Reducing Mental Health Risks in Emergencies: MHPSS through a Disaster Risk Reduction Lens

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MHPSS Network Webinar
MHPSS & DRR

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To explore:

- The merit and challenge of the DRR paradigm for MHPSS
- Existing DRR / MHPSS interlinkages

- Place of MH in DRR policy (Sendai Framework)

- Study: MHPSS expert/practitioner insights
  - Principal mental health risks in emergencies
  - Key strategies to address these risks
  - DRR/MHPSS Integration challenges and opportunities
• Principal global treaty to guide DRR efforts 2015-2030
• Adopted by 187 UN Member States (March 2015)
• Builds on HFA (2005-2015)
• Shifts focus from managing disaster impacts to reducing disaster risks

Key features
– Global outcome and goal
– 7 Global targets
– 4 Key action areas
  • Understanding disaster risk
  • Strengthening disaster risk governance
  • Investing in disaster risk reduction
  • Enhancing preparedness for effective response and to build back better

– Principles
  • All-hazards approach
  • Primary responsibility of states
  • Shared responsibility of all-of-society
  • People-centred, preventative approach
  • Health resilience promoted strongly
  • Science and technology in policy making
  • Implementation, monitoring, accountability
The substantial reduction of disaster risk and losses in **lives, livelihoods and health** and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.
The 7 Global Targets

- **Reduce**
  - Mortality/
    - global population
    - 2020-2030 Average << 2005-2015 Average
  - Affected people/
    - global population
    - 2020-2030 Average << 2005-2015 Average
  - Economic loss/
    - global GDP
    - 2030 Ratio << 2015 Ratio
  - Damage to critical infrastructure
    & disruption of basic services
    - 2030 Values << 2015 Values

- **Increase**
  - Countries with national & local DRR strategies
    - 2020 Value >> 2015 Value
  - International cooperation
    to developing countries
    - 2030 Value >> 2015 Value
  - Availability and access
    to multi-hazard early warning
    systems & disaster risk
    information and assessments
    - 2030 Values >> 2015 Values
• Health - a key element of Sendai
  – 39 references to health
  – 4 out of 7 global targets have direct links to health
  – focusing on reducing mortality, population wellbeing, early warning and promoting resilience of health systems

• Mental health
  – “Enhance recovery schemes to provide psychosocial support and mental health services for all people in need”
    (Priority 4, National/Local Level Responsibility, Paragraph 33o)

• Disaster medicine
  – “Promoting and enhancing training capacities in the field of disaster medicine”
    (Priority 3, National/Local Level, Paragraph 30i)

• Disability (Priority 4, Paragraphs 7, 19(d, g), 32, 36(a))
• Effective DRR hinges on concerted integration within specific health domains and established fields of practice (such as MHPSS)

• Yet, as a global agreement, Sendai provides relatively little guidance on mental health risks in emergencies or strategies to reduce these risks

• It is therefore important for DRR to turn to MHPSS experts and practitioners to better understand and reduce these risks

• Study aim: To examine principal mental health risks in disaster contexts and explore the implications of the broader DRR policy shift for MHPSS
**Method**

- Semi-structured interviews with 17 European DMH experts
  - Conducted: May-September 2016
  - Key areas
    - DMH Risks
    - DMH Strategies to address risks
    - DRR/DMH Integration challenges
    - DRR/DMH Integration opportunities
- Thematic analysis (QSR NVivo 11)
- Participants:

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What would you regard as the principal mental health risks in disaster contexts?
Principal Disaster Mental Health Risks

- Common Risk Factors
- Recognition of complex mental health impacts
- Provision of appropriate mental health support
- Disaster Response Communication and Coordination
- Emerging Risks (Refugee Crisis)
Common Risk Factors and Emerging Risks

**Common risk factors**

- Nature of hazard and exposure
- Peri-traumatic and post-event reactions
- Loss (persons, resources, livelihood)
- Lack of (received or perceived) social support
- Distress impacting on functioning
- Vulnerable groups
  - Pre-existing difficulties
  - Severe mental illness
  - Elderly
  - Children
  - Isolated
  - Disabilities
- Decay of recovery environment
  (social and health support, social conflict, infrastructure)
- Secondary stressors and victimisation

**Emerging risks (refugee crisis)**

- Displacement as a major risk factor
- Loss of continuity of care
- Family separation > anx., depr. identity loss
- Missing person situations > no closure or appropriate mourning
- Youth - disrupted educ., life development path
- Children - disrupted schooling, language barriers affect cognitive development (no access to normal peers, play, structure)
- Infants - malnutrition affects cognitive/physical development, mother-child bond, lactation
**Disaster Response Risks**

**Recognition of complex mental health impacts**
- Failure to detect those with persistent mh problems (vs transitory distress)
- Mh risks of different population groups
- Sole focus on PTSD (not wider consequences)
- Mismanagement of normal human reactions
- Mh risks can vary between disaster contexts (and interact with existing problems)

**Provision of appropriate mental health support**
- Use of ineffective interventions
- Proactive intervention vs watchful waiting
- Lack of timely, clear information or psychosocial care
- Lacking recognition of long-term mh provisions to be put in place

**Response communication and coordination**
- Top-down approach can have adverse impact
- Responder behaviour linked to public sentiment
- Lack of communication (uncertainty, unintended consequences)
- Challenges communicating risk in disaster-poor countries
- Lack of disaster awareness and first responder preparedness
- Lack of coordination and interagency cooperation
Principal Risks

