

The Storm Lingers On: Katrina's Psychological Toll

Depression, suicide, drinking and domestic abuse are up in New Orleans, which is ill-equipped to offer much counseling help, and the hurricane's one-year anniversary only makes it worse

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By the time Jennifer Buras sees the families in her counseling office, their lives are often in shambles. Exhausted from doing renovations, living in cramped trailers, their savings nearly tapped out, most have never seen a psychiatrist or psychologist in their lives. "The parents are like shells, hollowed, drained," she says. "The kids are acting out."

Dr. Peter DeBlieux sees them too at a clinic run by Charity Hospital out of an abandoned - and recently termite-infested - Lord & Taylor store in downtown New Orleans. They are middle-class people and professionals who once had secure jobs, nice homes and lots of insurance. Now they come for the free care, complaining of a bad back or a general weakness, then end up "losing it," he says, sobbing uncontrollably about lives that have become marathons of stress. One bad day can set them off. "Nobody has emotional reserves these days."

Call it "Katrina stress" or the "Katrina funk", but it's all too real - and it has real implications for the future health of the city. While the physical devastation of New Orleans from Hurricane Katrina has been well documented, the psychic toll is just becoming clear. The suicide rate has nearly tripled, depression is common, domestic abuse is on the rise, and self-medicating with booze is a favored method of forgetting.

Worse yet, the mental health care system needed to help deal with all this is in ruins. Private psychologists and psychiatrists are almost impossible to find. Emergency rooms outside New Orleans - those that survived the storm - are now packed with people from the city seeking mental health care. It's not just the pre-Katrina schizophrenics and crazies who have gone without meds for the year, but regular people who are stressed and depressed. "Life is just not easy in the Big Easy now," says Buras. "There's a lot of anxiety and deep depression."

And the hurricane anniversary on Aug. 29 and the start of the school year only make things worse, acting as a double whammy to the city's

psyche. "You see kids who were picked up off rooftops during Katrina who don't want to go to school now. They run screaming out of the school because of separation anxiety," says the 33-year-old clinical social worker. Boys and girls who used to get good grades are cutting up, having fistfights; others are withdrawn.

Recently Buras counseled an 11-year-old whose parents committed suicide. "Even something as small as a towel on the floor can become high drama in the squeezed quarters of FEMA trailer life," she says. At EXCELth, one of the rare community health centers to reopen post-Katrina, she sees people age 6 to 80, whole families together sometimes. Most have never sought help before. EXCELth's medical director Dr. Monir Shalaby says that by his estimates, 40% of the adults they see are taking medication for depression. "Parents are breaking down. A lot of people self-medicating, drinking more wine at night," says Buras. If she sees more than five patients a day - which she tried to do after returning in March - she ends up going home in tears herself.

Charles Parent, the fire superintendent for New Orleans, has seen the stress take its toll on his first responders as well. Over 40% lost their homes to Katrina; a third are still not able to live with their families. Yet, unlike the police force, not one left his job in the aftermath of Katrina. A majority saw someone die or suffer an injury during or after the storm, and 22% had to recover dead bodies. By June, all they were finding was bones in rubbish piles.

"It was heartbreaking work they weren't trained for," says Parent. A report by the Centers for Disease Control found that a quarter of the firefighters showed signs of depression, a third reported increased alcohol use, and nearly a half reported more conflict with a spouse. "There are different ways of measuring post-traumatic stress - difficulty concentrating, angry outbursts," says Parent, "but frankly, if they didn't show those signs, I would worry." He says firefighters who went through 9/11 in New York helped his men realize it wasn't "unmanly" to get help. Now nearly a half say they would seek mental health counseling if provided.

"The community is still very much in intensive care, but the mental health needs are crushing," says Donald Smithburg, head of the Louisiana State University Health Care Services division, which oversees the state's charity care system. The stress, he says, is felt beyond New Orleans. Emergency rooms as far away as Baton Rouge and Lafayette have mentally ill patients "boarding" for days in emergency rooms, waiting for hospital admission, because there are no available psych beds in the New Orleans area.

Suicide attempts are often sent home after two days, with no follow-up care. Primary care doctors - if you can find one - are handing out the usual Paxil and Zoloft, but bipolar patients or schizophrenics are hard-pressed to find someone to write up stronger medication. By some estimates, only 25 psychiatrists work in a city that used to have 350 to 400. The result is that regular health care in emergency rooms is backed up for hours - or sometimes days. Smithburg worries that a facility with new hospital beds (sorely needed in New Orleans) may have to be converted for mental health patients instead.

Firm statistics on the mental health situation are admittedly hard to come by. Demographers can't even agree on how many people live in New Orleans now, but best estimates put at less than 200,000 - vs. 450,000 people pre-Katrina. The coroner's office recently told the Times Picayune that suicides had gone up from 8 to 26 per 100,000 people. "On a per capita basis, we've seen an increase in suicides, depression, substance abuse, and domestic violence. If you've driven the city, you see why. We've not made a lot of progress," says cardiologist Pat Breaux, past head of the Orleans Parish Medical Society. He is part of a 40-member Louisiana Health Care Redesign Collaborative making recommendations this fall on changes in the city's health care system to Michael Leavitt, Secretary of Health and Human Services.

As bad as it is right now, the real crisis will come if the city can't resolve the post-Katrina lack of primary care and rising depression. "In five years, we'll be the stroke capital of the world, the heart disease capital of the world," warns DeBlieux. "We're going to see long-range complications from diabetes and heart disease and stress because people are neglecting primary care now."

With social networks disrupted, children may pay too. "You're going to see problems with substance abuse, with criminal behavior," says Vickie Mays, a professor of psychology at the University of California Los Angeles who recently visited New Orleans. As for post-traumatic stress, it's too early to make that diagnosis. "We're still in the middle of it. The shock period is over, but our lives have been ripped apart," Buras says from home after a bad day. "Now it's the unrelenting horribleness of it."