Real Examples Focusing the Mental Health Service Provided in the Framework of Crisis Management

Reálne prípady týkajúce sa služieb duševného zdravia poskytovaných v rámci krízového riadenia

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Abstract:

Mental health can contribute to all stages of crisis or disaster management, specifically pertaining to vulnerability towards disasters during the prevention stage. This paper shows the aspects of the Brazilian social structure, which make it vulnerable to the climatic events that affect the country. It endows itself with a sociological concept of disaster, which is defined by a disruptive event of social structure. In addition, it presents the structure of civil protection and mental health as part of management. The paper presents the natural disaster in the Mountainous region of Rio de Janeiro in 2011 together with the mental health work accomplished. Important aspects of mental health and good governance practices are pointed out to contribute to current strategies and assist in building effective plans. It is concluded that not only mental health professionals should invest in research and development of good governance practices, but organizations should include, in their structure, the findings and potentialities of mental health to deal with disasters and comply with the plan for more resilient societies. Plans like these should include the adequate preparation of the professionals who will work in-depth diagnostic assessment of the situation and consistent with the culture, just as the development of strategies for empowerment and creation of networks with the community.

Keywords: *mental health, natural disasters, good governance, community-base, protection.*

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Abstrakt:

Duševné zdravie môže prispieť ku všetkým fázam kríz alebo manažmentu katastrof, najmä k tým ktoré sa osobitne týkajú zraniteľnosti voči katastrofám vo fáze prevencie. Tento článok zobrazuje aspekty brazílskej sociálnej štruktúry, ktoré ju robia zraniteľnou vo voči udalostiam vznikajúcim v dôsledku klimatickej zmeny, ktoré ovplyvňujú krajinu. Prezentuje sociologický pojem katastrofy, ktorý je definovaný ničivou udalosťou sociálnej štruktúry. Okrem toho predstavuje štruktúru civilnej ochrany a duševného zdravia ako súčasť riadenia. Článok predstavuje prírodnú katastrofu v horskom regióne Rio de Janeiro z roku 2011 spolu s vykonanou prácou v oblasti poskytovania pomoci týkajúcej sa duševného zdravia. Vyzdvihnuté sú aspekty duševného zdravia a správne manažérske postupy, ktoré prispievajú k súčasným stratégiám a pomohli pri vytváraní efektívnych plánov. Dospelo sa k záveru, že nielen odborníci v oblasti duševného zdravia by mali investovať do výskumu a vývoja postupov dobrej správy vecí verejných, ale samotné organizácie by mali vo svojej štruktúre obsahovať poznatky a možnosti rozvoja duševného zdravia na účely riešenia katastrof ako aj dodržiavať plán pre budovanie odolnejších spoločností. Takéto plány by mali zahŕňať primeranú prípravu odborníkov, ktorí budú pracovať na hĺbkovom diagnostickom hodnotení situácie a v súlade s kultúrou, rovnako ako rozvoji stratégií na posilnenie a vytváranie sietí s komunitou.

Kľúčové slová: *duševné zdravie, živelná pohroma, dobré riadenie, komunitný, ochrana*

Introduction

This paper seeks to reflect on aspects of good governance in the area of mental health, corresponding to disaster management by natural phenomena. In order to do so, it addresses information on the activities of civil protection and mental health work in the disaster that occurred in Brazil, especially the case in the upland areas region of Rio de Janeiro in 2011. This came to be considered the country's worst disaster in terms of deaths, 918 in total, and drove the government to form of prevention plans.

The management of mental health in natural phenomena is not a new field in countries that frequently deal with the disaster, in Brazil, still maintains the dialogue with the civil protection about its action and intervention being able to be carried out in 3 steps (prevention, preparation and response). But, in the state councils of the profession, especially in psychology, there are still debates about the psychologist's best practices in this field.

Brazil is not a country with many major disasters, but its socioeconomic structure affects thousands of people, who sometimes do not have the necessary conditions, for example housing, the access to health and the education. These people are living in unsuitable places for housing that are the most vulnerable to the climatic events that affect the country. For the design of mental health interventions, it is important to measure the effects that catastrophes, whether direct or indirect, have on human mental health, and this will depend on the relationship between factors such as vulnerability, personality and type of disaster. Professionals should bear in mind that the concept of trauma is not the only operator in the face of mental health interventions, and that a major focus has now been given to community-based strategies, that is; important community characteristics should be considered. Disaster management plans should address the complexity of the social structure as well as the perception of risk by the population. The latter being essentially an activity related to the prevention phase. Humanitarian and volunteer professionals should be trained and assisted from the look of mental health. Thus, the present article addresses the good governance practices associated with mental health performance in the field of

emergencies and disasters and the following question is asked to formulate this work: What would be the components of good governance practices corresponding to the intervention plans mental health?

