

Summary: Post-Sandy Funder Briefing--Series II

Funder Briefing: #7

Date: October 28, 2013

Topic: Mental Health Needs in Aftermath of Sandy

Speakers: **Wendy Yallowitz**, Program Officer - Robert Wood Johnson Foundation;
Carolyn Beauchamp, MSW, ACSW, President & CEO - Mental Health Association in New Jersey;
Carol Chang, Senior Program Director - American Red Cross of Central New Jersey

HIGHLIGHTS

Overview - Wendy Yallowitz - [Robert Wood Johnson Foundation](#)

- Mental health includes mental wellness - which supports our ability to adapt, make good choices, maintaining relationships, etc. - we're talking about a broader definition than just clinical mental illness. Mental wellness means we can bounce back from adversity and stress, and can balance stress and emotions
- Katrina statistics 1/3 of survivors have experienced PTSD and 38% of those still have psychological distress.
- New Orleans residents 17% reported consistent serious mental health problems, as opposed to the 1%-3% reported by residents in surrounding areas.
 - Striking differences in rates of mental health disorders - those who continued to see adversity in fulfilling basic needs because of the government's slow response had a much higher rate in mental health issues.
- During Sandy, many were evacuated, displaced, and some have lost everything.
 - Children affected by their own trauma and parents' trauma
 - The strain could lead to downward spiral of drug use, abuse, and mental illness

Sandy Mental Health Response - Carolyn Beauchamp - [Mental Health Association in New Jersey \(NHANJ\)](#)

- FEMA was active immediately regarding the emotional response and needs that people would have and within a week of the hurricane we were able to start providing services because we have a division in our organization focused on disaster response.
 - Disaster Mental Health Helpline provides public access to mental health services, and was activated as part of the State's response to the storm.
 - With the FEMA resources, within 3-4 weeks of the storm 150 Crisis Counselors were hired and dispersed into the 9 counties most deeply impacted.
 - The Disaster Helpline - people connect people to the service that they needed to get referrals if normal outlets were not longer available
 - Made inroads into most of the communities in Southern NJ.
 - Some problems still exist a year later - anger, depression, upset minus the hope
- Hope and Healing (Federal program)
 - FEMA resources will likely be gone in Feb 2014. There are still people coming out of the woodwork.

- **When FEMA pulls out, none of their teams are functional, including programs for children. The Mental Health Association in NJ (MHANJ) will be able to work in two of the most impacted counties once FEMA Leaves, but not sure who will be able to take on the other 7 counties.**
- If MHANJ could keep the programs going they would for another year at least. When FEMA leaves, MHANJ will continue their work in Ocean and Atlantic counties, and a little bit of Monmouth.
- If there is no funding for MHANJ to continue, local providers will need to ramp up their services.
- Cumberland is not one of the counties currently receiving support.
- Working with Ocean County LTRG to help bring mental health training into the faith-based communities with support from a Red Cross grant
- Populations in need of more intervention:
 - Children - work in the schools have been difficult, as schools have to follow their own directive to educate and provide a support system. 30%-40% of direct victims of disaster will experience some sort of mental/emotional disorder. Children emerge with greatest risk.
 - Afterschool hope and healing programs are starting to come to fruition now. Next week starts a 6-session after-school program, which includes activities for children and take-home tips for parents on how to talk about issues with their children. The goal for this program/intervention has been to help the families open communication, talk about what's going on, how people are feeling, and give the kids a chance to do that too.
 - Elderly - Recovery Post - peer to peer program. Hiring seniors to reach out to seniors, those affected by mental illness to reach out to others with mental illness, etc.
 - Disabled
- MHANJ's statewide advocacy work took the form of grassroots organizing of people to get out and try to find people who were affected by mental illness, trying to get people to shelters, and working closely with the American Red Cross to make sure that shelters had what they needed in terms of mental health support.
 - Mental Health First Aid - 30 people being trained, to then train "gatekeeper" groups in communities who can recognize mental health issues, how to intervene in a non-threatening way, how to provide support, and how to make recommendation for more serious assistance, if needed.
- Bright spot: Mayors, municipal leaders, police, etc. are inviting us to come address groups - there is an acknowledgement about the importance of emotional and mental health.

Carol Chang and Judith Rogers - [American Red Cross of Central New Jersey](#)

- 17,000 trained Red Cross workers (90% volunteers) have been working on Sandy recovery. Workers meeting with individuals on case management. \$60 million in grants were given to NJ and NY for food, financial assistance, financial counselling, home repairs, mold remediation.
- Red Cross Disaster Mental Health (RC DMH) workers:
 - Respond to 70,000 disasters every year - most are local (e.g. house or apartment fires). We regularly train mental health workers; support both clients and disaster workers.
- 5,000 RC DMH workers across the U.S.
 - must have a current license
 - In NJ, 28,000 health and mental health contacts were received from clients looking for assistance.
 - NJ RC DMH are training approximately 60-70 local volunteers in mental health issues.
 - Red Cross also has an MOU with the State of NJ for RC DMH workers to help in disasters.
- Three steps that RC DMH workers use:
 - Identifying what the mental health needs are
 - Promoting resilience and coping skills

- Implementing targeted interventions for people in need
- Response phase:
 - Evacuation can displace individuals and disrupt regular care
 - 5%-10% of people who receive RC services in RC shelters have some sort of health or mental health needs
 - A trained health and mental health Red Cross worker is assigned to each RC shelter

Case management:

- We supervise case managers who make home visits and phone calls. Most cases are just ordinary people with no prior encounters with the mental health system. RC is there to help with referrals and recommendations.
- Asked workers to start observing signs, symptoms and behaviors now that we're coming up on anniversary of Sandy:
 - Depression - mostly as relates to unemployment/under-employment, financial distress & anxiety as relates to lack of work or cost of rebuilding, marital and family distress, anxiety, a small level of PTSD, residents that have relapsed into addiction or beginning new addictions.
 - Some residents are exploring divorce, some students are doing poorly in school, prior mental health history or physical medical issues have seen a worsening of symptoms.
 - In a few isolated cases, extreme responses such as paranoia and hoarding.
- Recent [Social Service Block Grant](#) from U.S. Department of Health and Human Services, Administration for Children and Families for schools to help students deal with mental health issues related to Hurricane Sandy.
 - **Should funders think about partnering with the State and leveraging that opportunity?**
 - Social Service Block Grant money will last two years to be used for Enhancing existing programs (outpatient employment services, emergency services, etc.)

ADDITIONAL INFORMATION

- Some LTRG haven't dispersed money to individuals in need because everyone is waiting for insurance and Federal payments, but they may be able to think about supporting some of the mental health needs if dispersal protocols could change

Beginning on the first Monday after Hurricane Sandy struck New Jersey, The Council of New Jersey Grantmakers began hosting weekly conference calls for grantmakers in-state and nationwide, facilitated by CNJG President Nina Stack, to discuss their response to Sandy and strategies facing NJ as a result of the storm. Each conference call briefing offered expert guest speakers who represented government agencies (FEMA, HUD, HHS, etc.), national philanthropic leaders, expert psychologists with experience in PTSD, planners and community redevelopment leaders, and representatives from NJ's Voluntary Organizations Active in Disaster, among others. The twenty-five audio files and written summaries are available at:

<http://cnjg.org/hurricane-sandy>