

International Ties: Disaster Behavioral Health with a Global Lens

Kira Mauseth, Ph.D.

Astrum Health, LLC

Behavioral Health Sciences Consulting

www.astrumhealthllc.org

Agenda

International Data- the big
(huge) picture

Phases, Timelines, and
Population Exposure Model

Common Symptoms and
Experiences

Effective Interventions

Resilience Building at scale

My international work:

- Lived in Morocco in 2007
 - Research on coping, faith and substance use
- 8 trips to Haiti between 2010-2012
 - Trained over 400 Haitians in Health Support Team program
- 4 trips to Jordan 2013 - 2017
 - Trained over 200 Jordanians, Iraqis, Palestinians and Syrians in HST
 - More research on resilience, recovery factors
- Jamaica in 2014
 - Violent crime / Community resilience conference
- Poland in 2022
 - Trained over 100 Ukrainian parents, Polish first responders, Teachers
- **Libya is in the works**



Internationally

Disasters

The number of disasters has increased by a factor of five over the 50-year period, driven by climate change, more extreme weather and improved reporting. But, thanks to improved early warnings and disaster management, the number of deaths decreased almost three-fold.

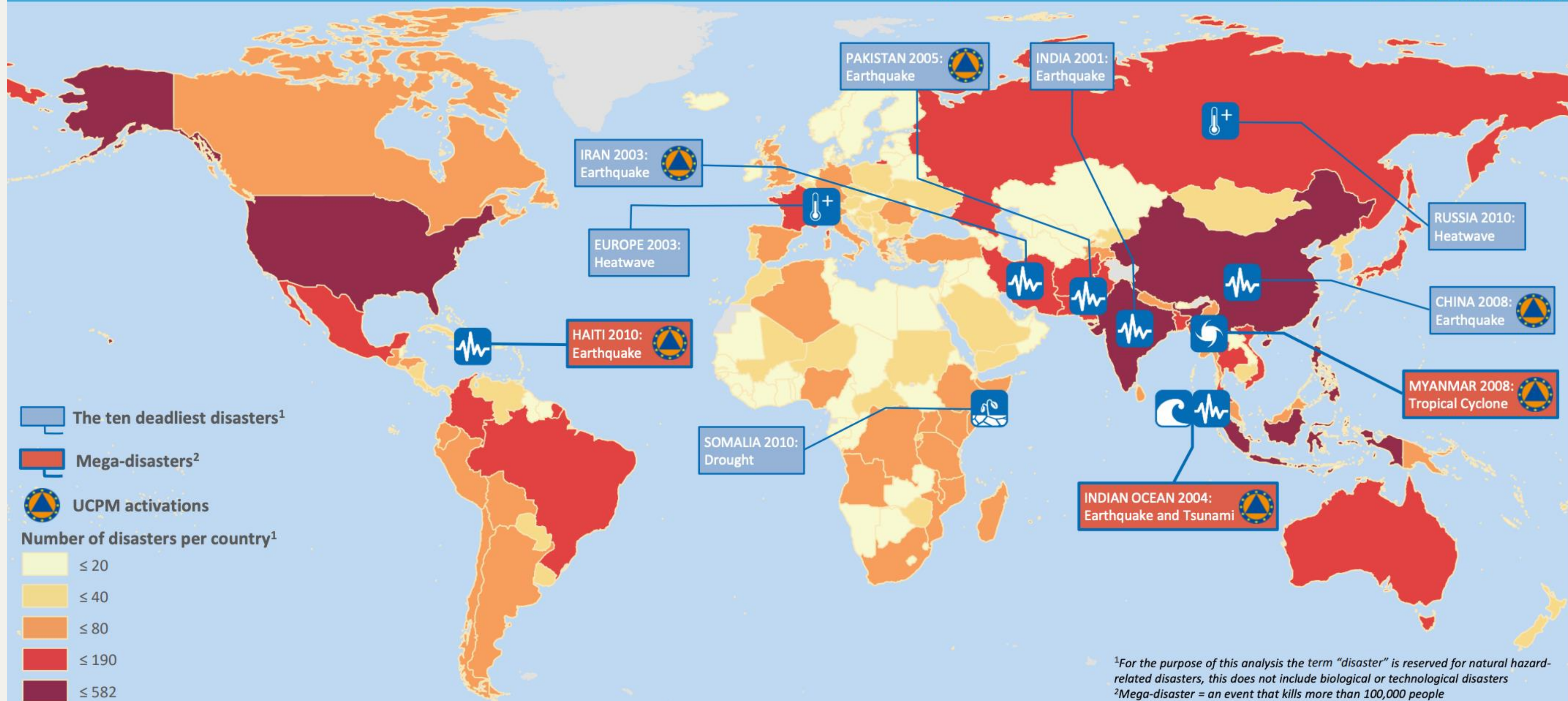
Mental Health

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic.

Resilience

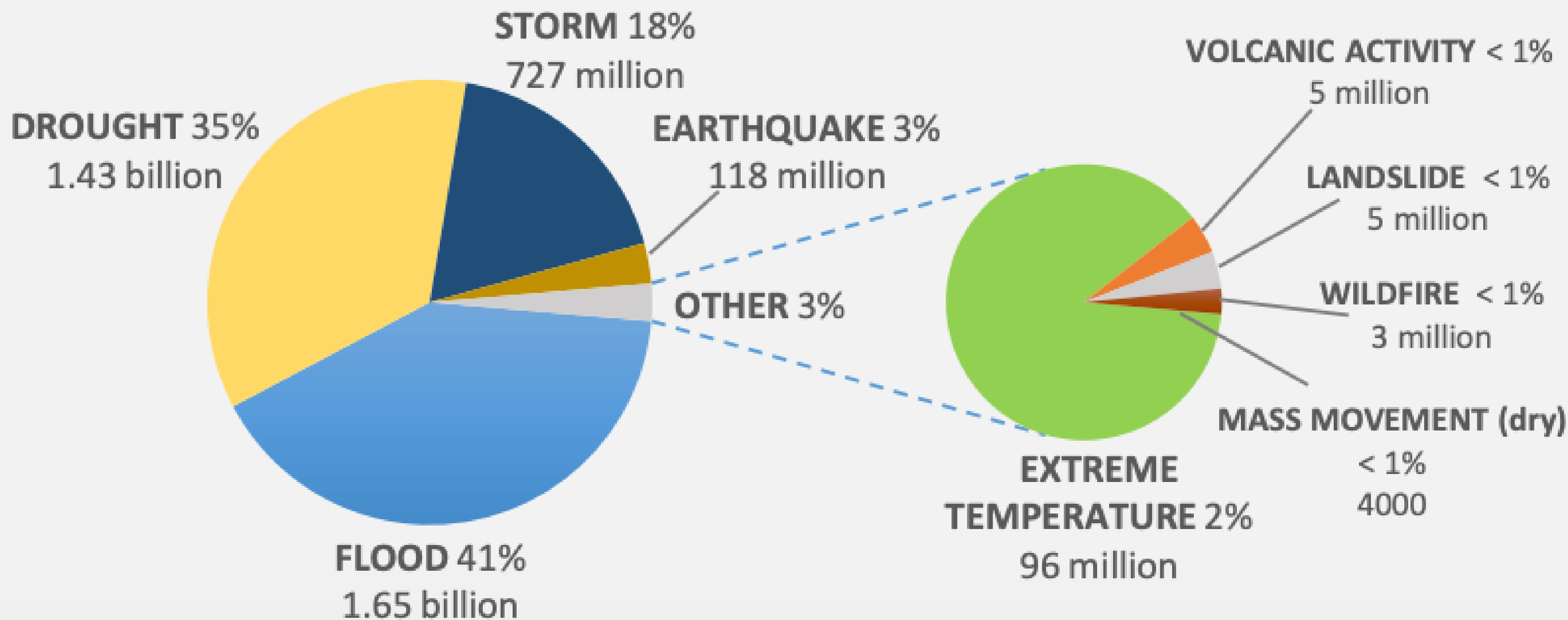
Globally, 1 out of 4 people among the general population and health professionals experienced low resilience due to COVID-19 adversity.



