

# The Times-Picayune

## When needed most, psych services gone

### Few doctors, facilities open after hurricane

Tuesday, September 05, 2006

By Bill Walsh and Jan Moller

In a scene that is becoming disturbingly common, New Orleans police were summoned during the July 4th weekend to Mid-City to deal with a paranoid schizophrenic man who had turned violent.

The man had lost his home in eastern New Orleans to Hurricane Katrina and had stopped taking his medications, he told friends, because the free clinic where he used to get the drugs also was obliterated by the storm.

Filthy and confused, he spit and cursed at officers as a half-dozen wrestled him to the ground and strapped leather restraints on him. They found three pairs of scissors in his clothes and two ice picks, one hidden in his cap.

Before Katrina, he would have been taken to Charity Hospital, where a special psychiatric team could have evaluated him and maybe kept him overnight. But in post-Katrina New Orleans, there are no such teams and no beds available for overnight stays.

He was taken instead to one of the private hospitals outside the city that have grudgingly accepted psychiatric patients since the storm. Fifteen minutes later, the man was released. Out of their jurisdiction, New Orleans police said they could only watch as he began to make his way back to the city.

'Now there is nothing'

New Orleans after Hurricane Katrina is a harsh place for people with serious mental illnesses. As other parts of the health care system have begun to bounce back, the shortage of inpatient beds for the mentally ill remains the biggest hole in a safety net that was decimated by the storm. The controversial decision to close Charity has meant that mental patients are routinely recycled back to the streets, where they strain the overburdened Police Department and pose a danger to the community and to themselves.

"We had a large mentally ill population before Katrina. There wasn't much for them before, and now there is nothing," said Cecile Tebo, coordinator of the New Orleans Police Department's crisis unit that rolled up on the schizophrenic man in July. "A huge chunk of the psychiatrists have gone. There are hardly any beds. If they are suicidal or homicidal, there is nothing for them in New Orleans."

The hulking Charity Hospital complex was the anchor of the mental health system for the poor before Katrina. Police routinely dropped people off in the emergency room, where they were funneled to a specialized crisis intervention unit. From there, they might be sedated or kept overnight in one of 97 psychiatric beds.

Katrina's floodwaters closed Charity, and it remains shuttered more than a year later. LSU's Health Sciences Center, which runs the state's public hospital system, wants to refashion the Depression-era behemoth into a modern system of community-based medical facilities. A radical redesign of New Orleans' decrepit health care system is widely supported. But LSU has been criticized for shutting down the hospital without a suitable alternative in place.

In the meantime, the demand for mental health services is outstripping supply. Before the storm, there were about 462 psychiatric hospital beds in southeast Louisiana. Now there are 190, according to a recent survey by the Department of Health and Hospitals.

Vacancies are rare.

Keeping officials busy

Shirley Colvin, a licensed social worker at Ochsner Medical Center, said it often takes three days to find a bed for patients who come into the emergency room with acute psychiatric needs. One child from New Orleans who tried to commit suicide was taken to a facility in Lake Charles, she said. Many others, Colvin said, end up in Baton Rouge, while some have been sent as far away as Shreveport and Alexandria in search of open beds.

At a time when Gov. Kathleen Blanco has sent National Guard troops to New Orleans to deal with a surge in violent crimes, city police are spending more time than ever in hospital emergency rooms guarding psychiatric patients they have wrestled off the streets.

"We need a place that can be a centralized drop-off point so they can get the specialized treatment they need and let the police get back out on the streets," said Jeff Rouse, a psychiatrist at the Orleans Parish coroner's office.

During a recent visit to a local emergency room, Rouse said, he spotted three psychiatric patients, all whom he would classify as dangerous.

While the post-Katrina population is about half of what it was before the storm, the need for psychiatric services continues to rise. A study last month in the Bulletin of the World Health Organization found that the rate of serious mental illness had doubled in post-Katrina New Orleans. Another by the International Medical Corps found that half of the people living in Federal Emergency Management Agency trailer parks met the criteria for a major depressive disorder.

The network of community-based mental services is coming back slowly. Most of the state-run mental health clinics in Orleans, St. Bernard and Jefferson parishes were wiped out by the storm. Six are now handing out medications and providing counseling. But some of the clinics have moved, and it's not clear whether those with the greatest needs are getting the services that are available.

"Just because we are there doesn't mean they are getting to us," said Jacqueline Smith, deputy director of the Metropolitan Human Service District, which operates the clinics.

Fewer psychiatrists

A shortage of psychiatrists also is a problem. According to a July survey by the state Department of Health and Hospitals, only 42 of 208 licensed psychiatrists in Orleans, Plaquemines, St. Bernard and Jefferson parishes were practicing medicine in the region, and less than half of those who had returned were treating Medicaid patients. Of those who were treating such patients, most were doing so only on a part-time basis.

The region has less than one-third the number of psychiatrists needed to treat Medicaid patients, and it also faces a shortage of doctors willing to care for the uninsured.

