A Framework for Management of Mental Health and Psychosocial Support in Radiological and Nuclear Emergencies

Dr Zhanat CARR
Radiation and Health Programme

Dr Fahmy Hanna
Mental Health and Substance Use

Geneva, Switzerland

Mental Health and Psycho-social Effects of Emergencies and Disasters

- Almost all people affected by emergencies will experience psychological distress, which for most people will improve over time.

- The prevalence of common mental disorders such as depression and anxiety can double or more in crisis situation (disasters, conflicts, etc).

- One person in five affected in conflict setting is estimated to have depression, anxiety, post-traumatic stress disorder, and other conditions

- Despite their tragic nature and adverse effects on mental health, emergencies have shown to be opportunities to build or improve existing mental health systems for all people in need.

World Health Organization

Providing mental health support in health emergencies

- WHO co-chairs the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings that provides advice and support to organizations working in emergencies.

- WHO's advice and tools are used by largest international humanitarian organizations active in mental health. WHO and partners have published a range of practical tools and guidelines to meet the mental health needs of people affected by emergencies.

International System of Radiation Safety Norms and Standards for radiation EPR
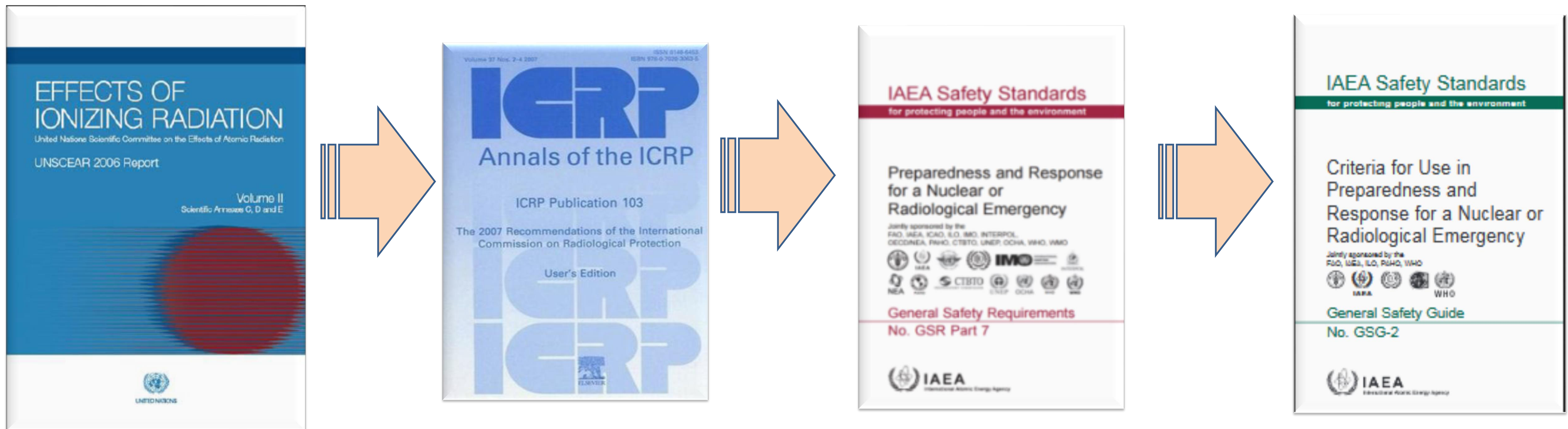
Existing international radiation safety standards (GSR Part 7, GSG-11) acknowledge the need to make provisions and address psycho-social impact of RN emergencies but do not offer practical guidance on how exactly these aspects should be addressed in practical terms.

