

ADDRESSING MENTAL HEALTH ISSUES IN EMERGENCY AND HUMANITARIAN SITUATIONS – HOW CAN WE CONTRIBUTE AND WHAT IS THE EVIDENCE?

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PRESENTATION OUTLINE

- Promoting recovery-interventions
- Health professionals role, principles and competencies
- Stages- acute, rehab, post recovery

Mental Health in Emergency and Humanitarian Situations

- Psychological reactions to emergencies varies according to a range of factors
- Effective mental health interventions in order to promote recovery important



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SIX ASIAN AFFECTED COUNTRIES

Indonesia

Myanmar

India

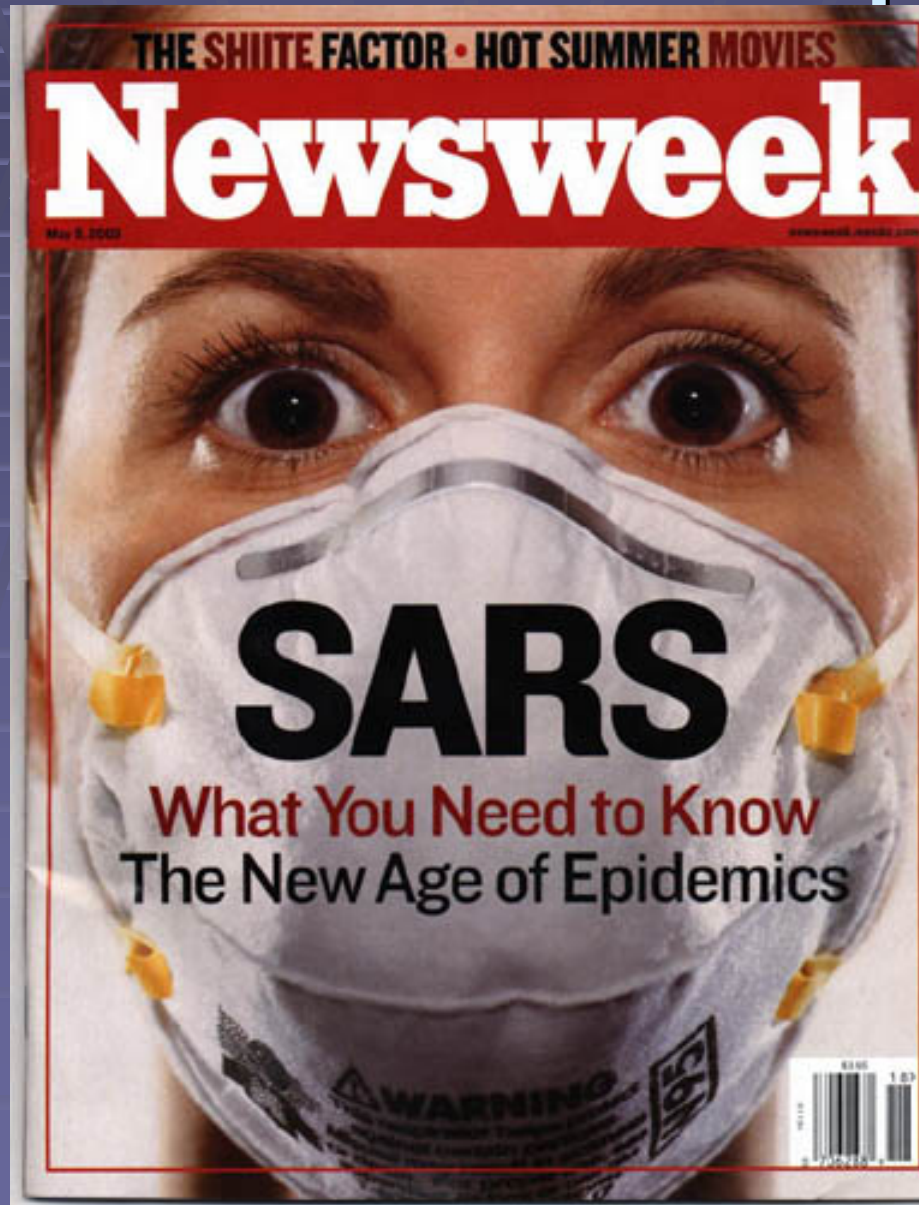
Sri Lanka

Maldives

Thailand



Psychosocial consequences: SARS as an example



Psychosocial interventions to promote recovery

- Individual Behavior
- Families
- Organisations
- Communities
- Society

- The mental health response in a disaster should be based on five core principles (IASC, 2006):
 - *Human rights promotion and protection:*
 - *Participation:*
 - *Multilayered support:*
 - *Do no harm: Integration:*

Promoting recovery

- Plan for and promote normal recovery for majority
- Promote basic forms of support - emphasis on natural recovery process:
 - survival, safety, shelter, reunification
- Formally intervening may be inappropriate - for the majority this is not required

- **Health professionals can be optimally prepared for a disaster of any type by being aware of community hazards and vulnerabilities, as well as being familiar with the community health care system and its level of preparedness.**

Competencies include:

- Communication
- Problem solving
- Management
- Assessment
- Critical thinking.

