Interoperability for Extreme Events
Research Group

Collaborating Strategy to Manage Psychological Impact of Disasters

Natural disasters are increasingly intensifying, frequent and occurring on a wider scale. In addition to damage to properties and lives of communities, disasters leave behind psychological distress for the people who witness and survive. Yearning for the deceased, bitterness about the loss, and inability to proceed with life defines a complicated grief. Many studies reveal that complicated grief leads to disorders such as Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) in the months after a disaster which affects individuals, families and communities. People with such disorders tend to develop suicidal ideation, high blood pressure and many adverse health behaviours. In such situations there is a need for a comprehensive population mental health response. A response that is co-ordinated, carefully planned, integrated into the activities of various agencies, culturally appropriate, and fully evaluated.

Initial Findings

Empirical evidence indicates that most disaster survivors eventually regain functionality on their own without formal mental health intervention. However there is a significant proportion of survivors who experience a range of psychological and social difficulties and have the tendency to develop longer-term problems such as PTSD and ASD. They need to be identified as soon as possible after the disaster.

“Although the initial response involves provision of support for most survivors, targeted intervention aimed at prevention of subsequent disorders require identifying those individuals who are having stress reactions that are precursors of longer-term problems”

—Prof Richard Bryant, APS

Studies indicate that a simple way of identifying people vulnerable to develop chronic PTSD is to focus on those displaying intense reactions after a disastrous event. In addition to identification, ongoing surveillance of the disaster survivors is also a contributing factor to their adaptability.

Missing affected people when applying health and recovery systems has been recognised as a major flaw in many past disasters. People may not seek treatment until years after disaster. In addition to identification and monitoring of the disaster survivors, education should also be available for the affected people encouraging them to seek appropriate help.
Collaborating Strategy

To identify disaster survivors who have a tendency to develop longer-term disorders, collaboration among various agencies such as disaster management, public health and social services are realised important. Collaboration means integration of conceptual frameworks to develop a comprehensive service system with a common language and integrated treatment philosophy.

We are interested in integrating values through a system wide architecture to achieve transformational goals. The underlying important principles for integrated service delivery are as follows:

- Shared vision and established expectations of the agencies;
- Staff that are cross-trained;
- A working model that moves beyond minimal coordination to foster consultation, collaboration and integration among systems and providers;
- Integration of services to respond to community level needs with an integrated service system to meet the needs of individuals with disorders;
- Establishing a website at state and national level to identify and monitor disaster affected people.

Take Away

Standardised service agreement, service loose coupling, service abstraction, service reusability, service autonomy, service statelessness, service discoverability, service composability, and service normalization are some of the principles of effective services integration. These can be applied to most organisations to vastly improve the management of psychological impacts of disasters.

References

Minas, H. (2005). Broken psyches are as important as broken bodies. The Age, p.15

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