Lessons Learned From Hurricanes Katrina and Rita: Focus on Mental Health Issues-An Administrator/Clinician's View

Goals of Presentation:

- To convey statistics on mental disorders in general
- To convey statistics on mental disorders after Katrina & Rita
- To convey some lessons learned
   that might transfer to
   other disasters/situations
- Things that need to
   be done

Children and Adolescents Have Mental Disorders!

- Those that receive treatment for these disorders do better emotionally and developmentally.

- One study commonly quoted shows:
  - 22% of patients seen by pediatricians have one or more diagnosable mental disorders.
  - Of these, only 5.7% are identified
  - Of these, only 3.8% are referred
    - (Costello, et.al., Pediatrics, 1988, 82:435)

- Studies vary, but are all in the same ballpark.
- They show that children and adolescent have mental disorders
  - That they are <u>under-identified</u>
  - That they are <u>under-referred</u>
  - That referrals are <u>under-followed through</u> by their parents/significant caregivers
  - That there is a high dropout rate for those few that actually are taken for treatment

An Easy tool:
The System of Halves:

- 20% have disorders that could use help.
- 10% could really use help.
- 5% could really, really use help.
- 2.5% could REALLY, REALLY, REALLY use help. These are the traditional focus of the public mental health system.

An Easy tool:
The System of Halves (cont.):

- Gross over-generalization: Research after a major disaster shows that these percentages are doubled!

- Research Post-Katrina shows that the numbers have remained high despite the passage of time. Why? This is a chronic situation with unremitting challenges (Katrina fatigue).

- Question: What would we do if they all come for help? There was always constant fear of being "overwhelmed. This is now worse."

- The clients don't read the research and they don't all come in.

- Question: Have the SED children/adolescents and their families come back?

Leadership is Important

Steven Covey was right!

Seven Habits of Highly Effective People:

1. Be Proactive
2. Begin with the End in Mind
3. Put First Things First (Prioritize)
4. Think Win-Win
5. Seek First to Understand, Then to Be Understood
6. Synergize (creative cooperation)
7. Sharpen the Saw (reading, experience and renewal)

This is easier said then done, especially during and after hurricanes!

Lessons Learned
Need to be systemic!

▸ It's all one big gigantic system!

▸ If you aren't systemic, there will be
  unintended consequences.

▸ It's hard to create an effective system
  of care during and after a hurricane!

▸ It's much easier to try and maintain an
  existing, functional system!

Be Prepared To Be Overwhelmed!

- <u>Quote</u>: "No one can understand the complexity of what's going on. It's impossible!"

- <u>Situational Leadership</u>: Leading during a crisis taps a different set of skills. Can this be taught?

Everything Seems An Individual, Personal, Personnel Problem!

* **Main Challenge:** How to balance need for people to do their jobs vs. their need to take care of selves and families? Three to four times the use of Family Medical Leave Act. Everyone's parents are sick!

* Everyone else is acting goofy and doesn't seem to know it.

* **Question:** How do you know you're not acting goofy and don't know it, also?

* **Mega-Question -Treating the treators:** How to deal with "traumatized" professionals and stuff?

The Matrix Revisited: How Your Organization is Organized is Important!

- **<u>Tight hierarchies</u>** with clear chains of command seem to do better during disasters
- **<u>Not Matrix Management</u>** where leadership is involved in numerous semi-autonomous projects.
  - **<u>Theory:</u>** Part of the problem in leadership before, during, and after the hurricane was that the major focus of staff was directed to writing grants.

- **Question:** How transparent and democratic should the leadership process be? Is there a place for a little dictatorship?

- **Main Lingering Question:** What level of leadership should be expected?

- **Mega-Conclusion:** If the bar is set too high, we will burn out or vilify our leadership.

The Importance Of Disaster Planning And Practice!

➤ **Everyone needs an evacuation plan!**

➤ **Everyone needs to test their evacuation plans!**

　➤ **Desktop drills.**

The Importance Of Mission Statements!

