



# Post-Katrina Mental Health Needs Prompt Group to Compile Disaster Medicine Guide

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**H**IS VOICE IS CALM, BUT PSYCHIATRIST Richard Weisler, MD, sounds troubled after reading statistics from a rapid assessment survey of greater New Orleans, La, that was conducted 7 weeks after Hurricane Katrina splintered the homes and lives of hundreds of thousands of Gulf Coast residents.

The assessment, prepared for the Louisiana Office of Mental Health by the Centers for Disease Control and Prevention (CDC), shows that 45% of 166 individuals interviewed scored high enough on a rating scale for posttraumatic stress disorder (PTSD) that they would be expected to accept a referral for mental health services. When extrapolated, that figure translates into between 142 000 and 214 000 adults returning to New Orleans who may feel they need mental health care.

Based on existing studies of mental health repercussions after major floods and hurricanes, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has estimated that 25% to 30% of individuals living in areas hit hard by Katrina will have clinically significant mental health needs and another 10% to 20% will have important, subclinical mental health needs. All told, that adds up to about 500 000 who may require mental health services.

"Clearly, the needs are enormous," says Weisler, adjunct professor of psychiatry at the University of North Carolina, Chapel Hill, and adjunct assistant professor of psychiatry at Duke University Medical Center, Durham, NC.

## CONCISE, PRACTICAL INFORMATION

For that reason, Weisler and several colleagues have developed a fact sheet for primary care physicians and mental health professionals that offers practical information on PTSD and other postdisaster stress reactions. The current document is available at <http://psychiatry.mc.duke.edu/Clinical/DisasterMentalHealth.html>; a more complete version is being prepared for eventual publication in a professional journal.

Even though CDC, SAMHSA, and other organizations have posted online information about disaster-related PTSD, depression, and stress, Weisler and his colleagues felt it was important to create a comprehensive yet concise document that includes an overview of mental health conditions as well as links to diagnostic, counseling, and pharmacotherapy resources.

"We know [physicians] don't have time to read a whole book," says Weisler. "We know all doctors are busy,

and especially in New Orleans and the Gulf area, they are overwhelmed."

Ruth Berggren, MD, an infectious diseases specialist in New Orleans who provides primary care for patients with HIV infection, says she has used online information about mental health and resiliency provided by CDC and the city of New Orleans. She also receives e-mail updates from professional organizations but finds that information is fragmented. "It would be very valuable to put all of this information in one place," she notes.

The document that Weisler and his colleagues have compiled comes as hurricane survivors have passed the first 3 months post-Katrina. "This is the time when you would expect to see quite a bit of recovery," says one of Weisler's collaborators, Edna Foa, PhD, professor of psychology and psychiatry and director of the Center for the Treatment and Study of Anxiety at the University of Pennsylvania, Philadelphia. "But being displaced is an extra issue. For so many people, their life still is not in order, so



Andrea Booher/FEMA

As many as 500 000 people living in areas devastated by Hurricane Katrina may require mental health services.



### After the Storm

Physicians and other health professionals who see patients who have survived Hurricane Katrina and other natural disasters should keep in mind that

- Survivors will show a spectrum of emotional responses such as fear, grief, anger, overwhelming distress, and possibly new onset of psychiatric disorders, as well as a reemergence of preexisting disorders.
- High rates of posttraumatic stress disorder (PTSD) may occur following natural disasters. After massive flooding and mudslides in Mexico in 1999, PTSD rates as high as 46% were reported in an area with mass casualties and displacement (Norris FH et al. *J Trauma Stress*. 2004;17:283-292).
- Suicide risks may occur in hurricane survivors with psychiatric disorders such as major depression, PTSD, bipolar disorder, and substance abuse disorders.

Source: *Disaster Mental Health*. Available at: <http://psychiatry.mc.duke.edu/Clinical/DisasterMentalHealth.html>

we may see more depression and more PTSD than we would see otherwise.”

Weisler has treated a number of patients in North Carolina who survived Hurricane Fran in 1996 and Hurricane Floyd in 1999. “It’s important to distinguish individuals with normal reactions from those who are significantly impaired by what they go through,” he explains. “With the passage of time, we saw many people who coped fairly well, but then developed PTSD or depression once the acute crisis was over. Sometimes those who were worse initially had few aftereffects later.”

For Linda Paramore, a patient of Weisler’s who survived Hurricane Floyd, fear from fast-rising floodwaters and the continual sound of helicopters landing and taking off from a site near her Tarboro, NC, home exacerbated depression for which she already was being treated. “I had suicidal thoughts,” she says. “It was a year before I could hear a helicopter without feeling scared.”

Paramore feels certain that treatment saved her life. “Dr Weisler said, ‘I want to make a contract with you, that if you feel suicidal, you’ll call me first.’ It makes such a difference when you think someone cares.” She hopes physicians and other health professionals who treat Katrina survivors will “think about what these people have been through . . . their lives are on the line.”

### “ALL OF US ARE SUFFERING”

Damage to the health care infrastructure has been so severe that 3 months

after Katrina’s deadly strike, Mark Townsend, MD, an associate professor of psychiatry at Louisiana State University (LSU) School of Medicine in New Orleans, and many of his colleagues were seeing patients on a Carnival cruise ship.

“Two thirds of the city is uninhabitable,” he explains. “Most of our patients are homeless. They’re waiting to get FEMA [Federal Emergency Management Agency] housing, living with relatives, or trying to determine if they should leave the metro area.” He adds: “For many of our patients, there is a little part inside of them that is just screaming for what they lost.”

Loss has become all too common among health professionals in the impacted areas, too. Many have lost jobs, homes, offices, and their base of patients. James Scully, MD, medical direc-

tor and chief executive officer of the American Psychiatric Association, said that since Katrina, about 20 of the 171 psychiatrists practicing in New Orleans have left the city, probably for good.

In early December, the LSU Health Sciences Center laid off 127 physicians; a week later Tulane University School of Medicine in New Orleans laid off 180 clinical faculty members. At the time of the layoffs, five hospitals where LSU and Tulane physicians practice remained closed.

Fred Lopez, MD, vice chair of medicine and assistant dean of student affairs at LSU, said many of the university’s faculty, staff, and students seemed as stressed as the patients. “All of us are suffering,” he says. “We’re committed to taking care of the indigent, but we need hospitals. If there are no hospitals, there is no revenue, no contracts.”

Weisler is concerned that physicians, first responders, and other health professionals are as vulnerable to the risk of suicide as the patients and citizens they have pledged to treat and protect. The Associated Press reported in early December that at least one physician in the New Orleans area had committed suicide.

“If health providers can see their own symptoms and problems, we hope they will seek evaluation and treatment,” he says. “Ultimately, if the fact sheet raises awareness of mental illness and treatment options, then we will have done our job.” □

### For Additional Information

The Centers for Disease Control and Prevention maintains a Web page (<http://www.bt.cdc.gov/mentalhealth/#general>) with links to a number of resources dealing with mental health repercussions of disasters. These include

- A 9-page fact sheet, *Helping Families Deal With the Stress of Relocation After a Disaster*, available at: <http://www.atsdr.cdc.gov/publications/100233-RelocationStress.pdf>.
- Resources from the Substance Abuse and Mental Health Services Administration for adults, children, families, emergency and disaster response workers, and teachers, available at: <http://www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/after.asp>.
- A fact sheet on preventing violence related to the increased stress of dealing with the aftermath of a natural disaster, available at: <http://www.bt.cdc.gov/disasters/hurricanes/katrina/pdf/preventingviolence.pdf>.