

Final Executive Summary

Two Years After Katrina: A Survey of Mental Health and Addiction Providers in New Orleans and Baton Rouge, Louisiana

National Council for Community Behavioral Healthcare

To profile the situation of mental health and addiction providers and the needs of their patients two years after Hurricane Katrina, professionals in the New Orleans and Baton Rouge areas were asked a series of questions about their profession and their patient caseload. The survey, which was conducted online by the National Council for Community Behavioral Healthcare in August 2007, was sent to area providers including psychologists, psychiatrists, social workers, case managers and administrators. An overview of the findings follows:

Four out of five providers (86%) said their caseload had increased after Katrina.

- One third (36%) said their case load had increased dramatically
- Half (50%) of respondents said their caseload had increased
- Only one out of ten (9%) said their caseload had remained the same
- Fewer than 3 out of 100 (2%) said their caseload had decreased

Almost all providers said their caseload had increased by a significant percentage:

- One out of five (21%) said their caseload had increased by more than 50%
- Half of respondents (50%) said their caseload had increased by 25% to 50%
- One third (29%) said it had increased by less than 25%

Most providers have experienced an increase in patients with specific disorders, including PTSD, depression and anxiety:

- Four out of five said they saw an increase in post-traumatic stress disorder (93%), major depression (91%), general anxiety disorder (84%) and substance-related disorders (83%)
- Three out of five providers said they saw an increase in sleep-related disorders (68%) and panic disorder (63%)
- One third of providers reported an increase in schizophrenia and other psychotic disorders (33%), bipolar disorder (36%) and specific phobias (28%), and about half of providers reported they were seeing “about the same” number of these disorders [schizophrenia and other psychotic disorders (39%), bipolar disorder (47%), specific phobias (48%)].

Four out of five providers (78%) said they were unlikely to leave the profession over the next two years:

- One half of respondents (46%) said they would not leave the profession
- One third (32%) said they probably would not leave the profession
- Only one out of six (15%) said they “definitely” or “probably” would leave the profession

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Low pay and “burnout” were cited most frequently by professionals as reasons they might consider leaving the profession (respondents could give more than one reason):

- Low pay (41%) and “burnout” (40%) were cited most frequently, each by two out of five respondents
- Not enough staffing/too many patients was given as a reason by one out of four (28%)
- Lack of hospitals/facilities to treat patients was given as a reason by one out of four (23%)
- Low reimbursement rates (13%) or scheduled retirement (13%) was each given as a reason by one out of eight respondents

Four out of five (80%) respondents said they were not likely to leave the area over the next two years

- Only one out of ten (11%) said they “definitely” or “probably” would leave the area

Inability to rebuild their homes was the main challenge respondents face that might make them leave the area:

- “Can’t afford to rebuild my home” was the most highly ranked response given
- “Facing mental health problems of my own as a result of Katrina” was the next highly ranked response
- “Other colleagues have left” ranked third
- “Lack of livable infrastructure” ranked fourth
- “Higher pay in another profession” and “higher pay in another location, ranked fifth and sixth, respectively”

Most respondents cited higher pay and more staff to share the workload as their top recommendations to improve their profession (rated on a scale of highly unlikely to highly likely; respondents could give more than one response):

- Three out of four (72%) said higher pay was likely/highly likely to improve their profession
- Three out of five (61%) said more staff to share the workload
- One half (49%) said “restructure the entire system”
- One half (51%) cited improved living conditions
- One third (37%) cited additional training to help treat the range of illnesses they were seeing as a result of Katrina

Many respondents reported some increase in the distance they had to travel to see patients.

- *Prior to Katrina:*
 - Three out of five (60%) reported traveling less than 10 miles to see most of their patients
 - Three out of 10 (30%) reported traveling 15 to 30 miles
 - Fewer than one out of ten (7%) reported traveling 30 to 50 miles
- *Following Katrina:*
 - One half (46%) reported traveling less than 10 miles
 - One third (35%) reported traveling 15 to 30 miles
 - One out of six (15%) reported traveling 30 to 50 miles

Asked if they had seen the impact of any financial aid directed at mental health services

- Respondents were equally divided, with half saying “yes” (48%) and half saying “no” (52%)

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Professional and Demographic Information

Professional Status

- Social Worker (39%)
- Administrator (18%)
- Psychologist (14%)
- Case manager/care coordinator (14%)
- Psychiatrist/MD (9%)
- Counselor (6%)

Education:

- Master's degree (50%)
- Doctorate or medical degree (24%)
- Bachelor's degree or some graduate coursework (12%)

Employment Situation

- Public agency (45%)
- Community mental health center (24%)
- Not-for-profit (10%)
- Solo practice (8%)
- For profit organization (3%)

Populations/demographics served by their practice (respondents could choose more than one):

- Adults (76%)
- Low-income (64%)
- Children (54%)
- Mostly minority (26%)
- Mostly Caucasian (7%)

Race:

- White (76%)
- Black/African-American (20%)
- Hispanic/Latino (2%)
- Asian-American/Pacific Islander (2%)

Gender

- Female (72%)
- Male (28%)

Methodology

The National Council online survey consisted of mental health and addiction providers (psychologists, psychiatrists, social workers, counselors, case managers/care coordinators and administrators) operating in the Baton Rouge and New Orleans areas. Individuals surveyed were identified through the following organizations' published member lists: Louisiana Psychiatric Association, Louisiana Psychological Association, Jefferson Parish Human Service Authority, Capital Area Human Services District, Louisiana Association of Ambulatory Healthcare, Louisiana Public Health Institute, Louisiana Department of Health & Hospitals, and the National Council for Community Behavioral Healthcare. The survey asked providers about changes in patient caseload, increase/decrease of specific mental health disorders and satisfaction/challenges in treating patients and working in the profession following Hurricane Katrina. The survey was fielded August 9–20, 2007 and was completed by 161 of 921 providers to whom it was sent, for a response rate of 17.5%. The overall margin of error is +/- 7 percentage points at the 95% confidence level.

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