Global Disaster Preparedness: A Coming of Age for Psychiatry

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Introduction

If Winston Churchill was correct to “never let a good crisis go to waste”, then psychiatrists should ensure every global disaster is used to advocate for associated investments in psychiatric risk reduction such as comprehensive community mental healthcare. Psychiatric disorders associated with the trauma of natural and man-made disasters impacting whole communities have historically generated new interest, funding and insights in the discipline while reducing associated stigma. While acknowledging the sheer enormity of human suffering involved, global disasters across history have in this way driven a coming of age for psychiatry. This has allowed psychiatrists to explore new territory and advocate on the world stage for the importance of psychiatry in disasters. While this has historically focussed on response and recovery, the United Nations Sendai Framework for Disaster Risk Reduction 2015-2030 provides a new basis for psychiatrists to advocate equally for investment into preventative, pre-disaster risk-reduction mental health care (Gray, Hanna & Reifels 2020). The modern psychiatrist should understand their role in disaster preparedness by contributing to community resilience, helping individuals find their agency, in advocating for those most vulnerable and emphasizing the importance of self-care, for themselves and by others.

Psychiatry and Disasters

The role of psychiatry in building community disaster resilience has become accepted quite recently. In its infancy in the 17th century, psychiatry was predominantly focused on working with the institutionalised and severely mentally ill, and no ‘sane’ person would have ever dreamed of seeking psychiatric help (Hill & Langharne 2003). The concept of community-based mental health care only emerged around the turn of the 20th century through the advocacy of the Austrian neurologist Sigmund Freud (Butcher, Mineka & Hooley 2010). He began developing his theories on more subtle disorders, or psychoneuroses, which he treated with psychoanalysis. The tragedies of World War I and II soon after brought attention to, and an eventual recognition of the role of trauma in mental health disorders through the definition of post-traumatic stress disorder (PTSD). In the mid-1990s, psychiatry then moved out of the office and in to the field with the French establishing the first psychological field units in addition to medical field hospitals in the aftermath of terrorist attacks and disasters (French Government 2019). This set the stage for psychiatry to achieve equal recognition with medical care in supporting the health of individuals and the communities they are a part of.

The last few decades have revealed an unprecedented number of significant natural and man-made disasters. From tsunamis, terrorist attacks like 9/11 and suicide bombings, floods, the Arab Spring, mass shootings, the recent bushfires to the current global Coronavirus (COVID-19) pandemic, global disasters are now understood to have far-reaching psychological, social and economic impacts. These are associated with increased mental health diagnoses in communities, particularly in individuals with pre-existing psychiatric disorders such as depression, anxiety and substance use disorders (Sher 2020). Other populations at risk of long-term mental health issues in times of public health emergencies include frontline healthcare workers, the elderly, children and those in vulnerable situations such as disability and poverty. Psychiatrists can therefore play a key role in global disaster preparedness by working to build community mental health resilience and agency, and advocating for those most vulnerable.
Resilience

Psychiatrists play a crucial role in reducing the burden of trauma on individuals and the community at large by fostering resilience in the face of adversity. This is particularly vital during a time of economic hardship, such as during the current COVID-19 pandemic, which is predicted to cause the sharpest economic decline since the Great Depression and will occur over a protracted period of time (IMF 2020). It has been shown repeatedly that the impacts of economic recession and unemployment on mental health are severe and can increase the rate of depressive symptoms and suicide (Kim & von dem Knesebeck 2016). In the context of COVID-19, these are further complicated by the increased social isolation of communities during periods of lockdown, which has been described as the ‘world’s biggest psychological experiment’ (Van Hoof 2020). During these challenging times, the role of the psychiatrist is to facilitate access to medical and psychiatric therapies and services such as prevention interventions and coordinated care programs (NIH 2002). A focus on pre-disaster risk reduction might argue for the standard implementation of mental health support within workplaces with the objective of minimising mental health-related job loss during disasters by employees who have pre-existing mental health vulnerabilities.

