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Daniel J. Barnett, MD, MPH

Associate Professor

Department of Environmental Health Sciences

Bloomberg School of Public Health

Johns Hopkins University

USA



Biography

- ◆ Daniel Barnett, MD, MPH is an Associate Professor in the Department of Environmental Health Sciences at the Johns Hopkins Bloomberg School of Public Health, where he holds a joint appointment in the Department of Health Policy and Management.
- ◆ Dr. Barnett's research interests focus on the public health emergency preparedness system, with particular emphasis on this systems human infrastructure and related response considerations.
- ◆ Dr. Barnett received his MD degree at the Ohio State University College of Medicine, and his MPH at the Johns Hopkins Bloomberg School of Public Health.
- ◆ He is a graduate of the Johns Hopkins General Preventive Medicine Residency program.

Research Interest

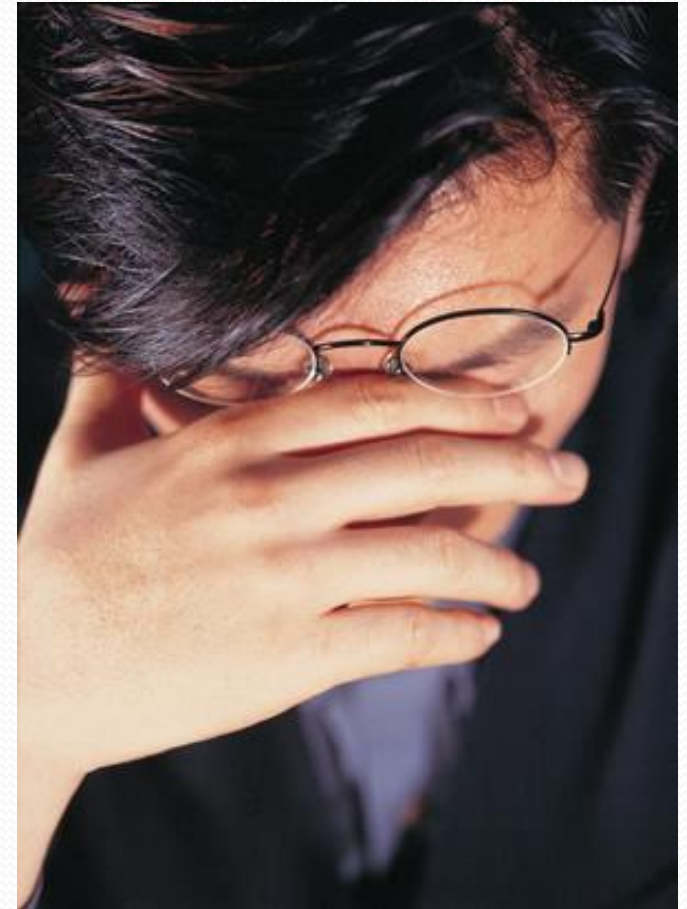
- + Best practices for enhancing health security in the face of a broad array of public health threats.
- + Healthcare infrastructure across a spectrum of hazards
- + Public health emergency preparedness system evaluation and policy
- + Disaster mental health and enhancing all-hazards
- + Psychosocial resiliency of health responders and their communities
- + Pandemic influenza planning and response
- + Radiological emergency preparedness and response
- + Civil-military coordination in emergency preparedness and surveillance efforts

Disaster Mental Health

| Disaster Typology | Natural | Man-made Technological | Biological |
|-------------------|--|---|---|
| Unintentional | Floods, Hurricanes, Earthquakes, etc. | e.g., Bhopal, Haz-Mat, Nuclear Power plant accident | Epidemic e.g., 1918 Influenza Pandemic |
| Intentional | “Act of God” | Chemical, Nuclear, Radiological, Explosion, Acts of Terrorism | Bioterrorism |

Effects on Survivors & Care Givers

Disasters can also affect the psychological, behavioral, emotional and cognitive functioning of the disaster Survivors (primary, secondary, tertiary, etc.) and rescue workers, first responders and first receivers.



Aims of Care Givers

- ◆ To prevent maladaptive psychological and behavioral reactions of disaster Survivors and rescue workers

and/or

- ◆ To minimize the counterproductive effects such maladaptive reactions might have on the disaster response and recovery

“It is not the event but the effect that makes the disaster.”



Symptoms of Survivors Suggesting Need for Psychological Evaluation

- Suicidal or homicidal thoughts or plan(s)
- Inability to care for self
- Signs of psychotic mental illness – hearing voices, delusional thinking, extreme agitation
- Disoriented, dazed – not oriented and recall of events impaired
- Severe anxiety – restless, agitated, inability to sleep for days, nightmares, overwhelming intrusive thoughts of the disaster
- Problematic use of alcohol or drugs
- Domestic violence, child or elder abuse
- Clinical depression – profound hopelessness and despair, withdrawal and inability to engage in productive activities

Key Concepts of Disaster Mental Health:

- ✚ Disaster stress and grief reactions are normal responses to an abnormal situation
- ✚ Social support systems are crucial to recovery after a disaster
- ✚ Most people pull together and function during and after a disaster but their effectiveness is diminished

Individual Ways of Managing Stress:

- Exercise
- Eat well and avoid junk food, caffeine or alcohol
- Get adequate sleep and rest
- Meditate
- Recharge by taking a bath, listening to music, reading etc.
- Take time out for hobbies and other enjoyable activities
- Maintain contact with social support system
- Talk about your experiences and feelings with someone you trust
- If television or other news sources make you feel worse then don't watch or read them

A young child with dark hair, wearing a light-colored t-shirt and blue shorts, stands in profile, looking towards the right. The child is surrounded by a vast field of rubble and debris, including wooden planks, metal rods, and various household items. In the background, there are some hanging clothes and a wooden structure, suggesting a destroyed or makeshift settlement. The overall scene is one of devastation and hardship.

