

Tips for general practitioners: Helping older adults following a disaster

The Australian population is ageing, with older Australians a growing proportion of the total population. In 2017, 15% of Australians (3.8 million) were aged 65 and over; this proportion is projected to grow steadily over the coming decades (Australian Institute of Health and Welfare, 2018).

Older adults are more at risk during all phases of a disaster, from life-threatening challenges during evacuation to complex psychological and psychosocial consequences during the recovery period. While advanced age may carry some vulnerability in the face of a disaster, advanced age in and of itself does NOT make a person vulnerable. With advanced age, some older adults are at greater risk for physical and mental health conditions, may be socially isolated, and may experience cognitive changes, including slower reaction times and reduced problem-solving abilities. However, older adults may continue to function well and remain fully engaged. Older persons are resources for their families and communities particularly during times of crisis. Their years of experience can make them models of personal resilience and sources of inspiration and practical knowledge. They give voluntary aid, care for grandchildren or neighbours, and participate in support or recovery initiatives. Including older persons in planning for and responding in emergencies thus benefits the whole community.

Common disaster reactions and signs of the need for further professional help

Within the first 2-4 weeks after a disaster, distress is common, and so are distress related reactions. Many people will improve over time without the need for professional assistance. However, if distress is severe, ongoing, or the older adult expresses a desire to harm themselves or end their life referral to specialist geriatric mental health services should be provided.

Emotional reactions	Physical reactions	Cognitive reactions	Behavioural reactions
Anxious/fearful	Stomach aches or diarrhoea	Difficulty remembering things	Trouble falling or staying asleep or sleeping too much
Overwhelmed by sadness	Headaches or other physical pain	Difficulty thinking clearly and concentrating	Increased or decreased energy or activity levels
Angry	Lack of appetite or increased appetite	Feeling confused	Using substances or prescription medication to reduce distress
Guilty	Sweating or having chills for no physical reason	Excessive worrying	Outbursts of anger
Disconnected	Tremors or muscle twitches	Difficulty making decisions	Difficulty accepting help or helping others
Numb or unable to feel joy or sadness	Feeling jumpy or easily startled	Not wanting to talk about the disaster or listening to others talk about it	Isolating/withdrawing from others



Tips in assisting older adults following disaster in general practice

- Facilitate access to continuing health care needs, including medications.
- Facilitate connection, where possible, to social supports and assistive aids previously received (e.g. if meals on wheels had been previously accessed who can provide meals following the disaster).
- Provide information about assistance available and steps to get the assistance.
- Present information clearly using plain language. Avoid clinical language as much as possible, instead use words like 'support' and 'assistance' rather than 'mental health services'.
- Provide written information, by way of tip sheet for patients (e.g. common reactions to disasters)
- Normalise reactions following disasters. Remind them that asking for and accepting help is a sign of strength.
- Older adults may be more likely to interpret normal stress related cognitive changes to dementia or cognitive decline, therefore it is important to assess the difference and provide reassurance to the person. Assess and refer as appropriate.
- Social support matters - help older adults reconnect with important people and communities in their lives.
- Monitor the older adult over the weeks and months following the disaster.

Services you can recommend

If anxiety, depression, sleep difficulties or irritability persist for more than two weeks after your normal life resumes, you should talk to your GP. For immediate assistance and/or 24-hour counselling and referrals, see details on the right.

For more information visit the Disaster Mental Health Hub at phoenixaustralia.org/disaster-hub

Additional Services

**For immediate assistance call
Lifeline on 13 11 14**

**Australian
Psychological Society**
Find a psychologist
service: 1800 333 497

Beyond Blue
1300 224 636