

Collaborative facilitation of mental health of disaster responders

Preparation to reduce stressors and respond to stress reactions before and around a response to a natural disaster can facilitate greater mental wellbeing after the disaster. To protect their mental health, the individual disaster responders' actions are just as important as the organisational support. A review by Maki Umeda and collaborators at University of Hyogo (Japan), Kobe University (Japan) and Syarif Hidayatullah State Islamic University (Indonesia) identifies psychosocial interventions that can be undertaken by individual disaster responders and their organisations through their responding journey. Pre-activity, the focus is on planning to prevent extreme stress; during the activity, identifying and responding to stressors takes precedence; and post-activity, it is important to return to normal routines.

The World Health Organization (WHO) states disasters can be natural (e.g. cyclones and earthquakes) or man-made (e.g. chemical spills and nuclear accidents). Regardless of the type of disaster, there are always impacts on health.

The role of the United Nations Office for Disaster Risk Reduction (UNDRR) is to support the implementation and review of the Sendai Framework for Disaster Risk Reduction. They define disaster risk through its impact, potential loss of life or injury, destruction, or damage to assets, and

determine where disasters are likely to occur, which could be to a system, society, or a community in a specific period. The level of risk is calculated through the measurement of hazard, exposure, vulnerability, and capacity.

NATURAL DISASTERS

Natural disasters are times of crisis due to events occurring in the physical environment that have the potential for loss of life or destruction of property. They include earthquakes, droughts, floods, tsunamis, volcanic eruptions or even pandemics such as the COVID-19 pandemic we currently experience. The frequency and severity of natural disasters is increasing

due to several risk factors; however, the main culprits are global urbanisation, environmental degradation and unmitigated climate change. The health impact is compounded by increasingly large numbers of vulnerable peoples worldwide, such as an aging population.

STRATEGIC RESPONSE

Escalation of natural disasters and pandemics has increased the WHO's concerns over their impact and the essential health interventions required. In 2016, in response to the Sendai Framework for Disaster Risk Reduction 2015–2030, the WHO developed their Thematic Platform for Health Emergency and Disaster Risk Management (EDRM) Research Network (TPRN). The network identified five major areas for Health EDRM: health data management, psychosocial management, community risk management, health workforce development, and research methods and ethics.

TPRN academics, policy developers and clinicians are working through the research questions related to each of these areas. Maki Umeda from the Research Institute of Nursing Care for People and Community at University of Hyogo in Japan and her colleagues Sonoe Mashino (University of Hyogo, Japan), Rie Chiba (Kobe University, Japan), Mie Sasaki (University of Hyogo, Japan) and Eni Nuraini Agustini (Syarif Hidayatullah State Islamic University, Indonesia) are focused on psychosocial management in relation to the health workforce development. They found there was little obvious scientific evidence to support interventions to



Health professionals, relief workers, public service providers and volunteer workers are at high risk of extreme stress.



reduce psychological stress or maintain mental health for disaster responders.

IMPACT ON DISASTER RESPONDERS

In responding to disasters, health professionals, relief workers, public service providers and volunteer workers are at high risk of extreme stress. This occurs through exposure to traumatic events, a high level of work demands with limited resources, working with highly stressed populations in critical moments, and separation from their social support networks such as home, family and friends.

The trauma and psychological impact on survivors of natural disasters is recognised in academic literature, but there is an increasing concern for disaster responders. This is now becoming a major focus of disaster health management. Mental health problems after responding to disasters is believed to be as high as 60%. The psychological disorders experienced include increased anxiety, depression, stress-related disorders, and alcohol and substance abuse. These can substantially decrease quality of life and negatively affect physical wellbeing and social functioning.

THE REVIEW

Dr Umeda and her colleagues therefore undertook a systematic review of the evidence available to establish which psychosocial interventions were most efficacious. The research team examined all scientific papers, agency reports, the manuals of aid organisations and educational materials

published in English or Japanese to identify field-based knowledge and practices for psychosocial support. From these, they established 55 actions that could protect and improve the mental health of disaster responders. They then identified three goals: to understand stressors and make them manageable, to reduce stressors and prevent chronically stressful situations, and to respond to crises for those whose level of stress was overwhelming.

