

Joint Statement of the World Psychiatric Association (WPA) and the World Health Organization (WHO) on the Role of Psychiatrists in Disasters¹

The World Psychiatric Association (WPA) and the World Health Organization (WHO) would like to draw the attention of the international community of psychiatrists to the needs of people affected by disasters, the key actions to be potentially taken by psychiatrists, and the value of their collaboration with public health agencies.

Emergency situations can have devastating psychological and social effects on individuals, families, communities and societies and tend to be associated with elevated rates of a broad range of mental disorders among affected populations. Moreover, disasters can severely disrupt social structures and ongoing formal and informal care of persons with pre-existing disorders.

Because disasters are associated with numerous types of social and mental health problems, it is not surprising that psychiatrists and aid agencies offering help often offer diverse and numerous types of responses. This help is usually offered at a time when normal health and social services are either overwhelmed or have stopped working altogether. To avoid chaos and to increase the chance of populations receiving the best possible support, it is important (a) to set priorities regarding how to respond to the disaster and (b) to coordinate all mental health and psychosocial support responses across sectors with agencies and professionals from diverse backgrounds.

Psychiatric societies at national and local levels must help in stimulating and organizing psychiatrists' contributions. To facilitate and guide these contributions, WPA has developed structures such as an Institutional Program on Disaster Response, a scientific Section on Disasters and Mental Health and disaster specific local task forces, which are producing educational resources in various languages as well as training and service protocols². Interaction and coordination of local psychiatric societies and pertinent WPA structures with corresponding governmental and intergovernmental organizations is strongly recommended. Attention should also be given to recent WHO publications on this matter.

Priority activities by psychiatrists working *in the acute phase of a disaster* (i.e., when daily mortality is elevated above baseline) include:

- *Working together with all aid agencies to establish broad-based mental health and psychosocial support with maximal participation of assisted communities.* In large scale disasters many psychosocial support activities are organized by aid agencies that work in the 'protection', 'social sector' or 'health sector'. Consulting affected populations and coordination among sectors is essential to facilitate optimal support.
- *Maintaining access to care for people with acute and serious mental disorders in the community.* Psychiatrists play a major role in training and supervising primary health care (PHC) workers to care for people with severe mental disorders in fixed or emergency PHC clinics in disasters. Most people with severe mental disorder in a disaster will have a pre-existing disorder, but there will also be people who have severe disaster-induced mood and anxiety disorders, including severe presentations of acute stress reaction/posttraumatic stress disorder and there will be numerous presentations of severe medically unexplained somatic complaints.
- *Protecting and caring for people with severe mental disorders and other mental and neurological disabilities living in institutions.* People living in institutions are among the most vulnerable people in society, and they are especially at risk in emergencies, where they risk being left without care and without protection from the effects of the disaster. Psychiatrists play a key role to ensure ongoing care and protection.
- *Advocating with aid workers in other sectors to address the social determinants of mental health, e.g.,* advocating that shelter is organized in such manner that displaced families and communities can live together to maintain social cohesiveness; advocating that areas around toilets in camps are well-lit as to avoid sexual violence against women; advocating for family tracing to avoid child separations, advocating that adults and adolescents become involved in concrete, purposeful, common interest activities to avoid passivity; advocating that all health workers treat their patients with dignity.

After the acute disaster, psychiatrists play a major role in the (re)building of community mental health services to address the increased prevalence of mental disorders in affected populations. To maximize population coverage, trauma-focused care may be best integrated into general health and mental health services. These services could have a dual function – routine in normal times and disasters intervention in emergency periods. Disasters not only provide tragedy but also unprecedented impetus and opportunities to enhance personal and community resilience and perspectives and also strengthen the overall mental health system.

¹ *This statement is consistent with forthcoming Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings, to which WPA contributed. The IASC, established by the UN General Assembly, is the highest-level humanitarian forum for coordination, policy development and decision-making.*

² *Current WPA guidelines: Mezzich JE: WPA and disaster response: New policies and actions. World Psychiatry 5: 1-2, 2006.*