Geriatric Emergency Preparedness & Response: Disaster Mental Health Issues

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Our Wonderful World Is Also a Dangerous Place

September 11, 2001

Is health care prepared? Are you?

<table>
<thead>
<tr>
<th>Event</th>
<th>Year</th>
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<tbody>
<tr>
<td>Anthrax</td>
<td>2001</td>
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<td>SARS</td>
<td>2003</td>
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<td>Tsunami</td>
<td>2004</td>
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<td>Bombings</td>
<td>2005</td>
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<td>Hurricanes</td>
<td>2005</td>
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<td>Avian Flu</td>
<td>2006</td>
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What’s next?
older persons have altered levels of immune function
higher risk of infectious illness, reduced response to antibiotics
chronic illness – risk of pneumonia 40-150 times
few health care workers with training in bioterrorism, BTEPA
greater risk in natural disasters, even among robust elders
PTSD and mental health issues in any disaster; thus, need for all hazards approach to geriatric emergency preparedness and response – GEP&R
Think “pre-event” preparedness
Develop local relationships
Education and training
Communicate to our patients/public
  - What is their risk?
  - What is being done to protect them?
  - How can I protect myself?
  - How can I protect my colleagues?
  - What else do we need to know?
How Much Public Information Is Enough?
When is an Emergency a Disaster?

A community’s coping resources are its people, materials, equipment, and services used to meet demand created by an incident.

Source: Canadian F/P/T Network for Emergency Preparedness and Response, 2004
Preparedness moves the Disaster Threshold

Preparedness measures – e.g., sandbagging and evacuating vulnerable populations before flooding occurs – increases the disaster threshold, permitting the community to cope better.

Source: Canadian F/P/T Network for Emergency Preparedness and Response, 2004
✓ **GEP&R** issues are global ...since 1995, heat waves, extreme cold, and floods in Europe plus earthquakes and weather-related disasters around the world have killed almost a million with over 2.5 billion people affected and costing $738 billion in US dollars.

✓ Older people are always disproportionately affected.

✓ The Public Health Agency of Canada’s Division of Aging and Seniors has started a global initiative on GEP&R issues.
Need for Local Training in GEP&R

✓ Heat Waves – France
✓ Extreme Cold – England
✓ Floods – Manitoba
✓ Wild Fires – Australia
✓ Tsunamis – S. Asia
✓ Earthquakes – Pakistan
✓ Subway bombings – London
✓ Hurricanes – Katrina, Rita, and Wilma
✓ Avian Influenza (H5N1) – PSI Levels 1-5
✓ Your hometown, your family
✓ Your patients
The Disaster Cycle

Mitigation → Preparedness → Response → Recovery
The Four Pillars of GEP&R

- Mitigation – identifying threats and resources, taking preventive actions
- Preparedness – planning, training + exercises
- Response – acting decisively with Incident Command structure
- Recovery – getting back to normal, feeling safe again, analyzing response mode for next event

How many mental health professionals have been trained to help during and after a disaster where you work and live?
You, the Local Health Care Professional, in GEP&R

Age-related changes in structure and function of the human body – e.g., presbyopia, decreased renal function, cardiovascular changes, elasticity of skin

Altered presentation of disease and impact of immunosenescence

Co-morbid conditions increase complexity of appropriate diagnosis

G. Taffet, 2004
Summary of Geriatrics Points: Don’t…

- let immunization status comfort you
- let lack of symptoms fool you
- depend on an old immune system
- ignore your potential sentinels
- take comfort from a less than “lethal exposure”
- forget that age robs clinicians of using hallmarks like pulse/temp discrepancy
- forget beta-adrenergic and pro-cholinergic agents can confound symptoms
- forget to treat depression and anxiety

G. Taffet, 2004
Mental Health and Ethical Issues
Mental Health Issues

✓ All persons in a disaster are affected
✓ Effects are intra-individual and collective, i.e., community-wide
✓ Expect behavioral and somatic changes depending on type of disaster and exposure level
✓ Think about the pre-event, event, and post-event phases of any disaster, whether human-caused or natural in origin
✓ Plan for sufficient numbers of mental health professionals to be trained and available
✓ Goal is to let all persons affected have remission of symptoms and to feel safe again
Manifestations of MH Syndromes Affected by Age-related Changes

- Sensory deprivation
- Delayed response
- Chronic conditions
- Multiple loss effect
- Hyper/hypothermia vulnerability
- Transfer trauma
- Language and cultural barriers

Typical Reactions include:

✓ Anxiety and depression
✓ Withdrawal and isolation
✓ Fear of crowds or strangers
✓ Problems going to sleep
✓ Alcohol or other drug use

C. Fasser, 2004; B. Young, 2006
More Typical Reactions…

✓ Fear of darkness
✓ Fear of being alone
✓ Sensitivity to loud noises
✓ Somatic complaints
✓ Guilt, anger, grief
✓ Reliving past traumas

Main point – Disaster stress is a normal response to an abnormal circumstance. If symptoms persist, they must be treated.

C. Fasser, 2004
People typically rely on past strategies to cope with new stressful situations.

Past coping mechanisms can be functional or dysfunctional.

