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Testimony for:

"Post-Catastrophe Crisis: Addressing the Dramatic Need and Scant Availability of Mental Health Care in the Gulf Coast"

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I. Introduction: Madam Chairman and members of the committee, thank you for the opportunity to testify on the current status of Louisiana's mental health system and the challenges we face. Today, I will share with you the immediate pre-Katrina status of the mental health system, the impact of hurricanes Katrina and Rita on the mental health system, the current demand for access to mental health care, our current infrastructure capacity, and the ongoing mental health care needs of hurricane survivors. I will close with a brief review of current challenges and a description of the most pressing needs and recommendations for addressing these needs.

II. Background: It is helpful for both the current context of this subcommittee hearing on the mental health crisis present across the Gulf Coast, and the historical importance of this national catastrophe, to briefly reflect on the mental health environment in Louisiana prior to August 2005.

Recognizing the importance of health care reform in Louisiana, Governor Kathleen Blanco and Senator John Breaux co-chaired the first Statewide Health Care Summit in March of 2004. This included a call for review and analysis of the current array of mental health resources and recommendations for transforming the use of these resources into a comprehensive and contemporary mental health system. Under the guidance of the Secretary of the Department of Health and Hospitals, in-depth public hearings were conducted throughout the state in 2004. These hearings were attended by hundreds of actively involved community members, persons with mental disorders, family members, and mental health practitioners.

The highlights from the June 2005 *Report on the State of Mental Health Delivery System in Louisiana* are particularly salient as they reflect three important dimensions necessary for systemic mental health service transformation: (1) understanding of the fiscal realities, (2) understanding of the public perceptions around mental illness and towards those with mental illness, and (3) up to date technical knowledge about best practices and programming to better serve individuals with mental illness. Subsequently, *Louisiana's Plan for Access to Mental Health Care* was released in 2007. This comprehensive mental health plan has five operational goals:

1. Increase the use of evidence based, developmentally appropriate practices, for children, adults, and families to access needed mental health services;
2. Establish an accessible continuum of crisis services and crisis avoidance and to provide a realistic array of treatment services in both the private and public sector;
3. Provide effective services for children, young adults and their families which are designed to meet their emotional, cognitive, developmental and physical needs, provided in environments to ensure success;
4. Provide primary health care and behavioral health care at comprehensive access sites; and
5. Provide all individuals with behavioral health (mental health and/or addictive disorders) conditions with appropriate individualized supportive services to secure and maintain their education, employment and housing goals.

A *Five Year Master Plan* has since been developed and is an operational component of the Louisiana's *Plan for Access to Mental Health Care.* Despite Hurricane's Katrina and Rita, the state and its stakeholders have continued to work towards transforming the state's mental health system. However, this work is challenged by the effects of the hurricanes, particularly through the rise of a new population – the hurricane survivor population, and the increased need for services by people with pre-existing mental illness.

III. The Ongoing Mental Health Crisis in the Gulf Coast

Based on national prevalence data from the Substance Abuse and Mental Health Services Administration (SAMHSA), it is estimated that 1 in 5 individuals in Louisiana experience a diagnosable mental disorder in any given year, which equals 650,000 adults and 245,000 children. While not as visible as many physical limitations, mental health disorders manifest themselves differently amongst different population groups. Examples include teen suicide, youth arrests, higher need for foster care, incarceration, hospitalization, and higher disability rolls.