![World Health Organization logo]

International Guidance, Normative and Policy Advice for mental health in emergencies and disasters
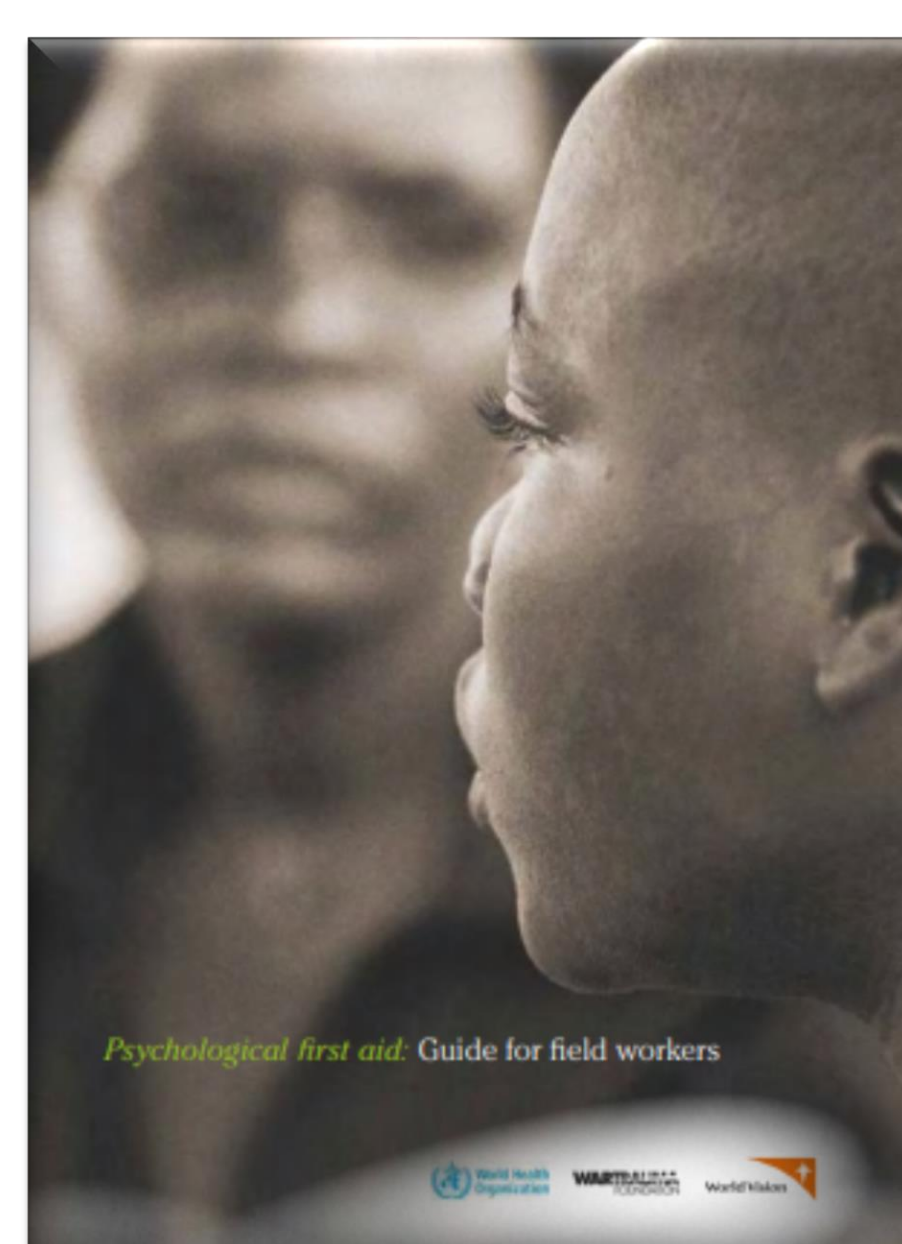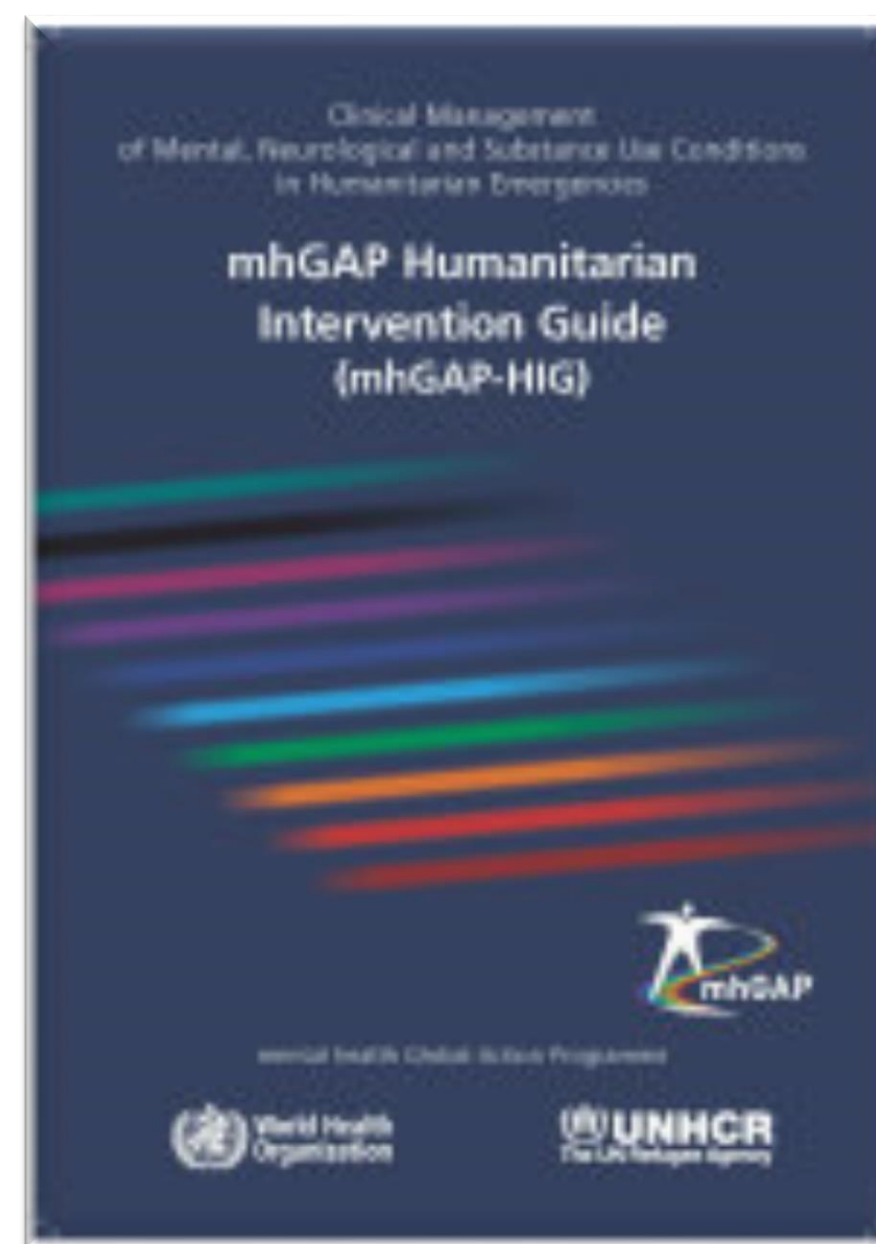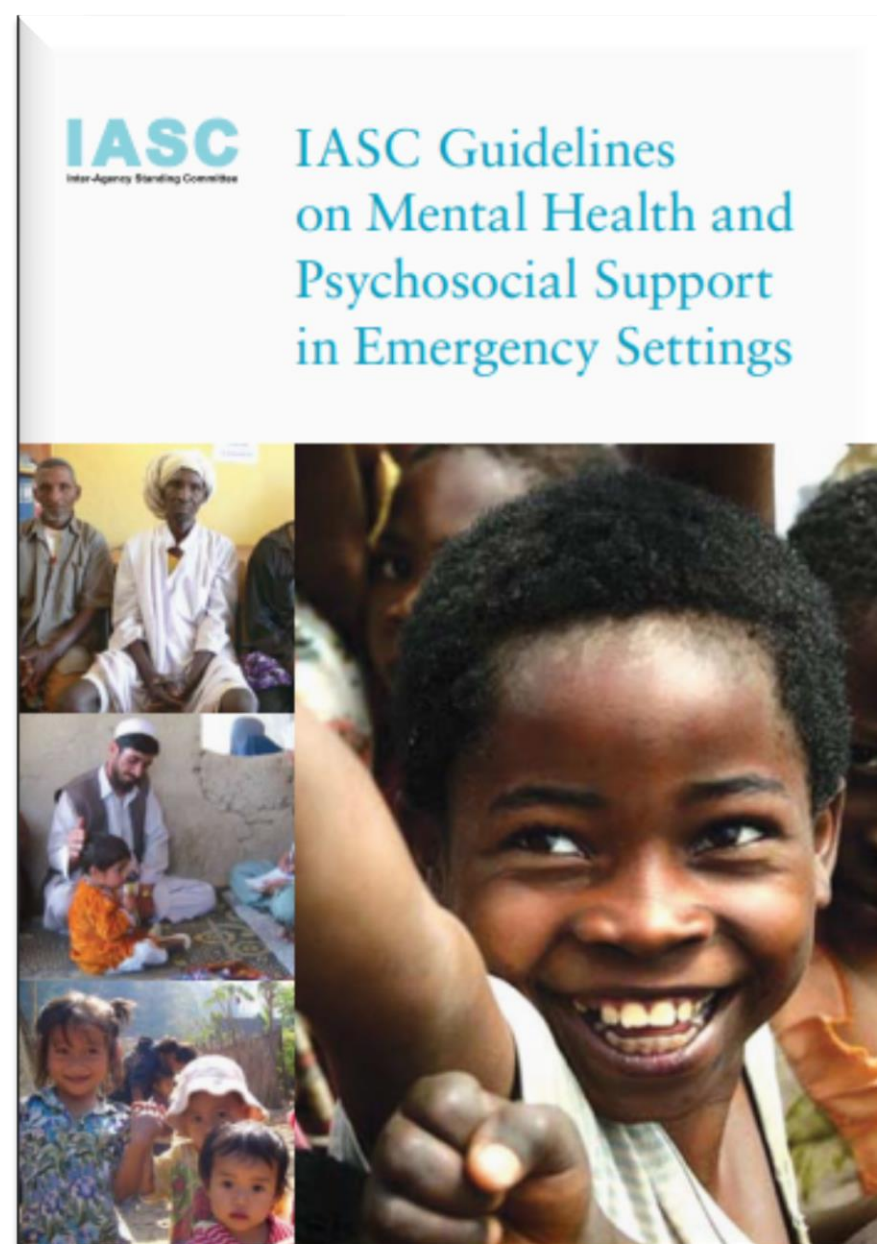
A wealth of resources developed for managing mental health impact of emergencies and disasters has been developed and is available at:
https://www.who.int/mental_health/resources/emergencies/en/

