The Human Experience of Global Disasters and the Roles of Psychiatrists in Extreme Situations

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‘Only human beings can recognise catastrophes, provided they survive them; nature recognises no catastrophes’

Max Frisch 1980, *Man in the Holocene*

Introduction

In global disasters of all kinds, doctors are often asked to apply their expertise to prevent and limit human suffering. In recent times, psychiatrists have been called to help in disasters as governments seek to curb ‘mental health impacts’. While this may seem less intuitive than public health physicians in pandemics, psychiatrists can make valuable contributions to enabling response and recovery from major trauma.

However, the role for psychiatrists in global disasters is not disseminating rapid treatments for distress, or immunization against mental disorders. As clinicians, psychiatrists can empower victims to recognise the fundamental human essence of major disasters. Psychiatrists offer unique skills in working within the perceptions of others to normalise suffering and facilitate individualised recovery.

Mental Health and Ground Zero

Humanitarian groups define disasters as ‘a serious disruption of the functioning of a community or society, causing widespread human, material, economic or environmental losses, which exceed the ability of the affected community or society to cope using its own resources’ (Reliefweb 2008, p. 19). Complex precipitants influence the impact, such as climate change worsening Australia’s bushfires (Jones et al. 2008). Disadvantaged groups are often disproportionately affected, especially those in remote areas (Jones, Mills & Gray 2020). But what does this have to do with psychiatrists?

The potential role of psychiatrists in global disasters is connected to the interplay of several factors. Public awareness of the occurrence of disasters and the existence of mental illness is growing. In the last 30 years, the number of disasters reported has increased significantly. This is partly due to more people being exposed to disasters through changes in population density, as well as media reporting bias (Jennings 2011). In addition, global adoption of technology now allows almost anyone to record and share their own perception of disasters from anywhere in the world (Paul & Sosale 2020). Communities are also becoming increasingly aware of mental health, and its links to disaster experiences (Somasundaram & Sivayokan 2013).

Data on associations between global disasters and mental disorders is emerging. Natural, technological and human-made disasters have all been linked to increased rates of disorders such as major depressive disorder, substance use disorder and post-traumatic stress disorder (Goldmann & Galea 2014; Charlson et al. 2019). Unsurprisingly, there is overlap in the factors that precipitate mental disorders and global disasters, such as economic inequality (Patel et al. 2018).

In many ways, the skills and work of psychiatrists makes them suited to roles in global disasters. Psychiatrists often work in acute settings and apply specialised skills to help individuals manage complex personal crises. Indeed, every year in Australia, more than 250 000 people present to emergency departments in crisis to access mental health care, many for the first time (Morphet et al. 2012; Australian Institute Health and Welfare 2019). When understood as decompensations in response to overwhelming
stressors, acute mental health crises and the skills needed to respond have intriguing parallels with global disasters.

However, a psychiatrist cannot extinguish a bushfire, control the collapse of economies, nor vaccinate populations against mental illness and psychological distress. Despite rising community concern, data on disaster mental health and similarities between disasters and psychiatric crises, what can psychiatrists really do help?

**Roles and Responsibilities: Reining-In the Psychiatric Panacea**

In the last 50 years, as understandings of mental health and illness have evolved, the scope of psychiatry and the societal expectations of psychiatrists have changed significantly (Bhugra et al. 2017). Mental health has been classified as a public health issue needing primary, secondary and tertiary prevention (Campion et al. 2020). Psychiatrists have acquired increasingly diverse clinical, managerial and social positions.

In recent global disasters, psychiatrists have gained roles with powers to recommend population-level responses to improve mental health outcomes. Guidance can be sought from groups like the World Health Organization, specialist disaster committees in psychiatric professional bodies and even textbooks on ‘disaster psychiatry’ (Ursano 2017). Psychiatrists can recommend adapted generic disaster management strategies, such as the ‘All Hazard’ strategy, which outlines principles for prevention, preparedness, response and recovery efforts, tailored to mental health (Raphael & Ma 2011). Alternatively, mental health-specific strategies exist, such as Psychological First Aid (PFA) and training lay people to deliver basic mental health interventions (World Health Organization 2019).

