Impact of the Gulf Oil Spill on Mental Health in Alabama Coastal Communities:
“The Loss of a Season”

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One year after one of the largest oil spills in world history, two Alabama communities were still trying to recover. The Gulf Coast communities of Gulf Shores and Bayou La Batre are working to reestablish their identity as a major source for the shipping, tourism, and fishing industries. The Gulf Oil Spill may not have physically destroyed the community, but it did take a psychological toll. Researchers conducted focus groups using mental health professionals employed by Project Rebound, a state sponsored response to disasters in Alabama to explore the mental health effects of the Gulf Oil Spill. As the front line of the mental health response, Project Rebound clinicians collaborated with community service agencies to provide support to adults, children, and families in Alabama Gulf Coast communities. The semi-structured focus groups emphasized the unique qualities of the disaster, as well as the response and recovery efforts.

Keywords: Gulf Oil Spill, Disaster mental health, Disaster response.

Introduction

In April, 2010, the Deepwater Horizon oil rig experienced an explosion that began the largest oil spill in U.S. history and one of the largest in world history (Moss 2010). This disaster is defined as a human-caused event with British Petroleum (BP) accepting the
responsibility for over 4.9 million barrels of spilled oil and the explosion that took the life of 11 people and injured 17. Oil flowed into the Gulf of Mexico for over four months causing massive environmental, financial, and emotional damage. Most of the concern and media coverage focused on the environmental damage. However, the emotional impact could not be ignored. Two of the hardest hit areas in Alabama were Bayou La Batre and Gulf Shores.

These very different communities suffered similar fates in the wake of the spill. Gulf Shores, a tourist community, was hard hit in the summer of 2010, as was the fishing community of Bayou La Batre. The Gulf Oil Spill ultimately resulted in the loss of the 2010 economic season with little reassurance of success during future seasons. To help recover the loss of the season, BP placed approximately 20 billion dollars in the Gulf Coast Claims Facility Fund (GCFF). However, only about 5.5% of the 20 billion had been paid by November 2011 (BPclaimsappeal.com). The oil spill resulted in not just financial hardship, but in emotional and psychological challenges typical of disaster survivors.

The mental health response to disaster may include a multitude of reactions including emotional, cognitive, behavioral, and physiological symptoms (Lerner & Shelton 2001). Reactions can manifest in various ways but are most often experienced as general anxiety with symptoms such as fatigue, feeling on edge, excessive worry, increased recurrent headaches, appetite change, heart palpitations, and insomnia (Chibbaro & Jackson 2006; Norris et al. 2002; Thompson 2004). Other common responses include heightened emotional arousal, sleep disturbances, irritability, difficulty concentrating, and heightened physiological reactivity. Although these responses should not be viewed as maladaptive, they should be addressed as soon as possible, as one of the most crucial aspects of recovery is emotional (Chibbaro & Jackson 2006; Greenstone & Leviton 2002; Norris et al. 2002). In fact, the emotional response to disaster is commonly much higher than the physical toll (Kawana et al. 2001), making psychological resilience one of the most important basic survival needs in fostering recovery (Thompson 2004).

The Centers for Disease Control and Prevention (CDC) partnered with the Alabama Department of Mental Health to conduct an assessment of needs and response to the Gulf Oil Spill in August 2010. The assessment was repeated one year later and results indicated that oil spill-related emotional and psychological symptoms in the communities of Baldwin County (home to Gulf Shores) and Mobile County (home to Bayou La Batre) were declining, except for those who were suffering financially (Buttteke et al. 2011). Approximately 26% of Mobile households in both years reported at least one person in the household experiencing nightmares or trouble sleeping. In general, Mobile respondents reported decreases in depression and anxiety symptoms and less worry about paying for rent or nutritious meals. Baldwin County respondents responded similarly. However, respondents in both counties who experienced decreased household income following the oil spill were more likely to report feelings of depression, anxiety and worry. Although the study found that, in general, mental health symptoms decreased from 2010 to 2011, the proportion of
individuals reporting symptoms is still higher than the Alabama average and nationwide estimates, and for households experiencing financial difficulties the proportion is even higher (Buttke et al. 2011).

