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BRIEF MENTAL HEALTH GUIDELINES FOR ASSISTING THOSE AFFECTED BY HURRICANE KATRINA

These guidelines have been summarized by IMC's Mental Health Advisor, Dr. Lynne Jones, for organizations working with Katrina-affected populations. They represent lessons learned regarding mental health activities from IMC's international experiences in disaster response, such as the recent tsunami, as well as best-practices[1] identified by international agency concensus.

The guidelines are provided for first responders, relief volunteers and primary care givers helping those affected by Hurricane Katrina. They focus on the acute phase of the response and are basic principles.

ACUTE PHASE, PSYCHOSOCIAL SUPPORT FOR THE AFFECTED POPULATION:

The whole evacuated population can be expected to be suffering from psychological stress. However the worst affected will be those who have suffered the multiple tragedies of both the hurricane and then being trapped in the city. They will have been terrified, angry, despairing, frustrated as well as suffering all the feelings that follow overwhelming loss. The best way to assist is by attending to their **basic needs through social interventions that provide the following**

- **Security** (people are terrified). In setting up temporary accommodation particular attention needs to be paid to the safety of women and children and other vulnerable people.
- **Food, water, medical care**
- **An ongoing, reliable flow of credible information on the emergency and associated relief efforts**: People want to know what has happened. What is going to happen next? Where are we going? Who is in charge? Where can I get more information?

    - Access to information is a right and also reduces unnecessary public anxiety and distress.

    - Information should be provided on the nature and scale of the emergency; efforts to establish physical safety for the population; the specific types of relief

[1] These guidelines also draw on the Sphere Project's Minimum Standards in Disaster Response http://www.sphereproject.org , and WHO Guidelines for Mental Health in Emergencies, http://www.who.int/mental_health/prevention/mnhemergencies/en/

activities being undertaken by the government, local authorities and aid organizations, and their location.

- Information should be disseminated according to principles of risk communication: e.g., it should be uncomplicated (understandable to local 12-year olds) and empathic (showing understanding of the situation of the disaster survivor)

- **Family reunification:**
  - Establish effective accessible systems for tracing missing relatives and friend and reuniting families
  - Shelters for those displaced should be organised with the aim of keeping family members and communities together.
- **Respectful treatment of the dead.** Including respectful treatment by media. Families should have the option to see the body of a loved one to say goodbye, when culturally appropriate. If possible, unceremonious disposal of the bodies of the deceased should be avoided.
- **Access to appropriate religious and cultural support, including mourning activities.**
- **Rapid reestablishment of normal routines and activities** as far as possible, these include:
  - School and recreation for children
  - Meaningful work or concrete, purposeful, common interest activities for adults and adolescents – such as participation in relief efforts
  - Participation and consultation regarding organization of shelters, which should include space for recreation and religious practice
- **Attention to isolated persons**, such as separated or orphaned children, widows, widowers, elder persons or others without their families are particularly vulnerable to security risks and greater adjustment problems. They should be should be identified, supported and given access to all activities that facilitate their inclusion in social networks

ACUTE PHASE: PSYCHOLOGICAL AND PSYCHIATRIC INTERVENTIONS

Self recovery and resilience in the face of disaster are the norm. However a proportion of the population (and some of those involved in the relief effort) will experience **acute mental distress** and will limit their ability to function. They should have access to psychological first aid from health care providers or relief workers.

Psychological first aid is simple, easily taught and involves a practical and compassionate approach based on the following points:

- Listen

- Convey compassion
- Do not force talk
- Assess needs and ensure that basic needs are met
- Encourage but do not force company from significant others
- Protect from further harm.
- Avoid widespread prescription of benzodiazepines because of the risk of dependence.

A smaller proportion of the population will be suffering from **acute or chronic psychiatric disorders.** This is a needy and extremely vulnerable group. Particular attention needs to be paid to:

- Those who have been in institutions: Those on long term medication
- Those with previous disorders vulnerable to exacerbation in the current conditions

All these groups require access to skilled psychiatric care and support. Institutionalised patients including those in custodial care require the urgent establishment of continuing care that attends to their basic needs, respects their dignity and their human rights.

The sudden discontinuation of psychotropic medication, particularly anti-psychotics, antidepressants and antiepileptic medication is harmful, in some cases potentially fatal and should be avoided. Frontline health care workers and primary health care facilities accessible to the displaced population should ensure a supply a continuing supply of such medications and their inclusion in emergency medical kits.

LONG TERM EFFECTS

The long term effects on whole affected population depend very much on how the current crisis is handled now. Taking care of people humanely and treating them with dignity and respect is essential. The failure to do this is as traumatising as the initial hurricane and likely to lead to anger and frustration that will compound and prolong any stress reactions. People are much less likely to need counselling if they are helped appropriately on the issues described above as soon as possible.

Longer term interventions with displaced populations should be based on the following and principles:

- An accurate assessment of the specific community's needs and circumstances
- Collaboration with the community in addressing those needs
- Particular attention to minorities with different needs within the community
- A focus on interventions that foster the rebuilding of normal life and reintegration into society, whether through return to an original living situation or starting anew elsewhere.
- Continuing access to social and psychological services and support as required.