

V. Chapter Three: September 11th - Related Mental Health Initiatives, Service Utilization, Unmet Needs, and Service Gaps

In the aftermath of September 11th, a number of public and private initiatives have been implemented to provide various forms of assistance, including mental health support, to affected individuals in New York City and surrounding areas. The immense need for psychological care resulting from this tragedy has heightened public attention paid to mental health issues and raised social acceptance of help-seeking to a degree.

However, the Federation's research reveals that Asian Americans vastly underutilize this assistance. By and large, programs offered are not sufficiently available or relevant to traditionally underserved Asian Americans. It is important to note that many program limitations cited in this report stem from long-standing deficiencies in the mental health system, reflecting persistent barriers to access and a weak mental health infrastructure. Increased needs resulting from September 11th have highlighted and exacerbated these shortcomings, making it imperative for mental health service providers and funders to directly address the specific unfulfilled needs of Asian Americans in the New York metropolitan area.

This chapter serves three purposes. First, it provides an overview of the response from major public and private entities to September 11th-related mental health needs of the entire New York City-area population. Second, it summarizes use of psychological support services by the populations studied, based on quantitative and qualitative data. Finally, it enumerates unmet needs and service gaps identified by study participants and community service providers. Findings described in this chapter form the basis for the policy recommendations set forth in this report.

A. September 11th-Related Mental Health Support

This section provides an overview of the major September 11th-related public and private mental health initiatives that impact Asian American communities. First, it describes the joint mental health program of the American Red Cross and The September 11th Fund. Then, it highlights the role of Mental Health Association/LifeNet in the coordination of service delivery for the major mental health initiatives. Next, it covers three areas of community-based mental health support: 1) the federally-funded Project Liberty crisis counseling, public education, and referral program; 2) September 11th case management programs; and 3) professional mental health services based in non-mental health settings.

1. American Red Cross and The September 11th Fund

The American Red Cross and The September 11th Fund are two of the most visible entities providing various forms of relief assistance in the aftermath of September 11th. From the immediate outset of the crisis, the American Red Cross made mental health services available for affected individuals – specifically, for victims' families, rescue workers, displaced residents, the injured, and economically affected individuals. In August 2002, the American Red Cross and The September 11th Fund launched a joint mental health initiative, providing up to \$3,000 in reimbursement for services⁶⁹ over the expected three to five-year⁷⁰ life of the program, to affected individuals⁷¹.

2. Mental Health Association of New York City/LifeNet

Under contract with the New York City Department of Health and Mental Hygiene, the Mental Health Association sponsors LifeNet, a program that provides public education and outreach, and also operates a 24-hour crisis information and referral hotline. *AYUDESE*, or Spanish LifeNet, and Asian LifeNet are its other-language subsidiaries. Asian LifeNet is staffed by professionals with language capacities in Cantonese, Mandarin, and Korean.

As New York City's largest mental health service network, LifeNet was the only service after September 11th that had an existing communications infrastructure to deal with a crisis of that magnitude. LifeNet serves as the front door in the coordinated response of the major mainstream mental health initiatives. For the American Red Cross and The September 11th Fund program, LifeNet shares the responsibilities of service eligibility determination and referral-making with the American Red Cross⁷². Similarly, Project Liberty designated LifeNet as the major entry point for access to its services⁷³.

3. Project Liberty

Initiated in October 2001⁷⁴ by the Federal Emergency Management Agency (FEMA), Project Liberty provides free short-term crisis counseling, public education, and mental health and other supportive service referrals to those in the New York State area affected by September 11th. As mentioned in earlier chapters, Project Liberty operates

⁶⁹ Services are billable retroactively to September 11, 2001. Eligible clients and licensed mental health service providers may submit claims for reimbursement to The September 11th Fund and the American Red Cross. Only services provided by licensed mental health professionals are reimbursed. Services include outpatient mental health treatment, including individual, group, and family counseling; psychotropic medications; alcohol or substance abuse detoxification, counseling, or outpatient rehabilitation and inpatient hospitalization and/or substance abuse treatment.

⁷⁰ Sharing the costs of the program to maximize resources and streamline relief efforts, the two organizations plan to spend up to \$45-65 million for three to five years from the program start date.

⁷¹ Compared to the American Red Cross, The September 11th Fund reimburses mental health services for a wider range of groups, including injured victims and their family members, former employees of WTC and their family members, dislocated workers who worked in the WTC vicinity and their family members, rescue workers and their family members, displaced residents, and children who attended a nearby school, regardless of income or immigration status.

⁷² As of August 2002.

⁷³ As of the early weeks following September 11th.

⁷⁴ Project Liberty was initiated in October 2001 through a \$22.7 million statewide grant from the Federal Emergency Management Agency (FEMA). New York City received \$14 million to establish Project Liberty counseling services in all five boroughs. In May 2002, FEMA awarded New York State an additional \$112 million to continue the program.

through over 70 community-based providers, including traditional mental health clinics and hospitals. In addition, Project Liberty funds mental health programs in other community settings, such as schools. As of mid-August 2002, Project Liberty had made contact with more than 150,000 individuals who live or work in and around New York City.

With a staff that speaks 22 Asian languages and dialects, Hamilton-Madison House is the largest mental health service provider in New York City's Asian American community. Since October 2001, it has performed extensive outreach for Project Liberty in the New York metropolitan area. In the year after September 11th, Hamilton-Madison House made over 10,000⁷⁵ contacts to Asian American clients in New York City, making it the largest Project Liberty provider to the Asian American community.

