

Special Populations

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LANGUAGE POLICE!

Special Population ≠ High Risk!



Defining Special Populations:

Groups of people whose needs may require additional, customized, or specialized approaches in preparedness for, response to, and recovery from extreme events

Special Population By virtue Of...

- Pre-event demographics
 - Age, sex, culture, SES
- Event impact
 - Injury, loss of home, displacement, bereavement
- Recovery impact
 - Relocation, job loss, degradation of support network



Examples of Special Populations

- **Age**
 - Children and Adolescents
 - Older persons
- **Gender**
- **Race/ethnicity**
- **Immigration status**
- **Socioeconomic status**

Age

- Children
- Frail elderly
- Middle age

Strategies: Reduce exposure, care for primary adults, understand

Strategies: Link with health care, social supports, evaluate trauma/coping history

Remember: Proven product!

‘It is amazing that the only group with no needs is middle aged white males.’



Gender And Marital Status

- Gender...women more at risk
- Marital status

Risk factor for women--
Protective factor for men
...well, DUHHHH!!!



History

- Prior trauma
- Substance abuse
- Preexisting mental illness
- Diminished health status

Can be both risk and protective factor

Watch for those who are newly clean and sober. Expect higher rates of relapse.

“Mind and body are inseparable”
-Mental Health: A Report of the Surgeon General

Look for tear in support fabric.





Examples of Special Populations

Persons with:

- Previous psychiatric diagnosis
- History of substance abuse
- Physical limitations and disabilities
- Learning/language disabilities
- Limitations of intellectual skills



Examples of Special Populations

Persons with:

- **Pre-existing chronic diseases**
- **Immunosuppression**
- **Diseases requiring life-sustaining medications or treatments**
- **Electronically-dependent medical conditions**

Socioeconomic Status

- Poverty
- Education

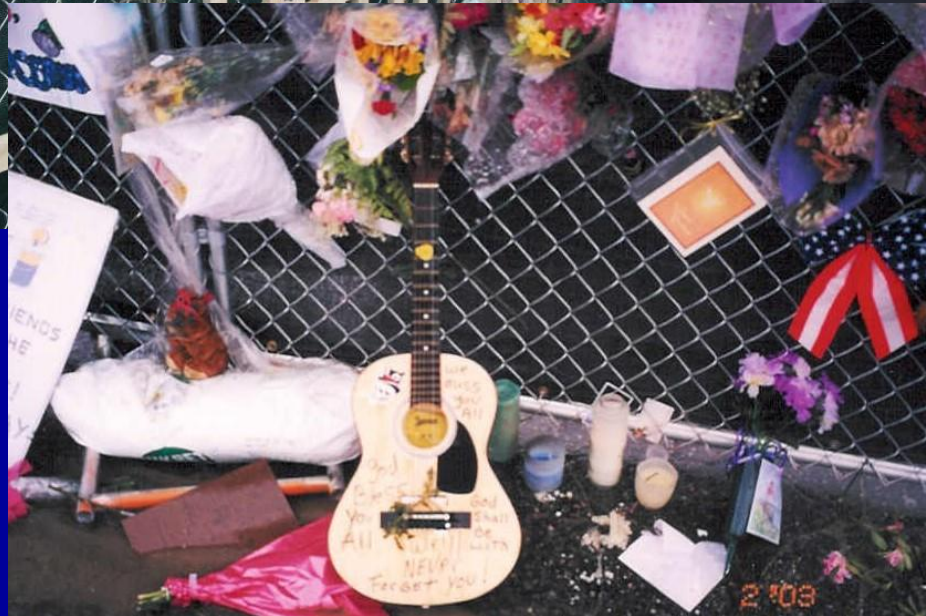
Being poor and uneducated are never protective factors!



February 2003 in Rhode Island...Marginalized Groups



Station Night Club Fire





Special Populations By Virtue of: Impact Status

- Exposure
- Injury/disease
- Death of a loved one
- Separation from, lack of knowledge about, loved ones
- Witnessing grotesque/horrific scenes





Special Populations By Virtue Of: Post-event Risk Factors

- Complicated bereavement

Felt like it really isn't happening, like in a dream

Fear of dying, helplessness, horror

- Damage to community function

- Early peritraumatic symptoms

- Dissociation
- Emotional response
- Panic/physiological arousal

Shortness of breath, shaking, choking sensation, rapid heart beat

Special Considerations

Special Considerations: Event Type

Mass Violence



Technological Disasters



Natural Disasters

Source: Norris F, Friedman M, Watson P, Byrne C, Diaz E, Kaniasty K. 60,000 disaster victims speak, part 1: An empirical review of the empirical literature, 1981-2001. Psychiatry 2000;65; 207-239.

