

# 911 and hurricane katrina disaster psychological evaluation

[Environment](#), [Disaster](#)



As we look at the history of disasters in the U. S we have learned many lessons as to what needs to be done post disaster strike. Natural and man-made disasters create a psychological trauma for those who experience the disasters first hand along with their family members. Both disasters are different in its own way but the end results are the same, victims suffering from long last mental health issues. When we look at man-made disasters it can be anything from biological incidents or terrorist attacks. Natural disasters consist of tornadoes, wild fires, tropical storms and hurricanes. After these disasters we must provide proper care and resources for those who suffered from the disaster. This paper will discuss the Hurricane Katrina Disaster and 911 terrorist attack and what psychological symptoms victims suffered from each event.

#### Symptoms of both events

Let's start with the September 11 tragedy and the effects it had on the victims involved. A four passenger jetliners was hijacked by 19 terrorists. Two of the jetliners were flowed into the World Trade Centers. The other two jetliners separately were flown into different locations one Pentagon in Arlington, Virginia and the other crashed in a field of Stoney Creek Township, Pennsylvania. This terrorist attack caused the death of over 3000 people and injured 6000 people including the emergency service responders. Injuries to emergency service members continues to grow as responders continue to get medical treatment. But the most damage outside the loss of life was the psychological effects of the attacks.

The psychological impact not only affected those involved but also the viewers watching the news covering the disaster. The victims of 9/11 fell to psychological problems that included Major Depressive Disorder, Generalized Anxiety Disorder and Substance Use Disorder. Major Depressive Disorder (MDD) is defined as having five or more of the following symptoms in the same 2-week period: Depressed; Diminished interest or pleasure in activities; Significant weight loss when not dieting, or weight gain; Insomnia or hypersomnia; Psychomotor agitation or retardation easily observed by others; Fatigue; Feelings of worthlessness, diminished ability to think or indecisiveness; Recurrent thoughts of death (DSM-5, 2013). In a study that assessed 373 employees of 9/11 affected New York City workplaces, findings determined that post disaster results came back with “ new MDD episode (26%) in the entire sample was significantly more prevalent than 9/11-related PTSD (14%)”. This study is noteworthy because previous disaster related studies had suggested that PTSD would be more prevalent than MDD.

Generalized Anxiety Disorder (GAD) is sense by: A prevalence of hysteria over the course of half dozen months over varied events or activities; problem to regulate the worry; Anxiety and worry area unit related to a minimum of 3 of the following: Restlessness, simply tired, problem concentrating, irritability, muscle tension, and/or sleep disturbance; Anxiety, worry or physical symptoms cause clinical vital distress or impairment.

Substance Use Disorder also called a drug use disorder, may be a condition within which the utilization of 1 or a lot of substances results in a clinically

vital impairment or distress. Though the term substance will talk to any physical matter, 'substance' during this context is proscribed to mind-blowing medicine. Addiction and dependence area unit elements of a substance use disorder and addiction represents the foremost severe style of the disorder. Now let's take a look at the psychological effects of Hurricane Katrina on the victims.

Hurricane Katrina in history was one of the worst natural disasters in U. S. history. Beyond the physical devastation, the hurricane led to elevated health and mental health difficulties among survivors. Those psychological symptoms include Post Traumatic Stress Syndrome (PTSD) and Serious Emotional Disturbance (SED).

PTSD is an anxiety disorder that most victims develop after they have experienced an traumatic event that usually poses bodily harm or loss of life. Natural disasters are a prevalent source for triggering PTSD, in which the "fight or flight" response has been changed or damaged to the point that a person can feel frightened or uneasy in a situation that presents no danger. People with this disorder can even re-experience the traumatic situation in the form of flashbacks. According to Mauro (1992) "while many victims of hurricane Andrew appeared to be doing well, there were still signs of anger, reports of recurring nightmares, indications that the more serious effects of PTSD are setting in".

