



THE MENTAL HEALTH ASSOCIATION OF NEW YORK CITY

Testimony Regarding Terrorism and the Implications for Mental Health Planning

This testimony was given by Giselle Stolper, Executive Director of the Mental Health Association of New York City, to a New York State Assembly hearing on January 24, 2002. It was written by Michael Friedman, Public Policy Consultant for the MHAs of NYC and of Westchester.

My name is Giselle Stolper, and I am the Executive Director of The Mental Health Association of New York City. I am also speaking today on behalf of the Mental Health Association of Westchester County. Both of these organizations provide advocacy, community education, and direct services that reach thousands of people each year.

Because we are concerned about mental health planning in New York State, we are grateful for the opportunity to testify today. As you know, Michael Friedman, our public policy consultant, [spoke on our behalf](#) at your hearing in Albany in October. He addressed the need for empirically based multi-year planning aimed at progressively building a comprehensive community mental health system in New York State. His testimony noted some of the complexities that need to be addressed to do effective planning but emphasized the fact of unmet mental health needs and the absence of a quantified, multi-year plan in New York State to meet these needs. (Let me note parenthetically that the Governor's Budget Request for mental health, released earlier this week without a cost of living adjustment, without reinvestment, and without funding for new programs, makes it entirely clear that there will be no attempt to achieve progress towards a comprehensive community mental health system this year. In fact the Governor is clearly prepared to accept further erosion of community mental health in New York State.)

We will address this terrible problem at another time. Today, we will address the new question you posed for this hearing. What are the needs for planning which emerge from the terrorist acts of September 11?

Two Kinds of Needs as a Result of September 11 Terrorist Attacks

There are two different kinds of needs to be addressed. One is the need for services to help people who have been adversely affected psychologically by the acts of terrorism. The other is the need to improve readiness to respond to future acts of terrorism.

Service Needs

The psychological needs created by terrorism are complex. To oversimplify, a great many people experience emotional distress in response to the experience of terrorism, but distress that is a normal response to a terrible experience. For other people the terrorism

exacerbates an existing mental illness, triggers a recurrence of mental illness, or provokes the development of a new mental illness. Because we operate LIFENET, New York City's telephone information and referral service, we have no doubt that both emotional distress and mental illnesses developed in substantial numbers after the events of September 11. From September 11 through the end of December, we had over 20,000 requests for help--more than double the number we received in the same period a year ago.

Some of the services that people need have been made available through Project Liberty, a federally funded initiative to provide outreach, crisis counseling, and mental health education. Under Federal rules these services are for people experiencing transient emotional distress. The rules preclude providing treatment for people with mental illnesses. And this is the key problem that needs to be addressed. Because New York State's public mental health system is already overburdened, New York State needs to plan for the development of an increased capacity to provide treatment services for people who develop mental illnesses in the aftermath of terrorism. Let me be clear, we believe that it is New York State's responsibility to plan for the provision of these treatment services, but we believe that it is a federal responsibility to pay for these services. Whether this is done through a revision of federal regulations so that Project Liberty can provide treatment services or through special federal grants makes no great difference. What is crucial is that treatment be made available.

Readiness for Future Terrorism

We are sure that everyone who was involved with the mental health response to the terrorist acts of September 11 has great admiration for the heroic efforts that were made by the City, the State, voluntary providers, hospitals, the American Red Cross and others. It was remarkable how effectively the response was mobilized under such terribly adverse conditions.

But it is always possible to do things better, and we believe that there are lessons to be learned from the experience which can be used to be better prepared for future terrorism. It is striking to us that there is already intense activity to be better prepared for bio-terrorism, but so far as we know, little has been done to prepare for the psychological impact of terrorism. We believe that a planning process should be set in motion immediately to assure an adequate mental health response to future acts of terrorism.

This should include the development of a statewide plan, but New York State is so large and diverse that each locality needs to have its own plan--a plan tailored to fit local circumstances. (In New York City the disaster plan should probably be specific to each borough, perhaps even to each catchment area.) Of course, all localities in New York State currently have disaster plans, but we believe that all of these plans should be reviewed, and revised as needed, to provide more attention to the mental health needs of people in the aftermath of a disaster.