After the storm, many in the mental health field looked to LSU to re-establish a beachhead in New Orleans. But instead of rehabilitating Charity and bringing the psychiatric services back on line, LSU announced the hospital would close for good.

LSU signed a deal with the federal Department of Veterans Affairs to rebuild in New Orleans, but a new public hospital is years away. In the meantime, LSU announced it would reopen hurricane-damaged University Hospital this fall. Psychiatric services initially weren't part of the mix. Now LSU says it will open beds at the hospital in 2007.

Rod West, chairman of the LSU Board of Supervisors, said the reopening of University will take some of the pressure off private hospitals that have picked up the slack since Katrina. He said the school won't make a final decision on reopening the crisis unit until a panel that's working to redesign the New Orleans-area health care system finishes its work.

The Louisiana Health Care Redesign Collaborative is scheduled to present a proposal to the federal government in mid-October outlining changes in the way care is delivered and paid for in the Orleans, Jefferson, St. Bernard and Plaquemines parish area.

"It is far too early for us to be able to say with any specificity, because we don't know yet what the rules of engagement will look like," West said.

Up in arms

In the meantime, the decision to close Charity has roiled the New Orleans medical community. Psychiatrists who relied on the hospital for research have left the state. Medical schools that depended on its emergency room for in-the-trenches training are struggling to find alternatives.

"It's a scandal. Their one action of keeping Charity closed has hurt LSU and Tulane for the next 10 years," said Dr. James Moises of Tulane Medical Center, president of the Louisiana chapter of the American College of Emergency Physicians. "They shouldn't hold the whole city hostage and take it out on the medical students and the uninsured."

LSU System spokesman Charles Zewe said such criticism is misplaced, and he defended the decision to close Charity. The hospital's mechanical systems were wiped out by Katrina's flooding, and repairing a building that experts have said is obsolete for modern health care delivery would have taken years, he said.

In the meantime, LSU is "actively trying to come up with an alternative" to the crisis unit while it waits for final word on where a new hospital will be built, he said.

The private sector has shown little interest in filling the void.

"We've talked to every private hospital about opening beds," Department of Health and Hospitals Secretary Fred Cerise said. He said the department asked them, "If we can pay for them, will you open beds?"

"We have not found anybody with the ability," he said.

To stem the tide, the state reopened 10 psychiatric beds in June at the New Orleans Adolescent Hospital. Ten more are planned. State officials acknowledge the number is inadequate.

State officials also have opened new beds in Jackson and Hammond, Cerise said.

## Friction over insurance

By law, private hospitals can't turn away uninsured psychiatric patients.

But because they are a cost drain, hospitals aren't clamoring for them either. Police report being berated by nurses at private hospitals urging them to take psychiatric patients elsewhere. In one instance, a hospital staffer met the officers on the emergency room ramp hoping to turn them away before the patient set foot inside, police officials said.

"There's tremendous resistance from the hospitals," said Jim Arey, a New Orleans police commander who oversees the crisis negotiation team. "But in fairness to these hospitals, this is not a population they have much history or comfort in working with."

Congress and the state Legislature have tried to ease the financial burden by paying hospitals to take uninsured patients, but the facilities say the payments don't come close to covering their costs. At the same time, federal Medicaid rules don't allow that money to flow to private, free-standing psychiatric facilities, such as those in Jefferson and Orleans.

Cost aside, private hospitals say they aren't equipped for an influx of psychiatric patients. At Ochsner Medical Center, the number of emergency room patients with psychiatric problems has climbed fourfold since Katrina, said Dr. Joe Guarisco, chief of emergency medicine. Before the storm, an average of 100 such patients came in each month. Now the facility sees an average of 400, he said.

"The psychiatric caseload in emergency departments right now is the No. 1 problem we are facing, no doubt about it," Guarisco said. "Easily a third or a fourth of your department can be consumed by bedding down psych patients who require inpatient care elsewhere."

It can also be a security risk. Guarisco said Ochsner security guards have twice used Tasers to subdue violent psychiatric patients in the waiting room.

"It's something we're certainly not used to doing out here in the suburbs," he said.

Drew Pate, a psychiatrist formerly employed by the state, said he doesn't believe Louisiana is committed to offering inpatient services to the mentally ill. After waiting months to return to work at the New Orleans Adolescent Hospital, he threw up his hands and moved to Maryland. He said Louisiana doesn't want to do anything to encourage people with mental disorders to return.

"They aren't families you want. That's the covert message," Pate said. "Some people may call that a conspiracy theory, but it is an explanation that seems reasonable to me."

State mental health officials say nothing could be further from the truth. They say they are eager to bring psychiatric services back on line. But without Charity, they say, they just don't have a place to put patients.

"The New Orleans community is begging for it, and we don't have a place to put it," said Dr. Kathleen Crapanzano, medical director of the Louisiana Office of Mental Health. "It's easy to point fingers, but the bottom line is no one has resources. If we had someone willing to do it, we would make it happen."

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