Linking mental health and psychosocial support and disaster risk reduction: applying a wellbeing lens to disaster risk reduction

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The field of mental health and psychosocial support (MHPSS) in emergencies has been slow to engage with the growing global policy consensus around disaster risk reduction (DRR) as embodied by the Hyogo Framework for Action and its successor, the Sendai Framework for Disaster Risk Reduction. However, there are encouraging recent efforts to harness the synergies that exist between the fields of DRR and MHPSS. As these linkages between the fields of MHPSS and DRR are still in an early stage of development, our attempt to outline a preliminary basis for how the objectives of the two fields may be combined in practice, and conceptually, might help move this process forward. It is in the interest of the MHPSS field to invest further in ways and means of integrating with the fast growing, dynamic and increasingly influential field of DRR. In turn, the field of MHPSS has much to offer by way of perspectives and approaches that can amplify the impact of DRR activities on the quality of life of people who are at risk of experiencing hazards or disasters. We believe this paper will demonstrate this and encourage others in the MHPSS field to seek greater dialogue and integration between the two fields.

Keywords: disaster risk reduction, integration, mental health and psychosocial support

Introduction

With disasters increasing in frequency globally (Guha-Sapir, Hoyois, & Below, 2014), attention and efforts to reduce the impacts of hazards and bolster resilience are of increasing importance. Galappatti (2015) has noted that the field of mental health

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Key implications for practice

1. The synergies that exist between the fields of MHPSS and Disaster Risk Reduction (DRR) are becoming of greater importance, considering the growing global policy consensus around and investment in DRR.

2. This paper demonstrates how the objectives of the two fields can be conceptually linked and combined into practice.

3. It is in the interest of the MHPSS field to engage with the increasingly influential field of DRR through approaches and activities that protect and promote the wellbeing of communities vulnerable to and experiencing the effects of disasters.

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and psychosocial support (MHPSS) in emergencies *'has been slow to engage with the growing global policy consensus around DRR as embodied by the Hyogo Framework for Action and [its successor, the Sendai Framework for Disaster Risk Reduction]'* (Galappatti, 2015, para. 1). However, recently there have been encouraging efforts to harness the synergies that exist between the fields of disaster risk reduction (DRR) and MHPSS, such as the 3rd Regional Conference on Bridging the Gaps in Mental Health and Psychosocial Support in Emergencies in Asia (Asian Disaster Preparedness Center, 2016) and the

publication *Mental health, well-being and disability: A new global priority key United Nations resolutions and documents* (Tsutsumi, Izutsu, & Ito, 2015), which have sought to forge more explicit linkages. This article hopes to contribute to this positive trend, by offering a view on how the aims of both fields may be integrated within DRR activities through the application of a *'wellbeing'* lens.

Our conceptualisation and description of this approach in this article draws on DRR work done in the education sector of Region VIII in the Philippines during the recovery from Typhoon Haiyan, as a part of a consultancy undertaken by the authors for Save the Children Norway, in collaboration with Save the Children Philippines and Department of Education, Region VIII. The development of some basic conceptual linkages between DRR and psychosocial wellbeing was to provide an operational framework for education staff, namely teachers, to deliver their mandated curriculum related to DRR in ways that actively sought to protect and promote the wellbeing of their students. We believe that use of illustrative examples from this experience may help point to how conceptual and practical linkages between the fields of DRR and MHPSS may be made.

A brief history of DRR

From the 1960 s and 1970 s, a series of global efforts to address vulnerabilities and risks for disasters, consolidated in part by the United Nations (UN), has grown into a major field of study, cooperation and practice (United Nations General Assembly Resolution [UN GA Res.] 2717, 1970; UN GA Res. 2816, 1971; UN GA Res. 33/22, 1978). With what began as international technical cooperation (e.g. sharing insights from research using satellites and other technology to inform early-warning systems to prepare for and warn of impending disasters [UN GA Res. 2717, 1970]) grew into an international field demarcated by the UN designation of the 1990 s as the *'International Decade of Natural Disaster Reduction'* (UN GA Res. 42/169, 1987). During this time, there was a strong recognition that every country had responsibility to protect its people and infrastructure from the impact of natural disasters, but that *'those usually most affected by natural and other disasters are the poor and socially disadvantaged groups in developing countries as they are least equipped to cope with them'* (World Conference on Natural Disaster Reduction, 1994, p. 2). This challenge, framed by global *'interdependence'* with explicit language to mobilise financial resources, transformed the DRR field from mostly technical cooperation into more substantial international sustainable development interventions whereby nontechnical actors became increasingly involved to support the capacity building of low resource developing countries.

