Mass Catastrophe, Climate Change & Disaster Psychiatry

Pacific Rim College of Psychiatrists Scientific Meeting
Brisbane Convention Centre
Friday, 29 October, 2010

Professor Beverley Raphael
Professor of Population Mental Health & Disasters
School of Medicine, University of Western Sydney
Professor Psychological Medicine, ANU
• Disasters: All Hazards
• Convergences of interest from multiple sources for Mental Health
• Preparation for and response to disasters
• Implications for Mental Health
“Disaster” “Mass Catastrophe”

Mass Natural Disasters
- Pakistan Earthquake
- South East Asian Tsunami
- Hurricane Katrina
- Sichuan Earthquake
- Cyclone Nargis
- Pakistan Floods
- Haiti Earthquake
Common Themes for Health & Mental Health

- Mass destruction of communities, deaths: e.g. 250,000+ Tsunami
- Dislocations of large populations
- Future uncertainties on background of diverse circumstances
- Survival, safety, shelter, place, family, community
- Infrastructure
But also “Terrorism”

- Population effects
- Direct damage and “dread”
- Pervasive impacts on trust, security, society and economic effects
- Fabric of society
- Mental health consequences for those harmed, touched by malevolent intent
- High level potential population impacts
  - CBRN
  - Cyperterrorism
- Uncertain Futures ______?
Common Themes of Everyday Life

“When Disaster Strikes........”

- Socio-economic spectrum of resources for living
- Life of adversity – life of security
- Cultures and rituals of everyday life
- Community, connectedness, social capital
- Place, home, family, work, livelihood
- Health - ill health - disability
Climate Change in the Background to Disaster

- Drought and drying – implications for food, farming
- Water access and quality
  - Salinity
  - Sea levels
  - Fishing – sea food
- Heat & warming
  - Human concerns, experience
- Potential vulnerabilities *when disaster strikes*
Mental Health and Mental Illness

“When Disaster Strikes ……..”

- Care disruptions in health systems
  - e.g. medications, continuity
  - e.g. isolation & vulnerability
- Trauma, loss & dislocation and related vulnerabilities
  - e.g. past and current trauma & adversity
- Mental health systems:
  - hospitals safety
  - “Business” continuity
- Staff & health care workers
Children, families, schools

“When Disaster Strikes ……..”

- Parents & children? Separated
- Protection of children for and in disasters Asia/Australia mental health initiative
- Preparedness strategies for schools
- Family plans for emergencies
- Connecting in the emergency & aftermath
- Biological, developmental & psychosocial vulnerabilities
“When Disaster Strikes……..”

- The emergency
  - Life/death
  - Survival of loved ones
- Affilitative and altruistic behaviours
- Shock and reality
- Loss, grief and anger
- Transition from emergency

Survival
“When disaster strikes ……..”

– the aftermath

- Consequential, concurrent, coincidental, cumulative stressor exposures, chronic adversity
- Realities of losses – at multiple levels
- Realities of experiences – at multiple levels
- Challenge
- Resilience:
  - local leadership
  - community lead actions
- Endurance, fighting spirit
“When disaster strikes ……..”
losses and emptiness

- Personal, loved ones, primary attachments
- Homes, communities, “resources”
- Memorialisation's
  looking after the past
  & holding only to past, nostalgia
  but
  looking for the future
- Communal grief & grief's
  Challenges of renewal, “bouncing forward”
Figure 1.2 Phases of Disaster (adapted from Zunih & Myers, 2000)
Convergence to the emergency
“when disaster strikes .......”

- “Aid”, NGO’s, UN etc
- International health resources
- Politics of aid and assistance, appropriateness, obligations
- Development opportunities
- Promises and provisions
  - In the name of ______________?
  - In the purpose for ______________?
Convergence of Counsellors

- “Trauma” Counsellors Convergence
- Who, what, where, why
- Cultural & language appropriate
- Do no harm – potential for damage
- “Western” models propagated paternalistically?
- Potentially overriding real needs, physical, psychological?
- Convergence of Researchers?
Mass Catastrophe

- Acuity, emergency, mass human and structural impacts
- Populations affected, destroyed
- Large scale natural disasters
- Mass attacks, mass casualty, terrorism, CBRN etc
- Multiple deaths, meaning, loss and bodies, ways of dying
- Uncertainty, responsiveness
Mass Catastrophe

- Societies, cities – have suffered
- Have been resilient, adapted well
- Have shared or supported each other and across barriers, connected, cared
- Social institutions, capital have adapted, validated
- What does “help” mean and how is it potentially, actually, “helpful”
So for disaster psychiatry

Roles with Populations

The public health/population strategies of psychiatry

- Information, communication, trust
- Health/mental health protection
- Community engagements
- Enhancing, supporting the resilience of communities connectedness
- Channelling resources to need
- Primary and other care systems
Beyond PTSD: Trauma Archetypes and healing  
(Wilson 2008)

- Culture, Trauma and Treatment of Post Traumatic Syndrome a Global Perspective  
  (Wilson JP, 2008)
- Universality of Trauma Core Manifestations: Archetype – Tsunami +ve v’s -ve adjustment
- Cultural issues
- Idioms of distress
- Rituals, spiritual beliefs and meaning
- Healing practices
Background

“When Disaster Strikes ........”
Some background

“When Disaster Strikes ……..”

Trans generational, collective trauma and complex emergencies

• Extraordinary challenges but courage, resilience
• Capacity to act, particularly against oppression
• Cultural meanings of trauma v loss and individual. Family and collective meanings, expectations, requirement
• Indigenous healing programs community rituals
Some background

“When Disaster Strikes………..”

