Addressing the Effects of Disaster on Mental Health

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Executive Summary

Major disaster events, such as flooding, are becoming a common occurrence in Ghana. Flooding, for instance, is expected to become more intense as a result of climate change. Such disaster events often have a significant impact on the long term mental health of the country, particularly for vulnerable segments of society. In recent years, international attention has been devoted to providing mental health and psychosocial support in emergency settings to help promote psychological resiliency. Ghana cannot afford to do different. The mental health impacts of disasters in Ghana need to be given increased attention. Possible areas of action include encouraging research on rates and manifestations of psychological trauma in Ghana, training more counselors in crisis intervention, incorporating mental health concerns into existing disaster response plans, developing a specific disaster mental health plan, and committing resources to the expansion of access to everyday community-based mental health services. While all of these efforts are important, the conclusion is that by improving access to mental health services for those who need them everyday, Ghana can be better prepared to deal with the effects on mental health when disaster strikes.

Increasing Disaster Risk

Ghana is in mourning following the devastating floods and fire that took the lives of more than one hundred and fifty (150) individuals, displaced hundreds, and affected thousands this month (CitiFMOnline, 2015). Unfortunately flooding has become all too common in the past two decades with more than 600,000 people affected in the two largest flooding events alone, occuring in 1999 and 2007 in the Nothern Region (NADMO, 2015). Flooding is not the only disaster that threatens Ghana. Indeed, since 1997 Ghana has suffered from emergencies related to ethnic violence, conflicts in neighboring countries, wind storms, fire, pests, and pubilc health problems such as cholera and meningitis outbreaks (NADMO, 2015). With the growing effects of climate change, these occurrences are likely to become more intense. According to the United Nations in Ghana (2015), "over the 21st century, climate change is likely to adversely affect hundreds of millions of people

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Mental Health Impacts of Disaster

In addition to the obvious effects on health and infrastructure, the increasing intensity of disaster events is likely to significantly affect the psychological well-being of both individuals and the community as a whole. Psychological trauma results from high stress situations that overwhelm an individual's ability to cope and impairs their functioning. In some cases, this can have long-term effects on one's mental health. While there appears to be a dearth in the research on psychological trauma in Ghana, international studies have found that the vast majority of individuals will display symptoms of stress immediately following a disaster event and, depending on the nature of and proximity to the event, about 30% will experience long-term impacts (Galea, Nandi & Vlahov 2005). Potential mental health disorders resulting from intense and prolonged stress include Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD) and other affective disorders, anxiety related disorders, and somatization disorders (IASC, 2007). According to the World Health Organization (2014), these disorders represent significant health burden on global and local communities.

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International Guidelines

In 2007, the World Health Organization acknowledged the mental health concerns related to disasters through their publication of the Inter-Agency Standing Committee's (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. These guidelines indicate that the primary focus of disaster response efforts should be on providing essential needs (e.g. food, shelter, safety) and ensuring human rights of those affected, particularly those of vulnerable populations. The second focus of response efforts should be to strengthen existing social support networks. These types of efforts include reinstating schools, religious institutions, and other community groups. In addition, access to mental health services and experts should be available for those who are in need of such support.

Vulnerable Populations

According to the IASC Guidelines (2007) the populations at increased risk for long term effects include individuals with pre-existing mental and/or physical health conditions, individuals with prior trauma; minority, immigrant, and refugee communities; elderly; children and youth; women; impoverished individuals and families, and other marginalized populations. For example, in many areas women bear the responsibility of collecting water for the household. In times of drought, women must travel farther to gather water and often are directly affected by the resulting increase in stress. When planning and responding to disasters, special attention should be devoted to the specific needs of these populations.

Existing Plans & Efforts

The World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS) 2011 report on Ghana's mental health system indicated that Ghana does not possess a specific plan for disaster mental health. The National Disaster Management Organisation's (NADMO) website indicates that there exists a Relief and Reconstruction Management Plan that incorporates elements of psychosocial support. It however, admits that there remains an insufficient number of counsellors trained in trauma and crisis intervention (2013). In addition to the Relief and

Reconstruction Management Advisory Committee - which includes members with expertise in disaster mental health – the Mental Health Authority of Ghana and the Ghana Psychological Association, among others, are offering psychological services in response to the floods in Accra and Kumasi (Graphic Online). However, these services largely congregate in Accra and there remains a lack of access to psychological service outside of the city. Further, it is not clear if these efforts represent the norm in response to disaster in Ghana.

> *Vulnerable Population Spotlight: Mentally Ill*
> *One population particularly at risk for decreased mental health resulting from disaster are those already suffering from mental illness as they are likely to be de-stabilized by going off their medication and losing their social support systems. They are also at increased risk for falling victim to human rights abuses.*

Recommended Areas of Action

Ghana needs to take the effects of disaster events on the psychological wellbeing of the people seriously. The following are some actions that can be taken to mitigate the problem.

1. **Encourage Research on (Recurrent) Disasters in Ghana and their Respective Mental Health Impacts.** There exists a large void in the research related to trauma in Ghana. Research of this nature would allow for tailored planning, prevention, and response efforts. This would increase efficiency and results.

2. **Ensure Incorporation of Mental Health and Psychosocial Perspectives in Disaster Plans.** Efforts to ensure mental health resiliency relate to every aspect of response from the provision of basic needs to the media coverage of the event and therefore should be incorporated into all response activities. By formally incorporating this perspective into their disaster preparedness and response plans in accordance with international best practices and in coordination with city agencies and community partners, NADMO can better address the effects on mental health. Futher, NADMO needs to be adequately

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resourced and held accountable for the implementation of these plans.

3. **Develop a Formal Disaster Mental Health Plan.** NADMO should outline a specific plan as part of response efforts to address the mental health impacts of disaster. This should include coordination of government agencies, NGOs, existing mental health providers, community based organizations, and volunteers. This plan should align with IASC Guidelines by ensuring the provision of basic needs and the protection of human rights, supporting the existing social networks including religious groups and schools, increasing access to mental health services for those in need, and supporting the mental health of the emergency workers.

4. **Train More Counselors in Trauma and Crisis Intervention.** As there is a shortage of research in the area of trauma, there is also a shortage of professionals and volunteers trained in trauma and crisis intervention. One cost effective method of increasing the number of counselors would be to train healthcare and other volunteers in Psychological First Aid (PFA). PFA is an internationally recommended technique and

courses are offered by NGOs such as the Ghana Red Cross Society.

5. **Increase Access to Mental Health Services.** One of the largest underlying problems in the capability for Ghana to address the mental health impacts resulting from disaster events is the lack of baseline access to mental health services. The fact that most people in need on any given day, do not have reliable access to services means that there is no ability to accommodate the surge in need following a disaster. To best prepare for a disaster, the government must continue to work to build access to community based mental health services.

Conclusion

While all of the efforts listed above would surely go far in the effort to prepare for and respond to disasters, in order to best promote mental health resiliency, the best way to prepare for a disaster is to commit the resources necessary to expanding everyday access to community-based mental health care. By putting these systems into place well before a disaster event, then they will be available and functioning when they are needed to provide for the larger community and ensure the mental health resiliency of Ghana.

Resources

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