Umeda and her colleagues' review highlighted the need to provide

PRE-ACTIVITY PHASE

In the pre-activity phase, the responder needs to carefully prepare for the role they are undertaking; they need to gather information about their duties and the area of operation. Once they have reached an understanding of the role, the responders need to assess their readiness to join the disaster response team. Once they have gained this insight, they need to discuss their circumstances with their close family members. If there are any concerns within or regarding their family, these should be solved before departing.

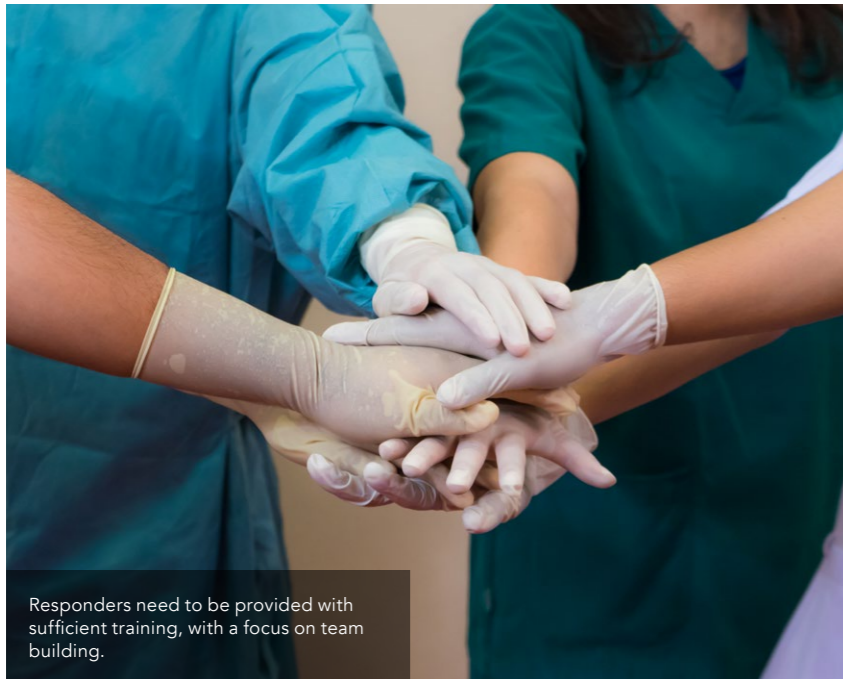
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psychological support to disaster responders at each stage of their journey. Alongside organisational support and health management, individuals' stress management needed to be enhanced and team working to be promoted. They also identified the importance of coordination and accessing external resources.

The disaster responder's journey involves the pre-activity phase or preparation phase, the activity or disaster response phase and the post-activity phase after the disaster. In each phase, the responder requires different but harmonious support and personal skills.

Responders need to maintain their physical and mental wellbeing and seek to be aware of personal indicators of stress, fatigue, and crisis. In addition, they should learn stress-management skills and develop their own self-care plan.

Prior to enrolment, organisations need to carefully consider who should be part of the response team and ensure each person has a clear understanding of their role. Alongside identifying roles, organisations need to develop an efficient operational system. This includes an effective process to address responders' experiences of trauma. It also needs to facilitate



Responders need to be provided with sufficient training, with a focus on team building.

Umeda and her colleagues' review highlighted the need to provide psychological support to disaster responders at each stage of their journey.

communication with responders' families during deployment.

Once responders have been recruited, they need to be provided with sufficient training with a focus on team building. Training should entail psychological first aid, the ability to anticipate and monitor personal stress levels, and stress management.

ACTIVITY PHASE

In response to a disaster, both the individual and the organisation need to identify and monitor stressors and their impact to provide a platform for protecting mental health.

At a cognitive level, responders need to re-conceptualise how they make sense of their experiences to allow them to take a step back and be as objective as possible. This will enhance their coping ability. Staying connected to their family can also provide emotional support and keep them grounded.

More practically, responders should take care of their physical and mental

health by following all the usual guidance such as exercising, sleeping, adequate nutrition etc. They should carry out their personal self-care plans ensuring additional actions and goals are set as they become aware of them. Psychologically, it is also important to maintain routines and avoid excessive use of stimulants or addictive substances such as caffeine, tobacco and alcohol.

Organisations need to establish formal and informal support using their operational system with their associated policies and manuals. They should ensure that responders' workload and duties are managed. As part of this, they should provide the teams with opportunities for informal communication and peer support. In crisis situations they could hold defusing sessions.

