



**Serious Mental Illness
in Hurricane-Affected Parishes in Louisiana:
Assessment and Response**

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This presentation is about...

- Louisiana Public Health Institute's response to public mental health needs in Greater New Orleans following the nation's gravest environmental disaster
 - Assessment
 - Response

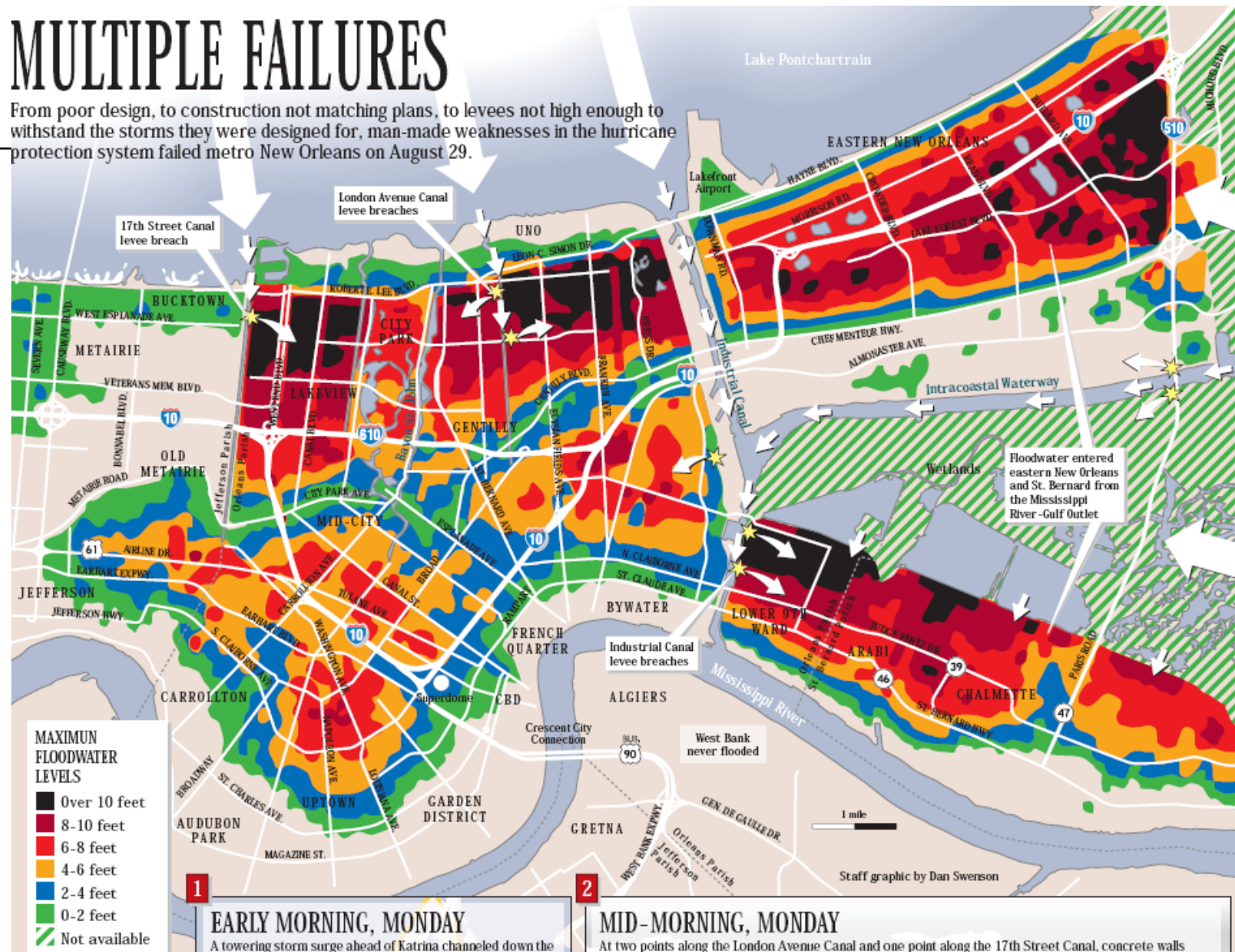
Context

- Katrina made landfall on 8/29/05. Rita made landfall on 9/24/05.
- 12 percent (204,682) of the state's 1,656,053 housing units suffered major or severe damage^[1]
- Mass migration of some 645,000 Louisiana residents^[2]
- 4 distinct traumas:
 - Hurricanes
 - Levee failures and flooding
 - Civil unrest
 - Delayed rescue response



MULTIPLE FAILURES

From poor design, to construction not matching plans, to levees not high enough to withstand the storms they were designed for, man-made weaknesses in the hurricane protection system failed metro New Orleans on August 29.





Assessment Phase

Research questions:

- Did the post-disaster population of South Louisiana experience a higher burden of Serious Mental Illness (SMI) compared to the National Average 10 months after the storms

- What demographic factors are associated with (SMI) among disaster-affected residents in southern Louisiana?

