

# Disasters especially tough on people with disabilities, mental disorders

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As hurricane season gets into full swing, mental health teams will be ready to respond and help survivors cope with possible devastation. Psychologists have analyzed decades of research and found that disaster response strategies should address the needs of the population affected, specifically those with disabilities and mental disorders.

Research conducted in the aftermaths of the Oklahoma City bombing and Hurricane Katrina also showed that the type of disaster can have a distinct effect on how people respond psychologically. These and other findings are reported in a special section of *Rehabilitation Psychology* devoted to disaster management and people with disabilities. The journal is published by the American Psychological Association.

"Katrina taught us a harsh lesson about the plight of vulnerable people in times of disaster and national emergency," said the journal's editor, Timothy Elliott, PhD, of Texas A&M University. "Solutions to these problems won't be provided by any single profession or service, which is why this special section brings together colleagues from psychology, special education and rehabilitation administration to provide information that will help us find solutions."

In a study looking at Hurricane Katrina victims, researchers focused on survivors with a wide range of disabilities. Nearly two years after the storm, they surveyed and interviewed disaster case managers and supervisors who provided services to 2,047 individuals with disabilities and their families through the Katrina Aid Today project. They found

that considerable barriers to housing, transportation and disaster services were still present two years after the storm. For example, they found that survivors with disabilities were less likely to own homes than survivors without disabilities. This meant that some of the Federal Emergency Management Agency homeowner programs did not help them or, in the case of FEMA trailers, were not accessible to them.

People with disabilities were also less likely to be employed, which affected their ability to pay utility bills or purchase furniture when they did transition to more permanent housing. Individuals with disabilities were more likely to have medical needs, which affected their ability to travel to service agencies or get jobs. Case management with the survivors with disabilities was seen as taking longer because these people needed assistance in multiple areas.

"Case managers who are knowledgeable about the needs of people with disabilities are essential when navigating an already difficult service system following a disaster of this magnitude," said the study's lead author, Laura Stough, PhD, from Texas A&M University.

Another analysis focused on two different studies - one examining the bombing's survivors and the other Hurricane Katrina evacuees. The Oklahoma City study assessed 182 survivors six months after the bombing. The Hurricane Katrina study sampled 421 people who had been evaluated in a [mental health](#) clinic at a Dallas shelter for Katrina evacuees.

Of the Oklahoma City bombing survivors, the most common psychiatric diagnosis was post-traumatic stress disorder, with 34 percent of participants suffering from the problem. The second most common psychiatric diagnosis was major depression, according to the article. Most of the participants, 87 percent, were injured in the bombing; 20 percent of those had to be hospitalized.

The research analysis noted that [Hurricane Katrina](#) affected a wider swath of an already disadvantaged population. The main tasks in the psychiatry clinic at the shelter were rapid diagnostic assessment, resumption of psychotropic medications, and linkage to ongoing psychiatric care for already existing disorders.

"Interventions to address unmet treatment needs for an abundance of pre-existing and persistent psychiatric illness would not have been the primary response needed for Oklahoma City survivors," said the study's lead author, Carol North, MD, from the Dallas Veterans Affairs Medical Center and the University of Texas Southwestern Medical Center at Dallas. "This article represents just one example of why disaster intervention plans need to target expected mental health problems emerging in different populations, settings and time frames."

Another study looked at the prevalence of injury and illness following Hurricane Ike in the Galveston, Texas, area. About 4 percent of the population had experienced injuries, and 16 percent of households had someone suffering from an illness two to six months following the disaster, according to a survey of 658 adults. The risk for injury or illness increased in areas where there was more damage. Some other stressors that occurred at the same time as these injuries or illnesses were post-traumatic stress, dysfunction and physical disability.

"The associations of injury with distress and disability suggest that community programs should reach out to injured people for early mental health and functional assessments," said study author Fran Norris, PhD, director of the National Center for Disaster Mental Health Research at the Dartmouth Medical School. "Follow-up support services that address mental health and functional problems could be part of the treatment plan for those people treated for disaster-related injuries or illnesses."

Provided by American Psychological Association

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