MORE RESOURCES

>>About SAMHSA’s Hotline – SAMHSA has established a toll-free hotline for people in crisis in the aftermath of this disaster. By calling 1-800-273-TALK (1-800-273-8255), callers will be connected to a network of local crisis counseling centers across the country. Callers to the hotline will receive counseling from trained staff who will listen to and assist callers in getting the mental health help they need. The hotline is available 24 hours a day, 7 days a week.


The following is one of the resources from the site:
“Children Needing Extra Help: Guidelines for Mental Health Providers”

“What We Know
C Not all interventions are created equal: cognitive-behavioral therapy (CBT) has the strongest empirical support for helping children
C If children are suicidal, experiencing ongoing stress in their environment, or are actively grieving the loss of a loved one, they may need a combination of interventions in addition to CBT
C Some interventions can be harmful: psychological debriefing may have negative effects and should not be used with children

Treatment Should Include
1. Awareness of the child’s developmental level
   C Use language that the child can understand
   C Use play techniques (e.g., drawing, dollhouse) to engage child in therapy
2. Awareness of cultural or religious differences
   C Child’s culture may influence the child’s symptoms or description of symptoms
   C Interventions may include members of child”’s extended family or church
3. Assessment of preexisting mental health problems and prior traumas
   C Preexisting disorders may make a child more vulnerable to severe trauma reactions
   C Interventions need to address need arising from comorbid disorders
4. Normalization of the children”’s psychological reactions to the hurricane
   C Provide education on children”’s typical reactions to abnormal events
   C Reassure children and parents that they are not “crazy”
5. Gradual exposure to reminders of the hurricane while reprocessing the event in a constructive way
   C Having children write or the story about the hurricane may help them organize thoughts
   C Help children face (rather than avoid) thoughts about the hurricane in a safe environment,
   C Provide perspective: help children view the hurricane as time-limited, incident in their lives
6. Teaching coping and anger management skills as needed
   C Help children become aware of thoughts, feelings, and physical responses
   C Teach children ways to relax their bodies (e.g., deep breathing, muscle relaxation)
   C Teach children thought-stopping techniques and promote positive thoughts
   C Show children acceptable releases of emotions (e.g., physical exercise)“
VOLUNTEERS NEEDED

Greg Gibson, M.A.H.S., Coordinator of Housing and Homeless Services for the Texas Department of State Health Services, is seeking experienced outreach staff from around the nation to volunteer their services in Houston, Dallas, San Antonio, and other cities for displaced persons who were previously homeless and/or have a mental illness. Many of these folks are beginning to leave the shelters and returning to the streets. Homeless services providers in these cities are becoming overwhelmed. There is a need for 60 additional experienced outreach workers was identified in a conference call with all Projects for Assistance in Transition from Homelessness (PATH) providers in Texas. They need folks to consider volunteering for up to two weeks. The cost of travel, food, and lodging will be covered by the State of Texas.

Request for Volunteers Link:
http://www.nrchi.samhsa.gov/pdfs/Volunteer_App.pdf

Volunteer Application Link:

FOCUS ON ASSISTANCE & TRAINING

Free call-in lecture entitled "After Katrina: Coping with trauma" on 9/15 at 10:30am Central – The focus is on helping survivors cope with acute stress and trauma while managing these same feelings themselves. This is the second of lecture-based calls by Dr. Mark Lerner, the president of the American Academy of Experts in Traumatic Stress (www.aaets.org) that will cover what caregivers working with people impacted by Hurricane Katrina can do to help relieve traumatic stress. Only those in the areas affected by Katrina are invited to dial into the call.

On September 17, 2005, the National Child Traumatic Stress Network is sponsoring a 4-hour training on Psychological First Aid for mental health workers and others working in shelters and transitional housing programs with evacuees of Hurricane Katrina. “The training is part of a larger conference on Trauma-Informed Practice in Children’s Mental Health sponsored by the Depelchin Children’s Center in Houston. The training will be conducted from 10 a.m. until 2 p.m. at the United Way of the Texas Gulf Coast Community Resource Center, 50 Waugh Drive (at Feagan). Instructors include Betty Pfefferbaum, M.D., JD, from the University of Oklahoma Health Sciences Center, and Judy Cohen, M.D., and Tony Mannarino, Ph.D. from the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital. Psychological First Aid is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism. It is designed for providers to give practical assistance to meet immediate needs and concerns, reduce distress, and foster adaptive coping. Drs. Mannarino and Cohen will address intervening with children who already have trauma histories from abuse and children who suffered additional abuse while in a shelter setting. Space is limited. Interested individuals should contact Carol Brownstein at Depelchin, (713) 802-7677."