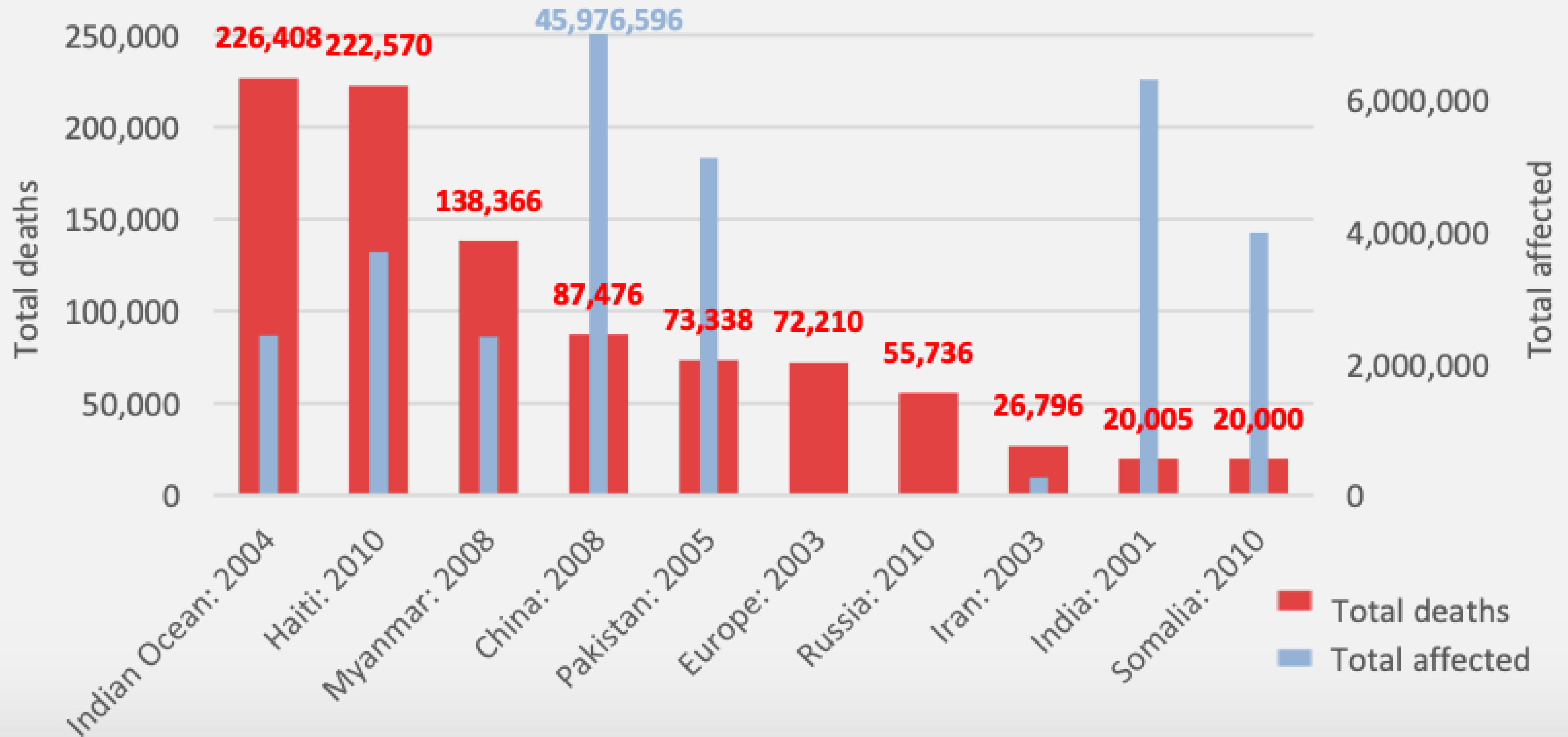


The human cost of disasters: An overview of the last 20 years (2000 - 2019); Centre for Research on the Epidemiology of Disasters, Institute of Health and Society, UC Louvain, Belgium, and the UN Office for Disaster Risk Reduction'. Disaster data sourced from the EM-DAT International Disaster Database, Centre for Research on Epidemiology of Disasters - CRED / UC Louvain, Brussels, Belgium www.emdat.be (D.Guha Sapir) NOT ALL EVENTS MAY HAVE BEEN REPORTED OR RECORDED IN THIS DATABASE. Population data sourced from United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019. Copyright, European Union, 2020. Map created by DG ECHO Situational Awareness Team. Sources: DG ECHO, GISCO. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union

