

New Orleans feels pain of mental health crisis

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By Peter Eisler, USA TODAY

NEW ORLEANS — Sixteen months after Hurricane Katrina tore this city apart, a hidden sort of damage is emerging. Local officials see it in reports of suicides, strokes and stress-related deaths. They see it in the police calls for fights and domestic violence. They see it in the long waiting lists for psychiatric care that they have no way to provide.

These days, life in the Big Easy isn't easy at all. Everyone from the mayor to the people staffing the public health clinics sees it: New Orleans is facing an unprecedented mental health crisis — and the city has no way to deal with it.

The obvious problems only fuel the more subtle ones. About half of the city's 450,000 pre-Katrina residents have yet to return, according to the mayor's office, and entire neighborhoods remain filled with boarded-up homes and businesses. For those who have come back, everything is hard, and the challenges seem endless: lining up contractors, getting basic services restored, even finding neighborhood places to buy groceries, clothes and gasoline.

Now, many fear the situation could worsen. "This couple of months is our most critical time period. ... New Year's, Mardi Gras, Easter, and if people need (mental health) services right now, there really is almost no place to go," says Kevin Stephens, director of the city Health Department.

"We've got families that have been split up for months, families that lost their homes, crammed in small trailers. ... People have lost their jobs, their support system," he adds. "There's a heaviness. And we're seeing a much, much higher incidence of mental illness."

How bad is the situation? The suicide rate in the first four months after Katrina rose almost 300% over pre-storm levels, according to coroner's office statistics. In a survey after the hurricane by the Centers for Disease Control and Prevention, 26% of respondents said at least one person in their family needed mental health counseling — but less than 2% were getting any. Even now, police data show that emergency calls involving people who need psychiatric treatment continue to come in at a rate about 15% higher than before Katrina.

Stephens and other top officials in the city's ravaged mental health system say their anecdotal experience suggests those numbers reveal only a fraction of the problem. Depression, post-traumatic stress disorder and anxiety are rampant, they say. People with schizophrenia, bipolar disorder and other chronic mental illnesses are unraveling because they can't get the treatment they need.

The city has virtually no capability to respond. In all of New Orleans, only a few dozen hospital beds remain available for inpatient psychiatric services, down from more than 300 before Katrina. A survey last spring, cited in the *Journal of the American Medical Association*, found only 22 of 196 practicing psychiatrists had returned to the city since the storm.

Stephens' health department hasn't been immune. Staffing has dropped from 300 to about 60, he says. One of his nurses who tended evacuees in the Superdome during the storm is among the suicides.

"It's not the Katrina event that is really hurting us; it's the recovery, the aftermath," Mayor Ray Nagin said in an interview last month with USA TODAY. "Our citizens are under tremendous stress. The pain of what's going on in our community, particularly with our seniors, is unbearable almost."

'Everything is so hard'

Before Katrina, Desiree Johnson had a decent job in the billing department of a local insurance company office. She had a good place to live, plenty of friends and extended family nearby.

"I was just living a normal life," she says.

When Katrina crashed ashore Aug. 29, 2005, almost 10 feet of water filled Johnson's house. She and her family fled, some to Houston, some to Indiana, some to places unknown. They just got on any buses that would take them out of New Orleans.

Now, Johnson, 41, is living with her grown daughter and infant grandson in a trailer provided by the Federal Emergency Management Agency. It sits in front of her flood-ravaged home on a block of mostly empty buildings. She has no job. Money is tight. She doesn't have a local grocery store anymore.

"There's so much stress," she says. "We still have family members scattered all over. My son's in Texas, my mother's in Indiana, my grandmother's in Mississippi. Every year, we all get together for the holidays, for Thanksgiving, Christmas." This year, for the first time, she says, the family didn't do that.

Even if the family could overcome the costs and logistical hurdles of bringing everyone back, she says, "we don't even have a place to get together. You can't find contractors to fix your house, and the ones you do find, it's hard to make sure they don't rip you off. We don't even have a phone in the trailer."

Around Thanksgiving, Johnson realized she couldn't cope. She looked for help, but there were no doctors left in her neighborhood. Finally, she found her way 7 miles across town to the Chartres-Pontchartrain Behavioral Health Clinic, one of the public mental health clinics that has reopened since the storm. She was diagnosed with depression and put on medication.

She has been coming in regularly since and seeing a counselor. "I never had depression before; I didn't really know what to expect," she says. "I feel a little better."

But "better" is a relative term in Johnson's upside-down world. "It's still hard, everything is so hard," she says. "In my area, there's basically nobody back. It's just us, maybe one person in this

house or that house. ... Sometimes I still just don't know how we're going to make it. On TV, it looks like our city is OK, but it's not like that."

