

Disasters, Mental Health, and Public Policy

By Anthony T. Ng, MD

There has been increased attention to the response and consequence management of disasters in recent years with the events of September 11th, anthrax attacks, Asian tsunamis and more recently Hurricane Katrina. While there has always been a strong focus on disaster response and recovery relating to infrastructure, the impacts of such events on the mental health of individuals have also gained increased attention. These traumatic events have widespread impacts on individuals and communities. There is extensive research that addresses the psychological tolls from disasters and other large-scale public-health emergencies.

EFFECTS OF DISASTER ON MENTAL HEALTH

The effects of disaster on individuals' mental health can be distressful. They may include problems with extreme sadness, anxiety and anger. For some individuals, there may be disturbances in sleep, appetite, concentration and memory; there may also be nightmares and fear for many. These reactions can affect relationships, functioning, work and school.

For many people, these reactions are intense and distressing, but they are also transient. However, while research has shown that most individuals affected by disasters are unlikely to develop any long-term psychiatric problems, a fairly large number of individuals will develop psychiatric conditions such as post-traumatic stress disorder (PTSD), major depression and generalized anxiety disorder. Evidence further suggests that the traumatic psychiatric effects of disaster can also lead to increased incidence of substance abuse and medical problems, as well as worsening of pre-existing psychiatric conditions.

Beyond clinical diagnosis, the mental-health effects of disaster can result in a variety of distresses for individuals. There is increasing focus that disasters can result in distress behaviors, that is, how individuals will behave both pre, during and post disaster. These behaviors often are not severe enough to result in a clinical diagnosis or severe impairment, but these behaviors can have effects on the management of disaster plans and even quality of life issues. For examples, individuals with anxiety or concentration problems after a disaster may not be able to obtain post-disaster aid effectively, thus perhaps exacerbating the disaster response as well as the individuals' distress. How decision- and policy-makers act in disaster planning and response is another good example of distress behaviors. Such behaviors may affect their critical decision making process and thus can positively or negatively influence the course of the response to the crisis or disaster.

BEHAVIORS THAT SHOULD AFFECT DISASTER PLANNING AND RESPONSE

While there are many other types of distress behaviors, such as changes in travel habits, increased smoking and even overworking, there are four types of behaviors that may be of concern to decision- and policy-makers, especially when it comes to disaster planning and response. They are perceptions of reduced safety, changes in consumer behavior, stigmatization and trust.

Perceptions of reduced safety. Often after a disaster, especially one that's criminal or terrorist in nature, the public's sense of safety is damaged. People feel greater worry and concern for their safety and that of family and friends. In addition to direct risks to safety from disasters, the public in general tends to develop their own perception of safety, be it based on correct or incorrect information. Such safety perceptions may or may not be consistent with what experts have determined. For instance, although public-health officials are increasingly focusing attention on the possibility of an avian flu outbreak, the public still has varying perceptions of the risks associated with normal yearly influenza outbreaks. There is still a percentage of the public who believe they will contract the flu by getting the flu vaccine every year, despite research demonstrating the contrary. Such concerns for safety may have implications when a disaster actually strikes. For example, the success of an evacuation during an emergency may be influenced by the public perception of how much harm they are facing, whether such perceptions are accurate or not. Thus, when planning components of a disaster response like evacuation, decision makers should not only consider what the plans are but also how they will educate the public on such plans so as to ensure their sense of safety.

Changes in consumer behavior. Along with reduced perceptions of safety, the public may change their behaviors to better protect themselves and to heighten their sense of safety from perceived threat. This may include not flying after Sep-

tember 11th or not eating beef during the mad cow disease outbreak. Research from the SARS event illustrated how individuals avoided going to Asia or Canada, and avoided going to Asian restaurants, for fear of contracting SARS. Many also fear going to hospitals, the very places where medical assistance is available, because of fear of contracting SARS there. This may have implications on how, where and when medical assistance can and will be delivered. Plus, of course, there are economic consequences.

