

Summary: Post-Sandy Funder Briefing--Series I

Funder Briefing: #7

Date: December 17, 2012

Topic: Mental Health Issues Resulting from Disasters

Speaker: **Dr. April Naturale**, Psychologist - Author of Sept. 11th Project Liberty, and led PTSD response efforts after Hurricanes Katrina, Ike, and Gustav

HIGHLIGHTS

[Dr. April Naturale](#) has 25 years of experience as a health/mental health care administrator, specializing in response to traumatic events, including developing mental health programs for 9/11 (Project Liberty) and Hurricane Katrina ([InCourage](#)). She has also worked with the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), the [National Center for Post-Traumatic Stress Disorder](#) (NCPTSD), the [Centers for Disease Control and Prevention](#) (CDC),

Facts about PTSD, mental illness and traumatic events:

- In reality, the number of people who will suffer from PTSD are predominantly seen in high-risk populations such as veterans. When we discuss PTSD as relates to traumatic events, we're talking about the general public.
- If we see PTSD in the community as a result of Hurricane Sandy, we'll see it immediately and the challenge is to identify people within 30 days of this. Beyond that they start to move into a chronic state that is harder to treat. 3-6+ months out you'll still see people to exhibit symptoms for the first time because basic needs have taken the focus right from the start. Once those have stabilized emotional collapse sets in.
- Most people compare themselves to others and will not seek help due to stigmatization, and only seek assistance when they can no longer function, therefore we often don't see an uptick in cases until 12-18 months after the traumatic event.
 - We saw more new cases for mental health assistance at the 5th anniversary of 9/11 than we did in the first five years *combined*.
 - Even 10-session program (on average clients completed only 6 sessions) in Louisiana "[InCourage](#)" program provided a 2-point standard deviation decrease in their symptoms as a result of the program, which is an enormous decrease in very short period of time
- Depressive-like symptoms/Depression is the most common experience.
 - Sleep problems - most common symptoms reported - so use that language to reach people because that feels safer for those affected.
 - Domestic violence, substance abuse often hand in hand
- We are still having difficulty in addressing substance abuse in responder-, male-, and male youth-communities; also prescription medications are increasingly used.
- High risk groups:
 - School-aged Children (physical, functional, access disorder);
 - Elderly (50% - isolated/medical issues; 50% are healthy, able, and great resources for reaching the elderly) - Visiting nurses, assisted living facilities are ambassadors and allies;

- Mothers - suppress own needs to care for families - stressed at work and home;
- Seriously & persistently mentally ill - some do well if they have support systems already in place or are already receiving services; those who don't do well often don't have support systems or have previous trauma that triggers current symptoms;
- Immigrant populations; undocumented immigrants - language barriers and fear of legal repercussions prevent them from knowing about and seeking assistance;
- First responders, emergency services, fire and police departments
- **Media Messaging hugely important** - advertising treatment, low-impact entry (cite trouble sleeping instead of asking if people are depressed), target audience, delivery method and frequency - the more people who know, the more people will seek help.
 - 15-, 30- and 60-second commercial was created for 9/11 five-year anniversary - they were picked up by every major network across the country in addition to local cable.
 - Use Public radio & local cable shows for messaging

What funders can do:

Funders can really help in the long run: Philanthropy is the only funding support after federal programs close. Currently, there is no public mental health structure that can provide funding.

- FEMA [Crisis Counseling Program](#) is a short-term program. Phase I - 60 days, Phase II - 9 months, so really only about one year of services.
- Funders can help organize community gatherings for a variety of occasions:
 - Research shows that social supports are #1 thing that helps individual mental recovery: gatherings for memorial services, birthdays, holidays, when an essential service comes back on line - that kind of acknowledgement can be very helpful to bring communities together and reduce isolation.
 - Can't help those that self-isolate, so having crisis counselors out at gas stations & stores to do observations and assessments can be useful.

