

Capacity Building for Post-Disaster Mental Health Since Katrina: The Role of Community Health Workers

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Abstract The floods and devastation of Hurricanes Katrina and Rita contributed to socioeconomic instability and psychosocial trauma for the affected communities and populations, significantly for people of limited economic means and persons of color. Though more than 1/3 of the adult population from impacted areas experienced significant psychological distress, few people had access to or received appropriate health or mental health services in the months and years that followed. Community health workers (CHWs)—defined as lay community members whose backgrounds are similar to those for whom they provide such services as culturally relevant health education, individual- and community-level advocacy, and links to the health care system— may represent a particularly promising workforce strategy to increase access to quality mental health services and overcome racial and ethnic disparities in care. In this paper, we briefly review a post-disaster mental health training program for CHWs from the greater New Orleans area. We present preliminary evidence that CHWs remain engaged in addressing post-disaster concerns, and that there is community support for further CHW education. We discuss implications for CHW participation in recovery from future disasters and we

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highlight the work of Cynthia Carriere, a CHW from the Lower 9th Ward in New Orleans.

Keywords Community health workers · Disaster · Mental health

Introduction

The floods and devastation of Hurricanes Katrina and Rita contributed to socioeconomic instability and psychosocial trauma for the affected communities and populations, significantly for people of limited economic means and persons of color (Kaiser Family Foundation 2007; Liu and Pryor 2010; Springgate et al. 2007; Springgate et al. 2009). Though more than 1/3 of the adult population from impacted counties and parishes experienced significant psychological distress, few people had access to or received appropriate health or mental health services in the months and years that followed (Kessler et al. 2006; Wang et al. 2007). Population-wide psychological impacts on children were met with only limited and slowly growing mental health services capacity during this initial period as well. (Kataoka et al. 2009; Cohen et al. 2009).

Even as federal, state, and local governments strained and often were unable to deal with the magnitude of the disaster and its impacts on human health, novel partnerships of community leaders, non-profit organizations, faith-based groups, and engaged academic institutions assessed the challenges and intervened to meet emerging needs with successful and sustainable mechanisms of recovery (Springgate et al. 2009; Gilliam et al. 2007).

As one example, REACH NOLA began operations as an umbrella organization of area grassroots and academic health partners in April, 2006 (ultimately becoming a 501c3 non-profit in April, 2008) dedicated to improving health equity, community health, and access to quality health care through partnered programs, services, and research (REACH NOLA 2010a). Using approaches designed to enhance community member participation and health equity, REACH NOLA serves as a platform for resident-engaged community health assessments; two-way knowledge exchange; community non-profit resource and capacity development; information collection and dissemination; and professional and non-professional training to improve access to quality health services in underserved New Orleans area communities (Jones and Wells 2007; Catalani et al. *in press*).

In this paper, we briefly review REACH NOLA's post-disaster mental health training program for community health workers (CHWs). We present preliminary evidence that CHWs remain engaged in addressing post-disaster concerns, and that there is community support for further CHW education. We discuss implications for CHW participation in recovery from future disasters and we highlight the work of Cynthia Carriere, a CHW from the Lower 9th Ward in New Orleans.

Training and capacity building to address post-disaster mental health concerns: the role of community health workers

The psychosocial impacts of the 2005 hurricanes left millions of Gulf Coast residents and hundreds of thousands of New Orleans area residents struggling with symptoms of

stress, depression, anxiety, and post-traumatic stress disorder (PTSD) (Schoenbaum et al. 2009; Sastry and VanLandingham 2009). In the absence of sufficient specialty mental health services for such a sizable population, REACH NOLA and partners began to organize and offer training seminars to an array of community agencies, NGOs, faith communities, primary care providers and others interested in meeting this emerging community health challenge (Springgate and Dunn 2009; Voelker 2010). Trainees included physicians, therapists, and health care administrators interested in integrating mental health care into safety net settings or improving the quality of services offered. REACH NOLA also developed a training program for case managers, clinical care managers, and community health workers (CHWs) (REACH NOLA 2009) to improve engagement, outreach, education, screening, referral, and peer support options for clients dealing with these prevalent, potentially disabling, and commonly stigmatized health issues (Media Newswire 2009).

The role of CHWs in post-disaster mental health services may represent a particularly promising workforce strategy to increase access to quality care and overcome racial and ethnic disparities in care. CHWs are defined as lay community members whose backgrounds are similar to those for whom they provide such services as culturally relevant health education, individual- and community-level advocacy, and links to the health care system (HRSA 2007). CHWs have been demonstrated to work effectively to improve care and reduce disparities for a wide range of health conditions (Corkery et al. 1997; Hansen et al. 2005; Hunter et al. 2004; Elder et al. 2005; Navarro et al. 1998). The integration of CHWs into community-based programs to eliminate mental health disparities (Collins and Cavanaugh 1971; Dixon et al. 1998; Richards et al. 2003) or in post-disaster settings (Roy et al. 2005) has been limited to date.

REACH NOLA worked over a three year period with a multi-agency team of community and academic partners to develop a novel, manualized CHW curriculum focused on expanding access to quality care in post-disaster New Orleans. A concurrent pilot program training 125 CHWs and case managers with this curriculum suggests that engaging these lay health professionals in community-based mental health programs represents an innovative, feasible, and culturally acceptable approach to build community capacity to address post-disaster depression, stress, anxiety, and post-traumatic stress disorder, (Yun et al. 2010), and may also help to overcome the stigma associated with these conditions.

