

Hurricane Harvey's Impact on the Mental Health of Children, Youth and Adults) A Mental Health Brief for Schools)

Impact of Storm on Mental Health, Learning and Schools

Hurricanes and other natural disasters can have long-term and harmful effects on the mental health of children, youth, and adults; including school leaders. Individuals can also be impacted even if they were not directly involved in the storm. Based on the latest research on the effects of disasters on mental health, it is estimated that schools will observe higher rates of mental health challenges resulting from exposure to the traumatic effects associated with the storm, including post-traumatic stress disorder (PTSD). PTSD is a condition that can develop by experiencing or witnessing a terrifying event; including a natural disaster.¹

The effect of trauma on people is variable. Impact may happen immediately or may manifest after some time. Experiencing a traumatic event, such as a natural disaster, can impact mental health, learning and school performance for students. Trauma can lead to behavior changes, lower GPAs, increased suspensions and expulsions, increased number of students dropping out of school, higher rates of absences, interference with concentration and memory, and decreased reading ability.² Although extremely rare, some individuals may be at increased risk of suicide if they suffer from severe PTSD or depression.³ Below are some common reactions of children, youth and adults who are exposed to a national disaster, such as a hurricane.^{4,5,6,7}

Common Emotional and Behavioral Reactions: Children and Youth of All Ages

- Feelings of insecurity, unfairness, anxiety, fear, anger, sadness, despair, or worries about the future;
- A sense of helplessness, fear that another hurricane will strike;
- Believing myths or folklore to explain the cause of the hurricane;
- Disruptive behaviors, irritability, agitation, hyperactivity, avoiding activities or situations;
- Increased discipline infractions among displaced students;
- Regressive behaviors in young children such as; clinging/dependent behaviors or temper tantrums;
- Physical symptoms, such as stomachaches, headaches, loss of appetite, sleep problems and nightmares;
- Increased concerns regarding the safety of pets, family members, friends, or loved ones; and
- School-based problems with diminished concentration, decreased motivation and academic performance.

Common Emotional and Behavioral Reactions: Older Children and Youth (age 11+)

- Socially anxious or withdrawn, irritable, anger outbursts, aggression and conflict with authorities;
- A sense that the world is less safe, feelings of being overwhelmed; and
- Increased likelihood of engaging in high-risk behaviors (use of alcohol, drugs, smoking, self-injurious behavior or sexual activities, etc.).

Common Emotional and Behavioral Reactions: Adults

- Mood changes such as irritability, frustration, anger, crying, sadness, fear, depression and anxiety;
- Physical symptoms, to varying degrees, such as headaches, sleep problems or loss of appetite, difficulty with concentrating and memory, difficulty staying organized with tasks or being timely; and
- Some adults may be more likely to abuse substances, engage in family violence, neglect or abuse children.

¹ American Psychiatric Association, 2017. What is Posttraumatic Stress Disorder? www.psychiatry.org !

² The National Child Traumatic Stress Network, 2008. Child Trauma Toolkit for Educators. www.nctsn.org !

³ National Association of School Psychologists, 2005. Responding to Hurricane Katrina. <http://www.nasponline.org> !

⁴ The National Child Traumatic Stress Network, 2017. Retrieved from: <http://nctsn.org> !

⁵ Lessons Learned from School Crises and Emergencies, Vol 2, Issue 5, 2007. U.S. Department of Education !

⁶ FEMA Hurricane Ike Impact Report, 2012. www.fema.gov/pdf/hazard/hurricane/2008/ike/impact.report.pdf !

⁷ American Psychiatric Association, 2017. Coping After Disaster. www.psychiatry.org !

Post-Storm Mental Health Concerns – How Extensive is the Problem Expected to Be?

Based on research from previous disasters, mental health conditions are expected to be higher for those in the Harvey-affected regions that suffered the most destruction, and for those people with more hurricane-caused stressors (loss of job, housing loss, closed schools, material loss, uncertainty, prolonged support for others, etc.)

