

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

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Potential competing interests: No potential competing interests to declare.

I thank the author for the article. It is a topic I myself am quite involved in, and was eager to read another perspective. However, I feel the article has issues regarding the scientific content, the references used, and the overall argument that is being made.

Introduction

"While disasters have battered communities in the US throughout history, the government has slowly responded to the after-effects. For example, the US congress didn't legislate any first aid financial assistance to extreme emergencies till fires nearly completely destroyed a city in New Hampshire, in the early 1800s. [1]"

I don't feel this is that strong of an argument. The U.S. government was quite young at the time. Plus, did other countries do better?

In fact, the entire first paragraph is somewhat anachronistic, in the sense that the author assumes this is the task of governments, despite that the overview itself makes clear it was clearly viewed not as a task of government, possibly because disasters were seen more as part of life (in fact, there are a lot of statements and studies on disasters during that time that seem to indicate that indeed, people kind of accepted such disasters, whether as an act of nature or act of God).

So, I would personally make it less about how the government was "slow to respond to disasters", because it feels odd to refer to the 1800s to make that point. It think it would be better to simply point out why FEMA was created.

"Severe reactions when they are left unloved" – "unsolved", I assume?

"With the growing frequency and severity of severe weather hazards due to climate change and other human-caused disasters, such mass shootings" – such as mass shootings.

"With the growing frequency and severity of severe weather hazards due to climate change and other human-caused disasters, such mass shootings are expected to worsen mental health problems significantly in the near future. [7][8]"

I disagree. First, there is actually evidence that countries that are affected more by disasters, actually have less PTSD-rates. See e.g. Dückers ML, Alisic E, Brewin CR. A vulnerability paradox in the cross-national prevalence of post-traumatic stress disorder. *Br J Psychiatry*. 2016 Oct;209(4):300-305. doi: 10.1192/bjp.bp.115.176628. Epub 2016 Jul 21.

PMID: 27445357.

Second, disasters were quite common before modernisation. Were people then more vulnerable as well? No. Studies taken even in the early 1900s show that people have quite low percentages of mental health issues.

Third, the articles cited to prove this statement are quite weak. Without going into the quality of journals, an abstract that starts with “We all know that 2014 has been declared as the hottest year globally by the Meteorological department of United States of America” and is published in Indian J Occup Environ Med., should not be part of the main evidence for proving something.

Fourth, resilience is standard in disasters. This is not dependent on how many disasters there are. There is no real evidence that mental health problems due to disasters will increase in the future. It might. It might not. The main issue of disasters is not the quantity of people that are affected, but the severity of the issues that do exist in the minority of people. For example, after the Oklahoma city bombing, only a relatively small percentage (20-25%) had severe issues. However, that percentage has not dropped that much over more than 15 years! That is a relatively small group, yes, but those are people that have been living with PTSD for a long time, which has affected their daily functioning, social support, et cetera. Those are the people that would need quick and long-term help.

The problem is not frequency, the problem is severity.

Also, the idea that school shootings will lead to more mental health issues overall is not substantiated. School shootings are culturally viewed not as an act of terrorism, are not aimed at really creating fear in a population, but are because of revenge, or mental health issues, or whatever. But it is clearly different from terrorism, in that it has not as aim to change policy in a nation through fear and threat. So, I would not think that school shootings have much to do with that. Of course, for the victims, yes, and they should of course receive aid. But even then, something as sexual assault is related to much, much higher PTSD-rates.

“It is very critical to build resilience in order to cope with such drastic changes and help people who are impacted emotionally when a catastrophic event occurs. The US current model of medical care needs to be altered in order to tackle the mental health multifaceted dimensions effectively.[6][9”

It depends on what you view as resilience. Because resilience can easily be viewed as something natural. In fact, that relatively few people have severe issues after disasters is not because someone taught them resilience, it seems to be because people are, well, simply resilient. Which makes sense. Studies estimate that 70% of the world experiences a trauma at one point in their life, yet, PTSD-rates are nowhere near 70% world wide. In the United States, for example, they are more around 4%. This despite severe poverty, climate change, school shootings, et cetera.

Discussion

“Every time a disaster happens in a similar area with many people impacted like in Louisiana and California, mental health ramifications multiply. [11][12] It is the historic combination of factors that pushed the American Psychological Association

(APA) to state that the US is facing a serious mental health crisis, which could yield severe health, as well as social, consequences for many decades to come.[1”

The APA made that statement with regard to COVID, no? Where there was indeed a combination of a lot of factors, but I would be careful relating that to the general issue you seem to be discussing.

“Researchers believe that the emotional impact is greater than what we normally expect from being involved in disasters. [2”

One can easily make the argument that COVID-19 mental health issues are greatly overestimate due to faulty methodology. For example:

Asmundson GJG, Taylor S. Garbage in, garbage out: The tenuous state of research on PTSD in the context of the COVID-19 pandemic and infodemic. *J Anxiety Disord*. 2021 Mar;78:102368. doi: 10.1016/j.janxdis.2021.102368. Epub 2021 Feb 8. PMID: 33582405; PMCID: PMC9759101.

Furthermore, emotional impact is not the same as mental health issues. That something has an emotional reaction is not bad, it's normal. That people felt anxiety after 9/11 was not a problem, it was normal, because emotions are not bad. Only when these emotions become a structural problem (e.g. influences our functioning) does it really become a real issue.

“As a result, many direct survivors end up developing acute and post-traumatic stress disorder if they don't receive the necessary mental health support within two months after the sorrowful event.”

I'm sorry, but this is completely untrue. Early intervention methods for the prevention of PTSD is still quite sketchy in if they are really that much better than other methods – and even then, it depends on WHAT intervention one uses. Early CBT does seem to work, yes, but the author implies that you need to give it in two months time... Despite that other researchers have stated: you do not need to give an intervention before three months...

Unless the author refers to mental health support as psychological first aid or just common helping of people. Which is true. But, the wording here makes it seem as if this refers to professional help.

In general

The references are oddly formatted. Referring to NCBI as a site, instead of to the journal, is not a proper reference. (see e.g. reference 8).

Does the abstract really align with what's in the text? I cannot find anything on “Even though disasters emotionally traumatize one out of five victims for long periods of their lives” in the main text.

Conclusion

I do not really understand the goal of this article, if I'm honest. I agree with the general idea of the importance of psychosocial care after disasters. This really is important. However, what is the point here that has not yet been made? Furthermore, I feel the author something overemphasizes things to the point of exaggeration.

I would personally make the argument less hard (as in: don't focus on how many people have issues, but how severe those issues are) and make a clear point that has not been made many times. Make it clearer why this should be part of disasters plans. Is there evidence that really works? (countries have this in their disaster plans btw. You have studies from Norway or France that have actually looked at that)