Other Project Liberty providers currently serving the Asian American community in Manhattan include Bellevue Hospital, Educational Alliance, Gouverneur Hospital⁷⁶, Henry Street Settlement, Saint Vincent's Hospital, and University Settlement. In the first six months after September 11th, a Project Liberty program was established at the 141 Worth Street FEMA relief center in Manhattan⁷⁷. Outside of Manhattan, Project Liberty operates through community-based service providers in other areas with high concentrations of Asian Americans, such as Flushing, Queens and Sunset Park, Brooklyn.

4. September 11th-Related Case Management

September 11th-related case management services provide a range of assistance and supportive services to affected individuals. In addition to providing and coordinating services, they often serve as the front door for access to mental health information and referrals. Among the major funders of case management services for the Asian American community are the American Red Cross and The September 11th Fund. With the exception of the American Red Cross program, most case management programs operate through community-based social service organizations.

In August 2002, The September 11th Fund expanded its comprehensive case management program to include provision of supportive services to victims' families, the injured, dislocated workers, and displaced residents. Major services include comprehensive needs assessments; provision of information and referrals to mental health counseling and support groups; assistance in accessing legal services, immigration-related services, job training and job placement; assistance with applications; advocacy with service providers; and provision of updates on available services and benefits.

With respect to the Asian American community, this initiative enabled six partner agencies in New York City - Asian American Federation (AAF), Chinatown YMCA, Chinese-American Planning Council (CPC), Filipino American Human Services, Inc. (FAHSI), Japanese American Social Services, Inc. (JASSI), and the New York Asian Women's Center (NYAWC) - to hire bilingual case managers to reach out to and work closely with affected individuals. This partnership is part of United Services Group (USG), a 13-member consortium of community-based organizations throughout New York City that facilitates service coordination and the provision of training for case managers.

Asian American Legal Defense and Education Fund (AALDEF), Asian Americans for Equality (AAFE), Pragati, South Asian Council for Social Services (SACSS), and Young

⁷⁵ Can include follow-up visits.

⁷⁶ From September 12, 2001 to October 2002, Gouverneur conducted approximately 80 intakes with Asian Americans.

⁷⁷ From October 2001 to January 2002, the FEMA Center at 141 Worth Street conducted 120 Project Liberty intakes with Asian Americans. The Project Liberty program at this relief site closed after January 2002.

Korean American Service and Education Center (YKASEC) are other Asian American community-based organizations with case management programs that serve in similar capacities. Please see Appendix B for more information about these individual programs.

5. Professional Mental Health Services in Non-Mental Health Settings

After September 11th, some organizations and institutions that traditionally have not provided mental health services have received funding to employ mental health professionals. The location of these services - outside a traditional clinical setting - decreases the stigma associated with mental health service use. Moreover, the familiarity that community members already have with these organizations facilitates the linkage of more individuals to needed help.

a. Victims' Families

Social Service Setting

Filipino American Human Services, inc. (FAHSI) and South Asian Council for Social Services (SACSS) are two Asian American community organizations that have the capacity to directly provide professional mental health services to September 11th - impacted case management clients. FAHSI employs one bilingual in-house psychiatrist, to whom some mental health referrals are made. Other referrals are made to outside mental health providers, including Project Liberty, Safe Horizon, and Choice Mental Health Center (Woodside, Queens). SACSS employs seven bilingual licensed mental health professionals (1 psychiatrist, six social workers)⁷⁸.

b. Chinatown

School Setting

On September 19, 2002, The September 11th Fund launched a mental health program targeting an estimated 25,000 pre-school through high school-age students who experienced the terrorist attacks first-hand or were traumatized by the subsequent evacuation or relocation from their schools. Under this \$10 to 15 million initiative, the Fund augments mental health services, providing art therapy, enrichment activities such as summer school and after-school programs, academic preparation assistance, and professional development to help train teachers and others to identify and respond to mental health problems in children. Community School District 2 and School Arts Rescue Initiative Project are among the major grant recipients of this initiative.

Also, in March 2003, \$33 million in Project Liberty aid for downtown schools was allocated to New York City's Department of Education. In Chinatown schools, Saint Vincent's Hospital, in partnership with Project Liberty and the New York City Department of Education, has been screening children and employs Chinese-speaking social workers to work with their parents.

Afterschool and Childcare Centers

In October 2002, the Coalition for Asian American Children and Families (CACF) implemented the CORE initiative (Children Overcoming Through Resources and Education), with the aim of fostering positive mental health outcomes for children and families primarily in Community School Districts 1 and 2. Through community-based events featuring educational and recreational activities that promote coping and healing, the program's preventive, holistic framework emphasizes themes of positive identity, re-establishing normalcy and a sense of safety, pro-social behavior, developing relationships, and community-building. This initiative includes

⁷⁸ As of March 2003. Languages spoken by staff are: Bengali, English, Gujarati, Hindi, and Malayalam.

an extensive public education campaign providing mental health education for parents. It is also developing culturally competent mental health curricula and offers training for community-based service providers.

Church Setting

Since December 12, 2002, the Lutheran Family and Community Services' New Life Center, part of the True Light Lutheran Church, has been providing social service and mental health assistance to the dislocated Fujianese, a more recently immigrated Chinese population. Undocumented status frequently prevents these individuals from seeking much-needed services. Personal intimidation and/or an actual lack of access associated with their circumstances can pose significant barriers. Treatment-seeking, if any, is often delayed until individuals have suffered more severe symptoms of mental illness. Thus, if and when they do come forward for mental health treatment, their issues are typically more advanced and difficult to treat.

According to interviews with program administrators and service providers, church-based mental health services are not only more physically accessible, but undocumented individuals have a greater sense of security when using services with this linkage. Earlier and more sustained treatment over time promotes better outcomes overall, including significant preventive effects.

Primary Care Setting

Since 1997, the Charles B. Wang Community Health Center has sponsored the Mental Health Bridge Program, a unique model of primary care and mental health service integration in the Chinese American community. Patients are routinely screened for mental health issues in visits with their general practitioner and can receive professional mental health services in the same setting.