International System of Radiation Safety Standards and Guides of radiation emergency preparedness and response

How to integrate?

International Guidance, Normative and Policy Advice for mental health in emergencies and disasters

Creating a Momentum through Advocacy

- Publications in scientific journals (2016, 2018)

- Discussions with experts and specialists at various international fora:
  - Int. Symposium: Build Back Better: from the World to Fukushima, from Fukushima to the World, Jan 2019
  - Heads of European Radiation Competent Authorities (HERCA) WGE - Rome, March 2019
  - CRPPH annual meeting at the NEA/OECD – Paris, France, March 2019
  - The 17th NERIS Workshop – Roskilde, Denmark, April 2019
  - SHAMISEN-SING stakeholders workshop – Oslo, Norway, May 2019
  - RICOMET 2019 Conference – Barcelona, July 2019
  - China CDC training course on medical response to RN emergencies, – Oct 2019
  - IAEA's 9th meeting of EPRESC – Nov 2019
  - The 4th Int. Symposium of NTJU/RC in Hiroshima, Japan – Feb 2020

- Topical webinars
  - WHO webinar on mental health impact of nuclear emergencies – Apr 2019
  - Two joint NEA-WHO and BfS webinars in June and July 2020 on lessons of COVID-19

WHO-NEA cooperation on non-radiological health effects of radiation emergencies

- Working Party on Nuclear Emergency Matters (WPNEM) of the NEA/OECD and WHO agreed to develop a joint project addressing psycho-social impact on radiological and nuclear emergencies

- A two-phase project started in 2018
  - Phase 1: Development of a policy framework document based on existing WHO guidelines on mental health in emergencies (WHO-led task)
  - Phase 2: Development of practical arrangements to support emergency response planners and managers to provide tools for efficient mitigation of psychosocial impact (WPNEM-led task)
  -

MHPSS framework development timeline

- First round of pre-review amongst a small circle of experts Jan-Mar 2019.