Degree of hardiness has been identified as a characteristic that can buffer extreme stress in older populations.
Mobilize trained mental health professionals – psychologists, social workers, counselors, ministers, local mental health authority, AAA’s

Develop a plan and strategies for support

Recognize that some will seek support but others may need to be sought out

Establish safety and security measures, reduce stress-related reactions, and connect to restorative resources

A. Sherman, 2004; B. Young, 2006
Therapeutic Approaches Shown to Help Older Adults

- Appropriately timed psychotherapeutic intervention may < distress among survivors
- Selected cognitive behavioral approaches can reduce duration and severity of acute distress disorder, PTSD, and depression
- Not all older adults will respond to therapeutic support for PTSD
- Responder self-help tips during and after an assignment – recognizing/coping with stressors

A. Sherman, 2004; B. Young, 2006
Behavioral Trauma: How to Feel Safe Again

✓ Psychiatric injuries – PTSD, 45% after Katrina
✓ Prepare & coordinate
  – Develop plans with clergy, mental Health workers
✓ Keep in mind age/ethnicity
  – Development~age
✓ Look for clues
  – Personality changes

RB McFee, 2004
Victimhood and Resilience

- London subway bombings of July 7, 2005
- How do we help people cope with the unimaginable?
- Conventional wisdom suggests that people affected by disasters need immediate psychological help.
- 12 controlled trials of persons in traumatic events found that immediate counseling made matters worse in the long-term.
- What people need immediately after a disaster is support of family and friends to help them get back to a semblance of normalcy – e.g., paying bills, relocating, etc.
- Depression and PTSD can be treated later.

Source: S. Wessely, NEJM, August 11, 2005; 353:548-550
Effects of Terrorism on the Elderly*

- Expect acute distress immediately after a disaster – e.g., 44% of American adults experienced symptoms 3-5 days after 9/11/01
- Expect acute distress symptoms to subside at the 2 and 6-month marks
- Resilience is successful adaptation of an individual to difficult or challenging life experiences
- For some elders “inoculation” theory protects them; for others, they are more vulnerable to stress due to comorbid conditions and limited abilities
- 4 questions: “How good are the individual’s coping skills in general? How has he or she responded to past stress? Does he or she have a history of mental illness or physical limitations? How has he or she been impacted by the unique factors of the current situation?”
- Little difference in rates of PTSD among older and younger people. The key is degree of exposure to horrific or life-threatening events. If one has recurrent intrusive recollections of event, numbing or avoidance activities, and increased physiologic arousal for one month, then PTSD is correct Dx. 50% last less than 3 months, and PTSD can occur after 6 mos, which for older people is a more common occurrence.

Cultural Competence in Times of Disaster

✓ Culturally competent health care providers are critical in disaster management.
✓ Language differences and sensory/cognitive impairments adversely affect communications.
✓ One source for training in Culturally and Linguistically Appropriate Services (CLAS) is Stanford University’s Geriatric Education Center -- http://www.stanford.edu/group/ethnoger/.

R. Roush, 2004
Preparedness Issues
JCAHCO’s Recommendations for all American Communities

✓ Define the community
✓ Identify and establish the emergency management preparedness and response team
✓ Determine the risks and hazards the community faces
✓ Set goals for preparedness and response planning
✓ Determine current capacities and capabilities
✓ Develop the integrated plan
✓ Ensure thorough communication planning

G. Goodman, 2004
JCAHCO’s Recommendations, contd.

- Ensure thorough mental health planning.
- Ensure thorough planning related to vulnerable populations.
- Identify, cultivate, and sustain funding sources.
- Train, exercise, and drill collaboratively.
- Critique and improve the integrated community plan.
- Sustain collaboration, communication, and coordination.

How many has your community completed?

G. Goodman, 2004
Special Issues in GEP&R
Natural vs. Perpetrated Disasters

- Similar concerns for frail elders whose lives are disrupted by hurricanes, floods, wild fires, power outages
- Could experience interruption of home care services if damage is widespread and large numbers of people are affected – i.e., their informal caregivers
- Even robust elders are affected more than younger people in times of natural disasters
- Same concerns for making people feel safe again

Recovering from Natural Disasters

- Basic Needs: shelter, fuel, clothing, bedding, household items
- Mobility: incapacity, transport
- Health: access to services; appropriate food, water, sanitation, psychosocial needs
- Family and Social: separation, dependents, changes in social structure, loss of status
- Economic and Legal: income, information, documentation

Hurricanes Katrina, Rita, Wilma

- 74% of Katrina deaths were people 60+ y.o.
- 7 weeks after Katrina, 45% PTSD
- Rita relocated many Katrina evacuees from Houston
- Only 44 of 130 NH in Greater Houston area had evacuation plans
- Of the 44, 5 used school buses w/o AC
- Many used the same bus companies
- Some shelters to be used were closed
- 41 died during Rita evacuation, 23 on one bus
Lessons Learned

- Evacuation and treat-in-place plans need to be specific to needs of elders
- Periodically survey potential shelter sites re: capacity and retrofitting needs
- Practice plans with special attention to communications and technology
- Have trained mental health staff available
- Use immediate post-event to debrief what went wrong, what went well
- Remember we’re always in a pre-event mode
Communications and Resources
Disaster Mental Health Resources