Special Considerations: Event Type

- Duration
- System/medical/public health impact
- Contamination
- Separation/relocation
- Selected very complex event types:
 - Pandemic
 - Cyber terrorism
 - Infrastructure collapse (e.g., utilities, transportation, structures)



Let's Not Forget Workers



Special Considerations for Workers:

- Role (e.g., exposure, exhaustion, danger)
- Role Blur (e.g., responder/leader/victim/survivor)
- Role Conflict (e.g., occupational, family)
- Role Consequences (e.g., mission success/failure, career trajectory, impact on co-workers)

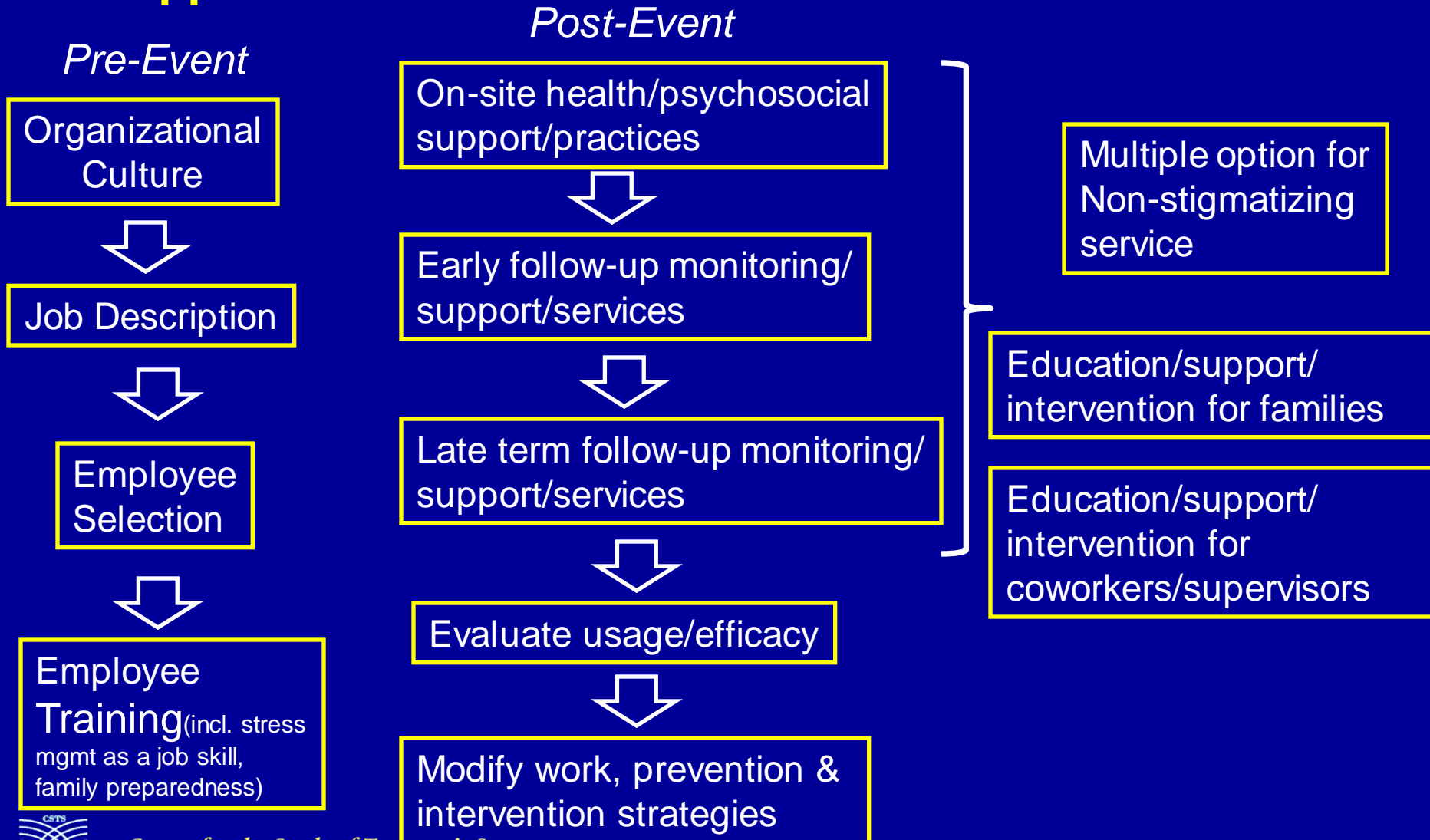