Training participants such as Ms. Cynthia Carriere anecdotally reported struggling early on with client engagement on these stigmatized topics, but they believed their new skills in peer support and problem-solving techniques increased their clients' willingness to discuss mental health and its relationship to daily functioning and quality of life. CHWs reported success providing specialty care referrals and achieving follow-up after initial contacts. Training participant surveys indicated high satisfaction with the training program, and that trainees wanted additional professional development and learning opportunities.

A distinct effort in 2009 and 2010 surveyed New Orleans-based CHWs and their supervisors to gather information on current CHW activities and assess potential workplace interest in training programs for skills-based and behavioral and physical health topics. All health and social service agencies listed in the Greater New Orleans Community Resource Guide (REACH NOLA 2010b) were contacted to determine whether they employed CHWs or related staff. Surveys were sent to CHWs and

supervisors at 63 qualifying health and social service agencies. 103 surveys were returned, including 70 from CHWs and case managers and 33 from supervisors.

Preliminary findings demonstrate that survey respondents perceive high levels of client need for psychosocial services, with 57.1% of CHWs and case managers reporting that they assist clients with mental health concerns (depression, stress, anxiety and/or post-traumatic stress disorder) at least once a week, and 54.3% addressing substance abuse among clients at least weekly. Housing and employment, two post-disaster concerns that may affect client mental health, remain prominent concerns as well, with 42.9% and 32.9% of respondents reporting working on those issues, respectively, most days of the week. Respondents' interest in identifying further training opportunities for CHWs to address psychosocial concerns was also high. 61.4% of CHWs and related professionals endorsed a goal of receiving additional training in mental health, substance abuse, and stress management. Supervisors meanwhile supported identifying additional opportunities for employee training on those topics at rates of 78.8%, 72.7%, and 63.6%, respectively.

Cynthia Carriere: community health worker

Cynthia Carriere's work serves as a concrete example of CHWs' contributions to post-disaster mental health recovery. As a lifetime resident of New Orleans, Ms. Carriere had always been concerned with improving the lives of her fellow community members. Even before Hurricane Katrina devastated her Lower 9th Ward community, her involvement in the Holy Cross Neighborhood Association (HCNA) and other community organizations made her a well-known, trusted neighbor and friend to many area residents. Her rapport with her community positioned Ms. Carriere as an ideal candidate to conduct outreach about the highly stigmatized issue of mental health.

In 2008, through its participation in the REACH NOLA Mental Health Infrastructure and Training Project (MHIT), HCNA acquired funding to hire Ms. Carriere as mental health-focused CHW. MHIT trained Ms. Carriere to engage neighbors about post-Katrina stress, anxiety, depression, and trauma; help them find practical solutions to complex problems; and refer them to professional services when necessary.

Ms. Carriere continues to educate fellow community members about mental health concerns through neighborhood meetings, faith community services, and even door-to-door outreach. "They may not talk to me the first time I come by, but if I know they need me, I am going to keep knocking on their door. Eventually, people open up and start talking about what's going on. Then I can help them and let them know that having a mental health problem does not mean they're crazy," she says. Ms. Carriere's persistence and reassurance have touched many neighbors' lives, as she assisted people with acquiring employment, housing, substance abuse treatment, health care, and counseling.

Conducting community health outreach and education has proved both professionally and personally rewarding for Ms. Carriere. She credits her position as a CHW with enabling her to overcome personal post-disaster challenges and building her confidence with public speaking. HCNA and its associated non-profit organization, the Lower 9th Ward Center for Sustainable Engagement and Development, now provide infrastructure support for Ms. Carriere's work. She

hopes to participate in future CHW training opportunities focused on psychosocial well-being and other health topics so that she can further develop her skills and continue to support her friends and neighbors in the Lower 9th Ward.

Implications for future disasters

Post-disaster mental health sequella pose significant and perhaps underappreciated threats both to public health and to long-term disaster human recovery for many underserved populations, including racial and ethnic minority communities, across the United States. Improving access to quality care for common mental health problems in post-disaster settings may facilitate other critical aspects of disaster recovery, including the rebuilding of homes, businesses, and public infrastructure, as well as the restoration of healthy social functioning at a community level (Springgate 2007). Equitable community-academic health partnerships may be a helpful mechanism to improve access to care as well as sustained and healthier disaster recovery, while integrating science and community strengths at systems and policy levels (Springgate et al. 2009; Jones and Wells 2007; Brook 2010). The ongoing and meaningful participation of New Orleans-area CHWs in developing and implementing partnered strategies to address mental health concerns even five years post-disaster has implications for current and future mental health disaster response (Yun et al. 2010). Post-disaster mental health interventions such as brief models of crisis counseling that are not explicitly or integrally linked to enhancing or incorporating input of grassroots community leadership, or to meeting longer term client and community needs, may warrant critical reexamination. After disasters, models that link opportunities for capacity building (e.g. training CHWs) and networks of evidence-base mental health services may serve to improve recovery for underserved communities while bolstering their resilience to future health threats.

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