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Project Liberty: a Public Health Response to New Yorkers' Mental Health Needs Arising From the World Trade Center Terrorist Attacks

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ABSTRACT *The September 11th terrorist attacks had a dramatic impact on the mental health of millions of Americans. The impact was particularly severe in New York City and surrounding areas within commuting distance of the World Trade Center. With support from the federal government, state and local mental health authorities rapidly mounted a large-scale public health intervention aimed at ameliorating the traumatic stress experienced by residents of the disaster area. The resulting program, named Project Liberty, has provided free public educational and crisis counseling services to tens of thousands of New Yorkers in its initial months of operation. Individuals served vary widely in the severity of experienced trauma and associated traumatic reactions. Data from logs kept by Project Liberty workers suggest that individuals with the most severe reactions are being referred to longer-term mental health treatment services.*

BACKGROUND

The September 11th terrorist attacks had a dramatic impact on the mental health of millions of Americans. In a national survey conducted the week after the attacks, 44% of adults and 35% of children reported one or more substantial symptoms of traumatic stress. The mental health impact was particularly severe for New York City residents and others living within commuting distance of the World Trade Center (WTC), with 61% of adults living within 100 miles of the WTC reporting substantial traumatic stress.[1] Needs assessments conducted in New York State following September 11th estimated that, as a result of September 11th, 3.1 million residents of New York City and surrounding counties would experience substantial emotional distress,[2] and that of this total, over 520,000 would experience symptoms that met diagnostic criteria for posttraumatic stress disorder (PTSD).[3] While all disasters have an impact on mental health, these findings are consistent with prior research indicating that intentionally caused incidents of mass violence characterized by large-scale loss of life, property loss, and widespread unemployment may be associated with particularly "severe, lasting, and pervasive psychological effects."[4]

The New York State Office of Mental Health (OMH) has been collaborating with New York City and county mental health departments since September 11th to address these mental health needs using two related, but nevertheless distinct, response strategies. The first, aimed at the general population, consists of public

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education concerning traumatic stress reactions and appropriate coping strategies, outreach to all affected communities, and short-term supportive counseling for anyone affected by September 11th. The assumptions underlying this broad-based response strategy are that most people's stress reactions, although personally disturbing, constitute normal responses to a traumatic event and will be short term in duration.[5,6] Further, personal and community resiliency remain powerful factors even in the aftermath of a major disaster.[5–7] Corresponding interventions therefore emphasize helping people identify their responses to trauma, understand those responses as normal reactions, and reconnect with pre-existing social supports.

The second response strategy is aimed at a minority of the affected population: individuals whose traumatic symptoms persist and are of sufficient severity to meet diagnostic criteria for PTSD and/or other mental disorder. For these individuals, short-term supportive interventions will not be sufficient due to the severity of their exposure and/or preexisting risk factors.[5] In the event most comparable to September 11th, the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma, 34% of survivors had symptoms that met diagnostic criteria for PTSD.[8] Interventions in this response strategy consist of formal mental health treatment (e.g., psychotherapy, pharmacotherapy) shown to be effective for trauma-related disorders.[3,9]

This second response strategy—providing specialized treatment to individuals with diagnosed mental disorders—is consistent with the traditional roles and functions of the public mental health system. However, the first response strategy—public education, outreach, and short-term supportive counseling to the general population—has required new public health initiatives that are atypical from a system that for decades has focused primarily on the provision of treatment to individuals with severe mental illnesses. The remainder of this article describes the implementation of the resulting public health response strategy, named Project Liberty, and its impact to date.

IMPLEMENTATION OF PROJECT LIBERTY

On September 11th, President Bush declared the five boroughs of New York City a federal disaster area; this designation was expanded on September 28th to include 10 surrounding New York counties where numerous Manhattan commuters and rescue workers lived. The declaration made the area eligible for a range of Federal Emergency Management Agency (FEMA) programs, including one specifically designed to address the short-term mental health needs of communities affected by disasters: the Crisis Counseling Assistance and Training Program (CCP). This program, which is jointly operated by FEMA and the federal Center for Mental Health Services (CMHS), funds short-term public education, outreach, and crisis counseling services, but not specialized longer-term mental health treatment. When applying for CCP funds, state mental health authorities must demonstrate that existing mental health capacity is insufficient to meet disaster-related needs. The CCP has two components: the Immediate Services Program (ISP), which covers the first 60 days following a disaster declaration, and the Regular Services Program (RSP), which extends the same services for an additional 9 months.[10]

OMH applied for and received $22.7 million to provide these services during the Immediate Services Program period and an additional $132.5 million for the Regular Services Program. Although preparing these applications while responding to and coordinating requests for mental health assistance in the initial days after

September 11th proved daunting, Center for Mental Health Services staff provided on-site technical assistance that greatly facilitated the task. New York City and county mental health departments developed local plans of service and recruited existing mental health agencies to participate. Project Liberty was chosen as the common name for all resulting services. Giving the program a unique name that distinguished it from traditional mental health treatment was an important goal because the stigma surrounding mental illness, and by association mental health treatment, can be a powerful barrier to engaging individuals in services.

Much of the necessary infrastructure for Project Liberty had to be developed and established, for example:

New contracts were negotiated to allow the emergency mental health funds to flow from state to local government.