The Alabama Department of Mental Health responded to the Gulf Oil Spill by implementing Project Rebound, which is a program that was established after hurricane Ivan in 2004 and reinstituted after Hurricane Katrina in 2005. It has since been utilized in the aftermath of disasters across the state. Project Rebound sends mental health counselors and staff to impacted communities to work within the established social service system to foster the recovery of those affected by disasters. The program deployed staff to the Alabama Gulf region in the summer of 2010 as the spill continued to leak into the Gulf and impact coastal communities. Project Rebound established a presence in Gulf Shores and Bayou La Batre by employing outreach and community mental health strategies. The program continued at the anniversary of the Gulf Oil Spill and applied for renewed funding into the 2012 season.

**Theoretical Foundation**

George Caplan, a pioneer in crisis theory, makes three assumptions about crisis: (1) a crisis begins with a precipitating event; (2) it is time-limited; usually lasting six to eight weeks, depending on the nature and intensity of the crisis; and (3) it creates a state of disequilibrium and disorganization (Caplan 1964). Johnson (1993) built on Caplan’s theory stating that crises contain three elements: (1) they may threaten to harm people, which may result in pain, suffering and sometimes loss of life; (2) they usually involve loss; and (3) they may provide exposure to grotesque and unforgettable sights and sounds. Mascari (2002) further defined disaster crisis as containing seven attributes: (1) it affects and distresses many people (as opposed to an individual in crisis); (2) it is unexpected; (3) it have varying magnitude; (4) it involves some type of loss—death, serious injury, property loss, destruction of community symbols; (5) it disrupts normal routines; (6) it makes people feel “out of control” or uncertain about the future; and (7) it does not go away overnight. The Gulf Oil Spill illustrates each of Mascari’s seven attributes, clearly defining the Gulf Oil Spill as a major disaster with a human toll. Examining the strength and reach of the seven attributes allows responders to somewhat predict community response and reactions, understanding that the stronger these elements, the greater the impact and stronger the reaction and response (Caplan 1964; Johnson 1993; Mascari 2002).

As Project Rebound staff and other community resources came together to aid in the response and recovery to the oil spill, they utilized five elements of disaster recovery. These five essential elements have been identified as key principles that should be introduced and implemented during disaster recovery (Hobfoll et al. 2007). The first is to promote a sense of safety. Safety is an important element in disaster response and recovery because it can buffer individuals from the long-term effects of trauma and can
be an entry way for providers to identify those in need (Hobfoll et al. 2007). The second element is the promotion of calming, which may include direct or indirect approaches to aid in reduction of anxiety after a crisis. The third element is fostering a sense of self and collective efficacy. Interventions should help individuals and communities build the belief that they can recover and the skills to do so. The fourth element is the promotion of connectedness. Social support and connection to community are well established aspects of positive disaster recovery. The final element is to instill and retain hope. Hope buffers the individual and community from the negative reactions to the crisis such as long-term despair, catastrophizing, etc. These five elements have been established as the core of disaster response and recovery to the emotional fallout of crisis (Hobfoll et al. 2007) and were integrated into the delivery of services after the Gulf Oil Spill.

In addition to the five elements, Project Rebound staff utilized psychological first aid, an evidenced-based intervention model designed to foster short and long term recovery after a disaster. It includes and expands the basics of crisis intervention, breaking down the process into eight core actions (NCTSN/NCPTSD n.d.; Ruzek et al. 2007).

The first core action of psychological first aid is contact and engagement, which involves introducing oneself and listening to the victim in an accepting and non-interrupting way. The second core action is safety and comfort. The restoration of physical and emotional safety is key in this step and may include moving the person from the immediate area and/or providing up-to-date accurate information, not gossip or rumors. The third core action is stabilization. Although it is not always needed, the goal is to calm and orient emotionally overwhelmed or disoriented individuals. The fourth core action, information gathering, focuses on the individual’s current needs and concerns, with a goal to identify immediate needs and gather information about additional concerns. The fifth core action is providing practical assistance and depends on the information gathered in the fourth core action. The sixth core action is connection with social supports because the use of family and friend support has been established in the literature as a key aspect of emotional recovery from crisis (Thompson 2004; Litz 2004; Cavaiola & Colford 2006). The seventh core action is to address information and coping in order to reduce distress and promote recovery. In this core action, the clinician provides information about the event and what is being done to help as well as services that may aid recovery. Finally, the eighth core action is for the clinician to link the individual with collaborative services.

