

Principal Researcher(s)
Adrienne Connick

Advisor
Daniella Sieukaran

Instructor
Beth Larcombe

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Complementary Mental Health Interventions for Disaster Recovery

A Review and Critical Appraisal of the Literature

Natural Disasters present many challenges for disaster mental health recovery including overwhelmed resources, increased mental health symptoms, and damage to critical infrastructure. Traditional treatments for mental health like clinical and psychiatric approaches can be stigmatized, so help is not always sought out when needed. The purpose of the research was thus to explore and assess the effectiveness of implementing Complementary Mental Health Interventions (CMHIs) for community disaster recovery.

The interventions investigated were focused on those that presented an alternative or complementary approach to disaster mental health recovery. Strategies such as mind-body, yoga, meditation, breathing techniques, and art-based programs have been shown to have positive impacts on people suffering from trauma and could offer additional choices for those experiencing negative mental health symptoms post-disaster.

The project analyzed secondary data from the JIBC database and Google Scholar specifically looking at academic, peer-reviewed studies. A critical appraisal was conducted to assess the validity and reliability of the data collected and the findings were used to answer the proposed research questions.

CMHIs were found to be advantageous for community disaster recovery planning because they offer options that can be adaptable and scalable to different situations, can be led by community leaders and are less stigmatized than other mental health services.

Findings also presented a consistent reduction in self-reported mental health symptoms from those who took part in a CMHI post-disaster. More research is needed on the topic to determine the true impact of CMHIs on mental health post-disaster

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Structured Abstract

Introduction: The majority of people impacted by emergencies will experience some form of psychological distress (WHO, 2022) and so an important aspect of disaster recovery planning is to respond to the mental health needs of communities impacted by disasters. There are, however, challenges that arise in a disaster situations that make response difficult including: increased numbers of people presenting with mental health symptoms, damaged infrastructure, and overwhelmed healthcare services. There is thus a need for addressing the large scale, short-term mental health symptoms that will impact large amounts of disaster survivors. The aim of the study was to determine the potential impact of using CMHIs for disaster recovery planning and answer the following questions: Are CMHIs effective in reducing post-disaster mental health symptoms? What are the advantages and disadvantages of these types of interventions? And what are the considerations for integrating CMHI into community disaster recovery planning?

Methods: The research involved conducting a literature search and review of academic studies through the JIBC and Google Scholar databases that investigated the use of CMHIs for natural disaster impacted communities. A critical appraisal of the studies was done to determine the validity and reliability of the research. The findings were then used to answer the proposed research questions.

Results/Findings: Overall the data indicated that participants who received CMHIs reported reductions to the mental health symptoms that they were experiencing as a result of a natural disaster. One study also found positive physiological changes in the form of lowered cortisol levels. Other common themes that emerged from the literature review included: the need for collaborations, the challenges with conducting research in a disaster zone, and the practicality of CMHIs. The critical appraisal also highlighted limitations of the data where methods and design varied across the research, some using tested methods and others failing to provide enough detail.

Discussion: The findings show overall participant reductions in self-reported mental health symptoms as a result of a CMHI conducted post-disaster. Data collection methods across the studies varied and so drawing conclusions and comparisons was challenging. More research is needed to validate these results and better understand the impact of CMHI's on disaster impacted participants and communities. The advantages of CMHIs are their practicality in the community where local community leaders have the potential to be trained and lead these interventions, the interventions can be scalable to meet the needs of different group sizes, and the interventions are not location specific which is valuable in disaster conditions. The use of CMHIs also removes the mental health or psychiatric label that can be a limiting factor when people are seeking care (Math et al., 2015). Integration of CMHIs into community disaster recovery planning require some considerations for success including: addressing cultural context, utilizing multi-agency collaborations, and planning across all phases of emergency management.

Practical Applications: The findings overall have positive implications for the use of CMHIs in disaster recovery planning. While more research is needed, there is potential that CMHIs could be an effective tool within the scope of community post-disaster recovery. Future research should consider investigating the relationship between cultural context, demographic characteristics, intervention type, and should also consider standardizing tools for measuring mental health outcomes.

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