

## **Disaster Events and Services for Persons with Co-Occurring Substance Abuse and Mental Health Disorders**

In the immediate aftermath of a disaster event, the first priority is to make sure people are safe and have water, food, medical care, and shelter. Once these needs are met, other long term needs will emerge. Mental illness and substance abuse may be issues that you will need to assess. And some individuals you work with may have both a mental health and a substance use disorder – that is, they will have a “co-occurring” disorder or COD. This short section of the COCE webpage is designed to assist in understanding the very special and sometimes complex needs of persons with COD.

### **What people with COD need in the aftermath of a disaster**

- If the person has been receiving effective treatment for COD in their home town before the disaster, the need is to *replicate, to the extent possible, the services they were receiving* so that they may continue their recovery processes.
- If the person has received treatment for only their mental health or their substance use disorder before the disaster, this is the time to introduce them to *“coordinated” or “integrated” treatment strategies, in which both their mental health and their substance use disorders will be treated at the same time.* For people with COD, the most effective services are those that are coordinated or integrated.
- If the person has not been assessed or diagnosed by a qualified behavioral health care practitioner, the person *will need specialized COD services in order to function successfully.* The symptoms associated with COD may become evident in their new environments, or they may become more severe as a result of the traumatic life changes they have undergone.
- All persons need to be connected with community services. Many of the services needed by persons with COD may already be provided in your community. These include substance abuse and mental health treatment services as well as a variety of other services including assistance in finding stable housing, vocational services, employment services, child care, and so on. In some cases, your community may have a special program for persons with COD. In some communities, access to needed services will be more limited. In these cases, it is important to link persons with COD to the services that are available. *Without treatment, citizens with COD will generally have significant difficulty integrating into their new communities.*

The following sections provide some specific information for:

- Families and Other Concerned Non-Professionals
- Healthcare Providers
- Human Service and Other Community Providers

### **What Families and Other Concerned Non-Professionals need to know**

If you are providing help or housing in the aftermath of a disaster to family members, friends, or persons you did not previously know, you may observe a person showing signs of severe depression, anxiety, or confusion. It is important to know that most people who have experienced a disaster exhibit symptoms of stress. However, most people show remarkable resilience and symptoms ease over the days immediately following the disaster event. If the person does not show gradual improvement in signs of stress, these signs may indicate that the person may have untreated disorders, including substance use disorders, or mental illness, or COD. *Evaluation by a trained professional should be sought immediately.*

### **What Healthcare Providers need to know**

The healthcare system is the primary setting in which persons with COD will be identified. Persons with known COD who have been displaced may also seek your services. When encountering an individual you suspect may have a mental or addictive disorder, or both, some basic guidelines should be followed:

- Anticipate the possibility that COD is present and consider both co-occurring disorders as primary. By correctly identifying both disorders and giving them each attention appropriate to their impact on the individual, you will be able to vastly improve their treatment. With COD, there is always a relationship between the two disorders that should be evaluated and managed.
- For the above reasons, treatment will be much more effective if screening, assessment, and treatment planning are integrated from the initial contact with the patient/client.
- If there are no specialized programs for persons with COD in your community, it is imperative that the person with COD receive care from substance abuse and/or mental health provider(s) who are willing and able to engage in coordination and mutual consultation as treatment progresses.

For persons with known COD, every effort should be made to learn the specifics of their treatment regimens prior to displacement. In many cases, medical records will have been destroyed or will be inaccessible, and their home-town caregivers may themselves have been displaced. Here, as much information as possible should be gathered from the consumer, family, and friends. Outcomes will be best when you provide as much continuity as possible under the circumstances.

## **What Human Service and Other Community Providers need to know**

In all cities and towns, persons with untreated COD are overrepresented in high-cost health and human services (e.g., crisis or urgent care sites), and in the criminal justice system. By addressing both underlying substance abuse and mental health disorders, morbidity and mortality can be decreased; the number of treatment episodes will be reduced; and families, friends, and service providers will experience some relief from what is often perceived as the “revolving door” of treatment.

Many citizens with COD who have been displaced by disaster events will likely come to the attention of the human service and public safety sectors. These encounters provide an opportunity to *recognize* persons who may suffer from COD and to *engage* them in a process that leads to referral for further screening (if needed), assessment, and coordinated or integrated treatment.

### **Resources:**

Basic information on COD definitions; screening, assessment, and treatment planning; and principles to address the needs of persons with co-occurring disorders can be found on the COCE website at:

[http://www.coce.samhsa.gov/cod\\_resources/index\\_right\\_2.aspx?obj=77](http://www.coce.samhsa.gov/cod_resources/index_right_2.aspx?obj=77).

Mental Health Services Locator  
(800) 789-2647 (English and Spanish)  
(866) 889-2647 (TDD)

Substance Abuse Treatment Facility Locator  
(800) 662-HELP (4357) (English and Spanish 24/7)  
(800) 487-4889 (TDD)

National Suicide Prevention Lifeline  
(800) 273-TALK (8255)  
(800) 799-4889 (TDD)

Information and specific assistance, including emergency help phone numbers, are available at <http://www.samhsa.gov>