With lessons from over the 30 years of multilateral support of risk reduction including the 1990 – 1999 International Decade of Natural Disaster Reduction, the landmark Yokohama Strategy (World Conference on Natural Disaster Reduction, 1994), global interest, funding and action coalesced with the establishment of the UN Office for Disaster Risk Reduction (UNISDR) in 1999 to facilitate the implementation of an International Strategy for Disaster Reduction (UN GA Res. 56/195, 2002). This led to the formulation and international adoption of successive global frameworks for action to build 'resilience' to disasters: *Hyogo Framework for Action 2005– 2015: Building the resilience of nations and communities to disasters* and *Sendai Framework for Disaster Risk Reduction 2015 – 2030.*

MHPSS in the global DRR frameworks

While the Hyogo Framework acknowledged the need to address mental health and psychosocial consequences of disasters by calling for actions to *'enhance recovery schemes including psycho-social training programmes in order to mitigate the psychological damage of vulnerable populations, particularly children, in the*

aftermath of disasters' (UNISDR, 2005, p. 11), the subsequent Sendai Framework went further in specifying the need to *'enhance recovery schemes to provide psychosocial support and mental health services for all people in need'* (UNISDR, 2015, p. 22). It would be unfortunate if the brief language in the Sendai Framework was taken to imply the need for MHPSS efforts only in emergency settings that are limited to clinical, therapeutic and social support, rather than also encompassing the social considerations that must be incorporated across the full range of humanitarian activities to help protect and promote the mental health and psychosocial wellbeing of affected individuals and communities (Inter-Agency Standing Committee [IASC], 2007). In the absence of explicit reference to this important intersectoral dimension of MHPSS activity within the current Sendai Framework for Action, we feel it is important to make explicit how the promotion of MHPSS goals may be integrated into the full range of DRR activities; we believe this article may be helpful in advocating for this.

MHPSS is viewed typically as being relevant only to what are described as nonstructural measures (popularly referred to as *'software'*) in DRR terminology, and not to structural measures (or so called *'hardware'*). UNISDR (2009) describes nonstructural measures as *'any measure not involving physical construction that uses knowledge, practice or agreement to reduce risks and impacts, in particular through policies and laws, public awareness raising, training and education'* (p. 28). In the context of education, nonstructural measures could include: integration of DRR concepts into curricula; inclusion of students within hazard mapping activities; ensuring teachers are aware of and know how to use appropriate referral pathways to psychosocial services; or training school counsellors to provide psychological first aid. Structural measures, on the other hand, are defined by UNISDR (2009) as *'any physical construction to reduce or avoid possible impacts of hazards, or application of engineering*

techniques to achieve hazard resistance and resilience in structures or systems' (p. 28). In terms of education settings, structural measures might include: schools are built in safe sites where possible; strengthening or rebuilding of existing school physical infrastructure to be resilient to disasters; installation of early warning systems; or creating escape routes from potentially hazardous sites.

It is commonplace that implementation of structural measures and delivery of nonstructural DRR activities are kept both practically and conceptually separate. While they often involve different types of personnel, resources and processes, we will argue that there is a value in transcending the dichotomisation of DRR activities. Whilst the idea of integration of MHPSS considerations into other humanitarian sectors is not novel [the IASC (2007) guidelines explicitly advocate for this practice], this paper demonstrates how to apply this practice within the framework of DRR, with the hope that such an integrated approach will protect and promote mental health and psychosocial wellbeing.

Insights from the field of MHPSS about the underlying structural factors that may lead to particular individuals or groups being vulnerable to adversity and consequent psychosocial and mental health problems can be helpful in guiding the integration of MHPSS considerations into DRR activities. Although this paper does not address this, frameworks such as the core principles of the IASC *MHPSS Guidelines* (see Box 1) may provide a useful starting point to

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Box 1: Core principles of IASC MHPSS Guidelines (2007)
- Human rights and equity
- Participation
- Do no harm
- Building on available resources and capacities
- Integrated support systems

develop guidance in this regard for DRR activities.

DRR outcomes: resilience and wellbeing

It is clear that the field of DRR is focused primarily on building the resilience of systems — in communities and society — as the overarching outcome of its efforts (Mercy Corps, 2013; Save the Children, 2012; UNISDR, 2005; UNISDR, 2015). In fact, resilience is defined by UNISDR (2009) as *'the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions'* (p. 24).