In the eye of the storm, it is human to yearn for solutions that may restore normality. However, psychiatrists have a responsibility to ensure interventions they recommend have a sound rationale and are based on convincing evidence and clinical expertise. At best, approaches like ‘All Hazard’ offer vague guidance and alternatives like PFA lack evidence (Dieltjens et al. 2014). Additionally, the data on rates of mental illness in global disasters is derived from studies with significant design limitations, such as difficulty controlling for baseline prevalence of mental disorders due to the unexpected onset of most disasters. Furthermore, most data indicate the majority exposed to disasters do not develop mental disorders (Goldmann & Galea 2014; Charlson et al. 2019).

Psychiatrists also have a responsibility to set realistic expectations of their profession. Societal disruptions associated with global disasters, such as social inequality and unemployment do affect mental health (Bhugra et al. 2017). Psychiatrists have important roles in treating, collaborating with and advocating for those who suffer associated disorders. However, they must help manage the human urge to seek sweeping solutions, and ensure society understands that psychiatry is not a ‘panacea for many different personal and societal problems’ (Double 2002, p. 901). The ultimate resolution of global disasters, their precipitants and sequelae are tasks for political leaders.

Psychiatrists can contribute and remain cognisant of the ongoing emergence of data on global disasters and mental disorders, approaches to community responses and opportunities to highlight how disasters expose existing deficiencies in mental health systems (PricewaterhouseCoopers 2020). However, roles must be balanced with professional responsibilities, even in the face of great human need and the urge to help.

**Abnormal Responses to Abnormal Situations and The Perceptual Essence of Global Disasters**

As Frisch (1980) observed, disasters do not exist outside human perception. Events are defined as ‘disasters’ only by those who attribute suffering to their occurrence (Frisch 1980). Understanding global disasters in this way does not deny the reality or gravity of their associated suffering. Rather, it enables psychiatrists to take on the important role of helping to facilitate recovery through the validating and normalising extreme responses to extreme situations. Realising the perceptual essence of disasters can help mentally unwell or deeply distressed individuals understand their suffering, and provides the basis for adaptation and recovery.
Even outside global disasters, population-level strategies and the utilitarian ethics justifying them are controversial in psychiatry due to their limited recognition of the uniqueness of individuals (Robertson, Morris & Walter 2007). However, in public positions, psychiatrists can play an effective role in helping to manage the suffering of others without recommending specific population-level strategies. Psychiatrists can use their unique expertise and skills to publicly recognise and validate the realities of people’s experiences, particularly those from disadvantaged backgrounds. Psychiatrists play a fundamental role in advocating for especially distressed individuals, such as healthcare workers in pandemics being guaranteed the ability to prioritise their own personal protective factors, and access specialist care on their own terms when needed.

At the clinical level, psychiatry is a global health specialty, and clinicians often work with individuals from culturally diverse backgrounds in crisis who have been deeply affected by global disaster experiences. Data indicates migrants have high rates of mental disorders, particularly if they have undergone traumatic immigration detention (Von Werthern et al. 2018). Psychiatrists have a crucial role to play in validating and normalising the responses of vulnerable groups like migrants, and empowering them to adapt to challenging circumstances through the shifting of perceptions. Diagnosis of disorders should be carefully balanced with the effects of culture on responses to trauma. In a disaster, however, care need not be the same as treatment, especially in groups who may otherwise lack access to needed support (Guinart, Kane & Correll 2020).

Perhaps most importantly, as Frankl (1946) highlighted in his writings on psychiatry and surviving World War II concentration camps, humans with a sense of meaning can survive almost any psychological trauma (Frankl 1946). Frankl’s view highlights the most valuable role of psychiatrists in any disaster: the restoration and preservation of personal meaning. Psychiatrists have specialised skills needed to help others achieve this, and assist in enabling individuals and communities to emerge from global disasters as empowered.

**Conclusion**

Humans have and always will face major threats to their existence. Global disasters reveal the depth of our needs and how perceptions affect our ability to cope with stressors. Their associated suffering is real, and our responses need genuine validation and support. Despite the longing for sweeping solutions, the most important role of psychiatrists in extreme situations like global disasters is to help others recognise and respond to their human perceptual essence. Recovery is a matter of perspective.
References

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