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Mental health mainstreamed in new UN disaster framework

The Nepal earthquake of April, 2015, is a tragic reminder of the physical devastation, loss of life, and effects on mental wellbeing that are more likely to occur when effective strategies for disaster risk reduction have not been implemented sufficiently. It also serves as a stark reminder of the fact that it is people with disabilities who are hit hardest when disaster strikes.

Disaster risk reduction—the concept and practice of reducing disaster risks and improving post-disaster response, rehabilitation, and reconstruction through systematic efforts to analyse and reduce the causal factors of disasters¹—has become a global development priority because of the massive impact of disasters on economic, social, and human development. In March, 2015, the Third United Nations World Conference on Disaster Risk Reduction (WCDRR), held in Sendai, Japan, adopted the Sendai Framework for Disaster Risk Reduction 2015–2030.² The Sendai Framework builds on the lessons learned and the gaps identified in the implementation of the Hyogo Framework for Action 2005–2015.³ Whereas the Hyogo Framework included limited reference to mental wellbeing and disability (“...recovery schemes including psychosocial training programmes in order to mitigate the psychological damage of vulnerable populations”), the Sendai Framework mainstreams mental wellbeing of all people, as key considerations at local and country levels. To achieve Priority 4 of the Sendai Framework—“enhancing disaster preparedness for effective response, and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction”—the Sendai Framework states that it is important to “Enhance recovery schemes to provide psychosocial support and mental health services for all people in need”.²

The inclusion of mental wellbeing and the specific attention to accessibility for all populations, including people with disabilities, in the Sendai Framework’s priorities for action is a significant advance in disaster risk reduction, as is the possible prioritisation of mental wellbeing and disability in the post-2015 development agenda. The inclusion of mental health in the draft sustainable development goals⁴ and the comprehensive priorities in the Sendai Framework will help communities to optimise resilience for recovery.

In addition to the identification of mental wellbeing as a priority for action, the Sendai Framework specifies that governments should engage with all relevant stakeholders, including people with disabilities. Disability is included in various paragraphs, and disability-inclusive disaster risk reduction is now clearly established.

The diplomatic, practical, and technical importance of the Sendai Framework lies in the fact that this new internationally agreed post-2015 framework for disaster risk reduction was adopted with high-level national commitments, and will help to guide global, regional, and national efforts for disaster risk reduction in the next 15 years. In this regard, the inclusion of mental wellbeing and disability is of historical significance, and promises to end the marginalisation and neglect of mental wellbeing and disability in the international discourse on disaster risk reduction and response.

This achievement is the product of global efforts by key stakeholders, including UN systems, member states, non-governmental organisations, and academic groups, including publications by WHO^{5,6} and other organisations that have emphasised good practices and lessons learned on the crucially important place of mental



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wellbeing in disaster settings and the development of global guidelines.⁷ Indeed, the importance of explicitly addressing the priorities and needs of those directly affected in emergency situations cannot be overstated.^{8,9} Before WCDRR, the UN Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction,¹⁰ which was held in Tokyo in 2014, developed a set of recommendations to include mental wellbeing and disability as a key indicator in the post-2015 framework for disaster risk reduction. The recommendations were actively promoted by member states and organisations, leading to their inclusion in the Sendai Framework.

Following the adoption of the Sendai Framework, the UN system and member states will need to develop and implement global, regional, and national strategies to realise the Framework's mental wellbeing goals through inter-agency collaborations. The following actions should be taken: map human and institutional resources for mental wellbeing and strengthen existing resources to ensure quality and evidence-based implementation; develop strong indicators on mental wellbeing and include them for collection of data about disaster risk reduction; advocate inclusion of mental wellbeing and disability in all aspects of disaster risk reduction; empower communities by enhancing the roles of all people including individuals with psychosocial disabilities and support providers; and promote knowledge-sharing on good practices and lessons learned in mental wellbeing and disability in disaster risk reduction.

The Sendai Framework has ushered in a new era in which the vital role of mental wellbeing and disability in disaster risk reduction and response has been recognised. The practical action that must flow from

this recognition should transform investment and the practice of disaster risk reduction and response.

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Corrections

Alderson HL, Lawrie SM. Does cigarette smoking cause psychosis? *Lancet Psychiatry* 2015; published online July 10. [http://dx.doi.org/10.1016/S2215-0366\(15\)00239-4](http://dx.doi.org/10.1016/S2215-0366(15)00239-4)—This Comment has been made Gold Open Access, and is now distributed under the terms of CC BY-NC-ND. This correction has been made to the online version as of July 15, 2015.

Gurillo P, Jauhar S, Murray RM, MacCabe JH. Does tobacco use cause psychosis? *Systematic review and meta-analysis. Lancet Psychiatry* 2015; published online July 10. [http://dx.doi.org/10.1016/S2215-0366\(15\)00152-2](http://dx.doi.org/10.1016/S2215-0366(15)00152-2)—In this Article, in figure 6, the left arrow should be labelled "Earlier age at initiation in patients with psychosis". Also in figure 6, the grey box and black diamond for Etter (2004) have been added. The Article has been made Gold Open Access, and is now distributed under the terms of CC BY-NC-ND. These corrections have been made to the online version as of July 15, 2015.



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