

**The
Coalition**

of Voluntary

Mental Health

Agencies, Inc.

Testimony of
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At the New York City Council Hearing on “Resolution No. 443 and
the Continuing Need for Mental Health Services for New Yorkers
Still Suffering from the September 11th Terrorist Attacks”

The New York City Council Committee on Mental Health,
Mental Retardation, Alcoholism, Drug Abuse
and Disability Services

Hon. Margarita Lopez, Chair

October 12, 2004

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Introduction

Chairwoman Lopez, distinguished members of the Committee, thank you for allowing me the opportunity to testify before you today on the continuing need for mental health services for New Yorkers still affected by the September 11th attacks. My name is Meggan Christman, and I am a Policy Advocate for The Coalition of Voluntary Mental Health Agencies, the umbrella advocacy organization of New York's mental health community, representing over 100 non-profit community-based mental health agencies in New York City and surrounding areas. Our members constitute a broad cross section of service providers – all sizes from very small to very large; treatment and rehabilitation-oriented; outpatient and residential; focused on linguistically and culturally specific populations and on many special-needs – serving more than 300,000 individuals in the five boroughs of New York City and its environs.

Overview: Continuing Need

A mental health professional recently told me, “The people who came for help first, were the ones who needed it the least. It is the people who haven't come forward yet, who still live in denial of the impact of that day on their mental health and who we haven't reached yet; they are the ones who need us the most.” In these cases, individuals are immobilized, traumatized by the events of that day, consumed by anxiety. It is these people who still need our help, to resume their lives – in this world.

Our understanding of the continuing need for September 11th related mental health services for New Yorkers comes primarily through our member agencies - over

sixty of which were Project Liberty providers. The Coalition had heard from its membership that there was a need to provide *treatment* services to individuals who needed more than 3-6 brief sessions provided by Project Liberty. Since 9/11, The Coalition has raised close to \$1 million which we have re-granted to provider organizations to help special populations such as children, underserved minority groups, uninsured, and undocumented individuals. The most recent program was funded with money from the ACE Insurance Foundation and redistributed to six agencies by The Coalition to continue Project Liberty type services including outreach, crisis counseling – both individual and group, public education, and an additional case management component after Project Liberty funding expired.

What the results of this program has demonstrated to us is that, three years later, the need for individual crisis counseling sessions and brief interventions has not disappeared. Under the ACE Grant program over 1,500 crisis counseling sessions were provided as of June 30th to individuals, far surpassing the projected levels of service that agencies anticipated providing at the beginning of the grant period. Unfulfilled needs still exist among those who were more seriously affected, due to previous trauma, proximity to the events, loss of a loved-one, or an inability to cope with this tragedy. These people may not have a serious and persistent mental illness now, but, without treatment, their futures warrant deep concern. Individuals are disabled by this event and have not returned to their lives of September 10th functionality. One of the indirect results of the Project Liberty Crisis Counseling program and its massive outreach efforts was the identification of many individuals needing more comprehensive mental health

services. Without the outreach efforts of Project Liberty Program in place, identifying people in need of specialized interventions is extremely difficult, if not impossible.

The Importance of Outreach

Past the mid-point of the Coalition/ACE Grant Program, each of the six agencies is still identifying and making contact with hard-to-reach individuals. One of the cornerstones of this success is outreach. One of the key components of Project Liberty was outreach. Without this proactive approach to finding people who for myriad reasons do not access services, they may never be helped. We know all too well what happens when mental health problems go untreated. They multiply and worsen. Then add the potential complications of substance abuse, addiction, violence, and physical health problems, to name a few. The loss of quality of life for these individuals is staggering and so is the human and economic cost to our communities if they go untreated.

[An example of successful outreach as enabled by Project Liberty and the subsequent Coalition funding: mental health workers from the Institute of Community Living focused on helping individuals in East New York. Outreach efforts were invaluable in identifying individuals who, either because of a negative view of mental health treatment or because they were focused on issues of survival and fiscal stability, did not seek post September 11th treatment, despite considerable suffering. Many of these lacked medical coverage which prevented them from seeking services. The agency built relationships with local pastors to whom New Yorkers turn first in times of emotional unrest.]

Beyond the “Bubble”

In addition to advocating for continued outreach, we would also propose that any additional or renewed funding be focused on reaching New Yorkers who do not fit into an easily identified category of affected, high-need individuals. We applaud the vital contributions of several organizations, including the American Red Cross and the September 11th Fund, in providing services. The scope of these programs, though vast, is specifically dedicated to groups defined as “directly affected,” such as evacuees, injured, family members, rescue and recovery workers, etc. The number of people affected greatly exceeds these categories of eligible recipients.