Agency

The disaster-time psychiatrist’s role is also to inspire a sense of agency, and to help individuals find their inner strength. Having a sense of agency is an important aspect of pre-disaster preparedness because it increases coping skills and distress-tolerance. Arguably the most infamous global disaster, the Holocaust, generated new insight in psychiatry into what happens to the human psyche in the most traumatic and disempowering of circumstances. Victor Frankl, an Austrian psychiatrist and Holocaust survivor, emphasises that “…everything can be taken from a man but one thing: the last of the human freedoms – to choose one’s attitude in any given set of circumstances” (Frankl 1946, p. 75). To foster a sense of agency it is important to instil a sense of purpose, or as Nietzsche (1889) puts it, “If we have our own ‘why’ of life we shall get along with almost any ‘how’”. In a pre-disaster preparedness model, psychiatrists can argue for the importance of agency-focused investments whereby any given individual is assisted to identify this ‘why’. This might be through increasing family and community connection, pursuing hobbies and meaningful employment or even through religious or spiritual beliefs. In post-disaster psychiatry, this is achieved by understanding that the ‘human face of disaster’ should be central to the working model. Honouring and acknowledging the grief, compassion, bereavement, vulnerability, hope, fear, the survivors and the dead; disaster psychiatry focuses on the humanity of disaster.

Advocacy

During global disasters psychiatrists should take on leadership roles in multidisciplinary teams and in the wider community to advocate for mental health awareness, psychoeducation and support systems in order to increase distress tolerance and resilience. To increase disaster preparedness, working to further reduce the stigma of mental health may encourage individuals to seek help before disaster situations occur.

With a focus on risk-mitigation and preparedness it is also important that psychiatrists take a proactive approach to their own skills development specifically in disaster psychiatry so that they are able to volunteer if called upon to provide triage, early intervention and psychoeducation. Triage is an important skill for psychiatrists as they can help to allocate scarce resources through their unique role in differentiating between medical and psychiatric symptoms and providing psychotropic medications. For example, Pandaya et al. (2010) note the value of volunteering psychiatrists in assessing survivors of 9/11 to provide information and education about symptoms, make diagnoses and provide referrals to non-profit organisations or other medical professionals as needed for ongoing care.

Global disasters are often so unprecedented and unfathomable that psychiatric care built on traditional models and norms is no longer adequate, and community supports may no longer be available. Preparedness might also therefore involve psychiatrists researching, innovating and planning for ‘disaster-proof’ ways to protect and promote the rights of vulnerable people with severe mental health conditions and psychosocial disabilities. Furthermore, to help paradigm shift towards preventative risk mitigation and preparedness a psychiatrist should also be involved in planning for disaster mental health surge capacity with allowances for expansion built into healthcare systems in preparation for times of need (Raphael & Ma 2011).
Self Care

Lastly, it is essential that psychiatrists look after not only those around them but also their own mental and physical health to prevent burnout due to vicarious trauma and compassion fatigue. Vicarious trauma is a form of post-traumatic stress response from being indirectly exposed to traumatic events (Palm, Polusny & Follette 2004). It is even possible that psychiatrists and their families may have been directly affected by the disaster. It is important not to underestimate the value of human connection and social connectedness in both emotional and physical health; debriefing with other professional colleagues is key to supporting mental health in psychiatrists, as can be undergoing personal professional psychotherapy. Preventative self-care activities such as good nutrition, adequate sleep and exercise also help to support a healthy mind and allow for a more sustainable involvement in disaster response when needed.

Conclusion

Disaster events have historically provided new recognition and opportunity for the role of psychiatrists to support individuals and communities. Over the past 200 years the discipline has evolved to include an array of treatment options and shifted from the private domain of the office into the public domain of working with families and communities. This coming of age for psychiatry has resulted in recognition of its vitally important role in supporting the mental health, wellness and resilience of individuals, families and communities. The next step for the global psychiatry community is to advocate for a paradigm shift away from purely managing the impacts of trauma post-disaster and towards a proactive approach in risk mitigation and prevention.
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