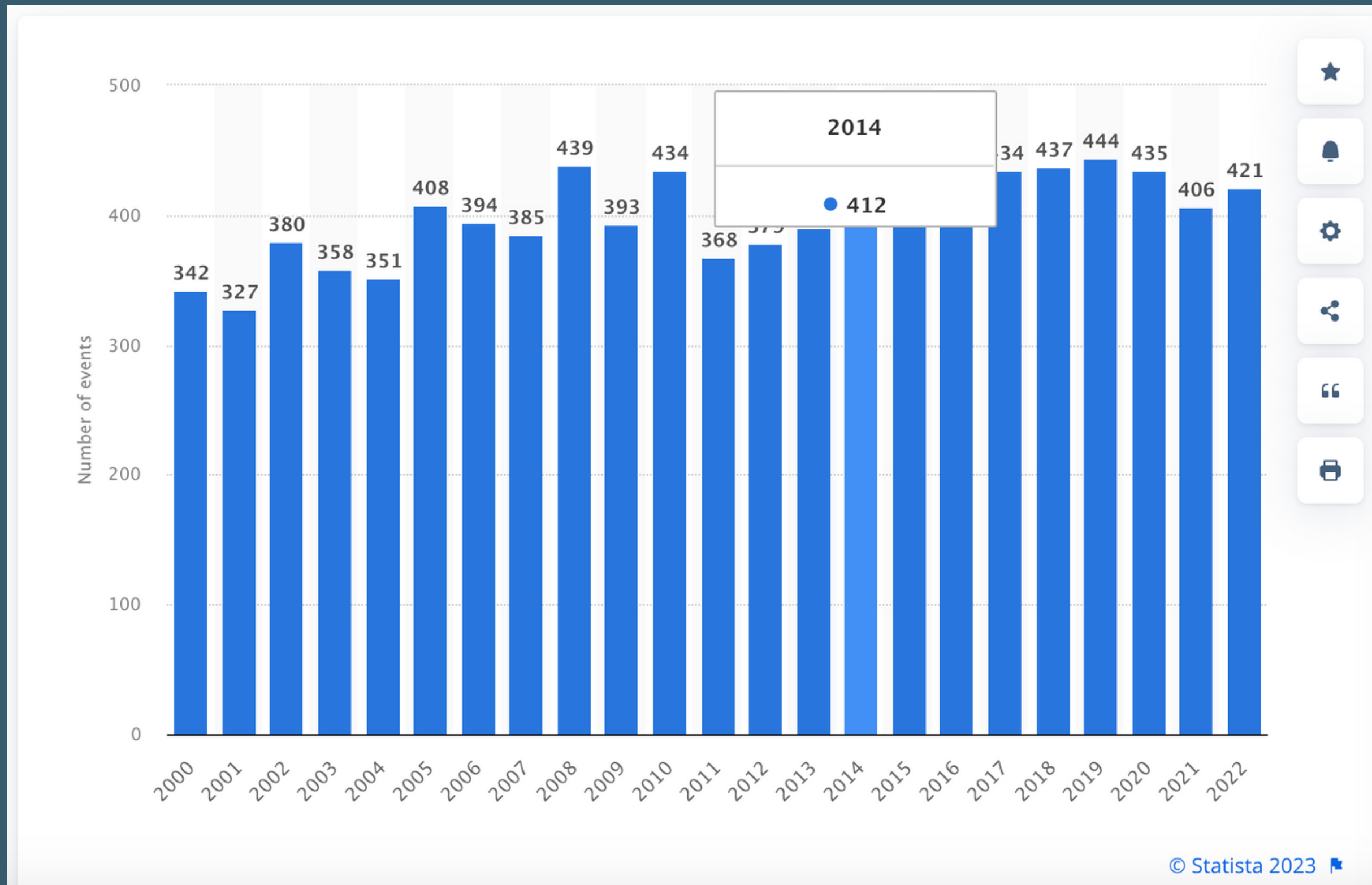
TOTAL NUMBER OF PEOPLE AFFECTED BY DISASTER TYPE¹



THE TEN DEADLIEST DISASTERS



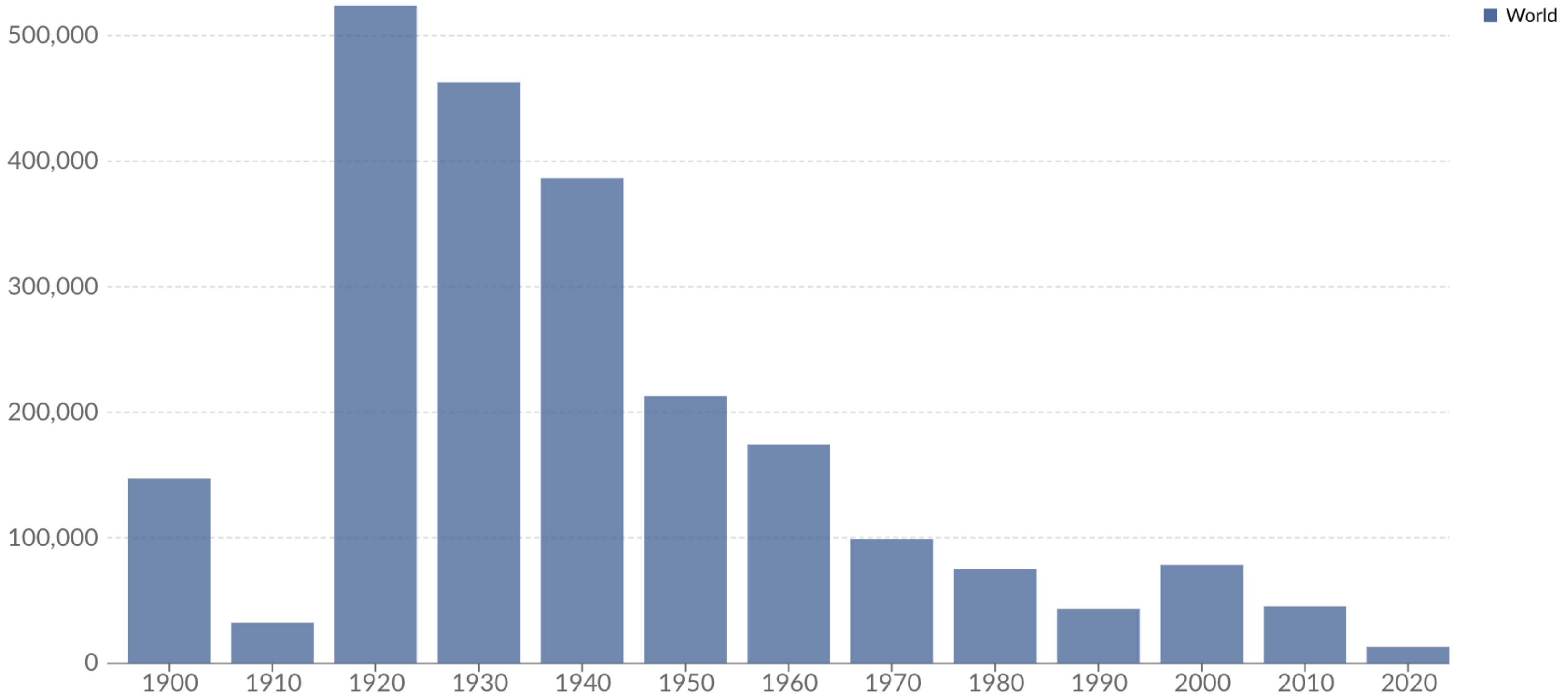
Number of natural disaster events worldwide from 2000 to 2022



For an event to be characterized as a natural disaster event, at least one of the criteria must be met: economic loss of 50 million U.S. dollars; insured loss of 25 million U.S. dollars; ten fatalities; 50 injured; or 2,000 homes or structures damaged.

Decadal average: Annual number of deaths from disasters

Disasters include all geophysical, meteorological and climate events including earthquakes, volcanic activity, landslides, drought, wildfires, storms, and flooding. Decadal figures are measured as the annual average over the subsequent ten-year period.



