Resilience Challenged: Thoughts on Children’s Mental Health in the Gulf Coast 5 Years After Katrina

Geographic circumstances: Soon after Hurricane Katrina, I tended to the mental health needs of children and families and to the need for developing programs to take care of the most affected populations; I revisited the Gulf Coast area of impact about twice per month for days at a time for ~3 years.

About the author: I am a fellow at the Harvard Program in Refugee Trauma and adjunct faculty at the National Center for Disaster Preparedness at Columbia University, and I privately practice psychology in New York City. A few days after Katrina’s landfall I participated in a needs assessment with the National Center for Disaster Preparedness. While at the George R. Brown center in Houston, Texas, I interacted with many evacuees and helped them connect with relatives and offered them psychological first aid and support. This shelter was housing literally tens of thousands of people, which allowed us to both help many people and obtain information that later helped to shape our programs. My life and that of my colleagues at Columbia’s National Center for Disaster Preparedness and the Children’s Health Fund changed dramatically as it became our mission to develop permanent medical and mental health programs and training that would provide assistance not only immediately but also in the long-term aftermath of this horrible disaster. Although my home remained in New York City, I spent a great deal of time in Louisiana and Mississippi over the next 3½ years. I feel honored to have had the chance to work in the Gulf Coast and will always know that it changed my way of looking at my work and my life.

Rebuilding lives and communities is a challenging proposition after a disaster, especially one of Hurricane Katrina’s magnitude. We know access to quality health and mental health care as well as affordable housing in healthy communities helps families and children heal, become more resilient, and bounce back after trauma. Yet, 5 years later, families are crowded and lack basic resources, access to transportation, appropriate child care, and sources of community support. This type of environment undermines children’s and families’ coping and efforts to regain a sense of hope. Without these key psychological functions, people can deteriorate.

We have learned that the long-term, often hidden, psychological consequences of trauma will not disappear unless fully and properly addressed. Children and families on the Gulf Coast have had to live with the unknown daily struggle to find opportunities and a way to be happy and to retain a sense of meaning in the midst of everyday challenges. This is the reality with which they continue to struggle.

The psychosocial programming of the community support and resiliency programs taking place in Louisiana and Mississippi took into account the immediate and long-term needs of children and families.
and has become a model of excellence for postdisaster mental health work. These programs continue to offer multidisciplinary teams that include psychologists, psychiatrists, social workers, psychiatric nurses, and pediatricians who are dedicated to promoting the health and mental health of their patients and their families and, in doing so, of the communities in which they reside. Nonetheless, it is a regrettable fact that for many, this assistance only served to mediate more extreme consequences that they may have suffered. Basic primary needs including safe, permanent housing, employment, a sense of community, and the ability to trust and feel safe were outside the control of this program. We have seen even a bigger challenge for families that were already facing difficulties, even before the storm, amid poverty and lack of opportunities.

The last time I went to the Gulf Coast was May 2008 to formally deliver footage of the “Katrina stories” of 47 people affected by the hurricane. I had the chance to speak with some of these people, all of whom shared many concerns 4 years after the devastating hurricane and its aftermath. The stories I heard were similar to those I had listened to 4 years earlier but with a difference. Four years earlier, those people with whom I had spoken had a sense of hope, were grateful to be alive, and were looking forward to recovery. In 2009, the words used to describe their present circumstances were those of resignation and having tried hard to “get back on track.” It was totally bleak, because few were making progress. Literature suggests resiliency resides within individual people. However, we have had the chance to witness resiliency as a relational process mediated by one’s family and community as well as by challenges and opportunities. Many Gulf Coast families received assistance in the form of temporary housing, the busing of children from their temporary home in the outskirts of Baton Rouge to their (also temporary) school several miles away, and the creation of playgrounds; some families received health and mental health services that proved beneficial and, in many instances, lifesaving. More immediate, relevant, and permanent solutions are needed for people to exercise their resiliency. Individuals, families, and children cannot be resilient when all aspects of their lives have been destroyed, disrupted, and remain in a state of flux. This is corroborated by study findings of the National Center for Disaster Preparedness that suggested that the long-term consequences of having lived through the aftermath of Hurricane Katrina, being displaced, and not having enough essential resources have had devastating effects on the physical and mental health of children. In fact, the study investigators believe that children’s mental health is hindered by unstable housing and communities, thereby undermining resiliency.

We know that parents and primary caregivers are the “first responders” to children’s recovery. Yet, in the aftermath of Katrina, parents’ own trauma and uncertainty compromised their ability to help their own children. Emotional growth is stunted without steady parenting support, opportunities to heal, and a return to relative stability with a sense of safety and security. The last 5 years have demonstrated that it is not fair to expect individual families to restore their lives on their own. Poor, devastated, and internally displaced families cannot realistically find and secure stable housing in healthy neighborhoods with secure jobs and high-quality schools. If they simply return to their previous circumstances, neither parents nor their children are likely to recover. Coherently responding to that challenge demands leadership and vision.

Five years after Hurricanes Katrina and Rita and additional threats of hurricanes, oil spills, and overall increased community violence in the Gulf Coast, it is urgent to formulate a new strategy for those most affected by the prolonged suffering of the most impoverished families. Working with community and public health leaders is crucial for being able to establish new needs, formulate goals, and relentlessly insist to those in power that they institute policies that can literally save lives and, perhaps, generations. After Katrina, there was an increase in well-meaning services targeted at alleviating the immediate needs of those who had been internally displaced. The services provided were likely to be lifesaving and, in many cases, to have prevented immediate deterioration, but it is also my professional experience that without true wraparound, culture-, age-, and situation-sensitive, high-quality, dependable services in addition to stable housing, access to schools, transportation, employment, safety, and a sense of hope, children and families will have a difficult time thriving.

REFERENCES


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