Specific skills that will be required by health professionals responding in these situations in relation to mental health are:

- psychological first aid
- stress management
- anxiety management
- Coping
- advocacy
- triage for mental health survivors
- emergency care
- empowering survivors
- mental health education
- networking.

Nursing Roles:

- Providing supports for meeting basic needs
- Working with and supporting community processes- building resilience
- Mobilizing and supporting nurses
- Providing direct nursing service/care
- Providing psychosocial supports
- Providing advocacy



Acute and Early Interventions

- During acute emergency phase, interventions should be mostly **social**
- A number of issues need to be taken into account regarding **psychological interventions** during the acute phase

Social interventions

- Establish and disseminate credible flow of information
- Family tracing
- Organise shelter
- Brief volunteers about typical grief reactions
- Consult community regarding re-establishment of activities
- Encourage re-establishment of normal events - religious, schools, recreational

Psychological interventions

- Managed within primary health care
- Ensure availability of essential psychotropic medications , but use BP guidance
- Those with urgent mental health problems will likely have pre-existing conditions
- Some people will seek mental health treatment because of extreme stressors of emergency - best managed without medication / formal psychological intervention

Psychological interventions

- Single session psychological debriefing **not advisable** during acute phase
- Any intervention should be preceded by planning for local context
- Interventions should involve collaboration with Government and NGOs
- Accessible to whole community

Support health professionals who are the initial responders to emergency

- May come from outside the community – so need good information before they arrive about the needs of the community
- Ensure that they have realistic objectives
- Ensure cultural and religious sensitivity

Skills required:

- Knowledge of people's psychological reaction in emergency situations - ability to differentiate between 'normal' responses and emergence of serious mental illness
- Techniques for working with traumatised people
- Recognising own response to emergency situation

Rehabilitation and Post Recovery

- Key issues
 - Mental health **promotion** framework
 - **Long term** approach
 - Responding to people who develop a **mental health problem**

Mental health promotion

- Focus of interventions are on promoting mental health of a community – not just treating mental health problems
- Mental health is determined by a wide range of social and environmental factors
- There are effective public health interventions (eg minimising exposure to violence) that can be used in emergency situations
- Whole of community approach
- Relies on strong intersectoral collaboration

Long term approach

- Response to trauma varies over time – immediate response is not a good predictor of long term response
- Continued mental health interventions from acute phase
- Provides an opportunity to restructure existing mental health system

Responding to people with mental health problems

- Most of population **will not develop a mental health problem** – but health professionals will need to assess and support those that do
- Health professionals need skills in assessment and treatment – ideally these should be developed prior to the emergency
- Role will also depend on the availability of specialist mental health services

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BIOTERRORISM AND DISASTER RESPONSE

As the nation copes with anthrax scares and concerns over future bioterrorist attacks, many nurses and other health care professionals have been forced to quickly learn about treating victims of bioterrorism, as well as to re-think their hospital and community disaster plans. ANA wants to ensure that registered nurses (RNs) will be able to respond effectively to these new types of emergencies and is working on several fronts to achieve this goal.

This website is geared toward providing RNs with valuable information on how they can better care for their patients, protect themselves and prepare their hospitals and communities to respond to acts of bioterrorism. Links to articles and organizations that have made major contributions on the subject of bioterrorism are provided. Additionally, RNs can learn what ANA is doing on the bioterrorism front including board actions, collaborations with other organizations, articles and more.

- How to Care For Patients
How to Prepare Your Hospital/Community
Action Alerts
How to Protect Yourself
National Nurses Response Team
Smallpox Information and Resources
ANA Activities
Other Resources

NEW: Hurricane Katrina Emergency and Relief Efforts
Messages of Support from Around the World

- Tsunami Emergency and Relief Efforts

MAIN TOPIC AREAS
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Member Benefits
Update contact information
Have you created an account?

Developing a network on disaster prevention in Japan

- Japan has confronted a wide range of disasters of the last 3 decades including earthquakes, floods, typhoons and incidents at nuclear power stations. The Japanese Nurses Association has established a network on disaster prevention and disaster nursing that supports education and post-disaster restoration in Japan and abroad. They have responded to the psychosocial stress experienced by nurses by establishing workshops to assist nurses to share their feelings with other nurses who have been involved in disaster nursing (Minami, 2005)

ICN Position Statement. Nurses and Disaster Preparedness.

www.icn.ch/psdisasterprep01.htm

Summary

- Psychological and social well-being are integral parts of health
- When psychosocial and emotional functioning is adaptive, the ability to carry out tasks of physical recovery is increased
- Conversely , when tasks of physical recovery are able to be carried out, people tend to feel better, more in control and less overwhelmed
- Expect normal recovery in disasters and emergencies
- Revise knowledge and understanding re normal grief reactions
- Identify vulnerable group and ensure support
- Do no harm avoid early formal interventions
- Support community resilience through basic support
- Natural recovery process may include some fluctuations but watch for prolongation



THANK YOU

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