Preparing Individuals with Mental Illnesses for Disasters: A Grant Proposal

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Introduction

Problem

Lessons learned from recent disaster events have shown that individuals with mental illnesses have a higher risk of adverse reactions and poorer outcomes than healthy counterparts (Yun, Lurie, & Hyde, 2010). Risk factors include:

- Lack of access to prescribed medications for daily symptom management, and critical withdrawal from illicit substances (SAMHSA, 2002)
- Lack of access to psychiatric evaluation and treatment despite increased symptoms of depression, anxiety, PTSD, and psychotic episodes for those with preexisting mental illnesses (Sullivan, et al., 2013)
- Disruption of psychiatric and support services due to the disaster, and diversion of mental health resources to provide assistance in the affected community and first responders (Wang, et al., 2008)
- Mistreatment, discrimination, and denial of services for individuals with pre-existing mental health and substance abuse concerns (Wissow et al., 2012; Hoffman, 2009).
- Greater socio-economic challenges to assuage issues of preparedness, relocation, and recovery (MacDonald, 2005; Fernandez, et al., 2002; McEntire, 2012).

Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, calls for national disaster planning to address the needs of individuals with disabilities, but work has focused on the needs of physically disabled persons and older adults with little consideration for mental illness (Eisenman et al., 2009).

The ability for an individual to be prepared and self-sufficient in the aftermath of any event reduces the challenges faced by that person as well as reduces the collateral risks faced by the entire community while supplies are limited and systems are strained (Enarson & Walsh, 2007).

Goal of the Project

The purpose of this project was to develop a grant proposal to fund the creation of a disaster preparedness program to promote the safety and resilience of individuals living in the community with mental illnesses.
Social Work Relevance

Meeting the Needs of Vulnerable Populations

- A primary mission of the social work profession is to help meet the basic needs of all people and enhance the capacity for people to address their own needs (NASW, 2008).
- As advocates and service providers to individuals with mental illness, social workers can help mitigate the negative consequences of disasters and catastrophic events through education and promotion of self-sufficiency.

Supporting the Needs of the Community

- Social workers also work to strengthen and promote the responsiveness of communities to support the needs of individuals and address social problems (NASW, 2008).
- Promoting disaster preparedness for the community will improve outcomes for individuals with mental illnesses, and allow for better allocation of community resources during public emergencies.

Ethical Responsibility to Respond to Disasters

- The NASW Code of Ethics specifically calls for social workers to provide professional services during public emergencies to the greatest extent possible (NASW, 2008).
- Helping individuals take steps to prepare for the event of an emergency builds their capacity for self-reliance and self-sufficiency, allowing social work professionals to respond to other unmet needs in the community during times of disaster or catastrophic events.
Cross-cultural Relevance

Although every individual is vulnerable in the aftermath of a disaster, cultural disparities and poverty have been identified as primary risk factors that affect disaster vulnerability (Donner & Rodriguez, 2011).

- Studies following major catastrophes show that "disasters are profoundly discriminatory," with more devastating consequences for people who live in poverty, poor social conditions, and different cultural norms (MacDonald, 2005).

- Marginalized groups such as women, elderly, physically and mentally ill, and dependent adults are more susceptible to disease outbreaks, sub-standard housing, malnourishment, and higher rates of abuse, neglect, and violence in the aftermath of a disaster (Amaratunga & O'Sullivan, 2006).

- Language barriers, immigration status and fear of deportation, lack of trust in the government, and lower income levels all contribute to exacerbating vulnerability and lack of preparation for many ethnic groups (Bolin & Stanford, 1998).

- In the United States, the mortality rates of minorities is significantly higher in the aftermath of a major disaster. For example, following Hurricane Katrina, 2005, the mortality rate among Blacks was 1.7 to 4 times higher than Whites (Brunkard, Narmulanda, & Ratard, 2008).

