

PROSPECTUS

PRIMARY MENTAL HEALTH CARE
FOR DISASTER VICTIMS

by

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INTRODUCTION

Nature and Importance of the Subject

Disasters have become increasingly important events to mental health professionals, as we recognize the full psychological impact of trauma in the short- and long-term range. Various efforts have been developed to deliver mental health services to disaster victims through the specialized mental health sector, both in the United States and abroad.

At the same time, there has been a growing awareness of the role of the general health sector - particularly the primary level of care - in extending mental health services to the population. The original work on primary mental care done in England by M. Shepherd showed that 14% of patients consulting general practitioners suffered from emotional disorders. Similar observations were made in this country, where 60% of the individuals with emotional problems obtain services through the general/primary care sector, where almost half of all office-visits resulting in a psychiatric diagnosis are made to non-psychiatrists, and where 20% of the general population seem to suffer from a diagnosable mental disorder. In developing countries, a similar situation is seen: emotionally distressed patients in primary care clinics comprise about 15% of all adult attenders and 12-29% of children. These findings have led to a variety of strategies to promote the general/mental health integration for routine clinical situations. Various training efforts have been developed to promote the necessary mental health skills, attitudes and knowledge in the primary care worker for the delivery of adequate mental health care.

Nonetheless, these two lines of research and service delivery have not benefited from cross-fertilization. The role of the primary care worker in providing mental health services to disaster victims has not been developed, implemented, and evaluated. This is particularly surprising for the following reasons:

- i) disasters affect more severely individuals in the lower socio-economic strata, who usually present higher rates of psychiatric morbidity, and who have least access to health resources in general, and to specialized mental health services in particular;
- ii) disaster victims do not see themselves as psychiatric patients, but as individuals under stress. Hence, they are more likely to continue their previously well-documented pattern of service utilization, looking to the general health provider (eg, pediatrician, family physician, and ob/gyn), for the management of their perceived psychological difficulties;
- iii) the primary care sector can be trained to deliver effective mental health care in routine clinical settings and is likely to be equally trainable in a post-disaster situation.
- iv) mental health interventions in the immediate post-impact period are developed in coordination with the disaster agencies involved. Once these terminate their activities, however, the routine health systems must continue to deliver the necessary services to victims. Therefore, it is necessary to initiate the proposal and maintain mental health services in conformity with the policies of the Ministries of Health, which follow the primary health care strategy put forth by WHO. There is a sizable knowledge on the integration of mental health into general and primary care, which needs to be transferred, adapted and utilized with disaster victims.

This book will bring together the current knowledge of these three interconnected areas: primary care, mental health, and disasters. It will present a conceptual framework for linking these fields, will summarize the available knowledge base, and will outline an operational approach to implement a primary mental health care program for the adequate management of disaster victims. The book will also build on the work we have done in Latin America, both in Colombia and Ecuador, which is closely related to the situation in the U.S. from a conceptual point of view as well as from a service delivery viewpoint. The Hispanic population in this country is the largest growing ethnic group (70% of which are located in disaster-prone areas (Southern Florida, Texas, and California). The experience in Latin America is particularly applicable to these groups that share a similar cultural background.

The purposes of this book, therefore, are to:

- i) review the state-of-the-art in routine clinical situations and identify the knowledge and techniques that are transferrable to a disaster situation;
- ii) identify the functions of the mental health specialist and the primary care worker in delivering mental health care in a post-disaster situation;
- iii) identify specific content areas of these activities and develop strategies to accomplish them;
- iv) identify appropriate evaluative research to ascertain the effectiveness of the proposed program.

CONTENT

Organization

This book will be written primarily for mental health specialists responsible for developing, implementing and evaluating mental health programs to disaster victims. These activities include the training and supervision of general health/primary care workers in delivering mental health care. It is not a textbook for the primary care worker; rather, it is intended to enable the specialized mental health workers to carry out their facilitating/multiplicative role.

The book will provide a theoretical framework from which effective service delivery strategies can be derived. It will be divided in five parts named: (1) The psychological consequences of disaster; (2) Primary mental health care in disasters; (3) Detection and management of emotional problems among victims; (4) Training the primary care worker in disaster mental health; and (5) Future directions in research.

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Chapter Description

PART I. THE PSYCHOLOGY CONSEQUENCES OF DISASTER

This section will review the current knowledge on disaster mental health to provide the necessary clinical, and theoretical background for the proposed interventions.