Stigmatization. Another type of behavior change is avoiding individuals who the public may believe, often incorrectly, are associated with lessening their safety. Sadly, after the September 11th attacks, as well as the London train bombings, members of the Muslim community around the world were victims of discrimination and hate crimes, despite the efforts of officials to mitigate such discriminations. During the SARS outbreak, the public avoided Asians and even health-care workers because of fears that they may contract the illness from them. Such stigmatization observed during SARS was in many ways similar to how AIDS patients and individuals of high-risk groups such as homosexuals were treated during the early AIDS epidemic.

Trust. Lastly an important disaster stress behavior is the issue of trust. How the public follows disaster plans will be determined by their level of trust in how those plans will be carried out, as well as in those who devised those plans. Unfortunately since Hurricane Katrina, trust in disaster-response agencies, especially those from the governmental sector, has declined. This may have reverberating effects on the next disaster and how the public will trust these agencies in carrying out their disaster plans, even if new or revised plans have attempted to address previous problems. In essence, the public may raise their expectations to what the disaster-response community and the government should be doing, regardless of whether such expectations are realistic or not. The public may also be more readily critical of any problems that may arise from future disaster plans, based on past negative experiences.

Another issue related to trust is how social differences in our society will influence the disaster response. Disasters can worsen social frictions, such as those along ethnic, racial, religious and socioeconomic lines. Some groups may feel that they are unfairly treated in disaster mitigation, response and recovery. For example, a community may feel that they did not receive adequate disaster mitigation due to their socioeconomic status, or a community may feel that they did not receive rapid disaster response because of their ethnic group. The issues of socioeconomic and ethnic differences were cited in how communities perceived the response to Hurricane Katrina. Decision- and policy-makers must be cognizant of these potential challenges and how to address them, including empowering local communities and collaborating with community brokers, that is, individuals whom the community trusts.

EFFECTIVE COMMUNICATION ABOUT RISKS HELPS

While specific strategies to deal with the above issues would warrant more detailed discussion, effective risk communication has been demonstrated to address many issues in disaster planning and response, including some of those mentioned above. Risk communication may be divided into three stages: pre-crisis, crisis, and post-crisis.

Before the crisis. In the pre-crisis stage, decision- and policy-makers should identify community brokers, and develop relationships with them to ensure buy-in with the community. They should also cultivate relationships with the media, agencies involved in response and recovery activities, and so on. Spokespeople and subject matter experts should be identified and media training should be provided to them, as well as to the decision- and policy-makers. Consensus recommendations should also be developed amongst all relevant disaster agencies.

During the crisis. In the crisis stage, it is important that the event be acknowledged with empathy. The risks of the event to the public should be explained in the simplest terms and be updated regularly. Information should also be provided to the public to assist them to more accurately assess risks. Easy to comprehend emergency actions should be provided to the public through a pre-established spokesperson or agency to ensure credibility. It is important to provide information to the public not only to ensure better understanding and support for response and recovery plans, but also to hear and acknowledge feedback and correct misinformation promptly.

After the crisis. In the post-crisis stage, decision- and policy-makers need to continue education to the public to improve their responses to future events. It is important to conduct a careful, open review of what worked and what did not in the response and recovery efforts, including identifying specific actions to improve disaster response. Such a review must involve public stakeholders and community brokers. It is also important to maintain a dialogue with the public to ensure their ongoing buy-in and support for disaster plans and the resources to support those plans.

A PUBLIC-HEALTH APPROACH

As distressful as the direct mental-health consequences of disasters on individuals are, it is important to appreciate there may be indirect mental-health consequences on every aspect of disaster response. While post-disaster response to mental-health needs has often focused on providing more funding or resources to deal with the direct mental-health issues, decision- and policy-makers will need to take a more public-health approach and be more aware of issues that may influence public-health responses to disasters. Appreciating such issues can facilitate and lessen the traumatic impacts of disasters, thus decreasing stress and anxiety not only on affected individuals but also on whole communities. It is vital that mental-health responses to disasters not be compartmentalized. Rather, they must be integrated into the general disaster structure in order to ensure more comprehensive and robust disaster mitigation, response and recovery.

About the Author

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