Information requested: “Who in Louisiana is offering large-scale school staff training related to addressing the immediate mental health needs of affected students?”

Crisis Bereavement Intervention Resources For School Personnel
http://www.u46.k12.il.us/lhs/support/socwk/ciffone.html

Teenline is a non-profit program that “provides mental health assessments, support groups, and consultation/postvention services to schools after a death. We also conduct Student Assistance Program training. As master degree professionals, we are always looking to help the children in need.” Launa Snyder, M.S., Teenline Program Coordinator, 503 North 21st Street, Camp Hill, PA 17011, office - 717-972-4277 cell - 717-443-6191 FAX - 717-763-3037 lsnryder@hsh.org

SENSITIVITY TO DIVERSITY CONCERNS
“Culture gaps could inhibit counseling of Katrina victims – Armies of mental health professionals are trying to counsel the thousands of evacuees who have been displaced and disoriented by Hurricane Katrina, but some say cultural, social, and racial barriers could hinder the effort. "These are people who come from different racial backgrounds and different social classes. They are going to have to work really hard to bridge that gap," says Denver psychologist Robert Atwell, president of the Association of Black Psychologists. Most who fled hurricane-ravaged hometowns are black, including almost 70% of New Orleans' population. But most mental health workers are white; blacks make up less than 5% in most mental health fields, says the federal Center for Mental Health Statistics. One concern is counselors might misinterpret unfamiliar responses as indicators of mental illness, says psychologist Raymond Crowel of the National Mental Health Association, a non-profit advocacy group. Someone who says he talks to spirits might be thought to be hallucinating, he says, when he is talking to ancestors, a religious practice common among some blacks."

Still, most counselors are aware of cultural issues, says Charles Curie, head of the federal Substance Abuse and Mental Health Services Administration. "While it is critical to have people of their own culture treating people of the same culture, all professionals are geared toward being aware of those cultures." But Atwell says there's a stigma in the black community about seeking mental health assistance, and mistrust of government makes counseling more challenging. "The deeper you go into the subclass of people who are impoverished and literally shut out, the stronger that distrust becomes," he says. His 700-member group will post "cultural competency" tips online this week.

The National Council of La Raza (NCLR), the largest national Hispanic civil rights and advocacy organization in the U.S., today announced the establishment of the NCLR Katrina Relief Fund for NCLR affiliates to provide short-term emergency financial assistance to Katrina evacuees in their service area. It is estimated that many of the 100,000 Latinos who live in the affected areas have been displaced by the hurricane. "... many in our community have been unable to obtain emergency cash assistance or are reluctant to ask for help due to language barriers and fear." NCLR and the American Jewish Committee have made a combined initial commitment of $35,000 to the Fund. All proceeds from the Fund will be distributed to NCLR affiliates serving those affected by the storm www.nclr.org

Excerpt from the Los Angeles Times: "Mai Hang and Tim Nguyen had to flee their homes...Now they're in Houston, where many of the 30,000 Vietnamese living on the Gulf Coast have fled. ... they ask, how many times in your life can you start from scratch?... 'I can't believe I have to go through this again...I don't know how many times I can do this. It takes a toll. We came here with empty hands and now we have empty hands again...We worked so hard, risked our lives, so that we can be like Americans and send our kids to good schools. Now we're unemployed and uncertain about our future. Everything we save for is gone.'"

Head Start Provides $15M to Help Hurricane Evacuees – “The U.S. Department of Health and Human Services (HHS) today announced $15 million in emergency funding to assist Head Start and Early Head Start grantees in providing services to children and families displaced by Hurricane Katrina. ‘Many Head Start programs have seen large numbers of evacuees moving into their community in the aftermath of Hurricane Katrina,’ HHS Secretary Mike Leavitt said. The $15 million announcement will enable Head Start and Early Head Start grantees to provide services to evacuee children and families over the next 30 days. To receive services, a family must have been forced to leave their home because of Hurricane Katrina. ‘Services will be available to help children even if their parents do not have their child’s birth certificate on hand,’ said Wade F. Horn, Ph.D., HHS’ assistant secretary for children and families.

In addition, HHS is collaborating with Head Start and Early Head Start grantees to ensure health services associated with Head Start are provided to the needy as quickly as possible.
Evacuees with children generally five years and younger seeking Head Start and Early Head Start services are encouraged to call the Head Start toll free number at 1-866-763-6481.”