In February 2002, the Center began conducting September 11th-related mental health outreach to Chinatown's elderly and children through radio programs and in public settings, such as schools and street fairs. The program's objective is to educate these groups to deal with post-September 11th trauma and stress.

Senior Center Setting

Asian LifeNet holds regular monthly support and recreational groups with Fujianese seniors at Hamilton-Madison House Knickerbocker Village Senior Center. The group serves as a support network to decrease social isolation. Support group topics include family conflict resolution and stress management.

Social Service Setting

In February 2002, Asian Americans for Equality (AAFE) commenced the Wellness Program, a mental health initiative with a focus on prevention, coping, and maintaining emotional health. Mental health screening, brief counseling, and referrals are offered in conjunction with concrete assistance (e.g., ESL classes, legal assistance) to individuals in Chinatown who were economically disadvantaged or otherwise negatively impacted by September 11th. The link between these services de-stigmatizes the support received for mental health issues. The Wellness Program also offers educational workshops on mental well-being in a Chinatown library.

The variety of programs at once highlights the diverse needs that exist among Chinatown populations, while pointing to the need for coordination of services to maximize limited resources. Funding for these programs is time-limited, generally not extending beyond one year. As such, these programs are fortifying the foundation for a currently weak Asian American mental health infrastructure. The needs that have been

illuminated post-September 11th are inherently long-term; therefore, a response that is less than long-term is inadequate. For more information about these and other community-based initiatives, see Appendix B.

These programs are set in a larger context of mental health service organizations in the Chinatown community, which, while providing much-needed services, have always faced capacity challenges and resource limitations. See Appendix C for a description of these organizations.

B. Service Utilization of Victims' Families

The following is a presentation of key quantitative and qualitative findings on mental health service utilization by victims' families. The findings are derived from analyses of administrative datasets and database reports as well as from interviews with case managers and mental health providers.

Generally, these data indicate an extremely low level of mental health service utilization on the part of victims' family members, reinforcing the finding from study participant interviews that this population is generally not accessing professional help for emotional issues.

1. **American Red Cross:** In the 17 months after September 11th, less than three percent of Asian victims' family members received mental health services through American Red Cross.
 - From September 12, 2001 until February 14, 2003, 315 family members of Asian victims⁷⁹ accessed American Red Cross services.
 - Of these family members, less than three percent (8) accessed mental health benefits.
 - Those who accessed mental health services were of Japanese (4), Indian (1), and Chinese (1) descent.
 - Mental health benefits were utilized in Japan by three individuals.
 - The remaining five individuals utilized benefits locally, in New York and New Jersey.
 - Victims' families of Indian, Chinese, and Japanese backgrounds accessed American Red Cross services⁸⁰ more than other Asian ethnic groups.
 - Less than half (44%) of the victims' families were assigned case managers.
2. **MHA NYC/Asian LifeNet:** According to interviews with LifeNet administrators and hotline staff, few victims' family members have called the hotline⁸¹.
3. **Project Liberty**⁸²: In the year after September 11th, very few referrals were made by Project Liberty for victims' family members, and of these, most were not accepted.

An analysis of the Hamilton-Madison House/Project Liberty data (see Chapter One for more detail) reveals that among the 24 API family members assessed, only five referrals⁸³ were made.

- Of these, two were to mental health services.

⁷⁹ The clients in the American Red Cross database on Asian victims' families are either Asians or had Asian family members who were victims.

⁸⁰ This includes all American Red Cross services, e.g., financial assistance and concrete services.

⁸¹ It should be noted that the caller's possible status as a victim's family member is not routinely screened. More specific data on service utilization by victims' families is not available due to a lack of such records kept by LifeNet.

⁸² The Project Liberty data are from the Hamilton-Madison House dataset (see Chapters 1 and 2) and span the year following September 11, 2001. The total sample population size is 13,859 individuals.

⁸³ More than one referral can be made per individual. Due to database limitations, it is not possible to tell how many individuals received referrals. The total is taken from the forms with this section filled out; actual number may be higher.

- Two were to other Project Liberty services (e.g., public education, group counseling).
- One was to “other social services.”⁸⁴
- For all services, only 11% accepted the referral(s) made.⁸⁵

4. September 11th - Related Case Management: Case management clients who received services from non-Asian mental health providers found them to be unhelpful. The topic of mental health was often not fully broached by case managers due to inadequate mental health training.

Interviews were conducted from December 2002 through March 2003 with case managers from AAF, Chinatown YMCA, CPC, FAHSI, JASSI, NYAWC, Pragati, and SACSS. Consistent with findings from the interviews with victims’ family members in this study, case managers reported that:

- Few of the victims’ family members that used services found the sessions helpful. The major reason cited was that services were not provided by professionals with the same cultural background (AAF).
- Most of the victims’ family members that used mental health services did not have a prior history of mental health service utilization (FAHSI).
- There was variation in the extent to which case managers provided mental health information, referrals, and follow-up to victims’ family members. In some programs, it is routine to discuss mental health services. In a greater portion of programs, however, the topic is rarely broached.
- The degree to which the topic is addressed in case management depends on the case manager’s familiarity and comfort level with mental health issues, level of mental health training, knowledge of available resources, and the client’s own comfort level with the subject matter.
- Programs with in-house professional mental health staff tended to have a higher rate of service linkage among their clients.
- Generally, most Asian clients were interested in obtaining concrete assistance before seeking mental health assistance (AAF, Chinatown Y, CPC, JASSI, NYAWC, Pragati, SACSS).
- Asian clients with higher levels of acculturation, education, English language proficiency, and household income were generally more willing to utilize mental health services (FAHSI, NYAWC, SACSS).