Large scale fire events belong also to disaster management and they can require mental health support too. In many cases mainly in developing countries building industry does not keep rules and fires can cause massive destruction of concrete structure [1, 2], even if there are some new methods to keep structures at higher fire resistance [3, 4]. Habitants lost their homes for long time and it can generate also mental health problem.

1. Aspects of the Brazilian social structure and its relationship with disasters

In Brazil, we can find approximately 206 million inhabitants, full of natural resources and endowed with an extensive territorial dimension that leaves its landscape as one of the most diverse of the planet. It also has a wide cultural diversity becoming a country of contrasts and antagonisms. According to the UNESCO "Brazilian society is made up of different ethnic-racial groups that characterize it, in cultural terms, as one of the richest in the world. However, its history is marked by inequalities and discriminations, specifically against blacks and indigenous people, thus preventing their full economic, political and social development". [5]

There is a concentration of the low-income population in places that do not always present the necessary conditions for living, one of the ways in which the characteristics of social inequalities in Brazil are seen. An important process of urban transition and transformation of population redistribution is characterized as incomplete because it was not accompanied by the necessary investment in terms of infrastructure and public services in cities. [6]

When we related it to the disasters, these populations, are the main victims, framed as vulnerable groups facing the climatic events that affect the country. [6]

In this regard of the concept of disaster, especially elaborated by authors of contemporary sociology, like Perry and Quarantelli, define it as "a social phenomenon or, more precisely, an event of disruptive character of the structure or social system". [7]

Yet, "disasters do not completely destroy existing social systems, but are capable of maintaining continuous processes of social indifference" [8]. In the case of Brazil, Civil Defence in its planning structure does not consider social complexity and only classifies vulnerable groups. [9]

Understanding these complexities of the Brazilian social structure requires flexibility and commitment from the agencies, according to [9].

1.1. *Brazilian disaster management structure: Mental health area*

Brazil presents a different reality in relation to catastrophes, when it is compared to the countries of North America and Asia, which often deal with phenomena like hurricanes earthquakes, and tornadoes. Due to this reality on these continents,

countries are forced to make sound programs for the different stages of disaster response. [10] But, according to the Annual Disaster Statistical Review, a survey was published by the Catholic University of Louvain (France), as a result Brazil ranks 8th place in the list of countries with the largest number of natural disasters, the same prominent position in the number of deaths as a result. [11]

In a survey conducted between 1991 and 2010, there were 31,909 natural disasters in Brazil with a total of 3,404 deaths.

Tab. 1 Natural Disaster Registry in Brazil, 1991-2010. Source: [12]

Types of Disasters	Number of event	Affected	Death	Morbidity (sick and minor and severe injuries)	Directly exposed (displaced / homeless / evicted)
Hydrological	10.444	38.836.257	1.567	309.529	4.176.851
Climatological	18.450	49.868.081	273	167.582	1.554.450
Meteorological	2.290	4.120.439	161	4.917	276.847
Geological	725	3.544.059	1.403	5.530	173.259
Total	31.909	96.368.836	3.404	487.558	6.181.407

"Of the total number of events, 57.8% were climatological, with drought and drought predominating. These events were the most affected by the population in Brazil, with almost 50 million people affected and corresponding to more than half of the total. Hydrological events, mainly floods, correspond to 32.7% of the total, with almost 39 million affected. In terms of direct impacts on the population, it is the hydrological events that present the greatest direct exposure, number of mortality and morbidity. In terms of lethality, geophysical or geological affairs are the most outstanding, with an average of 2 deaths per event, representing, on average, 13 times more chances of death than in the cases of hydrological events, which the largest total number of deaths". [13]

The National Civil Defence System (SINDEC), the body responsible for dealing with disasters, has the objective of planning, articulating and coordinating civil protection actions in Brazil, defined as "a set of preventive, relief, assistance and recovery aimed at avoiding disasters and minimizing their impact on the population and restoring social normality "(BRAZIL, 2010). In Brazil, disaster risk management began to be structured because of the catastrophe in the Mountainous Region of Rio de Janeiro (2011). For this purpose, a national centre for monitoring and warning of natural disasters was made. However, disaster management already existed in the 1960s. The heavy rainy days caused floods and landslides in the south-eastern region of Brazil, resulting in material and environmental impacts, leading to deaths. [14]