Categories of Responder Reactions:

- Awareness: What do I know about nature of the work/risk/potential consequences?
- What behavioral choices do I have and what are their consequences?
- Each has special stressors...
 - The able and the willing
 - The willing but unable
 - The able but unwilling
 - The inexperienced
 - The experienced worker
 - Atypical first responders (hospital, school, primary care, etc.)
 - The reassigned worker
 - Command personnel



Flow of Stress Prevention/Reduction/Intervention Opportunities



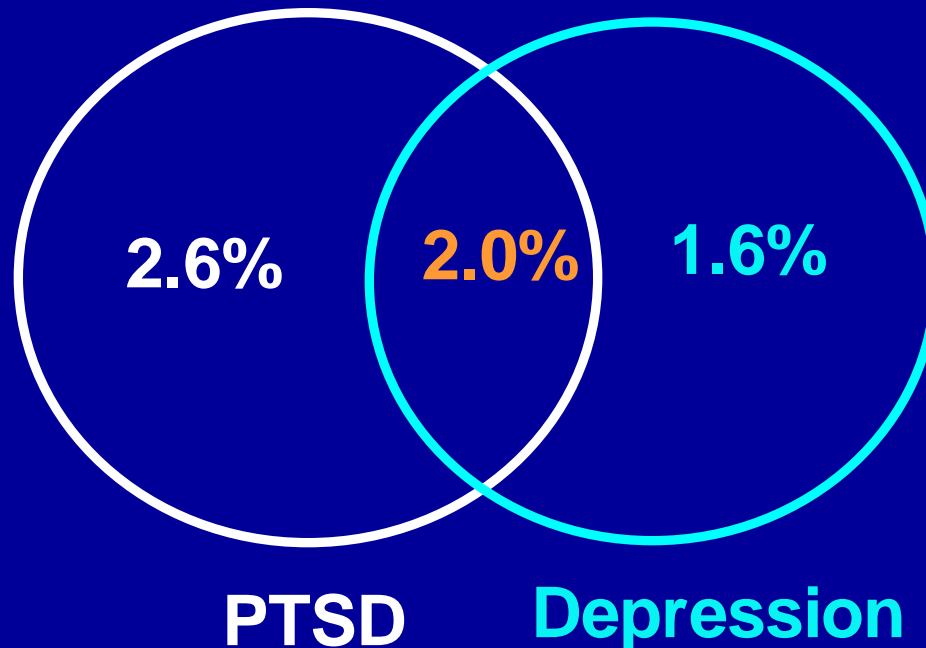
RESTORE: RESiliency TOOLkit for RESponders