- Draft updated and circulated for a broad peer-review in Jul 2019 with the deadline of 30 Sep 2019, extended to Oct.

- Discussed at the meeting of the NEA's EGNR in Paris in Nov 2019

- Incorporation of comments – Nov-Dec 2019

- Second round of reviews by core expert group and key stakeholders Jan-Mar 2020

- Incorporation of comments – Apr-May 202

- Graphics, layout – Mar-Jun 2020

- Additional technical editing – Jul-Aug 2020

- Typesetting, references check, copy-editing – Sep-Oct 2020

- Launch webinar – Nov 27, 2020

A FRAMEWORK for mental health and psychosocial support in radiological and nuclear emergencies
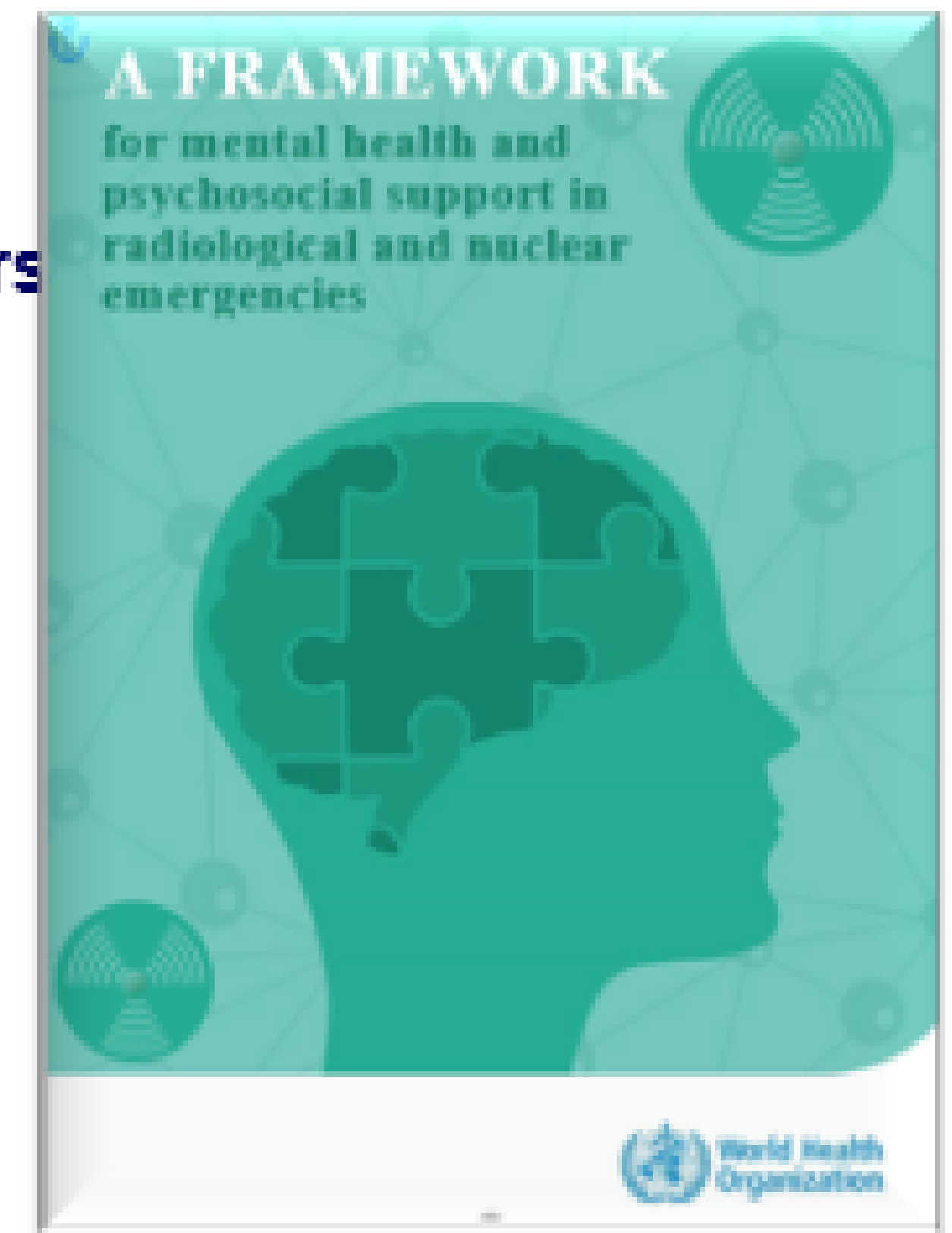
MHPSS Framework Structure

