



Katrina's Impact on Mental Health Likely to Last Years

Rebecca Voelker

LAST AUGUST, JUST A WEEK BEFORE the Labor Day weekend, David Edward Post, MD, considered himself busy as medical director of the Capital Area Human Services District in Baton Rouge, La. Then Hurricane Katrina slammed the gulf coast with unprecedented fury, sending Post and legions of other mental health professionals to work around-the-clock shifts of triage and treatment for thousands of patients with stress, dissociative disorders, and other psychiatric conditions.

Post, whose agency oversees mental and behavioral health services for a 7-parish region northwest of New Orleans, was the point man to oversee the rapid-response mental health triage system for thousands of patients transported to the Baton Rouge area by helicopter or bus. There, the Louisiana State University campus, Southern University and A&M College, and the Baton Rouge River Center, as well as the Lamar-Dixon Expo Center near Gonzalez, La, served as field hospitals or shelters for evacuees in need of counseling, prescription refills, and treatment for acute injuries.

Through the efforts of the American Psychiatric Association, the American Red Cross, the state psychiatric associations in Louisiana and Mississippi, area medical schools, and other organizations, experts estimated that hundreds of mental health professionals volunteered time, services, and supplies to help countless hurricane survivors.

"We set up physician-led teams to go to all the shelters," Post said. "We were attempting to make sure, at least to the extent possible, that we had early iden-

tification of people who needed [mental health] treatment. We had to be on top of this, we had to be ahead of the curve." The magnitude of the disaster, he said, could result in a "public health nightmare" if immediate stress-response symptoms such as sleep disorders, irritability, anger, and anxiety are not adequately addressed.

"Of particular concern was that this disaster was something that first responders had never seen before," he added. Within the first week after the hurricane, two New Orleans police officers committed suicide.

But as flood waters slowly receded and tens of thousands of evacuees from Louisiana and Mississippi arrived on higher ground in cities scattered from Houston, Tex, to Chicago, Ill, experts warned that Katrina has created an unprecedented need for ongoing mental health services that may not be measured in weeks or months, but years. Two weeks after Katrina devastated the gulf coast, Post said mental health repercussions for thousands of overwhelmed survivors likely had not yet surfaced.

"This isn't over," Post said. "It's just beginning."

DISRUPTED LIVES

Factors that set Katrina apart from other US disasters include the vast geographic expanse of destruction and the displacement of hundreds of thousands of people. "There is an unprecedented number of people in this country whose lives have been traumatically disrupted and will never be the same," said David Fassler, MD, a child and adolescent psychiatrist and clinical professor of psychiatry at the University of Vermont College of Medicine, in Burlington.

"As people become more aware of what they've lost, and that this situation is not going to go away any time soon, we anticipate a lot of trauma reactions, a lot of grief reactions," added Elizabeth Connell Henderson, MD, president of the Mississippi Psychiatric Association.

Anthony Ng, MD, chair of the American Psychiatric Association's Committee on Psychiatric Dimensions of Disasters, noted that even in the face of human



Andrea Booher/FEMA

The disastrous effects of Hurricane Katrina have created an unprecedented need for ongoing mental health services.

**For More Information**

American Psychiatric Association
(<http://www.psych.org>)

US Centers for Disease Control and
Prevention (<http://www.bt.cdc.gov/mentalhealth>)

American Academy of Pediatrics
(<http://aap.org>; <http://pediatrics.aapublications.org/cgi/content/full/116/3/787>)

resiliency, Katrina dealt a particularly severe blow. "A number of factors are in play here that create a higher risk for some individuals," he said.

In addition to extensive relocations, Ng said civil unrest that erupted after a slow emergency response could exact a higher mental health toll on some individuals. "What we often see after a disaster is communities banding together" as a source of mutual support and comfort. "But in this case what we saw was chaos," he noted. "All this can lead to a lot more anger and frustration."

According to the US Centers for Disease Control and Prevention, disasters produce an "impact pyramid" in which those directly affected represent the tip;

as the impact widens, it includes family and friends, rescue workers and medical professionals and their families, at-risk populations and affected businesses, and the public at-large.

IMPACT ON CHILDREN

Children were hit particularly hard in Katrina's wake. In fact, the American Academy of Pediatrics moved up the release date by a week, to September 2, of a new clinical report, "Psychosocial Implications of Disaster or Terrorism on Children: A Guide for Pediatricians" (*Pediatrics*. 2005;116:787-795).

"For affected children, symptoms may not show up for 6 to 12 months," said Joseph Hagan Jr, MD, lead author of the report. "This is what we saw after 9/11, and it was in kids who were not directly impacted; these were not children whose parents died. For the kids in New Orleans who were rescued, we anticipate this will be a significant event."

Far in advance of actual clean-up efforts, experts questioned where long-term support and funding for hurricane-related mental health services will come from. In the immediate disaster area, it will take months or longer for some psychiatrists to reestablish their prac-

tices and reconnect with their patients. "The problem that is causing us the most concern is figuring out how you absorb the entire public mental health system of the gulf coast into the rest of the state and elsewhere," said Connell Henderson.

Spencer Eth, MD, medical director of behavioral health services at St Vincent Catholic Medical Centers of New York, said public funds paid for 1 million sessions of mental health treatment for 50 000 individuals at St Vincent alone following the September 11, 2001, terrorist attacks. "Imagine what you're looking at for [Hurricane Katrina]," he said. "Who will organize this [magnitude of treatment] and who will fund it?"

In the first 2 weeks after Katrina pummeled the gulf coast, the federal Substance Abuse and Mental Health Services Administration announced grants totaling \$1.1 million for mental health assessment and crisis counseling—a fraction of the billions in immediate federal aid.

"We will need ongoing support, intervention, and treatment for months and years to come," said Fassler. "We will need ongoing planning and discussions on how and where to set this up." □

Efforts to Meet World Health Goals Lag

Mike Mitka

IF NATIONS DO NOT STEP UP COOPERATIVE efforts to eradicate extreme poverty and improve the health and welfare of the world's poorest, large numbers of people will continue to die from mostly preventable diseases, according to the World Health Organization (WHO).

At an August 21 press conference in Geneva, Switzerland, the WHO called for more rapid development of local, national, and regional health systems to combat high death rates from preventable diseases and conditions in developing countries. Each year, there are about 1 million avoidable deaths from malaria, more than half a million dur-

ing pregnancy and childbirth, and 3 million from HIV/AIDS. Nearly 11 million children younger than 5 years die of preventable conditions.

At the press conference, the WHO released a report titled "Health and the Millennium Development Goals," which presents data on progress on health targets, analyzes why improvements in health have been slow, and suggests what must be done to change the tempo (http://www.who.int/mdg/publications/mdg_report/en/index.html). The document is an interim report tied to the 2000 United Nations Millennium Declaration, in which the global community committed to improve worldwide conditions by 2015 through eight objectives known as the

millennium development goals. The WHO report and goals were further discussed last month at a New York gathering of heads of states reviewing the commitments made in the Millennium Declaration.

SLOW GAINS

While only three of the eight goals are health-specific, well-being is essential to achieving all of them. But 5 years into the plan, Andrew Cassels, MD, the WHO's director of millennium development goals, health and development policy, said that at the current rate of improvement, some goals will not be reached for another 150 years—and a big problem is that funding levels remain inadequate.