The two-fold challenge post hurricane is that hurricane survivors are facing a myriad of issues. In the Greater New Orleans area, over half of the survivors are dealing with multiple adversities as a result of Katrina. A Kaiser Family Foundation study revealed that over half of the respondents reported that their financial situation was worse after Katrina and over one third experienced a disruption in their housing or social network as well as their access to health care. (Source: Kaiser Study "Health Challenges for the People of New Orleans: The Kaiser Post-Katrina Baseline Survey" http://profile.kff.org/kaiserpolls/7659.cfm)

Specifically regarding mental health, several reports reveals the following highlights:

- More than one in ten adults (13%) ranked their overall health as fair or poor, which is a good indicator of the need for current and future medical attention;
- Mental health challenges were also evident for adults, with about one in twelve adults (8%) ranking their mental health as fair or poor;
- One in twenty adults reporting symptoms of depression (6%) or Post-Traumatic Stress Disorder (PTSD) (5%);
- The economically disadvantaged and the uninsured had relatively higher rates of physical and mental health problems, and these groups had the added difficulty of accessing the care they needed with fewer available personal resources and the loss of safety net facilities that existed before the storm.[1]
- For the 18 parishes surveyed (2006), the percentage of people experiencing a serious mental health condition (a score of 13 or higher based on the K6) ranged from 3.2% to 17.8%, with 10 parishes over 10%.[2]

[1] Kaiser Family Foundation, "Health Challenges for the People of New Orleans: The Kaiser Post-Katrina Baseline Survey" http://profile.kff.org/kaiserpolls/7659.cfm)
[2] LPHI 2006 Louisiana Health and Population Survey, http://popest.org/popestla2006/)

Emotional Impact on the Gulf Coast / Louisiana

It has been 26 months since hurricane Katrina made landfall. Since then Louisiana Spirit, the state's federally funded crisis counseling program under the Stafford Act, has worked to offer crisis counseling that empowers Louisiana hurricane survivors to build resilience, recover and move towards self sufficiency. As a result, Louisiana Spirit has conducted over **2,605,212** contacts with hurricane survivors within Louisiana (data current through September 30, 2007). Over **393,088** Individual Crisis Counseling Sessions have been conducted within the state to an estimated **239,908** unique individuals. In the Greater New Orleans area, over **120,694** sessions have been conducted to an estimated **103,151** unique individuals. Of these individuals, over **14,217** have been children and adolescents statewide, and **2,909** have been children and adolescents in the Greater New Orleans area.

In these individual sessions, data on various mental health related risk factors is collected. These factors range from emotional to economic issues that all have an overall impact upon the mental health of an individual. Of those individuals seen in the month of September, 2007 (24 months after the storm), the following percentages of persons displayed these risk categories:

Percentages of Individuals Displaying Risk Categories During the Month of September 2007

	Statewide	Greater New Orleans Area
Injured or Physically Harmed During the Storm	5.56%	9.28%
Life Was Threatened During the Store	16.51%	18.10%
Family Missing or Dead	6.34%	10.03%
Friend Missing or Dead	5.80%	8.92%
Witnessed Death and/or Injury	6.78%	6.14%
Prolonged Separation from Family	35.06%	35.52%
Home Was Damaged	83.53%	90.05%
Displaced From Home At Some Point Since the Storm	79.58%	90.70%
Experienced Disaster Related Unemployment	29.39%	35.49%
Suffered Other Disaster Related Financial Loss	53.12%	47.80%
Assisted With the Rescue and/or Recovery Effort	11.29%	7.02%
Evacuated Quickly From the Storm	61.95%	77.60%
Witnessed Community Destruction	55.62%	49.03%
Past Substance Abuse and/or Mental Health Problem	20.41%	8.32%
Have a Pre-existing Disability	11.67%	8.59%
Experienced Past Trauma	19.99%	17.30%

From the above table, the following inferences may be drawn:

- The vast majority of survivors lost their home and found themselves displaced due to the storm.
- Between 16% and 18% felt their life was threatened.
- As a measure beyond the immediate storm, almost 1/3 found themselves losing their job and 50% experienced some type of financial loss.
- About 20% had already been exposed to some type of prior trauma.
- Roughly 10% reported some type of pre-existing disability.

- These risk categories are not exclusive, rather occurring in multiple levels.
- The fact that these individuals did experience such multitude of risk exposures from the storm further inhibits successful recovery.