*Tab. 2 Psychologist's performance in Civil protection. Source: Framework elaborated
by the author referring to the event "Talking with the Civil protection ", given by [16]*

Stages	Psychologist Activity
Prevention	- Community mobilization - Risk Mapping - Awareness
Preparedness	- Specific training - Organization, alert and alarm - Advisory of scale - Mobilization - Joint Surveys
Response	- Next to the affected ones: absorption of the impacts of demands, accompaniment of shelters and support to the mourning. - Together with managers and agents: intelligence activities monitoring of stress level, support for mourning, volunteer management and general advice.

Disaster management is done through 3 steps: Before, during and after the event. In the pre-disaster period, risk minimization is achieved through the construction of structural works, as well as the involvement of the community in environmental education. During the disaster phase, the actions are directed to the relief, evaluation of the damages and the assistance to the people affected, in order to remove them from the situation of danger. In the post-disaster phase, the work is focused on the recovery and reconstruction of the scenario reached. At this stage, victim support should be focused on minimizing material and psychological damage. [15] The involvement of mental health with civil protection happens at all stages of action, according to the municipal coordinator of Civil Protection at an event promoted by the Psychology Council of Minas Gerais in February 2012. For Colonel Alexandre Lucas, psychology must act this way.

Despite of the possibilities of psychologists acting in this context to be broad and multidisciplinary, many challenges are still clashed in relation to the lack of knowledge of the potentialities of psychology in the face of civil protection; "The difficulty of professional interaction and practical engagement of professionals in the various phases of civil protection; the personal and institutional vanities and the political and ideological use of the theme." [16]

1.2 Case - Mountainous region of Rio De Janeiro / 2011 and the intervention of mental health

Heavy rains occurred in the Mountainous region of Rio de Janeiro at dawn on January 12, 2011, resulting in floods and landslides in seven municipalities. The hugest impacts were seen in the municipalities of Teresópolis, Petrópolis and Nova Friburgo. The disaster attacked about 32 000 inhabitants of the region, resulted 918 deaths 8,795 homeless and 22,604 evacuees. This was the worst disaster in the history of the country, because of the number of deaths. Rural and urban areas were affected, with some isolated regions, as well as public services, buildings and housing were destroyed by landslides. [12]

In the Mountainous Region, the lack of urban planning and construction in areas of risk (river banks and slopes) contributes to increase socio-environmental vulnerability, constituting a chronic problem that affects the poorest in a more intense way. [12]

Regarding that many of the families lived and are still living in areas considered at risk, an important point should be given to their perception of risk, a fundamental factor for understanding disasters, according to [17].

This work is also highlighted the important emphasis that mental health gives to the concept of trauma and thus, guides its interventions, either individually or in groups, often leaving aside the most social and community concepts. In this way, (Weintraub [18]) affirm that "the psychologist's performance in the context of disasters transits between the fine line between the normality of the pain reaction loss and the crisis, and the pathology, often used as the only mechanism to legitimize the disaster."

2. Mental health and good governance in disasters: Important elements for intervention

Mental health, as part of disaster management, aims to reduce the impact of stressful events on all actors involved, as well as restore balance and avoiding the re-victimization of those affected. (Ministerio de Salud de la Nación,[19]) It is important for a management due to good aspects of governance, especially on mental health, that initially the teams become aware of the elements that make up the plans and that they are based on the psychosocial dynamics of populations in which it is intended to intervene, as well as the integral care of the agents, stimulation, capacity building and community empowerment.

Lack of knowledge, planning and structuring of plans can result in improvised action by teams, provoking equal or even greater problems than those the community faces. The Ministerio de La Salud states that "most international protocols agree that if it is not univocal what to do in an emergency situation, it is always better not to intervene than to do it badly or improvised." [19]

Although mental health in disasters is not a current theme, the focus has been shifting in the last decade. More emphasis has been placed on the issue of psychological resilience, adaptive behavior in the face of new post-disaster scenarios, and community-based interventions. The challenge is to help affected people and facilitate the recovery process of a functional community with a focus on strengthening their strengths. (Act Alliance, [20]) The action should be broad and beyond the event, not focusing solely on the traumatic issue. [19]

The plans based on a Community approach consider the aspects of "vulnerability and risk, human rights, ethnic, linguistic, cultural and gender equity." [21] It is important to accent that the first actions should be directed to the needs of the population, such as "with food, water, shelter, a minimum of physical and emotional comfort - although not performed by psychologists, these are also mental health actions." [22]

Based on the experiences reported and the reading of the plans, such as the Pan American Health Organization, the IASC guide on mental health and psychosocial

support in emergencies and disasters published by the Permanent Interagency Committee. The recommendations plan developed for intervention in the face of the situation Emergency and disasters carried out by the Argentine health team and the guide on Mental Health in emergencies and disasters proposed by the Ministry of Social Protection of Colombia. Elements are considered importance for a community-based intervention that can be case of the Mountainous Region of Rio de Janeiro. The table 4 below shows the elements considered essential to the above plans, covering the different stages in the face of disasters.

