



The Center for the Study of Traumatic Stress (CSTS) is part of the Department of Psychiatry, Uniformed Services University of the Health Sciences

ADDRESSING THE NEEDS OF THE SERIOUSLY MENTALLY ILL IN DISASTER

In the acute stages of a natural disaster, those with serious mental illness may function relatively well. Like the rest of the population, they often rise to the occasion to assist themselves and others in a time of great need. However, persons with severe and often chronic mental illness are a vulnerable group whose well-being is especially threatened by the social disruption of the post-disaster setting. In addition, the existing resources and damage to infrastructure may significantly impact treatment care options. Assisting persons with severe mental illness can mitigate or prevent adverse outcomes.

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■ **Special care and services.** Disaster mental health services designed for the general population, such as those based on concepts of psychological first aid, are equally beneficial for survivors with mental illness. Procedures addressing safety, connecting, calming, learning disaster behaviors and facilitating a sense of hope and optimism are helpful during or immediately after a disaster. Care should be particularly sensitive to not isolate or stigmatize those with chronic mental illness. Pharmacologic formularies in the disaster region should include a broad range of psychiatric medications in order to allow those with chronic mental illness to stay on their prior regimens. The stress of the disaster and disruption in prior treatment may result in the deterioration of mental health status for some. Psychiatric hospitalization may be necessary in these cases to help the persons re-stabilize.

■ **Responders trained to help.** Disaster responders should be trained to identify and assist persons with signs of active mental illness. They need training to feel comfortable in assisting with appropriate resources including medical and psychiatric referral, when possible. Symptoms of particular concern include: psychosis (hallucinations, delusions, and disorganized thought process), severe depression, suicidal or homicidal ideation or behavior, and substance abuse. Asking if someone has their usual medications and what they for can begin a helping relationship.

■ **Social services.** Those with chronic mental illness generally need enhanced social services during the post-disaster recovery stages, including assistance with housing, employment and re-establishment of psychiatric care.

Persons with serious mental illness are vulnerable to disasters.

- **Less prepared.** Persons with serious mental illness are less likely to be prepared for a disaster. Evidence suggests that those with serious mental illness are less likely to have supplies on hand or an emergency plan in place in the event of a disaster. They may be more dependent on others to assist them to evacuate or take other necessary precautions prior to a disaster.
- **Onset of new and recurrent symptoms.** Persons with a history of mental illness are more likely to develop stress-related symptoms or a relapse of prior symptoms following a disaster. Those with a chronic mental illness may have difficulty tolerating psychological distress or a disruption in their social situation. Those with prior the diagnosis of posttraumatic stress disorder may be particularly vulnerable to an exacerbation of symptoms due to an association of the current disaster and response (sirens, for example) to their prior trauma.

Disasters disrupt mental health care and services.

- **Loss of caretakers.** Persons with chronic and severe mental health problems are often cared for by family members. In the wake of a disaster, caretakers may have been killed or injured. Family members may divert their time and energy to basic tasks of recovery such as securing food, water and safe housing, leaving less time and resources to care for their mentally ill family member.
- **Mental health services are disrupted.** Persons with serious mental illness are often in the care of the mental healthcare system. During a disaster, mental health services are often disrupted. This can include

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the shutting of inpatient psychiatric units and hospitals and outpatient clinics. Pharmacies may be closed or their supply chains interrupted, resulting in patients not receiving their medications. Problems with transportation infrastructure may make it difficult to get to appointments.

- **Loss of hospitals and care facilities.** Many chronically mentally ill live in supported environments, including psychiatric hospitals or other skilled facilities, group homes or shelters. In the aftermath of a disaster, these facilities may close or be understaffed; residents may be forced to either relocate and/or be underserved.
- **Increased demand for mental health services.** Demand for mental health services often increases in

the wake of a disaster due to the mass trauma that has occurred. This greater need for services for many new people may result in a diversion of resources away from care for the chronically mentally ill.

Disaster preparedness and planning.

- Assist those with chronic mental illness and their families to develop a disaster plan including emergency contact information and a supply of medications.
- Identify group residences and shelters that house serious and chronically mentally ill persons in order to facilitate evacuation, rescue or safety check at the time of a disaster.



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