Critical Elements for All Local Plans

While local plans must vary, they all need to include a number of critical elements.

Develop a Disaster Response Entity

Each locality should establish a disaster response entity to develop the mental health disaster plan and organize and manage mental health services in a disaster.

Issues of authority should be addressed.

- Who is in charge in "command centers?"
- Who is in charge in the field?
- Should the authority and responsibility of public mental health authorities expand during "public mental health emergencies?"

Issues of coordination should be addressed.

- How will governmental agencies interact?
- How will Red Cross interact with the governmental agencies?
- How will private organizations that provide mental health services in the public mental health system be linked into the overall response?
- How will the private mental health sector--employers, employee assistance programs, and behavioral managed care organizations be linked to the mental health response?
- How will mental health service capacities in schools, child welfare organizations, police and fire departments, the VA, etc. be linked into the overall mental health response?

It is important to formulate a shared, evidence-based model of intervention that will be implemented after a disaster or act of terrorism.

Local mental health providers who are included in each locality's community services plan should be required to have plans regarding disaster response linked to the overall plan.

Communication Issues Must be Addressed

Each locality needs a telephonic communications center, like LIFENET. Clearly, however, it is impossible for every county in New York State to develop and operate a hotline and information center 24 hours a day, 7 days a week. We recommend the development of regional communications hubs that could handle communications for multi-county areas.

Local mental health disaster plans should anticipate the need to reach out to people in the places where they are most likely to go for help:

- Emergency assistance centers
- Schools
- Workplaces
- Houses of worship
- Other community organizations

Contingency Plans Should be in Place

In times of disaster or crisis, almost anything can happen. For example New York City's emergency service center was in the World Trade Center and was destroyed, leaving the city to scramble to create a new center. Other contingencies include loss of power or phone service and transportation problems.

Emergency Funds and Payment Mechanisms Should be in Place

A payment model, such as that developed for Project Liberty, should be in place and ready to use immediately rather than having to develop such a model after a disaster has taken place.

Trained Mental Health Professionals are Needed to Respond to an Emergency

Cadres of trained mental health personnel should be developed and a database and communications system created to mobilize them immediately after a disaster.

A mental health "reserve corps" should be created. In addition to cadres of mental health personnel who can respond immediately after a disaster, there is a need for mental health professionals to provide ongoing mental health services after the acute crisis phase. Hiring new personnel is problematic because there is a shortage of mental health professionals even to meet current needs. It is also problematic because additional personnel will, hopefully, be needed for a limited period of time, phasing down over a period of about three years. Therefore, the local disaster plan should provide for the creation of a "mental health reserve corps" of mental health professionals who are retired or who have part-time practices and who are willing and able to work in the public mental health system on a time-limited emergency basis.

Local disaster plans should anticipate the need for support and training for people providing help to people in crisis.

Public Education

Readiness to provide public education is a key element of local mental health disaster plans. There should be public service announcements, programs in schools, houses of worship and other community organizations.

The plans need to take into account the impact of public communications on the mental state of the general population. Terrorism is designed to create terror. Statements by public officials and media accounts can help to relieve fear or they can arouse even greater fear. Public spokespeople should be prepared for their roles. Media should develop policies about how to handle the reporting of events so as to give full and accurate information but to do so in a way that is least alarming.

A review of state and federal regulatory and funding structures should take place during the planning process, and recommendations should be sent to state and federal governments.

Routine Drills Should be Held

Plans frequently do nothing but gather dust on shelves and become relatively useless in times of crisis because no one is prepared to lead the crisis response, and those who are supposed to implement the plan do not know what they are supposed to do. For this reason we recommend that there be disaster drills involving mental health personnel. Since in most communities drills are held from time to time for nuclear, bio- chemical and other disasters, we further recommend that mental health drills should be linked to these processes rather than to be pursued separately.

Finally, the plan should include provisions to evaluate the effectiveness of the mental health disaster response.

Thank you again for the opportunity to speak today.