Source: Our World in Data based on EM-DAT, CRED / UCLouvain, Brussels, Belgium – www.emdat.be (D. Guha-Sapir)

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Note: Decadal figures are measured as the annual average over the subsequent ten-year period. This means figures for '1900' represent the average from 1900 to 1909; '1910' is the average from 1910 to 1919 etc.

<https://ourworldindata.org/natural-disasters>



The human experience in disasters is obviously way more, and more important, than what is represented statistical charts.

in 2010 Haiti lost ~250,000 people, with a total population of 10 million.

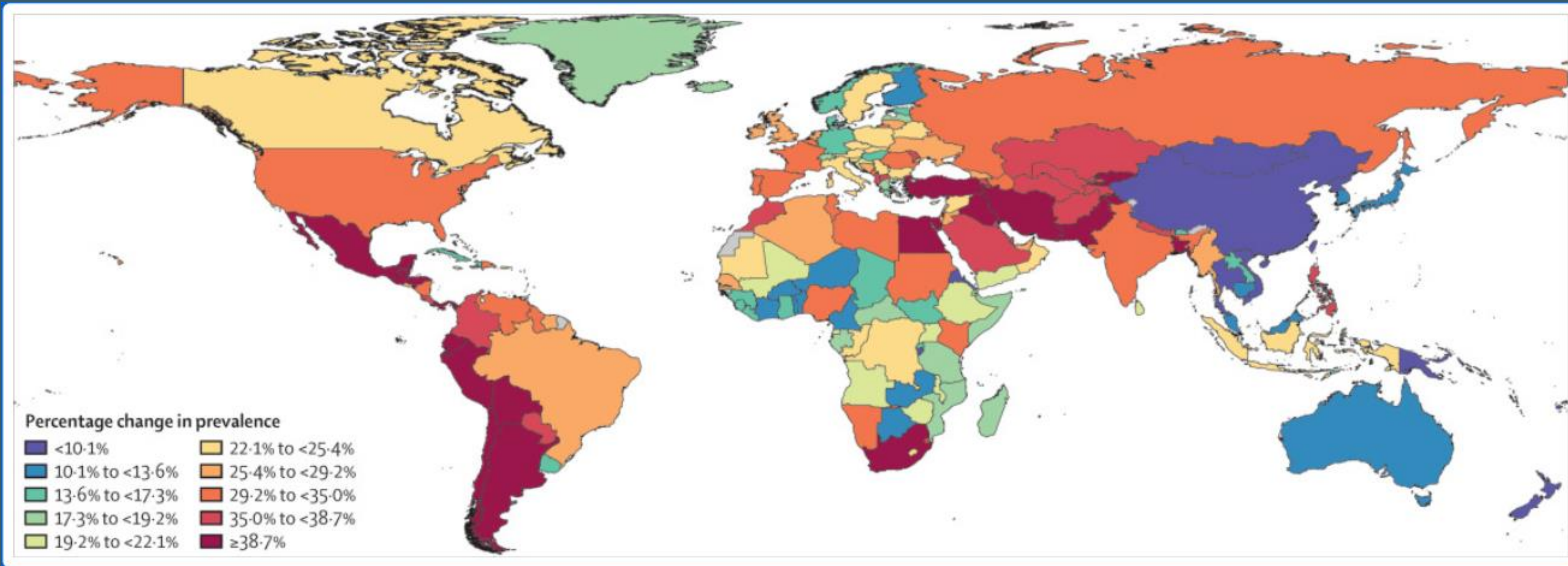
Disaster cascades:

more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms
- Haiti in 2010
- COVID as a cascade



Change in the prevalence of major depressive disorder after adjustment for (ie, during) the COVID-19 pandemic, 2020

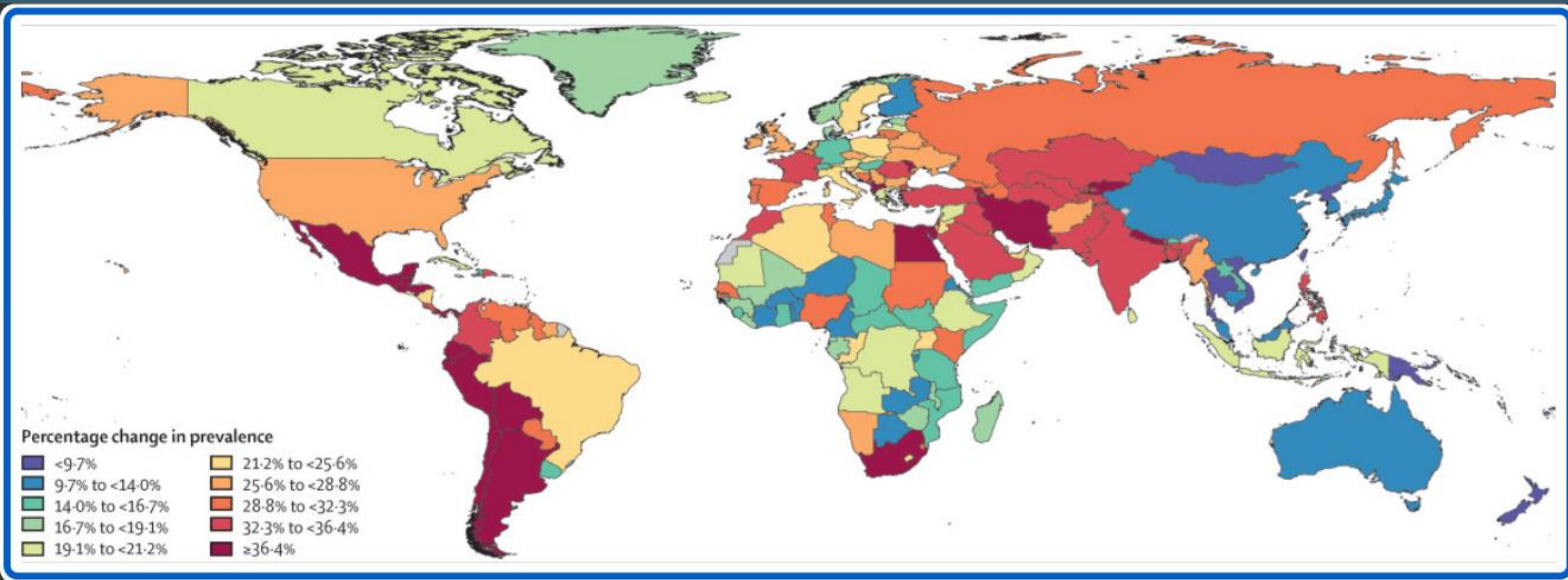


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Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

[COVID-19 Mental Disorders Collaborators †](#)

Change in the prevalence of anxiety disorders after adjustment for (ie, during) the COVID-19 pandemic, 2020

