In response to Hurricane Katrina, the Family and Children Research Unit (FCRU) of the Social Science Research Center (SSRC) has compiled and released a *Children and Families’ Mental Health Assessment and Referral Kit* for Mississippi physicians, as well as school and child care center professionals. Coordinated by Drs. Linda H. Southward and Robert Greenberg, as well as Heather Hanna, this is one of several efforts by the SSRC to assess citizens’ needs that have arisen since Hurricane Katrina impacted the Gulf coast.

The kit contains a letter sponsored by the Mississippi Chapter of the American Academy of Pediatrics, the Mississippi Academy of Family Physicians, and the SSRC, which urges all child health and child care professionals to monitor children and families in their care for signs they may require mental health assistance in the aftermath of Hurricane Katrina. Also included are a checklist of warning signs that a child might need mental health services, a guide provided by the National Child Traumatic Stress Network (NCTSN) on how to assess and help families suffering from stress, and a recently developed NCTSN Hurricane Assessment and Referral Tool.

The assessment instruments in this kit will help professionals identify children and families who are experiencing significant distress in the wake of Hurricane Katrina. For children, those signs may include depression; regressive behavior; changes in relationships, sleeping or eating patterns, school performance; fears; aggressive behavior; and a repetitive re-experiencing of the event, among other symptoms. Adults may have nightmares, avoidance behaviors, anxiety, sleep disturbances, difficulty concentrating, fatigue, and irritability, among other symptoms.

The contents of the kit focus not only on assessment, but, most importantly, provide those who care for children and families with referral resources. Tressa Eide, LMSW, is the director of Family and Youth Services with Mississippi Families as Allies for Children’s Mental Health, Inc. and a leader in mental health referrals throughout the state. Her group is directing families to appropriate mental health services in their respective areas. Another important Mississippi leader in children’s mental health is Jennifer Sigrest, LPC, program director of the Trauma Recovery for Youth (TRY) Network of Catholic Charities, a member of the NCTSN. Both groups are assisting children and families in need during this time of crisis.

The FCRU plans to continue working with Mississippi Families as Allies and Catholic Charities in raising awareness of children and families’ issues post-Katrina.
Mississippi Chapter

October 3, 2005

Mississippi Academy of Family Physicians

Dear Colleague,

As you know, Hurricane Katrina has left a wasteland of destroyed homes and community infrastructures. Potentially, children may also be left with psychosocial consequences that could compromise their lives for years to come.

We are writing to you with the following goals:
1) To place before you a set of symptoms or signs considered to represent warning signals for significant emotional distress
2) To urge you to carefully watch children and their families in your care for these and other warning signs
3) To provide you and the children's parents with a referral mechanism that can place the family in contact with appropriate mental health and family support resources

We urge you to utilize this screening and referral mechanism in an attempt to adequately manage the emotional repercussions of the recent crisis. Mississippi Families as Allies for Children’s Mental Health, Inc. is willing to serve as a point of contact for mental health referrals, directing concerned parties to qualified clinicians and support networks. In addition, Mississippi Families as Allies is providing specialized family support services (respite, peer support) and assisting families in navigating through various systems in order to receive the help needed.

Mississippi Families as Allies also works in concert with the Trauma Recovery for Youth (TRY) Network of Catholic Charities, a member of the National Child Traumatic Stress Network (NCTSN). The attached Hurricane Assessment and Referral Tool, recently developed by the NCTSN (www.nctsnet.org), is appropriate for identifying not only needs among children and adolescents, but provides a checklist that can help providers recognize possible signs of stress in caregivers, as well. The TRY Network is also listed as a point of contact on the attached checklist.

Please see the attached checklists for more information. Thank you for your help.
Hurricane Assessment and Referral Tool for Children and Adolescents

PROVIDER’S NAME: ___________________________________________________________________  PROVIDER #: ____________________
SERVICE LOCATION ADDRESS: __________________________________________________________ ZIP: _________________________

Was the parent or caregiver present during the session? □ NO  □ YES Name of Hurricane(s): ___________________

Child’s Name: ______________________________________________    Child’s School: _________________________________