>>HHS Awards $600,000 in Emergency Mental Health Grants to Four States Devastated by Hurricane Katrina – “Emergency Response Grants from HHS’ Substance Abuse and Mental Health Services Administration (SAMHSA) were given to Louisiana, Alabama, Texas and Mississippi to insure that mental health assessment and crisis counseling are available in areas impacted by Hurricane Katrina.

These immediate support grants are provided to state and local political jurisdictions when local resources are overwhelmed. States were asked to identify their highest priority need in mental health and substance abuse for immediate support. ‘It is just as important to deal with the emotional and psychological wounds of this crisis as it is to care for the physical wounds,’ Secretary Leavitt said.

Louisiana received a $200,000 grant. Louisiana requested the funds to provide counseling to disaster workers and first responders, including fire fighters, police, shelter staff, rescue and recovery workers and others. The state will create a team of behavioral health specialists who will evaluate and assess patients, provide medication management, brief interventions, referrals to longer term treatment, education and group interventions and also staff a 24 hour call in number.

Alabama received a $100,000 grant. The state plans to create pool of funding to support clinical assessments and immediate direct services such as psychiatric services, nursing services, medications, brief interventions, crisis case management and short-term residential support.

Texas received $150,000. The state identified provision of methadone medications and related activities as its highest priority need for support. The state is using SAMHSA funds to support existing methadone providers to allow for services to evacuees in shelters.

Mississippi received $150,000. The state identified behavioral health expenses related to emergency support for populations in mental health treatment facilities in the southern parts of the state. These expenses include overtime staffing, technical support for an emergency operations center, transportation expenses for a relief team, and emergency food and supplies.”

>>Helping Despite No Records – “Many victims of the hurricane no longer have the records or legal documents to help prove their eligibility for benefits from various government programs. The President has granted special ‘evacuee’ status to individuals affected by Katrina, which will simplify the enrollment process for people who need the services of programs like Medicaid, Temporary Assistance for Needy Families (TANF) and Head Start. ‘For those persons with evacuee status, we are stripping away many of the eligibility and enrollment requirements normally needed to apply for Federal benefits,’ Secretary Leavitt said. As part of this streamlining process, states will be given the flexibility to enroll evacuees without requiring documents such as tax returns or proof of residency. Evacuees who have lost all identification and records should be able to give their address or other simple form of attestation to be eligible. The special evacuee status will apply to the full range of federal benefits administered by the states, including HHS programs that provide services through Medicaid, family assistance through TANF, child care support, foster care assistance, mental health services and substance abuse treatment services. State enrollment teams are already set up in many shelters, and many have 1-800 numbers people can call. Evacuees can go to the nearest state or local benefits offices to get information and get enrolled. Evacuees staying in a home or church that has access to the Internet, or who can visit a nearby public library with Internet access, can also enroll by going to www.govbenefits.gov.”

>>Help for the Homeless – “To help individuals and families made homeless by the hurricane, HUD is encouraging local public housing authorities around the country to find vacant housing units in their areas to temporarily house public housing residents from the Gulf Coast area. In addition, HUD stopped selling thousands of the Department’’s single-family properties in 11 states so they could be used to provide temporary homes to persons uprooted from their communities. HUD is working closely with another interagency council member, the Federal Emergency Management Agency (FEMA), to match these homes with persons and families displaced by Hurricane Katrina.

Other member agencies of the Interagency Council on Homelessness are also working closely with FEMA to speed relief to those made homeless from Hurricane Katrina. For
example, the Department of Health and Human Services is committing $15 million to assist Head Start and Early Head Start grantees to provide services to evacuated children and families over the next 30 days. The Department of Labor is offering expanded employment services and other assistance including matching workers impacted by the devastation caused by Hurricane Katrina with employers who want to hire them. In addition, the Department of Veterans Affairs has established a toll free hotline for veterans requiring medical attention who would normally receive that care from VA facilities that have closed due to the hurricane.

Meanwhile, HUD continues to seek creative ways to make the Department’s programs more accessible and flexible to communities experiencing increased homelessness because of the hurricane. For example, HUD suspended the 15 percent cap limiting the amount of Community Development Block Grant (CDBG) funding a community can devote to support public services. While communities can still use CDBG funding for community development activities, local leaders in affected areas may find a greater need to fund service programs to help victims of Hurricane Katrina without a home of their own.

Through November 30, 2005, HUD is allowing local governments to quickly modify their formula programs by substantially cutting the 30-day public notice requirement to just three days. This will apply to all four of HUD’s formula programs—CDBG, HOME Investment Partnerships Program, Emergency Shelter Grants (ESG), and Housing Opportunities for Persons with AIDS (HOPWA).

