought World War II.
- However, loss of younger generation may be a great blow
- Older adults generally do not go to mental health professionals for help. Being available to them, therefore, requires anticipating where they will go for help—houses of worship, senior centers, family, etc.
- Older adults may bring issues to PCP's. Therefore, need to sensitize the PCPs.
- Many older adults who are emotionally fragile are also isolated and somewhat immobile. Need to increase mobile services.

Communications Hub: Role of LifeNet During the Aftermath of 9/11

- Source of information and referral, **and telephonic crisis intervention** for individuals in distress
- Source of linkages of clinical providers and places requesting help such as workplaces, schools, houses of worship, etc.

What do we need to be ready for the next time?

- A Local Mental Health Disaster Plan
- A Local Mental Health Disaster Response Entity
- Clarity Regarding Authority--Both in the Public and in the Private Sectors
- Established Linkages and Plans for Coordination
- Telephonic Communications Center
- Plan for Outreach
- Plan for Public Mental Health Education
- Readiness to Provide Public Communication to Mitigate Terror

What do we need to be ready for the next time? (cont.)

- Shared, Evidence-Based, Models of Intervention and Treatment
- Cadres of Trained Personnel
- Support and Training for People Providing Help Including Uniformed Services Personnel
- Emergency Funding and Payment Mechanisms
- Review of Regulatory and Funding Structures
- Contingency Plans
- Routine Drills
- Plan for Evaluation

Contact :

John Draper
Director, LifeNet
The Mental Health Association of New York City
666 Broadway, New York, NY 10012
jdraper@mhaofnyc.org
212-614-6309