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# A Legacy of the Storm: Depression and Suicide

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NEW ORLEANS, June 20 — Sgt. Ben Glaudi, the commander of the Police Department's Mobile Crisis Unit here, spends much of each workday on this city's flood-ravaged streets trying to persuade people not to kill themselves.

Last Tuesday in the French Quarter, Sergeant Glaudi's small staff was challenged by a man who strode straight into the roaring currents of the Mississippi River, hoping to drown. As the water threatened to suck him under, the man used the last of his strength to fight the rescuers, refusing to be saved.

"He said he'd lost everything and didn't want to live anymore," Sergeant Glaudi said.

The man was counseled by the crisis unit after being pulled from the river against his will. Others have not been so lucky.

"These things come at me fast and furious," Sergeant Glaudi said. "People are just not able to handle the situation here."

New Orleans is experiencing what appears to be a near [epidemic](#) of [depression](#) and [post-traumatic stress](#) disorders, one that [mental health](#) experts say is of an intensity rarely seen in this country. It is contributing to a [suicide](#) rate that state and local officials describe as close to triple what it was before Hurricane Katrina struck and the levees broke 10 months ago.

Compounding the challenge, the local mental health system has suffered a near total collapse, heaping a great deal of the work to be done with emotionally disturbed residents onto the Police Department and people like Sergeant Glaudi, who has sharp crisis management skills but no medical background. He says his unit handles 150 to 180 such distress calls a month.

Dr. Jeffrey Rouse, the deputy New Orleans coroner dealing with psychiatric cases, said the suicide rate in the city was less than nine a year per 100,000 residents before the storm and increased to an annualized rate of more than 26 per 100,000 in the four months afterward, to the end of 2005.

While there have been 12 deaths officially classified as suicides so far this year, Dr. Rouse and Dr. Kathleen Crapanzano, director of the Louisiana Office of Mental Health, said the real number was almost certainly far higher, with many self-inflicted deaths remaining officially unclassified or wrongly described as accidents.

Charles G. Curie, the administrator of the federal Substance Abuse and Mental Health Services Administration, said the scope of the disaster that the hurricane inflicted had been "unprecedented," and added, "We've had great concerns about the level of substance abuse and mental health needs being at levels we had not seen before."

This is a city where thousands of people are living amid ruins that stretch for miles on end, where the vibrancy of life can be found only along the slivers of land next to the Mississippi. Garbage is piled up, the crime rate has soared, and as of Tuesday the National Guard and the state police were back in the city, patrolling streets that the Police Department has admitted it cannot handle on its own. The reminders of death are everywhere, and the emotional toll is now becoming clear.

Gina Barbe rode out the storm at her mother's house near Lake Pontchartrain, and says she has been crying almost every day since.

"I thought I could weather the storm, and I did — it's the aftermath that's killing me," said Ms. Barbe, who worked in tourism sales before the disaster. "When I'm driving through the city, I have to pull to the side of the street and sob. I can't drive around this city without crying."

Many people who are not at serious risk of suicide are nonetheless seeing their lives eroded by low-grade but persistent feelings of sadness, hopelessness and stress-related illnesses, doctors and researchers say. All this goes beyond the

effects of 9/11 and the Oklahoma City bombing, Mr. Curie said. Beyond those of Hurricanes Andrew, Hugo and Ivan.

"We've been engaged much longer and with much more intensity in this disaster than in previous disasters," he said.

At the end of each day, Sergeant Glaudi returns to his own wrecked neighborhood and sleeps in a government-issued trailer outside what used to be home.

"You ride around and all you see is debris, debris, debris," he said.

And that is a major part of the problem, experts agree: the people of New Orleans are traumatized again every time they look around.

"This is a trauma that didn't last 24 hours, then go away," said Dr. Crapanzano, the Louisiana mental health official. "It goes on and on."

"If I could do anything," said Dr. Howard J. Osofsky, the chairman of the psychiatry department at Louisiana State University, "it would be to have a quicker pace of recovery for the community at large. The mental health needs are related to this."

The state estimates that the city has lost more than half its psychiatrists, social workers, psychologists and other mental health workers, many of whom relocated after the storm. And according to the Louisiana Hospital Association, there are little more than 60 hospital beds for psychiatric patients in the seven hospitals that remain open here.

Because of a lack of mental health clinics and related services, severely disturbed patients end up in hospital emergency rooms, where they often languish. Many poorer patients were dependent on a large public institution, Charity Hospital, but it has been closed since the storm despite the protests of many medical professionals who say the building is in good condition. Big Charity, as the locals called it, had room for 100 psychiatric patients and could have used more capacity.

"When you don't have a place to send that wandering schizophrenic directing traffic, guess what? Law enforcement is going to wind up taking care of that," said

Dr. Rouse, the deputy coroner. "When the Police Department is forced to do the job of the mental health system, it's a lose-lose situation for everyone."

"When the family comes to see me at the coroner's office," he added, "it's a defeat. The state has a moral obligation to reinstitute this care."

Sergeant Glaudi and others said some people struggling with emotional issues had no prior history of mental illness or depression.

The symptoms cut across economic and racial lines; life in New Orleans is difficult and inconvenient for everyone.

Susan Howell, a political scientist at the University of New Orleans, conducted a recent study with researchers from Louisiana State to see how people were coping with everyday life in the city and neighboring Jefferson Parish. Ms. Howell managed a similar survey in 2003.

"The symptoms of depression have, at minimum, doubled since Katrina," she said. "These are classic post-trauma symptoms. People can't sleep, they're irritable, feeling that everything's an effort and sad."

The new survey was conducted in March and April, and canvassed 470 respondents who were living in houses or apartments. Since they were not living in government-issued trailers, it is likely that they were among the more fortunate.

Jennifer Lindsley, a gallery owner, also feels the sting of missing her friends.

"When you can't get ahold of people you used to know, it leaves you feeling kind of empty," Ms. Lindsley said. "When you try to explain it to people in other cities, they say: 'The whole world is over it, so you've got to get over it. Sorry that happened, but too bad. Move on.' "

Some people have decided to leave solely because of the mood of the city.

"I'm really aware of the air of mild depression that pervades this entire area," said Gayle Falgoust, a retired teacher. "I'm leaving after this month. I worry about

living with this level of depression all the time. I worry that it might affect my health. I know the move will improve my mood."