**DEFINITIONS**

**Mental Health:** A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. – World Health Organization

**Mental Illness:** any disease or condition that influences the way a person thinks, feels, behaves, and/or relates to others and to his or her surroundings. – Medicinet.com
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INFORMING the PUBLIC.

MAKING a DIFFERENCE.
Mental health and substance abuse has long been a taboo topic, seldom discussed and only in hushed voices behind closed doors. In recent years, the barriers built by social stigmas have begun to decay as our country, state, and local community make progress in this silent epidemic. By reducing stigma and improving outcomes, mental health providers and stakeholders continue to elevate the discussion surrounding mental illness and addiction. Although great strides have been made, persistent stigma and barriers to access continue to plague the behavioral health system and those suffering from mental illness and addiction.

Oklahoma sits near the bottom of the charts when it comes to mental health, having the second highest prevalence of adults with mental illness in the nation. Today, one in four Oklahomans suffers from a mental illness or substance abuse. It is time to create open discussion and double our focus on this enormous issue affecting our friends, our family members, and ourselves. The goals of this publication are to educate the community about the issues surrounding mental health, highlight solutions that are working well here in our community, and create an open and honest dialogue. Please join us in achieving these goals as you read this issue of Vital Signs.

We welcome your questions and comments. Please email us at vitalsigns@unitedwayokc.org or call 405-236-8441.

Best Regards,

Robert H. Clements,
Chair, Research and Community Initiatives Committee
United Way of Central Oklahoma
LETTER FROM THE COMMISSIONER

Mental health and substance abuse issues are Oklahoma’s leading public health concerns. Our state consistently ranks as having among the highest rates of behavioral illness nationally. The associated negative consequences of these diseases when left untreated and under-addressed are devastating to the individual, families, local communities and the state.

Yet, we know that when people access appropriate care, great things happen. The fact is, treatment works; however, too few people find the services that can help them achieve wellness.

As a state, and as communities, we need to better understand the impact of these deadly diseases and work together to ensure that access to services for all Oklahomans is possible. That is why I am very excited about this edition of Vital Signs. It is a great start at educating the community and helping us to better understand how linking to appropriate services can increase quality of life and productivity, and benefit us all in so many different ways.

What we are talking about is brain disease. This shouldn’t be treated any different than any other illness, but it is. We discriminate in how we provide treatment and how we find care.

If someone is experiencing heart problems and is told that his or her heart has damage, they will likely receive treatment and follow-up care to keep the problem from becoming worse. They won’t simply be turned away and told to come back when it’s really serious; yet, that is often what we do when someone is seeking treatment during the early stages of mental illness. There is a good chance that person may be told that ”you just aren’t sick enough right now, so come back when the illness has progressed.”

The reality of our system is that treatment for brain disease is very different than how we treat other illnesses. Insurance does not always provide equal coverage. In many cases throughout the public and private system services are limited and there is little opportunity for early disease intervention before more serious consequences begin to occur. This must change. Poor worker productivity, increased reliance on medical services, school drop-out, family fragmentation, law enforcement engagement and any other host of negative outcomes are directly tied to mental illness or substance abuse issues that have not been appropriately handled. In addition to lives lost, there is a continued drain on community resources to deal with the aftermath.

It doesn’t have to be that way. We just have to get people in need to appropriate care.

I hope that you find information in this publication that makes you think, and maybe decide to ask more questions about how brain disease impacts your business, your home and our community. It is important that we all work together to make a difference.

Terri White, Commissioner
Oklahoma Department of Mental Health and Substance Abuse Services
UNITED WAY OF CENTRAL OKLAHOMA’S FOCUS AREAS

United Way of Central Oklahoma focuses its funding and efforts in five key areas surrounding health and human services: healthy citizens, successful kids, strong families, independent living, and community preparedness. These areas encompass the health and human services sectors, and focusing on improvements in these areas can greatly increase the quality of life for all citizens in central Oklahoma. Mental illness and addiction have an impact on each of these areas, which you will see clearly throughout this publication. By taking a holistic approach to tackling mental health challenges in these five focus areas, we can start to move the needle and create great impact in our community and across our state.

