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## **Two Years Following Katrina Mental Health Treatment Still Lagging *New AJP Study Reveals Most Believe Time Will Restore Mental Health***

**ARLINGTON, Va.**—More than 35 percent of people living in the New Orleans metropolitan area developed mental disorders after Hurricane Katrina, a new survey reveals. But few received treatment, believing their problems would improve over time on their own. In addition, the survey found that mental health services in metro New Orleans were disrupted (either reduced or terminated) for 30 percent of those already receiving treatment, largely because of practical barriers, such as an inability to pay for treatment, or because of a lack of available treatment.

Philip S. Wang, M.D., Dr.P.H., director of the Division of Services and Intervention Research at the National Institute of Mental Health, and his colleagues from the Hurricane Katrina Community Advisory Group detail their findings in “Disruption of Existing Mental Health Treatments and Failure to Initiate New Treatments After Hurricane Katrina.” The report is published online by *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association (<http://ajp.psychiatryonline.org/pap.dtl>). Available online under *AJP in Advance*, the report will appear in the January 2008 print edition of the journal.

Wang and his colleagues surveyed 1,043 residents living in counties of Alabama and Mississippi and parishes in Louisiana defined by the Federal Emergency Management Agency as directly affected by Hurricane Katrina in 2005. The residents were assessed via a telephone survey in early 2006 using the K-6 screening scale, a six-question short-form measure of psychological distress that screens for anxiety and mood disorders.

The researchers found that the hurricane’s impact on residents of the New Orleans metropolitan area and the respondents in other affected areas differed significantly. For example, 36 percent of those responding to the survey in the New Orleans metropolitan area screened positive for a new disorder following the hurricane. Only 14 percent of those surveyed outside the metropolitan area screened positive for a new disorder. Of those surveyed who had been receiving treatment for a mental disorder before Hurricane Katrina, 30 percent of those in the New Orleans area were faced with a reduction or termination of their treatment after the hurricane, compared with 21 percent of those elsewhere.

Only 19 percent of the people whose disorders developed after Hurricane Katrina received treatment. However, the low treatment rate was the same, regardless of whether or not the respondents lived in the New Orleans area or in other affected regions.

The most common reason respondents gave for not receiving treatment for emotional problems arising after the hurricane was the belief that their distress would improve over time. However, this response was somewhat less common among New Orleans area residents than among respondents elsewhere. Those in the New Orleans metro area were more likely to report problems with financing and availability of treatment. The likelihood of receiving treatment for new disorders was lower for nonwhite New Orleans respondents and those without health insurance.

Among people in the New Orleans area who had been receiving treatment for mental disorders before Hurricane Katrina, the main reasons given for disruption of treatment were cost and lack of availability. For those outside New Orleans, transportation was an additional difficulty. Those who were younger and had lower pre-hurricane family income were more likely to not receive treatment for preexisting disorders.

*AJP* editor-in-chief Robert Freedman, M.D., noted, “Mental health needs increase during disasters, for the persons most directly affected by the devastation, as well as for persons who were receiving treatment before the disaster. Hurricane Katrina is a benchmark for future efforts to improve disaster relief. This paper establishes the benchmark for the improvement of essential mental health services.”

Of the Katrina survivors who received treatment for either new or preexisting emotional disorders, the majority were treated by general medical practitioners rather than psychiatrists. Medication was the most common type of treatment for those treated by general practitioners as well as those treated by psychiatrists.

“These results highlight the enormous problem of unmet need for mental health treatment in the Gulf area, a problem that not only continues to exist, but is growing more than two years after Hurricane Katrina. We need creative solutions to tackle this problem and we need them quickly,” said Ronald Kessler, Ph.D., leader of the Hurricane Katrina Community Advisory Group survey team and professor of Health Care Policy at Harvard Medical School.

The Hurricane Katrina Community Advisory Group is supported by the National Institute of Mental Health, with supplemental support from the Federal Emergency Management Agency and the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. Additional financial disclosures appear at the end of the article itself.

**Note to Editors:**

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