The Coalition through its re-granting program has targeted several populations not within “the bubble.” One target population is children in private Muslim schools. These students experience daily discrimination and harassment. Many of them have relatives who have been arrested, detained or deported. They have been ostracized and labeled as terrorists. But with the help of the counselors they are beginning to talk, to process, to heal. One of Project Liberty’s strengths was its employment of community members with unique cultural and linguistic skills to enable service providers to connect with hard-to-reach communities and cross barriers of stigma. [The particular ethnic and linguistic strengths of the Queens Child Guidance Center workers were essential to their success. One worker speaks Bengali, Hindi, Urdu and Nepali. Another speaks Bengali and Arabic. A third woman speaks Hindi and Bengali. Yet a fourth speaks Chinese and a fifth, Russian.]

Other populations outside of the eligibility bubble include: 1) economically impacted 2) individuals with disabilities and 3) individuals who are victims of violence

and many others. These groups are especially vulnerable to traumatic events and the stressors of living in a New York City

Examples of Continuing Need

A woman who has been providing crisis counseling to school children in the Bronx since September 11th told me about the huge increase in behavioral problems noticed by teachers, principals, and parents. She showed me a stack of drawings made by elementary school students who were asked to draw pictures of their greatest fears with no mention of September 11th anywhere in the instructions. Almost all the drawings contained airplanes flying into buildings, buildings on fire, people jumping from the buildings, or some combination of the above.

Many of the parents, teachers, and counselors, who observe these children daily, are afraid. There is a rise in reports of abuse and domestic violence. There is also a rise in substance abuse, both onset and relapse. Increased suicide rates and reports of suicidal tendencies in teenagers have been observed in the Bronx. Many mental health professionals believe it is being generated by a sense of hopelessness and the early exposure to death and violence on a large scale. There is an increase in incidents of students, talking about paralyzing phobias including fears of flying, elevators, and bridges. Most of the counselors believe that we are just beginning to see the long-term effects almost three years later.

Stage-wise Services

We advocate for the renewal of Project Liberty funding, structured in such a way that it will be used effectively to meet these emerging late stage, long-term needs. Although some individuals in New York continue to benefit from the crisis counseling/brief intervention models implemented by Project Liberty, the majority of

individuals require more. The individuals now presenting with September 11th related trauma, who are just now seeking help, or those individuals that have received some counseling or treatment but need more, have diverse and complicated treatment needs that will most likely require longer-term and multi-dimensional treatment solutions.

Case Management

In addition to outreach, focus on hard-to-reach populations and communities not targeted by other programs, methods and models of treatment appropriate for late stage and long term care, we propose a case management component that has proven extremely effective for the individuals served by our programs. Case management services funded through the Coalition/ACE grant allow agencies to refer people to entitlements, longer-term mental health treatment, vocational resources, immigration assistance and many other supports. We believe that case management is vital to any successful continuation of Project Liberty services.

Indirect Effects

There are an enormous number of factors that impact the mental health of New Yorkers. Experts believe that some of these factors are a direct result of the trauma of 9/11. Some of these factors include: a rise in the number of divorces, an increase in domestic violence, an increase in substance abuse, and a rise in behavioral problems in school-aged children including truancy, sexual misconduct, violence, and suicide. Also affected by September 11th and having an impact on the mental health of New Yorkers as well as the mental health system is the rise in unemployment, and an increase in the uninsured.

Community-Based Mental Health Agencies

We understand that one rationale for the termination of federal funding for 9/11 related mental health services is that after a substantial amount of time passes and the most acute and immediate phases of mental health recovery for a community have occurred, it is expected that the existing community mental health system assume the responsibility for remaining and related mental health burdens. This may be true in the case of a hurricane, a flood or other types of natural disasters where the impact is geographically limited to more rural or suburban communities. It does not apply - in our opinion - in the case of a man-made disaster with such far reaching traumatic impact on a dense culturally diverse urban environment where the pre-9/11 waiting lists for existing mental health programs were already a mile long. The federal government has no previous experience dealing with such situations.

Prior to September 11th there were capacity issues, funding shortfalls and an overextended community-based mental health system. Expecting NYC agencies to absorb additional demands without additional resources when they are already stressed to the breaking point is unrealistic. It is unfair to both those currently receiving services and those in need of immediate attention.

These community-based agencies formed the very core of the mental health response to September 11th and must be supported fiscally in order to continue the innovative and effective work they have a proven track record of doing. They have navigated incredible obstacles--fiscal, regulatory, legislative and other--over the last three years in order to do this work. It is vital that the community-based mental health

agencies that provide mental health services to New Yorkers before, during and after a disaster are adequately prepared, supported and informed.

Thank you so much for allowing us to testify today. I'd be happy to take any questions you might have.