Once stress becomes unavoidable, workload and duties should be adjusted and if the level of stress seems overwhelming, mental-health professionals could be accessed. A

decision may need to be taken as to whether an individual should continue with work or resign their duties.

AFTER THE DISASTER RESPONSE

There may be a need to reappraise experiences and feelings remembered from the activities. Individuals will need to move from 'disaster-response mode' to 'routine mode' – an effective way of maintaining mental health.

Responders need to be encouraged to take time off from work in order to promote recovery from physical and psychological fatigue. Those who suffer from stress may need to rest for a considerable amount of time. It is vital to share experiences with others.

Organisations need to provide a clear declaration of 'mission accomplished'. They need to recognise the responders' work as an essential contribution to the organisational goals, and to demonstrate their appreciation to promote responder's mental health. Organisations will need to provide opportunities for reappraisal in the form of workshops, seminars, etc., facilitating getting back to usual routines, on-going information provision on self-care, sharing of experiences, and long-term follow-up.

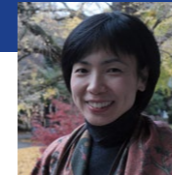
Responders should be enabled to rest before going back to routine work, and work routines may need adjustment if there is ongoing stress. The use of resources, including mental health professionals, may be required.

CONCLUSION

After their review of the literature, Umeda and her colleagues found that it was equally important for disaster responders and the organisations they work for to 'be aware', 'prevent', and 'respond':

- Be aware of roles, stressors, coping strategies, individual responses etc.
- Prevent mental health problems from occurring by putting effective operational strategies in place, with a focus on team working and education.
- Respond when stressors are identified and use appropriate available resources such as peer support, communicating with family and professional support.

Behind the Research



Dr Maki Umeda

E: maki_umeda@cans.u-hyogo.ac.jp
T: +81 78-925-9652



Dr Sonoe Mashino

E: sonoe_mashino@cnas.u-hyogo.ac.jp
T: +81 78-925-9658



Dr Rie Chiba

E: crie-tyk@umin.ac.jp
T: +81 78-796-4575



Dr Mie Sasaki

E: mie-sasaki@umin.ac.jp
T: +81 78-925-9605



Dr Eni Nuraini Agustini

E: eni.nuraini@uinjkt.ac.id
T: +62 812-8595-470

W: <https://www.u-hyogo.ac.jp/careken/>

W: <https://www.facebook.com/RINCPC>

Research Objectives

The research group develops psychosocial support strategies to improve the mental health of disaster responders.

Detail

Maki Umeda
13-71, Kitaoji-cho, Akashi,
Hyogo 673-8588, Japan

Bio

Maki Umeda, RN, PHN, MPH, PhD is a social epidemiologist specialised in mental health, and serves as a Professor of Global Health Nursing at Research Institute of Nursing Care for People and Community, University of Hyogo, Japan. She has been involved in mental health research in Fukushima after the Great East Japan Earthquake.

Sonoe Mashino, RN, PHN, PhD is the Executive Director and Professor at Research Institute of Nursing Care for

People and Community, University of Hyogo, Japan. Her research interests include transformation of nursing care system and nursing education, capacity building in disaster risk management and psychosocial care of disaster survivors and responders.

Rie Chiba, RN, PHN, PhD is a Professor in the Laboratory of Psychiatric Nursing, Graduate School of Health Sciences, Kobe University, Japan. Her research focuses are on psychiatric nursing and mental health.

Mie Sasaki, RN, MHS, PhD is an Associate Professor of Disaster nursing at the University of Hyogo

and is affiliated with the University of Tokyo as a Visiting Researcher. Her research focuses on Resuscitation Science, Health economics, Health Technology Assessment, Epidemiology and Practice of Emergency Medicine & Nursing.

Eni Nuraini Agustini, RN, PhD is a faculty member at Mental Health Nursing Department, School of Nursing, Syarif Hidayatullah State Islamic University, Indonesia. She is a member of several mental health organizations in Indonesia. She engages in education and practice in disaster mental health nursing in Indonesia.

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Personal Response

What inspired you to conduct this research?

/// In the aftermath of the Great East Earthquake, I observed the public servants in affected areas working restlessly although they themselves were affected by the disaster. It was heartbreaking to see that the irritation and anger of survivors, who were also in critical moments, often had to be directed to these workers. This experience taught me disaster responders need to be protected physically, psychologically, and socially to help others in affected areas. ///