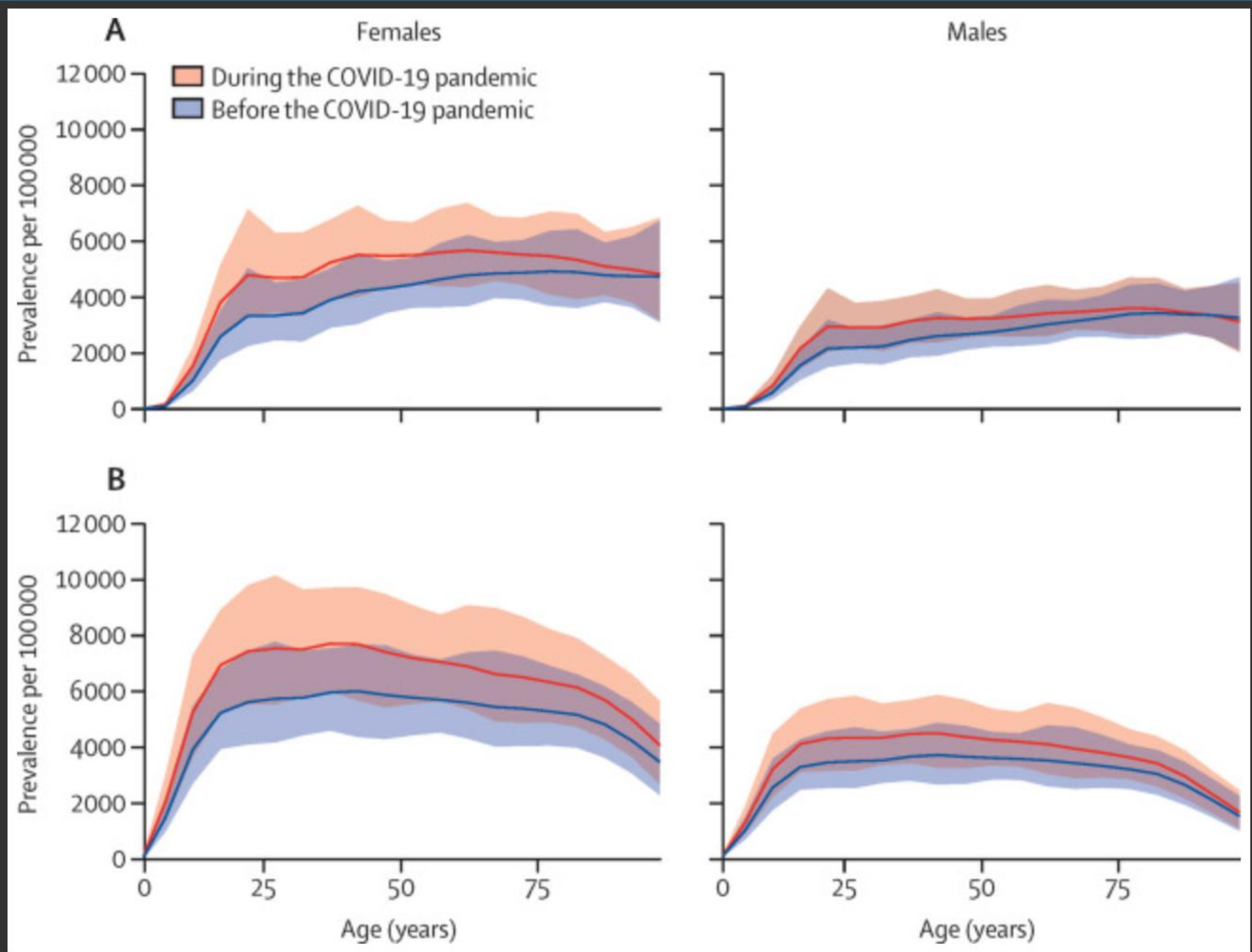


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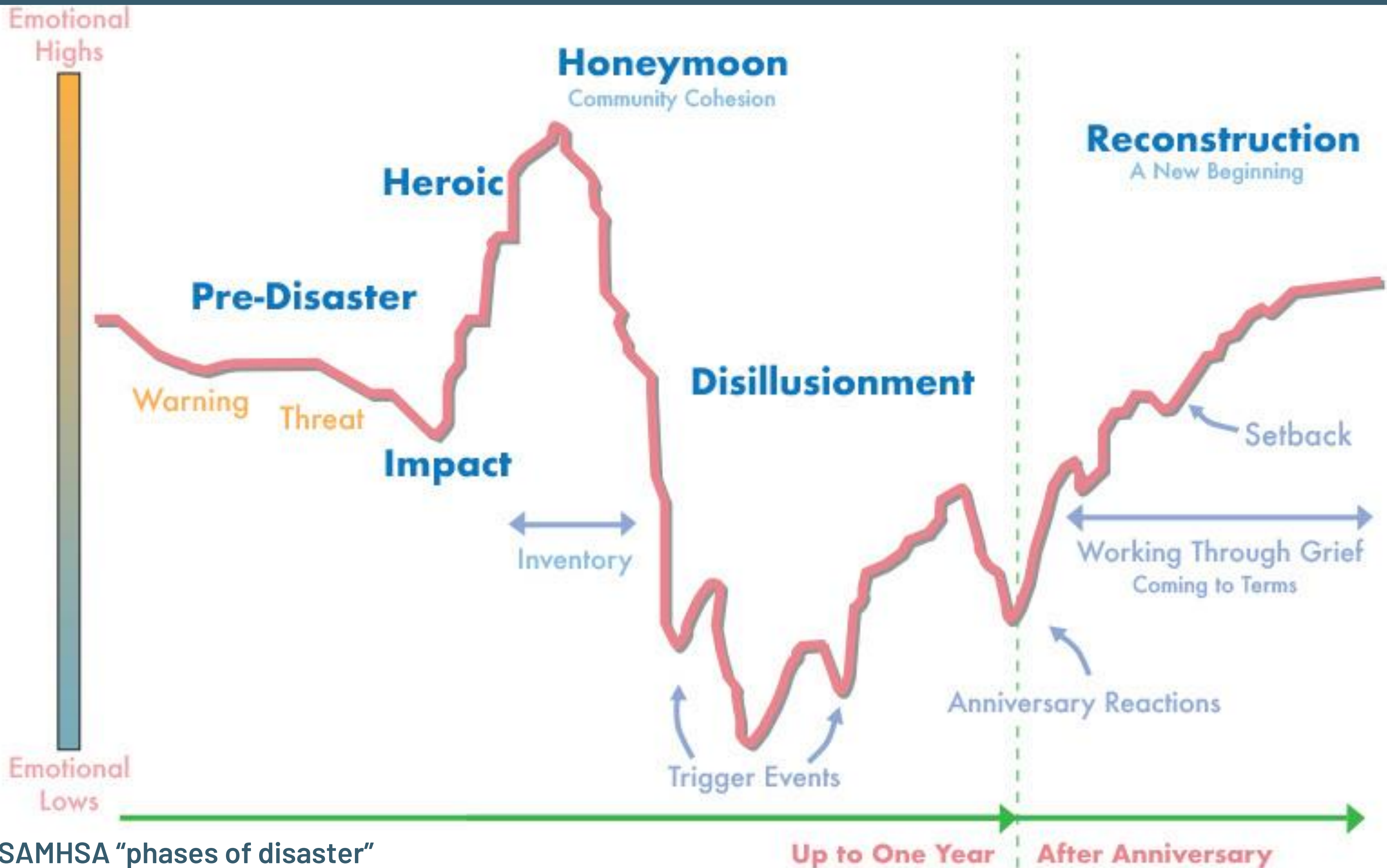
Global prevalence of major depressive disorder (A) and anxiety disorders (B) before and after adjustment for (ie, during) the COVID-19 pandemic, 2020, by age and sex.



