



Project Liberty – Promoting Resiliency and Recovery in the Aftermath of the World Trade Center Terrorist Attacks

Sheila A. Donahue

Director of Evaluation and Quality Management

Project Liberty

Chip Felton, MSW

Deputy Commissioner and Chief Information Officer

New York State Office of Mental Health



What this presentation will cover...

- What impact has the World Trade Center terrorist attacks (and subsequent terrorism-related events) had on the mental health of New Yorkers?
- How have we responded (Project Liberty) to the resulting mental health needs?
- What have we learned and what are the implications for mental health and homeland security policymaking?



Key Collaborators

- Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration.
- Federal Emergency Management Agency.
- New York City Department of Health and Mental Hygiene and Departments of Mental Health in 10 counties surrounding NYC.
- Center for Urban Epidemiological Studies at the New York Academy of Medicine.
- Mailman School of Public Health at Columbia University.
- Division of Health Services Research at Mount Sinai School of Medicine.
- National Center for Post-Traumatic Stress Disorder.
- New York State Psychiatric Institute.
- The Center for the Study of Issues in Public Mental Health at the Nathan Kline Institute.



Major Data Sources

- Research literature on the mental health impact of mass violence (e.g., Oklahoma City bombing) and prevalence of trauma-related disorders (e.g., PTSD).
- Ongoing telephone surveys of New Yorkers conducted by the Center for Urban Epidemiologic Studies at the New York Academy of Medicine (Oct 2001, Jan 2002, Mar 2002, Sep 2002).
- Needs assessment conducted by the NYC Department of Education to assess impact on school children (Mar 2002).
- Statistics on calls to NYC's information and referral hotline (1-800-LIFENET).
- Project Liberty service encounter data (from logs kept by counselors and outreach workers).

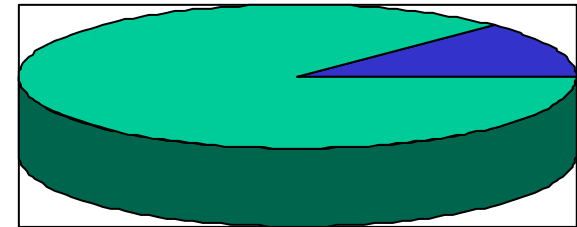


Mental health impact of the WTC terrorist attacks (and subsequent terrorism-related events).



Two Levels of Mental Health Impact

- Trauma-related mental distress
 - One or more emotional, cognitive or behavioral reactions that may interfere with functioning but are not disabling.
 - General population at risk.
- Trauma-related mental disorders
 - Multiple reactions of sufficient intensity and duration to substantially limit functioning.
 - Groups at greatest risk: individuals with life-threatening exposure to or severe loss related to the event, others with prior trauma exposure.



- Size of population at risk for mental distress
- Size of population at risk for trauma-related disorders



Immediate Aftermath: Widespread Trauma-related Mental Distress in the General Population

- Nationally, 44% of adults and 35% of children reported one or more symptoms consistent with traumatic stress; within a 100 mile radius of the World Trade Center the rate was 61% of adults. (Schuster et al., Sep 2001)
- 3.1 million individuals (2.1 million in NYC, 1 million in surrounding counties) would likely experience substantial emotional distress. (needs assessment accompanying request for FEMA emergency crisis counseling funds) (OMH, Sep 2001)



Immediate Aftermath: Large numbers of individuals in geographic proximity to the attacks appear at risk for developing one or more trauma-related mental disorders

- **October 2001 - Of Manhattan residents south of 110th street, 13.6% reported symptoms consistent with PTSD and/or current depression (7.5 % or 67,000 people with PTSD, 9.7% or 87,000 people with current depression).**

These rates are approximately double rates reported in national samples pre-9/11/01. (NYAM)



- Estimates based on prior research and NYAM survey: over the year following 9/11, 422,000 individuals in the WTC disaster area would meet diagnostic criteria for PTSD and 129,000 would seek assistance.

Estimated cost: \$197.5 million (65% private insurance, 35% public/philanthropic funds) (Columbia MSPH, NYSOMH).



3-6 Months After the Attacks: For Many Individuals, the Mental Health Impact Had Persisted

- A second survey of adults south of 110th street conducted in January 2002 estimated that for about 1/3 of adults who exhibited symptoms consistent with PTSD and major depression within 30 days of the attacks, these disorders were still present four months later. (NYAM)
- The majority of individuals (55%) receiving crisis counseling through Project Liberty reported multiple reactions and substantial distress.



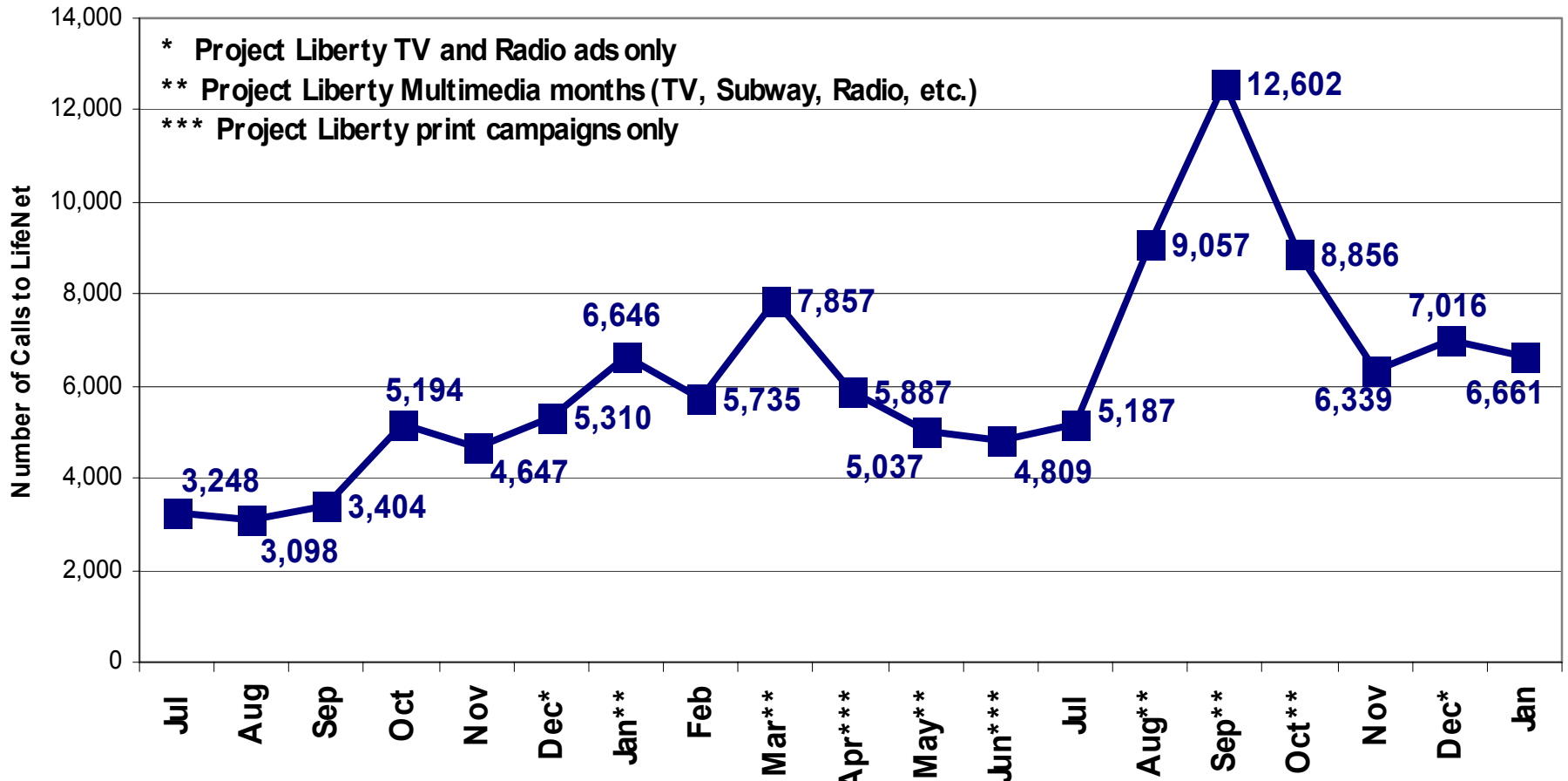
6 Months After the Attacks: Substantial and Persistent Impact on School-aged Youth throughout NYC

- March 2002 – in a sample of 8,000 4-12 grade students in NYC BOE schools, 10.5% had symptoms consistent with PTSD, and 26.5% had symptoms consistent with at least one of the assessed mental health problems.