LOCATION TYPE: (CHECK ONE)
☐ (1) TRANSITIONAL HOUSING/SHELTER  ☐ (2) SCHOOL  ☐ (3) HOME  ☐ (4) COMMUNITY CENTER
☐ (5) DISASTER RECOVERY CENTER  ☐ (6) HEALTH PROVIDER  ☐ (7) PLACE OF WORSHIP  ☐ (8) MENTAL HEALTH CENTER
☐ (9) OTHER _________________________

SERVICE TYPE: (CHECK ONE)
☐ Initial Contact  ☐ Crisis Counseling  ☐ Enhanced Services

DATE ASSESSMENT TOOL ADMINISTERED: _______ / _______ / ____________
SESSION NUMBER: _______

RISK CATEGORIES: (CHOOSE ALL THAT APPLY)

☐ (1) Seriously Injured
☐ (2) Family member/friend seriously injured or killed;
   Who? __________________________________________
☐ (3) Witnessed injury/death
☐ (4) Was separated from parent(s) or primary caretaker(s)
   With whom is child living at present? _________________
   (4a) Currently separated from parents or primary
   caretaker(s)
☐ (5) Home destroyed/badly damaged by hurricane/flooding (circle)
   (5a) Condition of home unknown
☐ (6) Saw neighborhood destroyed or badly damaged
   (6a) Saw other areas destroyed or badly damaged
☐ (7) Pet: separated from, lost, hurt or killed (circle one)
☐ (8) Belongings, clothes/toys destroyed by hurricane/flooding
   (8a) Condition of belongings unknown
☐ (9) Evacuated with no time to prepare / time to prepare (circle one)
☐ (10) Trapped/difficulty evacuating
   Isolated
   New Orleans Superdome/Convention Center
   In other crowded shelter
☐ (11) Exposed to violence or looting specify:_____________________
☐ (12) Displaced from home; Length of time:___________
   (12a) Number of shelter/displacement centers: ________
   (12b) Currently in shelter/displacement center; Length of time: ________
☐ (13) Moved to a new place because of hurricane/flooding
   (13a) If moved, extended family in the area
☐ (14) Transferred to new school because of hurricane/flooding
   (14a) Length of time in new school __________ weeks
   (14b) Currently out of school because of hurricane/flooding
☐ (15) Helped in rescue/recovery efforts
☐ (16) Family member served as rescue/recovery worker
☐ (17) Parent unemployed
   (17a) Before the hurricane  ☐ (17b) because of hurricane/flooding
☐ (18) Previous hurricane/flood experience
☐ (19) Previous experience with a counselor or doctor for emotional problems
☐ (20) Taking medication for emotional or behavioral issues before the disaster.
   Is medication currently available?  ☐ NO  ☐ YES
☐ (21) Past major loss or trauma; Briefly describe:_____________________
☐ (22) Substance abuse problem now or in the past (circle one);
   Currently being treated?  ☐ NO  ☐ YES
☐ (23) Other: ______________________________________________

DEMOGRAPHIC INFORMATION: (CHECK ONLY ONE FOR EACH CATEGORY)

AGE (in years): ____________  ETHNICITY:
SEX:  ☐ MALE  ☐ FEMALE
☐ (1) WHITE  ☐ (5) MIDDLE EASTERN
☐ (2) HISPANIC ORIGIN  ☐ (6) AMERICAN INDIAN/ALASKAN NATIVE
☐ (3) BLACK  ☐ (7) UNKNOWN
☐ (4) ASIAN & PACIFIC ISLANDER  ☐ (8) OTHER: _________________________

CITY OF ORIGIN: _________________________

SCHOOL PREVIOUSLY ATTENDED: _________________________

PREFERRED LANGUAGE:  ☐ (1) ENGLISH  ☐ (2) SPANISH  ☐ (3) OTHER: _________________________
**ASSESSMENT QUESTIONS:**

These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.

**SPECIFY PERSON COMPLETING ASSESSMENT:**  
☐ CHILD  
☐ PARENT/GUARDIAN  
☐ CHILD AND PARENT TOGETHER

**INTRODUCTION:**

I want to talk to you about your (your child’s) feelings and thoughts about the hurricane/flooding and how much they are causing problems now. Think about your thoughts, feelings, and behavior **DURING THE LAST MONTH** (please remind child/parent of this for each question).

For each question choose **ONE** of the following responses and enter the NUMBER of the response in the box for that question.