The struggle to return to the pre-disaster life and the inability to quickly solve the crisis related problems can result in mental distress requiring help from services such as Project Rebound. Attending to survivors’ emotional as well as physical needs is a key element of recovery. Regardless of the intervention or theory utilized, the provision of social support and involvement of community stakeholders in disaster response is a first step to promoting recovery (Nepal et al. 2010). Therefore, the purpose of this research was to explore the emotional and psychological recovery of the Alabama Gulf coastal
communities one year after the Gulf Oil Spill began. Utilizing the knowledge and experience of community workers on the front line employed by Project Rebound, the researchers examined common experiences in the tourist community of Gulf Shores and the fishing community of Bayou La Batre. Specifically, the researchers sought to assess how this disaster and the psychological recovery differed from other disasters, reactions to the disaster, types of assistance utilized, challenges in the school environment, and differences in the response and recovery between the communities.

Methodology

Participants

The study participants were 17 Project Rebound clinicians working in the Gulf Coast region to offer recovery assistance and four school counselors from two Gulf Coast school districts. Thirteen of the 21 study participants worked in the Gulf Shores area while eight served the Bayou La Batre community. Participants were primarily female (Gulf Shores—54%, n=7; Bayou La Batre—75%, n=6), and White (Gulf Shores—77%, n=10; Bayou La Batre—63%, n=5). The average age of participants was 52 in Gulf Shores and 40 in Bayou La Batre. Most participants had at least a Bachelor’s Degree (Gulf Shores—92%, n=12; Bayou La Batre—63%, n=5), had worked in the mental health field at least 10 years (Gulf Shores—69%, n=9; Bayou La Batre—100%, n=8) and had assisted with at least one prior disaster (Gulf Shores—69%, n=9; Bayou La Batre—25%, n=2).

Data Collection Techniques

Data were collected through seven focus groups whose participants were selected using a purposive sampling strategy. The primary selection criterion for mental health professionals was that they were employed by Project Rebound to provide mental health services to individuals and families impacted by the Gulf Oil Spill or they were school counselors employed by school districts in the Gulf Shores or Bayou La Batre communities. The focus groups were conducted at the Project Rebound offices in both communities and at the respective schools. All participants were at least 19 years old and were served lunch or breakfast (as appropriate). This study was approved by Auburn University’s Institutional Review Board for Protection of Human Subjects. Participation in the study was contingent upon completion of a standard informed consent protocol.

Focus group questions varied slightly across target populations (i.e., school counselors, outreach staff, home office staff), but all were similarly related to the key issues under study. Twelve questions were developed by the researchers to elicit information about response and recovery services related to the Gulf Oil spill. Questions
were divided into three sections, (1) four questions defining the disaster and recovery efforts, (2) four questions identifying people in-need and service delivery, and (3) four questions assessing challenges and needs for future disasters. For example, one question was: *How would you describe the mental health outreach effort following the Gulf Oil Spill?* A follow-up question related to how potential clients were identified. All 12 questions were explored during the focus groups, which were led by the two researchers, with one investigator leading the discussion and the other recording the responses and taking notes. Each focus group lasted from 60 to 90 minutes and was audio taped (with participant consent) and transcribed. Three focus groups (two with Project Rebound staff and one with school counselors) were held in Gulf Shores and four focus groups (three with Project Rebound Staff and one with school counselors) were held in Bayou La Batre.

**Results**

Written notes and transcriptions of the focus group audiotapes were carefully reviewed and the resulting data were analyzed using Glaser and Strauss’ (1967) constant comparative method. Coding yielded five core themes related to the mental health recovery from the disaster: 1) unique characteristics of the Gulf Oil Spill response and recovery, 2) the mental health response and outreach efforts, 3) impact on school climate, 4) recommendations for communities in future disasters, and 5) the similarities and differences in the communities.

**Unique Characteristics of the Gulf Oil Spill**

The clinicians interviewed spoke of how the uniqueness of this disaster, as one that lasted for months with minimal visual cues about who was most impacted, shaped the phases of individual and community recovery.

*Duration of the Disaster.* The Gulf Oil Spill lasted for over four months. The ongoing nature of this disaster made it unique to the Gulf Coast communities, which are familiar with how to deal with disasters, such as hurricanes and tornadoes, that have short impact durations. The effects of the Gulf Oil Spill’s long duration were often cited by the clinicians as a major factor impacting recovery.

