COMMUNITY PERSPECTIVES ON POST-KATRINA MENTAL HEALTH RECOVERY IN NEW ORLEANS

Disaster-affected communities may face prolonged challenges to community-wide mental health recovery due to limitations in local resources, infrastructure, and leadership. REACH NOLA, an umbrella non-profit organization comprising academic institutions and community-based agencies, sought to promote community recovery, increase mental health service delivery capacity, and develop local leadership in post-Katrina New Orleans through its Mental Health Infrastructure and Training Project (MHIT). The project offered local health service providers training and follow-up support for implementing evidence-based and new approaches to mental health service delivery. This commentary shares the perspectives of three community leaders who co-directed MHIT. They describe the genesis of MHIT, the experience of each agency in adopting leadership roles in addressing post-disaster needs, challenges and growth opportunities, and then overarching lessons learned concerning leadership in a prolonged crisis. These lessons may be relevant to community agencies addressing hurricane recovery in other areas of the Gulf States as well as to inform long-term disaster recovery efforts elsewhere. (Ethn Dis. 2011;21[suppl 1]:S1-52-S1-57)

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Community leadership and capacity are essential for recovery from large-scale disasters such as Hurricanes Katrina and Rita. Six years after the 2005 storms, the New Orleans community still faces considerable challenges. Common disaster-related psychosocial problems such as depression and anxiety continue to affect individuals unable to access appropriate treatment. Community-based organizations’ attempts to serve clients’ complex physical, emotional, and social needs may be hindered by lack of human and financial capital. Many communities still struggle to rebuild the physical infrastructure and social fabric of their neighborhoods. Individuals working within nonprofit, faith-based, health and social service agencies often experience these individual, organizational, and community-level stressors simultaneously, creating a substantial barrier to asserting leadership to advance disaster recovery.

Promising local capacity-development efforts include leveraging the resources of community-based organizations and academic institution through community-partnered projects. Opportunities to develop community leadership in the areas of supporting mental wellness, resilience, and recovery since 2005 were afforded through the work of new organizations and expanded partnerships among community-based agencies. REACH NOLA, a 501(c)3 nonprofit organization cofounded by community and academic partners to address unmet, locally-identified health concerns in post-disaster New Orleans, represents one clear example. The organization, recognized as an asset to disaster recovery efforts, has since its inception employed community-participatory methods such as equitable sharing of power to engage local agencies in designing and implementing health-focused programs, services, and research.

One of REACH NOLA’s efforts, the Mental Health Infrastructure and Training Project (MHIT) is described in detail in this issue. This 20-month community-wide effort to address post-disaster mental health, resilience and recovery involved more than 70 agencies and 400 providers and supported delivery of over 110,000 client services. Community-based organizations partnered with academic institutions to offer training and implementation support for evidence-based and new approaches to mental health service delivery. Descriptions of MHIT’s collaborative care, cognitive behavioral therapy, and community health worker training programs are detailed in this issue.

This commentary features perspectives of leaders from three community-based agencies that co-directed MHIT. They describe the genesis of MHIT, the experience of each agency in adopting leadership roles in addressing post-disaster needs, challenges and growth opportunities, and then overarching lessons learned concerning leadership in such a prolonged crisis. These lessons of overcoming obstacles, growth, and recovery may be relevant to community agencies addressing hurricane recovery in other areas of the Gulf States as well as to inform long-term disaster recovery efforts elsewhere.

BACKGROUND

New Orleans’ health care infrastructure was largely destroyed by Hurricanes Katrina and Rita in 2005.