In Southwest Louisiana, which was directly impacted by Hurricane Rita, recovery is slow and the emotional impact on children, adults, seniors, and first responders continues to be a major recovery issue. Within the last 90 days the Louisiana Spirit crisis counseling program delivered 4,306 individual contacts. This number includes 1,615 first encounters (38%). In addition, there were 14,949 brief encounters delivered during this period and 3,560 group/public education contacts were made. Of this 3,560, 64% (2,287) of these contacts were through public education and 35% (1,254) were through group crisis counseling. Group contacts (including public education) were delivered in a variety of settings including community centers and schools.

Specialized Crisis Counseling (SCCS) teams from Louisiana Spirit have reported a new kind of crisis. They estimate that 1/3 of the individuals receiving services are in immediate crisis. They are seeing a pattern of suicidal ideation, hopelessness and helplessness. Survivors are growing more and more desperate each day due to the lack of progress in rebuilding/ moving back to their homes and as they face the reality of the financial and physical loss and the possibility of homelessness. More often than not, the resource needs are extensive.

In many cases, the individual's mental health condition is exacerbated by their living situation. SCCS continue to provide emotional support during crises. However, many individuals have a need for traditional mental health treatment, but refuse all referrals. There is a stigma attached to mental health treatment that crosses many of the cultures serviced, including the fear of being considered and called "crazy". Some survivors prefer to talk to outreach workers, as they do not see that as a mental health service. Many people have been getting prescriptions for psychotropic medicines from their primary doctor, and tend to believe that counseling and mental health services are unnecessary. For those who are on psychotropic medicine from their physicians, SCCS are providing psycho-education on the benefits of counseling. It is encouraging that each week, the number of people who are talking about counseling and seriously considering help is increasing.

Referrals for the SCCS continue to come in as the anniversaries of the hurricanes approach. The threat of another hurricane terrifies people who are in temporary housing and still not back in their homes, or back to their pre-storm way of life. The losses suffered after Hurricane Rita, coupled with the obstacles faced during recovery have left many people broken, desperate, irrational, defensive and apathetic. They report having problems sleeping, inability to secure employment, financial stress, and lack of transportation. Some are experiencing grief and loss following deaths of family and friends. Depression, anxiety, and anger are the most common reasons for referral. There are also survivors with addictive disorders and suicidal ideation.

SCCS plays a crucial role in identifying specific problems which survivors would not generally mention if not asked directly. Many people say they are "fine." But when interviewed in a formal manner, they admit to being bothered by their change in sleeping patterns, increased awareness and fear; anxiety and depressive symptoms, which they were not experiencing before the storms. The greatest benefit of the program is being able to provide additional attention to address multiple and persistent problems.

Louisiana enters into the 3rd year of post-hurricane recovery with a battered and weary population of survivors who continue to struggle with recovery issues normally resolved within 90-180 days after a hurricane. The mental health system, struggling before the storm with a D- rating from NAMI, has been further compromised with an accelerated reduction in its professional direct service workforce, substantial loss to its physical infrastructure, and the emergence of a new population of disaster survivors who desperately need access to flexible and adequate mental health services.

IV. The Most Pressing Mental Health Recovery Problems and Recommendations

Recently the Louisiana Spirit crisis counselors where asked to report on what they saw as the most pressing needs among the survivor population. Response from staff throughout the state indicate: (1) the needs of children who continue to experience anxiety, depression and fear which is often associated with the lack of a secure peer group, a stable home environment and adjustment to new and temporary schools, and residences. (2.) Housing and transportation challenges continually limit many survivors recovery as they are thwarted from finding jobs due to not being able to get to work, their ability to provide the basic needs for their families, and the hostage-like situation of not being able to secure a permanent housing situation and community in which they are comfortable moving on with their lives; (3) older adults are more at-risk for chronic diseases and have more of a struggle managing the day to day adversity associated with living in a post-hurricane Louisiana; (4) medical care across the age span; (5) depression, which is often characterized by weight loss, isolation and listlessness; (6) persons in mental health crisis, again many survivors are living in rural areas with limited access to mental health care, many parishes do not have mental health clinics or inpatient psychiatric beds; (7.) fear of the unknown, this includes extreme anxiety over personal safety be it from another devastating storm, or personal attacks, such as being robbed or assaulted. Survivors also experience extreme anxiety over their own personal future and that of their children, as the recovery process continues to extend into years, not months, many are concerned they will never have a stable future again.