[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02143-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02143-7/fulltext)

Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

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SAMHSA "phases of disaster"

Phases of Disaster

Impact Phase

o 0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase

o 0-1 week post-event. Primary goal is to adjust. Psychological issues: resiliency vs. exhaustion and orientation around what has happened.

Honeymoon Phase

o 1-4 weeks post-event. Community leaders are promising support, bonding and support is high, Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase

o 1 month to 9 months post-event (usually about 6-9 months post impact) Limits of disaster assistance become more clear; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery

o 3 months to ongoing; Community on the way to healing, May continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, May develop sense of empowerment.

Impact Phase – 0-48 hours post event

Areas of Focus

- **Focus on psychological and physical safety**
- **Immediate threat / risk reduction or mitigation**
- **Acute survival and triage needs**
- **Assessment of potential for future (ongoing) threat**

Interventions

- **Psychological First aid**
- **Shock recovery (heat, water, medical triage)**

RESCUE PHASE: 0-1 week post event

Areas of Focus

- Adjustment to current circumstances
- Resilience vs. Exhaustion
- Processing reality of what occurred

Interventions

- Present focus (here and now)
- No mandatory debriefing participation
- Space and time allowed (structurally) for processing experiences of those who want to do so.
- Communication and processing (not trauma therapy)



Honeymoon phase: 1-4 weeks post event

Areas of Focus

- High community bonding
- External supports are high / strong
- Expectations about recovery or denial of impact may be strong



Interventions

- Appropriately harnessing motivation to increase long-term resilience
 - Establishing med to long term behavioral health supports within the community or structure
 - Training volunteers on psychological supports
- Re-prioritizing focus away from “waiting until things get back to normal” and on to empowerment for intentional cultural shifts / change

Disillusionment phase: 1-9 months post event (usually about 6 mos)

Areas of Focus

- Limits of external assistance become clear
- Hopelessness around reality of event can set in
- Coming to term with losses



Interventions

- Active coping skills
- Sensory interventions
- Harm reduction related to impulsive or high-risk behaviors
- Suicide intervention training & support for survivors

Reconstruction and Recovery

Areas of Focus

- **Active coping to internalize long term**
- **Post-Traumatic Growth**

Interventions

- **Active resilience building (Purpose, Connection, Adaptability & Hope)**
- **Meaning-Making activities**
- **Connection to things larger than self (social interest)**

Factors that influence the reconstruction pathway

Or may result in the experience of a **“disaster cascade”** depending on the nature of the secondary impact

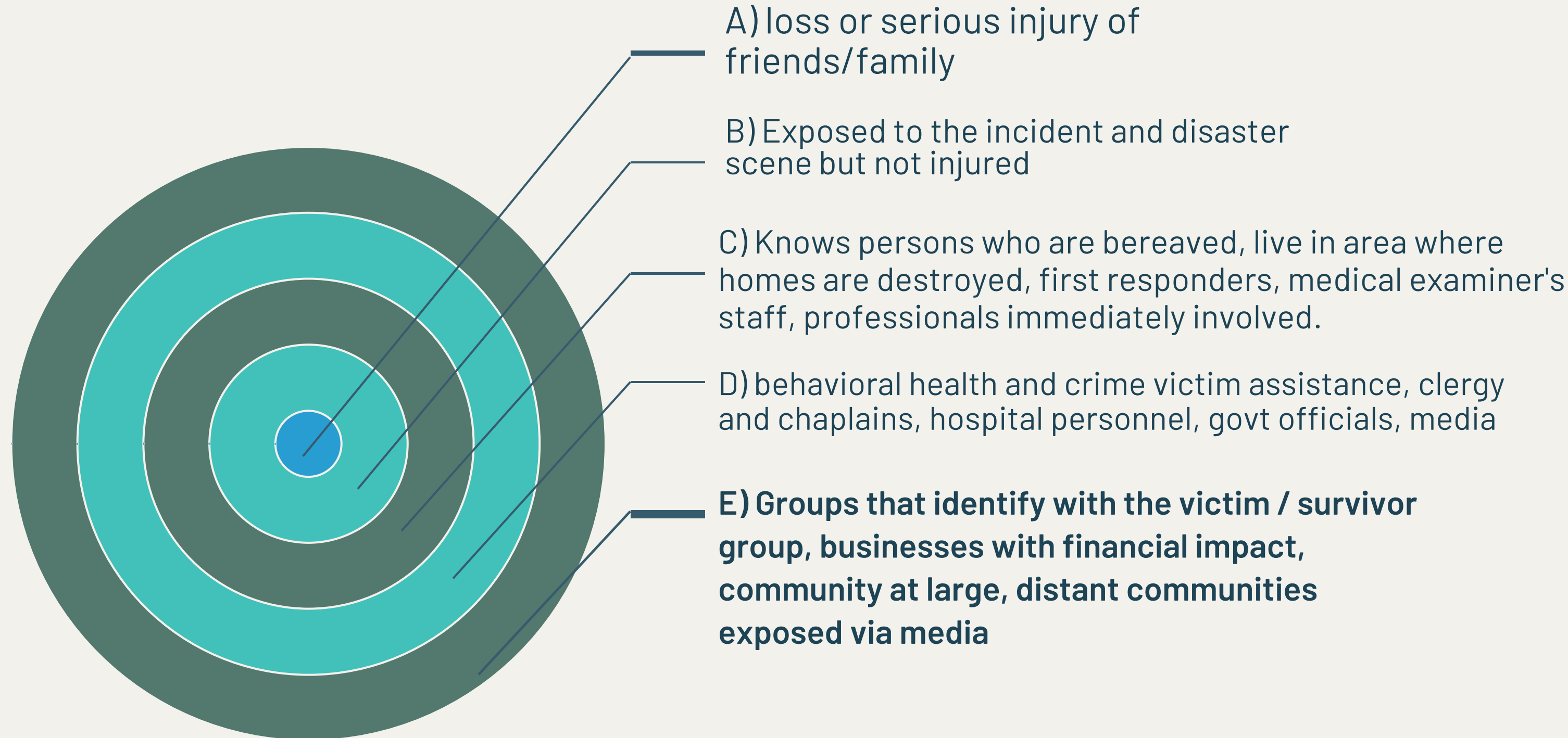
- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection / illness / restrictions that result

Trauma, Stress and Resilience

- **All trauma is stressful, but all stress isn't necessarily traumatic**
 - (ducks and birds)
 - Stress can build up over time
- **The ability to function effectively CAN be compromised by either one.**
 - Emotionally, Cognitively, Behaviorally, Physically, Socially, Spiritually
- **Long term moderate to severe stress affects the brain in ways similarly to traumatic events**
 - Large-scale disasters as well as smaller-scale critical incidents
- **Resilience can be developed intentionally, or can come about as a result of adverse experiences**

Population Exposure Model

Those closest to the “epicenter” of the disaster in terms of immediate and severe impact are most likely to be affected psychologically.





