

# The Mental Health Crisis in New Orleans: Need for Solutions

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# Background

- Howard Osofsky together with Joy Osofsky has provided leadership in providing mental health services post Katrina
- HJO – Clinical Director of Louisiana Spirit
- JDO- Clinical Director of Louisiana Spirit Services for Children and Adolescent

# Since Hurricane Katrina

- Immediate Services for first responders and their families
- 12,000 evidence based evaluations and services for displaced children and adolescents returning to Orleans, St. Bernard, and Plaquemines Parishes
- Resilience building programs
- Rebuilding mental health infrastructure

# Current Status 22 Months Post Hurricane Katrina in New Orleans

- There are 20 adult public psychiatry inpatient beds
- Before Hurricane Katrina, there were 99 public psychiatry inpatient beds at Charity Hospital and a 40 bed Crisis Intervention Unit
- There were an additional 110 psychiatry beds that are not yet open

# Current Status 21 Months Post Katrina for Children/Adolescents

- There are 15 child and adolescent public psychiatry inpatient beds
- Before Hurricane Katrina, there were 30 public psychiatry inpatient beds
- The system of care for children and adolescents is fragmented

# Specialty Mental Health Services

- Limited alcohol and substance abuse services have reopened
- There are very limited geriatric services
- Public outpatient services are restricted and many offices are still not open

# Emergency/Crisis Services

- There are no emergency/crisis psychiatric services in New Orleans
- Psychiatric patients are taken to emergency rooms where they are not welcomed and often have to stay for two days before a bed is found
- Sometimes they are taken to Parish prison
- Sometimes they are transported away from local emergency rooms

# What is Needed Now

- A crisis intervention psychiatry unit in the city linked to University Hospital
- A 72 hour stabilization unit
- Next day outpatient availability
- Inpatient beds at hospitals to replace those at Charity Hospital and other facilities



# What is Needed Now

- Community care in the city, 24/7 availability
- Outpatient care with safe accessible offices to provide follow-up care and reduce recidivism
- 24/7 Crisis & consultation services provided by mental health professionals

# What is Needed Now

- Restoration of a system of care
- A primary care/mental health 24/7 urgent care unit has been proposed by EMS
- A night and weekend crisis response service staffed by the designated mental health services district
- To maintain the few mental health professionals we have, we need mental health facilities now

# LSUHSC Department of Psychiatry

- Provides 60% of psychiatrists in New Orleans
- Trains 70% of psychiatrists in Louisiana
- Only full psychology internship in New Orleans
- Trains social workers and other mental health professionals

# LSUHSC Department of Psychiatry

- Clinical offices not restored 21 months post Katrina
- Residents feel abused when trying to care for patients and deprived of adequate follow-up of patients -- some consider leaving
- Essential faculty considering leaving because of futility in restoration of services

# Serious Mental Illness Pre and Post Hurricane Katrina

Before Katrina

6.1% prevalence of serious mental illness

Since Katrina

11.3% prevalence of serious mental illness




Kessler, 2006

# 2007 Surveys of Serious Mental Illness

- Orleans Parish -- 18.8%
- St. Bernard Parish – 19.1%
- Plaquemines 9.5%

Sirois, 2007



# Availability of Local Mental Health Services

Pre Katrina

Mental Health Services

2.8 % did not  
receive care and  
23.5% could not  
afford  
medications

Post Katrina

17.8% did not  
receive care and  
76.6% cannot  
afford  
medications

Sirois, 2007

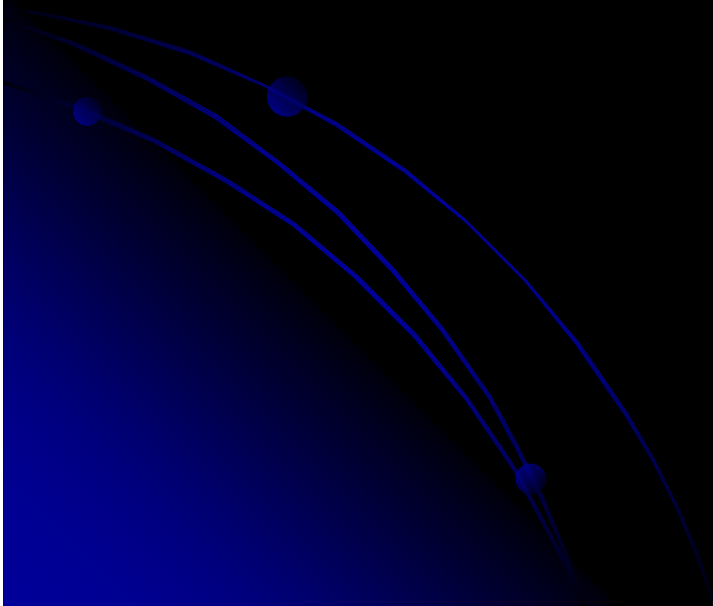
# 911 Police Calls for Serious Mental Illness or Threat of Suicide

- July 2006 – 187
- August 2006 – 194
- September 2006 – 182
- October 2006 - 202
- January 2007- 196
- February 2007 - 167
- March 2007 – 207



