Tailor Outreach to Elderly Disaster Survivors

BY PATRICE WENDLING

CHICAGO — Even when they were offered disaster mental health services free of charge, some elderly survivors of the 2004 and 2005 hurricanes in Florida refused.

Some of their reasons surprised researchers, but also serve to highlight the need to improve delivery of these services to one of the most vulnerable populations in a disaster. After reviewing two disaster crisis counseling programs, Florida researchers identified a disconnect between what clients and mental health care providers thought about disaster mental health services and the best way to conduct outreach.

"We found that most providers were really sort of flying by the seat of their pants," Lisa M. Brown, Ph.D., said at the annual meeting of the International Society for Traumatic Stress Studies. "They were given their marching orders to get out in the field and had a strong desire to help."

Unfortunately, they'd never been trained on how to market their services to people, particularly those contending with disrupted social networks, destroyed communities, and damaged homes

Elderly participants who refused the

free mental health services reported feeling overwhelmed by the number of people approaching them in the days after the hurricane, according to Dr.

The feeling of being besieged was compounded by the fact that the media was warning residents to be wary of anything that sounded too good to be true because there were fraudulent individuals offering to take payments up front for services they would never deliver.

"So if someone shows up at your door and says they're from this agency and are offering you free mental health services, it was like, 'Yeah, right,' " she said."

Many of these elders also had a lack of awareness about existing disaster mental health services and an uncertainty about the benefits of using these services, said Dr. Brown, of the department of aging

The findings were based on interviews with 68 staff and contract employees, and focus groups conducted with 36 older adults who did not use mental health services and 52 who did.

and mental health, Florida Mental Health Institute, University of South Florida in Tampa.

Older adults who opted to use the services reported that they did so because they had an adult child or close friend who had received services and encouraged them to accept treatment.

The findings were based on interviews with 68 staff and contract employees directly responsible for outreach efforts and clinical care, and focus groups conducted with 36 older adults who did not use disaster mental health services and 52 older adults who did. Before the hurricane, none of the survivors had received any type of mental health treatment. Their mean age was 76 years (range 65-94 years).

Dr. Brown offered a variety of suggestions aimed at improving use of disaster mental health care services among the elderly, noting that case management is a good starting point.

Other suggestions include the need to:

Distribute written information about hurricane-related services before an event.

- ► Explain the differences between disaster mental health services and traditional mental health intervention to reduce stigma and barriers to care.
- ▶ Partner with trusted and recognized agencies that provide care or services to elders.
- ► Use informal leaders and faith-based organizations.

The study was supported by a grant from the University of South Florida Collaborative for Children, Families, and Communities, and the Florida Department of Children and Families. The investigators reported no conflicts of interest. The conference was cosponsored by Boston University.

ADHD with oppositional symptoms

As important to treat as it is to discuss

Oppositional symptoms the missing piece of the ADHD symptom discussion

40% to 60% of children with ADHD present with oppositional symptoms.²⁻⁵ Many parents, however, are not aware of the relationship of these symptoms and ADHD or how they can exacerbate the disorder.⁶

40% *to* **60**% of children with ADHD present with oppositional symptoms²⁻⁵

How many of these patients are in your practice?

Initiating frank and open discussions with parents and using diagnostic tools that include oppositional symptoms may further refine a comprehensive treatment plan for ADHD with oppositional symptoms.

Start the discussion to help manage oppositional symptoms and address what was once left unsaid.

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