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# Rethinking Collection Development in Disaster Mental Health: An “All Hazards” Model

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### **Rethinking Collection Development in Disaster Mental Health: An “All Hazards” Model**

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#### **Abstract:**

The connection between weather-related disasters and mental health is bound up in treatment, both acute and long-term, of suddenly vulnerable populations, whether they are in-place survivors, displaced persons, or refugees. The Louis de la Parte Florida Mental Health Institute (FMHI) Research Library/ University of South Florida Library System has undertaken a collection focus on disaster mental health. We have re-examined the traditional models of collection development and chosen instead to frame our collection development initiative around an ‘all hazards’ model, that allows us to proceed within both a national and international framework. Our model, conceptualized in a matrix of domains and facets, allows us to cast the widest possible net for salient research and practice and to provide selected in-depth development.

We developed the model in collaboration with a working group of three ‘disaster mental health’ research faculty from the USF College of Behavioral and Community Sciences. The scope of this collection includes titles pertaining to the nature, causes, prevention, mitigation of and response to different types of disaster threats, with a particular focus on psychosocial aspects. It includes the nature, causes, prevention, mitigation of and response to mental, emotional, health-related and behavioral conditions that arise from or accompany disaster events in their affected populations. It also includes research, measurement and analytic methods for studying them.

## Introduction

You are all experts in disasters, whether natural or manmade. Disasters, in whatever form they take, rob us of our sense of well-being, our security, our community, our homes, and our loved ones. Disasters forever change “life as we know it” and seriously impact our ability to function. People may develop mental, neurological, and behavioral disorders following a disaster and subsequently endure social isolation, poor quality of life, and increased mortality. Furthermore, these disorders are the cause of staggering economic and social costs. With the increase in natural and manmade disasters, the incidence of mental illnesses has grown exponentially, creating large at-risk and vulnerable populations.<sup>1</sup>

For those of us who work in behavioral health service research and policy, we recognize that advance preparation, early intervention, and post-disaster interventions assist those whose lives are touched by disaster. Consequently, our disaster mental health collection will position the University of South Florida as a peer with other major university disaster mental health research centers. These include:

- Johns Hopkins University -- Bloomberg School of Public Health
- University of California, Los Angeles – UCLS Center for Public Health and Disaster
- University of Delaware – Disaster Research Center
- George Washington University – Institute for Crisis, Disaster and Risk Management
- and Columbia University – Mailman School of Public Health.

## The Extent of Disasters in 2009 alone

Let me give you some perspective using data from 2009. There were 245 international natural disasters, of which 224 were weather related. Fifty-five million people were affected by natural disasters and 3 million were affected by manmade disasters.<sup>2</sup> Note that this figure does not include biological disasters. Between January and November, 48 million people were affected by weather-related events (that is, 91.5%), which remain the highest risk with the largest number of affected people. In 2009, the U.S. Federal Emergency Management Agency issued 107 emergency and disaster declarations in the United States; of that, 52 were major disaster declarations. In addition to natural and technological

disasters, manmade disasters such as genocide, ethnic cleansing, and war continue to take their toll. The Global Internal Displacement Profile Project estimates that 25 million people were forced from their homes due to severe political, religious, ethnic, or social persecution.<sup>3,4,5</sup>

The point is, between the massive international and national dislocations due to natural and manmade disasters, large numbers of vulnerable populations require health and mental health services.<sup>6,7,8,9</sup>

### Implications of Disasters

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Conversely, disasters are psychologically distressing events outside the range of normal human experience which involve actual or threatened death or serious physical injury to an individual or others and intense fear, helplessness, and horror.<sup>10</sup>

From a public mental health perspective, the consequences of disasters are severe. There are increases in mental illnesses and substance abuse. Disruptions in food supply, immunizations, medications, and health services affect people’s health for months and perhaps years.

Mortality rates due to disasters far exceed mortality from HIV/AIDS or war. Intergenerational transmission of mental health sequelae is widely documented. Data from military and civilian disasters has shown a fairly predictable ratio of acute and severe emotional trauma associated with mass casualty events.<sup>11</sup> The prevalence of PTSD in directly affected populations varies between 12% and 16%, and there is a 40% higher prevalence of PTSD among predominantly female populations. For men, a major post-disaster behavior outcome is alcohol abuse. When order breaks down, an extended burden of disease may be conferred on populations already coping with a multiplicity of disaster-related health consequences.<sup>12,13</sup> When these communities seek health care, health professionals require the knowledge, training, and skill to treat mental health issues too.