**Children suffer mental illnesses
after disasters too**

**Mental health problems can be
transmitted within families**

**PTSD affects between 12-16% of
affected populations, including
children**

Children in Disaster Mental Health



Underreporting

- Parents and teachers underreport children's internal experiences after a trauma.
- Encourage parents/ teachers to provide support by reflecting on the
 - Experience
 - Reminders
 - Reactions



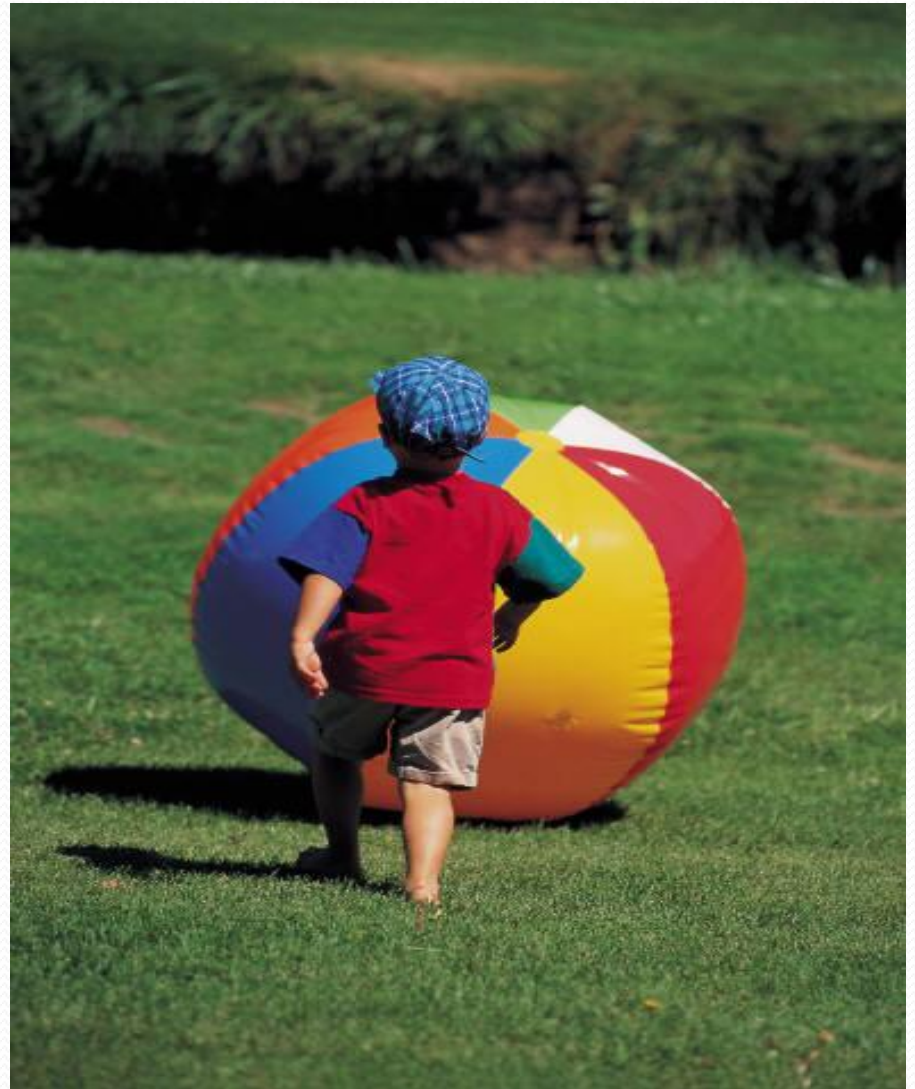
What to do?

- ◆ Build resilience in children and families
- ◆ Understand the risk factors
- ◆ Comprehend the effects of terrorism on children
- ◆ Know the normal signs of stress in children developmentally

BUILDING RESILIENCE

Resilience:

“the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress.”



THE ABILITY TO BOUNCE BACK;

**We usually talk about
resilience pre-event,
but some of these
same skills can be
used after an event
to help children
return to some
aspect of “normal”**



Emergency Mental Health Related Journals

- [International Journal of School and Cognitive Psychology](#)
- [Psychology & Psychotherapy](#)
- [Psychiatry: Open Access](#)
- [Psychological Abnormalities in Children](#)

Emergency Mental Health Related Conferences

- ✓ **Annual Conference on Fostering Human Resilience**
- ✓ **Annual Summit on Sleep Disorders and Medicine**
- ✓ **Euro Global Summit and Medicare Expo on Psychiatry**



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