HUD is relaxing its requirements for determining income eligibility for those assisted by the Department’s HOME Program. Many low-income families whose homes were destroyed or damaged by Hurricane Katrina will not have any documentation of their income to qualify them for assistance under the HOME Program or the American Dream Down payment Initiative (ADDI). For a period of one year, HUD is now allowing participating jurisdictions to self certify a recipient’s income in order to provide assistance under these programs.”

NEWS BRIEFS

>>BIRMINGHAM NEWS "$43 Million Spent on Displaced Pupils – State school officials put a preliminary price tag on Katrina's impact on Alabama classrooms and school pocketbooks: About $43 million and climbing, said state schools Superintendent Joe Morton. He expects that cost to go higher as more students displaced by Katrina continue to enroll in Alabama public schools. As of Monday, state public schools have enrolled 4,000-plus students who left Louisiana and Mississippi. That's an increase of more than 800 students since Thursday. Much of the credit for the big jump goes to Mobile County schools, which reopened Monday for the first time since Katrina slammed into the Gulf Coast and enrolled 660 displaced students.”

>>DALLAS MORNING NEWS "Schools To Get Emergency Aid – Federal officials will provide emergency funds to Texas school districts to cover the costs of portable buildings and computers for thousands of Louisiana evacuee students, but reimbursement for other expenses such as additional teachers will have to wait. Federal Emergency Management Agency officials notified Texas what expenses associated with the relocation of displaced residents from Louisiana into the state will be covered by billions of dollars in emergency relief funds. On the list of eligible expenses for school districts are portable classroom buildings that must be used to handle the influx of as many as 50,000 to 60,000 evacuee students, mental health counselors for those students and new computers. On the other hand, hiring of additional teachers and purchase of textbooks are not eligible at this time.”

>>CNN.COM -- "Spellings: 372,000 Students Displaced by Katrina – At least 372,000 students have been displaced by Hurricane Katrina, and there are no clear answers yet on where the money to educate them will come from, said U.S. Education Secretary Margaret Spellings. In Louisiana, more than 247,000 public and private school students have been displaced and 489 schools have been closed. In Mississippi, more than 125,000 students have been forced elsewhere, a total of 226 schools are closed and almost 30 schools have been destroyed. Spellings said she will ask Congress for unprecedented authority to ease aspects of the federal law governing the education of homeless children. She already had pledged to consider using her authority to waive aspects of No Child Left Behind, such as requirements on yearly testing and teacher quality.”
The Federal Emergency Management Agency has been issuing guidelines to states in recent days describing the types of costs the federal government will reimburse them for. The costs have been enormous, but so far some state officials are saying they are confused about exactly what repayments they can expect from Washington. "A lot of the information has been sketchy." Republican Arkansas Gov. Mike Huckabee, chair of the National Governors' Association, said Tuesday. "Mostly, the answers are, 'Let us work on that and get back to you.'"

Meanwhile, the insurance industry and the Health and Human Services Department announced that Katrina evacuees can apply for such federal programs as Medicaid, Head Start and child care subsidies without certain documents that would have previously been mandatory. And the Treasury Department extended the deadline for hurricane victims to apply to have their Social Security checks deposited directly in their bank accounts.

As of Tuesday, more than 129,000 Katrina victims who were evacuated from their homes were living in 28 states and the District of Columbia, according to FEMA. Agency spokeswoman Natalie Rule could not estimate how much states will ultimately receive for paying costs up front, and said the agency was trying to accommodate a range of differing requests from states.

FEMA has told Texas it will cover costs to staff, secure and clean shelters and equip them with cots, blankets and food. The federal government will also pay for fuel for refugees to move from emergency shelters to interim housing; to transport their pets; and to provide temporary classroom buildings for students, according to a Sept. 10 memo obtained by The Associated Press. It will not, however, reimburse host families who take refugees into their own homes, or pay to hire additional teachers and buy new school textbooks. An estimated 205,000 evacuees are staying in Texas, and about half have been in one of the 197 Texas shelters set up by local governments.

In Pennsylvania, FEMA will pay for evacuees to live in hotels and temporary housing for up to a year, but not for "long-term housing," according to a Sept. 9 memo that was also sent to other states. But 12 months might not be long enough for people who have no home to return to, said Adrian R. King Jr., deputy chief of staff to Democratic Pennsylvania Gov. Ed Rendell.