1. Trauma and Psychopathology. Disasters will be defined and presented as major traumatic events, likely to produce significant emotional responses in victims at various points in time. A concise review of the pertinent literature on the relationship between trauma and emotional problems will be presented.

2. Phases of a Disaster. The psychological aspects of each phase of a disaster will be briefly presented, so that proposed interventions take into consideration this natural history.
3. Immediate, Delayed and Chronic Emotional Problems. This chapter will discuss the emotional problems commonly encountered among disaster victims at different points in time. These chronic and delayed reactions fall into the purview of primary mental health care and constitute the focus of the interventions to be discussed below. We will emphasize the need for providing long-term care to victims to promote a full recovery process and restoration of previous level of functioning. We will address the most common emotional problems seen, which include anxiety, depression and substance abuse.

PART III. PRIMARY MENTAL HEALTH CARE IN DISASTERS

This section will initially review the concepts and the operationalization of primary mental health care in general. It will then focus on the role of the primary care worker in disasters.

4. The Concept of Primary Health Care. The definition of primary health care as formulated by WHO will be discussed as a framework for the development and implementation of adequate mental health interventions.
5. Primary Mental Health Care. The definition of primary mental health care will be discussed in relation to the primary level of care and to the specialized mental health sector. We will review the literature both in the U.S. and in developing countries, emphasizing the epidemiological and clinical bases for this health care strategy. The scope of interventions for different kinds of primary care workers will be presented.
6. The Primary Care Worker in Disasters. This chapter will bridge the gap between the areas outlined in the two previous sections and will provide the focus for the subsequent discussion. It will review the role of the primary care worker in delivering mental health care to disaster victims, emphasizing its potential and limitations.

PART III. DETECTION AND MANAGEMENT OF EMOTIONAL PROBLEMS AMONG VICTIMS

Techniques for evaluation and management will be discussed.

7. Interviewing and Assessment. This and the subsequent two chapters will define the role of the primary care worker which was outlined in Chapter 6. In this chapter, we will focus on the evaluation of the mental health status of disaster victims and

will emphasize appropriate interview techniques. The primary care worker should be able to collect an adequate history and to perform a simple, yet thorough, mental status exam. The characteristics of the history specific to a disaster situation include, for example, the disaster experience, the level of family, social and community support available, and current emotional problems, including substance abuse. The mental status exam should focus on frequent problems, such as depression and anxiety.

8. Psychiatric and Psychosocial Problems. This chapter will review the emotional problems frequently encountered among disaster victims in a primary care setting. These include post-traumatic stress disorder, major depression, generalized anxiety disorder and substance abuse. It will also focus on psychosocial problems related to the post-disaster situation which the primary care worker is in a position to identify, manage and refer: marital and family problems, violence, disrupted leisure activities, lack of social and community support.
9. Basic Management Strategies. This chapter will focus on both the clinical and social interventions available to the primary care worker. Simple management techniques will be described, such as ventilation and support. Particular emphasis will be given to techniques that involve community support and participation, such as self-help groups. The role of community leaders will be explored, as well as of other sectors of the community, such as the Church.

PART IV. TRAINING THE PRIMARY CARE WORKER IN DISASTER MENTAL HEALTH

This section will focus on the role of the specialized mental health sector in enabling the primary care worker to do what was described in Part III.

10. Policy and Planning. The development and implementation of an adequate primary mental health care program for disaster victims requires the formulation of appropriate policies at a national level and the development of a clear plan, with adequate human and financial resources. The necessary ingredients for the formulation of this policy have been identified for routine clinical settings. They will be adapted and discussed within the context of a post-disaster situation.
11. The Mental Health Worker. The role of the mental health specialist in delivering care to disaster victims will be reviewed. While the specialized mental health sector will continue to be responsible for the treatment of cases whose complexity requires this level of care, most of its efforts should

be directed at educating, training, supervising and supporting the primary care worker. Its functions are also related to the development of new knowledge and appropriate training material. Models of interaction between the two levels of care will be presented.

12. The Training of the Primary Care Worker. This chapter will detail the substantive and methodological aspects of the training of the primary care worker in disaster mental health. A curriculum will be presented and the strategies that can be used to implement it will be reviewed.

PART V. FUTURE DIRECTIONS IN RESEARCH

This final section will briefly summarize the current gaps in knowledge and will identify areas that need additional research efforts.