PTSD & Depression

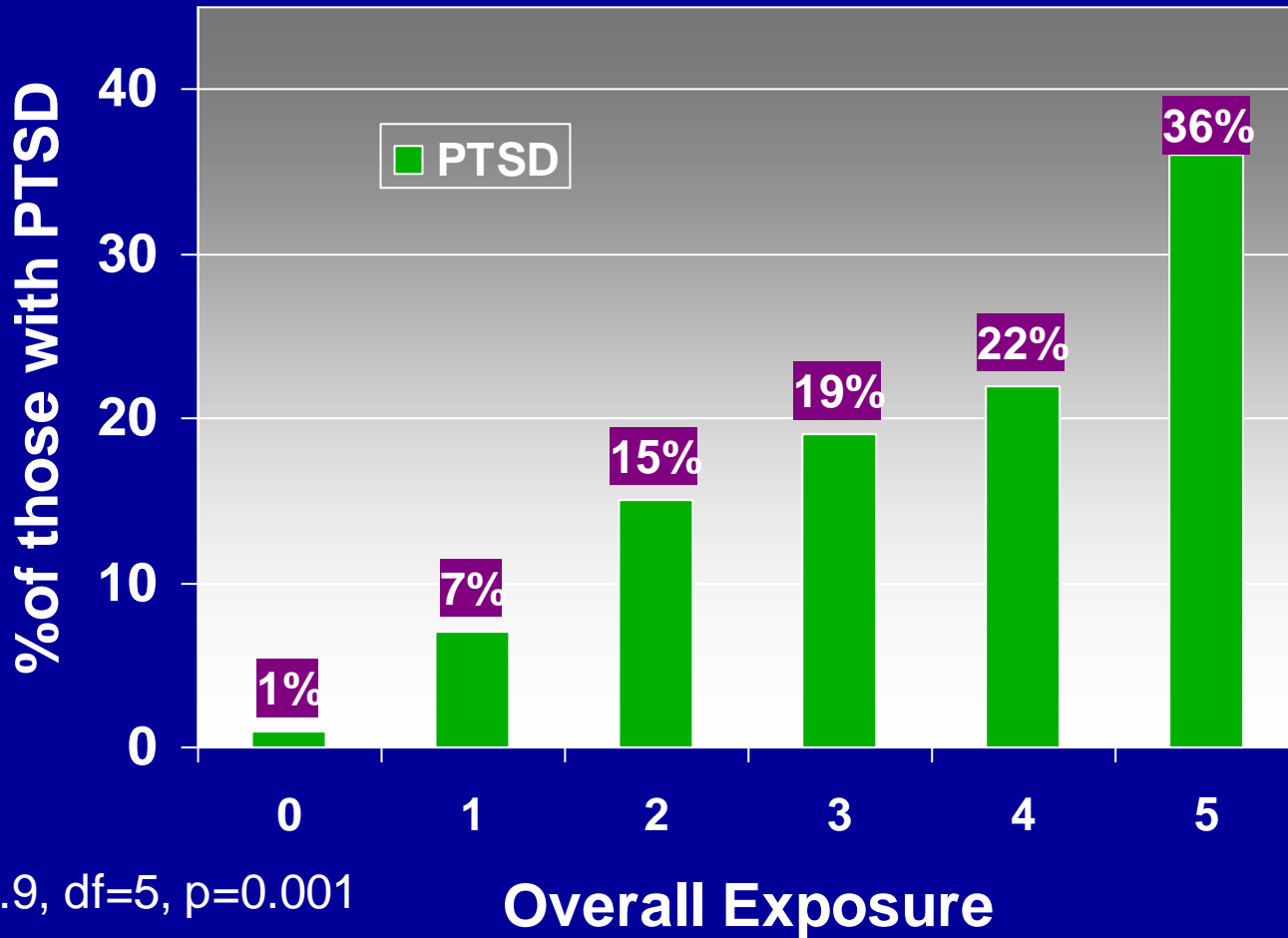
9 months Post-Hurricane

6.3% had PTSD or Depression



Those With Higher Overall Exposure Were More Likely To Develop PTSD

(9 mos. post hurricanes)



Chi Sq.=23.9, df=5, p=0.001

Overall Exposure

Culture, Race, Ethnicity

- **Context of disparities**
- **Distrust of service providers**
- **Immigration status**
- **Help seeking behaviors**
- **Universality of pain**

“Tears taste the same regardless of the color of the cheek they roll over.”



Cultural Considerations

- Culture influences how individuals perceive and interpret traumatic events.
- Culture influences how they, their families, and their communities respond.
- Providing care for survivors must be done in a culturally competent manner.