From the Washington Post

UNCHARTED TERRITORY – MENTAL HEALTH EXPERTS STRUGGLE TO FORECAST KATRINA'S PSYCHOLOGICAL IMPACTS -- AND BEST TREATMENTS (by S. Boordman)

"A few days after the terrorist attacks of 2001, mental health experts descended on New York, poised to help residents cope with a wave of psychiatric problems that never materialized. But experts in disaster psychiatry predict that the repercussions from Hurricane Katrina, a catastrophe without parallel in modern American history, are likely to be far greater and to last for years.

1 million people have been displaced by Katrina, and more than 400,000 jobs have been lost. A spokeswoman for the National Center for Missing and Exploited Children in Alexandria, the federally-designated clearinghouse for Katrina-related missing persons, reported that as of yesterday the group had reports of 1,753 children under 18, the youngest a three-week old infant, who don't know where their relatives are.

Researchers say that the majority of survivors of mass disasters eventually rebuild their lives and most do not develop a diagnosable psychiatric disorder such as post-traumatic stress disorder (PTSD). The disorder, which is also seen among rape victims and soldiers in combat, can occur any time after a trauma; its symptoms include crippling panic attacks and terrifyingly vivid flashbacks and can last for years.

Acute stress reactions -- nightmares, pervasive anxiety and intrusive thoughts -- typically occur in the month following a traumatic event. Acute stress is more common than PTSD, which affects between 10 and 30 percent of survivors, and its symptoms usually fade in less than three months. Acute stress reactions rarely require formal treatment beyond the supportive care now known as psychological first aid.

An intervention based on scientific studies of previous disasters, psychological first aid is designed to blunt the initial fear, anger, anxiety, sleeplessness and guilt that follow a catastrophe by ensuring survivors' physical safety and fostering a sense of calm, reassurance and hope. Its
chief tenets include imparting accurate information to victims and offering practical help about coping with the aftermath of a mass disaster.

**Effects to Last 'For Years'** -- Studies have found that the longer and more intense the threat to a person's life, the greater the likelihood of developing PTSD. The disorder is more common among people who are socially isolated, those with a history of psychological or physical trauma and people with preexisting mental health problems, including depression or anxiety.

The glaring racial and economic disparities exposed by the hurricane may complicate recovery efforts, experts predict. So will the influx of impoverished victims into a public health system that was already dangerously frayed and strapped for cash.

Studies of 550 school-age children who lived through Hurricane Andrew, which flattened the poorest part of Dade County, Fla., killing 15 and uprooting 353,000, found that one year later 30 percent demonstrated moderate to severe levels of PTSD. Children who experienced the greatest threats to their physical safety, who lost their homes or possessions, and who were forced to move, were most at risk, researchers found. Children who had been anxious before Andrew also had higher rates of PTSD.

**What Not To Do** – Some studies have found that disaster victims who focus on practical things, even mundane ones, tend to have fewer long-term psychological problems than those who were preoccupied with who was to blame for their predicament. A handout developed by the Center for the Study of Traumatic Stress at the Uniformed Services University, which is being circulated to mental health workers around the country, cautions them not to engage in certain behaviors, such as telling Katrina survivors how they should feel, making blanket reassurances that ‘everything will be okay’ and criticizing services or relief efforts in front of victims because ‘this undermines an environment of hope and calm.’

One popular intervention that should be avoided, Ursano and other experts agree, is the use of stress debriefing, in which people are encouraged -- or required -- to spend hours recounting in graphic detail what they went through. Four years ago dozens of debriefing specialists flocked to New York to offer these sessions in the days after Sept. 11 to firefighters and police officers in the hope of preventing PTSD.

Most experts oppose these sessions as ineffective and potentially damaging. A report published by the Cochrane Collaboration, a group that evaluates scientific studies, found that stress debriefing is ineffective and can increase the risk of PTSD and depression.

Psychiatrist Carol North, a trauma expert at Washington University in St. Louis who recently returned from Baton Rouge, La., said she was concerned by signs prominently posted around the command center and medical treatment areas offering debriefings.

Harold Ginzburg, a New Orleans psychiatrist who fled hours before the hurricane destroyed his house, said that the basic task now is ‘encouraging resilience’ among survivors and helping them find jobs and housing. ‘We need to keep people focused on what they can do, and make the resources available for them,’ said Ginzburg, who is helping direct psychiatric services in southern Louisiana out of Baton Rouge.”

Please keep sending us information to share with others.
What do you need? What is helpful? (What is not?)
Your input is essential and is greatly appreciated by others across the country.