Rates for all disorders were elevated based on (non-NYC) comparison data (e.g., 10.5% vs. 2% for PTSD). (Columbia, NYC BOE)



12-16 Months After the Attacks: Call Volume at 1-800-LIFENET Remains High



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Responding to the Mental Health Impact: Project Liberty



What is Project Liberty?

- An emergency mental health program to respond to the mental health impact of the WTC attacks.
- Funded by FEMA through the Crisis Counseling Assistance and Training Program (CCP), with technical assistance from CMHS (SAMHSA, HHS).
- Jointly administered by state and local mental health authorities.
- Services provided largely by public sector mental health agencies.
- Services delivered in community settings (i.e., not office-based).



Core Program Principles

- Focus on supporting healthy coping and assisting each survivor to return to a pre-disaster level of functioning
- Community-based service delivery (shelters, family assistance centers, places of worship, schools, workplaces)
- Rely on a mix of MH professionals, and other community workers
- Outreach viewed as a critical element in reaching people who typically do not see themselves in need of mental health services following a disaster
- Culturally competent to encourage participation



Challenges Posed by the Model to Public Sector Mental Health Agencies

- Draws on the expertise and experience of staff within the public mental health system but in atypical ways.
- Requires an expansion of focus to the general population and large-scale provision of out-of-the office, psycho-educational services – this in essence is a public health model.
- Focus is on serving people who are responding normally to an abnormal experience.

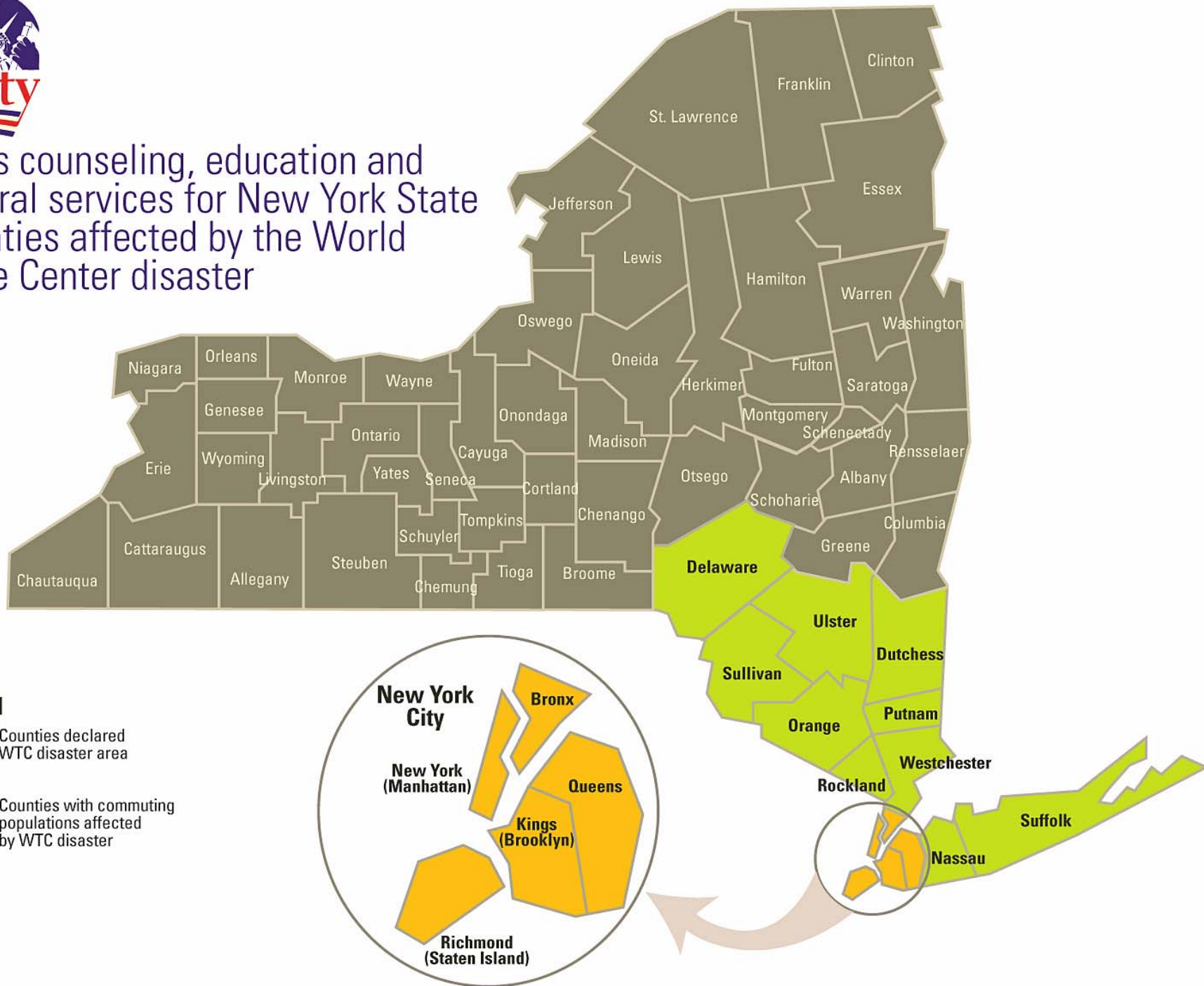


Brief Chronology of Events

- **9/11** – President Bush declares NYC a federal disaster area, making NY eligible for FEMA crisis counseling funding (disaster declaration subsequently expanded to include 10 surrounding counties).
- **9/27** – FEMA awards NYS OMH \$22.7 million in emergency MH funds; ‘Project Liberty’ becomes operational throughout the disaster area by mid October.
- **4/24** – FEMA and CMHS award NYS OMH \$132 million to extend Project Liberty.
- **8/19** – SAMHSA and FEMA approve New York’s plan to expand the range of services provided by Project Liberty.



Crisis counseling, education and referral services for New York State Counties affected by the World Trade Center disaster



Legend

-  Counties declared WTC disaster area
-  Counties with commuting populations affected by WTC disaster



Implementation Challenges

- Had to develop a whole new disaster mental health infrastructure from scratch, while at the same time responding to the disaster.
 - Local plans of service
 - Mechanisms for payment and reimbursement (new contracts, cost-based budgets in counties, FFS in NYC)
 - Data collection and evaluation
 - Public education materials
 - Media campaign
 - Staff Training
- Over 130 mental health agencies have participated in delivering Project Liberty services.
- Over 4,000 workers have been trained in outreach-based disaster mental health counseling and public education techniques.

