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UT Southwestern psychiatry study reveals need to identify, triage, and treat mental health disorders after disasters

DALLAS – Aug. 6, 2013 – Mental health services should be integrated into disaster response as part of emergency services planning, according to a new study by UT Southwestern Medical Center psychiatrists who completed an exhaustive review of articles on the aftereffects of disasters on mental health.

The researchers sifted through more than 1,000 articles, reviewing more than 200 that showed disasters can exacerbate existing problems and generate new disorders. Many in the population will experience a natural disaster during their lifetime, while man-made disasters – such as terrorism and airplane crashes – can add to that burden.

“Adverse mental health outcomes may not be as apparent as are physical injuries such as broken bones, bleeding, and other obvious trauma. But our review clearly shows that mental injuries are prevalent and require a similar system for identifying, triaging and treating these individuals, just as you would those with physical injuries,” said Dr. Carol North, professor of psychiatry at UT Southwestern, and senior author of the study publishing in the *Journal of the American Medical Association*. The Aug. 7 issue focuses on violence and human rights.

For example, she said, it is important to distinguish between those who are experiencing distress – which nearly everyone does in a disaster – from psychiatric disorders, such as post-traumatic stress disorder (PTSD) so that people can be treated appropriately. PTSD is the most common disorder associated with most disasters, with nearly 1 in every 3 people who are directly exposed to severe disasters showing signs of PTSD and nearly one-fourth showing signs of major depressive disorder, the review showed.

The review also found that people at greatest risk for mental health issues are women, people with pre-existing disorders, those lacking adequate social services, and those already stressed. Severity of exposure was an additional factor that mental health responders could use to help pinpoint who needs help. Researchers found that people with more intense reactions were more likely to accept mental health referrals than those with less intense reactions to a disaster.

(MORE)

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Disaster aftereffects – 2

Other findings included:

- Nine of 10 people are likely to experience trauma in their lifetimes;
- As many as 40 percent of distressed individuals had pre-existing psychiatric disorders;
- Between 11 percent and 38 percent of distressed individuals evaluated at shelters and family-assistance centers after disasters have stress-related and adjustment disorders; and
- Disorders included bereavement, major depressive disorders, and substance abuse disorders.

“In addition to developing a consistent and integrated system for identifying, triaging, and treating people, more evidence-based research is needed to determine which treatments are most effective,” said Dr. North, who is a member of the emergency medicine’s section on homeland security at UT Southwestern and director of the Program in Trauma and Disaster at the VA North Texas Health Care System. “While there is evidence to support treatments for patients with active psychiatric disorders, interventions such as psychological first aid, psychological debriefing, crisis counseling, and psychoeducation for distressed individuals have not been adequately evaluated to determine whether they help or hurt in disaster settings.”

Dr. Betty Pfefferbaum, Chair of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center, also contributed to the review.

Visit <http://www.utswnmedicine.org/conditions-specialties/mental-health/> to learn more about UT Southwestern mental health services.

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