It wasn’t an immediate, major impact but now over time...that it’s been there, whittling away, whittling away, a lot of panic, a lot of frustration, a lot of worry about the future, and it’s a constant worry.
This oil spill… it’s like this is indefinite, it just continues, when will it ever end?

The Gulf Oil Spill was covered by all forms of media including 24 hour footage of the oil spilling into the ocean.

It was on TV 24 hours a day, every day on the front of the newspaper.

Everyday people were picking up the newspaper [asking] is it gonna be today [that the oil spill ends]?

*Silent Disaster.* In addition to the ongoing nature of the disaster, the participants discussed the lack of visible evidence indicating signs of distress. Neighbors could not detect which families were in distress. The lack of visible damage left many people dealing with the disaster in isolation.

Not a lot of physical evidence as in a tornado [where] there are a lot of things torn down…this is a silent disaster.

This is the difference between the hurricane [Katrina] and what we’re facing down here. With a hurricane, you see a neighbor’s house down and my house is down so everybody’s in a bad boat but there’s no visible destruction and I don’t know that my neighbor is as bad off as me and I’m certainly not gonna tell them.

*Phases of Disaster Recovery.* The first phase in disaster recovery is the Heroic phase. It happens immediately following the disaster and is characterized by individuals and the community coming together to protect life and property (DeWolfe 2000). Usually, family, friends and other community members come to each other’s aid to assist cleaning up debris and searching for lost loved ones. However, the silent nature of Gulf Oil Spill contributed to community members feeling unsure of how to help, rendering the Heroic phases virtually non-existent.

I was looking for anywhere to volunteer to do anything and you couldn’t do anything. There was nothing you could do to help at that point.

The second phase of disaster response is the Honeymoon phase, described as a time of optimism and giving thanks, a time when the community comes together in a shared experience (DeWolfe 2000). The two Gulf Coast communities described a different experience of the Honeymoon phase and resulting community support. One critical
difference was the sense of community. Gulf Shores’ clinicians reported that their clients felt tension with each other especially related to the distribution of BP relief monies. Specifically, individuals in Gulf Shores reported hostility between coworkers due to inequity in the distribution of money even among the same industry. In contrast, clinicians in Bayou La Batre reported that the community members really pulled together working to help each other out and uniting in animosity against BP.

Gulf Shores: With a hurricane or tornado, people help each other out. With this [disaster] it was like each person was looking out for themselves…they weren’t neighborly.

Bayou La Batre: This community gets along very well—we just flow together.

Perhaps the most prominent recovery phase illustrated by the participants was the Disillusionment phase. This recovery phase usually happens two months to years later and is characterized by a strong sense of disappointment and anger, especially if there are failures and delays in promises of aid to the community (DeWolfe 2000). The anger the participants reported was directly related to three issues.

1) The disaster was human-caused and could have been avoided.

You’ve got someone to point the finger at. Tornado….it happens. BP…that’s what happened.

2) BP’s lack of response and breaking of promises.

There is not a lot of recovery—they [BP] even had the Vessels Of Opportunity for boat owners to participate in and even with that some people have not gotten paid or they’re still looking for the payment.

3) People felt personally attacked by BP.

People that I’ve interviewed seem to take BP’s response and the claims response very personally, almost as if they’re being strongly mistreated.

They [the clients] seem to have this heightened sense of, you know, they’re [BP] doing this TO me, which is a different kind of experience.
Finally, the community comes together in the final phase of recovery, Reconstruction, which can take years to reestablish the pre-disaster norm. During this phase, individuals and the community are utilizing resources to rebuild the life they once knew (DeWolfe 2000). Although the participants were clear that they did not feel the community was close to a full recovery, speaking often of the loss of the 2010 economic and tourist season, they did feel that the community was utilizing resources and promoting itself as recovered.

**Loss of a Season.** The following comments illustrate how the seasonal nature of households’ incomes affected people’s reactions.

And this type of economy is apparently very dependent on repeat business so if you lose a season here, chances are people [tourists] are discovering Destin or Jacksonville Beach or...anywhere else. There’s still a big fear about that happening...you know they lose a season.

The Gulf Shore area, they did not have a summer last year [2010] and all these folks you depend on, the tourists, the summer jobs, didn’t have one and somehow had to pick up the pieces and go on.

I deal with a lot with the boat workers like oyster shuckers who are seasonal workers and the bosses that own [the boats—they put so much pressure on to them to have a good year, because last year was so bad.