### Models for Intervention

Disaster mental health interventions are designed to address incident-specific stress reactions. Outreach and crisis counseling activities are considered primary disaster behavior health activities. Mental health professionals work shoulder-to-shoulder with paraprofessionals, volunteers, community leaders, and survivors of the disaster in ways that may differ from their formal clinical training.

Despite the apparent increase in the incidence of disasters in the 20<sup>th</sup> and 21<sup>st</sup> centuries, there are few prospective systematic studies of these disasters. This is due to several factors. First, field research is more difficult when it is compounded by the actual circumstances of disaster scenes. Second, the differences in methodologies used in disaster research make generalization of the psychosocial effects of disasters difficult. Time frames, identification of populations, sampling, and instruments vary widely among clinicians and behavioral researchers, who may have very different theoretical frameworks and conceptualizations of the effects of disasters.

The Oklahoma City bombing, the attacks of September 11, 1001, and Hurricane Katrina highlight the need for a systems orientation to planning for and responding to disasters at the community and the individual or clinical levels. With over 500 faculty and staff, the Louis de la Parte Florida Mental Health Institute, a unit of the University of South Florida in Tampa, is very interested in the expansion of existing collections to accommodate disaster mental health studies. We view disaster within the “all hazards” model of emergency preparedness. Nationally, this model is promoted by FEMA and endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA), in the Department of Health and Human Services. The US Centers for Disease Control and Prevention similarly situates the concept of disaster mental health within its category of “All-Hazard Emergency Preparedness and Response”. Globally, the mental health dimension of the “all hazards” model fits within the World Health Organization’s concept of “global public health security,” which focuses both on prevention and response.

In the “all hazards” model, the term “disaster” is broadly defined to include “any event, real and/or perceived, which threatens the well-being of citizens.” This includes natural and manmade events like war, genocide, intrastate conflicts, terrorism, torture, and systematic human rights violations; the populations may be local or global and include different ethnic, cultural, racial and religious groups.

### The FMHI “All Hazards” Model

Our disaster mental health collection includes titles covering three key areas. First, materials pertaining to the nature, causes, prevention, mitigation of and response to different types of disaster threats, with particular focus on their psychosocial aspects. Second, the nature, causes (including perpetrators), prevention, mitigation of and response to mental, emotional, health-related and behavioral conditions that are associated with or arise from disaster events and their affected populations (e.g., first responders, refugees, migrants, and so on). Third, the research, measurement and analysis methods for studying them.

The integrated emphasis on behavioral health among vulnerable and at-risk populations correlates to the priorities of the United Nations and the World Health Organization. Titles are chosen based on the following rubric.

<b>Facets</b>	F1: Nature/ Causes	F2: Prevention	F3: Mitigation/ Response	F4: Vulnerable, At- Risk & Traumatized Populations
<b>Domains</b>				
D1: Disaster/Hazard/Threat				
D2: Associated Behavioral Health Conditions				
D3: Measurement, Analysis and Research Methods				

The proper reach of a collection focused on these issues should include draw content broadly from the social/behavioral and medical sciences to address such areas as services delivery, law and policy, population, health status, epidemiology (prevalence and incidence data), and security.

Assuring proper breadth requires: first, a range of materials on the relevant topic, from introduction and survey level to expert analysis, supported by raw data; second, providing historical and foreign material

for the benefit of different points of view; and third, consideration of disaster mental health from the interests of academia, the interests of audiences (first responders, participants, perpetrators, victims/survivors, etc.), levels of response for delivery of services (individual to system), and policy at every government level.

The proposed collection will support USF researchers and also to appeal to scholars who might request items through inter-library loan to substantiate their own understanding of the topic. Our librarians have systematically reviewed disaster mental health-related collections at other nationally recognized, academic centers and run a gap analysis that affords us an opportunity to make a unique contribution to this global field of study.

We at the Florida Mental Health Institute Research Library look forward a collection that can build depth in certain areas or specific geographic areas where no systematic aggregation of resources has yet occurred.

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