

**Post-Disaster
Public & Mental Health Obstacles
in Mississippi:
Identifying Strategies for
Interagency Collaboration**

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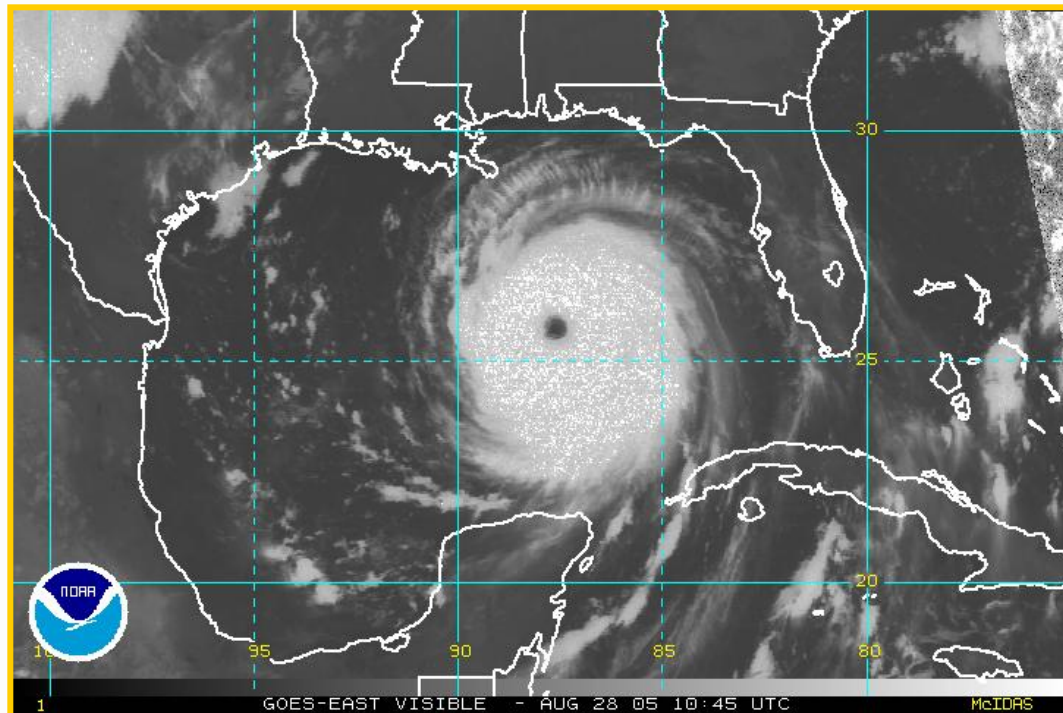
Mississippi State Dept of Health





Objective

- To identify strategies for public and mental health collaboration in post-disaster Mississippi





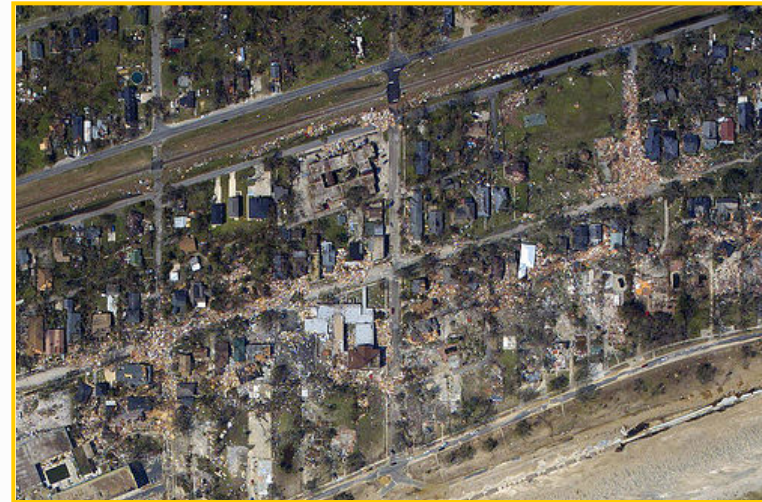
Background

- A disaster, whether natural or man-made
 - Implications for public health agencies
 - Implications for mental health agencies
- During
 - Emergent period immediately following disaster
 - Throughout recovery process of extensive disaster



Background

- At particular risk for lingering mental health problems
 - Staff
 - Volunteers
 - Victims
 - In both short and long term recovery activities





Background

- During emergent post-Katrina period
 - Access to mental health services for staff and others “hit and miss”, at best
 - Mental health teams patrolled areas looking for workers in need of emotional debriefing and mental health support.
 - Due to poor coordination, public and mental health efforts in Mississippi failed to adequately meet needs of staff and volunteers.



Background

- Ongoing recovery and rebuilding activities along the Mississippi Gulf Coast
- Continue to place workers at risk for long term mental health problems
- Clearly demonstrates opportunity for planning and collaboration between public and mental health agencies in Mississippi
- To combat ongoing post-Katrina related mental illness
- Preventive and preparedness measures for future disasters.



Strategies

- Opportunities for collaboration exist in a number of areas
- Collaboration should take place now
- Development of educational materials to be stockpiled in areas where other supplies are waiting to be deployed to disaster zones.



Strategies

- Mental health professionals available for deployment with public health teams should be identified.
- Mental health service coordinators should be housed in disaster command centers and other staff gathering places.



Strategies

- Chain of communication between agencies must be clearly defined
- Multiple methods of communication may be required
- Screening and referral processes should be developed
- The processes should be piloted in currently “emotionally stressed” areas of the Mississippi Gulf Coast to evaluate reliability



Strategies

- Measures and tracking systems should be installed
- To insure that outreach efforts adequately match numbers of deployed staff and volunteers
- Memorandums of understanding should be penned to solidify the relationship



Conclusions

- Restoring public health infrastructure in the Katrina-ravaged Mississippi Gulf Coast must also include
 - Access to preventive mental health services
 - Access to restorative mental health services
- Reduce long term mental health problems among individuals serving Mississippians in disaster recovery
- Establish model program of care to be used in other disaster zones such as Southern California



Conclusion

- Collaborative efforts between public and mental health agencies are mandatory to achieve optimal mental health for disaster workers

