Review of: "Integrating Mental Health Support in Emergency Planning and Disaster Risk Mitigation Strategies"

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This paper offers a comprehensive review of the history and current state of disaster response in the United States, with particular attention to mental health interventions. It underscores the urgent need for more integrated mental health strategies in disaster management. The author effectively draws on historical examples and recent research to make his case, but some areas could benefit from further exploration.

The paper begins by establishing a historical context for the US disaster response, tracing the evolution of federal initiatives from the early 1800s to the present day. This section is informative and sets the groundwork for the discussion on mental health provision in disaster management. However, it might be beneficial to delve deeper into the political, economic, and social factors that contributed to these changes over time.

A central theme of this paper is the inadequacy of mental health support in current disaster response systems. The author notes that the scope of FEMA's crisis counseling program is short-term and incident-specific, which may not address chronic mental health issues that arise from disasters. He substantiates his arguments with compelling evidence from recent research. This is an important observation, especially given the escalating frequency and severity of disasters due to climate change and other anthropogenic factors.

The author provides a solid analysis of the emotional impact of disasters, including mental health outcomes such as depression, anxiety, and post-traumatic stress disorder. He makes a compelling argument for the need to expand communities' capacity for mental health preparedness, but the paper would have benefitted from a more detailed explanation of how these mental health issues manifest and develop over time in the aftermath of disasters.

The paper further emphasizes the importance of community involvement in decision-making processes related to disaster management. However, as a cultural anthropologist, I found the treatment of cultural factors somewhat lacking in depth. The author mentions that government and nonprofit institutions providing mental health support are often unfamiliar with the cultural and psychosocial needs of populations they serve, but do not fully explore how culture influences individuals' perceptions and experiences of disasters and mental health.

Additionally, while the author states that local community leaders should be involved in disaster response, he does not fully explore the role of cultural knowledge and practices in disaster mitigation and mental health support. A more thorough discussion of how cultural factors influence mental health and resilience could provide critical insights into effective strategies for disaster response. This could include the role of cultural norms, beliefs, and practices in coping with

disasters and their aftermath, as well as the importance of culturally sensitive mental health interventions.

The conclusion of the paper underscores the necessity of a multi-dimensional approach to mental health support in disaster management, which includes formal intervention procedures and locally-led initiatives. While the author does highlight the importance of integrating community demographic data into disaster response strategies, it would have been beneficial to discuss more explicitly the role of anthropology and related disciplines in developing these strategies.

Overall, this paper provides a thorough overview of the integration of mental health support in disaster management in the US. However, further exploration of the role of culture in mental health outcomes and disaster response could significantly strengthen the argument and offer more nuanced recommendations for policy and practice.