13. Specific Areas for Research. This chapter will review the state-of-the art and identify areas that need additional research in primary mental health care for disaster victims. These include the evaluation of proposed interventions, the natural history of emotional problems among victims, such as grief, depression and anxiety, and different approaches to enlist community participation.
14. Principles for Disaster Research. This chapter will review various strategies that can be pursued to develop the proposed research. It will be based on our previous experience, and will focus on the establishment of relationships between researchers and disaster/health staff local to the affected areas, on approaches for collecting data and gaining victims' cooperation, and on the utilization of research findings for program development.

SCHEDULE

	<u>After Acceptance</u>
Detailed outline	3 months
1st Draft of a Chapter	5 months
1st Draft, 1/3 of book	7 months
1st Draft, 2/3 of book	10 months
1st Draft, entire book	12 months
Complete book	15 months

(I will try to complete the book within 12 months after acceptance)

READERSHIP

Primary Audience

The primary audience for this book will be the mental health workers responsible for planning, developing and implementing a mental health program to disaster victims with the active participation of the primary care worker. The format and content of the book will be geared to this audience, emphasizing what they can do to develop the necessary skills, attitudes and knowledge on the primary care worker in disaster mental health.

This book will be of interest to readers in developing and developed countries. Disasters affect developing countries disproportionately, and in developed countries they tend to affect the lower socio-economic groups more severely. These groups are the primary target for primary care. This book will present the development of adequate services in these two situations, hence being of interest to both.

Secondary Audience

A secondary audience for this book will include planners, policy-makers, and field staff of disaster-related agencies who participate in disaster preparedness response. They need to become familiarized with the nature, severity, extent and duration of emotional problems among disaster victims, and with strategies for developing alternative programs for providing adequate mental health services to victims. Additionally, researchers and scholars may find the model proposed of use for future investigation in health services research. It may also be of interest to policy-makers and health workers involved with refugees, as many of the issues presented are applicable to this special population.

Textbook Potential

While this book is not geared as a text for the primary care worker, it can be used as a textbook to "train the trainers", that is, to prepare the specialized mental health care staff to train the primary care worker in disaster mental health. More broadly, it may be used as a textbook by students interested in primary mental health care applied to special populations, of which disaster victims are but an example. Schools of public health may be particularly interested in this book.

COMPETITION

Other Books

A number of books on disaster mental health are now available, but none focuses on the long-term management of disaster victims through the primary care sector. For example, Cohen & Ahern (1980) outlined, in a handbook format, the necessary tasks for integrating mental health into the disaster relief operations. They addressed neither the long-term management of victims nor the involvement of general/primary care sectors. The book by Gleser et al (1981) describes the long-term psychosocial consequences of disasters, but does not present intervention strategies. The book edited by Lystad (in press) has one chapter of mine on the integration of health and mental health, which will be substantially expanded in this proposed book. Recent publications by NIMH also do not emphasize the need to provide mental health services through the general/primary care section (NIMH, 1986). The book edited by Shore (1986) focusses mostly on research findings, and not on service delivery. On the other hand, books on primary care mental health care do not address the needs of disaster victims (Cadoret & King, 1983; Climent and Burns, 1984; Dubovsky & Weissberg, 1982).

Strengths of the Proposed Edition

The main strengths of this edition are:

1. bringing together two areas that have developed separately: disaster mental health and primary mental health care;
2. providing a conceptual, substantive and operational basis for this integration;
3. being based on actual experience by the authors in working with primary mental health care in routine clinical settings and with with disaster victims. We have developed a successful research project on the theme, trained primary care workers on disaster mental health, and supervised their actions;
4. providing a comprehensive approach to the development and implementation of a training program on disaster mental health to primary care workers;
5. fitting within the broad goals of the Psychosocial Stress Series, in that the book:
 - (a) identifies disaster as a stressor that may lead to chronic or delayed emotional reactions among victims;

- (b) promotes the role of the primary care worker as an alternative strategy for the assessment and treatment of emotional disorders of disaster victims;
- (c) identifies an innovative approach that has not been reported in the disaster literature but which is in consonance with the guidelines proposed by WHO for developing adequate public health programs.

RESOURCES

None need to begin the project, nor any advance required. The authors' affiliation with major universities allows for the use of excellent facilities and resources.

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C. EDITED BOOKS

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2. Lima, B.R., Gittelman, M. (eds) Coping with Disasters. The Mental Health Component - 1. Therapy, Research and Public Health Dimensions. *International Journal of Mental Health* 19(1), 1990.
3. Lima, B.R., Gittelman, M (eds) Coping with Disasters: The Mental Health Component - 2. Case Studies and Reviews *International Journal of Mental Health*, 19(2), 1990.