

# Health Emergency and Disaster Risk Management

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

### Key Points

- Hazardous events, including disasters, are a risk factor for people's mental health.
- Mental health and psychosocial wellbeing benefits from facilitation of community mobilization and self-help.
- Many factors that adversely affect psychological health and well-being are related to the way assistance e.g. health care, food security, shelter, water and sanitation, is provided.<sup>1</sup>
- Vulnerable people, such as socially isolated and marginalized people and people living in institutions, require specific risk reduction, emergency preparedness, response and recovery measures.<sup>1</sup>
- Effective scalable interventions exist.<sup>2,3</sup>
- Disasters are an opportunity for developing sustainable mental health services.
- Measures to address risks to mental health and psychosocial wellbeing include:
  - Providing basic services in a manner that promotes psychosocial well-being
  - Strengthening community support
  - Making available scalable psychological interventions
  - Ensuring availability of clinical mental health care within general health services



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### Why is this important?

There is broad agreement that:<sup>4</sup>

- exposure to extreme stressors is a risk factor for social and mental health including common mental disorders.
- emergencies can severely disrupt social structures and ongoing formal and informal care of persons with pre-existing disorders.

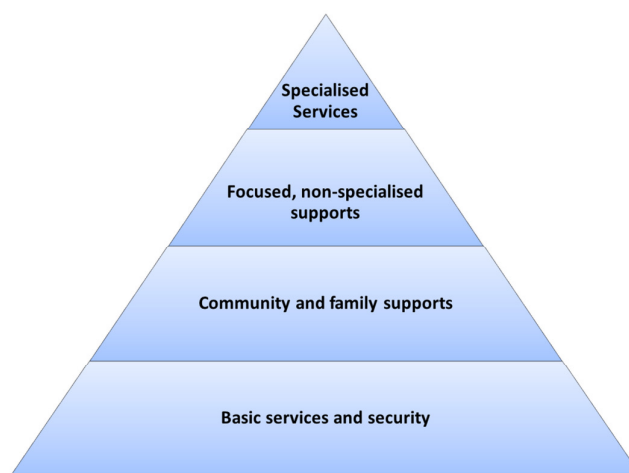
A common error when working in this area is to focus exclusively on deficits and forget that people have resources and assets that protect against mental health and psychosocial issues.<sup>5</sup>

Mental health and social problems in emergencies are interconnected.

Psychological well-being is influenced by a variety of social factors such as dignified and safe provision of overall aid.

Mental disorders are prevalent in all regions of the world and major contributions to global morbidity and mortality. More than 10% of the global burden of disease, measured in disability-adjusted life years, is attributable to mental disorders.<sup>6</sup>

### Pyramid of interventions



*Adapted from the IASC Guidelines*

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## What are the health risks?

The mental health and psychosocial consequences of disasters may be of a predominantly social or psychological nature. Whilst this is an effective way of classifying the issues into domains, this should not undermine the interconnectedness of mental health and psychosocial wellbeing.<sup>4</sup>

### Social

1. Pre-existing (pre-emergency) problems e.g. belonging to a marginalised group, political oppression – these vulnerabilities may be exacerbated in emergency situations.
2. Resulting from the emergency e.g. reduced safety, separation from family members, destruction of livelihoods, destruction of community structures, displacement.
3. Circumstances created as a result of humanitarian aid e.g. overcrowding or lack of privacy in camps, aid dependency, undermining of local capacity.

### Psychological

1. Pre-existing (pre-emergency) e.g. severe mental disorder, depression, alcohol abuse.
2. Those induced by the emergency situation such as grief; non-pathological distress; alcohol and other substance abuse; depression and anxiety disorders including post-traumatic stress disorder (PTSD).
3. Those arising as a result of circumstances created as a result of humanitarian aid, such as anxiety due to lack of information about food distribution.

#### Example: Aceh, Indonesia, 2005

*An international NGO initiated emergency mental health care in primary health care (PHC) after discussion with relevant authorities, coordination bodies and national and international organisations.*

*National PHC staff working from fixed and mobile clinics received mental health training and supervision. A trained and supervised national nurse was added to each PHC team to run a mental health service. Training and supervision continued after the acute phase of the emergency for a year.*

*The NGO engaged in the province's strategic mental health planning. Subsequently, the province's mental health strategy included the model of training mental health nurses to be attached to PHC facilities.*

*(IASC Guidelines, 2007)*

## Risk management considerations

Governments and communities can ensure that mental health and psychosocial well-being are protected and promoted by:

- Ensuring mental health is embedded in primary health care and community care services to meet basic health needs.
- Identifying and protecting vulnerable people e.g. socially marginalized people, people living in institutions.
- Engaging with communities to facilitate self-sufficiency in mental health at all times.
- Providing psychological first aid and scalable psychological interventions.<sup>2</sup>
- Ensuring clinical mental health care and medicines.<sup>3</sup>
- Ensuring resilience for tiered services to continue in emergencies.
- Using the (early) recovery phase as an opportunity to improve baseline services.<sup>7</sup>
- Disseminating timely information about the emergency, relief efforts, legal rights and coping mechanisms to the affected population.
- Providing advice to individuals and carers on the development of personal management strategies

## References

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