INDEPENDENT LIVING
Older adults and individuals with disabilities face a unique challenge in maintaining their independence. Although individuals often think of the physical needs of seniors and individuals with disabilities, these groups can also be at risk of increased mental health needs. Isolation and decreased activity can often lead to depression and thoughts of suicide during the later years of life, increasing the need for services that deal with mental health and increasing community engagement. It is important that we address these needs in order to improve quality of life and independence for aging and disabled Oklahomans.

SUCCESSFUL KIDS
It is often said that children are the future. Because of this, it is important that we provide them with the resources they need to succeed in school, develop life skills, and become productive citizens. It is time to start teaching our children about the importance of mental health and emotional awareness. Our society lacks in dialogue about mental health, but our children can be the face of a new generation, where we no longer treat mental health as a taboo topic. Teaching kids to understand the importance of their mental health is vital in building the success of their future.

STRONG FAMILIES
Families are the building blocks of our society, tasked with fostering and passing on morals and values to the next generation of productive citizens. When one family member suffers, often the whole family suffers. This is why mental illnesses like depression and addiction can have such devastating effects on families. By understanding how these issues affect our citizens and teaching families how to talk about and work through these issues together, we can strengthen Oklahoma families and improve the health of parents and children alike.

COMMUNITY PREPAREDNESS
After a disaster or tragedy, mental health services is one of the largest needs. Counseling and services to help individuals cope with loss of loved ones, anxiety, fear, anger, and other emotions increases dramatically in the wake of a traumatic event. From one of the nation’s first terrorist attacks to devastating tornadoes on a nearly annual basis, Oklahoma is no stranger to tragic events that impact the community as a whole. When these tragedies and disasters occur, it is critical that we are prepared to respond to meet individual and community needs, including mental health.

HEALTHY CITIZENS
When most people think of illness they think of colds, heart disease, and other physical ailments. Although physical health is a vital part of an individual’s overall well-being, mental health is often overlooked, but just as important in improving quality of life. Unfortunately, mental illness is one of the top health concerns facing Oklahomans and threatening our residents’ abilities to live healthy lifestyles. By increasing our efforts to understand and treat depression, schizophrenia, addiction, and other mental illnesses we can continue to improve the health of our community.
PREVALENCE & ACCESS TO CARE

To understand mental health challenges in Oklahoma you must first be aware of prevalence of mental illness and substance abuse in our state and the challenges people face with access to care. These terms are defined as:

**Prevalence:** The number or percentage of individuals who experience mental health issues

**Access to Care:** Access is ranked based on nine measures including: access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability

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**OKLAHOMA**

has the 9th worst mental health system for youth based on prevalence and access to care.³

50% of all lifetime cases of mental illness begin by 14.

75% of all lifetime cases of mental illness begin by 24.⁴

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**CHILDREN WITH EMOTIONAL, BEHAVIORAL, OR DEVELOPMENTAL ISSUES.⁵**

Number of children with emotional, behavioral, or developmental issues.⁵

6.25 MILLION

<table>
<thead>
<tr>
<th>United States</th>
<th>Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>90,692</td>
<td>6,952</td>
</tr>
</tbody>
</table>

Percent of all children:

8.5 11.02

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40,269 youth in Oklahoma County have a mental health disorder, but only 9,546 (23.7%) received services.⁶

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50% of students Nationwide that are 14+ with mental illness drop out of high school. This is the highest drop-out rate of any disability group.⁷
SOLUTIONS IN PRACTICE

A best practice in Oklahoma is Systems of Care, a comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of adolescents, ages 6 to 18, and their families, with serious emotional disturbances. This is achieved through a wraparound model in which the aim is to address all of the needs of the adolescent and his or her family through individualized, comprehensive care plans addressing behavioral problems at home, school and in the community. The program is operational in 72 of Oklahoma’s 77 counties. This program has seen the following results for participating youth:

- 48% reduction in out of home placement
- 47% reduction in self-harm attempts
- 66% reduction in arrests
- 53% reduction in school detentions
PREVALENCE & ACCESS TO CARE - CONTINUED

OKLAHOMA has the 2ND HIGHEST prevalence of adults with mental illness in the country, 21.88%. Oklahoma also has the 2nd highest prevalence of adults with severe mental illness in the country, 5.24%. Number and percent of adults with any mental illness.

