

# Mental health in disasters : the psychosocial approach

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## Psychosocial and community-based work : some notes on a transversal concept

Regarding mental health work, the psychosocial or community-based model results from two fundamental public health concepts. First, it focuses on improving health rather than on fighting illness; putting the emphasis on preventive medicine and on alleviating conditions which increase people's vulnerability. Second, it encompasses those situations which increase vulnerability thus contributing to community imbalances and strengths. Along these lines, violence (Fournier & al. 1999, Kleinman & al. 1995), disruption of the social bonds, or the economic or political discrimination of certain population groups can be considered to be public health issues. The Pan-American Health Organisation describes two possible mental health work models : a clinical model and an epidemiologically-based community model. We can in fact consider three different models, as shown in Figure 1. As these models complement one another, the problem does not so much lie in what model should be chosen. The point is : « *given the available – usually limited – resources and understanding that the three work models are inseparable and interrelated, where should we put the emphasis? Which one should we start with?* » e.g. when intervening in a humanitarian emergency situation. Two diagrams can help us understand a clinical approach (Fig 2) and a psychosocial or community-based approach (Fig 3).

Choosing between these two approaches will depend on three criterias. An *ideological criteria* : How do we understand health and illness and their connection with social issues? A *cost-effectiveness criteria* : With the available resources to implement a program in a crisis situation, what activities will help us to widen our coverage rate? Which approach will be more beneficial for the population in the short, middle and long term? And a *time criteria* : probably during

the very first days of a crisis, the number of people feeling shocked and disturbed will lead to an individual psychological intervention targeting affected people as well as organising activities. The programmes are based on specific, clear guidelines given by leaders or authorities.

Along these lines, psychosocial care should not be understood as a complementary activity to those addressed to assist the victims, but rather as a *transversal* concept to each and every decision made within a crisis situation.

### Disaster as an example

According to Fritz (1961 : 655)<sup>1</sup>, a disaster is an event concentrated in a given time and space, in which a society or a relatively self-sufficient part of it lives in severe danger and loss of some of its members and belongings and in which social structures collapse and all or some fundamental services are impaired (Paez & al. 1995). Contrary to other definitions which focus on causal agents or on the dimension of the consequences of a disaster, this definition puts an emphasis on disruption in its widest sense. When we refer to disasters, we include from natural phenomena (floods, earthquakes, volcanic eruptions...) to man-made phenomena (nuclear accidents, plane crashes, train derailments, socio-political crisis, war...). The line separating these phenomena is vague, e.g. famine, one of the most important chronic disasters in the XXth century, has a combined origin. The consequences of a disaster are directly linked to the living conditions of the populations that endure them. The same kind of disaster occurring with a similar intensity would provoke 166 dead persons in a country in the South while just 1 in the North.

If we define *vulnerability* as the proneness of a given community to severe damages as a consequence of a disaster, we can see that most vulnerabilities depend on poverty, but not only depend on poverty (Fig 4). Furthermore if we understand vulnerability not as a static situation but as a dynamic reality in what we call the *disaster endemic circuit*. A disasters increases vulnerability which, in turn, increases the consequences of new disasters and so on (Fig 5).

This is why, assistance in the aftermath of a disaster requires breaking the vulnerability spiral, acting upon the factors mentioned. Along these lines, the reconstruction process should go hand in hand with

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1. Cited in : Martin Beristain 2000.

development. By development we understand all factors which increase people's control over their environment (Escovar 1994)<sup>2</sup>. This is why, post-disaster mental health work, to a great extent, consists in analysing the psychosocial factors which enable to develop, promote and keep the control and power people can have over their individual and social environment. As a result, this work seeks to bring about environmental and structural changes to minimize the vulnerability factors in case of new disasters and improve endurance powers when facing adverse events. The psychosocial and community-based approach always puts special emphasis on community participation and development (Montero 1984), the fundamental principles of which are : (a) Self-management on the part of the subjects involved, i.e. health workers and the community in such a way that they participate together and influence each other at all possible moments, (b) all the power is in the hands of the community, (c) the theory is valid when connected to actions. It is within the social changing process itself that the ways to minimize risks and vulnerability factors are discussed and compared.