1. Introduction

2. Mental and psycho-social consequences of radiological and nuclear emergencies

3. Cross-cutting issues throughout the emergency cycle – 5Cs:

   - Coordination

   - Communication

   - Capacity building

   - Community engagement

   - Core ethical principles

Integration of MHPSS aspects in the radiation emergency cycle

    4. Preparedness

    5. Response
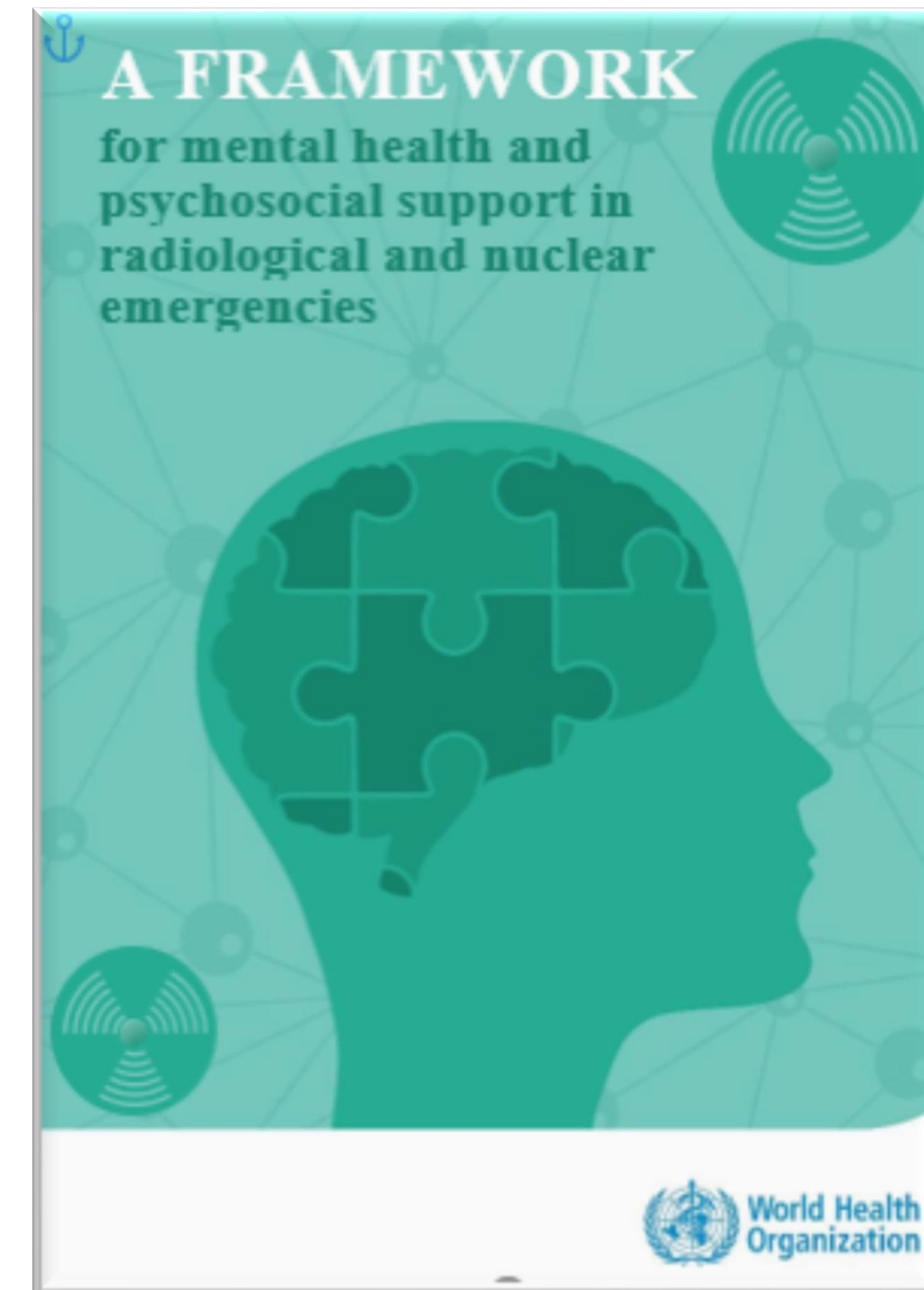
    6. Recovery

7. Challenges in implementation
   Research needs

8. Conclusions

References, Glossary

A FRAMEWORK
for mental health and
psychosocial support in
radiological and nuclear
emergencies

World Health Organization

MHPSS Framework: 5 Cs

World Health Organization

Cross-cutting MHPSS considerations for the entire emergency cycle: preparedness, response, and recovery

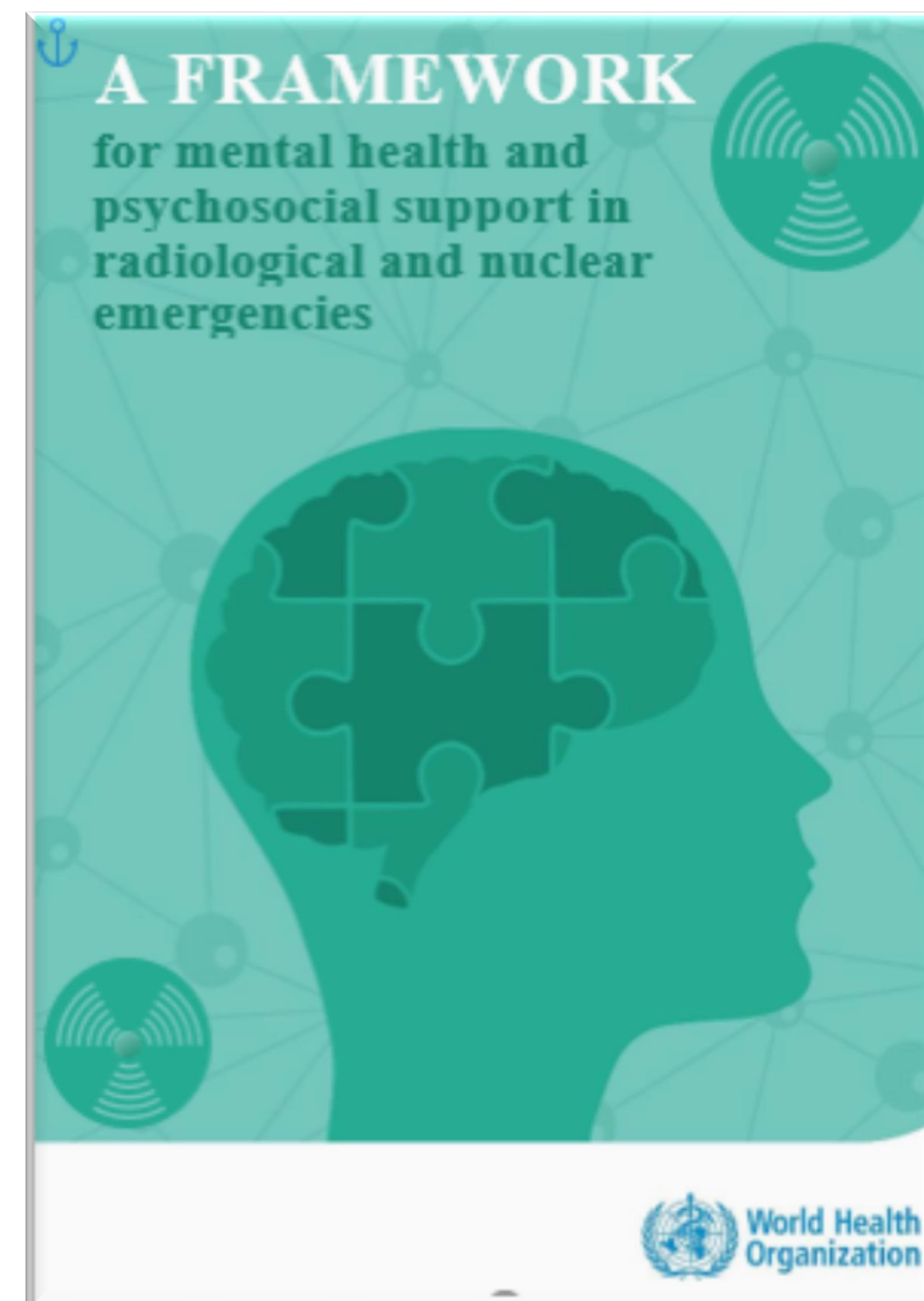|	
Coordination	• Coordination through inter-sectoral MHPSS working groups can guide action. • Coordination must involve functional lines of communication, clear operating procedures and agreed roles and responsibilities.
Communication	• Implementing emergency risk communication (ERC) strategies – developed during the preparedness stage and involving all stakeholders – increases the effectiveness of protective actions and can reduce fear. • ERC should include clear messaging about protective actions that is inclusive, adapted and disseminated by trained communicators who will listen to concerns.
Community Engagement	• Affected people should be viewed as leaders in designing and implementing MHPSS activities that build upon existing community support networks. • Emergency response planners should identify trusted community leaders and involve them in decision-making throughout the emergency cycle.
Capacity Building	• Health-care workers, first responders and MHPSS providers should be trained in basic psychosocial support and in basic radiation protection. • Policies and procedures should be established to support the mental health and well-being of first responders, clean-up and plant workers and health-care staff.
Core ethics	• Care must be taken to ensure the primacy of community needs and protection from exploitation, abuse and discrimination. • Local culture and values should be respected and confidentiality maintained.