Tab. 3 Important elements for good governance in disaster-related mental health according to community-based models. Source: Author

Community Based Models	Elements for Good Governance		
	Prevention	**Response**	**Recovery**
Pan American Health Organization for the Caribbean (2012)	-Team training, - Health education - Pre-disaster planning; - Recording information system -Monitoring activity	- Analysis of the mental health situation; -Psychological first aid; - Advise the authorities - Carry out joint activities; - Encourage to participate in the planning and implementation of actions.	- Specialized care for cases with complex mental disorders.
Guide to Mental Health Care in Emergencies and Disasters-Colombia (2011)	- Establish relationships - Train the professionals in psychological first aid; - Prepare education and information for risk communication	- Perform psychological first aid; - Distribute educational information - Provide technical assistance;	-Monitor the new needs of special populations; - Carry out interventions - Anticipate and plan to cope with the memories of the trauma.
Recommendations Plan developed for emergency interventions-Argentina (2015)	-Preventive protection; -Identify competent staff; - Training	- Contain emotionally; - Information and Guidance; - Situational diagnostic evaluation; - Psychological First Aid.	- Creation of the mental health action plan; - Creation networks; -Community organization - Follow-up of specific cases.

In the prevention period, emphasis is placed on the training of professionals, as well as on community involvement in preventive actions. The essential aim is "to prevent to avoid further damage to the impact of the disaster; mitigate to minimize the impact and alert to notify the presence of a hazard." [23]

Mental health professionals need to be "community educated by their leaders and cultural agents in the following areas. Community structure and functioning, family structure and gender roles, priorities, strengths and weaknesses of the community and past experiences with disasters." (Pan American Health Organization, 2012, p.52) Community support and education in relation to risk perception is the best form of mitigation, which is the preparation of the community for coping with the possibility of a phenomenon occurring. [24]

As for the response phase, in the event of catastrophes, "an increase in intense emotional reactions is expected, however, the clear majority of manifestations are normal, but the low coverage of the health areas does not allow a rapid identification, specifically of those who need specialized support." According to the literature, rapid psychological attention to those affected can prevent more serious disorders, such as Post Traumatic Stress. In the view of this, we can identify the importance of a situational assessment, as well as a screening phase that covers the specific cases that will require specialized care. As per to the plans, Psychological First Aid is the technique most used as an initial intervention. This can and should be performed by any professional who contacts the affected. Also, communities can be trained to provide such support in the face of any emergency or disaster.

In care programs in crisis situations, to promote timely interventions, professionals working in organizations within the community are excellent channels of accessibility. The recovery phase in mental health is aimed at monitoring specific cases, developing the structures and monitoring and strengthening the community structure.

Conclusion

Psychic illness in emergencies and disasters is only one of the factors to be considered, however, the effort itself must be given to health promotion. Despite of the wide possibility of mental health work in the different stages that make up the management of disasters, it is still incipient in practical and technical terms, in addition to being exclusively focused on the response phase with the affected ones with approaches directed to the trauma. However, the response potentials go further, the strategies created by mental health professionals in coordination with all agents can contribute, to a large extent, to alleviate the suffering of the population as well as favour the return to its functionality.

Coordinated mental health interventions can also provide effective dialogue between the community and civil protection agents. This can be done through capacities, strategies and mediations, with the aim of working in a network aimed at empowering the community. The community-based model for the demands that Brazilian society presents, considering the diversity and specific characteristics, is the most appropriate because it respects cultural diversity and proposes dialogue with the community. In this way, the plans must include the adequate preparation of the

professionals who will work as well as a detailed situational diagnostic evaluation that is consistent with the culture.

It is concluded that not only mental health professionals should invest in research and the development of good governance practices, but also organizations should include in their structures the findings and potentialities of mental health, especially elements that value the communities' aspects to deal with disasters and comply with the plan of more resilient societies.

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