### **Stages in the history of natural disasters**

The following diagrams (Fig 6 & 7) display a stage model that we propose to define disasters, based on the notion of risks and problems likely to arise and on the strengths we may count on to fight them, putting an emphasis on the community approach when working in disaster situations. The last table (Fig 8) is a practical application of the above-mentioned theory and show some elements in the organisation of shelter which usually appear to be « technical », while in fact entail fundamental psychosocial components. It can be used as a tool to understand the two arguments put forward in this chapter : bearing in mind its transversal dimension, a psychosocial perspective should be included in all the activities carried out by the group or the organisation. In post-disaster work, the clinical model and the public health-community reinforcement model complement each other and are in no way exclusive. The question lies in what they are focused on and what actions are given priority. Yet, one cannot be understood without the other.

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2. Cited in : Fernández-Rios, 1994.

Model	Component	Level	Managed by	Activated by	Stimulus	Target group
Clinical	Illness	Primary prevention Secondary rehabilitation	Patient Family Community Agent	Patient requesting assistance	Signals Symptoms Disability	Patient
Community-based-Epidemiological	Health and illness	Health promotion Primary and secondary rehabilitation	Community	Epidemiological findings	Epidemiology Social indicators Community-based diagnosis	Community (all) High risk groups
Social	Health and illness	Social problems affecting community health	Person Family Community agent Community	Social request Community-based diagnosis Identification by health care system	Social indicators Community-based diagnosis	Community (all)

Fig 1 :

MENTAL HEALTH WORK MODELS. ADAPTED FROM LEVAV (1992).

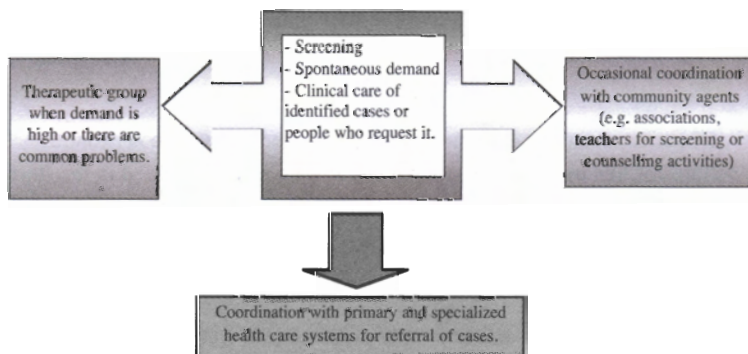


Fig 2 :

DIAGRAM BASED ON A CLINICAL APPROACH.

The features of this model, under normal circumstances, are included in the (bicolored)-shaded areas. Additional features corresponding to crisis intervention programmes are given in the dark-shaded box

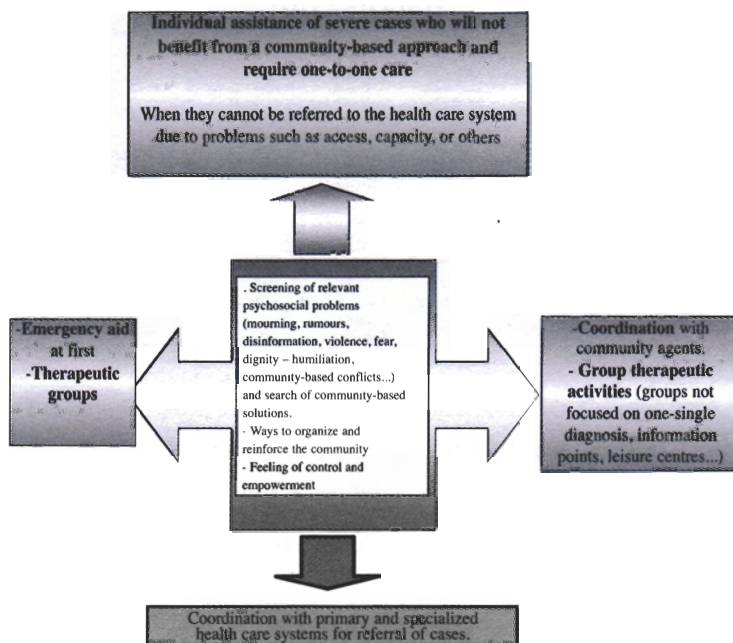


Fig 3 :

DIAGRAM BASED ON A PSYCHOSOCIAL OR COMMUNITY-BASED APPROACH.