Facilities stretched thin

Chartres-Pontchartrain is one of only two public health clinics in New Orleans that weren't destroyed by Katrina. Six others have reopened (the last two just came back this month). Four of those are in temporary trailers, and none is fully staffed. Still, because many of the city's privately practicing psychiatrists and psychologists haven't returned — and hospital services for the mentally ill are all but shut down — the clinics are the only option for thousands in the city.

"We're stretched very thin," says Jerome Gibbs, executive director of the Metropolitan Human Services District, the state-funded agency that runs the public mental health system in greater New Orleans.

At the reopened clinics, "we're having trouble with staffing, (and) we have tremendous resource needs. And we're finding that there are large numbers of people who need services that aren't even making it in."

The same pattern is emerging at the few non-governmental clinics that are trying to share the load.

At the Behavioral Sciences Center, an outpatient facility run by the psychiatry department at the Louisiana State University medical school, caseloads are running about double what they were last year, according to Howard Osofsky, chairman of the LSU department of psychiatry. More than 100 people are on waiting lists for treatment.

At least those people have some hope: For the sickest of patients — those needing hospitalization — the problems are worse. Until August, not a single public inpatient psychiatric bed could be found in New Orleans. Since then, the New Orleans Adolescent Hospital (NOAH), an LSU-run psychiatric hospital that usually provides youth services, has converted 20 of its 35 beds to treat adults. Those beds and about 20 others at private facilities are the only ones in the city.

"The lack of beds is a monumental problem — when you have people in crisis and no way to care for them, it strains all of the system," Gibbs says.

Many people who need acute care for mental health problems are sent out of town for hospitalization, sometimes at facilities 100 miles away. That often means more problems later.

"If you have to send someone out of the community for treatment, where you don't have family involved, and you don't have the ability to do follow-up treatment when they get back, you end up with ... a lot more follow-up problems," Osofsky says.

Sitting in a wheelchair in her small room at NOAH, Eileen Dorn has trouble seeing herself as lucky. But at least she has a bed, a place to stay, at a time when she knows she can't make it alone.

Dorn, 45, has a long history of severe depression and other mental health problems. Before the storm, she lived with her mother. She survived on Social Security disability payments and spent her days listening to her favorite talk shows on the radio, writing fan mail to the hosts and watching television.

Dorn stayed in the city during Katrina, but she and her mother were evacuated in its wake. Dorn ended up at a Houston nursing home; her mother went to a nursing home elsewhere in Texas, where she remains.

"I was so lonely. I thought that if I came back to a hotel someone would be here to help me figure out how to get a place," she says. "When I came back, I needed a support system, counselors. But I couldn't find anything. It was desperation, frustration. It was terrible panic and fear."

Dorn ended up on the street. Eventually, she was picked up and given one of the 20 inpatient beds that had opened at NOAH. Today, she probably would be sent somewhere outside the city.

Dorn's ward is far from homey. The walls are bare, paint peeling in places. Her room has a desk and a small single bed. The TV is in the common room.

But it's clean, and the staff is dedicated and friendly, Dorn says. She has spinal problems, which make moving difficult, yet she says she is getting medication, regular counseling and, most important, a sense that she's not alone. "It's been better here," she says. "I still don't know where I'll go after this; I try not to think about it. But I feel safe here. And that's better."

Measuring the demand for mental health services in New Orleans today is difficult. Few records are kept. With only 20% of the city health department's staff having returned since the storm, those who remain are focused on restoring day-to-day services.

Stephens had a staffer review death notices published in the local paper since Katrina. Before the storm, there were fewer than 900 death notices a month, the review found. Now, it's about 1,300 a month, he says.

The next step, still unfinished, is figuring out how many of the deaths are stress-related — suicides, strokes, heart attacks. Stephens says those figures will give him leverage to seek state and federal help. "We know the numbers are up; we think they're way up," he says. "But we don't have good data."

Even without numbers, mental health workers say they know there's a crisis. "We hear anecdotal accounts of hospitals turning away people who come in seeking mental health services because they're not able to treat them," says Mark Townsend, an LSU psychiatry professor who sees patients at NOAH.

Townsend says many people with chronic mental health conditions are coming into hospitals, trying in vain to get medication because their regular psychiatrists have not returned. He's also heard of families bringing loved ones to hospitals for commitment, only to turn away after learning that their relative would be sent out of town.

"It's really hard to capture in words how dire the situation is," Townsend says. "We need help."