5. Professional Mental Health Services in Non-Mental Health Settings: A relatively high level of mental health service use among victims’ families was observed with this type of service.

Interviews with FAHSI and SACSS in December 2002 and March 2003 yielded the following findings:

- Compared with the level of professional mental health service use of other case management clients, a higher degree of mental health service utilization was evident among case management clients using services that were:
 - provided in familiar, non-mental health settings;
 - provided in the client’s home;
 - provided by professionals who share the cultural and linguistic background of their clients;

⁸⁴ The top referral sources for “other social services” were: CPC, American Red Cross, FEMA, NYC Human Resource Administration, Legal Aid Society, NYS Department of Unemployment, Safe Horizon, Crime Victims’ Board, Salvation Army, Small Business Administration, Social Security Administration, and Workers’ Compensation Board.

⁸⁵ Due to the method in which information was recorded, inconsistencies exist in the number of referrals made as compared to the total number of referrals accepted and not accepted. This particular finding was derived from a total of nine responses to the question “Referral Accepted?” This total does not correspond to the total number of responses for referrals made, which as documented above, was five for the group.

- recommended by a trusted individual (e.g., family member, friend, social service provider, community members/word-of-mouth).
- As of July 2003, SACCS had served 44 different families. Among these families, between 80 and 100 individuals received mental health counseling from SACCS' in-house professionals.
- Consistent with findings from the interviews with victims' families, SACCS reported that their clients were initially more interested in concrete assistance. As these needs were addressed over time, clients' openness to seeking mental health support increased, fueled by the above factors.
- SACCS observed associations between the client's relationship to the victim and certain patterns of help-seeking:
 - Spouses of victims were more willing to actively use services, particularly group sessions with other spouses whose prior acquaintance they had made through recreational group activities.
 - Parents of victims appeared to be the most emotionally impacted and to prefer individual counseling.

C. Service Utilization of Chinatown Vulnerable Populations

Key findings on the mental health service use of Chinatown's children, elderly, and dislocated workers are presented in this section. Qualitative and quantitative data from September 11th mental health programs serving the Chinatown community were analyzed. These data corroborate major focus group findings that Chinatown populations are not accessing professional help for emotional issues.

1. **Project Liberty⁸⁶: A very low number of mental health referrals were made in the year after September 11th for Chinatown's children, older adults, and dislocated workers. Of these, mental health referrals were made more often for older adults as a group. Acceptance rates for all social services were high for dislocated workers.**

In general, a low level of referrals was made relative to the number of individuals assessed and relative to the amount of emotional stress caused by the tragedy and its aftermath. As a group, Chinatown's dislocated workers received a relatively higher number of referrals. For all three populations, the majority of referrals were to non-mental health or "other social services."⁸⁷ Professional mental health services and other Project Liberty services were referred between 10 to 30% of the time, for those who received referrals. Of the three groups, older adults received the most mental health service referrals. The acceptance rate for referrals was substantially higher among the dislocated workers, as compared to children and older adults. Overall, these findings support that, while mental health issues are prevalent among these populations, low levels of linkages are being made to much-needed services.

An analysis of the Hamilton-Madison House/Project Liberty data (see Chapter Two for more detail) revealed that:

⁸⁶ The Project Liberty data are from the Hamilton-Madison House dataset (see Chapters One and Two) and span the year following September 11th. The total sample population size is 13,859 individuals.

⁸⁷ The top referral sources for "other social services" were: CPC, American Red Cross, FEMA, NYC Human Resources Administration, Legal Aid Society, NYS Department of Unemployment, Safe Horizon, Crime Victims' Board, Salvation Army, Small Business Administration, Social Security Administration, and Workers' Compensation Board.

a. Children

- Among the 122 API children assessed, only eight referrals⁸⁸ were made.
 - Six were to “other social services”.
 - One was to mental health services.
 - One was to other Project Liberty services (e.g., public education, group counseling).
- The rate of referral acceptance for all services was 59% among this group.⁸⁹

b. Older Adults

- Of the 1,813 API older adults assessed, only 150 referrals⁹⁰ were made.
 - Of these, 56% (84) were to “other social services”.
 - Approximately 30% (29.3%, 44) were to professional mental health services.
 - Over ten percent (11.3%, 17) were to other Project Liberty services.
 - Two percent (3) were to substance abuse services.
 - One percent (2) was to other disaster agencies.
- The rate of referral acceptance for all services was 49% among this group.⁹¹

c. Dislocated Workers

- Among the 445 API dislocated workers assessed, 172 referrals were made.
 - Of these, 77% (133) were to other social services.
 - Ten percent (10.5%, 18) were to other Project Liberty services.
 - Another nearly ten percent (9.3%, 16) were to professional mental health services.
 - Nearly two percent (1.7%, 3) were to other disaster agencies.
 - One percent (1.2%, 2) was to substance abuse services.
- The rate of referral acceptance for all services was 79% among this group.⁹²

2. Case Management: Most clients receiving case management are not expressing interest in mental health services, and few mental health referrals are being made.

Most clients are primarily interested in concrete services (AAF, Chinatown YMCA, CPC). According to case managers, anxiety and family conflicts due to the economic situation are the most common mental health issues affecting their clients, many of whom are dislocated workers (Chinatown YMCA). However, few mental health referrals are being made (Chinatown YMCA, CPC).

3. Professional Mental Health Services in Non-Mental Health Settings: These programs have been successfully reaching people and screening them, but many needy Chinatown community members are still not connecting to services.

School Setting

According to Community School District 2, a 20% increase in referrals to mental health services was seen in some Chinatown schools after mental health screening was initiated.

⁸⁸ More than one referral can be made per individual. Due to database limitations, it is not possible to tell how many individuals received referrals. The total is taken from the forms with this section filled out; actual numbers may be higher.