- Among individuals with SMI how did their access to care changed post-hurricane?



K6 Scale of non-specific psychological distress^[4]

- Short six-item screening scale for serious mental illness (SMI) administered to head of household only
- Scores in the range of 13-24 are classified as probable serious mental illness (SMI) , those in the range 8-12 as probable mild-moderate mental illness and those in the range 0-7 as probable non-cases



Methods

Question 1

- Population prevalence of SMI compared to national average, measured by K6 scale

Question 2

- Outcome: SMI
- Potential Factors: sex, age, race, educational attainment and single person household

Question 3

- Outcome: SMI
- Potential Factors: Places of care pre- and post-storm (ER, HMO/MDs office, no place of care)

Data Source: Used K6 scale data from Jefferson, Orleans, Plaquemines, St. Bernard, Cameron and Calcasieu parishes collected through the 2006 Louisiana Health Population Survey: www.popest.org

Results

Table 1. Estimated prevalence of mental condition by Geographic Area.

Mental condition	Orleans <i>n=461</i>	Jefferson <i>n=255</i>	Plaquemines <i>n=237</i>	St. Bernard <i>n=136</i>	Region 1* <i>n=1089</i>	Cameron <i>n=290</i>	Calcasieu <i>n=254</i>	Pre-Storm Gulf Coast ^[5]	United States ^[6]
SMI (13+)	18.76	6.34	9.51	19.11	10.39	16.71	7.22	6.1	6.2
Mild to moderate (8-12)	10.76	18.57	14.61	27.21	16.84	18.73	18.84	9.7	Not available
None (0-7)	70.47	75.10	75.88	53.68	72.78	64.59	73.94	Not available	Not available

*Parishes that comprise Louisiana Department of Health and Hospital Region 1 include Orleans, Jefferson, Plaquemines and Saint Bernard



Results continued...

- **St. Bernard and Orleans parish have the highest prevalence of SMI (Table 1) and all parishes have higher levels of SMI than pre-storm Gulf Coast region estimates.**
- **Jefferson and Orleans parishes have the greatest burden of SMI across the affected geographic area (Table 2) due to larger population size (Jefferson) and prevalence (Orleans).**
- **People from Cameron, Orleans and Saint Bernard parishes were about 3 times more likely to have SMI than those from Jefferson parish.**



Results continued...

- **Age was significantly associated with SMI, with the highest odds of SMI in people in the 35-54 age group.**
- **People that were unemployed were about 3 times more likely to have SMI than those that were employed.**
- **People with SMI were less likely to go to a doctor's office or HMO after the storm as compared to before the storm, but had no significant increase in likelihood of going to the emergency room**
- **People with SMI after the storm were nearly 3 times more likely to have no place of care as compared to before the storm**



Discussion

- Age, parish and employment status significantly associated with SMI. Geographic area and the level of destruction in that geographic area, as well as the ability to cope economically play into one's risk of SMI.
- Increased prevalence of SMI as well as findings that those with SMI are less likely to access health care post storm suggest continued access to care related issues.



Response

- Creation of BHAN- Collaborative Leadership Model
- Building of Network
- Key Initiatives
- Future



Mental Health Challenges

- Rebuilding New Orleans' healthcare infrastructure
 - Inventory pre- and post- Katrina resources
 - Identify federal, state and private assistance for behavioral healthcare

- Investigating: who is back and when will they reopen?
 - Coalition building in a post-traumatic environment
 - Peer support, population needs, advocacy

- Determining current state of behavioral healthcare in New Orleans
 - Population estimates, utilization data and capacity



