Disasters, pandemics and mental health

Clare Pain MD DSc, Ruth Lanius MD PhD

Cite as: *CMAJ* 2020 July 13;192:E803. doi: 10.1503/cmaj.200736

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1 Mental distress is common in public health emergencies

After a disaster, population rates of psychological distress tend to double or triple. Acute-phase reactions and disorders generally resolve within a year; however, there is considerable variation in recovery times.[1] Subsequent to the accident at the Fukushima Daiichi Nuclear Power Plant, for example, 6% of people affected remained severely distressed 3 years after the incident.[2]

2 Prolonged exposure to war and conflict increases the prevalence of mental illness

Among people who have experienced war in the previous 10 years, 21% have a mental health disorder, and 9% meet standardized criteria for moderate or severe mental illness.[3] However, focusing exclusively on psychiatric disorders overlooks a range of health risk behaviours, such as substance misuse, which is associated with increased domestic violence and accidents.[1]

3 Clinicians can focus their attention on those at risk for mental health disorders

Much of the initial distress in a population is self-limiting. Risk factors for prolonged and more intense distress include a pre-existing psychiatric disorder, poverty and inadequate housing.[4] Subjective sleep insufficiency, substance overuse and poor social support are associated with more severe psychological distress.[1,2]

4 Misinformation can contribute to distress

Without access to relevant and accurate information about the disaster there is increased community distress, leading to a reduction in positive health behaviours, which can strain public health systems.[1]

5 Safety and security are first priorities

Addressing personal, family and workplace safety is fundamental to a competent response to disaster. Maintaining a regular schedule for sleep, exercise and eating helps regulate emotions. Connecting at both the individual and community level is key to optimizing health.[5]

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Competing interests: None declared.

This article was solicited and has been peer reviewed.

Affiliations: Department of Psychiatry (Pain), University of Toronto; Psychological Trauma Program (Pain), Mount Sinai Hospital, Toronto, Ont.; Department of Psychiatry (Lanius), Western University, London, Ont.

Correspondence to: Clare Pain, clare.pain@sinaihealth.ca

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