

# **Public Health Response to Hurricanes Katrina and Rita: Applying Lessons Learned: Mental health/substance abuse needs**

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# Goals of today's talk

- **What was the Mental Health Response to Katrina?**
- **What's happening now?**
- **How do we prepare for new challenges/crises?**
- **Summary**

# **What was the Mental Health Response to Katrina?**

**“I would call the scope of this disaster, the scale of mental health problems, unprecedented”**

**Charley Curie, Administrator**

**Substance Abuse and Mental Health Services  
Administration**

# SAMHSA

- Coordinated the mobilization of over 500 people to deal with mental health and substance issues
- Teams have provided over 12,000 counseling sessions (96% with individuals)
- 26% of these individuals required referral to local mental health resources for ongoing treatment
- 5% required referral to ongoing substance abuse treatment
- These “new cases” are added to an already burdened system

# The National Child Traumatic Stress Network

The National Child Traumatic Stress Network is supported through funding from the Donald J. Cohen National Child Traumatic Stress Initiative, administered by the US Department of Health and Human Services (DHHS), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

# The National Child Traumatic Stress Network

The mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States

# The NCTSN Hurricane Response

- NCCTS as communication and coordination hub for Network mobilization
- 3 Centers and 2 Programs directly hit
- 45 Network Centers mobilized (direct services, deployment, evacuee assistance, training, consultation, development of new materials, translation, housing, specialized expertise (forensic identification, sexual abuse))
- Psychological First Aid - intervention/training

# Personnel Deployments

- **Baton Rouge La. 3 wks post Katrina**
- **Jackson Miss. 5 wks. post Katrina  
(Team Leader)**
- **Atlanta, Ga. Round Table  
Discussion/Seminar (Dept of Education)**
- **Jackson, Miss. Round Table  
Discussion/Seminar (Dept of Education)**
- **Baton Rouge, La. Assessment meeting**
- **New Orleans, La. Joined the 1st Lady  
Laura Bush (Toys for Tots Event)**

# What I Saw/My Impressions







































"I've got a hole in my roof, but a greater hole in my heart because no one is looking out for the kids..."

“ What this has done for most children is take away their past, alter their present, and possibly cause them to lose their futures.”

(Jan 11, 2006)

What's Happening Now?

# Signs of Distress

# **State of Mental Health Systems Prior to Katrina**

- **-In Louisiana “Only 28% adults & 3.5% of children identified as having a mental illness prior to the storm received care.”**
- **“Even before the storm, the Southeastern states (nickname: “the stroke belt.”) were cursed with a toxic mix of poor health and poverty.”**

# **State of Mental Health Systems Prior to Katrina (cont'd).**

- **Evacuees in Houston reported: 1/2 no health insurance 41% suffered from chronic conditions (i.e., hypertension, asthma, diabetes and cancer)**

**Newsweek (Dec. 12, 2005)**

- **“ I’m beginning to get experiences with acute anxiety Dr. Greve said “anxiety and depression, abuse of alcohol, that’s gone way up.”**
- **“these are profound depressions. In the past I would have hospitalized these patients.”**
- **“At least seven people have killed themselves in the four months since the storm...”**

**New York Times (Dec. 27, 2005)**

# **SAMHSA National Suicide Prevention Lifeline 800-273- TALK**

- **Pre Katrina average: 900 calls per week**
- **Post Katrina average: 1,400 calls per week (55% increase)**

**LSU survey of La. residents : 39%  
reported feeling angry while 53%  
reported being depressed**

**Newsweek (Dec. 12, 2005)**

**“You actually see kids as young as 5  
talk about not wanting to live,  
wanting to die.”**

**New York Times (Dec.27, 2005)**

- **“Most hurricane survivors demonstrate remarkable resiliency and will rebuild their lives without significant mental health issues.”**
- **“In significantly exposed areas, 25-30 percent of the population might experience clinically significant mental health needs and an additional 10-20 percent might show sub clinical but not trivial mental health needs.”**

# Estimates of Impact

- **“Based on estimates of how many households were impacted there could be up to one half million people in need of mental health services”**

**SAMHSA Update (Dec. 16, 2005)**

- PTSD for children (conservative estimate, 100,000 will experience PTSD or severe symptoms a year after the hurricane.)
- Children experiencing depression, anxiety, panic disorder, traumatic grief, and functional impairments will all add to numbers needing care.
- No system in place to help them.

# **How Do We Prepare For New Challenges/Crises**

# **Restore Mental Health Infrastructure**

# The Role of Public Health in Mental Health Promotion

- **“Mental health is integral to overall health and well-being and should be treated with the same urgency as physical health. “**
- **“Mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity.”**

# The Role of Public Health in Mental Health Promotion

- **“Depression has emerged as a risk factor for such chronic illnesses as hypertension, cardiovascular disease, and diabetes and can adversely affect the course and management of these conditions.”**
- **(Morbidity and Mortality Weekly Report - September 2, 2005)**

# Advocacy for Research

- **Inform Clinicians, Policy Makers And Others What Are Risk Factors And Responses To Hurricane Katrina**

**NIMH**

**Impact of Residential Fire on Children,  
Adolescents, and their Parents**

**Jones & Ollendick**

# Conceptual Model

“Which individuals are most at risk for developing PTSD?”