**Catch 22.** There was also a concern that acknowledging the magnitude of the disaster would, itself, make the problem worse.

The Catch 22 was if we really broadcast that this is a real disaster, then it will hurt tourism. So on the one hand people wanted to say ‘oh it’s horrible’ and on the other hand people wanted to say ‘oh but the beaches are fine.’

**Mental Health Response to the Gulf Oil Spill**

The unique characteristics of the Gulf Oil Spill impacted the recovery phases of the Gulf Coast region and how mental health services were delivered. Because there was no visible damage to help clinicians identify who might be in need, they had to employ different strategies to identify who needed services. Some clients self-identified by responding to public service announcements placed on billboards, radio and TV. Others were referred by those already utilizing the services. When Project Rebound clinicians
would begin working with clients, they would give them several business cards and ask the clients to give them to others that might be able to use Project Rebound services. This snowball effect proved to be a useful tool in reaching out to those in need. From October 2010 to the end of April 2011 Project Rebound had logged over 8000 encounters in the Gulf Coast region (Project Rebound 2011).

And it’s still not unusual or uncommon for us to hear clients say “well I need this but I know some folks that are a lot worse off than I am.”

Clients are referring clients to us directly. Yeah, yeah we’re getting them from every corner. The word has spread.

In addition to the public service announcements and referrals, the clinicians employed outreach methods to identify potential clients. The clinicians reported using a variety of outreach techniques to identify individuals and families who were impacted by the oil spill including attending local gatherings at religious organizations, working with food pantries, setting up booths at the community center, and working the fishing docks.

[We] do a food pantry … Part of what we do is take their groceries out and we kinda talk to them and kinda get a feel for them and we offer services if needed.

Anything they invited us to, we participated in because we wanted them to see that we were here for the community. Whether it was at the community center, whether it was at the local high school, or if it was at the Laotian temple, Cambodian temple, we tried to go to all of the events so we are accepted in all of the communities.

Bayou La Batre: When we first got started, we went knocking on doors and it didn’t work. So, we set up at the community center [where] a lot of people come in and out of the community center. Toward the end of summer we kicked off a summer camp [for kids].

Often times, clinicians found themselves assisting clients with basic needs, which led to the discovery of mental health needs. The clinicians stated that, most of the time after providing for the basic needs, the client just needed someone to listen so they could vent or cry.
If I can get them immediate access with food they are going to be more comfortable speaking with me and if I can help them immediately with something then I am going to be able to call on them.

For the first 40-45 minutes, he just cried, did not say a word.

Clinicians also described instances of clinically significant mental health difficulties. They found that, for clients who were already experiencing mental health concerns before the Gulf Oil Spill, problems were exacerbated.

We’re seeing an enormous spike in anxiety, depression, panic attacks.

We’re seeing people that have some sort of a diagnosis of a mental health issue that was kinda, sorta managed before. Now it’s rampant. I would say 70% of these people [clients] had some sort of mental health issue and this [disaster] has exacerbated the whole thing.

Unfortunately, clinicians reported that the effects of the oil spill on mental health were still significant one year later, and the circumstances appeared to be more dismal.

They’ve reached the panic point. Before, they’ve had enough money in savings to get by and if they’ve got money from BP, that’s gone. So now they’re starting to panic.

They’ve [clients] run out of resources. And they kept waiting and hoping and thinking that it was gonna turn and they were gonna get the job and they were gonna be able to get themselves out. They’ve gone through several different stages and now it’s, it’s just now peaking.

We’re seeing people that are NOW losing their job, that are NOW losing their businesses because they’ve tried to survive all this time and they have and they’ve done an admirable job.

**Impact of the Gulf Oil Spill on the School Climate**

Unfortunately, the impact of the Gulf Oil Spill did not limit itself to just adults. Elementary school counselors and Project Rebound staff reported a significant impact on students, their families, and teachers.
**Transiency.** Family disruption is one of the most common effects of a disaster. School counselors described the fluid nature of enrollment at the local schools due to family disruption and economic conditions that pushed families to improvise.

Transiency in this area has always been an issue but it’s become a bigger issue. A lot of people are moving down here, having to live with other family members—households joining together.

Our absence list here is just unbelievable…that’s a real issue.

We have had several kids doubling up, not a majority or anything like that, but several families would double up with other relatives.