A FRAMEWORK for mental health and psychosocial support in radiological and nuclear emergencies

World Health Organization

Fig. 1: Phases of radiation emergency cycle

NUCLEAR OR RADIOLOGICAL EMERGENCY/ EMERGENCY EXPOSURE SITUATION

PLANNED/EXISTING EXPOSURE SITUATION

PREPAREDNESS STAGE

Declaration of the emergency class

EMERGENCY RESPONSE PHASE

URGENT RESPONSE PHASE

EARLY RESPONSE PHASE

TRANSITION PHASE

Transition of the nuclear/radiological emergency

RECOVERY Long-term rehabilitation

4 | KEY ELEMENTS OF PLANNING FOR MHPSS IN RADIOLOGICAL OR NUCLEAR EMERGENCIES

5 | MHPSS CONSIDERATIONS DURING THE EMERGENCY RESPONSE PHASE

6 | MHPSS CONSIDERATIONS IN THE POST-EMERGENCY PHASE

MHPSS Framework Key Messages

World Health Organization

- Radiation emergencies have **unique mental health impacts.** Mental health and psychosocial consequences, such as fear, anxiety, emotional and behavioural changes, may outweigh the direct health impact of radiation exposure radiological or nuclear emergencies.

- **A public health** approach with an emphasis on MHPSS interventions is essential for planning and responding effectively to radiation emergencies and must include inter-disciplinary capacity building to ensure MHPSS is integrated within existing arrangements for response

- MHPSS interventions should be carried out while ensuring that **required emergency protective actions** are implemented to reduce the risk of radiation exposure.

- **Cross-sector coordination** between radiation protection and MHPSS actors, community engagement, targeted risk communication and applying core-ethics principles are crucial for preparedness, response and recovery after radiation emergencies.

- **Practical tools** need to be developed in order to promote the integration of MHPSS within existing radiation emergency preparedness plans and protection actions.

- **Research** is needed to further understand mental health vulnerability to radiation emergencies and strengthen the evidence base for appropriate MHPSS actions.

Contributors and reviewers

Graphics design, layout and editing