- Newly emerging or exacerbated mental health issues among disaster affected populations (Type A)
- Adverse impacts on existing mental health support systems (Type B)
- Secondary effects of A&B on individual, community, business, and societal functioning (Type C)

Intermediate Risks

- Lack of MHPSS preparedness or capacity (Type D)
- Poor quality, lacking efficiency, efficacy, coordination of MHPSS responses (Type E)
Through which key **strategies** is the MHPSS field addressing these risks?
Key MHPSS Strategies to Address Risks

**Mechanisms to identify and direct people to appropriate support**
- Information/advice centres
- Screen and treat programs
- Disaster health register
- Health passports (for refugees)
- Public mental health awareness and wellbeing campaigns

**Psychosocial and mental health support strategies**
- Psychosocial support
- Psychological interventions
- Effective early intervention
- Creation of safe spaces
- Providing parental support, skill building, legal advice, information
- Attention to those in institutions
- Advocating build back better
- Strengthening mh systems
- Integrating mh in primary care

**Development of psychosocial guidelines and response plans**

**Disaster preparedness planning**
- First responder training
- Organisational support
- Multiagency planning
- Mapping existing services
- Vulnerability and needs assessment
- Involving vulnerable groups in preparedness planning
- Adapting to needs of vulnerable groups (in evacuation plans, alert systems, risk/crisis communication)
- Adopting resilience building focus throughout whole disaster management cycle
Upstream strategies include a broad arsenal of measures:

- General DRR, mitigation, preparedness measures (incl. forecasting, early warning, evacuation) that reduce overall disaster likelihood, exposure, vulnerability) will simultaneously reduce DMH risks
- DMH-focussed measures (analysing DMH risks, monitoring/mapping population vulnerability and resilience in disaster-prone areas, mapping existing system resources, strategic preparedness planning, targeted resilience and capacity building at relevant levels, research and evaluation)
### Separate fields of practice
- Different professional backgrounds
- Mutual lack of awareness
- Technical jargon on both sides
- Lack of MHPSS stakeholder involvement in Sendai implementation

### Sendai vagueness
- Does not specify mental health risks to be addressed
- Broad aims could lead to all kinds of initiatives which are not necessarily the most beneficial

### Role and resource implications
- Recognising MHPSS role in pre-disaster planning (not just response/recovery)
- Willingness to step outside one’s brief and open up to challenge
- Perception that extra work or resources may be required
- Community empowerment focus may result in less funding for clinical ‘core-work’
- Sustainability of project-based initiatives

### MHPSS challenges
- Informing policy requires science
- Lacking evidence for psychosocial strategies
- Lacking evidence for risk education / information
- Getting parative esteem for mental health science within other big sciences
- Targeting of population-based prevention initiatives

### DMH paradigm shift
- Expert-based → participative approach
- Clinical → psychosocial / needs oriented approach
- Homogenous → differentiated population view
- Monitoring MH in response/recovery → enhancing resilience in prevention and preparedness (assessing vulnerabilities and reducing risks beforehand)

### Unique national integration
- Requires integration into existing national systems, structures and processes
**DRR / MHPSS Integration Opportunities**

### Integration avenues
- Use of intersectoral platforms, joint stakeholder meetings, preparedness summits
- Build on regional projects / networks
- Develop DRR-MHPSS fact sheets (as a primer)
- Information and referral websites
- Mobile applications
- Finding new ways of doing things differently

### MHPSS input..
- Provide clear understandable messages
- Include mh issues in disaster prevention and response planning
- Integrate mh knowledge at strategy and local planning levels
- Market mh knowledge so it can be utilised by local authorities
- Provide guidance on where money, efforts and time are best spent
- Create evidence base on MHPSS impacts
- Conduct MHPSS capacity analysis
- Map existing vulnerabilities
- Knowledge/skill building in vulnerable groups

### Linkage concepts / approaches
- Focus on resilience building
- Use of health promotion strategies
- Community-based approaches
- IASC community mobilization
- Health literacy - Disaster literacy
- Healthy Cities - Urban Resilience
- Self-help approaches

### DRR mandate
- "Psychological damage prevention" part of DRR remit
- Expand understanding of vulnerability to include mh
- Address psychological stressors in crisis communication
- Incorporate mh messaging in non-formal education
- Professional staff selection, preparedness planning
- Equip first responders to deal with mh problems/stressors

### Formal integration
- Operationalise DRR_MHPSS linkages
- MHPSS guidelines as Sendai appendix
- Test effectiveness of integration
- Put money to it (project funding)
- Government mandating inter-professional, inter-agency work (planning groups)
Conclusions

• State of DRR/MHPSS integration (early days)
• Sendai awareness within mental health is limited
• MHPSS is in a good place to inform DRR (and in turn to be informed by DRR)
• Expert identified risks and strategies do not imply that these are generally well understood or already widely in place
• While the inclusion of MH in Sendai is laudable, its general formulation does not reflect existing key challenges and sophistication of the field
• MHPSS needs to guide DRR on MH aspects of disasters
• In turn a shift in MHPSS orientation and further steps are required to translate DRR into MHPSS policy and practice
In order to reduce future mental health risks we need to:

- De-jargonise both fields
- Harness existing integration opportunities
- Scope and better understand mental health risks
- Quantify population mental health and service impacts
- Explore effective upstream strategies to reduce mental health risks
- Operationalise and strengthen existing DRR-MHPSS linkages
- Provide evidence that DRR-MHPSS integration works
- Explore synergies across global agreements

Thank you!