

Testimony to the Ad Hoc Subcommittee on Disaster Recovery:

***Katrina's Children: Mental Health Considerations in the
Aftermath of Disaster***

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Thank you for inviting me to testify before the Ad Hoc Subcommittee on Disaster Recovery. This testimony is not about pointing fingers – rather, it is about the real problems of real children and adolescents in New Orleans. If you wish, I can provide data on overall problems related to infrastructure and delivery of mental health services in Metropolitan New Orleans. I can also provide data on services provided through Louisiana Spirit and the work of Louisiana State University Health Sciences Center Department of Psychiatry faculty with FEMA and SAMHSA since Hurricane Katrina. However, today, I want to focus on the dilemma the children and adolescents of the Greater New Orleans area face in having mental health service needs met. The resources and funding provided do not adequately address the mental health treatment service needs of

the tens of thousands of children traumatized by Hurricane Katrina and further traumatized by the continuing stresses due to the slow recovery. The Stafford Disaster Relief Act Crisis Counseling Program, while helpful, prohibits mental health treatment. Children and adolescents, while resilient and pleased to be back home, are in desperate need of proven outreach clinical evaluation and treatment services. Collaborative efforts of LSUHSC trauma trained mental health professionals and returning school districts have demonstrated the importance of integrating mental health services in school and preschool settings to provide support and needed therapeutic help in a destigmatized manner.

The devastation to children and families resulting from the displacement and significant losses of all that was familiar as a result of Hurricane Katrina provides a unique perspective on the effects of this disaster. Our data gathered since the storm demonstrates the widespread nature of this disaster which personally affected the majority of children assessed. Over one year after Hurricane Katrina, during the 2006-2007 school year, well over half of the children assessed in the most heavily devastated Orleans, Plaquemines, and St. Bernard parishes had still not returned to their pre-storm homes.

Over 40% still met the cut-off for mental health referral indicating the chronic effect of this disaster on children and adolescents. We are receiving many and increasing numbers of referrals and requests for mental health evaluation and services from school personnel and parents. The students referred are having severe school difficulties--academic, behavioral, emotional, and risk-taking. The scientific consensus is that we cannot leave these cries for help unanswered. Without adequate mental health services, we can count on these children having increased incidences of posttraumatic stress disorder and depression, and decreased ability to meet their potential. We strongly believe, and available evidence has proven, that these negative outcomes can be prevented if adequate mental health evaluation, diagnosis, and services can be provided.

Some lessons we have learned: 1) It is perfectly clear that we need a better national plan for children and families following disasters that can be funded at the federal level and implemented and channeled at the local level; 2) The Stafford Disaster Relief Act should be revised to allow for needed mental health evaluation and treatment services; 3) Mental health services after a major disaster need to be funded on a long term basis not only to address current

problems, but to prevent serious mental health and behavioral sequelae; 4) If volunteers are to be used effectively, they need to be trained in trauma focused services for children before being deployed; 5) Mental health services have been and should be increasingly provided in child and family friendly settings such as schools and preschools.

In closing, we very much appreciate your efforts to help these children and families. We beseech you that if there are resources and discretionary funds available from FEMA and SAMHSA, these funds should be provided immediately for evidence-based mental health services for these struggling children, adolescents and families who so desperately need them. It is clear that this funding is needed now to prevent irreparable damage to children traumatized by Hurricane Katrina. Your leadership can make all the difference.

I will be pleased to provide data and examples from our work if any one of you so desires. Thank you for your attention to this important matter.