The features of this model under normal circumstances are included in the (bicolor-red)-shaded areas. Additional features corresponding to crisis intervention programmes are given in the dark-shaded box

Vulnerability	Depending on poverty	Not only depending on poverty	Preventable ?
Geographical or climatic	NO		YES
Structural	YES	YES	YES
Stock-piling capacity	YES	YES	YES
Environmental	YES	YES	YES
Cultural	YES	YES	YES
Socio-Political	NO	YES	YES

Fig 4 :

VULNERABILITY, POVERTY, PREVENTION.

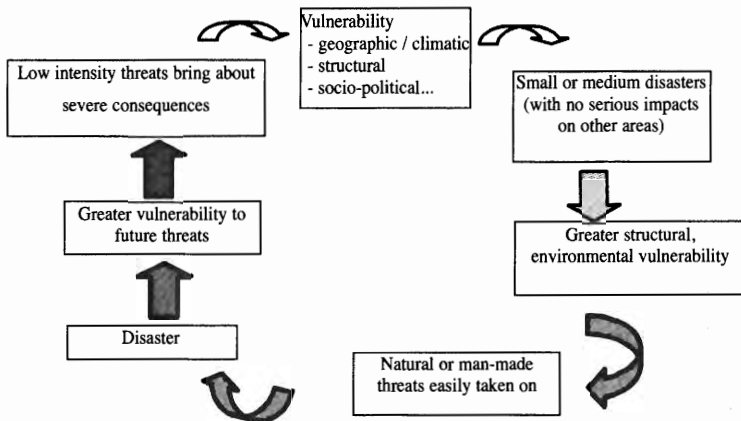


Fig 5 :

VULNERABILITY SPIRAL (BELTRÁN 2001).

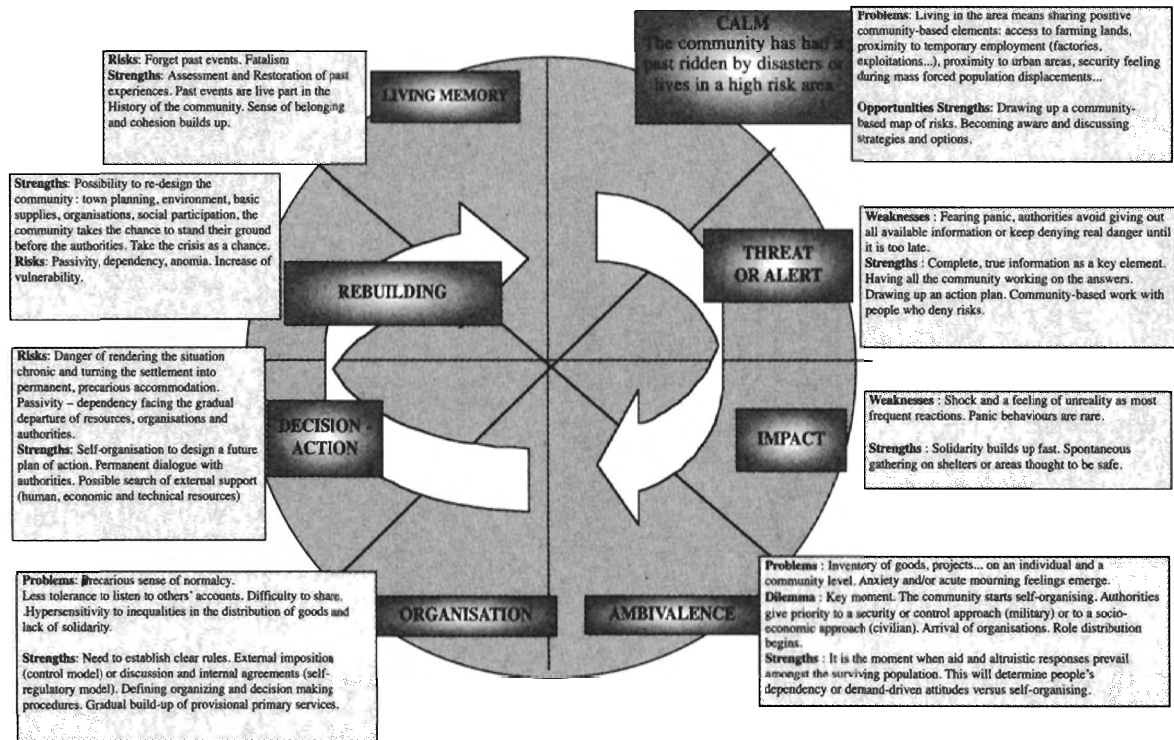


Fig 6 : STAGE MODEL, RISKS AND STRENGTHS.

