



## The NEA's view and contribution to advance the area of MHPSS

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## Why is the WHO Framework unique? (1/2)

### Recognition of mental health and psychosocial impacts of nuclear or radiological accidents

- Such effects were reported after all nuclear/radiological accidents (i.e. over several decades);
- Embedded into “non-radiological health effects” and recognized by all International Organisations, up to the level of international standards
- Manifest in individuals and communities in the form of mental health and psycho-social consequences associated with the impact of protective measures and medium- to long-term socio-economic disruptions
- Related to protective actions decisions and to lack of preparedness

*“The major health impacts that had been observed among the public and the workers were mental health problems and impaired social wellbeing”*

**(UNSCEAR, 2016. White paper).**

## Why is the WHO Framework unique? (2/2)

### But their mitigation in practice are still not developed

- Until this WHO publication, no comprehensive international framework has addressed this issue.
- The new WHO framework represents a major breakthrough and a first step bridging the gap between disaster risk reduction sector and radiological and nuclear EPR sector.
- WHO benefits from its wide experience within the Inter-Agency Standing Committee in elaborating guidelines for providing mental health and psychosocial support (MHPSS) in emergency settings.
- As a result, the new WHO framework will serve as a basis for developing derivative products – practical tools and solutions which can be readily integrated into an all-hazards approach for EPR.

## What is still missing?

### Ongoing work: Integration of MHPSS into Protective Action Decision-Making

- Develop methods for balancing direct health risks vs the indirect consequences of protective actions
- Consider impacts on the most vulnerable groups (e.g., children, elderly, hospitalised people)
- Provide more effective risk communication (e.g., provide people with knowledge on health risks from radiation exposure; know how to make the decision-making process consensual)
- Make the best use of international good practice of MHPSS operation and adapt them to improve national/local plans and procedures
- Integrate logistical aspects in preparedness
- Assess and Measure the efficacy of Mental Health and Psychosocial Support, through exercising; try to assess if national and community resilience are sufficiently developed

#### Lessons Learnt from Non-nuclear Crises



#### Making the most of practical experiences gained during past crises or disasters for improving mental health and psychosocial support in radiation emergencies

The OECD Nuclear Energy Agency (NEA), jointly with the World Health Organization (WHO), organised two interconnected web-based conferences to explore how the experience and lessons from non-nuclear crises, such as the COVID-19 pandemic, could help countries to improve Mental Health and Psychosocial Support (MHPSS) in the event of a nuclear or radiological emergency.

During these web events, held on 26 June and 10 July 2020, invited international experts shared their respective experiences, research findings and views on two main issues: 1) Mitigation of psychological impacts; and 2) Community engagement and resilience throughout the entire emergency cycle, from preparedness and response to recovery.

#### Balancing direct health risks against the indirect consequences of protective actions

Whatever the crisis or disaster, direct health consequences are caused by one or several primary stressors. Such circumstances trigger people's anxiety and worry about their health, family, and future. Implemented protective actions may act as secondary stressors that disrupt normal life, break down socio-economic networks, and increase mental health and psychosocial impacts. The damage resulting from this two-layer stressor impacting welfare have been commonly observed during past crises or disasters. Examples of this are the recent COVID-19 pandemic, natural or industrial disasters, and any of the past nuclear or radiological accidents. These commonalities provide reflections on how to utilise and leverage the existing WHO and Inter-Agency Standing Committee (IASC) guidelines and recommendations for managing mental health and psychosocial (MHPSS) consequences of emergencies and disasters. Further, they demonstrate the added value of disaster risk reduction strategies, and globally suggest to scale and harmonise practices across non-nuclear and nuclear sectors and across countries.

Mental health and psychosocial support is implemented via a multidisciplinary process of a multi-sectoral dimension. The all-hazards approach allows the incorporation of functional cross-sectoral links between various aspects of emergency impact on a society (e.g. health, environment, the economy, social and cultural aspects) whatever the emergency or crisis may be.

Managing mental health and psychosocial impacts of emergencies is a cross-cutting issue through all types of emergencies, disasters, and conflicts. Radiological or nuclear emergency preparedness, response, and recovery planners and managers should take this into consideration and seek close co-operation with stakeholders and response organisations dealing with non-nuclear emergencies, and use the existing approaches and tools.

- It is essential that staff and volunteers in response organisations are educated and trained in mental health and psychological support issues. Special focus for such education and training programmes should be placed on the multidisciplinary approach.
- Mental health effects and stressors differ between various population and age groups. These differences need to be better understood and quantified through assessments, and have to be integrated into preparedness, response and recovery plans. MHPSS should be accessible to all, without any kind of discrimination, especially towards the most vulnerable groups in the population.
- More research, with secured funding, involving experts from a wider range of disciplines (e.g. sociologist, cross-cultural experts including cultural psychologist) is needed to build evidence on the MHPSS intervention and preparedness operations.
- Risk and crisis communication is of paramount importance to mitigate mental health and psychosocial consequences of decision-making and requires special training for responders.
- Besides following global guidelines, international standards and good practice examples of MHPSS operation, each country should adjust their national and local plans and protocols based on the analysis of the regional and local cultural, social and economic environment.

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