Common Experiences And challenges

Cognitive,
Physical,
Behavioral,
Social,
Emotional,
Spiritual



Structures of Note:

Prefrontal cortex:

higher-level functioning, planning, organization, details, filtering.

Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).

Includes the Amygdala & Hippocampus

We are all still (at least slightly more) limbically activated.





What happens neurologically to people in places that are **CONSTANTLY under conditions of physical, psychological or environmental 'threat'?**

Examples from Haiti and Alaska



Best Practices in Disaster Response

DISASTER BEHAVIORAL HEALTH
IS NOT CLINICAL PSYCHOLOGY

Comparison



Clinical Psychology

- Control of physical conditions
- HIPAA
- 55-minute hour
- Therapeutic Relationship
- Multiple meetings with the same client or clients
- Treatment plan or goals

VS



Disaster Behavioral Health

- Challenging environmental conditions
- Ambiguous circumstances
- Sometimes not a lot of privacy
- No EHR, Insurance etc- sometimes no if any record keeping
- Training in skills and Symptom Reduction
- Triage and Screening

“One inevitability of international work is that you are going to mess up, do or say the wrong thing, or do or say something offensive without meaning to. What matters most is how you handle it, the way you approach it, the way you repair it; the PROCESS you use, and the humility you bring.”

In a response / activation / deployment:

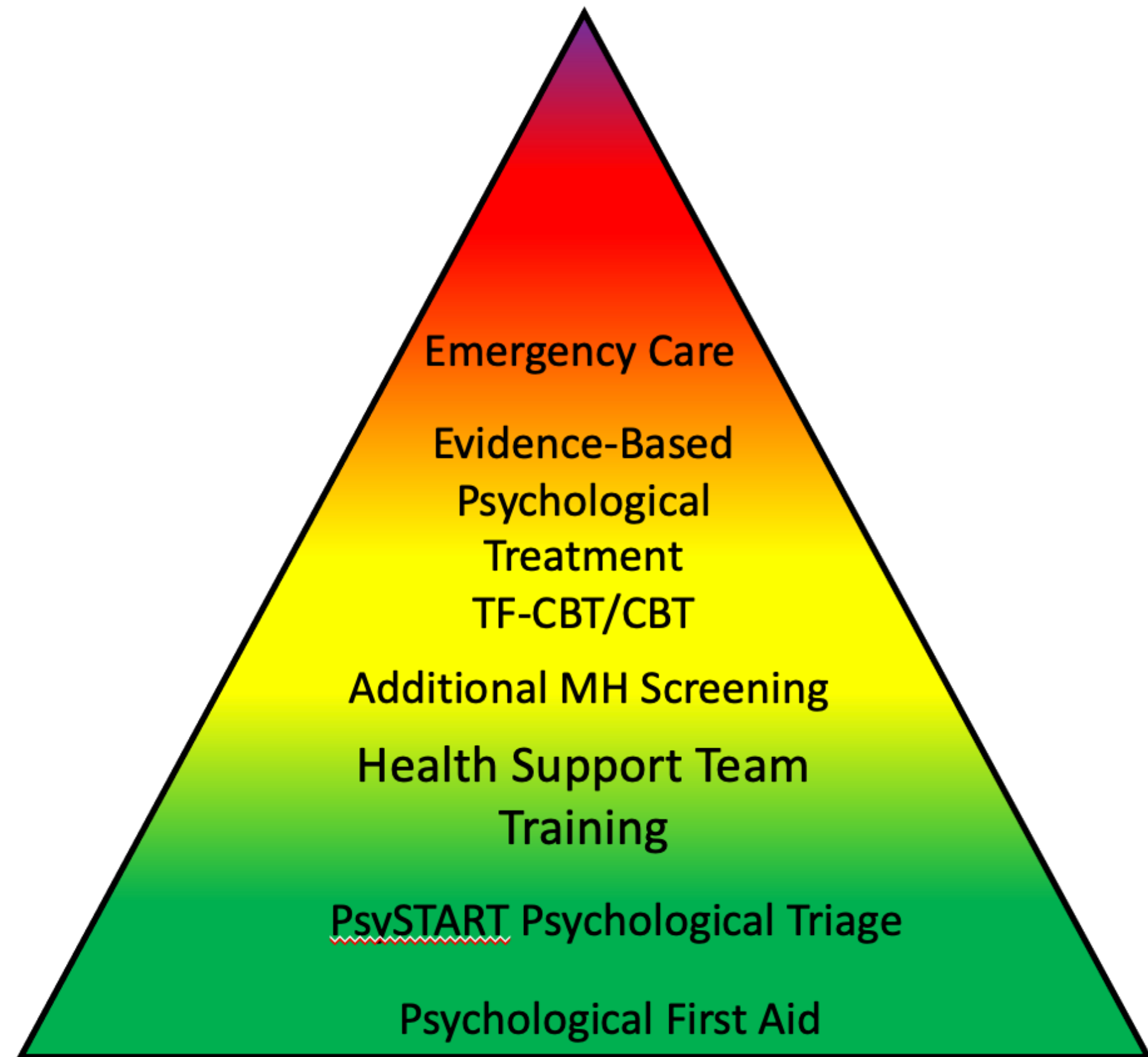
**Be willing to do
anything that
needs doing
within your skill
set and
competence**

**Let go of
traditional ways
of providing
services or
reaching goals**

**Learn as much as
you can about the
history and
culture of a place
(including norms)
as you can**

**Be willing to
connect - with
your colleagues /
coworkers / team
members and with
survivors**

Continuum of care options for disasters and critical incidents



TRIP #1 - HAITI - 2010

- A colleague and I joined a multidisciplinary team of pediatricians, surgeons, orthopedists, nurses, dentists, hydrologists, engineers, architects and teachers from all over the U.S. & Canada
- The group called themselves “Love for Haiti” and also “Doctors without Borders Rejects” :)
- We were hosted at Anis Zunuzi school in Lilevois (a suburb of Port-Au-Prince) & conducted clinic work in teams at three locations: The school, A tent city near by, and an orphanage in the district.
- We saw hundreds and hundreds of patients every day for two weeks. Some people had never seen a medical provider in their lifetime.