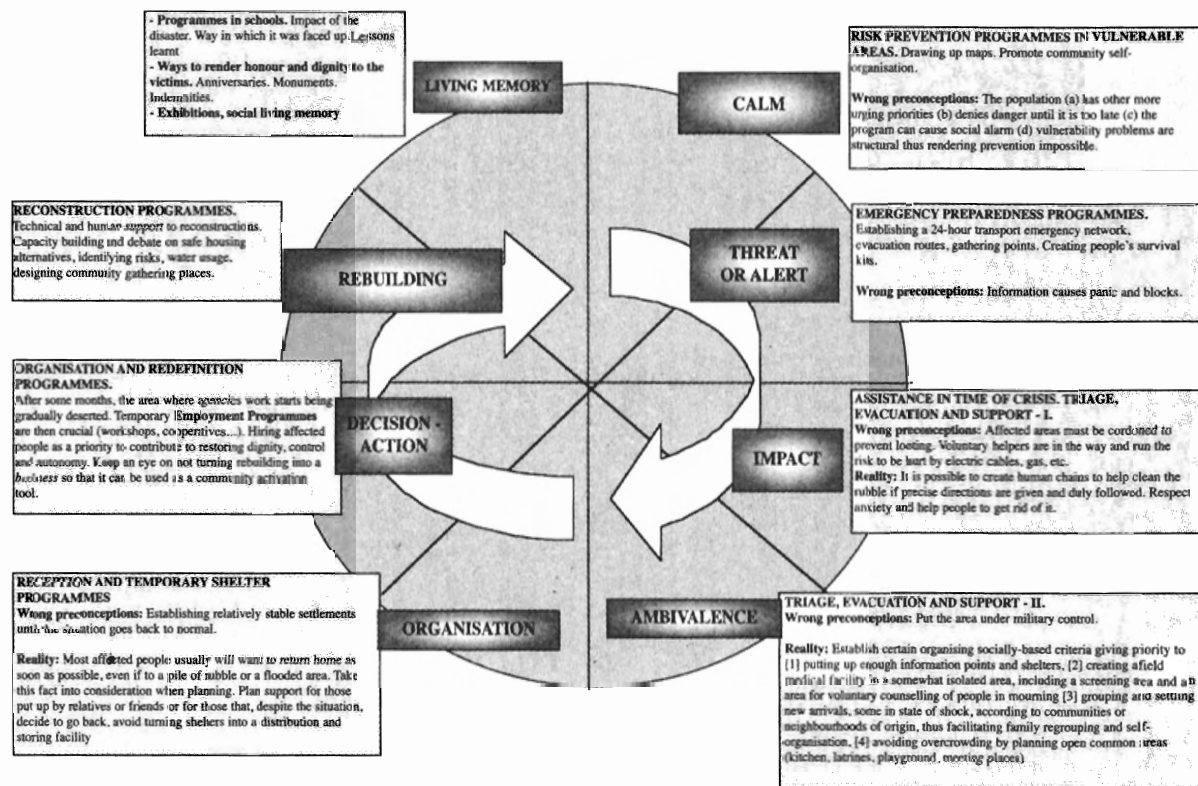


Fig 7 : STAGE MODEL, INTERVENTIONS.