- Post-disaster stressors of impoverished and marginalized groups is disproportionally high due to loss of already meager resources, increased health problems without access to adequate health care, and higher experiences of negative life changes such as death and divorce. This results in higher rates of substance abuse and mental distress in the aftermath of a catastrophic event (Cepeda, Saint Onge, Caplan, & Valdez, 2010).

- While mental illness is present in all ethnic and cultural groups, individuals with mental illness share many of the socioeconomic disparities of other marginalized and oppressed groups in the United States (Wissow et al., 2012).
Methods

Target Population

- This project aims to improve disaster preparedness in the greater Long Beach community for individuals who are coping with severe and persistent mental illnesses such as schizophrenia, bipolar disorders, anxiety, and major depressive disorders.
- The program will benefit mental health consumers of Mental Health America, Los Angeles (MHALA) Village Wellness Center who fit such criteria, and have gained life-skills to achieve community integration.

Identification of Grant Funding Sources

- Searches for grant funding was conducted through conventional internet search engines, a review of similar grant proposals, grant locator service websites, and interviews with staff members of mental health agencies.
- The most promising funding sources were identified utilizing the Foundation Center database (www.foundationcenter.org), and through interviews with MHALA staff who are knowledgeable about grant writing efforts for MHALA programs.
- Potential grant funding sources were analyzed for appropriateness by consideration of prior funding for non-profit organizations in California, support for mental health programs, groups that promote disaster preparedness activities, and sources that are able to provide $100,000 to meet estimated budgetary requirements for program initiation.

Grant Funding Source Selection

- Three foundations that could offer full funding of the project were identified: The California Wellness Foundation, the Annenberg Foundation, and the Conrad N. Hilton Foundation.
- The Conrad N. Hilton Foundation was selected for its commitment to Los Angeles County, support for disaster relief and prevention, and the established working relationship with MHALA projects.
Methods

Community Needs Assessment

- Extensive literature review was conducted through scholarly, peer-reviewed journals to explore the nature of the problem, contributing factors, and understand attempts to address the problem.

- Statistical data was obtained about specific characteristics of individuals in California and Los Angeles County Service Planning Area 8 (SPA 8), utilizing data from the 2009 California Health Interview Survey (CHIS). Analysis was conducted utilizing the AskCHIS research tool (UCLA Center for Health Policy Research, 2009).

- Results revealed that 21.9% of Californians are unprepared for a disaster, but that number increases to 30% for Californians with serious psychological distress. SPA 8 residents are less prepared than other Californians overall at 29.0% having no disaster preparations, and that rate increases to an alarming 37.6% of SPA 8 residents with serious psychological distress who are unprepared for a disaster event.

Projected Program Budget

- The proposed program requires the grant to provide $98,455 to cover expenses in five main categories:

  - Personnel costs: $67,080 for the allocated hours of responsibility of a program director, lead trainers, group co-leaders, and associated fringe benefits.

  - Professional services costs: $6,500 for the services of a disaster management agency and psychiatric specialists for consultation, training, and ongoing review of program curriculum.

  - Equipment costs: $6,650 for computers and audio-visual training needs.

  - Supplies: $11,850 for production of training materials, handouts, demonstration kits, supplemental resources, general office needs, and costs associated with an open house celebration to build community support and awareness.

  - General operating costs: $6,375 for postage, shipping, travel expense, and unanticipated expenses or increases.

- In kind donations of $44,430 is anticipated through the utilization of volunteers, interns, donated use of the Wellness Center workspace and group rooms, agency management, and grant administration functions.
Grant Proposal

Program Narrative Summary

- The grant will fund the development and implementation of a series of classes to increase personal disaster preparedness for individuals living in the community with mental illnesses.
- SAMHSA had suggestions for a disaster preparedness curriculum for mental health consumers (Carter, 1996), but no evidence of program creation or implementation has been found.
- Mental health professionals will be trained to present a disaster preparedness curriculum designed to mitigate the vulnerabilities for individuals with mental illnesses.
- During 5 class meetings per series, participants will learn to identify their special needs and create personal safety plans that promote self-reliance and build resilience in the event of a disaster.
- Topics covered will include the risks associated with specific disasters, vulnerabilities related to psychiatric symptoms and limited resources, personal needs assessment and planning, community disaster response and triage procedures, problem-solving challenges to preparations with limited financial resources, and navigation of post-disaster relief and recovery services.

