Mental Health in Post-Disaster/Crisis : Systematic Approach

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Outline

1. Worldwide Increase in Disasters
2. Disaster/Crisis Event in Thailand
3. Disaster/Crisis Mental Health Surveillance System in Thailand
4. Disaster/Crisis Preparedness in Community

I. Worldwide Increase in Disaster

Over 18,000 mass disasters in the world from 1900 to present
II. Disaster/Crisis Event in Thailand

Psychological Impacts of The 2011 Great Flood Victims

- Severe flooding started at the end of July 2011, monsoon season in Thailand and persisted in some areas until mid-January 2012
- Sixty-five of Thailand’s 77 provinces were declared flood disaster zones
- 815 deaths (with 3 missing)
- Department of Mental Health together with Office of Public Health for mental health cared and enhanced community resilience

Proportion of Victims, with Mental Health Problems

- Depression, 7.75%
- Stress, 6%

Source: Department of Mental Health

A cohort of the victims in the 2006 floods/mudslides in Uttaradit province, northern Thailand

Background

- Flash floods and mudslides hit Uttaradit province, northern Thailand, after a heavy monsoon rains in May, 2006
- Northern Thailand’s worst floods in 60 years killed at least 30 people and left nearly 100 missing
- Department of Mental Health together with Uttaradit Office of Public Health launched a one-year continuing psychological support for a group of victims
Background (Cont.)

- One village each in 3 affected districts, Lub Lae, Tah Pla, and Mueang districts, were selected.
- One village in a non-affected district, Thong San Khun was selected as the control.
- All of the villagers (892 persons) in selected villages were screened for mental disorders at 3 months after the incident.
- The victims with mental health problems were followed up 3 times every 3 months.

Incidence of Mental Health Problems among the Cohort of Mudslide Victims (Post 3 months)

Incidence of Mental Disorders among the Cohort of Mudslide Victims (Post 3 months vs. Post 12 months)

Incidence of PTSD among the Cohort of Mudslide Victims (Post 3 months vs. Post 12 months)
Psychological relief efforts for the victims of 2004 Indian Ocean Tsunami

**Background**

- 2004 South Indian Ocean Earthquake caused one of deadliest Tsunami on December 27, 2005.
- Causing 5,392 deaths, 3100 missing, and 8,457 injured.

Incidence of Mental Health Problems among 2004 Tsunami Victims in Phung Nga, Krabi, and Phuket

**Source:** From Department of Mental Health conducted by Using SF-36, HSCL-25, HTQ

Psychological care for the victims of the violent events in the 4 southernmost provinces

**Background**

- Southernmost area (Pattani, Yala, Narathiwat, and some parts of Songkla) have faced continuous violence problems since 2001.
- Mental health services system is not well established due to a scarcity of mental health professionals in the affected area.
- Shortage of psychiatrists in the southern border province (Pattani, Yala, Narathiwat).
The suicide rate of Thai people after the Asian financial crisis/ Tom Yam Kung Crisis in 1997

Background

- The crisis began in July 1997, and raised fears of a worldwide economic meltdown due to financial contagion.
- Thailand’s booming economy came to a halt amid massive layoffs in finance, real estate, and construction that resulted in huge numbers of workers returning to their villages in the countryside and 600,000 foreign workers being sent back to their home countries.
III. Disaster/Crisis Mental Health Surveillance System in Thailand

Phases of Disaster

Warning  Impact  Heroic  Disillusionment  Reconstruction

Sources: Johns Hopkins Center for Health Preparedness and Response

Phases of Psychosocial Support for Disaster

Phase 1: Pre-disaster (Preparation)
- Policy formulation and planning process
- Set up responsible organizations
- Personnel training
- Other resource preparation
- guideline manuals to drills/tabletop exercises
  - National level
  - Mental health professionals in psychiatric hospitals
  - Health professionals in community and provincial hospitals

Phase 2: Crisis and Emergency (< 2 weeks)
  - Phase 2.1: Crisis (< 72 hours)
  - Phase 2.2: Emergency (72 hours – 2 weeks)

Phase 3: Post-disaster (2 weeks – 3 months)

Phase 4: Rehabilitation (> 3 months)

Source: Department of Mental Health of Thailand
### Phase 2: Crisis and Emergency (< 2 weeks)

#### Phase 2.1: Crisis (< 72 hours)
- Focusing on physical and social supports
- Assessment of situation and preparation

#### Phase 2.2: Emergency (72 hours – 2 weeks)
- Psychological first aid
- Risk assessment and high-risk group surveillance

### Phase 3: Post-disaster (2 weeks – 3 months)

1. **Screening for mental health problems**
   - PISCES-18 for adults
   - Symptoms checklist for children (precaution with the appropriate timing)

2. **Diagnosis and treatments for mental disorders**
   - M.I.N.I
   - Crisis intervention for the persons with severe psychological reactions

3. **Surveillance for mental disorders**
   - Depression, suicide, PTSD and alcohol use disorders

4. **Continued physical and social supports**

### Phase 4: Rehabilitation (> 3 months)

1. **Screening for mental health problems**
   - PISCES-18, Depression/suicide screening, and PTSD screening for adults
   - SDQ for children

2. **Diagnosis and treatments for mental disorders**
   - M.I.N.I

3. **Continued surveillance for mental disorders**
   - Depression, suicide, PTSD and alcohol use disorders

4. **Psychosocial rehabilitation**
   - Occupation

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**IV. Disaster/Crisis Preparedness in Community**

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24th Sept 2013
Capacity Building for Mental Health System in Community

- Mental Health Crisis Assessment and Treatment Team (MCATT)
  - Established in every district and personal training

  - Training 40 Master Trainers
    - In partnership with IMH to develop curriculum for community based workers

GRI. Together with IMH and Others Partnerships with the Support of Temasek

- Training 200 community based workers in 4 regions of Thailand
  - (Northern, Northeastern, Central and Southern)

  - Building Community Resilience

VIDEO

Thank you