Serious Emotional Disturbance (SED) is severe stress mostly common in children who've experience a traumatizing event like Hurricane Katrina. SED

is regularly connected with youngsters and has been seen to have instructive implications. This is on account of kids with genuine SED issue can show contorted reasoning capacities, outrageous tension, and unpredictable disposition swings. These activities will be common for an extensive stretch of time, which recommends that kids with SED are not ready to adapt to their associates or their condition.

### Resources Available to Victims

Healthcare resources is a critical part of helping victims of both man-made and natural disasters. The reason being is because years after the tragic event the onset of psychological conditions can surface. This is why having the proper available resources is vital for the victims. Let's take a look at three resources available to treat and assist victims of the 911 tragedy. The Resiliency Program - is a non-profit organization located at the Columbia University Center for Disease Preparedness that provided support for Victims as well as evacuees, first-responders, rescue employees, youngsters and families affected. The services enclosed " individual and group psychotherapy; counseling and psychosocial support; psycho-educational workshops on topics cherish trauma, stress management, sorrowfulness, and drawback behaviors in childhood. The program offered an enormous vary of skilled health services such as referrals and professional training for groups as well as mental health staff, medical care suppliers, pediatricians, community staff, teachers, et al. Who work with youngsters and families of 9/11 attack. The second resource is the Disaster Preparedness and Trauma

Mitigation Program. This program is ran by the Department of Homeland Security. It targets crisis intervention, public health and also post traumatic stress disorder. The program offered victims psychological state analysis services from skilled psychologists, social staff and alternative suppliers to assist the victims cope with PTSD, depression, anxiety and sleep disorder. The third resource to assist victims is the Substance Abuse and Mental Health Services administration (SAMHSA). The program focuses on Disaster preparedness, response and recovery. State and Local governments are working with SAMHSA to provide services to those affected by 9/11 " to deliver an effective behavioral health response to disasters victims and responders as well, focusing on emotional distress, PTSD, and anxiety" (SAMHSA. GOV. 2016). Now let's take a look at what resources are available to victims of Hurricane Katrina. The first resource offered is the Direct Relief USA which was created in 2004. It provides the Healthcare systems that treats the victims of Hurricane Katrina with medical supplies. Once the hurricane hit the program advanced itself to address the critical emergency needs of medicine, medical supplies, and basic medical equipment. It also gave over 50 million in medical supplies and grants to help rebuild the health care system in order for the victims to receive mental health care.

Another resource offered for Hurricane Katrina is the National Response Plan- Emergency Support Function (ESF). ESF gave medical supplies, behavioral health support programs and patient consideration to the casualties of Hurricane Katrina. The essential objective of the NRP was proposed to help the state and nearby specialists.

Another asset is the Children's Mental Health Outreach Program. This program was intended to help kids who were victims of Hurricane Katrina by giving them psychological wellness bolster, for example, associate and parent support.

All of these resources either for Hurricane Katrina or for the 911 tragedy allow people to be able to recover and move on with their lives. But for both of these disasters Red Cross and FEMA was late to the call. In the wake of hurricane Katrina, the Federal Emergency Management Agency (FEMA) has been under fire. Why did so much go wrong? Why were we so unprepared? It appears that good contingency planning was not in place. Contingency planning is necessary in every organization, especially one that deals with environments that are so volatile. Without having solid contingency plans in place and the people necessary to operate them, FEMA will not be able to effectively respond to any national emergency. FEMA is a disaster relief agency. Their mission is to provide assistance for any kind of disaster that may occur (i. e. fire, flood, Hurricane etc.). When hurricanes Katrina hit the gulf coast, people all over the world were wondering where and when FEMA was going to aid the people of these cities. This incident alone has made us want to evaluate the effectiveness of contingency planning in this government agency. This information will give more insight as to what the importance of improving or re-evaluating the government's mission is for this relief agency by evaluating the strengths, weaknesses, opportunities, threats and trends that have an integral affect on how and when FEMA provides relief for the disasters that occur.