Meeting the Challenge



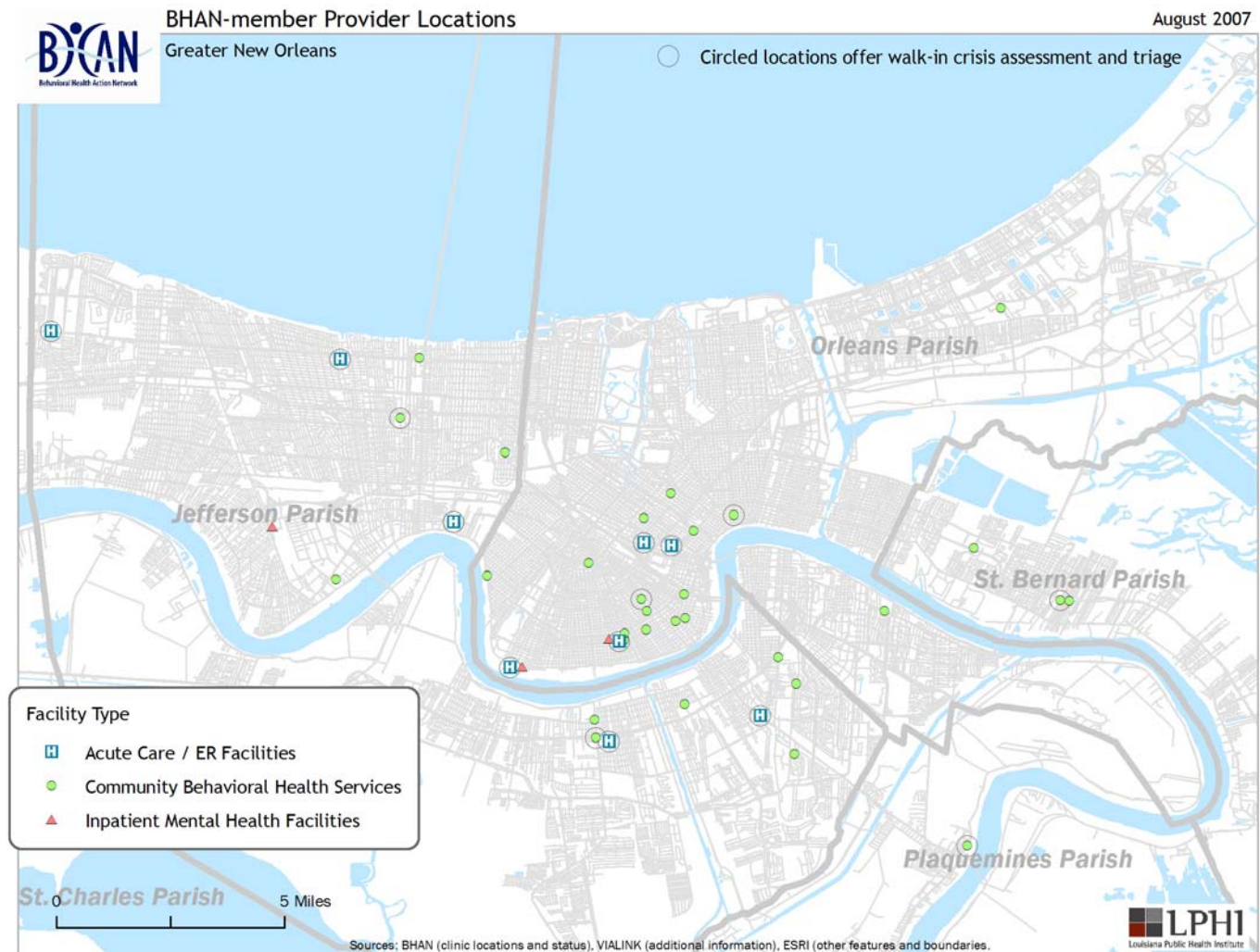
To facilitate the recovery of comprehensive behavioral health services in the Greater New Orleans region through public and private partnerships.

We envision a comprehensive, regional system of accessible mental health and addiction services that is responsive to the region's cultural diversity.

Behavioral Health Action Network (BHAN)

Collaborative leadership model

- Create a forum for committed members to present their problems and resources.
- Map assets to identify lapses in services and in coordination of resources.
- Facilitate member-driven work groups.





Consensus Building Dialogue

- Why have identified needs gone unmet?
- What circumstances are necessary to implement immediate actions?
- Who needs to be included to bring resources together and achieve results?
- When, where, how do we initiate immediate action?



Behavioral Health Action Network (BHAN)

Priorities for restoration and resilience

- Establish an integrated crisis response network
 - one that delivers services that are recovery-focused and community-based, including:
 - A Crisis Intervention/Stabilization Unit
 - Assertive Community Treatment (ACT) Teams
 - Social support / wrap-around services: supportive housing, employment support, access to outpatient medical services



Behavioral Health Action Network (BHAN)

Priorities - continued

- Develop Workforce Recruitment initiatives
 - Financial incentives
 - Training grants
- Restore flooded facilities that offered crisis respite, inpatient psychiatric, medical and social detoxification and group home services



Mental Health Needs: Regional Coordination of Inpatient capacity

- Centralized method to allocate public and private acute psychiatric treatment in the region
- Standardized assessment, triage and medical clearance of crisis patients
 - Mobile Psychiatric team

Source: BHAN Crisis Response and Inpatient Capacity Workgroup
Louisiana Public Health Institute, www.lphi.org



Mental Health Needs: Workforce Development

- Focus recruitment efforts on notable shortages
- Document unmet workforce needs after training and incentive grant allotments
- Standardize Psych Technician on-job-training
- Promote training of providers in evidence-based/best practices

Source: BHAN Workforce Development Workgroup

Louisiana Public Health Institute, www.lphi.org



Mental Health Needs: Access to Care for all ages

- ❑ Mental health screenings
- ❑ School based prevention and intervention
- ❑ Pharmacy for maintenance medications
- ❑ Substance abuse and addiction treatment in outpatient settings
- ❑ Social marketing to promote self care education and availability of services.

Source: BHAN Gap Analysis of Needs

Louisiana Public Health Institute, www.lphi.org



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