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Mental Health, Terrorism Preparedness, and Policy: The Aftermath of 9/11

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Survey research following the terror attacks in New York City on 9/11/01 established the importance of support services for children and families, showing that that post-traumatic stress reactions were notable geographically distant from the sites of attack; that poor and other vulnerable populations were especially affected, and that need for mental health services persisted well after the attack. The Children's Health Fund (CHF) and the Marist Institute fielded polls 3 weeks, 6 weeks, 6 months, and 1 year after 9/11/01. Parents in New York's borough with lowest income (the Bronx) consistently reported a greater degree of child distress than did parents in the borough in which the World Trade Center once stood (Manhattan). We also surveyed available post-9/11 mental health services ("Project Liberty") at the one year anniversary and found that the Bronx had only 13 sites compared with 38 for Manhattan. The median household income in the Bronx is \$27,000 compared with \$47,000 in Manhattan – a mal-distribution of resources. Despite the allocation of nearly \$150 million, the one year CHF/Marist poll found 13% of families that wanted mental health services went un-served, while 13% actually received services. We conclude that availability and access to mental health services following a terrorist attack can be improved. This presentation focuses on a review of relevant federal statute, regulation, and policy as implemented post-9/11. We present specific recommendations to improve mental health services as an integral part of terrorism preparedness.

Learning Objectives:

\* Participants will better understand child and family mental health needs following a terrorist attack. Participants will recognize the importance of mental health services as part of terrorism preparedness.

Aftermath: Response to Terrorism and Other Disasters

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