Decisions/ Consequences not always borne in mind	Alternatives/ Transverse condition of the psychosocial approach
<p>- Military camp structure for shelter area. It facilitates organisation, census, draining systems, etc.</p> <p>Although it puts surveillance (with just a glance one is able to spot who comes into the tents) before the people.</p>	<p>- Is it possible to combine this with open spaces for children, leisure activities or sports and meetings ?</p> <p>- Is it possible to combine it with a structure based on organising the area according to communities or neighbourhoods of origin ? Does this enable each community to personalize their space ?</p> <p>- Are surveillance elements always present as if in a concentration camp ? Are instead the rules and limitations established by the community and there are no military uniforms or weapons around ?</p>
<p>- Warehouses in safe areas under police control thus minimizing robbery risks.</p> <p>Yet rumours can often be spread through the media, etc about donations, arbitrary distributions, seizure of goods by authorities or leaders etc</p> <p>- Centralizing the kitchen area, minimizing fire risks.</p> <p>However cooking is a daily, exchange activity for families. People passively wait for meals to be given.</p> <p>Queues with people carrying buckets and other plastic containers outside the kitchen area are humiliating and sometimes exhausting if climatic conditions are tough.</p>	<p>- Is it possible to build warehouses in places where transparency is assured through entry and exit registers and distribution criteria agreed upon between the target population and the authorities ?</p> <p>- Is it possible to plan small collective kitchens (one per five, ten or twenty families, for instance), where responsibilities are shared ?</p> <p>- Is it possible to avoid <i>military style</i> communal meals which, though sticking to the Caloric requirements established by health authorities, can be demoralizing and humiliating ? Is it possible to replace them by other low cost alternatives brought forward by the refugees themselves ?</p>
<p>- Putting up water distribution points (bladders, tanks, etc.)</p> <p>Supply and waste disposal problems (children play with wastage materials...) which can cause restrictions and fighting amongst the community.</p> <p>- Putting up sanitation points (latrines, showers...)</p> <p>Though they mean an improvement in hygienic conditions of the shelters and prevent the existence of uncontrolled polluting areas, these points are prone to rapid deterioration and, without proper education, they contribute to increasing <i>voyeurism</i> and sexual abuses</p>	<p>Is it possible to fix water distribution quotas per community ? Is it possible that each community establishes its own control and water consumption systems and sanctions if these are not respected ?</p> <p>- Although sometimes showers are not considered to be relevant, if measures are taken to control water consumption, they can highly contribute to dignifying individuals.</p> <p>- Is it possible for women to participate in decision making and sanitation points identification processes whenever they are directly affected ?</p>
<p>- Distribute donations according to a list including people in need. Each case is analysed individually.</p> <p>Yet, this may cause long queues, fighting and violence amongst the target population which can be humiliating and make people in need renounce their right to get <u>clothing, and other goods</u>.</p> <p>- National or sometimes international waste removal and building companies are hired to build precarious shelter.</p> <p>However, masons, carpenters or plumbers amongst the affected population watch this passively from their shelter when they themselves lack work and incomes.</p>	<p>- Is it possible to avoid mass distribution systems and instead plan organized community-based distribution channels ?</p> <p>Is it possible to include in the contracts signed with these companies their hiring local people and only bring external personnel if there are no qualified people amongst locals ?</p> <p>Is it possible to promote self-employment amongst the affected population through leisure, education activities, ... etc., even if salaries are symbolic, well below the market salaries for these activities when there is no crisis ?</p>

Fig 8 :

SOME EXAMPLES OF SITUATIONS PSYCHOSOCIALLY RELEVANT NOT USUALLY  
TAKEN INTO CONSIDERATION WHEN ORGANISING SHELTERS.

## Bibliography

- Beltran A. *Enfoque psicosocial en catastrofes*. Tesis Licenciatura. Mimmo. El Salvador; 2000.
- Escovar LA. Hacia un modelo psicológico-social del desarrollo. Boletín de la AVEPSO 1980; (3) : 1-6. Citado In : Fernández-Rios L. *Manual de psicología preventiva. Teoría y práctica*. Barcelona : Ed Sg XXI; 1994.
- Fernández-Rios L. *Manual de psicología preventiva. Teoría y práctica*. Barcelona : Ed Sg XXI; 1994.
- Fournier M, De los Rios R, Orpinas P, Piquet-Carneiro L. Estudio multicéntrico sobre actitudes y normas culturales frente a la violencia (Proyecto ACTIVA) : metodología. *Rev Panam Salud Pública* 1999; 5 (4/5) : 222-30.
- Kleinman A, Kleinman J. Lo moral, lo político y lo médico. Una visión socio-somática del sufrimiento. In : González E, Comelles JM, editors. *Psiquiatría Transcultural*. Madrid : AEN-Estudios; 2000.
- Martin Beristain C. *Apoyo psicosocial en catastrofes*. AVEPSO. Caracas; 2000.
- Montero M. La psicología comunitaria : orígenes, principios y fundamentos teóricos. *Revista Latinoamericana de Psicología* 1984; 16 : 387-400.
- Paez D, Arroyo E, Fernandez I. Catástrofes, Situaciones de Riesgo y Factores Psicosociales. *Mapfre Seguridad* 1995; 57 : 43-55.
- Pérez-Sales P, editor. *Actuaciones psicosociales en guerra y violencia política*. Madrid : ExLibris; 1999.