# Conceptual Model

## A Developmental Psychopathology Perspective

Jones & Ollendick, 2001

Demographics

Major Life Events

Fire Trauma  
Exposure  
Loss

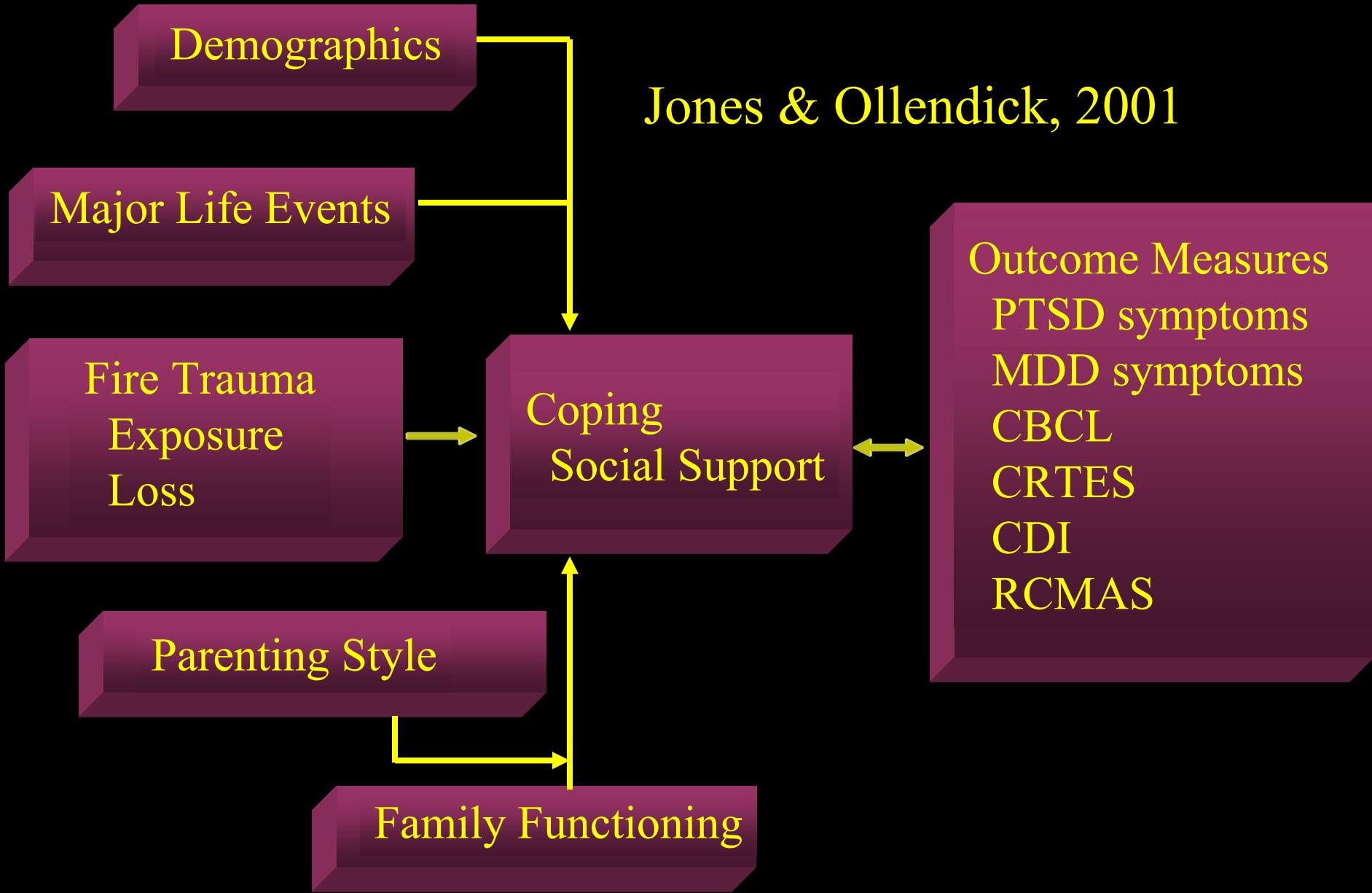
Parenting Style

Family Functioning

Coping  
Social Support

Outcome Measures

PTSD symptoms  
MDD symptoms  
CBCL  
CRTES  
CDI  
RCMAS



# Initial Results of 100 Children at T-1

- **Intrusion and Avoidance (CRTES)**
  - Low Distress - 32%
  - Mild Distress - 30%
  - High Distress - 38%
- **MDD (DICA)**
  - 9% met criteria
- **PTSD (DICA)**
  - 7% met criteria

# Some Alarming Findings

## For Children

- $\frac{3}{4}$  of children reported that a house fire was the most traumatizing event they had ever experienced.
- Many children reported that they felt that another fire would occur!

# What we know about the Impact of Katrina

## Predictors based on previous research

### Exposure

- Significant loss
- Significant levels of trauma
- Extended secondary stressors

### Demographic Characteristics

- Poor and ethnic minorities

### Social Context

- Communities highly disrupted
- Families separated
- Displacement and multiple moves

# Hurricane Katrina Survivor Initiative to Guide Policy

Ronald Kessler, Harvard Medical School

Funded by NIMH

# Ultimate Goal of Research

“It is important that people understand that there are potential serious, negative consequences for leaving affected children and families unserved. It is equally important that people understand that if services are provided, they can significantly help many of these children and families and that the payoff extends beyond these individuals to society at large.”

Experts Affiliated with the NCTSN

# Summary

- Prevent long-term mental health problems
- Lead mental health in the directions recommended in the Surgeon General's report
- Reestablish mental health as relevant to all people
- Help mental health care realize its potential by promoting both resilience and treatment
- Provide mental health professionals with new tools
- Promote hope, perspective, and community

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