- **42.5 MILLION (18.19%)**
- **17.41 MILLION (41.4%)**

United States\(^{1,14}\)  Oklahoma\(^{12,15}\)  Oklahoma County\(^{13,16}\)

Oklahoma has the 7th worst overall mental health system in the U.S. based on prevalence and access to care.\(^{17}\)

7TH

Number and percent of adults with mental illness who received treatment.

- **117,000 (18.6%)** of insured Oklahomans with mental illness reported unmet needs.\(^{19}\)
- **111,000** Adults with a mental illness are uninsured in Oklahoma.\(^{22}\)

Unmet need is defined as a perceived need for treatment/ counseling that was not received. Barriers may include inability to pay for treatment, limited insurance benefits, difficulty accessing insurance benefits, or lack of available services. Many health insurance plans have limited coverage for behavioral health services.

Of those who received appropriate treatment, 80.9% of Oklahomans reported improved social connectedness.\(^{20}\) 85.4% reported improved functioning.\(^{21}\)

8 - 10 YEARS is the average delay between onset of symptoms and intervention.\(^{18}\)

Of the 1,300 individuals who are homeless in Oklahoma City, 495 have severe mental illness and 603 have substance abuse issues.\(^{24}\)

85.4% 80.9%
SPEAKING OF MENTAL HEALTH

“What brings you in today? What are your symptoms?” These are probably questions you heard at your last doctor’s appointment.

“Have you had any thoughts of suicide recently? Have you heard any voices lately?” These questions, however, probably were not asked.

Unfortunately, we don’t treat mental health the same way we treat physical health. If you feel chest pains, you go to the doctor. If the doctor diagnoses you with heart disease, your friends and family express sympathy and support and encourage you to continue on a path of treatment. However, if you hear voices in your head, you try to hide it. When your family and friends notice you acting strangely, they often express uncertainty or fear and encourage you to act normally.

In our society, “I have schizophrenia” doesn’t evoke the same reaction as “I have heart disease.” Although schizophrenia and heart disease are different, they’re both medical conditions that can be treated. Treatments for heart disease have a 41 to 52 percent success rate but treatments for schizophrenia have a 60 percent success rate. When someone is abusing drugs, they suffer from decrease in brain metabolism. Similarly, individuals with heart disease suffer from decreased heart metabolism.

Likewise, as individuals suffering from addiction seek treatment and maintain sobriety, their brain functions begin to increase and return to normal, just as an individual with heart disease undergoing treatment sees increased heart function. Just as your body reacts to physical ailments and treatments, your body reacts to mental ailments and treatments.

In the end, the only way to change the stigma surrounding mental health is to begin treating it the same way we do physical health. By better understanding the effects of mental illnesses like depression, drug abuse, and schizophrenia on the body we can break down these barriers and open the door to dialogue and effective treatment. If we succeed, one day your doctor will be checking both your physical AND mental well-being.
DEPRESSION IN ADULTS

28% of Americans will at some point struggle with depression.28

is the leading reason for missing work and reduced productivity in Oklahoma.29

200,000 Oklahoma workers with depression cost the state $600 MILLION annually in medical costs.30

The estimated economic benefits of expanded diagnosis and treatment of depression has a return on investment of 7:1.31

1 IN 10

It is estimated that 20-30% of individuals with long-term disabilities have a depressive condition. It is estimated that 16.9% of adults over 65 in Oklahoma have some form of depression.33

NUMBER OF ADULTS TREATED FOR DEPRESSION IN 2013 BY COUNTY.32

Number of adults served for depression in 2013.
OLDER ADULTS

EGO-INTEGRITY VERSUS DESPAIR

Erik Erikson, an ego psychologist, developed the Stages of Psychosocial Development focusing on personality development and how an individual successfully resolves crises that are distinctly social in nature. The last stage of life, late adulthood, focuses on expressions of integrity vs. despair.