Of concern is also school personnel who can be both directly and indirectly impacted from the storm. School administrators, teachers, counselors and staff may have experienced the hurricane directly, or may develop compassion fatigue or secondary traumatic stress themselves as they address the social, emotional and academic needs of students.⁸ Impact on the whole school community is a concern for Texas schools post-Harvey.

We expect to see a rise in mental health needs in the months following the storm. In the absence of coordinated supports and targeted mental health interventions, beginning 60 to 90 days after the storm, the following mental health trends are likely:^{9,10,11,12,13}

- For children and youth, needs will likely peak between 12-18 months, then slowly reduce after 24 months, depending on the mental health condition, while storm associated problems and distress may endure for years.
- Children and youth with existing mental health conditions may experience an increase in the severity of their symptoms, or changes in how their mental health disorder manifests in behavior.
- In areas hardest hit, new mental illnesses may increase by about 20%, but rates of severe mental health conditions could increase at even higher rates.
- The expected mental health impacts may be greater for adults (including parents or caregivers of students and school personnel) often because adults bear the brunt of post-disaster stresses.
- Disaster anniversaries, news of similar disasters, and even heavy rain, can trigger serious emotional reactions.

What Can Schools Do?

Supportive relationships and service coordination are the keys to recovery. Listen, empathize, acknowledge, and normalize most feelings. Provide calm reassurance that students are safe. Emphasize resiliency. Help students to identify coping skills. Encourage pro-social behaviors and nurture good health for all students. Develop or strengthen positive peer supports for youth. Engage parents or caregivers when students are struggling. Offer targeted supports such as; trauma screening, counseling, or skill-building groups. Connect and coordinate with primary care or behavioral health providers when reactions to the storm are severe or persistent. Obtain immediate assistance for feelings or concerns that may involve harm to someone. Coordinate supports between regions, districts, schools and community organizations. School personnel will better be able to help students if they take time to address their own reactions, personal needs, physical and mental health. School leaders and educators can greatly benefit from peer to peer supports and connecting with others who have been impacted by disasters.

Ensure accessible mental health services for recovery of everyone in the school. For more information and resources available to promote mental health and wellness for the whole school community during Hurricane Harvey Recovery, please visit: [https://tea.texas.gov/Harvey Recovery MH/](https://tea.texas.gov/Harvey_Recovery_MH/).

⁸ Harrison, J., Schultz, B., (eds.), 2017. School Mental Health Services for Adolescents, Oxford Press. !

⁹ Marsee, M. A., 2008. Reactive Aggression and Posttraumatic Stress in Adolescents Affected by Hurricane Katrina. *Journal of Clinical Child & Adolescent Psychology*, 37(3), 519–529. <https://doi.org/10.1080/15374410802148152> !

¹⁰ Weems, C. F., & Graham, R. A., 2014. Resilience and Trajectories of Posttraumatic Stress Among Youth Exposed to Disaster. *Journal of Child and Adolescent Psychopharmacology*, 24(1), 2–8. !

¹¹ McLaughlin, K.A., et al., 2009. Serious emotional disturbance among youth exposed to hurricane Katrina two-years post-disaster. ! *Journal of the Academy of Child and Adolescent Psychiatry*, 48(11), 1069-1078. !

¹¹ Kessler, R. C., et al., 2008. Trends and suicidality after Hurricane Katrina. *Molecular Psychiatry*, 13(4), 374–384. !

¹² Galea, S., Brewin, C.R., Gruber, M., Jones, R.T., King, D.W., King, L.A., et al., 2007. Trends in mental illness and suicidality after ! Hurricane Katrina. *Molecular Psychiatry*, 13(4), 374-84. !

¹³ Russoniello, C.V., et al., 2002. Childhood PTSD and effort to cope after Hurricane Floyd. *Behavioral Medicine*, 28(2), 61-71. !