As one Louisiana Spirit worker commented:

…from what I've seen, there is a sense of futility expressed sometimes in the weekly reports, as they (survivors and counselors) seem to feel there is only so much a crisis counseling program can do when people are facing such huge barriers to meeting basic needs such as housing (frustrations with Road Home, etc.) and transportation. They also talk about people being so tired of getting the "run around" and no results that they have given up completely on the idea of receiving any type of assistance from any governmental entities.

Many of the recovery issues confronting hurricane survivors center on basic and tangible needs. If disaster survivors were in safe, secure and stable housing, had access to jobs, schools, a community of peers, and felt secure in planning their future, many of the mental health needs would naturally dissipate.

However, since this is not the case, from the perspective of the State, the most pressing needs for the mental health system is to continue a range of mental health services inclusive of those provided by the crisis counseling program, coupled with ready access to brief treatment interventions. *The Office of Mental Health is not statutorily directed nor funded to serve this population, what is required are general population services, for persons who are not diagnosed with serious and persistent mental illness, or in the case of children, serious emotional disturbance. By strategically investing in our ability to provide early intervention we can significantly combat the recovery pressures leading to hopelessness and despair within the recovering population.*

Through a joint state and federal partnership we must develop services for the general population which will:

1. Provide quick referral and treatment for anxiety, depression, and developmental issues.
2. Acknowledge and treat issues of profound grief and loss associated with the recovery process for those living in Louisiana and also those survivors returning to Louisiana.
3. Ensure rapid response to psychiatric emergencies throughout the state that are culturally competent and are sensitive to the stigma issues many associate with accessing mental health care.
4. Provide community education and group interventions and support designed to assist survivors in re-establishing a sense of predictability and security in their lives.

Priority Recommendations:

A. Improvements to the current system.

1. Reverse the trend in workforce shrinkage by aggressive recruitment and retention efforts to secure a trained and professional direct service mental health workforce.
2. Prioritize changes in the service delivery system to include programs and services aligned with a public health model of prevention and early intervention. This includes the funding for brief interventions/treatment and ongoing crisis counseling such as the Louisiana Spirit program.
3. Appropriate funding based on a five year recovery cycle instead of brief one-two year appropriations.
4. Reduce restrictions on use of funds so more flexible and non-traditional approaches to care can be quickly implemented.
5. Encourage public and private sector collaboration so that public funds can be utilized in private sector service delivery infrastructure; i.e., reimbursements for hospital and clinic-based care.

B. Increasing access and availability to mental health services in the wake of the next disaster.

1. Prioritize and fund a national strategy to train the general public and non-mental health service providers in primary intervention strategies, such as psychological "first-aid".
2. Build a mobile and flexible volunteer cadre of mental health professionals.
3. Provide funding for mental health mitigation initiatives which will allow for continuity of operations of existing infrastructure to serve priority population groups with ongoing serious mental disorders as well as respond to the general population surge for mental health interventions prior to and following another major disaster incident.
4. Build a statewide public awareness and intervention program targeting vulnerable population groups.
5. Develop funding and program guidance specific to the recovery from catastrophic events.

