

Emergency planning and response in general practice

Fact sheet: Mental health in emergencies and disasters



Emergency events and disasters can cause or exacerbate a range of psychological reactions and symptoms.

Emergency events or disasters can have short, medium and long term effects on people's mental health. Most people recover from such traumatic events but of those who seek help from a health professional, most will initially present to a GP.

Survivors of; and/or witnesses to a traumatic event/series of events can experience a range of psychological reactions. These can range from more common transient distress through to less common ongoing severe impact.

Different types of emergency events and disasters that may cause psychological impacts include natural disasters (floods, bushfires, cyclones), disease/infection epidemics and pandemics, technological events (building fires, plane crashes) and mass casualty events such as terrorist incidents.

Additionally, emergencies and disasters can exacerbate pre-existing psychological and mental health conditions including substance use issues.

Did you know...

- The evidence now shows that critical incident de-briefing is inappropriate immediately following a disaster.
- The risk of mental health problems is heightened in the case of terrorism, due to feelings of fear and dread in and malevolent intent.
- Mental health impacts following disasters may be minimised by recognising and supporting community resilience through all stages of emergencies from prevention, preparedness, response and recovery.
- Most people affected by disasters and emergencies will only require minimal support and will recover well over time.
- Bereaved people are felt to be at greater risk of adverse mental health outcomes following an emergency.

Best practice framework for provision of mental health care to disaster affected communities

A best practice framework has been developed which suggests staged management in the aftermath. It includes 3 levels of support based on the level of distress experienced and the timeframe in relation to the event or incident.

Level 1 - Immediate aftermath: Psychological First Aid (PFA)

Psychological First Aid (PFA) is the most appropriate initial management tool in the immediate aftermath of an emergency situation.

Some of the psychological principles that apply to mental health responses generally and to PFA specifically include:

- 1. Promoting sense of safety
- 2. Promoting calming
- 3. Promoting the sense of self and collective/community efficacy
- 4. Promoting connectedness
- 5. Promoting hope

PFA resources

http://www.psychology.org.au/Assets/Files/Red-Cross-Psychological-First-Aid-Book.pdf http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205_eng.pdf http://www.who.int/mental_health/emergencies/PFA_pager.pdf?ua=1

Simple, brief and practical psychological strategies for people with more persistent mild-moderate mental health problems that continue after the initial period. This skill based approach, titled 'Skills for psychological recovery' was developed in the USA following Hurricane Katrina to help individuals better recover from the effects of disasters.

SPR skills include problem solving, promoting positive activities, managing reactions including anxiety, grief and loss, promoting helpful thinking and building social connections.

The Australian Centre for Post-traumatic Mental Health developed a reference guide to this approach which is available at http://www.psid.org.au/Assets/Files/ACPMH-Quick-Guide-SPR.pdf

Level 3 - Formal mental health interventions

Level 2 - Simple psychological strategies

These types of intervention will only be required by a proportionally small group and refer to formal, evidence-based psychological and pharmacological interventions for people with more persistent and severe distress, including those with diagnosable mental health conditions such as PTSD, depression, anxiety, complicated grief and substance use disorders.

Patients presenting with these symptoms 4 weeks after an emergency event or disaster may require referral to a specific trauma-informed mental health professional such as a psychiatrist, psychologist or appropriately accredited mental health social worker.

Recommended evidence-based interventions include cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), and/or exposure therapy.

Useful resources

Evidence-informed framework for delivering psychosocial support and mental health care following disasters: https://www.psychology.org.au/Assets/Files/3-tired-framework.pdf

Psychosocial Support in Disasters Portal – Psychosocial support in Disasters http://www.psid.org.au/

Phoenix Australia Practitioner Resources http://phoenixaustralia.org/for-practitioners/practitioner-resources/

Good Practice article: *Managing trauma* https://www.racgp.org.au/download/Documents/Good%20Practice/2015/November/GP2015_Nov_managing_trauma.pdf

Phoenix Australia – Centre for Posttraumatic Mental Health – *Acute Stress disorder and posttraumatic stress disorder brochure* https://www.psychology.org.au/Assets/Files/PTSD_Algorithm.pdf

Victorian Government Department of Human Services – *Psychosocial support: a framework for emergencies* http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/905575/web_Psychosocial-support-a-framework-for-emergencies.pdf

- i Phoenix Australia 2013, Australian guidelines for the treatment of Acute Stress Disorder & Posttraumatic Stress Disorder Guidelines Summary, Accessed 20 February 2017 from http://phoenixaustralia.org/wp-content/uploads/2015/03/ Phoenix-ASD-PTSD-Guidelines-Summary.pdf
- ii Attorney General's Department. Australian Emergency Management Institute. Australian Emergency Management Handbook Series: Disaster Health, Handbook 1. Canberra: AEMI, 2011.
- iii Victorian State Government, Department of Human Services 2014, Psychosocial support: a framework for emergencies, DHS, Accessed 17 July 2017 from http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/905575/web_Psychosocial-support-a-framework-for-emergencies.pdf