⁸⁹ Due to the method in which information was recorded, inconsistencies exist in the number of referrals made as compared to the total number of referrals accepted and not accepted. This particular finding was derived from a total of 17 responses to the question “Referral Accepted?” This total does not correspond to the total number of responses for referrals made, which as documented above, was eight total for the group.

⁹⁰ The total indicates the number of forms with this section filled out; the actual number may be higher.

⁹¹ This was derived from a total of 233 responses to the question “Referral Accepted?” This total does not correspond to the total number of responses for referrals received.

⁹² This was derived from a total of 164 responses to the question “Referral Accepted?” This total does not correspond to the total number of responses for referrals received.

Afterschool/Childcare Centers

As of July 2003, the CORE program had reached between 75 to 500 children and 85 to 250 parents in each of their monthly community-based events, for a total of 1400 children and 650 parents⁹³.

Church Setting

As of April 2003, the New Life Center had provided counseling to 100 clients.

Primary Care Setting

Charles B. Wang Community Health Center screened 555 residents from the local Chinatown community five months after September 11th.

- The number of mental health contacts increased by 68% post-September 11th in comparison to the same period pre-September 11th⁹⁴.
- The number of mental health patients was 38% higher post-September 11th in comparison to the same period pre-September 11th.
- Mental health service use increased at a greater rate than primary care service use during these periods. The percentage increase in the aforementioned numbers of mental health encounters and mental health patients (68% and 38%, respectively) was higher than the percentage increase in the number of primary care encounters and the number of primary care patients (29% and 36%, respectively).

Social Service Setting

As of December 2002, 1000 people had been screened at the AAFE assistance center. At that time, there were 68 open cases, all of whom had received brief counseling.

4. Asian LifeNet: The overall level of service utilization has not increased significantly after September 11th. Calls to Asian LifeNet generally tend to be more serious in nature, as compared to calls made to other LifeNet telephone lines.

- While general LifeNet service utilization has greatly increased after September 11th, the level of Asian LifeNet service utilization has not changed significantly.
 - There was a 126% increase in the number of general LifeNet calls from the year pre-September 11th (October 2000 to September 2001) to the year post-September 11th (October 2001 to September 2002).
 - There was only a 4% increase in the number of Asian LifeNet calls over the same periods.
- A greater percentage of crisis and emergency calls⁹⁵ are made to Asian LifeNet as compared to LifeNet's general and Spanish language (*AYUDESE*) phone numbers.
- Asian LifeNet reports that hotline calls tend to follow its mental health educational broadcasts on Chinese radio.

⁹³ In addition, to help parents understand their children's mental health needs, CORE is conducting a public education campaign via Chinese language newspapers and radio.

⁹⁴ January - June 2001 was compared to January - June 2002.

⁹⁵ One out of every 67 calls to Asian LifeNet are for "crisis emergency," as compared to one out of every 125 of such calls to general LifeNet.

D. Summary of Service Utilization

Mental health services have been greatly under-utilized both by family members of Asian victims and Chinatown children, elders, and dislocated workers. Between September 12, 2001 and February 14, 2003, of the 315 family members of Asian victims who accessed American Red Cross services, only eight utilized its mental health benefits (Of these, three were outside of the U.S.). Additionally, while general LifeNet service utilization has greatly increased after September 11th, the level of Asian LifeNet service utilization has not changed. And, referrals for mental health services were only made to approximately 4% of the population that was assessed⁹⁶ through Project Liberty.

Professional mental health services were perceived to be unhelpful, inappropriate, or irrelevant by study participants. Study participants considered obtaining concrete assistance a much higher priority than getting help for mental health issues. When study participants sought emotional support, they received it most often through their own social networks and other support systems, i.e., family, friends, peers, and religion/spirituality. Study participants preferred culturally embedded means of alleviating physical symptoms of stress, such as the use of herbal medicines and acupuncture over Western therapies.

For the few victims' family members who sought professional mental health services, services were largely not provided by professionals of the same cultural and linguistic background. Those who saw professionals of a different background tended to have a more difficult time communicating with the provider and did not perceive mental health services to be as useful. Translators were not available in most cases when the professional was of a different background.

Mental health services were utilized more in acute stages of mental illness or perceived to be useful only in these stages. A greater percentage of crisis and emergency calls are made to Asian LifeNet as compared to the general LifeNet and *AYUDESE* (Spanish) LifeNet telephone numbers.

Study participants felt that professional mental health services are a last resort, or only to be used for severe cases of mental distress. According to interviews with mental health and social service administrators, the Fujianese population, many of whom are undocumented and uninsured, tend to delay treatment even more than other Chinese groups - until their issues have progressed into much more severe and difficult-to-treat conditions.

Mental health service utilization was associated with services that were:

- Located in non-clinical settings⁹⁷;
- Provided by professionals who share the clients' cultural and linguistic background;
- Recommended by a trusted individual (e.g., family member, friend, social service provider);
- Publicized over the radio, in the case of Chinatown.

⁹⁶ Only 101 referrals to mental health services through Project Liberty/Hamilton-Madison House were made to a total of 2,404 individuals from the four study groups (victims' families and Chinatown children, elderly, and dislocated workers).

⁹⁷ I.e., In the home, places of worship, in organizations where they are receiving other supportive services, schools, job-training centers, senior centers.

E. Summary of Findings: Expressed Unmet Needs and Service Gaps

Despite the assessments that all victims' family members were depressed or mildly depressed, and that most focus group participants in Chinatown were at risk for developing negative mental health outcomes, mental health service utilization among these groups was extremely low. The interviews with victims' family members and focus group participants revealed that very few participants received help from mental health service providers or tried to learn about available mental health services. In general, these groups regarded counseling as unhelpful. However, the research findings highlight that the existing coping methods have not adequately addressed emotional difficulties associated with September 11th, and that significant barriers prevent adequate access and utilization of mental health support sources.