New claiming and reimbursement mechanisms were established.

New service encounter reporting forms and procedures were created to monitor the geographic and demographic penetration of the outreach effort.

New print and electronic public educational materials were developed.

A media campaign to inform the public about Project Liberty was designed and launched.

New counseling staff were recruited to supplement existing staff.

Thousands of mental health professionals and paraprofessionals were trained in the basics of community outreach and disaster mental health counseling.

All of this was accomplished in 4–6 weeks, and by mid-October, Project Liberty was operational in both New York City and the surrounding counties, with over 100 mental health agencies providing free public education and crisis counseling services.

IMPACT OF PROJECT LIBERTY

A major component of Project Liberty's outreach and public education strategy has been a media campaign aimed at building public awareness of the program. Highlights of this campaign include a 30-second television spot featuring Yankees manager Joe Torre and actress Susan Sarandon, similar radio spots in English and Spanish, and subway and bus placards developed by the New York City Department of Health that feature verbatim statements from New Yorkers detailing their personal September 11th coping strategies. Unifying elements of all media activities include the Project Liberty logo, advertisement of a central crisis counseling and referral hotline (1-800-LIFENET, operated by the New York City Mental Health Association), the slogan "Feel Free to Feel Better," and the Project Liberty Web site address (www.projectliberty.state.ny.us). In collaboration with OMH, the New York Academy of Medicine included questions to gauge public awareness of Project Liberty in its second post–September 11th mental health impact telephone survey conducted in January 2002. At that time, nearly 1 in 4 New Yorkers (24%) had heard of Project Liberty; of these, 19% indicated that they would definitely, probably, or had already called 1-800-LIFENET.[11]

Project Liberty is the first CCP program to include designated funding for program evaluation. A major data source for evaluating the program comes from logs

kept by all Project Liberty counselors and outreach workers; these logs document each service encounter. Although these logs cannot be used to identify specific individuals, they do capture data on demographics, symptom presentation, level of exposure, and geographics (ZIP code) that are being used to evaluate service delivery. All logs are data entered and made available to both OMH and local mental health department staff for analysis via a secure Internet site.

Results from preliminary analyses of Project Liberty service encounter logs from mid-October 2001 through March 2002 are presented below and in the Table (data for all logs had not been entered at the time of this writing; hence, results are conservative estimates of actual service delivery volume). During that time, Project Liberty staff provided over 42,000 service encounters, representing service to over 91,000 unique individuals. While crisis counseling sessions constituted the majority of service encounters (96%), group public education sessions were the venue through which most individuals (60%) came in contact with the program. The majority of services (87%) were delivered in various community settings. Individuals served by Project Liberty had widely varying levels of exposure to September 11th. Notably, 4,154 individuals who lost a family member during the attacks had received crisis counseling through the program. Although space constraints preclude full discussion here, comparisons of Project Liberty service recipient demographics with census data indicate that the program is reaching non-white, non-English-speaking groups at rates proportional to their representation in the general population of the disaster area.

The logs also provide evidence that Project Liberty counselors were able to identify which individuals might require more intensive mental health treatment. Overall, about 9% of individuals encountered through Project Liberty were referred for mental health treatment. These individuals experienced about twice as many traumatic symptoms as those not referred, and rates of referral were higher for highly traumatized groups such as families of the deceased and WTC evacuees. While the most commonly reported traumatic symptoms and event reactions were the same for individuals referred for treatment and those not referred, individuals

TABLE. Project Liberty service volume and traumatic symptoms of service recipients most frequently noted by counselors (October 2001–March 2002)*

	Crisis counseling	Public Education	Total
Number (%) of service encounters	40,191 (96)	1,834 (4)	42,025 (100)
Number (%) of unique individuals served	36,672 (40)	54,474 (60)	91,146 (100)
Of those who received crisis counseling, number (%) of individuals who reported:			
Sadness	14,301 (39)		
Anxiety/fear	12,099 (33)		
Irritability/anger	8,077 (22)		
Difficulty sleeping	8,626 (24)		
Difficulty concentrating	7,324 (20)		
Intrusive thoughts or images	6,040 (16)		
Isolation/withdrawal	4,808 (13)		

**Note:* Not all logs had been compiled at the time of this writing; hence, results are conservative estimates of the actual volume of service delivery.

referred for treatment experienced them at much higher rates (e.g., intrusive thoughts or images, 32% referred vs. 15% not referred). While corroborating data are not yet available, the fact that nearly all agencies participating in Project Liberty also provide treatment services for diagnosable mental disorders suggests that most individuals deemed in need had access to such services.

CONCLUSION

The rapid implementation of Project Liberty, the high volume of service delivery to date, the acceptance of the program by the general public, and the characteristics of individuals served all suggest that, in the aftermath of September 11th, New York State's public mental health system was capable of mounting a response commensurate with the traumatic mental health impact of this terrible incident of mass violence. Although the public mental health system has not typically been responsible for public health interventions that target the general population, Project Liberty suggests that it can do so, at least in the event of an emergency. Challenges that lie ahead include preserving the infrastructure developed for Project Liberty so that the state is better prepared in the event of future acts of terrorism.

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