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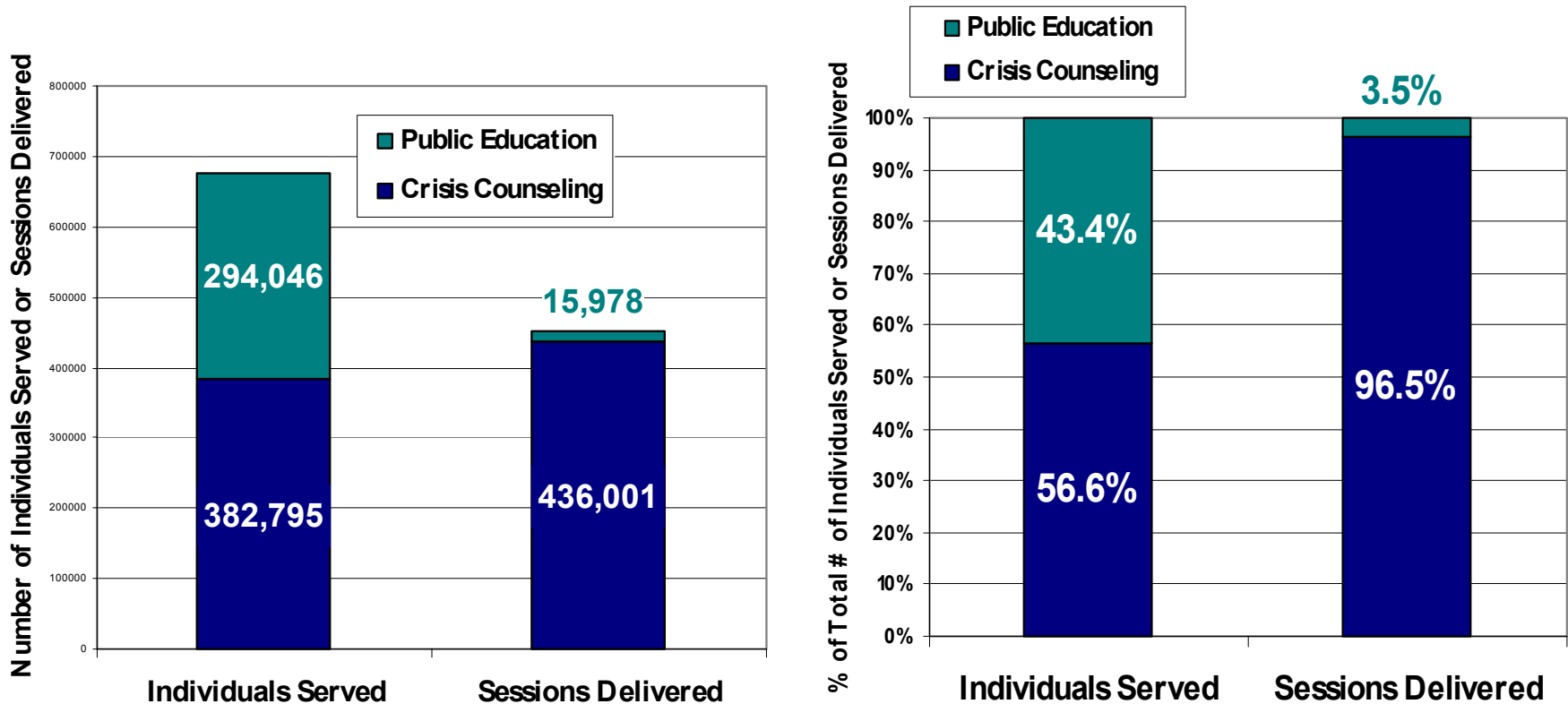
Project Liberty Service Offerings

Service	Target Population	Available Since	Typically Funded
<i>Public education</i>	General pop; Severely impacted	Oct 2001	Yes by CCP?
<i>Crisis counseling (individual, family, group) Referrals</i>	General pop; Severely impacted	Oct 2001	Yes
<i>More intensive specialized counseling</i>	Severely impacted	Oct 2002	No
<i>Community resiliency building</i>	General pop; Severely impacted	Summer 2003	No



Total Service Volume to Date

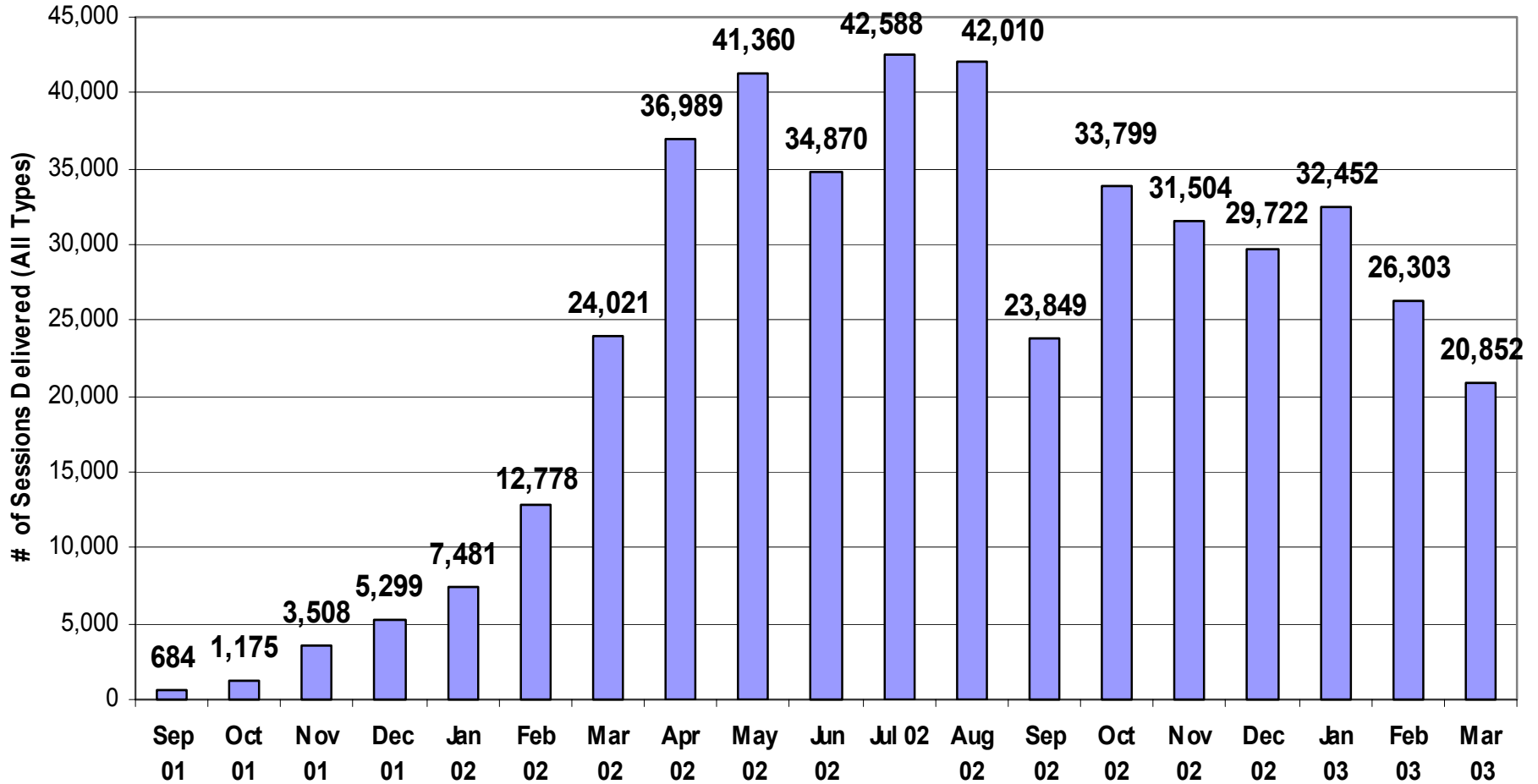
- Over 675,000 individuals have received face-to-face services to date (by comparison, the total number of individuals served in the NYS public mental health system in 1999 was estimated to be 600,000).