- Mission statements guide what you do and especially what you don't do or won't do.

The Importance Of Communications: Life Pre-Electronics!

➤ Life sucks when you have no landline or cell phones (Anyone have a satellite phone?), no computers, no email.

Rumors are Rampant During Disasters!
Rumors are Communications!

There is a need for rumor management control.

So Many New Friends!

- So many agencies, consultants, opportunists, and volunteers

- **The "Two Weekers"** – How do you check credentials, orientate, and integrate people coming every two weeks? What do you do when they are snotty, act like you don't know what you're doing (even if you don't!!), and are not sensitive to our traditions, culture, current systems of care, and realities?

- **Oft heard quote**: "They come and go. We remain!"

The Importance Of Information: The Land of the Anecdote

- Quote: "Information is a difference that makes a difference." Greg Bateson

- Information is important.

- Quote: Is that an anecdote or is that a trend or is that real information? Martin Drell

- Quote: The plural of anecdote is not data!

- **Ulterior motives:** It's easier to get moneyi f you catastrophize!

The Importance of Data Bases

- Too many data bases: Can they be combined?

- <u>Question</u>: Who gets

  the data and who gets

  to analyze it and make

  plans based on it?

The Need For Convening Bodies!

- A clear statement is needed as to who is in charge and has the authority to convene people to figure out what is going on and what should be done.

- Problem: There's lots of convening bodies. Can they be combined? Can they be planned ahead of time?

- Meta-Problem: How to get private and public sectors together at the same table? They often have conflicts of interest with each other.

Cognitive Dissonance: The Importance of Models

- Medical model vs. public health model (stresses prevention and issues of populations).

- Strengths based vs. pathology models. Do you accentuate the negatives or the positives?

- Individual vs. family based vs. community models.

- Different models put different professions/people in charge.

An Example of the Importance of Models

- **Question:** Is the answer to turn schools into a mental health clinics? It's not as simple as putting a social worker in every school.
- What actually will these social workers do?
- What is their training?
- How will these social workers be supported? By Who?
- Sustainability: Will these services be sustained after the federal monies and other grants disappear?

Issues of Assessment, Diagnosis, and Treatment: Who, What, When, Where

- Who will do the screenings and assessments?
- Which needs screenings/assessments will be used?" Competing interests a problem.
- Where will they be delivered?
- **Assessment Frenzy**: What is impact of five people in one day asking you how you're doing and the same list of questions?

The Importance of Defining and Differentiating: Who Are You Talking About?

- Need to define and differentiate impact of disaster on normal groups, at risk groups, and disordered groups.

- **Quote**: "Distress is common. Disorder is not. Treatment helps."

Assessment/Diagnosis is the Easy Part… Then What?

More Defining/Differentiating

- When does distress become a disorder?
  - A recent study in the ER's show 38% of patients fulfilled criteria for PTSD. At what point is disorder the norm?
- The importance of definitions such as what is case management? Counseling? Treatment?

More Defining/Differentiating:

- Most of the monies that are received from the Federal Government go to non-treatment (assessment, case management, triage, and short term counseling) based on impact of disaster on normal populations.

- **Who says**: The Stafford Act which legislates the distribution of Federal disaster dollars.

  - Federal dollars are **not** for treatment (psychiatrists, diagnosis, medications, etc.). The States are in charge of that. And what did the State do? It cut treatment services!

More Defining/Differentiating: What Do You Plan To Do?

- The ability to string trendy statements together (culturally sensitive, seamless, continuum of care, community input, strengths based, resiliency) does not guarantee clarity or a viable treatment program.

- Rhetoric over reality.

  - **Quote:** "That's a lovely description. What will you actually do?"

- **The Winning Question:** What won't you do?

Things Move So Slowly!

- There needs to be gigantic grants written first.

- Even after the money comes, it takes a long time to set up the programs to the point of minimal effectiveness.

Problems:

- Multidisciplinary treatment planning and treatment is a rarity.
    - Social workers often determine what the plans should be.
- True effective monitoring is a rarity.