Questions pertaining to the unmet needs and gaps in mental health services were asked of study participants, health, mental health and social service providers, and relief agency staff through interviews, focus groups, and surveys. This section presents the key findings in these areas.

1. Unmet Needs

Mental health awareness needs to be instilled among Asian families of victims and Chinatown's children, dislocated workers, and elderly.

- Before professional help can be openly and effectively utilized by those who need it, negative social attitudes and general misinformation about mental health and counseling must first be rectified.
- A public health campaign needs to be formulated and executed that provides victims' families and Chinatown residents with an accurate understanding of mental health issues, including the consequences to normal life functioning of prolonging or not addressing emotional problems.

Victims' Families

Long-term professional emotional support for Asian families of victims is greatly needed to help them cope with their continued sense of loss as well as the stress associated with changes in the family.

- Informal supports alone were largely insufficient to relieve the depression and stress levels of interview participants, as assessed by the interviewers, who are licensed mental health professionals.
- Research from the Oklahoma City bombing shows that the need for mental health assistance following a trauma can persist for years. In that case, mental health services were still being utilized three years later⁹⁸.
- Many victims' families emphasized a preference for support groups as a less stigmatized opportunity to share with others who have experienced similar losses. Mental health professionals who are trained to address issues of bereavement and loss should lead such groups.
- Victims' family members expressed their appreciation for social and recreational activities, which not only help those in emotional distress and isolation but also free up time for other family members who are obligated to care for them.

⁹⁸ *Project Heartland: A Report on Project Heartland, Oklahoma's Crisis Counseling Services for Those Affected by the Murrah Federal Building Bombing on April 19, 1995.* Oklahoma Department of Mental Health and Substance Abuse Services, May 31, 1998.

Victims' families cited a need for easily accessible information on bilingual resources and services.

- Victims' families had a low level of initiating help-seeking for all kinds of services. In light of this, it is essential that assistance be as accessible as possible.
- The issue of service availability precedes even that of accessibility. Currently, there are few mental health educational resources in languages other than Chinese.
- Victims' families specified that a central resource center would be helpful. Mental health professionals added that such centers provide a much-needed anonymous place to access services.

Victims' families emphasized the importance of making available various forms of emotional support to individuals close to them, such as friends and neighbors, who did not know how to interact with them under the circumstances.

- Victims' families have been isolated from needed help because others did not know how to interact with them.
- Supportive and educational groups and workshops were specified as forms of assistance that would be helpful.

Chinatown

For children in Chinatown, sustained interventions are necessary to give children opportunities to interact with adults trained to help them address feelings, thoughts, and concerns associated with the emotional consequences of September 11th.

- Some consequences of failing to treat childhood mental health problems observed among Chinatown children are general decreases in functioning, including school failure, suicidal ideation or talk, and acting out behavior.
- Many of the mental health consequences that would be seen are not necessarily ones that would bring children to an outpatient mental health treatment center.
- Children are less equipped to express their emotions and more dependent on adults to help them address their needs.
- Long-term care is necessary because trauma can persist for years beyond the event.

Parents, school personnel, after-school and child care providers need education to deal with mental health consequences in their children.

- Adults need to cultivate the ability to detect mental health issues in children through culturally relevant training.
- Adults need to learn culturally and developmentally appropriate and effective ways to enable themselves and their children to cope with children's mental health consequences.

Families in Chinatown need help to deal with anxiety and stress symptoms due to unemployment, persistent post-traumatic stress symptoms, and increased familial tensions and conflict.

- Mental health issues affect the ability to obtain and sustain employment, which can lead to a destructive spiral of prolonged negative impacts on mental health and employment status.
- More efforts to link services providing mental health help and those providing concrete assistance are needed.
- Focus groups with Chinatown children revealed that mental health issues impact all family members. Children have observed tensions in the family as a result of lost employment and have reported that conflicts between parents can be very stressful.

Geriatric mental health services are needed to help Chinatown elderly address their post-traumatic stress symptoms and their continued sense of hopelessness and helplessness.

- In Chinatown outpatient mental health facilities, only 122 to 134 slots are available to address elderly issues at any given time.
- Homebound or socially isolated elderly are particularly difficult to access and treat.

2. Service Gaps

There is a shortage of culturally relevant forms of mental health support.

- Services outside the traditional clinical setting are needed to increase access by groups that historically underutilize these services. Examples of such settings are churches, temples, and mosques, the home, job-training centers, senior centers, and schools.
- Western therapeutic approaches are not as effective for Asian immigrant families, especially those of lower socioeconomic status.

Victims of Indian descent were the largest ethnic group of Asian victims, and nearly half of all Asian victims of World Trade Center were South Asian. However, most mental health programs and services, including those designed to serve Asians, lack trained professionals with bilingual capabilities and cultural competence to work with South Asian family members.

- There are no South Asian staff members at Asian LifeNet and the American Red Cross and few at Project Liberty.
- With the exception of SACSS, most organizations that are providing supportive services to South Asian victims' families are not actively focusing on or making referrals to mental health services.
- Mental health outreach and public education activities (e.g., radio programs, community forums) have largely not been conducted in the South Asian community.
- There are few mental health education materials in South Asian languages. At the time of this report, there were no materials produced by FEMA/Project Liberty, MHA/Asian LifeNet, or the American Red Cross in any South Asian languages.

Little targeted outreach to victims' families has been conducted by such major September 11th-related mental health programs, as Project Liberty and Asian LifeNet, as well as other community-based mental health providers in New York City.

More Asian victims resided in New Jersey than in New York City. Their family members have even less access to culturally-appropriate mental health care than New York City residents, due to the lack of such service programs outside of the city.