I talked to a child this morning and her parents had to go to New Orleans to work because they lost their job and she is staying with a brother who is 18.

**Basic Needs.** The counselors described an ongoing need for supplies such as clothing, food, and basic care products. The counselors have even used their own money to purchase basic necessities for students.

School supplies…they don’t have any uniforms…buying clothes for students when I really should have been here at school.

**Stress.** The counselors also reported that students were exhibiting increased behavioral problems due to the increased stress levels.

Kids are stressed…there’s a lot more anger

We also did an anger management group for those who were witnessing things at home and carrying it over into the school system.

We have made reports of kids to DHR—several of which have been physical abuse against themselves.

We are seeing more of the meanness…making fun of other people, putting people down. The verbal stuff. Talking back to teachers.

**Family System Impacts.** The parents’ financial and interpersonal struggles have affected the children in the home, and the children bring the added stress to school.
It’s a money thing. And so when parents you know don’t have funds to pay for their basic needs, it filters down to the kids because they hear it all.

There’s more fighting and domestic violence. We know that’s happening.

*Suicide.* There has been an increase in suicide. Counselors reported that both students and teachers have committed suicide since the oil spill began.

We had one [suicide] at the middle school before…[a local school] had two teachers and a student [commit suicide].

**Summary of Differences in the Communities impacted by the Gulf Oil Spill**

Gulf Shores and Bayou La Batre are economically different communities. A significant portion of the Gulf Shores community is supported by tourism while a majority of those employed in Bayou La Batre work in the manufacturing, wholesale and retail trades and most of those jobs are directly related to the food service and fishing industries (city-data.com). Both communities were significantly impacted by the Gulf Oil Spill. Although the communities had different responses, they had similar reactions to BP’s response and reimbursement policies.

For people who did file for an immediate claim there is no standard procedure or method to the madness because two people could have the same job—fishing or whatever industry—and one would get their claim paid off and the other wouldn’t.

They are not very satisfied with the final payment option…so a lot of them are not signing it.

As mentioned, the communities differed in a variety of ways, including their primary industries and how the community responded to the disaster and worked toward recovery. Gulf Shores is a more homogenous community in terms of ethnicity, while Bayou La Batre is ethnically diverse with communities of Laotian, Vietnamese, Cambodian, African-American, and Caucasian individuals. The diversity caused an issue in terms of communication from BP and in navigating the response.

Bayou La Batre: Well on their [BP] website, there are some [forms] in Laotian, Vietnamese, and Spanish but the offering letter coming home is all in English.
Bayou La Batre: Too many segmented populations here compared with Baldwin County. There is just too many by ethnicity, financially—just too many segmented populations and we need more outreach into the community.

In addition to differences in ethnicity, the communities responded differently to the Gulf Oil Spill. Clinicians in Gulf Shores described animosity among community members fueled by inequality in BP reimbursements and final offers.

I had a session at a restaurant where we were just discussing the problems between the employees because of the fact that one got paid $20,000 and another waitress didn’t get paid a thing…that’s actually dividing them.

In contrast, clinicians in Bayou La Batre described that the differences in payment offerings were a non-issue. The community was more concerned with helping each other out and happy for their neighbors when payment was received.

I do not see that [animosity toward their neighbor] as much as it just makes them more angry at BP. Because it is like, why does this person get their claim paid and then I don’t get anything and we performed the exact same job.

**Recommendations for Future Disaster Response and Recovery**

The defining characteristics of the Gulf Oil Spill provided a number of challenges to the recovery from the emotional impact of the spill. Clinicians identified critical elements to improve response and recovery in future disasters including the effective use of funding and recognizing appropriate community resources to create collaborations.

We’re constantly, um, striving to come up with new resources or new ways to fund, you know, people’s needs.

Partnership was probably our biggest asset. Once we got partnered it really opened doors.

According to the participants, employing clinicians who are dedicated to the mental health field is one of the most helpful components leading to successful dissemination of services.
I wake up every morning and can’t wait to get on the road and you know do this because the need is, it’s, so there.

If you work in this field, you have to really want to be here to help people, it is not because it is money here or a paycheck or whatever.

