Integrating Mental Health Support in Emergency Planning and Disaster Risk Mitigation Strategies

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Abstract

Most communities in the US have developed emergency plans in order to provide survivors with the medical care needed immediately after a catastrophic event. Even though disasters emotionally traumatize one out of five victims for long periods of their lives, few of the US communities were able to establish preparedness plans for mental health interventions. Although the psychological first aid and crisis counseling services provided by agencies like FEMA are prevalent for mental healthcare post-disaster, they are more intended for short-term mental health support. As a result, many survivors lengthy suffer from illnesses like anxiety and post-traumatic stress disorders. The COVID-19 outbreak has exacerbated such mental health issues among communities. In order to improve wellbeing, communities should effectively respond to the serious needs of mental health arising from the pandemic, and they should develop emergency plans of psychological preparedness that address other long-term problems arising from natural and human-caused disasters.

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1. Introduction

While disasters have battered communities in the US throughout history, the government has slowly responded to the after-effects. For example, the US congress didn't legislate any first aid financial assistance to extreme emergencies till fires nearly completely destroyed a city in New Hampshire, in the early 1800s.[1] However, no major changes took place in emergency response on the national level until 1932 when the US Congress issued the Flood Control Act to allow the army to build flood-control projects.[2] This doesn't mean that major disasters weren't happening across the country. During the 1930s, devastating tornadoes and snowstorms killed thousands and left a couple of millions homeless in the US.[3] Several decades later, Hurricane Donna in Florida, Hurricane Carla in Texas, an earthquake in Montana, an earthquake in Alaskan, and Hurricanes Camille and Betsy caused a significant damage that was never seen before in the

US.[4] Consequently, the government responded with over a hundred federal agencies that offer different forms of disaster's support.[2] Due to a lack of financing, the US government was not able to effectively run this fragmented disasters response, so they launched in 1979 the National Governors Association Subcommittee on Disaster Assistance, which later led to the establishment of FEMA.[5]

The scope of FEMA's crisis counseling program was to provide immediate, incident-specific, short-term crisis counseling service and to support emotional recovery to anyone affected adversely by a disasters.[5] Many researchers believe that this kind of support doesn't respond adequately to mental health chronic issues.[6][2] Severe reactions when they are left unloved can lead to suicidal behaviors, social isolation, and other medical problems that often negatively affect normal activities and could develop into a psychiatric malady like as severe anxiety, depression, acute stress, dissociation, and post-traumatic stress disorders. With the growing frequency and severity of severe weather hazards due to climate change and other human-caused disasters, such mass shootings are expected to worsen mental health problems significantly in the near future.[7][8] It is very critical to build resilience in order to cope with such drastic changes and help people who are impacted emotionally when a catastrophic event occurs. The US current model of medical care needs to be altered in order to tackle the mental health multifaceted dimensions effectively.[6][9]

2. Discussion

Over the past three years, clinics have closed and mental health cases have swelled in emergency departments in the US.[10] Every time a disaster happens in a similar area with many people impacted like in Louisiana and California, mental health ramifications multiply.[11][12] It is the historic combination of factors that pushed the American Psychological Association (APA) to state that the US is facing a serious mental health crisis, which could yield severe health, as well as social, consequences for many decades to come.[13] According to APA, over 50% of the people with mental health issues don't receive the needed support due to many barriers like cost, stigma, appointment logistics, and limited providers.[13] If communities already have difficulties in responding to mental illnesses, most likely they will be unable to handle more severe cases which could arise with the increasing challenges from pandemics and other disasters.[7] The COVID-19 outbreak has significantly added to the first-hand knowledge of what could happen in far-reaching and long-term catastrophes.[9] Even before the COVID-19 outbreak, the US was having a difficulty in responding to the growing prevalence of mental health issues, especially with vulnerable populations.[7]