Funding and Regulatory Obstacles to the delivery of effective mental health care:
Current funding streams for the Office of Mental Health include State General Funds, and various sources of federal funds. Most of this funding supports existing operations which provide direct services to the serious mentally ill (SMI) and seriously emotionally disturbed/emotionally and behaviorally disordered (SED/EBD) populations. As such, individuals who receive services must meet certain population eligibility requirements. The public system is designed to serve a mandated priority population of children and adults with severe and ongoing mental disorders or persons whose current mental health status rises to the level of dangerousness to themselves or others, or who have become gravely disabled by their mental condition to the point of requiring health care in a highly structured and/or secure setting. For the most part, services, designed to address the general population emergency response and recovery issues are not available through traditional funding sources.

Furthermore, agency funding which has been allocated for disaster response and recovery are subject to the same regulatory checks and balances to assure the population served is congruent with the population associated with the intent of the funding. For example, Louisiana state bid requirements significantly impacted the rate of implementation of the SSBG funding, adding months of delay.

The Immediate Services Program (initially a 60 day program), crisis counseling funds awarded under the Stafford Act flow from FEMA to the Governor's Office of Homeland Security and Emergency Management. FEMA relies on programmatic oversight from SAMHSA. Thus before these funds are actually approved for expenditure and result in direct services, the requirements of two federal agencies and two State agencies must be satisfied. The Regular Services Program (initially a 9 month program), crisis counseling program is awarded directly to the Office of Mental Health by SAMHSA. This is a more efficient process but also requires FEMA oversight of all SAMHSA decisions/recommendations.

An example of a regulatory obstacle: the crisis counseling program grants typically represent a small percentage of the provider agency's budget. However in a catastrophic event such as the one associated with hurricane Katrina, the small non-profit agencies that provide the direct services are severely financially compromised by federal program office fiscal guidance which does not allow for any indirect cost allocation.

Often well intentioned restrictions (agency developed guidance) on how funds can be used result in programs being developed to comply with the federal program guidance, which in situations of the magnitude of hurricane Katrina are not always consistent with the immediate needs of the survivor populations.

The development of federal and state fiscal and programmatic guidance specific to rapid implementation of services following a catastrophic incident would be of great service to disaster impacted persons and communities.

Conclusion: I want to thank this committee for its attention to the needs of Louisiana's hurricane survivors, particularly your concern regarding their mental heath and emotional well-being. The funding that has been provided by the federal government for mental health services is greatly appreciated, and I hope I have given you an indication how valuable these services are to individuals and communities. However, I would also like to emphasize that we have ongoing mental health recovery issues that in some way seem to be expanding, not receding. I greatly appreciate this opportunity to testify today, as well as your commitment to the recovery of the Gulf Coast region.

Attachment 1: Anecdotal Stories from Louisiana Survivors

In addition to formal reports, the popular press is replete with anecdotal stories. Below are three recent examples which illustrate the challenges of recovery:

1. A recent Washington Post story illustrates the reality of New Orleans today:

> ***Hurricane Katrina Exacts Another Toll:*** Enduring Depression
> Health Officials Cite Stresses of Rebuilding
> By Peter Whoriskey
> Washington Post Staff Writer
> Sunday, September 23, 2007; A03
>
> NEW ORLEANS -- A gravel-voiced fire department captain, Michael Gowland says he had never been a big crier. "I'm not a Neanderthal," he said last week, "but I wasn't much for tears." Now, sometimes, he cries two or three hours at a stretch. Other times, his temper has exploded, prompting him one day to pick up a crescent wrench and chase an auto mechanic around a garage. Even more perplexing to him, the once devout Roman Catholic now wonders "if there's anything out there." "If anyone had told me before that depression could bring me this low, I'd have said they were a phony," Gowland, 46, married and a father of three, said during a break from fixing his flooded home. "Everything bothers me."
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> More than two years after the storm, it is not Hurricane Katrina itself but the persistent frustrations of the delayed recovery that are exacting a high psychological toll on people who never before had such troubles, psychiatrists and a major study say. A burst of adrenaline and hope propelled many here through the first months but, with so many neighborhoods still semi-deserted, inspiration has ended. Calls to a mental health hotline jumped after the storm and have remained high, organizers said. Psychiatrists report being overbooked, at least partly because demand has spiked. And the most thorough survey of the Gulf Coast's mental health recently showed that while signs of depression and other ills doubled after the hurricane, two years later, those levels have not subsided, they have risen.
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> "It's really stunning in juxtaposition to what these kinds of surveys have shown after other disasters, or after people have been raped or mugged," said Ronald C. Kessler, a professor of health-care policy at Harvard Medical School, who led the study. Typically, "people have a lot of trouble the first night and the first month afterward. Then you see a lot of improvement." But, in New Orleans, the percentage of people reporting signs of severe mental illness, suicidal thoughts and post-traumatic stress disorder increased between March 2006 and the summer of 2007, the survey showed. "A lot of people had this expectation in New Orleans that, 'Dammit, by next Mardis Gras, we're going to be back' . . . and then they weren't," Kessler said. "Then they said, 'By next year, we'll be back,' and they weren't. We're in this stage of where there are a lot of people just kind of giving up."

Times-Picayune columnist Chris Rose wrote about his own depression in a widely discussed newspaper article published in October and then in his recent book, "1 Dead in Attic." The article struck a chord. "I probably amassed 3,000 e-mails from people who felt like me," Rose said. "Now they come up to me in the grocery store and tell me what meds they're on. I say, 'Congratulations."

Depression is often discussed in terms of chemical causes, but interviews with psychiatrists and patients here ascribed its appearance in post-Katrina New Orleans to the stresses of rebuilding. Because of the hurricane, many have lost or changed jobs. Thousands are still living in cramped FEMA trailers and many are living in semi-deserted streets. "If you've lost your job, you've lost your house and you've lost your friends -- well, you ought to be depressed, man, or else you're out of touch with reality," said psychiatrist Elmore Rigamer, the medical director for Catholic Charities in New Orleans, which runs five city mental health clinics. "What we can do for these folks is to make them understand that they're not crazy," Rigamer said. "And then they can explain it to their wives and husbands."

Lyn Byrne, 58, a physical therapist, lost her Gentilly home to the flooding. Before the storm, she said recently: "I was a regular person. I had a house. I had friends, I had book clubs, I had Monday night chick flicks. I had a church." Byrne was fine until she moved back to New Orleans more than a year after the storm to try to salvage her property. Since then, she has lost more than 30 pounds. She often found herself crying on a whim, nervous about everything, and suddenly uninterested in socializing. When the Tylenol PM stopped putting her to sleep, she sought out a psychiatrist and, while she had just expected to get sleeping pills, she wound up talking and crying for two hours. The psychiatrist put her on doses of Zoloft and other antidepressants -- then ratcheted up the dosages. In telling her story, she asks: "How could I not end up anxious and depressed?"

Her troubles began with the FEMA trailer. Three times she flew down from New York, where she was staying with her mother, for an appointment with the federal contractor who was supposed to deliver the trailer to her front yard. The contractor missed each appointment. Finally the trailer arrived. But with only one in four of her neighbors back, her old neighborhood is a forlorn and sometimes threatening place. Her car has been stolen twice from the driveway. Once, while she was sleeping in her trailer, burglars broke in and stole her purse and other personal items. Now before she goes to sleep at night, she hangs water jugs off the window latches and puts the trash can beside the front door in hopes of foiling the next intruder. "Do you think I'm having mental issues yet? Wait -- it gets better," she said. Her biggest problem is trying to finance her house repairs and escape the trailer: Like thousands of others in Louisiana, Byrne did not have enough insurance. She has received $40,000 from her flood and homeowner's insurance policies, but a contractor told her the repairs would cost $133,000.

