IMPACT OF DISASTER ON MENTAL HEALTH

DISEDIAKAN OLEH:

TWG PSYCHOSOCIAL EMPOWERMENT AND CRISIS EDUCATION (PEACE)
OBJECTIVES

• Understanding and recognizing distress reactions in disaster

• Identifying symptoms and signs that need further intervention
UNDERSTANDING DISASTER AND MENTAL HEALTH
Mental Health

State of well-being in which individual realizes his or her own abilities
Can cope with normal stresses of life
Can work productively and fruitfully
Able to make a contribution to his or her community (WHO, 2002)

Not just the absence of mental illness (such as depression, anxiety, psychosis etc)
Disasters are not uncommon events.

• No two same disasters are exactly alike
• Tend to be associated with specific reactions among survivors
✔ No two survivors are the same
✔ No two disaster experiences are the same
✔ No two response and recovery experiences are the same

Therefore, individuals’ perception and responses to a shared event will differ
IMPACT OF DISASTER
IMPACT OF DISASTERS

- Economic
- Social
- Psychological
- Physical
- Health
Disaster impacts comprise

**Physical**
Death and injuries, property damage

**Health**
Injuries and later followed by outbreak of infection secondary to disturbances of clean water supply

**Economic**
Loss of property, infrastructure damage

**Social**
Change in family dynamic, community etc

**Psychological**
DISASTERS

STRESS

Frighten, excite, confuse, endanger or irritate
Kesan emosi
MH370

Seluruh dunia menunggu dan dipacu dengan harapan kepada pesawat Malaysia Airlines (MAS) MH370 yang kemudiannya dinyatakan hilang.

Bagi keluarga penumpang dan anak kapal, ini ragu mereka pasti berada di tempat mereka saat ini.

Kesimpulan konseling penting untuk meningkatkan kesehatan mental.
Are all stress bad? Even in disaster situation ..
People affected by disasters will experience a range of **early reactions** (physical, psychological, emotional, behavioural) that may interfere with their ability to cope.

These reactions are normal and understandable given people’s experiences (**normal response to an abnormal event**).
EMOTIONAL REACTIONS
- Shock/numbness
- Fear/anxiety
- Helplessness/hopelessness
- Survivor guilt
- Anger
- Anhedonia

PHYSICAL REACTIONS
- Insomnia
- Hyperarousal
- Headaches
- Somatic complaints
- Reduced appetite/libido/energy

COGNITIVE REACTIONS
- Loss of faith
- Impaired concentration
- Confusion/disorientation
- Intrusive thoughts
- Dissociation / denial
- Impaired decision-making
- Reduced confidence
- Hypervigilance

SOCIAL REACTIONS
- Withdrawal
- Irritability
- Interpersonal conflict
- Avoidance

DISASTER
Most people *do not* develop serious mental health issues after emergencies, and with some basic support the majority of people would recover well.
<table>
<thead>
<tr>
<th>Event Factors</th>
<th>Individual Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical proximity to event</td>
<td>• Genetic vulnerabilities and capacities</td>
</tr>
<tr>
<td>• Emotional proximity to event</td>
<td>• Prior history (Consistent stress or one or more stressful life experience/s)</td>
</tr>
<tr>
<td>• Secondary effects</td>
<td>• History of psychiatric disorder</td>
</tr>
<tr>
<td>-does event cause disruption in on-going life?</td>
<td>• Family history of psych illness</td>
</tr>
<tr>
<td></td>
<td>• Family and social support</td>
</tr>
<tr>
<td></td>
<td>• Age and developmental level</td>
</tr>
<tr>
<td></td>
<td>• Other: female, divorced or widowed, lower IQ, lower income, lower education level</td>
</tr>
</tbody>
</table>
Vulnerable populations - groups that may have more intense needs before, during, and after disaster, include:

- Children
- The elderly (particularly the frail elderly)
- People with serious mental illness
- People with physical disabilities
- People with substance dependency
- People living in poverty
More Severe reactions
(Acute Stress Disorder or PTSD)

- Re-experiencing
- Extreme emotional numbing
- Extreme attempts to avoid disturbing memories
- Severe anxiety
- Severe depression
- Dissociation
- Hyper-arousal
<table>
<thead>
<tr>
<th>ACUTE STRESS DISORDER</th>
<th>POST TRAUMATIC STRESS DISORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A transient disorder that develop in response to a traumatic event</td>
<td>• Long lasting anxiety response following traumatic event</td>
</tr>
<tr>
<td>• Minimum of 2 days and maximum of 4 weeks</td>
<td>• Key symptoms: persistent re-experience of trauma, persistent avoidance and persistent symptoms of hyper-arousal</td>
</tr>
<tr>
<td>• Initial state of daze, agitation, over-activity, withdrawal, anxiety, reduce attention, disorientation, amnesia, distress, avoidance</td>
<td>• Duration of symptoms – more than one month</td>
</tr>
<tr>
<td>• More likely to develop PTSD</td>
<td></td>
</tr>
</tbody>
</table>
GRIEF

• Grief is the emotion people feel when they experience a “loss”

• In disaster, there are many types of loss
  • loss of safety and security, loss of property, loss of community, loss of status, loss of health and loss of loved one(s)

• Usually taper off in 4 to 6 weeks but recurs during anniversaries
• Grief is a natural reaction to loss
  Healing process, takes time, gradual

• Grief affect people in different ways
  - Depends on relationship with person
  - Circumstances under which they died e.g. Sudden death

People cope with grief differently - very personal and individual – some reach out for support from others and find comfort in good memories; some throw themselves in activities, some became depressed; some would talk to others about the loss etc
• Grief is not a mental disorder.
• An expected process in response to the death of a loved one.
• Followed by a gradual return of the capacity for return with new interests, activities and relationships.
Complicated Grief/Complicated Mourning:

A grief variant in which acute grief persists

- Sense of disbelief, difficulty accepting the death
- A mix of emotion with painful emotions dominant
- Prominent and preoccupying thoughts and memories of the deceased
Anxiety disorders
 e.g. Generalized Anxiety Disorder, Panic Disorder, phobia

Depressive disorder
Many responses to trauma are expected, but some require extra attention and concern.

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorientation (dazed, memory loss, unable to give date/time or recall recent events...)</td>
</tr>
<tr>
<td>Severe Depression (continuous feeling of hopelessness &amp; despair, isolation etc)</td>
</tr>
<tr>
<td>Severe Anxiety (constantly on edge, restless etc)</td>
</tr>
<tr>
<td>Psychotic symptoms (hearing voices, seeing visions, delusional thinking...)</td>
</tr>
<tr>
<td>Inability to care for self (not eating, bathing, changing clothing or handling daily life)</td>
</tr>
<tr>
<td>Suicidal or homicidal thoughts or plans</td>
</tr>
<tr>
<td>Problematic use of alcohol or drugs</td>
</tr>
<tr>
<td>Domestic violence, child abuse or elder abuse</td>
</tr>
</tbody>
</table>
Positive impact of disaster

- Awareness
- Altruism
- Conflict resolution
- Friendship building
- Leadership qualities
- Empathy, morality, respecting nature
- Spiritual development
Impact of disaster – physical, health, economics, social and psychological

Those affected by disaster experience a wide range of early psychological reactions (physical, cognitive, emotional, behavioural) – normal responses to an abnormal event

Recognize reactions that signal the need of further mental health intervention
THANK YOU