During late adulthood, an individual experiences integrity through feeling proud of one’s accomplishments, actively planning and thinking about the future, endeavoring to stay healthy, and accepting the aging process as a part of the life cycle. Despair manifests through feelings of wastefulness, resentment, regret, low self-esteem, anger towards self and others or the world, and being closed off toward others.

An individual’s state of mind is critical to overall health and well-being. An individual without social connections, productive social roles, and a sense of accomplishment can quickly fall into despair, which can lead to depression, and if not treated, an increased suicide risk.

Individuals in late adulthood can work towards achieving integrity by staying active in their community after retirement. Volunteerism can lead to feelings of accomplishment and self-approval that employment and taking care of one’s family used to fill.

Individuals can also reap the benefits of sharing themselves and their experiences with others, and actively thinking about the future through planning activities and service projects.

Through volunteering, individuals open themselves up to share with others and can find a sense of usefulness and boost their self-esteem. Staying active through volunteerism is an exceptional way to keep an individual’s mind and body healthy while seeking to achieve integrity in the later years of life.
DEPRESSION AND SUICIDE IN YOUTH

CHILDREN WITH AT LEAST ONE MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR.35

Number of children with at least one major depressive episode in the past year.

Between 2009 & 2013

ONLY 38% of Oklahoma youth (12-17) with a major depressive episode received treatment for their depression.36

SUICIDE

is the 2nd leading cause of death in youth ages 10 to 14 and 2nd leading cause of death in youth ages 15 to 24.37

LEADING CAUSES OF DEATH IN YOUTH 2013

1
2
3
4
5

Unintentional Injury
Suicide
Congenital Anomalies
Malignant Neoplasms
Heart Disease

Suicide
Suicide
Homicide
Malignant Neoplasms
Heart Disease

1 IN 15

Oklahoma youth report having attempted suicide.40
SUICIDE IN ADULTS

Oklahoma ranks 17th in terms of suicide rate. 41

114,000 (4%)
Oklahoma adults report serious thoughts of suicide. 44 Suicide is the leading cause of intentional death in Oklahoma. 46

Number of individuals who died in 2014 due to suicide (suicide rates per 100,000).

Number of individuals who died in 2014 due to suicide (suicide rates per 100,000).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2007</th>
<th>2010</th>
<th>2012</th>
<th>Grade</th>
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<tbody>
<tr>
<td>18-24</td>
<td>12.5</td>
<td>15.9</td>
<td>20.9</td>
<td>F</td>
</tr>
<tr>
<td>25-34</td>
<td>18.4</td>
<td>23.4</td>
<td>22.8</td>
<td>F</td>
</tr>
<tr>
<td>35-44</td>
<td>21.3</td>
<td>24.8</td>
<td>26.8</td>
<td>F</td>
</tr>
<tr>
<td>45-54</td>
<td>26.0</td>
<td>25.7</td>
<td>19.9</td>
<td>F</td>
</tr>
<tr>
<td>55-64</td>
<td>14.4</td>
<td>21.6</td>
<td>22.7</td>
<td>F</td>
</tr>
<tr>
<td>65+</td>
<td>18.7</td>
<td>14.4</td>
<td>18.9</td>
<td>F</td>
</tr>
</tbody>
</table>

1 IN 5
Suicide victims had a history of attempted suicide and 32% had shared their intent with another person. 49 45% of adults who died from suicide had visited their primary care doctor within the previous month. 50

65+
The suicide rate for adults 65+ increased by 28% from 2010 to 2014, this is the second highest increase of any age group. 52 Up to 75% of older adults who committed suicide visited a physician within the last month. 53

For each suicide prevented, Oklahoma could save $1,097,763; $3,545 in medical expenses and $1,094,218 in lost productivity. 51