Even as disaster resilience increasingly defines the goal for DRR work within the current global policy processes, we would suggest that it is useful to define wellbeing as another outcome for DRR activities that may be complementary to resilience, to ensure a clear focus and level of accountability in terms of the quality of life of the people affected or potentially affected by hazards or crises.

We acknowledge that resilience and wellbeing are not entirely distinct concepts, as indeed factors that engender resilience may also contribute to wellbeing. It is useful also to consider that the *'pathway'* from DRR interventions to wellbeing may be achieved both by strengthening of broader systems capacity (for resilience) that will, in turn, benefit the wellbeing of individuals and groups, as well as by directly targeting DRR actions to promote and protect more immediate determinants of wellbeing at a human level (which itself may then contribute to enhancing the resilience of systems).

In the sections that follow, we will describe an operational definition of *'wellbeing'* and draw on our work in the education sector of the Philippines to demonstrate how use of a wellbeing lens can be useful in design and implementation of DRR activities that contribute to the protection and promotion of the mental health and psychosocial wellbeing of affected individuals and communities. We found that this approach resonated well within the education sector, and we do see the relevance of incorporating *'wellbeing'* as the desired *human* outcome for the field of DRR more widely.

DRR for wellbeing

'Wellbeing' is a broad, multidimensional concept that must be understood through sociocultural, contextual and situational lenses (Psychosocial Assessment of Development and Humanitarian Interventions, 2009; White, 2009). It can be said that wellbeing is an outcome of access to resources from many domains (e.g. economic and material, cultural, social ecology, emotional, spiritual and cognitive, etc.) that are utilised by individuals (or families and communities) when responding to life circumstances, including the adversities of disaster. Given that disasters and crisis events often destroy or deplete the resources that help a person or group maintain their wellbeing, we would point to the relevance of DRR for sustaining wellbeing in the following ways: (i) DRR promotion and prevention activities in advance of a crisis event may bolster and protect resources that are key to wellbeing; and (ii) DRR response and recovery initiatives may provide (or revive) resources that help persons restore their overall wellbeing. We will provide examples of these activities later in this section, with respect to interventions in the education sector and beyond.

Whilst there are numerous excellent frameworks for wellbeing, for its simplicity and easy *'common-sense'* applicability with laypersons in diverse contexts, we chose to operationalise the concept of wellbeing using an adaptation of the Psychosocial Working Group's (PWG) (2003) framework for psychosocial wellbeing. In our chosen adaptation (Galappatti, 2003), the PWG

Events and Circumstances
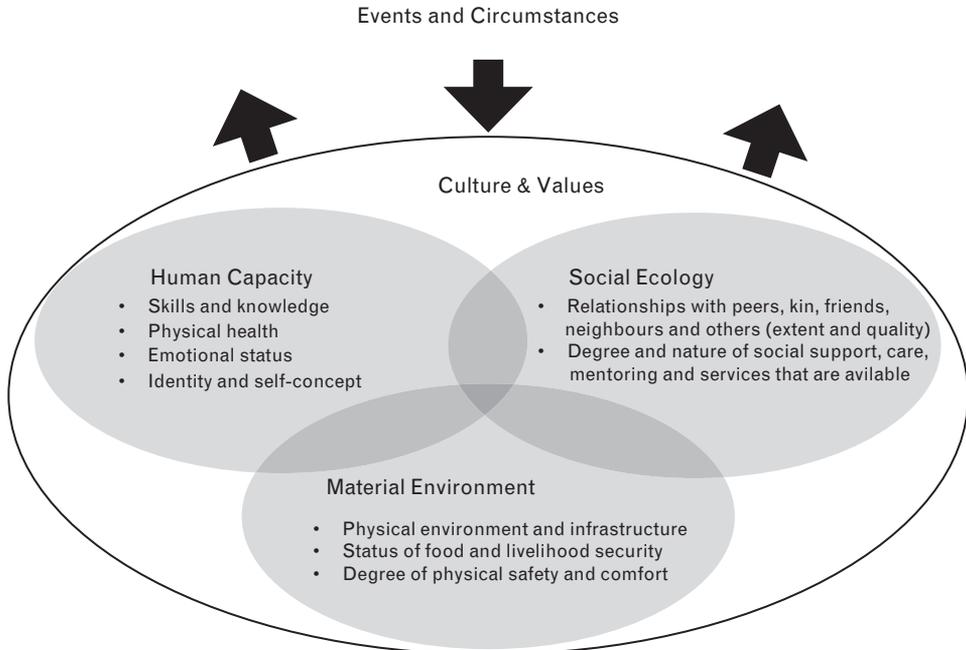
Adapted from Galappatti (2003) and Psychosocial Working Group (2003).