# After the Monies Come, Who Will Actually Deliver the Services?

- Recruitment problems at all levels. Child Psychiatrists, Nurses, Aides, etc.
- Remember that many indigenous mental health care workers were and remain dispersed.
- **Note:**   The healthy and highly resourced have the ability to return or to leave easier.
- Remember that many of the remaining indigenous, mental healthcare workers are traumatized and many do not know or will not admit that they are hurting.
- **Question:** Who will treat them?
- **Problem:** As more programs are created, the recruitment problems have worsened.
   (Example: Two competing LSU Staffed acute inpatient systems six blocks apart!)

Question: Who Wants to Move to This Area? Especially With:

- Bad press (if it bleeds, it leads!).
- Crime rate.
- Stories of increasing insurance rates, if you can get insurance at all.
- Housing shortages.
- Politics
- School problems.
- Etc.

The Politics Never End!

- Competing Constituencies.
- Racial Issues
- Democrats vs. Republicans.
- South vs. North.
- Old South vs. New South.
- New Orleans vs. State of LA vs. the other Southern States.
- Lawyers
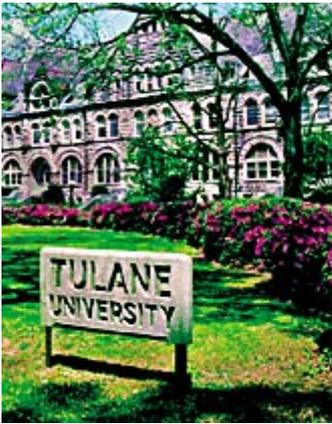
- Tulane vs. LSU.
- The public vs. the private sector (Example: the fight over the proposed LSU/VA Hospital).
- Researchers vs. clinicians.
  - For some it's a disaster, for others a career enhancing opportunity.
  - To the PTSD researcher the whole world is PTSD.
- Evidenced-based medicine vs. clinical-based medicine.

The Sad Truth

The vast majority of what is done in child and adolescent psychiatry is to not based on any level of research evidence.

OTHER SAD TRUTHS
Unfortunately, Mental Health Is Not Very High Up On The Hierarchy Of Needs!

- Questions: If a choice between water and mental health care?
- If a choice between food and mental health care?
- If a choice between shelter and mental health care?
- If a choice between physical health care and mental health care?

- Stigma is alive and well!
- Trailer NIMBY (not in my backyard)

- General needs trump specialized needs:
- Adult mental health needs trump child mental health needs.

The Wish, The Fantasy?: We'll Get It Right This Time!

- **Question**: We've never had a comprehensive mental health system of care in the US, much less in Louisiana, much less in New Orleans. Why would we think we would have one now?

Summary of Things That Can Be Done

1. Support healthy, ongoing comprehensive systems of care.

2. Work towards more effective evacuation/emergency plans.

3. Enhanced research, education, and training into leadership during disaster.

4. Communication issues must be dealt with.

5. Work toward a coordinated system of survey/assessment tools

6. **Work towards coordinated data systems.**

7. **Work on more efficient ways to quickly integrate volunteers.**

8. **Define models of conceptualizing disasters and how they impact interventions.**

9. **Carefully differentiate populations: normal, "at risk," those with pre-existing conditions.**

10. **Designate convening bodies and who is in charge of them beforehand.**

Summary of Things That Can Be Done

11. Carefully define levels and types of interventions.

12. Create ways to identify agencies involved and what they will and won't do, to who, with whom, where, for how long?

13. Figure out effective ways to treat the treaters.

14. Create incentive plans for recruitment of professionals and non-professionals.

15. De-politicize the process as much as possible.

A comprehensive treatment plan for children/adolescents should focus on the following interrelated areas:

1. What to do if there's a crisis.
2. Mental health
3. Physical health
4. Education
5. Recreation
6. Basic needs/finances/employment
7. Family/social/natural support

Responses in **each** of these areas have been seriously compromised by the hurricane.

There is much to do!