- According to the New Jersey Institute for Family Services, no targeted efforts have been made to reach out to Asian victims' families, and few of these individuals have been served.

Few organizations that provide supportive services to family members of victims are staffed by trained mental health professionals.

- Reportedly, only two organizations (FAHSI, SACSS) that provide case management assistance to Asian victims' families employ trained mental health professionals; these groups serve Filipino and South Asian communities. These professional mental health positions are funded only on a temporary basis.
- Organizations serving other Asian groups with large numbers of victims, such as the Chinese, Japanese, and Korean, do not have such professionals on staff.

Mental health services need to be linked and coordinated with culturally relevant non-clinical support programs in which family members of victims participate.

- Family members of victims have been more receptive to participating in support groups and recreational activities with other families that have shared the same experience of loss than to seeking therapy.
- Group facilitators and activity leaders are not mental health professionals and generally do not have a mental health orientation in leading these groups.
- Mental health service providers have not targeted their attention towards victims' families and these other forms of support.

Most front-line, direct service staff members of Project Liberty and September 11th case-management programs lack mental health backgrounds. Mental health training, if any is received, is generally superficial and inadequate. In addition, some programs don't have enough Asian-language staff members.

- Mental health training for The September 11th Fund Ongoing Recovery Program:
 - is not a requirement and
 - does not cover issues of cultural competence.
- Consequently, the issue of mental health, much less culturally competent mental health, is generally not being adequately addressed in case management.
- Pro-active case management to facilitate mental health linkages (e.g., initiating calls to service providers on behalf of the client when necessary and following-up after referrals to services are made) is rare.
- Large caseloads may restrict the ability of case managers to assist those who do not voice the need for assistance.
- In the case of the American Red Cross, there are no Asian language speaking staff at the central call center, the first point of contact for many who would eventually be assigned a case manager. The American Red Cross has only two Asian case managers in the Family Support Services Center, with Mandarin, Korean, and Japanese language abilities, collectively.

Few family members of victims as well as affected individuals in Chinatown have received ongoing mental health care. Post September 11th mental health assistance has focused on initial assessment and/or crisis intervention, with few referrals to longer-term services.

- Research from the Oklahoma City bombing demonstrates that the effects of trauma can persist for years, especially if untreated or unaddressed.
- The current⁹⁹ funding for mental health services in Chinatown area schools will terminate in December 2003. Funding needs to be extended beyond this timeframe.
- The existing mental health programs are limited in their ability to serve clients because they are 1) over-capacity, and 2) the span of treatment is often short-term.
- According to interviews with mental health service providers in September 11th supportive services agencies, it is difficult to refer clients to mental health services due to capacity issues.
- The existing community mental health providers mostly treat individuals with more persistent or serious forms of mental illness. As evidenced in the focus groups and provider interviews, many Chinatown populations will not seek mental health services until their issues become very serious.
- Help is difficult to get for many, especially those with milder issues but who nonetheless need professional mental health support.

⁹⁹ As of March 2003.

VI. Chapter 4: Public Policy Recommendations

Goal 1: Develop more culturally competent mental health services and other forms of support.

- 1.1 Linkages and collaboration should be established or strengthened between mental health services and other programs or venues where individuals and families go for concrete help or emotional support. These venues may include schools, job training programs, health clinics, senior centers, formal and informal support groups, as well as places of worship.
- 1.2 These and other mental health services should incorporate practices based on alternatives to existing Western clinical models, which Asian Americans are culturally less inclined to accept.
- 1.3 With FEMA's Project Liberty funding slated to expire in December 2003, continued funding commitments from federal and state governments as well as private foundations are needed to address the long-term mental health needs of affected populations, especially victims' families and Chinatown populations, with considerations for culturally competent mental health services offered in non-traditional or community settings. Therapeutic social and recreational activities that do not carry the cultural stigma of traditional mental health interventions should also be funded.

Goal 2: Create greater awareness of mental health issues and knowledge of bilingual services and resources through the expansion of outreach and community education.

- 2.1 Special outreach efforts should be extended to families of Asian victims, particularly South Asian families as well as families living in New Jersey. Extended family and significant others should also be included, which is important because, while Americans regard the primary unit as the individual, for Asian Americans, the primary unit is the family.
- 2.2 Information about available, culturally competent mental health services provided in various Asian languages, especially South Asian languages, should be compiled to supplement existing resources on assistance for affected individuals, such as the *September 11th Assistance Guide*, a 9/11 USG-sponsored online directory of information and services.
- 2.3 Information about September 11th-related assistance, including that which is Internet-based, should be made available in relevant Asian languages to enable

limited English proficient individuals to access information independently. In particular, individuals who need mental health help may be deterred, out of shame or embarrassment, from seeking such services if they must rely on others to gather this information.

- 2.4 Special efforts should be made to inform the Chinatown public, including the opinion leaders of Chinatown, such as family associations and religious figures, about the mental health impact of September 11th.
- 2.5 More community education materials should be developed by culturally-competent mental health professionals with relevant field expertise in areas such as bereavement, child psychology or geriatric mental health. These materials should be translated into relevant Asian languages.
- 2.6 Community education should be provided in more varied forms, including Asian-language radio and television programming.
- 2.7 Educational material development and dissemination efforts should target families and caregivers of those with mental health issues, to help service recipients relate better to these individuals, as well as develop and strengthen their own coping methods.
- 2.8 Private and public health insurance programs should be required to promote mental health benefits using bilingual informational materials and media programs with culturally sensitive content and benefit descriptions.

Goal 3: Increase the availability and accessibility of mental health programs that address the long-term needs of victims' families.

