

Disaster Risk Management for Health

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Key Points

- Mental health and psychosocial wellbeing benefits from a sense of normalcy, facilitation of community mobilisation and self-help.
- Many factors that adversely affect psychological health are related to the way assistance e.g. food security, shelter, water and sanitation, is provided.¹
- Vulnerable groups, such as socially isolated and marginalized people and people living in institutions, require specific risk reduction, emergency response and recovery measures.¹
- Measures to address risks to mental health and psychosocial wellbeing include:
 - General basic services.
 - Community supports.
 - Psychological first aid.
 - Embedding mental health care and psychosocial support within education, general health service delivery and primary healthcare.
 - Integrated rather than standalone services.
 - Access to specialist care and medication for people with severe mental disorders.
- Different paradigms of mental health and illness exist across the world.^{2,3}



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Why is this important?

There is broad agreement that:²

- 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.

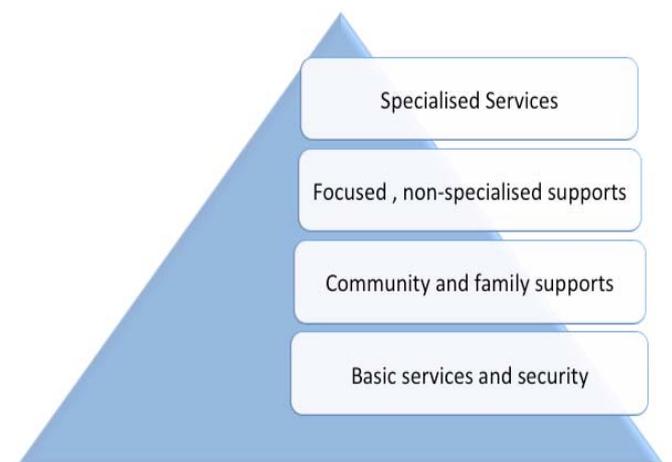
A common error when working in this area is to focus exclusively on deficits and forget that people have resources and assets that protect against mental health and psychosocial issues.⁴

Mental health and psychosocial problems in emergencies are highly 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.

Pyramid of Interventions



Adapted from the IASC Guidelines

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.⁴

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.
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: Community Mobilisation

(Mexico 1985)

In 1985, following a devastating earthquake in Mexico City – where there were strong pre-existing community organisations – people from the local community organised the emergency relief efforts.

Local people did most of the clean-up work, distributed food and other supplies, organised temporary shelters and designed new living quarters. The local emergency response developed into a social movement that assisted people for a period of five years.

Studies conducted three and five years after the earthquake reported no increase in the prevalence of mental health problems.

(IASC Guidelines⁴)

Risk management considerations

Governments and communities can ensure that mental health and psychosocial well-being are protected and promoted by:⁴

- Ensuring mental health is embedded in primary health care and community care services to meet basic health needs.
- Identifying and protecting vulnerable groups 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 in emergency situations.
- Ensuring specialist services and drugs.
- Ensuring resilience for tiered services to continue in emergencies.
- Using the (early) recovery phase as an opportunity to improve baseline services.
- Disseminating timely information about the emergency, relief efforts, legal rights and coping mechanisms to the affected population.

References and further reading

1. IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. [2010]. *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?* Geneva.
2. Van Ommeren M, Saxena S, Saraceno B. Mental and social health during and after acute emergencies: emerging consensus? *Bull WHO* 2005;83(1):71-74
3. WHO and PAHO. 2010 Culture and Mental Health in Haiti: A Literature Review
4. Inter-Agency Standing Committee [IASC] [2007] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.