The state's ***"Road Home"*** program is supposed to provide financial aid for people in her situation. Yet, although she was one of the first to apply, she still has not received a check. Two years after the flooding, Byrne has no idea when she will ever get out of the trailer or stop driving around with laundry in the car in search of an open laundromat, and whether her friends and church, St.

Raphael's Catholic, will return. "People say, 'Oh, we're coming back -- look at the French Quarter or Magazine Street.' But I don't live there. Where I live, there's no church and no laundromat and no people. It's just so tragic, and it keeps getting sadder and sadder."

According to the Harvard survey, many people in New Orleans feel the same way. Between March 2006 -- six months after the storm -- and summer 2007, the number of people reporting signs of serious mental illness rose from 11 percent to 14 percent. Before the storm it had been about 6 percent. Similarly, the number of people who reported thoughts of suicide rose from 3 to 8 percent in New Orleans.

"There's more depression, more financial problems, more marital conflict, more thoughts of suicide," said Daphne Glindmeyer, a New Orleans psychiatrist who is president of the Louisiana Psychiatric Medicine Association. "And a lot of it is in people who never had any trouble before." Interviews with psychiatrists turn up story after story of people with no history of depression plunged into mental anguish deep enough to require treatment. A teenager living in a trailer turns homicidal. A woman whose mother died in the car during an evacuation -- and then could not be taken to funeral home -- suffers post-traumatic stress disorder. A firefighter involved in dozens of rescues seethes with anger at the region's inability to come back.

"These people don't necessarily need a good psychiatrist," Rigamer said. "They need a good contractor or someone to fix the 'Road Home' program and good leadership." Retrieved from: http://www.washingtonpost.com/wp-dyn/content/article/2007/09/22/AR2007092200600

2. Below are two situations faced by survivors which illustrate the challenges many survivors confront on a daily basis. Left unattended these situations worsen and increase the demand for more intensive and complex treatment, which if needed, is largely unavailable to many survivors:

Uphill battles

A family living in Cameron Parish lost everything that they did not evacuate. The mother had brought her young son and teenage daughter in because they were still struggling with adjustments after the hurricanes. As I spoke to the kids, I realized that they need some help but quite possibly the mother needs more help. She is tired! She is a mom that has a home based business and use to dealing with business. She pointed out quite astutely that there are so many little rules with hurricane recovery from insurance to road home that it is unbelievable that things are not resolved and will not be for awhile. One little thing sets off 5 other things to have to take care of. It is a chain reaction which makes people have to have a lot of fight in them. Luckily she does right now. But I could see when she talked about it that it was taking its toll on her mental health. Her daughter pointed out that her mother was more worried and more easily aggravated. I am concerned about all the other people in this area that do not have as much education and fight in them. We

seem to be seeing a lot of folks like this now who are finally seeking out the help they need.

Grandparents rearing grandchildren in the Lake Charles area

This couple has custody of their two grandsons because the mother has had a problem with substance abuse. Hurricane Rita damaged the mother's mobile home and she has been living in old rundown trailers, with men who have a history of substance abuse and domestic violence. The grandparents have been desperately trying to get help for the mother, as well as the boys and themselves. They are all emotionally distraught due to the chaos and stress that they have experienced.

The grandparents were given resource information to help them get support for themselves and the boys. A couple of weeks ago the grandmother finally saw a mental health doctor about her emotional state and was given a prescription to help her cope with the stress of trying to care for two ADHD boys and their addictive personality mother. She has the opportunity to get a referral to a mental health counselor after she stabilizes on the medication, and is feeling better. The boys have been linked to the school counselor and the oldest boy will be evaluated by an adolescent counseling agency in a couple of weeks. Both grandparents have been referred to Al-anon for support with the ongoing issues with the boys' mother, and to learn how to cope without trying to control. They have been very grateful for the support and information resources that the Louisiana Spirit Program has provided to them. At the last meeting the grandmother stated that on a scale of 1-10, with 10 being the worst and one being the best, she felt like she was a four.