Cultural Groups: Disaster Stressors

- Immigration status
- Language difficulties
- Lack of insurance



Cultural Groups: Disaster Stressors

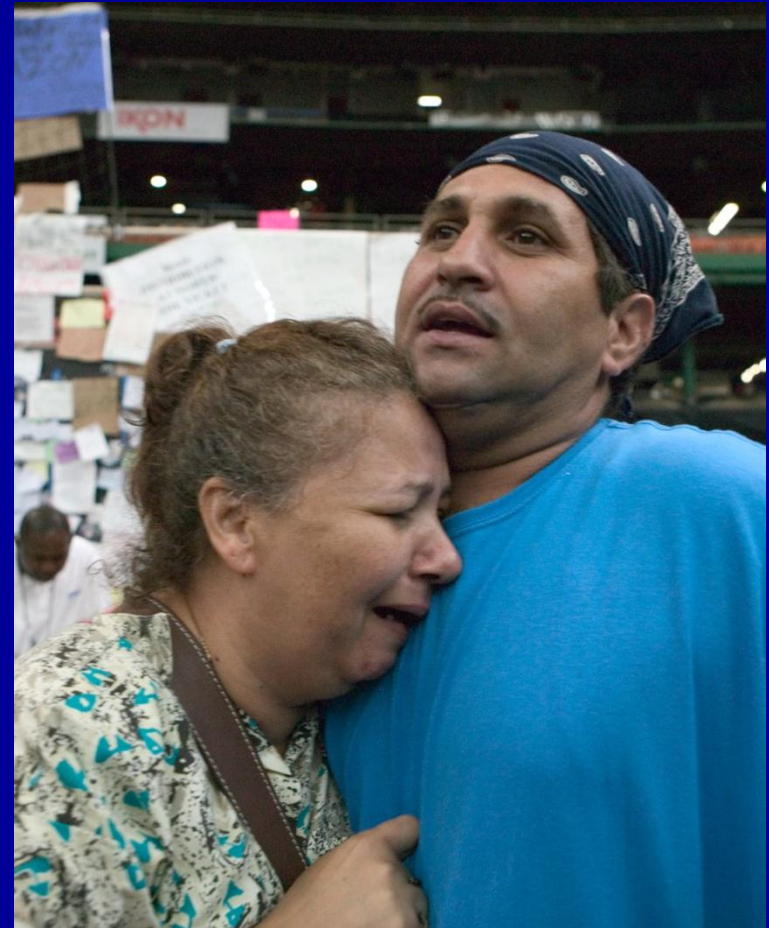
- **Discrimination**
- **Difficulty accessing disaster services**
- **Lack of financial resources**





Cultural Differences

- Definition of disaster
- Expression of grief
- Acceptance of help
- Use of support
- Role of faith
- Cultural differences in response to loss



Cultural Differences

- Distrust of government programs
- Inconvenient location
- Stigma toward mental health



Typhoon in American Samoa...

- “Help” takes many forms (e.g., economic counseling)
- Important cultural differences (honesty/candor, authority structures)



Cultural Competence



Cultural competence
is the ability to understand
and respond effectively
to the cultural and linguistic needs
of individuals and families
most affected by a disaster.

Strategies...

- Understand the need for cultural competence
- Know and respect history
- Know what populations are in your area
- Enlist members of diverse populations
- Tailor approaches to embrace diversity
 - Informational/educational materials
 - Interventions
- Monitor inequities in service delivery
- Evaluate success

Disaster Responders: Culturally Competent Conduct

- Know the culture
- Be respectful and well informed
- Be alert to personal cultural biases



Disaster Responders: Culturally Competent Conduct

- Admit personal limitations to understanding culture
- Understand the cultural expression of distress
- Respect the need for ritual and customs





Resource:

Developing Cultural Competence in Disaster Mental Health Programs

DHHS Publication #3828



Guiding Principles for Cultural Competence in Disaster Mental Health Programs

- **Principle 1:** Recognize the importance of culture and respect diversity.
- **Principle 2:** Maintain a current profile of the cultural composition of the community.
- **Principle 3:** Recruit disaster workers who are representative of the community or service area.
- **Principle 4:** Provide ongoing cultural competence training to disaster mental health staff.

Guiding Principles for Cultural Competence in Disaster Mental Health Programs

- **Principle 5:** Ensure that services are accessible, appropriate and equitable.
- **Principle 6:** Recognize the role of help-seeking behaviors, customs and traditions, and natural support network.
- **Principle 7:** Involve as “cultural brokers” community leaders and organizations representing diverse cultural groups.

Guiding Principles for Cultural Competence in Disaster Mental Health Programs

- **Principle 8:** Ensure that services and information are culturally and linguistically competent.
- **Principle 9:** Assess and evaluate the program's level of cultural competence.