<table>
<thead>
<tr>
<th>Item</th>
<th>ASSESSMENT QUESTIONS</th>
<th>SCORE 0 - 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you get upset, afraid or sad when something makes you think about the hurricane/flood/evacuation?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Do you have bad dreams or nightmares about what happened?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you have upsetting thoughts or pictures that come into your mind about what happened?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Do you try not to think about or talk about what happened?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Do you stay away from places, people or things that make you remember the hurricane/flood/evacuation?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Since the hurricane/flood/evacuation, especially in the past four weeks,</strong> do you feel that nothing is fun for you any more or that you just aren’t interested in anything?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do you have difficulty falling asleep at night or find that you wake up in the night because of what happened?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Do you often feel jumpy or nervous?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you find it harder to concentrate or pay attention to things than you usually do?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Since the hurricane/flood/evacuation, especially in the past four weeks,</strong> do you worry about what is going to happen to you/your family/your friends?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Do you often feel irritable or grouchy?</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Do you often feel sad, down or depressed?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Have your been more or less interested in eating since what happened?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>Since the hurricane/flood/evacuation, especially in the past four weeks,</strong> have you had more aches and pains such as stomachaches or headaches?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Do you have less energy than usual?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>If in school: Do you find it harder to get your schoolwork done?</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Do you worry about something else bad happening to you/ your family/your friends?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Since the hurricane/flood/evacuation, especially in the past four weeks,</strong> are you having a harder time getting along with your family or your friends?</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>If in a new school: Are you having a hard time making new friends?</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Are you finding it harder to do or enjoy activities that you used to enjoy?</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>How bothered are you by these questions?</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Have you used drugs or alcohol since the hurricane/evacuation/flood?</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Questions for Parents (Required for parents of young children; recommended for parents of all children and adolescents)**

1. Has your child been more clingy or worried about separation?
2. Has your child been more quiet and withdrawn?
3. Has your child talked repeatedly about or asked questions about the hurricane/flooding/evacuation?
4. **For parents of young children,** has your child’s play been about the hurricane/flooding/evacuation?
5. **For parents of young children,** have you noticed changes in your child’s development (e.g., bedwetting, baby talk, need more help with self care)
6. Is your child having more behavior problems?
7. Do you have other concerns about your child since the hurricane/flooding?  
   What are they?  __________________________________________

Count the number of entries in the last column of the above table that have a score of 3 or 4. **Items scored 3 or 4, total HERE:** ________

**REFERRAL:** If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for mental health services.

Did you offer a referral for services?  
☐ NO  ☐ YES, based on the total score.  ☐ YES, but not based on total score – SPECIFY RESON: ______________________

Did the child/parent accept the referral?  
☐ NO  ☐ YES  
If the referral was accepted, did the child/parent choose a specific agency/provider to make contact with?  
☐ NO  ☐ YES, please INDICATE AGENCY NAME & PROVIDER:  
   AGENCY NAME: __________________________________________  PROVIDER: __________________________________________

National Child Traumatic Stress Network 9-19-2005
Signs That a Child May Need Mental Health Services

- **Signs of Depression**
  (decreased appetite, sleep disturbances, sadness, irritability, withdrawal)

- **Regressive Behavior** (bed wetting, biting, hitting)

- **Significant Changes in Relationships with Family Members**

- **Marked Changes in Sleeping or Eating Patterns**

- **Fears & Worries**

- **Feelings of Being Overwhelmed or Frustrated**

- **Changes in School Performance**

- **Repetitive re-experiencing of event**

- **Talk of Suicide**

- **Aggressive Behavior** (Hurts others, destroys property)

**WHO TO CONTACT**

**Tressa Eide, LMSW**
Director of Family & Youth Services
Mississippi Families as Allies for Children’s Mental Health, Inc.
Email: info@msfaacmh.org Web address: http://www.msfaacmh.org/

**Jennifer Sigrest, LPC, Program Director**
Trauma Recovery for Youth (TRY) Network of Catholic Charities
(Member of the National Child Traumatic Stress Network)
Crisis Number (Hope Haven): 601-376-0500 Regular Number: 601-326-3731
Email: Jennifer.Sigrest@catholiccharitiesjackson.org
Web address: http://www.trynetwork.org/contact_us.htm

Services information available 24 hours/day, 7 days/week