

Disaster Mental Health in Texas

Background

Disaster Mental Health Services, a response and recovery component of the Community Preparedness Section, Department of State Health Services (DSHS), is tasked by the Governor's Division of Emergency Management to provide and coordinate all public and private disaster mental health services (DMHS) in an emergency (defined as when the State Operations Center becomes aware of and responds to an event). DMHS have been involved at some level in over 50 local, state, and federally declared emergencies since September 1994, including: The Texas A&M bonfire accident, the shuttle tragedy, and over 30 separate Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) grants following presidential declaration. The CCP grants programs have all been delivered through local community mental health and mental retardation (MHMR) centers (along with one county health department, after Katrina) and managed by DMHS.

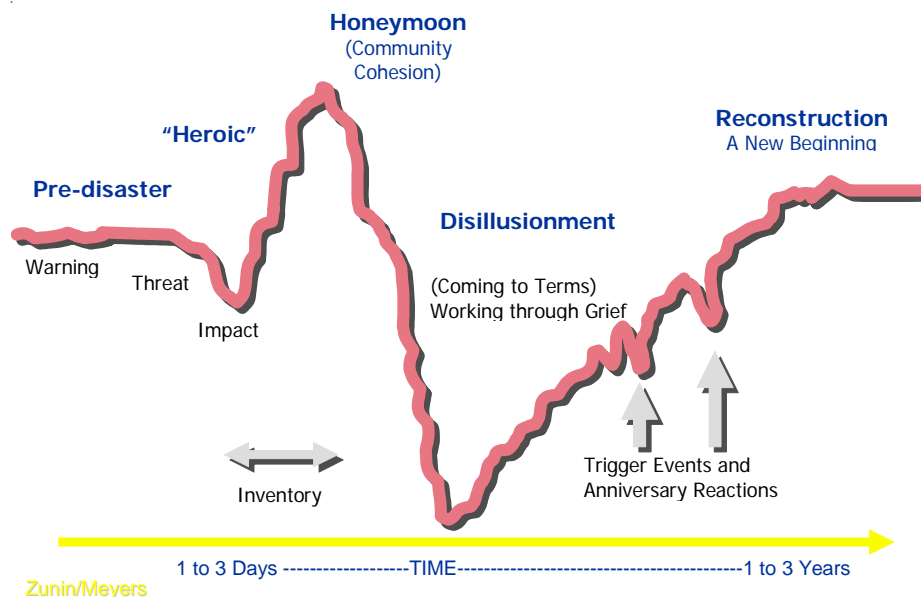
Disaster Mental Health-The Silent Tragedy

The field of disaster mental health (DMH) does not have an abundance of verifiable research showing the percentage of individuals, families, and communities psychologically impacted by an event. Even harder to quantify is the efficacy of interventions, although individuals report decreased stress (Including physical manifestations), faster recovery from the event with less long-term symptoms of a mental disorder (such as depression, anxiety, and substance abuse), and decreased risk for Post Traumatic Stress Disorder

(PTSD). This is important as epidemiological statistics often drive interventions, funding, and interest in programs with disaster mental health as no exception. As a sub-specialty, DMH can prevent a secondary wave of individual and community disaster impact from occurring, or at least mitigate the adverse effects of the disaster. Since hurricane Katrina, however, more research is being done; as a conservative estimate 25% to 30% of the survivors are likely to develop long-term anxiety disorders, depression, and other clinically significant problems at least for the short term (see link below). The intent of DMH is to prevent these symptoms from becoming chronic and leading to PTSD.

The link to an article in *USA Today*, "New Orleans feels pain of mental health crisis" by Peter Eisler (http://www.usatoday.com/news/nation/2007-01-15-katrina-mental-health_x.htm), does a good job of reflecting the mental health issues still facing New Orleans residents 16 months post disaster because, for many, including the estimated 100,000 still in Texas, it is an ongoing disaster. The same effects are seen on a smaller scale for other disasters, but are still the same and impact the recovery process. The emotional impact is especially notable for already at-risk populations —kids, the elderly, the disabled, people with very low income, and undocumented immigrants. For these segments of society, recovery is often a distant or unreachable goal.

The following illustration displays the phases that responders, disaster victims, and others touched by the event go



through, although at varying emotional levels, and at various times.

What we do

DMHS primary responsibilities are to utilize and coordinate disaster mental health resources prior to (hurricane), during (flash flooding) and after (tornadoes) an event and to establish and manage short-term (about a year) crisis counseling programs in a presidentially-declared impact area. The Crisis Counseling Program, a FEMA-funded program, establishes a team at a host MHMR center and provides outreach, screening and assessment, counseling, information and referral, and public education about the effects and means to manage stress.

DMHS' second priority is to focus on DMH preparedness assistance activities for DSHS and other organizations, including web-site development, assessment, and development of Psychological First Aid in Texas and basic DMH training opportunities.

The need for statistics

As with any grant, approval and the size of the project are driven by statistical data. For the CCP grant a formula is used (see [Table 1](#)) to best estimate the number of disaster victims that will be served.

In addition, the CCP is required by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA) to gather non-identifying information for the life of the grant to reflect numbers of individuals and groups served, service locations, risk categories, and demographic information for use in periodic reports and to justify the continuation of the CCP. The CCP also gathers behavioral and emotional information with the expectation that the psychological impact will decrease as time goes on and the disaster victim begins to recover.

Hurricane Season 2007-The DMHS process

It is anticipated that 2007 will be a fairly active hurricane season. In the event of a potential hurricane, DMHS will begin

TABLE 1. SAMPLE
Needs Assessment Formula for Estimating Disaster Mental Health Needs Disaster:
 FEMA 1658-DR-TX
 This is an estimate for the following disaster area____(Counties)_____
 Date of Report:_____ Completed by: Name _____

Loss Categories	Number of Persons	ANH ¹	Range Estimated	Total
Type of Loss	Number	Multiply By ANH ¹	At-Risk Multiplier	Number of persons targeted per loss category
Dead	1	2.5	100%	3
Homes destroyed	344	2.5	100%	860
Homes "Major Damage"	134	2.5	30%	101
Homes "Minor Damage"	1,347	2.5	35%	1,179
Disaster Unemployed	24	2.5	15%	9
FEMA Registrants	4,906	2.5	15%	1,840
Total estimated persons in need of crisis counseling services				3,992

¹ANH means **A**verage **N**umber of persons per **H**ousehold. This figure can be obtained by county/parish/area from the United States Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5.

forwarding information and sitreps to MHMR centers and state hospitals to help them determine whether to evacuate or shelter in place. During and after the hurricane, designated center staff will be available to provide or direct stress management, counseling, and damage assessments. If federally declared, DMHS personnel will go to the impact area to staff the FEMA Joint Field Office to begin writing the CCP grant, responding to FEMA referrals, scheduling the staffing of the disaster recovery centers, and establishing CCP teams. As in the past, DMHS and the MHMR centers will be ready. For more information on Disaster Mental Health Services, DSHS, go to: <http://www.dshs.state.tx.us/comprep/dmh/default.shtm>

Online Material

American Psychological Association. The Mental Health Impact of Hurricanes Katrina and Rita; by Government Relations Staff; October 17, 2005. Available at: <http://www.apapractice.org/apo/pracorg/legislative/HurricaneImpact.html#>

Peter Eisler, *USA Today*; New Orleans feels pain of mental health crisis. Updated 1/16/2007. Available at: http://www.usatoday.com/news/nation/2007-01-15-katrina-mental-health_x.htm

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