

Lessons from 9/11: Psychiatrists are indispensible in first-response teams

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Psychiatrists should be included in disaster first-response teams because survivors have immediate need for help in alleviating early trauma symptoms ranging from sleeplessness to constant anxiety, says a new study of 9/11 survivors and victims' family members published today in the *Journal of Psychiatric Practice*.

Although there have been many studies about the psychiatric needs of disaster survivors several months after they experience a catastrophe, this study gives a rare glimpse into the need for on-site psychiatrists in the immediate aftermath of a crisis, according to study author Anand Pandya, M.D., of Cedars-Sinai Medical Center.

"When the terrorists attacked the World Trade Center, it was very unusual to have psychiatrists available where the survivors were located," said Pandya, medical director of inpatient services for the Department of Psychiatry and Behavioral Neurosciences at Cedars-Sinai. "But we were at Ground Zero immediately after 9/11 and what we found was that people will seek psychiatric help immediately for early symptoms of post-traumatic stress disorder (PTSD) such as insomnia and feeling disconnected or numb."

Pandya is a co-founder of Disaster Psychiatry Outreach, a nonprofit organization of psychiatrists that has also provided immediate psychiatric medical help to survivors of <u>Hurricane Katrina</u>, the earthquake in Haiti and the Sri Lanka tsunami. His study of the <u>psychiatric services</u> provided to victims and their families immediately



after the 9/11 terrorist attack on New York's World Trade Center is to be published May 21 on the *Journal of Psychiatric Practice* website at <u>www.psychiatricpractice.com</u> and in the May 2010 printed issue.

Within 24 hours of the attack, 268 psychiatrist volunteers from Disaster Psychiatry Outreach provided first-response aid to survivors. The psychiatrists served 848 patients in just over two months. The most commonly recorded symtoms were sleeplessness, anxiety, depression and constant, overwhelming bereavement. Doctors evaluated each patient individually and gave patients information about symptoms. Doctors also referred survivors to nonprofit organizations and other medical professionals for follow-up care. Patients who needed medication were given short-term prescriptions until they were able to see a doctor for longterm care.

Trauma survivors are diagnosed with PTSD if they have symptoms such as flashbacks, nighmares and hypervigilance for a month. Pandya said future studies will address whether early psychiatric care is effective in reducing PTSD.

"What we know from this study is that if we are there, people will seek help at an earlier stage in the process than they would if psychiatrists were not available from the beginning," Pandya said. "Put psychiatrists where the Salvation Army and Red Cross workers are because people need us."

Provided by Cedars-Sinai Medical Center

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