THE LEADING CIRCUMSTANCES ASSOCIATED WITH SUICIDE IN OKLAHOMA ARE: 45

36% current depressed mood
34% intimate partner problems
35% diagnosed or treated mental health problems

From 2007-2012 Central Oklahoma had the largest increase in the rate of deaths due to suicide, 42%. 48

Suicides outnumber homicides three to one in Oklahoma, among males. 47

For each suicide prevented, Oklahoma could save $1,097,763; $3,545 in medical expenses and $1,094,218 in lost productivity. 51
SUICIDE: THE WARNING SIGNS

Before someone attempts suicide they often display one or more verbal, behavioral, or emotional warning signs. Recognizing these signs early and seeking support can help save a friend or loved one’s life. Below is a list of warning signs to be aware of.

THE TALK
If a person talks about:
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain
- Killing themselves

THE BEHAVIOR
A person’s suicide risk is greater if a behavior is new or has increased, especially if it’s related to a painful event, loss, or change. Concerning behaviors include:
- Increased use of alcohol or drugs
- Acting recklessly
- Withdrawing from activities
- Isolating themselves from family and friends
- Sleeping too much or too little
- Aggression
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Looking for a way to kill themselves, such as searching for materials or means

THE MOOD
People who are considering suicide often display one or more of the following moods:
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety
- Depression

If someone you know is exhibiting one or more of these signs, please call THE NATIONAL SUICIDE PREVENTION LIFELINE at 1-800-273-TALK (8255) or go online to www.suicidepreventionlifeline.org. (In Oklahoma, fellow Oklahomans at HeartLine, a United Way Partner Agency answer the National Suicide Prevention Lifeline.)
19,000
(6.41%) of youth in Oklahoma have a substance abuse problem. In 2013, 13,067 (68.8%) youth met the criteria for needing substance abuse services. Only 1,769 (13.5%) youth received such services.

In 2013, approximately 51,663 adults in Oklahoma County needed substance abuse treatment services. Only 16,788 (32.5%) of those received services.

On any given day, approximately 600 Oklahomans are on a waiting list to get into residential treatment. Every $1 invested in treatment for alcohol and other drug-related problems saves taxpayers $7.14 in future costs.

**ADULTS WITH SUBSTANCE ABUSE PROBLEMS.**
Number of adults with substance abuse problems.

**TOP DRUGS FOR OKLAHOMA COUNTY RESIDENTS RECEIVING SUBSTANCE ABUSE TREATMENT IN 2013.**

- **Alcohol**: 31%
- **Methamphetamine**: 21%
- **Marijuana**: 20%
- **Heroin/opiates**: 10%
After 14 years of couch homelessness and surviving on the generosity of friends and family in Texas, Schlandria moved to Oklahoma City in hopes of a better future.

But with a long history of substance abuse and mental illness, Schlandria found it difficult to regain control of her life on her own. She found herself living in her car and self-medicating for her mental illness. Her goal was to fly under the radar and not draw any attention to her situation. She sought out employment at a local restaurant but had a severe panic attack and wasn’t able to return to work for several months.

After this, Schlandria decided to seek help. She met with a case manager for Journey Home OKC, an initiative to house the most chronic and medically vulnerable homeless in Oklahoma City. Her case manager was able to help her receive counseling for depression at Catholic Charities, while she got settled in her new apartment.

Schlandria recalls the struggles of transitioning from homelessness to housing: managing finances, paying bills on time, and creating healthy boundaries.

Schlandria now acts as an advocate for others in the situation of homelessness in Oklahoma City. She is the co-chair of ABLE, a peer run support system where newly housed individuals can receive advice and support from individuals who have also transitioned into stable housing.

She has been awarded the Milestones in Recovery award from HOPE Community Services, and is looking to continue her education at culinary school. She strives to be a voice for those in need through ABLE and further her artistic expression through the Homeless Alliance’s Fresh START program.