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Service Volume Over Time



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Penetration Rates to Date: Size of Target Population vs. Served Population

Risk Category	Needs Assessment Estimate	# of Individuals Served through Individual Crisis Counseling	% Served through Individual Crisis Counseling
Direct Victims	75,690	25,601	34%
Rescue Workers	47,017	23,544	50%
Displaced Employed or Unemployed	525,203	33,717	6%
<i>NYC Global Outreach</i>	2,514,363	215,304	9%
Total	3,162,273	298,166	9%



Characteristics of Service Recipients

Age	
Children (0 to 17 years)	8.3%
Adults (18 to 54 years)	77.1%
Older Adult (55 years and older)	14.6%

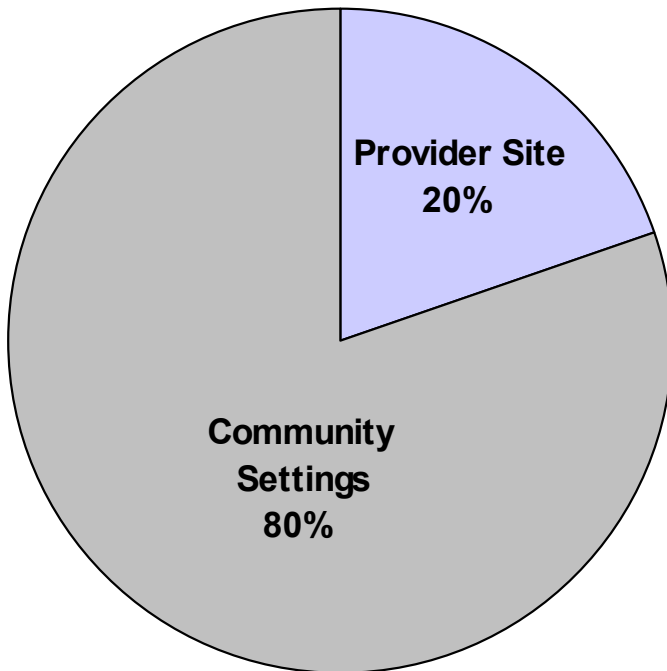
Gender	
Female	53.9%
Male	46.1%

Ethnicity	
White	32.3%
Hispanic Origin	21.7%
Black	31.7%
Asian/Pacific Islander	10.6%
Middle Eastern	1.4%
American Indian/Alaskan Native	0.2%
Other/Unknown	2.0%

