

Mental Health Liaison Group

March 15, 2002

The Honorable Tommy G. Thompson
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

Since the terrorist attacks of September 11, 2001, we have been pleased by the attention you have given to mental health in the wake of such disasters. You and Charles Curie, the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), deserve praise, in particular, for convening the National Mental Health Summit last November in New York. We look forward to SAMHSA's report of findings and recommendations stemming from the Summit.

One item, however, requires your immediate attention. Since September 11, the Department of Health and Human Services (HHS) has released more than \$1 billion to the states to assist them in responding to public health emergencies, including bioterrorism, chemical, nuclear, and outbreaks of infectious disease. In February, HHS provided guidance to governors and state health departments on the application and state planning process, but, although we have been assured on several occasions that states may include mental health in their state plans, we were dismayed that the guidance failed to explicitly mention mental health services or even the need to include mental health representatives in state planning groups.

The heavy reliance placed on mental health systems in response to the September 11 attacks underscores that mental health must be a vital component of a federal, state or local government's public health plan. In fact, the National Governors' Association recently placed on its web site a document entitled, "Top 10 Suggestions from State Health Officials Who've Been There" in which items 9 and 10 highlighted mental health in addressing the public's short- and long-term needs. (Attached).

We believe that the failure to include mental health in the HHS guidance documents as well as the accompanying press material was due to an oversight. The lessons of the last six months have taught us, however, that attending to mental health planning before terror strikes is critical. Although we believe many states will know to include mental health in their planning done pursuant to the new funding opportunity, we are concerned that many may not look beyond the guidance you are offering.

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Therefore, we request that you write to the governors to point out this oversight and to stress to them your expectation that they will address mental health issues in their state's terrorism response planning.

Thank you for your immediate attention to this matter.

Sincerely,

Alliance for Children and Families
American Academy of Child and Adolescent Psychiatry
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychosocial Rehabilitation
American Association of Pastoral Counselors
American Counseling Association
American Federation of State, County and Municipal Employees
American Group Psychotherapy Association
American Hospital Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Orthopsychiatric Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Bazelon Center for Mental Health Law
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Child Welfare League of America
Clinical Social Work Federation
Eating Disorders Coalition for Research, Policy & Action
Federation of Families for Children's Mental Health
International Association of Psychosocial Rehabilitation Services
International Society of Psychiatric-Mental Health Nurses
MentalHealth AMERICA, Inc.
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders -- ANAD
National Association of County Behavioral Health Directors
National Association of Protection and Advocacy Systems

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National Association of Psychiatric Health Systems
National Association of School Psychologists
National Association of Social Workers
National Council for Community Behavioral Healthcare
National Depressive and Manic-Depressive Association
National Mental Health Association
Suicide Prevention Advocacy Network
Tourette Syndrome Association

Attachment

Top 10 Suggestions from State Health Officials Who've Been There

Contact: Ann Beauchesne, Natural Resources Policy Studies

The following suggestions were derived from several sessions convened by the Association of State and Territorial Health Officials to hear what can be of potential use to health officials everywhere.

The following suggestions were taken from conversations with health officials affected by the terrorist and bio-terrorist attacks.

Pre-event:

- 1) Establish strong relationships with top state officials in law enforcement.

Establish these relationships among the highest levels to avoid complex chains of communications.

Disaster sites that are also crime scenes have special chain-of-evidence issues that should be discussed with law enforcement.

- 2) Prepare for the possibility that various levels of law enforcement may have poor communications among themselves (FBI, DOJ, state and local authorities).

Recognize that public health may sometimes serve as a communications bridge between different law enforcement agencies.

- 3) Prepare procedures for addressing classified information issues.

Build protocols with law enforcement for determining what information is classified and what can be made public.

Create a team of law enforcement and public health personnel that can assess each new piece of information. Give this team the authority to make on-the-spot decisions about what can be made public.

- 4) Address, in advance of an emergency, who will need FBI security clearance.

Ensure that one or more senior public health staff have sufficient security clearance to be involved in law enforcement activities and briefings.

Determine what local authorities require clearance in order to attend meetings and participate in decision-making.

- 5) Plan in advance for multi-jurisdiction issues with regional input.

Deal now with issues like inter-state needs, public/private capacity sharing, out-of-state volunteer credentialing, etc.

Whenever possible, have written agreements and contact protocols for these regional issues.

- 6) Review personal information restrictions and emergency powers.

For example, examine the ability of hospitals to share patient status information in times of

emergency and the authority of the health department to lift privacy restrictions.

Plan for concerns of vital records, including death certificates and identity theft.

Post-event:

7) Arrange for the availability of an immediate 1-800 phone number.

More than one number may be needed so that providers, law enforcement, and others can reach the department 24-hours a day. Announce availability of the numbers immediately to avoid confusion and frustrations.

A separate number should be made available for general inquiries and public information.

8) Capitalize on strong relationships between public health and provider community.

Work with local public health authorities to reach out to providers.

Distribute fact sheets, diagnostic guides, procedural protocols, and contact information to provider community.

9) Recognize the emotional and mental health needs of first-responders and health department personnel, and the public.

To mitigate post-traumatic stress concerns, have on-site teams available for first responders, including mental health counselors and other therapeutic services.

In longer-term stress situations, provide opportunities for health department staff not directly involved to make contributions to the effort. Address their safety concerns and attempt rumor control through information sharing.

10) Address long-term outcomes of the current events.

Recognize and prepare for long term mental health and substance abuse needs of the general public following such events.

Strengthen occupational health monitoring systems, build up syndromic surveillance systems for future events.

Establish support services for survivors.

Revisit your emergency response plan. Update, discuss, and revise as needed, and ensure all personnel are prepared to implement.