**Discussion**

The Gulf Oil Spill provided an opportunity to explore how specific characteristics of a disaster impacted the ability of individuals and communities to respond and recover from a major oil spill. It is generally accepted that disaster response and recovery happens in four phases: Heroic, Honeymoon, Disillusionment, and Reconstruction. However, recovery from the Gulf Oil Spill did not follow a traditional four phase response. The unique aspects of each community and the nature of the disaster impacted the recovery process and altered the traditional phases of recovery. Clinicians from one community reported that—contrary to the expected shared experience and collaboration of the Heroic and Honeymoon phase—individuals felt isolated and angry toward co-workers and neighbors who received more monetary assistance. Feelings of isolation and a lack of visible personal damage led to a non-existent Heroic phase while animosity and anger characterized the Honeymoon phase. Clinicians from both communities expressed anger and resentment toward BP and the GCFF operation, a sign of the Disillusionment phase. The communities were united in their understanding of the need to establish the area as “recovered” to attract potential tourists and help the local economy. These efforts appeared to be working, as BP-sponsored commercials touted the Gulf Coast region as reporting record business for the 2011 season, a clear sign that the Gulf Coast has moved into the reconstruction phase.

One year after the Gulf Oil Spill, the Gulf Coast region has made strides toward recovery, but the clinicians interviewed for this research reported that their communities were still in need of resources to return to pre-oil spill levels. A CDC report confirmed the clinicians’ concerns that, although the recovery is moving forward, the individuals and families who are still suffering economic and financial loss continue to show higher rates of both physical and mental health symptoms (Buttkere et al. 2011). Most of the disruption continues to be linked to job loss and changes in economic conditions related to the oil spill, such as lack of fishing opportunities. The participants discussed how the Gulf Oil Spill was the catalyst to the loss of seasonal job opportunities, tourism, and general economic influx during the summer of 2010. Project Rebound staff confirmed that financial pressures are one of the most widespread problems resulting from the Gulf Oil Spill.

The Project Rebound initiative has been pivotal in helping communities to rebuild after the disaster, and the importance of mental health professionals in the recovery
process cannot be overemphasized. As communities prepare for future crises, mental health providers can help foster partnerships between emergency responders and community organizations to identify people at risk for psychological distress after a disaster. As evident in this study, mental health providers must be able to serve individuals in a variety of settings, such as fishing marinas, the individuals’ homes, and community centers. Services may include normalizing the experience and allowing people to vent, connecting people to resources to meet their basic needs, and addressing more significant psychopathology. The strengths and struggles of those living in the Gulf Coast communities can help to provide insight to better prepare other communities for future disasters by integrating efforts to ensure an effective and efficient response. Project Rebound staff suggested two particularly important preparations. First, they suggested that community resources should coordinate long before disaster strikes. Coordination can help to efficiently and effectively distribute resources and mitigate disaster-related stress. In addition, early collaboration can help identify community leaders and key stakeholders that are already engaged with distressed populations and offer an entryway into the community (Nepal et al. 2010). Second, the staff suggested that individuals hired to deliver disaster relief services, especially those hired to provide mental health services, should be dedicated to the field. The work can be stressful and seem never-ending, so it is important that mental health staff are dedicated and know how to implement self-care (Bartley 2007).

Although this study utilized focus group interviewing and program utilization numbers to examine mental health services in the Gulf Coast region of Alabama one year after the Gulf Oil Spill, it is limited in scope and generalizability. One limitation of the study is that, due to focus group methodology, it is not possible to determine the extent to which individual differences among clinicians impacted the overall voice of the focus group participants. Moreover, because the aim of focus groups is to capture a collective voice, it is not desirable to identify which participants stated each of the excerpts provided above. This also helps to ensure confidentiality. Additionally, the authors did not measure the degree to which the focus group participants were personally affected by the Gulf Oil Spill. Therefore, it is not possible to determine how the impact of the spill affected their responses. However, at the state level, Project Rebound did initially seek clinicians in and near the affected communities in order to more easily build rapport with those impacted. This was especially evident in Bayou La Batre, where key leaders in the community were sought to join the Project Rebound team because it was believed that families would not provide personal information with individuals from other ethnic and cultural backgrounds.

Another limitation is that coastal communities in at least four additional states were impacted by the Gulf Oil Spill, and the mental health response in those communities was not explored in this study. As we learned from the information gathered for this study, each community is unique and mental health response and recovery must be tailored to
individual needs and community make-up. We suggest that further follow-up be conducted to document the continued recovery, not only with the Project Rebound staff but also with other mental health service providers.

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