- American Psychiatric Association – Disaster Psychiatry Principles and Practice

- SAMHSA – Managing Stress Before, During, and After an Event
  [http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA-4113/chapter2.asp#ch2event](http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA-4113/chapter2.asp#ch2event)

- Anxiety Disorders Assoc. of America – PTSD
  [http://www.adaa.org/GettingHelp/AnxietyDisorders/PTSD.asp](http://www.adaa.org/GettingHelp/AnxietyDisorders/PTSD.asp)

- American Association for Geriatric Psychiatry –

- Duke University Web Reference Guide –
  [http://psychiatry.mc.duke.edu/Clinical/DisasterMentalHealth.html](http://psychiatry.mc.duke.edu/Clinical/DisasterMentalHealth.html)

- Disaster Mental Health International –
  [http://www.disastermentalhealth.com](http://www.disastermentalhealth.com)

- AAHSA On-line Disaster Community
Online Resources 1

✓ Preparing for Disaster for People with Disabilities and other Special Needs

✓ Older people in disasters and humanitarian crises: Guidelines for best practice
  -- http://www.helpage.org/Resources/Manuals

✓ Center for Disease Control
  – http://www.bt.cdc.gov

✓ Texas Statewide Bioterrorism Continuing Education Project
Online Resources 2

- National Library of Medicine
- Western Reserve Geriatric Education Center
  - http://darla.neoucom.edu/ElderPrepare
- Ohio Valley Appalachia Regional Geriatric Education Center
- FEMA Metropolitan Management Resource Centers
  - http://www.mmrs.fema.gov/
- GAO Report on Evacuation of Hospitals and Nursing Homes Due to Hurricanes
**Online Resources 3**

- **AAHSA On-line Disaster Community**

- **American Red Cross**
  - American Red Cross: Disaster Preparedness for People With Disabilities
  - American Red Cross: Disaster Preparedness for Seniors by Seniors
    [http://www.redcross.org/services/disaster/beprepared/seniors.html](http://www.redcross.org/services/disaster/beprepared/seniors.html)

- **Federal Resources**
  - Department of Health and Human Services: Disasters and Emergencies
    [http://www.hhs.gov/emergency](http://www.hhs.gov/emergency)
  - Centers for Disease Control and Prevention - Pandemic and Avian Flu
    [www.pandemicflu.gov/](http://www.pandemicflu.gov/)
  - Pandemic Influenza Planning Checklist
    [http://www.pandemicflu.gov/plan/LongTermCareChecklist.html](http://www.pandemicflu.gov/plan/LongTermCareChecklist.html)
  - Pandemic Influenza Tabletop Exercise - US Department of Health and Human Services
    [www.hhs.gov/nvpo/pandemics/tabletopex.html](http://www.hhs.gov/nvpo/pandemics/tabletopex.html)
  - Home Health Care Services Pandemic Influenza Planning Checklist
  - Administration on Aging: Disaster Preparedness and Assistance for Pandemic Flu
Online Resources 4

✓ Pan American Health Organization: Health Library for Disasters
  http://www.paho.org/English/DD/PIN/pr060526.htm

✓ Agency for Healthcare Research and Quality: Disaster Response Tools and Resources
  http://www.ahrq.gov/path/katrina.htm

✓ National Organization on Disability: Disability Emergency Preparedness for Community Leaders

✓ Baylor College of Medicine – “Best Practices for Managing Elderly Disaster Victims”
  http://www.bcm.edu/pdf/bestpractices.pdf

✓ Disaster Preparedness and Response for Nurses
  http://www.nursingsociety.org/education/case_studies/cases/SP0004.l
Online Resources 5

✓ AARP – “We Can Do Better: Lessons Learned Protecting Older Persons in Disasters”
   http://www.aarp.org

✓ Public Health Agency of Canada Pandemic Flu Plan

✓ HRSA Projects in Bioterrorism & Emergency Preparedness in Aging -- BTEPA
   Western Reserve GEC at Case Western University
   Consortium of New York GEC at NYU
   Gateway GEC of Missouri and Illinois at St. Louis Univ.
   Ohio Valley/Appalachian Region GEC at University of KY
   Stanford GEC at Stanford University
   Texas Consortium GEC at Baylor College of Medicine

✓ HIPAA Privacy Rule: Disclosure for Emergency Preparedness – A Decision Tool
   http://www.hhs.gov/ocr/hipaa/decisiontool

The world has changed

Healthcare workers (HCWs) must be able to recognize biological, chemical and other public health emergencies – including natural ones

HCWs need to have specialized training for each vulnerable population – the young, the old, the disabled, + those with cognitive/mental impairments

HCWs must be able to protect themselves and their co-workers during a public health emergency

GEP&R planning and frequent exercises are essential and must include mental health training
From the Eyes of Those There

- “The Last Tsunami, 2004” - Søren Momsen
- “Tsunami Anniversary, 2005” - Taman Budaya
For Questions About GEP&R Contact Dr. Robert E. Roush

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