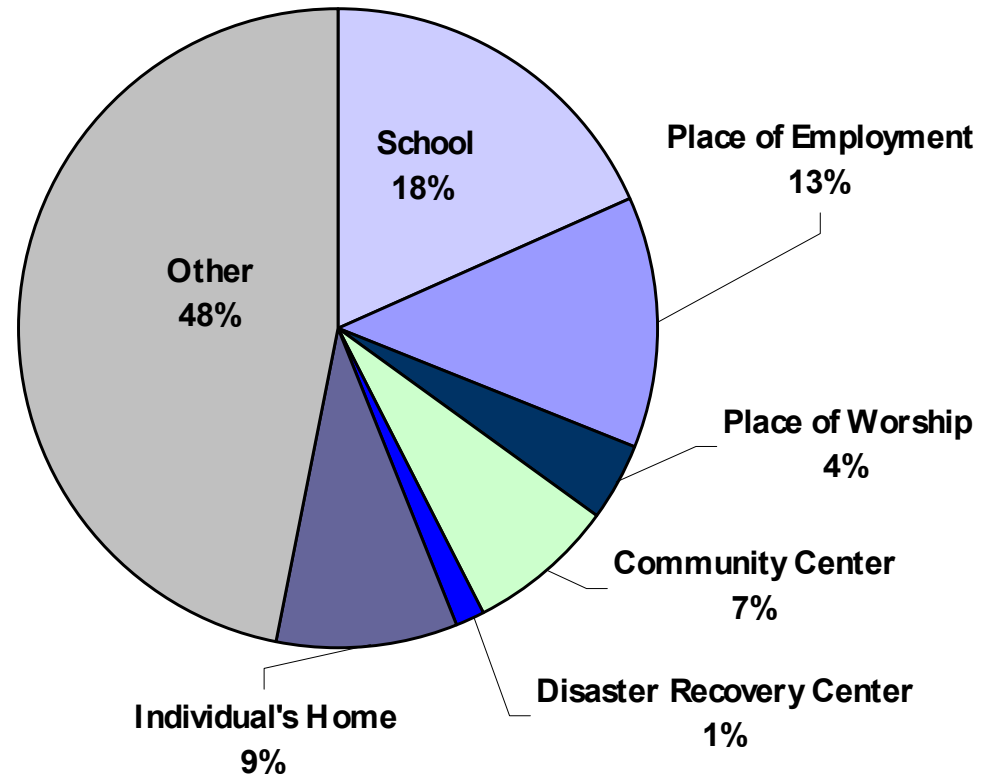


The Majority of Services are Being Delivered in Community Settings

Provider Site vs. Community Settings

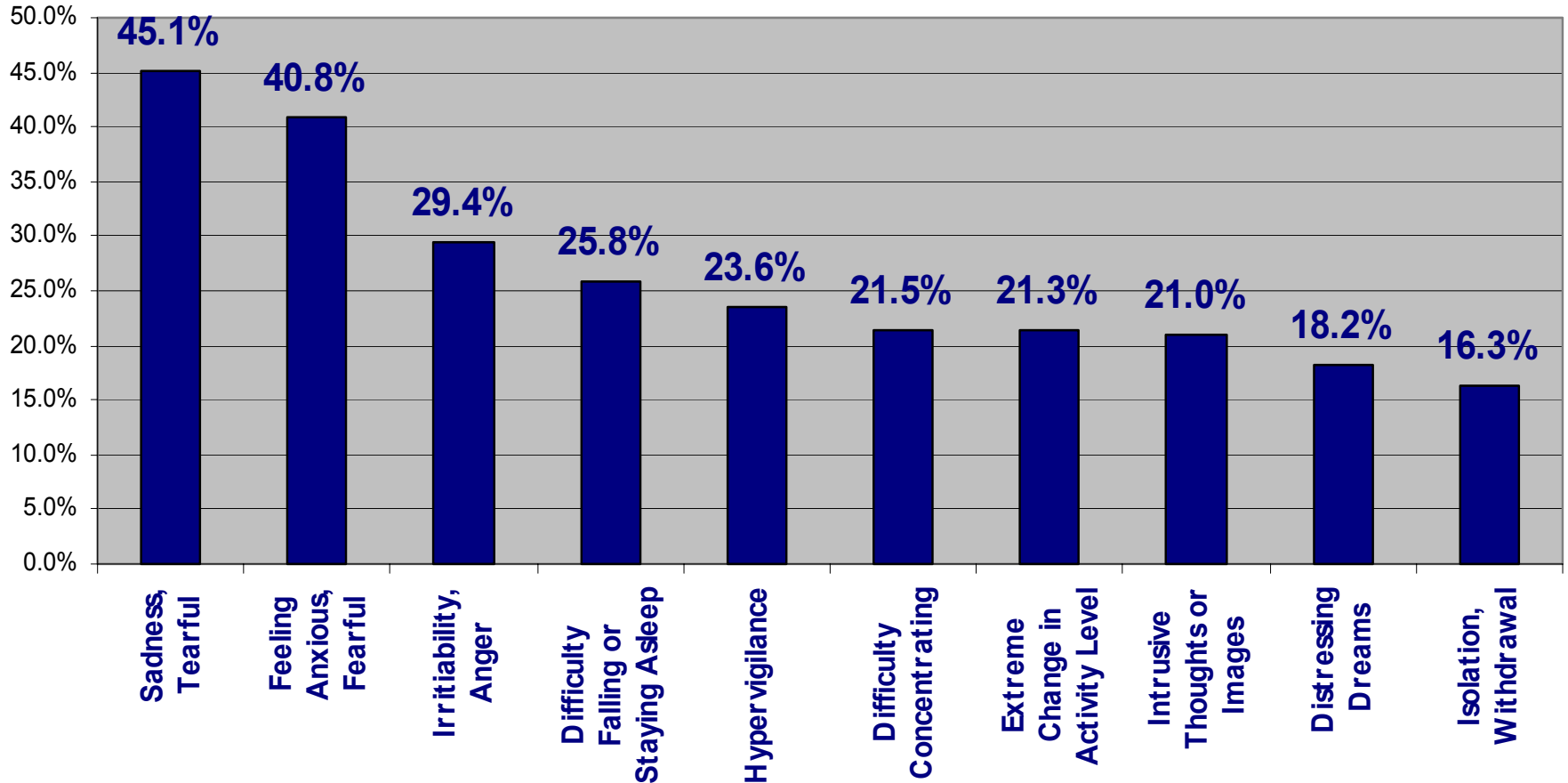


Community Settings Detail





Reactions Most Commonly Reported by Project Liberty Service Recipients



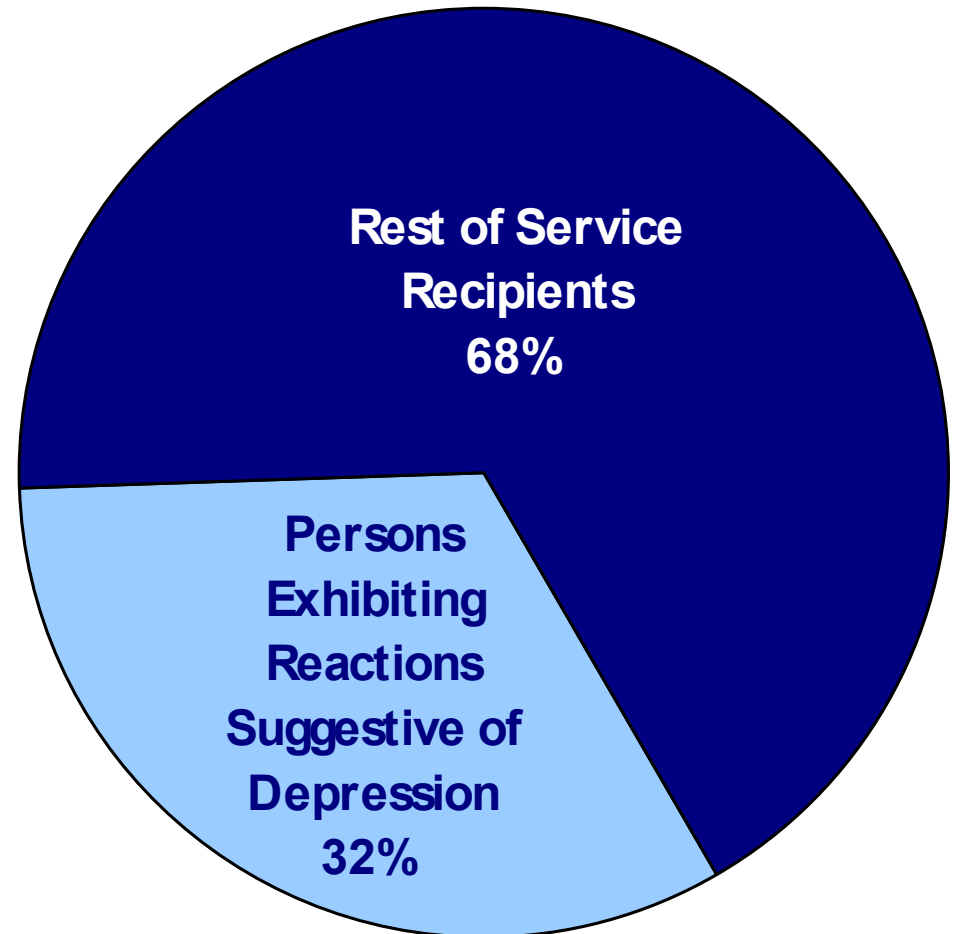
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Recipients with “Depression-like” Symptom Clusters

➤ **4 or more of these reactions:**

- Change in activity level
 - Sadness/tearfulness
 - Despair/hopelessness
 - Sleep disturbances
 - Difficulty eating
 - Fatigue/exhaustion
 - Difficulty concentrating
 - Difficulty remembering things
 - Difficulty making decisions
 - Suicidal thoughts
- OR**
- Suicidal thoughts alone





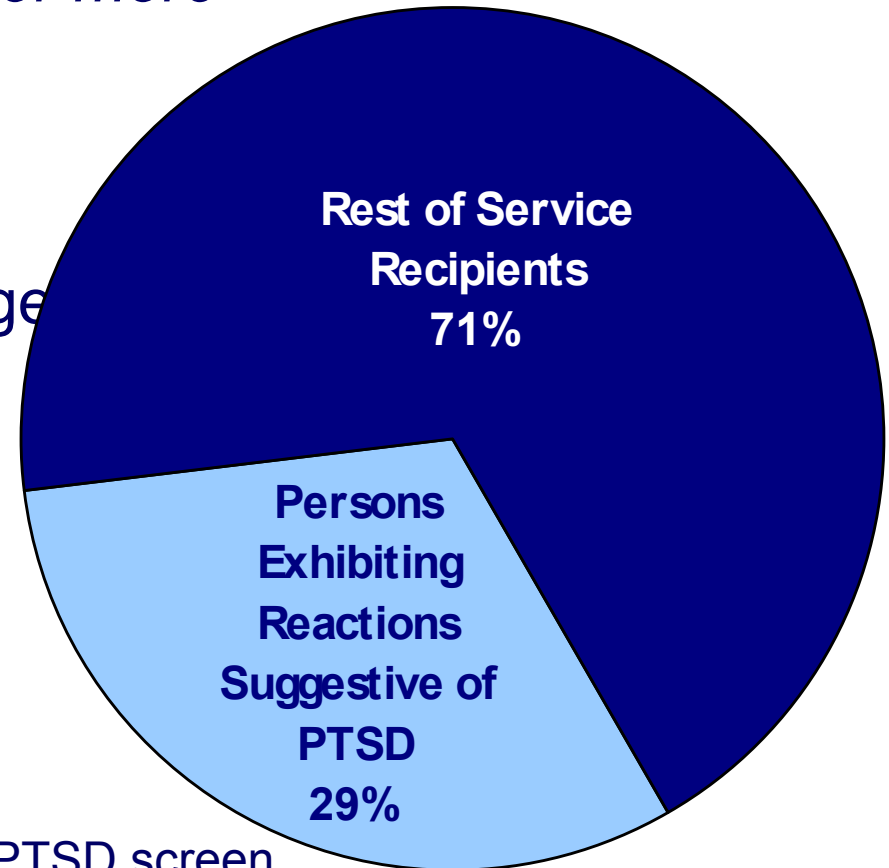
Recipients with “PTSD-like” Symptom Clusters

➤ Based on the presence of *2 or more* of the following reactions:

- Distressing dreams
- Intrusive thoughts or images
- Hyper-vigilance
- Emotional numbness or disconnection

