



HURRICANE KATRINA EVACUEE MENTAL HEALTH AND CARE

Mental health planning and care delivery to evacuees from Hurricane Katrina and other disasters requires a 1) **public health approach** for populations, 2) **treatment delivery for expected normal rates of all psychiatric illness** in the population, 3) **care for trauma related disorders**, 4) **care for emerging disorders such as substance withdrawal and associated medical conditions with psychological consequences** and perhaps most importantly, 5) **community building**. The relocation of hurricane survivors from the New Orleans Superdome to the Texas Astrodome following Katrina is a primary model for this plan. This evacuation will move as many as 20-25,000 people.

What are the psychological and behavioral responses to plan for and assess?

Importantly, we know that most people over time will be resilient and do “ok” after trauma and disaster. Some, however, will suffer from the effects of exposure to a threat to their lives, loss of their homes and loss of their usual medical care, medications and medical support services. Psychological and behavioral responses to disaster fall into three categories

- Psychiatric Disorders (Acute Stress Disorder, PTSD, substance withdrawal and complicated grief/bereavement)
- Distress symptoms (e.g., sleep disturbance, sadness, fears)
- Risk behaviors (e.g., increased alcohol, tobacco and drug use)



Screening Questions:

1. Before the hurricane, were you receiving mental health care or counseling; or have you recently had mental health care or counseling (have you seen a health care professional)?
2. What medications are you taking?
3. During the hurricane, were you ever in fear for your life?
4. Have you experienced a severe sense of failing to care for or protect loved ones as a result of your actions during the hurricane?

Communications about health and the status of home, loved ones and the future should use the principles of risk communication

Use good risk communication principles in talking to evacuees about their medical care, illness or needs:

- Say what you know
- Say what you don't know
- Say what you are doing to find out what you don't know
- Say when you will get back with further information
- Provide follow-up information as promised, or explain the lack of follow-up

Care for health, psychological and behavioral needs is a process not a single event

- It is most important to screen to identify people with pre-existing mental health conditions, drug and alcohol addictions (be alert to detox issues). Mental health problems include all that would be expected in this population, e.g., schizophrenia, depression, alcohol abuse, and illegal substance abuse and addiction. In many evacuee groups, exposure to threatening life conditions may not be the primary issue, but care for preexisting and emerging mental health problems due to medical conditions will be. Substance withdrawal and mental conditions due to injury and loss of medications are common.
- The expectation over time is Resiliency – most people will recover. Foster hope, e.g., things will get better.
- Ensure continuity of care. A controlled pharmacy is needed to ensure continuity of medication. Do not start people on a medication that requires a long course if it won't be possible to see it thru.
- Provide Psychological First Aid: Maximize opportunity for social support, connectedness, hope, optimism, safety and opportunities to work/solve one's problems.
- Do not conduct debriefing (CISD). The effectiveness has not been proven and it could have detrimental effects of re-traumatizing people.
- Establish routines (e.g., sleep is a critical issue). Medication may be necessary, but use conservatively. Turn down lights at night - security may not want this, but it is necessary.
- Limit the amount of time spent watching news and other information about the disaster. Repeated exposures will keep people anxious. Information conveyed by a person is often more helpful than re-watching video of devastation replayed repeatedly on television.
- Have chaplains or other church leaders visible for reassurance and to address spiritual needs and or considerations. Offer routine services/prayer meetings.
- Consider offering AA type sessions. Get volunteers in recovery to assist.
- Provide specific smoking locations (outside area of the dome) to minimize increased use of tobacco
- Have Child Protective Services staff available for children who may be orphaned or have single parent /guardian (single parent) who may develop or have a condition that requires hospitalization
- Use relative luxury areas (e.g. boxes, suites in a dome) to provide privacy as needed

Community building is a core task to manage distress, increase recovery and maintain physically and psychologically secure environment.

- Large groups require organization and activities to manage boredom and preoccupations with the disaster and their losses. Structuring living arrangements, activities, movies, day care, school opportunities for children, recreation areas are important to decreasing distress and supporting a secure and safe infrastructure among large groups. Encourage self-help and self-organization
- Plan age appropriate activities to counter boredom. Provide movies, paper and crayons, journals for writing. Have bands from university etc. practice on field, use local celebrities or sports figures.
- Have teachers available to conduct “classes” or lessons/activities with children
- Conduct exercise sessions and provide other activities for exercise.
- Set-up schools, recreation areas, provide jobs/work within the dome, encourage leadership, set-up daycare.
- Identify and work with emerging community leaders among those evacuees.
- Educate evacuees (provide education materials, books, magazines, pamphlets, brochures, show possible video on TV’s of different infection control measures)
- Consider naming smaller areas of the evacuation center to facilitate small group cohesion which, in turn, supports mental health.

Team integration and communication are central to maintaining team function and protecting team members’ health.

- Integration of teams (field teams and base team). Senior leadership at the “base” is important to aid in decision making in the field. Often field operators are influenced also by the extent of exposure to trauma and distress and “a solid voice back at home base” can see things that those in the field may not. Establish a chain of command with a senior leader who monitors the team, ensures adequate rest, etc. Establish a Base team and Base team leader to direct and manage the team from Base Camp (possibly located at Medical center away from stimuli of scene).
- Integrate mental health with overall health efforts (logistics and integration).
- Conduct pre and routine briefings with leadership and teams
- Maintain communication within teams. Establish facilities so families can communicate with others across the nation and the world (wi-fi, telephone services, etc.).
- Ensure rest and respite for staff/responders (security staff, other medical staff, police, food workers etc). Establish work/rest cycles and watch for “over-dedication to the group” a behavioral response which might put people at increased risk.
- Prepare for local area homeless or wanderers who may join the evacuee center. Local social service agencies may provide assistance in such events.
- Set up a Family Support Center including medical and mental health services, Red Cross, FEMA, Insurance, Communications, etc. in one location.
- Use signs to designate locations.
- Develop liaison people in your team who will continue to maintain contact and communication with the Red Cross, FEMA and other support agencies.
- Provide translators for the multiple languages that will be present, including American Sign Language.

- Use small portable hand radio units to communicate between teams or team leaders (vs. cell phones where signals may not be available or strong enough)
- Identify a spokesperson for the evacuees who can maintain communication between authorities and evacuees, keeping them well informed

Maintain and support security operations

- Security within the Dome is important in order to provide a safe environment for evacuees.
- Maintain available food and water.
- Secure and lock potential unsafe areas in dome structure.
- Provide a locker or secure area for people to place “valuable” items.
- Check packages and bags for contraband (illegal substances/ alcohol, weapons)
- Develop an ongoing liaison with the security teams and provide them consultation and support for the stresses of their work which include concerns for outbreaks of violence and illegal activities.

Communicable Disease Concerns

- Maintain sanitization of facility
- Possible immunization team may need to be deployed - TB, HIV and Hepatitis are concerns.
- Educate all staff on infection control possible wearing of mask to prevent spreading of diseases

Disaster Response Education and Training Project, Center for the Study of Traumatic Stress
For more information see www.usuhs.mil/csts/