

Disaster Anniversaries: Supporting Mental Health and Well-Being

The impact of a natural disaster can remain in a community for months or even years after the disaster has occurred. Natural disasters are a major disruption that can affect one's ability to return to work, school or home. The financial burden of repairing property damage can also be significant. The lengthy recovery process can cause tremendous stress. Witnessing destruction or losing livestock can lead to a rise in anxiety, depression or post-traumatic stress. A rise in mental health concerns has also been observed in other parts of the country impacted by natural disasters. Over 6 months after Hurricane Sandy, 14.5% of adults reported symptoms of post-traumatic stress disorder. One third of Hurricane Katrina survivors displaced in Houston reported an increase in substance abuse after the storm. On the flip side, research conducted by Montclair State University also found that over 60% of Hurricane Katrina survivors displayed resilience (Brainfacts.org). The survivors that had access to emotional/social supports and financial resources were more optimistic about the future than those that did not have access to supports.

The anniversary of the 2019 flood is approaching, which may trigger anxiety or cause signs of distress to resurface. Media coverage of the flood or speculation of a future flood can also cause stress and fears, particularly in children. Stress or mental health issues can impact physical health, school or work performance and overall quality of life. Being familiar with the warning signs of a mental health issue and the resources available to help cope, is a good way to remain healthy.

Reactions to a natural disaster may include:

- Nightmares
- Changes in sleep patterns
- Bedwetting in young children (that was not present before the event)
- Difficulty concentrating
- Somatic Problems (headaches, stomach aches & digestive problems)
- Changes in eating habits
- Irritability
- Emotional outbursts
- Substance Abuse
- Depression, anxiety or post-traumatic stress

Why are children at greater risk?

Children under the age of 8 are particularly at risk for mental health issues after a natural disaster. This is because they do not understand the situation the same way adults do. Children also feel less control over events and have less experience coping with difficult situations (CDC). Children that have a mental health diagnosis or have experienced trauma are at an even

greater risk for having a mental health issue after a disaster. Ways to support young children after a disaster:

- Provide opportunities to talk and ask questions
- Create a safe space
- Limit exposure to media coverage of the event; be particularly aware of this on the anniversary of the event
- Collaborate with their school to provide support

Disaster Anniversaries

Disaster anniversaries can be a time of emotional healing and reflection, but they can also be an emotional trigger. An emotional reaction to a disaster anniversary may include flashbacks, anger, sleep disturbances or anxiety for days or weeks. These reactions can also be similar to those that occurred after the initial event (listed above). Literature defines anniversary reactions as an “individual’s response to unresolved grief resulting from significant losses” (SAMHSA). However, not all survivors will experience a reaction. Survivors may experience anniversary reactions for months or years after the initial event occurred. Media coverage of the anniversary and weather changes that are similar to the event can trigger emotional reactions. Individuals with high amounts of stress may be more sensitive to emotional triggers than others. Emotional triggers are not always easy to recognize and can vary from person to person.

Ways to respond to a disaster anniversary:

- Practice good self-care; this could be taking time for an activity you enjoy, practicing mindfulness or trying a new activity
- Take care of yourself; eat healthy, get plenty of sleep, and exercise
- Talk about your feelings
- Seek help when needed
- Limit your exposure to media accounts of the event

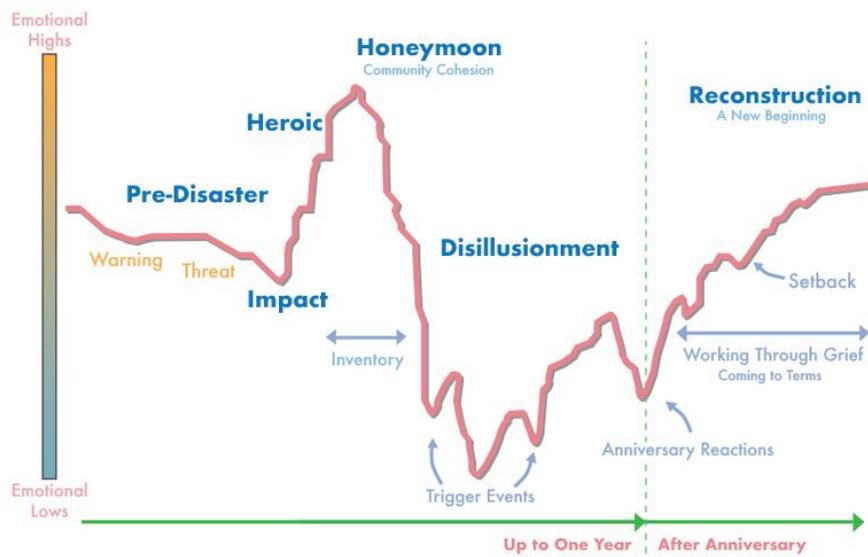
Ways to help youth cope with the disaster anniversary:

- Talk to them about their fears and concerns and be honest in your response
- Model positive behaviors like self-care
- Maintain routines
- Provide additional support at bedtime
- Provide opportunities for youth to learn from the event
- Limit exposure to media and sensitive material surrounding the event

Community Response:

- Acknowledge the anniversary and progress that has been made
- Plan an event to recognize progress and thank stake holders that have contributed to recovery efforts
- Provide opportunities for debriefing and discussion of the anniversary

The recovery process can take years. Not only is there physical damage that needs to be repaired, but emotional grief needs time to heal. Anniversary reactions are normal. Recognize what your emotional triggers are and how to respond to them. Become familiar with the warning signs of mental health concerns and don't be afraid to ask for help for you or a loved one. The event anniversary is also an opportunity to heal and reflect on the progress that has been made. Take advantage of the opportunity to connect with family, friends and community members to heal together.



References: www.brainfacts.org; Centers for Disease Control and Prevention; SAMHSA; National Alliance on Mental Illness

Oppositional Defiant Disorder

Even the best-behaved children occasionally can be defiant, disruptive or act out. Anger is a normal, healthy emotion that can at times be difficult for children to express. A common trigger can be frustration when a child cannot get what he or she wants or is asked to do something they might not feel like doing. These behaviors may be more common in a child who has a temperament that is strong willed and emotionally charged. Additionally, some kids may just have a lower tolerance for frustration. While there are many factors that can contribute to a child acting out in anger, distinguishing the difference between normal behavior and unhealthy behavior in children can be challenging. When behaviors become persistent and interfere in a child's ability to function in daily activities and tasks, a more serious underlying issue may be present. Kids and teens who display a pattern of tantrums, arguing and angry or disruptive behavior toward teachers, parents or other authority figures may have oppositional defiant disorder (ODD).

Behaviors associated with ODD can be mild, moderate or severe and may include:

- Being argumentative and defiant
- Hostility towards authority figures
- Frequently losing their temper
- Blaming others for mistakes
- Being vindictive
- Being unusually angry and irritable
- Deliberately annoying others
- Uncooperative and/or refusing to follow rules

According to the CDC, most commonly, ODD signs arise before age 8, sometimes later, but most often before the teen years. The difference between normal oppositional behavior and ODD is how severe it is and how long it has been present. For example, a child with ODD will have had extreme behavior issues for at least six months. According to the Child Mind Institute, another common factor of ODD is the weight it can put on family relationships. The extreme behaviors of ODD can make parenting especially difficult, resulting in a strained parent-child relationship.

As a means to connect children and parents to appropriate supports, a child who displays symptoms of ODD should have a comprehensive evaluation completed by a trained mental health professional. Treatment for ODD most often involves a variety of therapeutic interventions, training in positive relationship building and sometimes medication to treat related mental health conditions. For example, a child with ODD may also have other mental health conditions such as Attention-Deficit/Hyperactivity Disorder (ADHD), anxiety or depression. If other mental health conditions are left untreated, it may impact the severity of ODD.

The following tips for parents and teachers can serve as a guide to better support a child with ODD at home and at school.

For Parents:

- Build on the positives- provide praise and positive reinforcement when your child shows flexibility and cooperation.
- Pick your battles- a child with ODD has trouble avoiding power struggles, so prioritize what you want your child to do.
- Set reasonable, age appropriate limits with consequences that can be consistently reinforced.
- Give yourself “time-outs” if you need a break- this also models for your child that a time-out can be a healthy coping skill to avoid overreacting.
- Seek the support from other adults (teachers, coaches, family and friends).
- Work with a mental health professional who can assist you in positive parenting strategies. Parent-Child Interaction Therapy (PCIT) can help improve the parent-child relationship.
- Practice Self-Care as a means to manage your own stress.