Analysis of the long term effects these disasters had on the victims

Hurricane Katrina and 911 terrorist attack were both traumatic events that carried long-term effects on the victims. Many survivors continue to have long term mental health issues. Mental health issues not only affected the victims but also the first responders who was trying to save lives during the disaster. The effects of the disasters had psychological, physical and financial implications on those who suffered. Starting with the psychological impact which affected both the victims and first responders. They suffer from PTSD, anxiety, depression and substance abuse. It was shown that first responders suffered from severe PTSD which affected there employment. The symptoms did not show until much later after the disasters. The loss of the social network and sense of self that come with familiar surroundings-a home, neighborhood, college and job-can in and of itself cause serious psychological health issues. For Hurricane Katrina victims they lost their homes, lively hood and family members. Having to relocate and start all over when you was already struggling before the storms may never recover. For both disasters the long term effects on the victims require time and resources. Many people can be resilient in the face of adversity and disasters and psychological disorders doesn't always reach a proportionate number because of the incident. However that's not to say a significant number of people will not suffer psychological aftereffects of a traumatic event. Most of the time the victims who've already previously suffer from a different incident are more likely to suffer psychological problems the most.

Assessment of how these disasters affect children vs adults



There is no doubt that these disasters has had an affect on both the children and the parents. Children who has experienced disasters for the first time will more likely need mental health attention. Children affected by hurricane Katrina and 911 were found to have high rates of depression, anxiety, behavioral problems and PTSD. The issue for the children isn't simply the storm, however the dislocation from a parent, a home, their college and classmates it caused. In line with these officers, programs that facilitate these families go back to on their feet and come to a way of normalcy are usually the foremost useful to the psychological health of the youngsters.

The youth experience of a traumatic event actuates prompt organic and mental responses, some of which may persist for an extended period. The psychological symptoms of awful tragedy in youngsters and teenagers are like those perceived in grown-ups, yet frequently show up as age-fitting articulations of the upsetting occasion. This shows that children and adults have similarities when it comes to their psychological symptoms after a tragic event.

An assessment of the role the media played in agitating the psychological symptoms

During any disaster the Media is there reporting on the event to get information and to disseminate it to the public. The role of the media during 911 attack and Hurricane Katrina were both good and bad depending on how you look at it. They're job is to bring the experience of the event to the world. As stated before this experience can have a negative or positive

impact on the victims, first-responders, children and anyone else watching it. We know that in the case of the 911 attacks the goal of the terrorists is to incite fear into those watching the news. This can have a negative impact on those who are injured or even the first responders trying to help those injured. The attack itself was purposefully done solely to do psychological damage. Even today long after 911 those who were victims of it have mental health illnesses. With the Media coverage the victims and first responders will relive the attack. This by no means is helpful for the victims and first responders suffering from psychological disorders because of the attacks. In the case of Hurricane Katrina the Media's role was somewhat a positive impact on those living in the area where the storm was heading too. The media also played a positive role by pushing the government to take action, thus prompting a country of diverse citizens to reflect on natural disasters in their own communities. The media gave evacuation information over the airwaves as well as on the internet. The media also kept people informed on when the storm would hit, what roads to take when leaving town, supplies needed, and contact information for FEMA. That's not to say that the Media didn't have its negative impact with the people. The media did receive criticism for the negative news it put out over the television. The mishandling of the media included exaggerating lawlessness, tolerating racial profiling, and underreporting disaster management.

## **CONCLUSION**

In conclusion I have discussed the psychological symptoms the victims experienced during each disaster. I also went over several resources that

FEMA and Red Cross offers for those victims who have mental health issues. This allows me to show the long term effect these disasters have on the people involved including the first responders. Regardless of what type of disaster we may go through whether it be man made or natural the mental health issue will always be a problem after the disaster. Mental health disorder has affected adults, first-responders and children. Knowing the resources available and how to receive will help in the recovery process for all of those involved.