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Ad Hoc Subcommittee on Disaster Recovery
Committee on Homeland Security and Governmental Affairs

"Post-Catastrophe Crisis: Addressing the Dramatic Need and Scant Availability of Mental Health Care in the Gulf Coast"
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Madam Chair and members of the subcommittee, thank you for inviting me here today. I am Dr. Mark H. Townsend, Professor of Psychiatry at the Louisiana State University Health Sciences Center in New Orleans, and since July 1, the director of psychiatry for the Medical Center of Louisiana at New Orleans (MCLNO), which is a part of the LSU Hospitals' Health Care Services Division. I am honored and grateful to be able to speak to you and the Committee about our achievements and challenges. Our medical center consists of the newly renovated LSU interim hospital as well as comprehensive and specialty clinics throughout the region. The department is composed of faculty from the psychiatry departments of both the LSU Health Sciences Center, chaired by Dr. Howard Osofsky, and Tulane University, chaired by Dr. Dan Winstead. We have been given the mandate to provide psychiatric treatment to a city that had survived centuries of yellow fever, war, and numerous other hurricanes, only to be—in part—irreparably flooded in August of 2005.

One such flooded place was Charity Hospital, since 1736, the second-oldest continually operating public hospital in the United States, which is now closed. Since 1996, I had taught medical students and residents at Charity in my position as inpatient unit director. While Charity at one time had 2,500 beds, psychiatry staffed 92 at the time of the storm. Although with relatively fewer beds than in the past, Charity's emergency department experienced an enormous volume. Approximately 600 emergency room patients were referred every month for psychiatric treatment to Charity's Crisis Intervention Unit, and most of them were treated and successfully returned to the community within 24 hours.

I am keenly and personally aware of what has been lost, and am working with the LSU Hospitals administration to preserve the best aspects of psychiatric treatment at Charity while we all transition to a new and more flexible system of care. We must be flexible, because we have lost much of the "bricks and mortar" that housed the previous system. We must take new approaches, because patients are best treated and stabilized in the community, preserving their families and maintaining employment, so that they do not present to emergency departments or be admitted to hospitals. We must also identify at-risk youth, and educate employers and families about psychiatric illness, to prevent those with psychiatric illness from being identified and literally treated as criminals. If arrested, we must divert them from prison and address their psychiatric medical illness.

Hurricane Katrina devastated New Orleans on August 29th, 2005. On September 2nd, the last psychiatric patients were evacuated from the Charity Hospital campus of the medical center. Our patients had endured five days of extremely difficult circumstances as they awaited rescue from the dark and flooded hospital. Eventually, they were placed on military trucks and evacuated to Pineville, Louisiana, 200 miles to the northwest. Two years later, Charity Hospital and its 92 psychiatric beds remain closed. The medical center now directs medical and surgical treatment from its smaller, sister University Hospital. University Hospital has been renovated and designated an LSU Hospitals interim facility. Comprehensive psychiatric services have been planned for LSU's new teaching hospital, expected to open in five years. Today, the region lacks most of its pre-storm inpatient psychiatric beds, even though its people have not only largely returned, but also have demonstrated persistently elevated rates of mental illness. New Orleans had more than 300 licensed beds prior to the storm.

Good progress, however, is being made in the restoration of mental health services. In September of 2007, the LSU interim hospital opened new psychiatric inpatient units in Uptown New Orleans, in a leased building on the campus of the former DePaul Hospital. The hospital, owned by the Daughters of Charity of St. Vincent DePaul, did not reopen after the storm and was sold to nearby Children's Hospital. DePaul had served the region for more than 100 years by providing a full range of psychiatric services for adults and children. LSU's units are in the iconic Seton Building—with its copper cupola, enormous windows, and long, wide hallways—and provide acute co-occurring, geriatric, and general adult programs. We hope to open approximately 40 beds there, an extremely positive development in a city that, as of this writing, has less than a third of its former inpatient capacity. At LSU-DePaul, we are again working with faculty from the Tulane Department of Psychiatry and Neurology, our partners at Charity for many years.

We are addressing other critical needs, as well. The LSU interim hospital has created an emergency department extension for psychiatry patients, treating more than 200 patients monthly—a number that continues to increase. The LSU psychiatry outpatient clinic, in conjunction with the LSU Health Sciences 's Department of Psychiatry—chaired by Dr. Osofsky—returned very early, in October of 2005, while much of the city was under mandatory quarantine. Recent federal grants, including the much-needed Primary Care Access and Stabilization Grant, have allowed LSU to expand both its office space and scope of service, which includes culturally sensitive programs for patients of all ages. Twenty medical detoxification beds have opened downtown at the interim hospital, which are a key resource, given the prevalence of alcohol and substance abuse disorders.

Both the LSU and Tulane medical schools, and their departments of psychiatry, have withstood great challenges and demonstrated tremendous resiliency in order to be present in New Orleans today. That we are here at all is remarkable. However, it is our institutions' duty and privilege to address New Orleans' mental health needs while educating future physicians about the effectiveness of psychiatric treatment. With its new and growing hospitals and clinics, LSU is more than able to provide top-quality psychiatric education. However, the region itself continues to lack key pieces of public health infrastructure, such as diversion and respite beds, partial hospitals and assertive

community treatment teams, and supportive housing. We must all continue to advocate on behalf of those who need these services.

In summary, much progress has been made in restoring psychiatric infrastructure in New Orleans after Katrina. The next steps are even more complex. Charity's CIU was able to treat people so efficiently because it was well staffed and the community had sufficient inpatient, respite, step-down, and group home beds to so that patients could leave the CIU within 24 hours. More mental health professionals—psychiatrists, psychologists, social workers, rehabilitation counselors, recreation therapists—must be attracted to the region and resume clinical practice. Community services must be dramatically increased so that crises can be defused within the neighborhoods, not the emergency rooms. Criminal justice diversion programs must be developed for the humane treatment of individuals with psychiatric illness whose behavioral symptoms lead to arrest.

I want to again express my sincere thanks for allowing me to speak with the Committee about our progress and our challenges. I am grateful for the assistance you have already provided, and I look forward to assisting you with the work yet to come.