Title: *Suffering a Slow Recovery.*

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PUBLIC HEALTH

Failed rebuilding after Katrina sets off a mental health crisis in the Gulf

There may be a new roof on the New Orleans Superdome and tourists in the French Quarter, but time is not healing all wounds in the wake of Hurricane Katrina. On the contrary, time has been a salt in the psychological wounds of hundreds of thousands of Gulf Coast residents. Even two years after the storm, mental health problems in the region are growing among the nearly 70,000 families still living in temporary housing provided by the Federal Emergency Management Agency (FEMA). The slow recovery, researchers and clinicians are finding, has bred levels of mental distress unseen in the aftermath of other disasters.

"Most of the time, distress emerges early and dissipates over the first year post-disaster," says psychologist Fran Norris of the National Center for Post Traumatic Stress Disorder at Dartmouth Medical School. Not so with Hurricane Katrina. One year after the storm a Harvard Medical School committee funded by the National Institute of Mental Health reported doubled rates of depression and anxiety in the region. A team led by David Abramson of the National Center for Disaster Preparedness (NCDP) at Columbia University, in collaboration with the Children's Health Fund, surveyed residents of FEMA-provided trailers and hotels in Louisiana and reported widespread clinically diagnosed psychiatric problems. Sixty-eight percent of female caregivers and 44 percent of children suffered new mental health issues, including depression, anxiety and sleep disorders. When the Columbia team surveyed a similar group in Mississippi six months later, it found even higher rates of distress despite the fact that Mississippi had suffered less damage and had an additional half a year to recover. Clinical care providers corroborate the studies' findings, both sets of which were scheduled to have been updated by mid-August.

"A disaster is an abnormal event, and people being affected by that is normal," allows Anthony Speier of the Office of Mental Health at the Louisiana Department of Health and Hospitals. "But Katrina falls into the realm of a catastrophic event. We are not set up to help a population recover from that," he adds.

Katrina differs from other storms not only for its sheer magnitude but also for the stymied rebuilding efforts following it. The federal disaster area spanned the size of Great Britain, at least 1,836 people perished and some 1.5 million people were displaced, creating the largest population migration in the U.S. since the dust bowl of the 1930s. Enticing people back to their neighborhoods without health, educational or criminal justice systems to support them there is difficult, so most neighborhoods have remained deserted in gray shambles with negligible visible change in the past year, according to Speier.

This open-ended holding pattern and continued displacement have perpetuated feelings of loss of control, which correlate with depression and anxiety. "Many people still live in conditions and with uncertainties that would rarely still be present nearly two years after a disaster," Norris says.

This storm was particularly cruel in that it hit people with very few resources very hard. For many it took away not only their home and friends but also their social identity, job and any sense of self-sufficiency. Abramson and NCDP director Irwin Redlener note that of those they surveyed who had annual salaries of $10,000 or less before the storm, 53 percent were still out of work a year after it. Rents have doubled, though, and the FEMA trailer parks where many now indefinitely reside have proved to be pressure cookers for despair. People feel unsafe among their neighbors and isolated from the rest of the city, and the density of depression, Abramson observes, has a community-level, spiraling effect.

These assessments bear political significance because federal disaster spending is based on the assumption that once an area's infrastructure recovers, the population will recover naturally. Direct compensation for loss is

one of the lowest priorities, practically nonexistent for individuals who owned no property to begin with. And the Stafford Act, which allows for short-term mental first aid after a disaster, is not designed to support long-term therapies that help to overcome persistent distress.

Mental health investigators favor a recovery policy that goes even beyond long-term counseling to support organizations and initiatives that help communities rebuild themselves. "It makes sense that if one of the problems people experience after disasters is loss of control, which is highly related to mental health problems, then having a vehicle for regaining at least some control would be helpful," Norris says. Several grassroots efforts and micro-redevelopment plans have succeeded in a few communities, but scaling them up will require broader support.

Meanwhile, experts say, sending a public message that balances hope with realistic expectations for recovery is important. People need encouragement to seek professional help such as that offered by the Red Cross Access to Care program, Speier states. And they need a reliable recovery timeline, along with simultaneous return of schools, hospitals and a justice system so that they can more confidently invest in reestablishing themselves. "It's important for people to know that time is critical," Redlener says. "Most adults will be okay once they have homes and can return to normalcy. But thousands of children at critical developmental ages will now have been rootless for upward of two years, with yet incalculable consequences."

PHOTO (COLOR): SWEPT AWAY: A homeowner in New Orleans stands on the only remnant of his dwelling after the Hurricane Katrina disaster. Slow rebuilding efforts are putting displaced residents under emotional stress that authorities did not anticipate.

PHOTO (COLOR): TRAILER LIFE, such as that in New Orleans's Lower Ninth Ward, has incubated feelings of isolation and despair.

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