Indigenous Australians (for example)
- “Terra Nullis” taking away of land
- Stolen generation
- Transgenerational trauma & loss
- High levels of current trauma adverse health indicators
- Apology (Rudd)
- “Closing the Gap” health goals but chronic adversity climate change and land and
- Healing programs: indigenous driven
Pacific Rim

“When Disaster Strikes .........”
Pacific Rim - East

Extraordinary disasters
Extraordinary growth of research and contributions to disaster psychiatry

ASIA

- Japan, Kobe etc
- India, Orissa, Bhopal, Tsunami etc
- China, earthquakes & multiple disasters, Sichuan etc
- Indonesia, tsunami, earthquake
- Singapore, SARS, pandemic
- Thailand & many others
- Philippines - multiple
Pacific Rim - West

- Pan-American (PAHO) Disaster Mental Health & Psychiatry
- Extensive contributions to disaster management and disaster psychiatry over many years
- WHO – PAHO
- “Natural disasters: protecting the publics health”
- “disaster relief & emergency preparedness” extensive work
- Current Chile and miners/earthquake
Pacific Rim – Australasia, Oceania

- Preparedness systems
- Resource development
- Collaborations across region – could be further developed
- AID, AUSMATS, Health, AUSAID, Australian Government, Red Cross
- Example: Black Saturday Bushfires
  - Levels I, II, III Mental Health Resources
    - Australian Centre for Posttraumatic Mental Health (www.acpmh.unimelb.edu.au)
    - Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN). (www.earlytraumagrief.anu.edu.au)
System: Preparedness

- Mental Health System
  - Leadership
  - Plan
  - Education & training
  - Communication and information study
  - Community engagement
- Warning, impact and response
- Mobilisation
  - Roles & governance
  - Collaboration
  - Key emergency agencies
  - Command & Control
System: Emergency Response

- Mental Health leadership, consultation, participation to support survival, safety
- Support for injured, physical, psychological
- Psychological first aid & triage
- Population and communication
- Collaboration and role requirements– help to deal with chaos, contain, distress
System: Recovery Response

- Emergency response
- Recovery Planning
  - Roles & Governance
  - Community Advocacy Committee/Networks
  - Assess/ pathways to care
  - Levels I, II, III
- Documentation, guidelines, accountability
  - Monitoring over time
  - Highest risk highest need priorities
  - Multiple providers, professional
- Practical, self directed, health throughout
So for Disaster Psychiatry

“When Disaster Strikes ……..”

Roles for Clinical Services

- Highest risk/highest need
- Surge and sustainability
- Integrated with health
- Range of real world resources
- Hope and expectations
- Beware pathologising adaptation
- Challenge of numbers
  - Integral models with schools, work places and so forth
So for Disaster Psychiatry

“When Disaster Strikes ……..”

Effects for those people with pre-existing mental health problems/mental illness

- Most are not more adversely affected, many react effectively and well
  - Care disruption
  - Opportunity for a new assessment, way forward
- Strengths and hope are central for all whether the personal disasters of illness or the mass community disaster
- Courage, endurance, opportunities for efficacy & action re key elements of resilience, recovery and capability to adapt to life
- Human recognition, human responsiveness, comforting, consoling, supporting, sharing are ultimate validations of life and future and who we are
Response to Threat: Cognitive & Emotional ('Decision Pathways')

Adapted from Lowenstein et al 2001
So for Disaster Psychiatry

“When Disaster Strikes……...”

- Climate change issues as background
- Water, power, food
- Heat and Mental Health
- Population displacements
- Socioeconomic disadvantages
- Climate change driven competition for resources
So for Disaster Psychiatry

“When disaster strikes........”

- Vulnerable Populations
- Children
- Older people
- Pre-existing mental & physical illness
- Prior trauma and loss – refugees
- Culturally & linguistically divers
- Disabled persons
  - Specific mental and physical needs
Resilience: Process

- **Natural Phenomenon**: Capacity to
  - “adapt” to threat, adversity
  - acute/emergency
  - enduring: threat/adversity

- **Individual Resilience**: people
  - children (developmental)
  - “bounceback” after “trauma” OR

- **“bounceforward” future orientated adaptation**
  (Walsh – 9/11, 2002)

- Optimism, hope

 Family
Resilience: Process (contd)

- **Community**: Resilience (e.g. Norris et al, 2008)
  - Information, knowledge, communication
  - Social capital, e.g. Participation, connectedness, trust, effective institutions,
  - Resources: e.g. human, financial, practical,
  - Community competency
- Community *engagement* can help prepare and facilitate resilience in the face of threat

  **Diverse and multiple “communities”**
Organisations/system: Resilience

- Resilience indicators (e.g. McManus 2008)
  - Purpose, aims, and roles, responsibilities known, flexible, responsive to need
  - Hazard & consequence awareness preparedness and planning (PPRR) + tested
  - Connectivity and communication
  - Resources, internal, external, mobilisation/access strategies
  - Priorities through PPRR
- Emergency, aftermath:
  
  **Function as survival**
Humans and Systems Emergency

- Life threat, death and destruction
- System in “Community” (human/technologies) Members – their connectivity, dependencies e.g. families, loved ones
- Extent of death, destruction, human/structural impacts, critical priorities for function
- Psychosocial aspects of function
  - e.g. priorities
  - Triage

Survival strategies for people and organisations
Narrative, meaning, the story, life

- Personal narratives – private/ public/ families/ meanings
- Communal narratives “legends” media & story – 9/11
- Meaning making for the challenges of uncertainty, what cannot be controlled or changed
- Needs for
  - Validation, respect
  - Warmth
  - Human empathy
- Tony – “No, I don’t want to forget – its part of me, my life, who I am”
“Our strength is that we have survived. We are strong, or we would not have survived. Our culture is alive, and is central to our strength.”

“We depend on each other, we understand and support each other.”

Aboriginal Statement to the Human Rights Commission