- 3.1 Asian Americans, if they do seek treatment, typically enter the mental health system at a later stage of illness compared to the general population. The September 11th Fund and the American Red Cross should modify the current reimbursement structure to allow their mental health benefit to be accessed for up to five years from the time treatment is initiated by the individual, since victims' families have not been accessing this benefit since its inception. The current program span is three to five years from August 2002.
- 3.2 Programs should be encouraged that help victims' families ease stress associated with changes in the family, such as increased financial obligations, family responsibilities or related culturally-based conflicts. An example of a culturally - based conflict occurred in one family when the parents of a deceased individual blamed his wife, their daughter-in-law, for their son's death, believing that she brought misfortune upon the family. Another example occurred in the case of a financial dispute between another victim's spouse and the parents of that victim, originating from the parents' ineligibility for compensation benefits. In this case, the benefit program did not consider the parents "next of kin."
- 3.3 Programs for victims' families should extend emotional support and guidance to individuals who are close to these families, including friends and caregivers.
- 3.4 The American Red Cross and The September 11th Fund should supplement insurance coverage of their mental health initiative with direct funding to community programs that effectively bridge mental health care gaps for victims' families. Professional mental health services should be linked to more natural settings for victims' families, such as concrete service settings, places of worship, or the home.

- 3.5 Mainstream coordinating organizations, such as the Mental Health Association, the American Red Cross, and 9/11 United Services Group, should work more closely with previously established community mental health programs to serve victims' families more effectively.
- 3.6 Culturally and linguistically competent Asian American mental health professionals in the New York metropolitan area should be identified and matched with programs serving victims' families through volunteer opportunities, consulting assignments or collaborative institutional arrangements.
- 3.7 Mental health services and case management initiatives should be developed to serve New Jersey-based families of victims in their home communities. Funding should be allocated toward the development of a central resource center to provide an anonymous place for victims' families in New Jersey to access services.

Goal 4: Strengthen the ability of mental health services to assist children, the elderly and families in Chinatown.

- 4.1 A wide range of traditional and non-traditional programs should be developed that help children cope with the tragedy. Funders should recognize and contract with programs that develop coping skills, emphasize strengthening and creating relationships, and foster self-esteem and a sense of safety.
- 4.2 Parents and professionals, such as school personnel, after-school and child-care providers, and healthcare workers, especially those without knowledge of the psychological make-up and behavior predispositions of Asian Americans, should be trained to identify mental health issues in children and to enact effective coping strategies for the children and themselves.
- 4.3 Sustained programs are needed to help senior citizens deal with post-traumatic stress symptoms, as well as their sense of loss, grief, hopelessness and helplessness stemming from September 11th. Special efforts to reach out to homebound elderly are necessary.
- 4.4 Because mental health issues frequently manifest themselves as physical health symptoms in Asian Americans, and because primary care is more accessible for this group, primary care for affected populations should include mental health screening and referrals.
- 4.5 Efforts should be made to help economically disadvantaged families cope with emotional consequences of unemployment and underemployment, as well as associated family tension and conflict.
- 4.6 The September 11th Fund should extend coverage beyond the current one-year time limit from the time of enrollment for its Ongoing Recovery Program, which provides public health insurance eligibility screenings and free health insurance to unemployed Chinatown workers.
- 4.7 Mental health service providers should collaborate more closely with programs serving children, the elderly and working adults, to facilitate more effective intervention for these populations.
- 4.8 Free mental health services should be expanded to include extended family and significant others of all victims and affected individuals.

Goal 5: Increase mental health training and bilingual capabilities of front-line staff for programs serving victims' families and Chinatown populations.

- 5.1 FEMA/Project Liberty and September 11th case management programs should require adequate, culturally-competent mental health training and supervision for all front-line, direct service staff members.
- 5.2 Public and private relief organizations should ensure that case managers follow-up on mental health referrals.
- 5.3 FEMA/Project Liberty, the American Red Cross, The September 11th Fund, and Mental Health Association should collaborate with Asian American mental health experts to develop mental health training courses and materials for those who work with September 11th victims' families, as well as Chinatown children and youth, elderly residents, and unemployed workers. Training opportunities should be offered to all who work with these populations in the New York metropolitan area.
- 5.4 The American Red Cross should address the lack of language ability in Bengali, Cantonese, and Hindi for its Family Supportive Services case management program and its call center, which are its two main points of entry for services and benefits.
- 5.5 The Mental Health Association/Asian LifeNet should provide its hotline services in various Asian languages besides Chinese and Korean, especially Hindi, Bengali, Urdu, and Tagalog.

Goal 6: Expand community and professional knowledge and practice base regarding Asian American mental health issues and programs.

- 6.1 Additional research is needed to assess longitudinal mental health effects on families of Asian World Trade Center victims as a group, as well as for further research on mental health issues of other vulnerable groups that have received scant attention, such as the undocumented population in Chinatown.
- 6.2 Foundations and government entities should provide funding to support further study and development of culturally-competent mental health practices to serve Asian Americans affected by September 11th experiences.

Goal 7: Develop a coordinated Asian American community mental health planning framework for a post-September 11th era.

- 7.1 Mental health planning for future disasters should include considerations of the cultural competence and linguistic appropriateness of services for Asian Americans in the New York metropolitan area.
- 7.2 Coordinated planning efforts should be supported among community mental health service providers to increase mental health service utilization through effective community outreach and education; improved access to available services; strengthened service infrastructure; better coordination in service referrals; greater cultural competence in service provision; development, implementation, and evaluation of best practices; and greater ability to inform mental health policy affecting Asian Americans.

- 7.3** The New York State Office of Mental Health should demonstrate an ongoing commitment to ensuring that cultural competence and other quality-of-care standards are met in its funded and certified programs with respect to services for Asian Americans. Such institutional commitment should be clearly operationalized by, at minimum, assigning responsibility for this issue to senior level staff and institutionalizing processes for participation of Asian American mental health professionals in OMH program planning and policy development.