Researchers believe that the emotional impact is greater than what we normally expect from being involved in disasters.[2] Researchers found that levels of depression and anxiety among adults increased by 14% from 08/ 2020 to 02/2021 in the US.[14] In a recent study conducted by the Centers of Disease Control (CDC), they evaluated the mental health issues of 26 thousand healthcare workers in 2021, and they found that more than half of them suffered from symptoms of depression, anxiety, post-traumatic stress disorder, and suicidal ideation.[15] Very frequently, responding nonprofit and government institutions compete in providing services; however, they under-estimate the needs for support, and are usually found unfamiliar with the populations' cultural and psychosocial needs.[2][16][17] As a result, many direct survivors end up developing acute and post-traumatic stress disorder if they don't receive the necessary mental health

support within two months after the sorrowful event.[18] Consequently, there is a critical need to significantly increase communities that have the ability to develop effective plans of mental health preparedness plans and protect the people's psychological needs during and after a catastrophic event.[19][20][21]

Mental health specialists should understand the structure of disaster intervention. This includes the response teams and their different responsibilities, which affect how they collaborate with local agencies of mental health services.[2] This kind of information should be regularly communicated due to the rapidly changing environment of disasters. To ensure these efforts aren't being duplicated and the entire areas of need are being covered, these collaborations should practice procedures and coordinate their efforts regularly.[22][23][24] In order to successfully address and respond to the mental health impact after disasters, emergency plans should first understand the unique and distinctive needs of the targeted community.[25] Second, they should handle the possible shortage of responders who has the appropriate expertise in mental health to help disaster survivors.[26] And most importantly, they should involve people of the local communities in decision making before, during, and after disasters.[2][27][28][29][30]

Establishing a daily routine, spending time with family and friends, and communicating emotional distress are common protective factors that overlap with other physical benefits such as regular exercise, mindfulness, adequate water, adequate food, and avoiding alcohol and tobacco.[31] At the same time, lack of vitamin D and lack of sleep reduce immunity and increase inflammation which negatively impacts the physical and mental health.[32][33] Consequently, it is necessary for post-disaster responses and planning preventative to employ a holistic and multi-dimensional view of individuals' needs within vulnerable communities. While medical needs have to be met at a societal level, communicating protective actions and overcoming barriers of implementation requires a great amount of care that only the community can effectively provide. The psychological needs need to be addressed and included through horizontal, community-led, and collaborative planning.[34][35] Researchers highlight the need for maintaining social contacts, self-efficacy, and knowing where and how to access medical care during and after a disaster.[33][36]

3. Conclusion and recommendations

The majority of emergency plans of medical response in the US doesn't have formal intervention procedures of mental health. Usually, the communities ask a national group such as FEMA or the Red Cross to provide the psychological support needed to survivors. Even though these kinds of support are found helpful by many people, they lower the ability to offer expedient assistance, especially to those who need it the most. These external institutions may not be familiar with the population's totality of social, economic, cultural, psychological, and institutional factors that shape people's capacity for recovery. If a community is facing a mental health crisis, it will also have increasing numbers of medical problems, employment instability, sick leave numbers, and political and social unrest. Communities should implement well-planned interventions during disasters in order to enhance the adverse long-term effects.

Resiliency must be stressed in order to empower communities that are facing (or will face) calamities in the near or far future. A community has the ability to self-replicate networks and practices of care that can build its resilience, which is

common to see in the mutual efforts of aids which come to the fore during disasters. Available research shows that in order to effectively develop a mental health plan before and during disasters, collaborations need to be formed on community demographic bases.[2] It should consist of different stakeholders that promote decision-making and mental health advocacy, including nonprofit organizations, medical care providers, government health department staff, and most importantly, neighborhood leaders because they understand the specific needs of the neighborhood residents, such as specific language, cultural needs, communication barriers, which can greatly increase stress at catastrophic times.[35] And so, this approach could ensure that culturally and linguistically diverse populations aren't overlooked or misunderstood, and receive the appropriate support they need.[37]

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