OR

- Hyper-vigilance alone

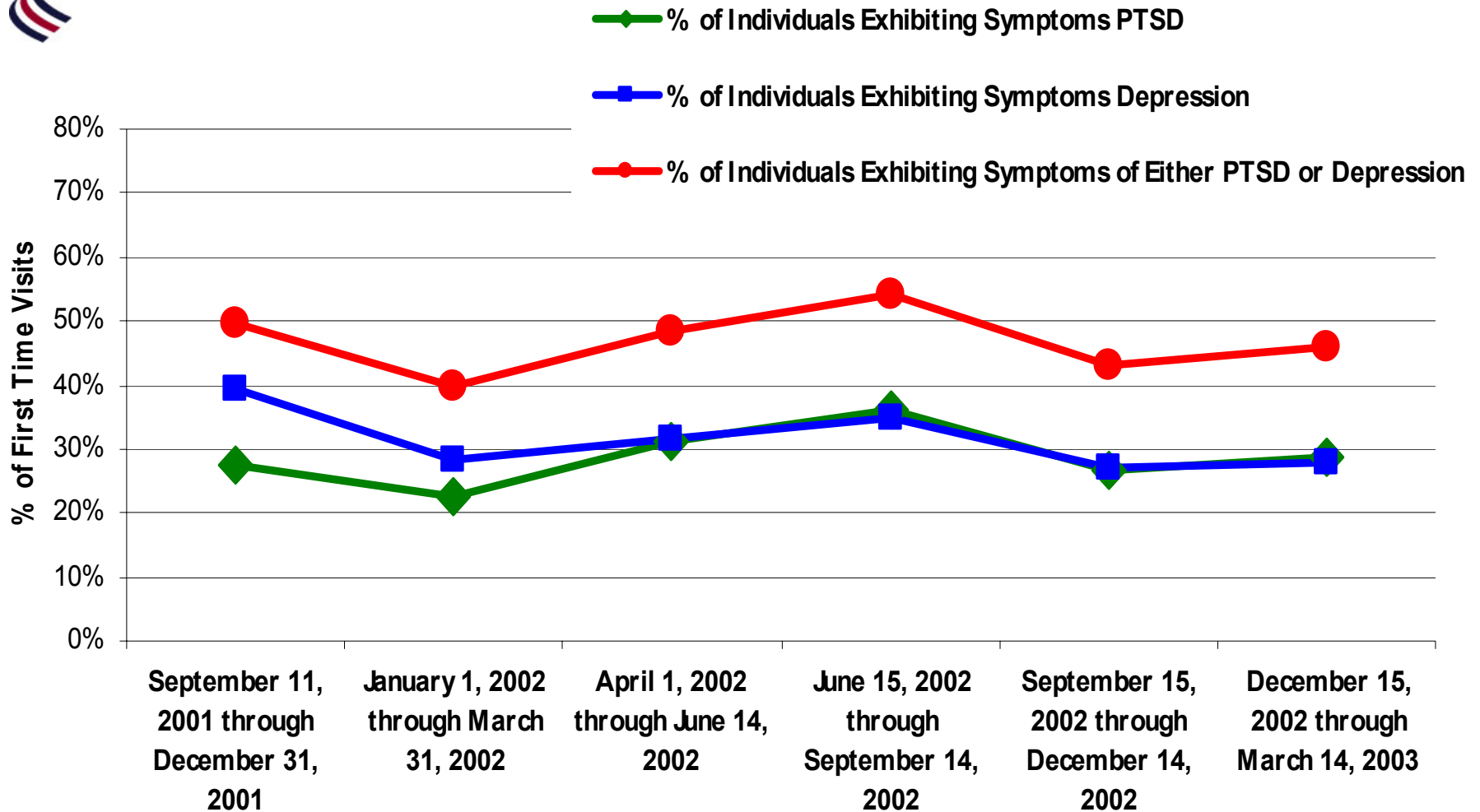


Derived from four item primary care PTSD screen
(National Center for PTSD)

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Proportion of Individuals Exhibiting More Intensive Reactions Over Time





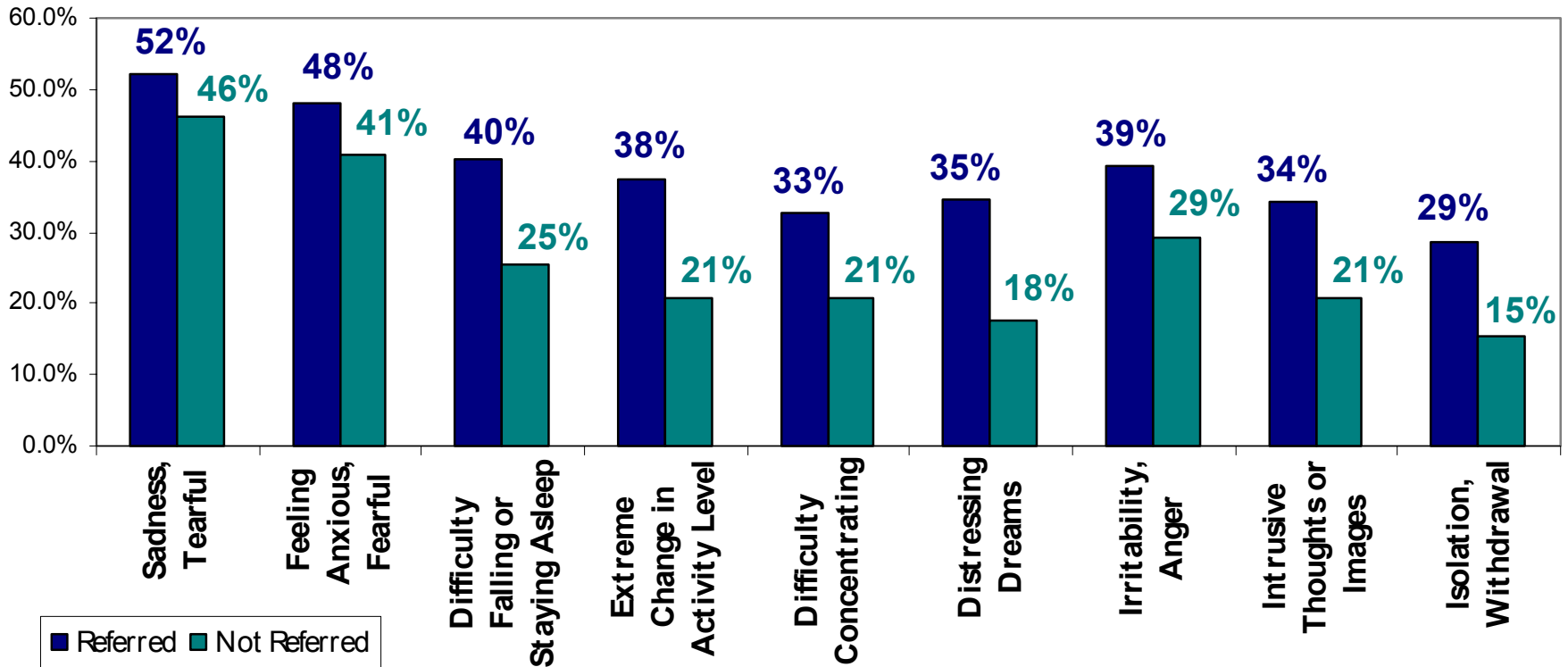
Referrals by Risk Category

Risk Category	% Referred to Professional Mental Health Treatment	% Referred to Substance Abuse Treatment	% Referred to 'Other Services'	% Referred to Multiple Services	% Not Referred
Has physical disability that limits mobility	21%	6%	15%	6%	65%
Family of Missing or Deceased	20%	3%	16%	4%	66%
Past or Pre-existing trauma, Psychological Problems, or Substance Abuse Problems	17%	10%	14%	7%	68%
WTC Workers Absent on the Day of the Attack	17%	3%	17%	2%	65%
Displaced Employed or Unemployed	15%	5%	22%	6%	64%
Injured	18%	4%	21%	3%	61%
Evacuees (WTC, Home, Schools)	14%	2%	18%	3%	68%
Uniformed Services, Rescue, and Recovery Workers	12%	1%	11%	1%	77%
School Children	9%	1%	10%	1%	80%
Other Risk Category	9%	1%	12%	2%	80%