Recently, her daughter graduated from high school and spent a week with Schlandria in Oklahoma City, where they began to rebuild their relationship.
SMART ON CRIME

The Smart on Crime model allows the criminal justice system to work with community agencies at a variety of points to determine how to best rehabilitate the individual. This includes using a variety of options such as specialized courts, diversion, parole, and many other programs to address special circumstances such as mental illness and addiction. Below are the points at which the Smart on Crime model can work to help improve the rehabilitation of an individual:

Prevention (Pre-booking) • Initial detention (at booking) • Post-booking (initial hearing) • At disposition (Sentencing) • While Incarcerated • During reintegration

MENTAL HEALTH COURTS AND DRUG COURTS

WITH TREATMENT

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average crisis stabilization bed cost per day</td>
<td>$292</td>
</tr>
<tr>
<td>Average detox cost per day</td>
<td>$205</td>
</tr>
<tr>
<td>Average annual substance abuse treatment cost for an adult</td>
<td>$2,400</td>
</tr>
</tbody>
</table>

WITHOUT TREATMENT

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average emergency room cost per visit</td>
<td>$2,887</td>
</tr>
<tr>
<td>Average hospital cost per day</td>
<td>$2,000</td>
</tr>
<tr>
<td>Average annual prison cost for a drug offender</td>
<td>$26,000</td>
</tr>
</tbody>
</table>

Oklahoma Statute authorizes offender screenings conducted by Oklahoma Department of Mental Health and Substance Abuse Services’ certified treatment providers to determine felony offenders’ risk recidivism as well as to identify substance use and mental health treatment needs.64

- Decrease in length of time offenders spend in jail (31 days pre-implementation to 4 days post-implementation).
- Reduction in cost to incarcerate offenders ($2,532,717 pre-implementation to $326,802 post-implementation).
- Decrease in length of time from arrest to drug court admission (221.5 days pre-implementation to 61.7 days post-implementation).
- Decrease in arrests.
- Decrease in days spent in jail.
- Decrease in days spent in inpatient treatments.
- Decrease in unemployment.

Mental health courts allow offenders who would typically be sent to prison to engage in long-term mental health treatment instead of imprisonment. Mental health courts in Oklahoma have seen the following outcomes:64

- 87% decrease in length of time offenders spend in jail.
- 92% decrease in arrests.
- 80% decrease in days spent in jail.
- 80% decrease in days spent in inpatient treatments.
- 91% decrease in unemployment.
Post-traumatic Stress Disorder (PTSD) can occur after an individual has been through a traumatic event. These events are marked by being shocking, scary, and otherwise scarring to an individual’s mental state.

Nationally, 60% of men and 50% of women will experience at least one traumatic event in their lives including combat, sexual assault, and witnessing death among others. Although over half of the U.S. population will experience at least one trauma in their lifetime, this does not mean they will have PTSD.

Four percent of men and ten percent of women experience PTSD from their traumatic experience(s), an overall rate of seven to eight percent. There is a variety of factors that make individuals more likely to experience PTSD from their trauma.

WHO IS MOST LIKELY TO DEVELOP PTSD? 

Although most people who go through trauma will not get PTSD, you are more likely to develop PTSD if you:

- Were directly exposed to the trauma as a victim or a witness
- Were seriously hurt during the event
- Went through a trauma that was long-lasting or very severe
- Believed that you were in danger
- Believed that a family member was in danger
- Had a severe reaction during the event, such as crying, shaking, vomiting, or feeling apart from your surroundings
- Felt helpless during the trauma and were not able to help yourself or a loved one

You are also more likely to develop PTSD if you:

- Had an earlier life-threatening event or trauma, such as being abused as a child
- Have another mental health problem
- Have family members who have had mental health problems
- Have little support from family and friends
- Have recently lost a loved one, especially if it was not expected
- Have had recent, stressful life changes
- Drink excess alcohol
- Are a woman
- Are poorly educated
- Are younger
PTSD: AFTER NATURAL DISASTERS & IN THE MILITARY