Health Support Team

The HST process includes four steps:

- Listening and Learning
- Offering Support
- Providing Tools
- Emphasizing Hope

LEARN & LISTEN
Learn about the person and Listen to the problem using supportive communication and active listening techniques. (Module 2)

OFFER SUPPORT
Foster resiliency by supporting the person in finding external resources and internal strengths, OR Refer them to someone if needed. (Module 3)

PROVIDE A TOOL
Offer them a tool to help them cope, such as a relaxation technique or a thinking strategy. (Module 4)

EMPHASIZE HOPE
Let the person know you are there for them, and that you are an encouraging, supportive resource for them when needed.

The Health Support Team Program

What is the Health Support Team?

- The Health Support Team is a group of individual trainees from local communities who have committed to becoming a resource for others in times of crisis and in the long-term recovery after disasters.
- They are students, parents, teachers, friends, workers, and anyone from the local area who is interested in learning and applying some simple supportive techniques and tools in the assistance of their fellow citizens.
- The Health Support Team is YOU— people who are trained to support.

MODULES & Examples of Content

- Module 1: Introduction to Health Support Team, Disaster Response & Recovery
- Module 2: HST Skills and Techniques: The Supportive Relationship, Communication & Listening
- Module 3: Health Support Team Goals: Engaging with Key Issues, from Listening to Referral
- Module 4: Health Support Team Tools: Relaxation, Stress Reduction, and Thinking Strategies
- Module 5: Health Support Team Member Boundaries and Resilience / Program summary

WHY WE DEVELOPED THE HST CURRICULUM:

- To empower trained trainees, to assist their colleagues, students, youth, families, and community members in recovery from trauma and the development of resiliency by: Providing psychosocial and educational information in the form of a disaster behavioral health training program / curriculum and guide; Connecting trained trainees with local resources where and when available.
- To create a sustainable work group of trainers and trainees who can support one another, as well as provide ongoing training to new and additional trainees in the community and surrounding areas.
- To provide the opportunity for the organic growth of a community based mental health support network that could operate independently from foreign aid and resource dependence internationally, and to provide additional community support when resources are in short supply following regional disasters in developed nations.

HST

How the training is conducted



The 1st group of HST volunteers



The first group of HST Trainers



When given the opportunity, they became involved in a local clinic



IN HAITI:

- Over 400 Haitian community volunteers completed the one-day training, including students, nurses, translators, community agents, doctors, and security personnel.
- 41 people attended two or more training sessions
- 18 attended an in-depth session to become 'trainers' themselves.
- 6 of the trainers who are our primary liaisons have followed up and continued to do ongoing support work at local clinics and in tent camp communities.
- 70 teachers have completed the teacher focused version of the HST program.

Health Support Team for Syrian & Palestinian Refugees in Jordan



- In March 2013 we traveled to Amman, Jordan to work with Syrian refugees.
- The HST visited with local NGOs, the Zaatari refugee camp and with numerous non-documented Syrian families in temporary residence in Jordanian communities around Jareh.
- The initial training included some 20 volunteers representing a half dozen NGOs.

Training continued in September 2013

- Two groups from large NGOs were trained:
- CARE and Save The Children.
- Combo of Trainees / Volunteers
- 50 new volunteers and 15 trainers in Jordan working with displaced or marginalized populations



The original volunteers from March returned to become trainers

2014

- Returned to Jordan
- Trained Trainers
- Observed Women's group of trainers (4) training new volunteers (10)



2017

- CCTI – Community Care Training Initiative
- Multidisciplinary trip aimed at providing educational content across a variety of disciplines (OEC, education, family, health etc)
- CCTI conference in Amman: two days of training
- HST for Mercy Corps Staff



Ahmad's story:

- Hi . How are you, my friend ? Actually, I have a good experience I would like to share with you ...During my work as a field assistant at the child friendly space I have noticed that Batool, a pretty girl, thirteen years old, had something wrong.
- She had some aggressive behaviors. And when I have tried to know about her by listening to her carefully. I asked her with some of girls to make a relaxation session in a quiet place . After the session I asked the girls to go each individual in order to express about her imagination by words or drawing a picture .
- Batool, she had drawn a grave with a fountain beside it with a shade of someone. And when I asked her about the person in the grave she refused to tell me and I have told her that you have to write his name on the grave . She wrote her dad's name but at the same time her dad was still alive but she had fears that someday she will lose her dad and she told me that she see that in her sleeping.
- Then I realized that no need to refer and I could handle it by the mindfulness technique . And I have made a sessions daily I could change all the bad thoughts and makes her focus on the present moment and after the last session I asked her to draw , she had draw something different. And I have the pictures. Many thanks to you all ...



To Poland in March 2022

45 days after Russian invasion



Trained Caritas Staff, City Government Reception Center staff and Caritas Staff, and 911 call operators

Hosted by colleague Dr. Robert Porzak at the University of Economics and Innovation, Lublin, Poland.





- **Caritas and Firlej Municipal Center hosting Ukrainian mothers and children.**
- **60 women and 40 children at Caritas, and 40 adults and 20 children at the Firlej Municipal Center**

Trained School Principals, Superintendents and other leaders in Lublin's school district



In general for disaster response:



1

Don't self-deploy

2

Be prepared at home - walk the talk

3

Have a family communication plan

4

Include your workplace in your planning

5

Educate yourself about local resources - CERT, Trainings, etc

Effective Interventions

Active Coping

- Sensory engagement (sight, touch, taste, smell or sound)
- Movement
- Structure / schedule
- Goals that are the right scale / scope
- Culturally relevant and appropriate suggestions!!!!
 - Do your homework if you are working in an area where you are unfamiliar with norms.

Active Listening - be aware of high and low context cultures



Non-Verbal Communication



Open Ended questions



Clarifying Questions



Seek to deeply UNDERSTAND (not to fix or problem solve).



Express Empathy

More please: in a healthy way

Serotonin

- Movement / exercise
- Sun exposure
- Massage
- Hot / Cold showers
- What contributes to feelings of comfort and security?

Dopamine

- Movement / exercise
- Task achievement (to-do lists, long term goals as well)
- Creating something – music, art, writing
- What is fun or rewarding?
- What are the external resources available?



Resilience Development



Purpose

What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability

How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope

How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection

To whom or what are you connected? Connection can be anything that prevents isolation.

BOTTOM LINE:

- Prepare yourself, your family and your business at home.
 - Start by "walking the preparedness talk"
- If you are interested in doing disaster relief, get training, get certified.
 - CPR, CERT, MRC, FEMA etc
- Do some personal inventory about your level of comfort with ambiguity, difficult physical conditions, roles, and tasks
- Educate yourself on best practices in disaster response behavioral health support.
 - Learn more about Psychological First Aid (PFA), Health Support Team (HST) and other programs that specifically are aimed at providing direct service or training to those affected by disasters and critical incidents.
- If you plan to work internationally, LEARN as much as you can about history and culture before you leave.



Astrum
Health, LLC

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