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Event Reactions : Those Referred for Additional Mental Health Services vs. Those Not Referred



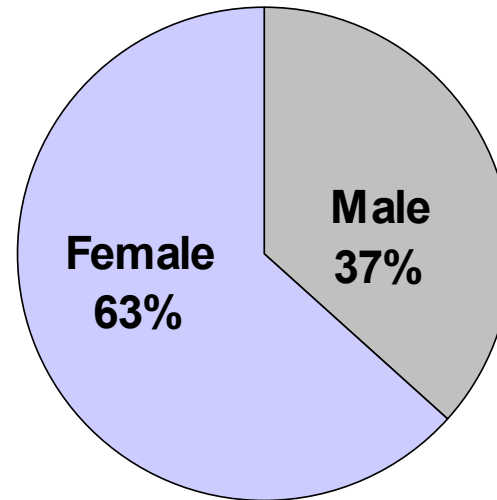


Project Liberty Outcomes

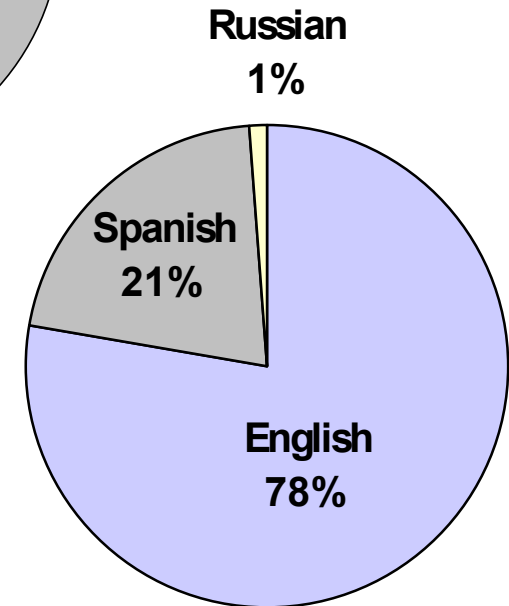


Outcome Survey: Demographics of Respondents

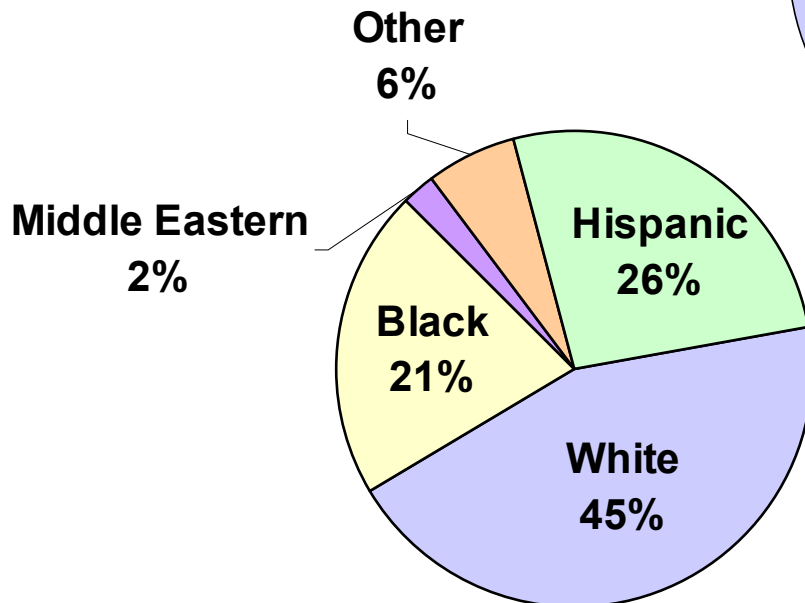
Gender



Preferred Language

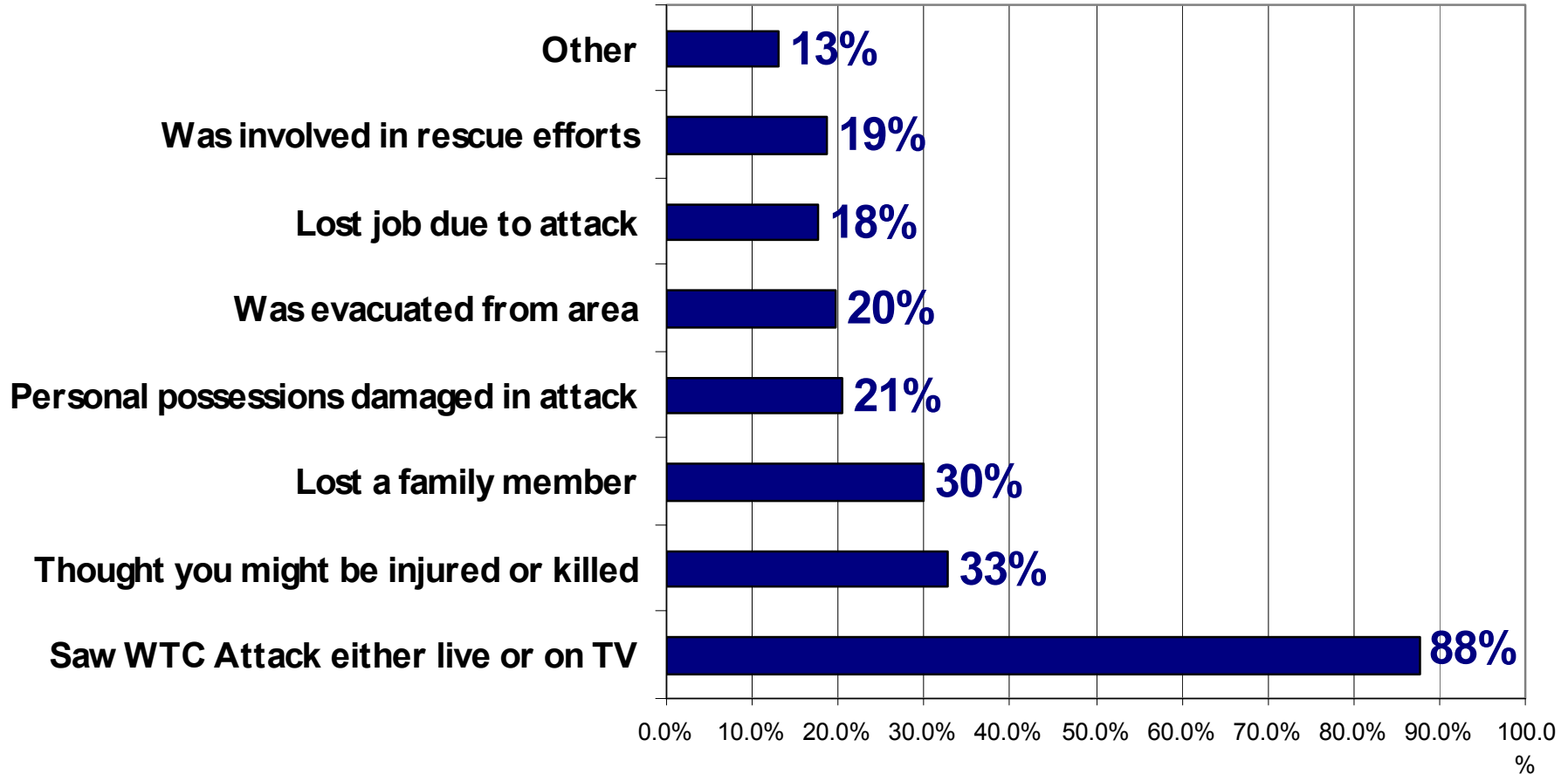


Ethnicity





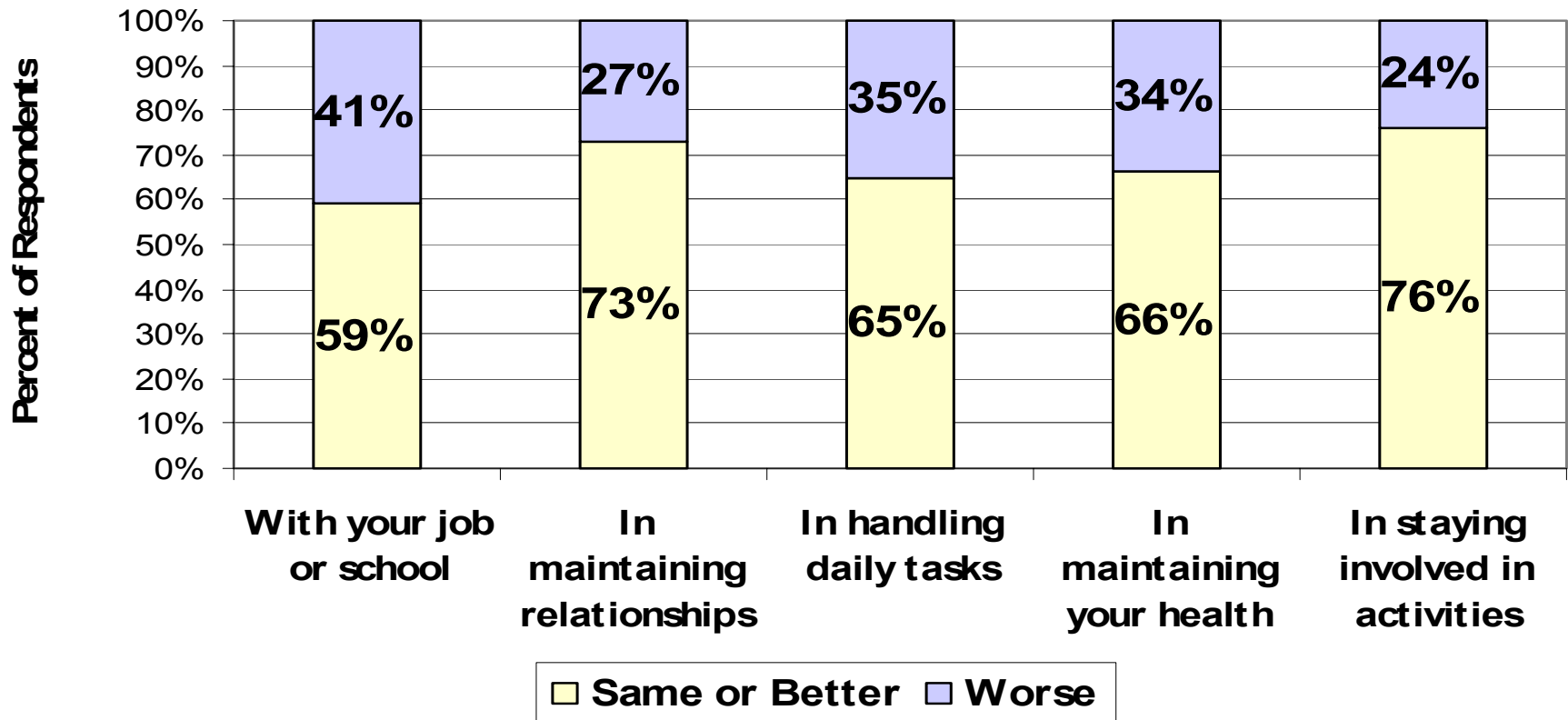
Outcome Survey: Exposure to the Attacks





Outcome Survey: Respondents Compare Their Pre-WTC vs. Current Functioning

Percent of Respondents Doing Worse or the Same or Better





Outcome Survey: Ratings of Project Liberty Services

Survey Questions	% of Recipients who assigned a ranking of Good or Excellent
Willingness of the counselor to listen	98%
Staff sensitivity to culture, race, ethnicity or religion	97%
Amount of time counselor spent with you	97%
Convenience of service location	92%
Information received about typical disaster reactions	91%
Respect with which you were treated	98%
Counselor's ability to speak your language	98%
Convenience of meeting time	96%
Likelihood you would use PL again	97%
Likelihood you would recommend to friend	96%
<i>Overall quality of PL services received</i>	96%

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Outcome Survey: Ratings of Project Liberty Service Efficacy

Survey Questions	% of Recipients who assigned a ranking of Good or Excellent
Supporting you emotionally	96%
Helping cope with emotional distress	90%
Helping carry out daily responsibilities	90%
Helping maintain relationships with family & friends	90%
Helping you to take care physically	88%
Helping you to stay involved with community	82%
Helping you to access other services	81%
Helping you to access other mental health services	88%
Helping you to access alcohol/subst abuse svcs	92%



Strategic Goals for Remainder of Project Liberty

- Continue the existing array of Project Liberty services (outreach, public education, short-term counseling, referral).
- Implement enhanced referral methods to identify individuals who have developed or are at risk for developing trauma-related disorders.
- Provide a broader array of evidence-based interventions (e.g., CBT, bereavement counseling) to individuals experiencing intensive and persistent traumatic reactions.
- Training and technical assistance to participating providers.
