Mental Health in Emergencies – A Path Less Traveled

The world has been hit by an unexpected storm in the form of COVID-19. As the pandemic continues to ravage the globe, the disease has started to expose many human frailties. One of the most important and often neglected aspects is the mental health of the people affected by the pandemic and those involved in dealing with the pandemic such as the doctors and health care workers. As the situation becomes more grim by the day, the focus is slowly but surely shifting toward strengthening the mental resolve of all stakeholders involved in facing and handling the pandemic.

The World Health Organization observes that most people affected by emergencies will experience distress (e.g., feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger, and/or aches and pains). This is normal and will, for most people, improve over time. However, the prevalence of common mental disorders such as depression and anxiety is expected to more than double in a humanitarian crisis.[1]

A complex emergency is a social catastrophe marked by the destruction of the affected population’s political, economic, sociocultural, and health care infrastructure. Although these macro-level forces create health and mental health impairments and barriers to mental health service delivery, they can also be used to foster resiliency and mental health recovery.[2]

The global community as a whole has developed a strategy in the form of the World Health Organization endorsed interagency mental health and psychosocial support guidelines to deal with mental health and psychological problems during emergencies.

EFFECTIVE EMERGENCY RESPONSE

Community self-help and social support should be strengthened, for example, by creating or re-establishing community groups, in which members solve problems collaboratively and engage in activities such as emergency relief or learning new skills, while ensuring the involvement of people who are vulnerable and marginalized, including people with mental disorders.

Psychological first aid offers first-line emotional and practical support to people experiencing acute distress due to a recent event and should be made available by field workers, including health staff, teachers, or trained volunteers.

Basic clinical mental health care covering priority conditions (e.g., depression, psychotic disorders, epilepsy, alcohol, and substance abuse) should be provided at every health-care facility by trained and supervised general health staff.

Psychological interventions (e.g., problem-solving interventions, group interpersonal therapy, and interventions based on the principles of cognitive-behavioral therapy) for people impaired by prolonged distress should be offered by specialists or by trained and supervised community workers in the health and social sector.

Protecting and promoting the rights of people with severe mental health conditions and psychosocial disabilities are especially critical in humanitarian emergencies. This includes visiting, monitoring, and supporting people at psychiatric facilities and residential homes.

Links and referral mechanisms need to be established between mental health specialists, general health-care providers, community-based support, and other services (e.g., schools, social services, and emergency relief services such as those providing food, water, and housing/shelter).[3]

SUPPORTING PEOPLE WORKING IN THE COVID-19 RESPONSE

Regularly and supportively monitor your staff for their well-being and foster an environment which promotes staff speaking with you if their mental well-being worsens. Ensure good quality communication and accurate information updates are provided to all staff. This can help to mitigate any worry about uncertainty that workers have and help workers to feel a sense of control. Consider if there is any capacity to ensure your staff gets the rest and recuperation they need.

Rest is important for physical and mental well-being, and this time will allow workers to implement their necessary self-care activities. Provide a brief and regular forum to allow workers to express their concerns and ask questions and encourage peer-support among colleagues. Without breaking confidentiality, pay particular attention to any staff who you may be aware of are experiencing difficulties in their personal life, previously experiencing a poor mental health or who are lacking in social support (possibly due to community ostracization).[3]

The current pandemic is a real test of human resolve to endure a crisis. The need for global co-operation is more
than ever in the past. Governments and international health agencies now have to find solutions for all questions posed by the virus.

**Dr. V. Raghuram**

*Department of Community Medicine, Trichy SRM Medical College Hospital and Research Centre, Trichy, Tamil Nadu, India*

**Correspondence:** Department of Community Medicine, Trichy SRM Medical College Hospital and Research Centre, Trichy, Tamil Nadu, India. E-mail: raghu3873@gmail.com

**REFERENCES**