Population Served

- The program will benefit consumers of mental health services at MHALA Village Wellness Center in Long Beach, California. The program members cope with severe and persistent mental illnesses, and many have co-occurring conditions related to substance abuse and addictions (MHALA, 2008).
- Wellness Center members are predominately low-income, receiving Supplemental Security Income and Social Security Disability benefits. Approximately two-thirds have been homeless at some time in their lives (MHALA, 2008). Approximately 90% of psychiatric services are paid through Medi-Cal funding (personal communication, 2013).
Grant Proposal

Plans for Program Sustainability

- Program expansion can include members of other mental health service agencies, clinics, and special interest groups such as local chapters of NAMI. Funding of program expansion would be covered through the collection of modest class registration fees.

- Development of the class curriculum and program model can be tailored to meet the needs of other national and global communities. Sustainability would be achieved through the publication of developed materials and processes, as well as fees earned from consultation to interested agencies for implementation in their own programs.

Program Objectives

- Four main objectives are related to the successful development and presentation of the disaster classes:
  - The curriculum for a 5-session disaster preparedness class series will be created for individuals living in the community with mental illnesses.
  - Mental health professionals from the MHALA Village Wellness Center will be trained to conduct disaster preparedness classes for this population.
  - Individuals who participate in the class series will demonstrate increased awareness of their special needs during disaster events, the need for safety plans and disaster kits, and how post-disaster recovery processes affect individuals with mental illnesses.
  - Participants will create and maintain personal disaster preparedness plans and supplies within three months of class completion.

Program Evaluation

- Comparison of pretest and posttest scores will be recorded to assess for increase in knowledge of key topics.
- Program evaluation surveys will be administered to assess levels of satisfaction with content, activities, guest presentations, materials, and any for recommendations for change and improvements to the overall program.
- Telephone contacts with former participants will evaluate the progress for individual preparedness activities.

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Lessons Learned & Implications for Social Work

Lessons Learned

Contemporary disaster events revealed distinct vulnerabilities for individuals with mental illnesses, but very little has been done to build plans and supports for this group at the local, state, and federal levels.

Our local community (SPA 8) lags behind the rest of the state in general disaster preparedness. An even larger negative disparity exists for the preparedness of individuals in our area with mental health concerns. The need to create a plan for this community became quite clear.

There are numerous government and private foundation grants related to disaster relief efforts, but much less for disaster preparedness. Preparedness activities funds predominately support the American Red Cross. Mental health grants often fund research for specific drugs or treatment protocols. Funds for support programs for individuals with mental illnesses living in the community is very limited, leaving this writer with a sense that stigma and marginalization continues to keep the needs of this population out of general awareness.

Grant funders look for very clear and fully formulated project objectives, but this is often flawed in many submitted proposals (Conrad N. Hilton Foundation, 2014). This grant required that proposals use "the 3 O's" – Objectives, Outputs, and Outcomes, which was very useful in program conceptualization.

Implications for Social Work Practice

Much of social work is focused on crisis management, or helping people recover from a particular ill or injustice – recovery-after-the-fact. With a change in thinking and good assessment, social workers can do more to preemptively fortify areas of vulnerability and conditions where problems could potentially develop. This applies for disaster planning, but is also important in all areas of their lives.

When challenges are confronted through preventative measures, stress and confusion is reduced, allowing for more strengths-based solutions rather than merely mending wounds and recovering from deficits.
References