- Enhance resiliency in impacted individuals, families and communities.



Some Lessons Learned

- The public mental health system – including the provider community – is not sufficiently prepared to respond to terrorism.
- Responding effectively requires an expansion of focus to the entire population and large-scale provision of out-of-the office, psycho-educational services that are atypical for most providers – this in essence is a public health model.
- Because disaster mental health has to date not been part of the 'mainstream', everything has to be developed from scratch immediately in the aftermath of the disaster (training, contracting, hiring new staff, etc.). All this takes valuable time and energy.
- Historically, disaster mental health funding streams have not supported the more intensive services needed to enable individuals with more severe and persistent traumatic reactions to return to pre-disaster functioning.



Components of a Comprehensive Mental Health Terrorism-response Strategy

- Broad-based outreach and public education concerning normative reactions to trauma, and supportive counseling to respond to emotional distress.
- Identification of individuals with intensive and persistent trauma reactions and provision of appropriate interventions (population at risk for trauma-related disorders).
- Enhancing resiliency at the individual and community levels to be better prepared and to respond more effectively should the need arise again.



Conclusions

- The mental health impact of terrorism is substantial, varied and can be persistent, particularly in an environment of ongoing threats (“the major impact of terrorism is terror”).
- The public sector is capable of mounting a large-scale response, but to do so requires intense intergovernmental collaboration and flexibility.
- Because terrorism is new to us, the necessary infrastructure for an effective mental health response to terror has to be built largely from scratch; once built, government needs to support its persistence over time as a preparedness strategy.
- Government also needs to support continued clinical and services research concerning the mental health impact of terrorism and effective interventions (clinical and organizational), as scientific knowledge remains scarce.
- The experience and knowledge gained in New York should be used to inform national level planning and policymaking concerning the role of mental health in homeland defense.