

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

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This paper provides a brief overview of the need to integrate mental health support into emergency / disaster management strategies, with specific reference to the situation in the United States of America.

The paper addresses a topic of considerable public health importance, and the information presented in the paper is factually correct for the most part. There are certain parts of the paper which would benefit from correction or clarification, and these are enumerated below:

1. In paragraph two of the Introduction, it is not clear what the author is trying to convey through their use of the term "left unloved". This should probably read "left untreated" or "left unsupported" for the sake of clarity.
2. Paragraph 2 of the Introduction would benefit from some reorganization and accurate phrasing. For example, it is not clear why the authors connect climate change to mass shootings, or why social isolation is referred to as a "medical problem". I fully agree with the author that disaster mental health requires a bio-psycho-social approach; however, each component must be delineated with better clarity and precision in a paper of this sort.
3. The Discussion section, which contains the actual "substance" of this paper, would benefit from some expansion. For example:
 - a. Are there any statistics on mental health sequelae / untreated mental health issues in the American general public following disasters of various kinds?
 - b. Disaster-specific concepts in mental health, such as the "psychological first aid" approach advocated by the World Health Organization, could be incorporated into this section.
 - c. Populations at greater risk of adverse mental health outcomes (children, the elderly, those with pre-existing psychiatric conditions, migrants, those suffering from social and economic disadvantages) may require a more targeted and pro-active mental health strategy in the context of a disaster.
4. It is also important to note that "disaster" is not a unitary construct. Specific types of disasters differ in the nature, severity and extent of the mental health sequelae that they may entail (for example, the mental health concerns that require attention in adolescents following a school shooting are quite different from those of an underprivileged population following a hurricane). Ideally, a separate paragraph of the Discussion could be devoted to this facet of disaster mental health.
5. An emphasis should be placed on evidence-based strategies - poorly designed or poorly implemented mental health interventions may do more harm than good, as mentioned in the WHO manual on psychological first aid. The authors

could cite a few key research papers showing that specific approaches are helpful in reducing anxiety, depression, PTSD, etc. following a disaster.

6. Given the widespread social and economic disruption caused by some disasters, it should also be emphasized that mental health cannot be divorced from its social, cultural and economic matrix. In the setting of a disaster, mental health care should be delivered in a culturally sensitive manner, and should be accompanied by social and economic welfare measures as appropriate.

I believe that this paper presents important information both for practitioners and for policy-makers; with the above revisions, its quality could be substantially improved.