For Teachers:

- Post classroom rules and review them regularly.
- Use a behavior tracking and reward system- allow them to set goals and decide together what the consequences will be if they don’t meet the goal.
- Praise positive behaviors.
- Have a plan in place to handle serious behavior problems.
- Give the student a safe place to “re-set”- kids with ODD can learn to recognize when they are feeling overwhelmed and getting ready to challenge. Giving them a safe space to calm down and rethink their choices can be helpful.
- Give choices- this can give the student a feeling of control.
- Make personal connections- build a positive relationship with the student by finding out what they are interested in and having conversations on their level during breaks.

For many children, with the right level of supports and intervention, ODD does improve over time. It should be noted that there is not a one-size fits all model of treatment for children with ODD. A treatment plan that is individualized to the needs of each child and family leads to more effective outcomes.

References: American Academy of Child & Adolescent Psychiatry; Centers for Disease Control and Prevention; Child Mind Institute; Mayo Clinic; Yale Medicine

Mental Health & Youth:

Mental health and behavioral concerns among adolescents have been on the rise for the last decade. It should be noted that about 1 out of 5 youth (between 12yrs.-18yrs.) have at least one mental health disorder.

Anxiety disorders are the most common mental health disorders reported in youth. According to the National Institutes of Health, almost 1 out of 3 youth (31.9%) will develop an anxiety disorder. There are several types of anxiety disorders.

- Generalized anxiety disorder is excessive worry and/or apprehension about a number of events or activities;
- Phobias are highly specific and exclusive fears;
- Separation anxiety disorder is the child or adolescent's excessive worry and apprehension about being away from their parents;
- Obsessive-compulsive disorder is a condition involving obsessions and compulsions.
- Panic disorder is characterized by discrete and intense periods of anxiety that occur unexpectedly, without warning.
- Post-traumatic stress disorder is an intense re-experiencing of a traumatic event by distressing recollections, dreams, and/or associations (such as things or situations that remind the child or adolescent of the traumatic event).

And even though, in the past 10 years, there has been increase in anxiety in youth, as little as 1% of youth who have symptoms of anxiety seek out treatment within a 12-month time period.

Likewise, according to a recent study released by the American Psychological Association, rates of mood disorders and suicide-related results have increased drastically over the last ten years among adolescents.

According to the 2016-2017 National Youth Risk Behavior Survey (YRBS), almost 1 in 3 youth (31.5%) report being depressed in the past 12 months.

And while depression is one of the most common and treatable mental health disorders, the Centers for Disease Control and Prevention estimate that only about 1 out of 5 youth (20%) who live with a mental health disorder, like depression, receive treatment for their disorder.

Furthermore, the 2017 YRBS shows that almost 1 in 6 youth (17.2%) have contemplated suicide in the past 12 months and almost 1 out of 12 youth (7.4) have attempted suicide in the past 12 months.

While bipolar disorder is rather uncommon in youth and adolescents, as less than 3 out of 100 kids and adolescents (2.9%) are diagnosed with the disorder, the disorder causes extreme changes in a person's mood, actions, thinking, and overall behavior

which not only impacts that one student but can impact and disrupt an entire classroom. Children and adolescents with bipolar disorder have periods/episodes of time of mania and depression.

- Mania Episodes: An episode of mania includes a period where someone's mood has changed and it is elevated (overly happy), expansive, or very irritable and the person also has increased energy at the same time.
- Depressive Episodes: People who have bipolar disorder may also experience periods of depression. An episode of depression includes low, depressed, or irritable mood.

Mental and emotional health refers to the overall psychological well-being of a person. It includes the way one feels about themselves, the quality of their relationships, and their ability to manage their feelings and deal with difficulties.

With all that being said, there are things that can help youth and adults alike improve their mental health, whether one has a diagnosed disorder or not. Just like it takes effort to build and maintain good physical health, it also takes effort to build and maintain good mental and emotional health.

- Get enough rest. To have good mental and emotional health, it's important to take care of your body. That includes getting enough sleep.
- Learn and practice good nutrition and eating habits.
- Exercise to relieve stress and lift your mood.
- Get a dose of sunlight every day. Sunlight lifts your mood.
- Do things that positively impact others. Being useful to others and being valued for what you do can help build self-esteem.
- Make leisure time a priority.

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