Recommendations for rolling out mental health programs:

- Therapists must be highly trained:
 - Don't let people pick their own providers. Get unqualified providers that way.
 - Insured populations that see only private therapists means they aren't actually seeing the right people for their needs. Many therapists and social workers don't know disaster interventions and trauma therapy solutions - traditional psychotherapy methods don't have a great effect.
- When funding a mental health program: Make sure you get a package that includes training in specific intensive therapies such as:
 - CBT Intervention
 - Eye Movement Rapid Desensitization (EMRD)
 - Exposure Therapy (there is 50% dropout rate for this type of therapy, which is fairly intense, so may not be recommended for the first type of therapy offered)
- Ensure that there is long-term supervision of providers so that there is assurance the therapists follow the methodology.
- Collaborate with FEMA's Crisis Counseling Program so they can refer clients into the more specialized programs that you are making available.
- Work closely with Primary Care Physicians so they can help identify patients who might need more services: often you see people coming in for medical issues that are really masked PTSD symptoms
- Establish central point of access - advertising that single point of access is absolutely critical
- Partner with local agencies - crisis, mental health, suicide access - train the hotline operators to do assessments over the phone - assessments in the form of questionnaires can work to great effect

- Tie payment of therapists to the paperwork - once it's properly filled out and submitted, payment is sent
- Tie training to program, maybe supervision so that method is being used correctly (webinars or listservs -

Models

- Substance Abuse and Mental Health Services Administration [Disaster Technical Assistance Program](#)
- [National Child Traumatic Stress Network](#)
- [Psychological First Aid](#) for disaster responders, firefighters, etc.

ADDITIONAL INFORMATION

- Substance Abuse and Mental Health Services Administration (SAMHSA) - information on resources, publications, best practices, etc. <http://www.samhsa.gov/>
- 60,000 disaster victims speak: Part II: Summary and implications of the disaster mental health research. <http://www.ncbi.nlm.nih.gov/pubmed/12405080>
- George Bonanno, professor of Clinical Psychology at Columbia University. He is known as a pioneering researcher in the field of bereavement and trauma. <http://www.tc.edu/LTElab/>
- The US Department of Veterans Affairs sponsors "Published International Literature on Traumatic Stress" <http://search.proquest.com/pilots/?accountid=28179>
- Post-Disaster Redevelopment Planning: A Guide for Florida Communities <http://www.floridadisaster.org/recovery/documents/Post%20Disaster%20Redevelopment%20Planning%20Guidebook%20Lo.pdf>
- National Center for Disaster Mental Health Research—Fran Norris, PhD, Director <http://www.ncdmhr.org/about/index.html>
- *InCourage*, a pilot program to provide mental health services to adults in Baton Rouge La., in the aftermath of Hurricanes Katrina and Rita, created and implemented by Baton Rouge Area Foundation. http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2009/rwjf44183

Also:

- Handbook for Victims of Superstorm Sandy; Prepared by McCarter & English https://bl2prd0610.outlook.com/owa/redir.aspx?C=tZ-mYu80RUGwQsEXPd-6bBfGAt7bsM8IR_CsEDcqChe6JWlSS0RMmRj1f9xeeauw24Qq_TkuF4U.&URL=http%3a%2f%2fwww.cnjg.org%2fs_cnjg%2fbin.asp%3fCID%3d20609%26DID%3d59873%26DOC%3dFILE.PDF

Beginning on the first Monday after Hurricane Sandy struck New Jersey, The Council of New Jersey Grantmakers began hosting weekly conference calls for grantmakers in-state and nationwide, facilitated by CNJG President Nina Stack, to discuss their response to Sandy and strategies facing NJ as a result of the storm. Each conference call briefing offered expert guest speakers who represented government agencies (FEMA, HUD, HHS, etc.), national philanthropic leaders, expert psychologists with experience in PTSD, planners and community redevelopment leaders, and representatives from NJ's Voluntary Organizations Active in Disaster, among others. The twenty-five audio files and written summaries are available at:

<http://cnjg.org/hurricane-sandy>