Survivors of disasters and mass violence events are prone to increased rates of PTSD following the traumatic event. Below are some rates of PTSD for disasters found through research of such events.69

4 - 5% Natural Disaster
34% Bombing
29% Plane crash into a building
28% Mass Shooting

34.3%
of survivors of the Oklahoma City bombing suffered from Post-Traumatic Stress Disorder.70 In one study of the survivors of the Oklahoma City bombing, 69% of survivors had received some kind of mental health intervention within six months of the bombing. In the same study, 34% of the sampled survivors were diagnosed with posttraumatic stress disorder (PTSD) within six months of the bombing, 31% after 17 months, and 26% after seven years. During the seven-year span of this research, 86% of the surveyed survivors had received mental health services.71

After the May 2013 tornadoes, more than 20,000 PEOPLE in central Oklahoma sought mental health services.

COMMON REACTIONS AFTER DIASTEGR72

After a disaster or traumatic event, survivors often experience common stress reactions. These reactions may last for several days or even several years depending on the event and individual. Reactions may include:

**Emotional Reactions:** shock, fear, grief, anger, guilt, shame, feeling helpless, feeling numb, sadness.

**Cognitive Reactions:** confusion, indecisiveness, worry, shortened attention span, trouble concentrating.

**Physical Reactions:** tension, fatigue, edginess, insomnia, aches/pain, racing heartbeat, nausea, and change in appetite.

**Interpersonal Reactions:** distrust, conflict, withdrawal, irritability, loss of intimacy, feeling abandoned.

PTSD IN THE MILITARY73

Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF): 11-20% of Veterans have PTSD in a given year.

Gulf War (Desert Storm): About 12% have PTSD in a given year.

Vietnam War: About 15% are currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). An estimated 30% have had PTSD in their lifetime.
John is a 15-year-old boy who was referred to Project Moore Hope for anxiety after being impacted by the May 20, 2013 tornado.

Initially, his family tried to handle his anxiety on their own and not seek outside services for help. But after John had a panic attack during a routine tornado drill, they realized that his mental health was at stake.

John recalls the tornado drill and how it reminded him of the emotions and feelings that he had felt during the May 20, 2013 tornado.

During his first session at Project Moore Hope, he shared that he was willing to do whatever it took to overcome his fears.

He was committed to implementing the coping skills that he had learned, but understood that he would not really know how well he was progressing until another storm hit Oklahoma.

Surprisingly, on March 25, 2015 another storm impacted the area near where John lived.

John came to his next session the following week and was extremely excited to share that the coping skills that he had been learning had worked. He stated that he was initially scared to see the tornado touch down, but knew that he and his family were together and safe at home.

John feels successful with his ability to control his anxiety because he feels he can now cope with storms on his own.
OTHER COMMUNITY RESOURCES AND PROGRAMS

American Red Cross Central & Western Oklahoma Region
American Red Cross, Heart of Oklahoma Chapter
Bethesda, Inc.
Calm Waters Center for Children & Families
Catholic Charities
A Chance to Change Foundation
Family Builders, Inc.
HeartLine
The Homeless Alliance
INTEGRIS Hospice
Latino Community Development Agency
Mental Health Association Oklahoma
Moore Youth & Family Services
NorthCare
Neighborhood Services Organization
Sunbeam Family Services, Inc.
Variety Care
Youth & Family Services, Inc.
Youth Services for Oklahoma County
YWCA Oklahoma City

MENTAL HEALTH AND SUICIDE COURSES

If you would like to learn more about recognizing signs and symptoms of suicide or other mental illnesses, check out these courses:

ASSIST (Applied Suicide Intervention Skills Training) [www.livingworks.net](http://www.livingworks.net)
QPR (Question, Persuade, and Refer) [www.qprinstitute.com](http://www.qprinstitute.com)
Mental Health First Aid [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)
Psychological First Aid [www.nctsn.org/content/psychological-first-aid](http://www.nctsn.org/content/psychological-first-aid)
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We would like to thank Boeing for their support in the research efforts of the United Way of Central Oklahoma.