Figure 1: Wellbeing conceptual framework.

conceptual framework has been altered to now comprise of three domains: human capacity, social ecology, and material environment. These are all framed and experienced in terms of the cultural constructs and values of the relevant community or communities (Figure 1). There are relationships and overlaps between the domains of wellbeing, which are situated within a cultural context and impacted by events and circumstances.

This framework emphasises wellbeing as the human outcome of the access that individuals (or families and communities) may have to varied resources across multiple dimensions of life circumstance and personal status.

Whilst the ways in which disasters and crises destroy or deplete resources is common knowledge, the utilisation of a wellbeing framework to understand the relationship between these resources and wellbeing can be useful. For example, when working with

education personnel in the Philippines, the use of the above framework to map how disaster significantly impacted the wellbeing of students and teachers yielded the following from participants.

Human Capacity:
- Physical health: depletion of access to basic and life-saving health care, sanitary conditions, access to food, etc.
- Emotional status: the impact of the loss of housing, family, loved ones and friends.
- Identity/self-concept: family provider, student, loss of job (e.g. teacher); member of peer group.

Social Ecology:
- Relationships: disconnection with family, friends, peers.
- Services (if existing before): forms of support; venues for engagement (e.g. schooling).

Material Environment:
- Physical environment/infrastructure: loss of housing; school buildings damaged or destroyed.
- Food/livelihood: access to food; depletion of income generating activities; temporary evaporation of a marketplace.
- Physical safety/comfort: living in hazardous and condemned shelter; lack shelter or provisions to protect from inclement weather; access to safe toilets (especially for girls).

Importantly, it is also possible to use a wellbeing conceptual framework to inform DRR plans and guide the implementation of prevention, mitigation, preparedness, response and recovery activities in advance of or following crisis events to bolster and protect resources that are key to wellbeing. Integrating a wellbeing perspective to these DRR activities would typically take the form of 'value addition' in the process and content of these, explicitly aimed at enhancing resources across the wellbeing domains. Below, we describe some ways in which we tried to do this in our DRR education work in the Philippines in relation to the different stages of DDR activity (i.e. prevention and mitigation, preparedness, response and recovery).

DRR structural interventions to prevent and mitigate hazards obviously have the direct benefit of avoiding and/or reducing harm, thereby protecting resources vital to wellbeing from being destroyed or depleted (Markenson & Reynolds, 2006). In addition, the participation of children in structural prevention and mitigation activities or in nonstructural classroom based educational activities on related topic may each contribute to increasing sense of safety (reducing fears), capacity (builds knowledge and skills to address future/other hazards) and self-efficacy (sense of confidence in individual and collective capacity to cope), which all bolster internal emotional and cognitive resources important for wellbeing (i.e. human capacity). Examples of possible

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Box 2: Wellbeing checklist (to be used in preparing lesson plans on topics relevant to DRR)

1. Does the activity engage with pupil's own experiences [of past hazards] and realities?

2. Does the activity improve pupils' capacity for mutual support through practicing cooperative skills and fostering positive relationships?

3. Does the activity allow for expression or improving insights into pupils' own emotions or thoughts about a particular hazard or situation?

4. Does the activity enhance the pupil's ability to prevent, mitigate, prepare for, respond to or recover from hazard impacts?

5. Does the activity provide pupils an opportunity to develop a sense of mastery or control over a problem or potential hazard?

Ideally, a lesson plan should meet at least three criteria on the checklist (Galappatti & Richardson, 2015).

DRR activities that we explored with the Department of Education administration officials, school heads and teachers in the Philippines included engagement and discussion with children in relation to hazard mapping in their own schools and communities, as well as designing and adapting classroom based learning activities to explicitly address emotions, knowledge, skills and confidence in relation to potential hazards (Box 2).

