

The Association Between Disaster-Related Experiences and Mental Health Outcomes Among Drug Using African American Hurricane Katrina Evacuees

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Received: 15 June 2009 / Accepted: 28 December 2009
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Abstract This article provides a detailed examination of the relationship between disaster-related experiences and mental health outcomes among a sample of drug using African American Hurricane Katrina evacuees. Face-to-face structured interviews were administered to Hurricane Katrina evacuees ($n = 350$) residing in voucher assisted apartment complexes in Houston, Texas (2006–2007). We use Ordinary Least Squares and logistic regression models to examine both the relevance of disaster-related experiences and the interactive relationships between disaster-related experiences and post-disaster mental health outcomes including psychological distress, severe depression, somatic symptoms, and posttraumatic stress disorder. Results indicate that disaster-related experiences including negative life changes, disaster exposure, post-disaster stressors, and resource loss, have unique, inverse relationships with mental health. While resource loss has the strongest inverse relationship with mental health, disaster exposure has a negative interactive effect on psychological distress and anxiety. Although highly vulnerable populations report low levels of mental health nearly 2 years following a disaster experience, there is a convergence in mental health outcomes with high

levels of disaster experiences and disaster exposure that suggests mental resiliency.

Keywords Disasters · Post-traumatic stress disorder · Depression · Mental health

Research has consistently documented the adverse effects of disasters on mental health among affected populations (Bourque et al. 2002; David et al. 1996; De la Fuente 1990; Freedy et al. 1994; Norris et al. 1999; Smith et al. 1986). Specifically, disaster victims often experience loss of life, property damage, financial strain, and forced mobility (Galea et al. 2002; Rubonis and Bickman 1990). Many of these experiences have resulted in feelings of fear, helplessness, and shock (American Psychiatric Association 1994). As a result, individuals exposed to these disaster events have been found to be at risk for adverse health consequences including post-traumatic stress disorder (PTSD), depression, panic disorders, higher prevalence, frequencies, and initiation of substance use, and a host of physical illnesses in both short-term and long-term post-disaster periods (Boscarino 1996; Chae et al. 2005; Galea et al. 2002; Kessler et al. 1995; Vlahov et al. 2006; Yehuda 2002).

Despite this knowledge, there remains a paucity of evidence surrounding the relationship between specific disaster-related experiences and multiple indicators of psychological well-being. In fact, the investigations of these associations with post-disaster mental health outcomes experienced in a situation of long-term evacuation and relocation are even less. More importantly, research does not adequately address how disaster experiences may differentially impact distinct populations. The few studies that exist have found that African Americans exhibit high

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