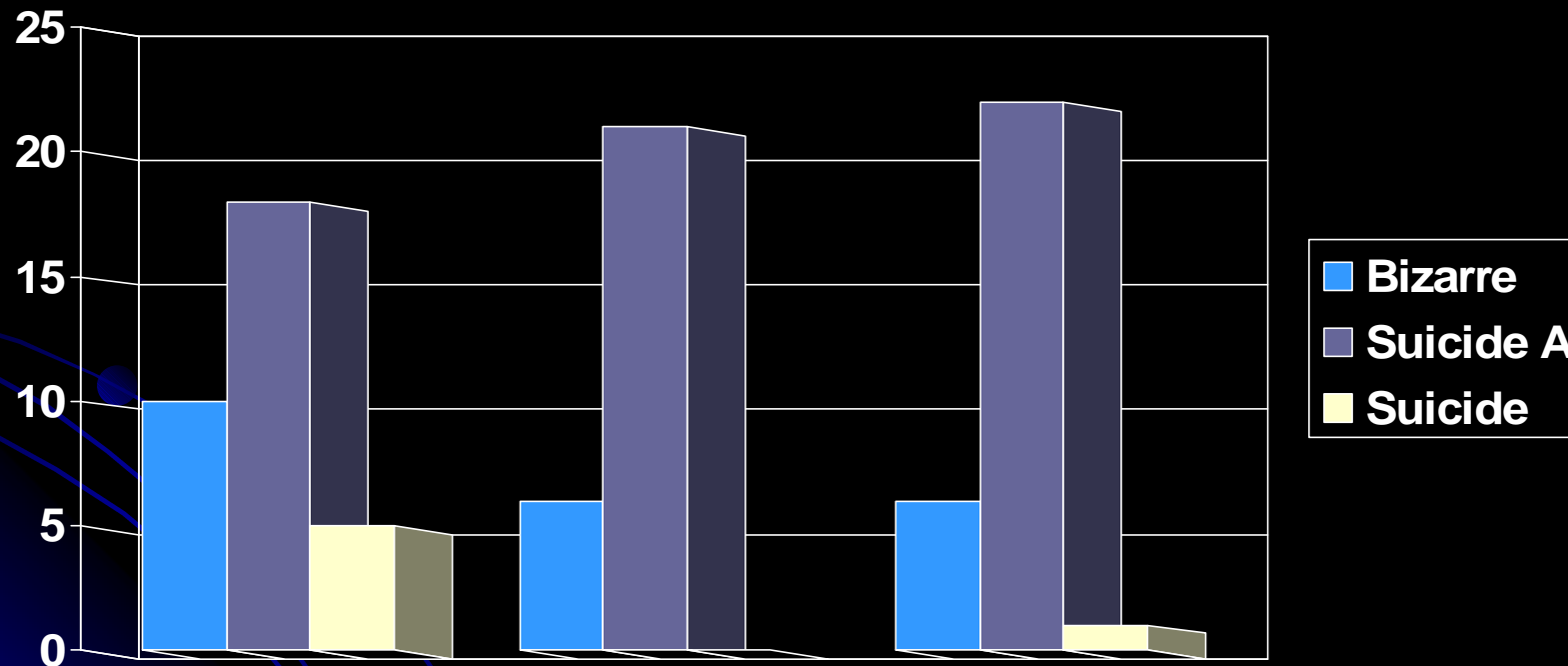
# Influence on Community Violence

- New Orleans Police Department reports that a number of violent crimes, suicides, and homicides are linked to inadequate mental health treatment and services



# EMS Calls for Bizarre Behavior, Suicide Attempts, & Suicides

February-April 2007



# What Happens?

- Police often have to drive at least 35 minutes to find an available emergency room and wait a minimum of one hour, sometime as long as 5 hours
- Police, EMS, patients, and families are often treated with hostility and made to feel unwelcome by overburdened ERs

# What Happens?

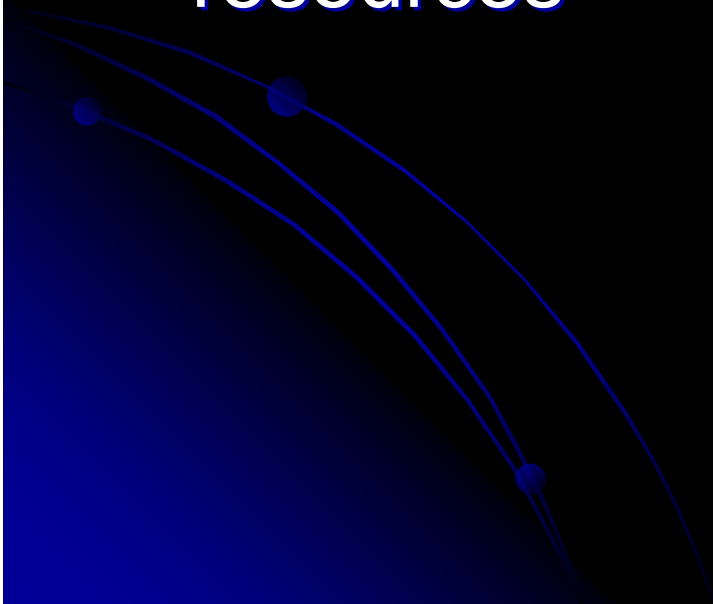
- Parents and family members are not included in services and may not know where patients are transported
- Patients are prematurely discharged from ERs and hospitals leaving families feeling desperate
- Patients are afraid to seek services and may “give up” on receiving care

# What Happens?

- Patients with mental illness may be taken to Orleans Parish Prison where they receive treatment
- Prior to Katrina, police were more likely to “look the other way” and take mentally ill patients with minor offenses to Charity Hosp. Now police are more likely to take them to jail because of lack of services

# Appreciation

- Thanks to Robert Wood Johnson Foundation for support, Louisiana Public Health Institute and Behavioral Health Action Network for coordination of resources



# Local New Orleans Leaders

- Judge Ernestine Gray, Past President of National Council of Juvenile and Family Court Judges and Phyllis Landrieu, President of the New Orleans Public School Board have stated: “We do not need more conferences focusing only on long term solutions. We need services now”