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Integrating Mental Health Care in Disaster Recovery: An Analysis of British Columbia's Government Strategies

Julia Nina Padilha

Introduction

This study explores the research question: ”How does the government of British Columbia integrate mental health care and support into the disaster recovery process?” Disasters often have complex and long-lasting psychological impacts, yet mental health support remains underrepresented in emergency management frameworks. This research assesses current practices, identifies gaps, and proposes improvements to strengthen policies, raise awareness, and enhance collaboration between emergency management and mental health professionals—addressing both short- and long-term mental health needs during disaster recovery.

Background

Disasters not only cause physical, environmental, and economic damage—they also have serious psychological and social impacts. Emotional trauma, loss, and displacement often lead to increased rates of PTSD, anxiety, depression, substance use, and suicide (Weissbecker, 2009; WHO, 2022), especially among vulnerable groups such as women, children, the elderly, and refugees. Youth are particularly at risk for long-term psychological effects (Thomas et al., 2013). The severity of these impacts depends on factors such as the type and scale of the disaster, the level of community preparedness, and the effectiveness of the response (EMBC, 2022c). For recovery to be effective and equitable, mental health care and psychosocial support must be fully integrated into disaster recovery plans, ensuring sustained and inclusive support for affected individuals and communities.

Methods

This study used a qualitative secondary research approach, conducting a comprehensive literature review of official documents and academic sources related to emergency management, disaster recovery, and mental health in British Columbia. Government sources included legislation, policies, and reports retrieved from official BC websites such as BC Laws, GOV BC, EmergencyInfoBC, BC Emergency Health Services, and the Provincial Health Services Authority.
To examine the mental health impacts of disasters and the application of psychosocial interventions during recovery, academic database searches were conducted using keywords such as: *“Mental Health” OR “Psychological” AND “Disaster” OR “Disaster Recovery” OR “Emergency Management” AND “British Columbia” OR “BC.”* Filters were applied to include peer-reviewed articles in English, French, Portuguese, or Spanish and based in the Canadian context. Out of 214 initial results, 15 abstracts were reviewed, and 8 articles were selected for full analysis based on their relevance to the study's objectives.

Findings

Research reveals a significant gap in studies addressing disaster-related mental health impacts in Canada, despite the frequency of emergencies and large-scale evacuations—such as the 2017 and 2018 wildfires in British Columbia (Government of Canada, n.d.). Most available literature focuses on COVID-19 and reports increased rates of PTSD, anxiety, depression, and substance use, particularly among vulnerable populations such as Indigenous, rural, and low-income communities (Varin et al., 2021; Liu et al., 2023; Weeks et al., 2025; Shields et al., 2021; Rao et al., 2024).
In British Columbia, recovery efforts offer short-term supports including Psychological First Aid, wellness workshops, and crisis lines (EMBC, 2024). Services are delivered through a multi-agency network, with culturally appropriate programs in place for Indigenous communities (EMBC, 2022a; 2022b; 2024). However, access to specialized mental health care remains limited, and there is no standardized method to evaluate the effectiveness of mental health recovery efforts. Current monitoring relies on indicators such as crisis line usage, participation rates, and community wellness assessments.

Discussion

There is a limited research in Canada on disaster-related mental health impacts and the effectiveness of recovery programs. Most available interventions, like Psychological First Aid and Red Cross services, are short-term and not equipped to address long-term issues such as PTSD or substance use.
Access to specialized care remains limited—especially in rural and Indigenous communities—where services are mostly provided by NGOs and peer-led groups. Despite some monitoring through KPIs, there is no standardized method to evaluate long-term outcomes. Mental health is often overlooked in disaster recovery planning. To close these gaps, British Columbia must adopt inclusive, evidence-based strategies that treat mental health as a core part of recovery and a fundamental human right.

Recommendations

To strengthen disaster recovery in British Columbia, mental health must be fully integrated into emergency management from response through long-term recovery. This requires coordinated efforts among governments, health agencies, NGOs, and Indigenous organizations to ensure culturally appropriate and continuous care.
More research is needed on the long-term psychological impacts of disasters and on the effectiveness of programs and resources. Policies should mandate mental health recovery plans, long-term monitoring, and stable funding. Creating a Provincial Mental Health Task Force would support coordination across agencies.
Improving access to care is critical. Expanding mobile teams, telehealth, and embedding mental health professionals in Emergency Support Services would help reach underserved populations, especially in rural and Indigenous communities. Community-based supports, peer networks, and safe gathering spaces should be promoted to foster emotional support and social connection.
Finally, standardized tools are needed to evaluate recovery efforts. A provincial assessment framework and annual mental health reporting can ensure recovery strategies are evidence-based, adaptive, and responsive to community needs.

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