Examples of school-based DRR and MHPSS integration

Participation of children in structural and nonstructural preparedness activities such as risk assessment, planning, DRR and management systems, early warning systems

and drills are aimed at increasing their human capacity to respond to hazards, and may enhance their sense of control and competence in the event of a disaster. They may also be used to bolster social ecology resources by strengthening social connections to others (e.g. peers, educators, administrators, community resource persons, etc.), which may be important mediators of well-being. In addition, the increased capacity of children to respond appropriately to crisis events will hopefully prevent actual harm to them, and thereby reduce the impact of disasters or crises on children and their well-being. In our work in schools, we emphasised the value of participatory and child-centred approaches (both of which are deeply resonant with MHPSS principles) in establishing, operationalising and practising preparedness measures, with an explicit concern on the development of children's sense of competence, agency and cooperative skills.

Response and recovery nonstructural activities may directly provide or restore resources and support that children require for wellbeing. For example, resumption of access to education and improving the quality and appropriateness of education (provide routine; resume peer contact; enable contact with supportive adults; support access to skills and knowledge that build capacity and enable healthy development) increase their human capacity and strengthen their social ecology. Similarly, structural DRR activities such as reconstruction and rehabilitation of school buildings and environment deal with current and future hazards by removing threats or mitigating them, improving their material environment. We emphasised to educators the need to prioritise approaches and activities associated with the resumption of education that were sensitive to the emotional dimensions of recent disaster experiences, helped build supportive and cooperative relationships and addressed practical barriers or challenges. We also

underscored the potential for children's engagement with reconstruction and rehabilitation activities, for example helping them to understand how school buildings were being rebuilt or reinforced in ways that would reduce vulnerability to future hazards — thereby potentially addressing fears that students may have in disaster affected schools.

Integration of MHPSS into DRR beyond the education sector

Whilst the work that is referenced in this paper was limited to the formal school system of the Philippines, it is obvious that government entities and civil society can integrate MHPSS concepts and approaches into DRR plans and mechanisms across a wide range of settings with the same intended outcome of protecting and promoting wellbeing.

For example, MHPSS perspectives may be valuable in shaping the design and implementation of prevention and mitigation activities, helping to ensure that the processes and outcomes of these are sensitive to potential impacts (both negative or positive) on the domains of human capacity, social ecology and material environment and helping to seek to enhance key resources within these domains where needed. This would be relevant whether in the introduction of new zoning laws for coastal areas at risk of tsunami hazards, in the implementation of projects to strengthen housing infrastructure to be hazard resistant or in community involvement in local government risk assessments and hazard mapping. Similarly, preparedness measures such as workplace drills for earthquakes or evacuation protocols for communities at risk of forest fires will benefit from attention to increasing the population's subjective sense of safety, sense of individual competence and collective capacity, and social connectedness in addition to simply focusing on physical safety and protection of material assets.

Conclusion

The framing of wellbeing as the human outcome for DRR activities offers a means of conceptualising the impact of DRR at the level of human experience and lives. The applicability of a wellbeing lens to both non-structural and structural measures within DRR resolves the dichotomy of these two categories, to reveal that they may both serve a shared goal. This approach also allows for the integration of MHPSS perspectives across the full spectrum of DRR activities, expanding on the brief (and potentially limited) framing of this in the Sendai Framework (UNISDR, 2015).

Implementing DRR activities with the explicit intention of bolstering resources for wellbeing can be understood in theory once the conceptual linkages have been made, but there will also be challenges in ensuring that those carrying out DRR activities will prioritise this, have the skills to do so or indeed can change conventional DRR practice. We recognise the need to have clear operational guidance and concrete monitoring and evaluation indicators in relation to specific DRR activities to ensure that these are, in fact, oriented towards enhancing human capacity, social ecology and material environment in ways that contribute to wellbeing.

Whilst the linkages between the fields of MHPSS and DRR are in an early stage of development, we believe that our attempt to outline a preliminary basis for how the objectives of the two fields may be combined in practice (and conceptually) might help move this process forward. The field of MHPSS has much to offer by way of perspectives and approaches that can amplify the impact of DRR activities on the wellbeing and quality of life of people who are at risk of experiencing hazards or disasters. It is also in the interest of the MHPSS field to invest further in ways and means of integrating with the fast growing, dynamic and increasingly influential field of DRR. Despite the growing recognition of the opportunity to '*build back better*' (World Health Organization, 2013) following emergencies, and acknowledgement of the need for preparedness in the IASC (2007) Guidelines, the field of MHPSS has yet to see the commitment of adequate resources and efforts in the areas of prevention, mitigation and preparedness. Closer collaboration and cooperation with the field of DRR may provide both the opportunity and inspiration to do so.

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