

ACCESS TO SERVICE: MENTAL HEALTH IN CATASTROPHES AND EMERGENCIES



**WORLD MENTAL
HEALTH DAY 2025**



Presidents Message

Dear Friends in the World

The theme of this year's World Mental Health Day is “**Access to Services – Mental Health in Catastrophes and Emergencies.**” This theme seems highly opportune to the current global situation. The world news reports countless catastrophes and emergencies. How are these catastrophes and emergencies affecting the mental health of human beings? Is there sufficient access to services to sustain, if not improve, mental health?

If the catastrophes and emergencies are so pervasive, these phenomena must be deeply rooted in the essential natures of human beings. To counter the untoward effects of these essential natures, we need to mobilize the other fundamental natures of human beings that facilitate support, healing, and care for others.

The World Federation for Mental Health (WFMH) continues to be committed to achieving better mental health for human beings. To tackle the global issues, the WFMH needs to collaborate with its national & global partners.

Today, you are reading this message and plea. It would be wonderful if the WFMH could find a way to reach and collaborate with you tomorrow.

Tsuyoshi Akiyama

President

World Federation for Mental Health

Access To Services - Mental Health in Catastrophes and Emergencies Fact Sheet

Prof. Dr. Sabine Bährer-Kohler, President-Elect WFMH

- ❖ Millions of people worldwide were and are affected by catastrophes and emergencies.
- ❖ Nearly one-third of disaster-affected people may experience burdensome consequences in the mental health context.
- ❖ Mental health disorders caused by disasters and emergencies require special skills, knowledge and competences of professionals.
- ❖ International guidelines and reports recommend various activities, support forms and actions for providing mental health and psychosocial support (MHPSS) during emergencies.
- ❖ Mental health support in emergencies requires “a major rethink” of professionals and others.
- ❖ The effects of emergencies and catastrophes are varied and multifaceted. For affected people and for deployed helpers.
- ❖ This year's theme also serves to highlight that these are areas where mental health disorders can occur more frequently, that many of these affected people need professional mental health support, and that the necessary support must reach them.
- ❖ It is also the task of the WFMH to ask political leaders, social leaders and chairpersons at national and international level for substantial support for these people, so that humans have the best possible access to the necessary professional help. This requires advance planning for all types of crises and implementation in advance in the areas of education, further training and MH knowledge and competences.
- ❖ Constant exposure to trauma, coupled with the pressure of providing help under extreme and challenging conditions, can place an immense burden on mental well-being of all the professionals. The WFMH therefore calls for special attention and protection for these employees.

Mental Health in Emergencies

WHO, Mental health in emergencies
6 May 2025

Key facts

- Almost all people affected by emergencies experience psychological distress, which typically improves over time.
- One in five people (22%) who have experienced war or conflict in the previous 10 years has depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.
- Emergencies significantly disrupt mental health services and reduce the availability of quality care.
- People with severe mental health conditions are especially vulnerable during emergencies and need access to mental health care and other basic needs.

Overview

Every year, millions of people are affected by emergencies such as armed conflicts and natural disasters. These crises disrupt families, livelihoods and essential services, and significantly impact mental health. Nearly all those affected experience psychological distress. A minority go on to develop mental health conditions such as depression or post-traumatic stress disorder.

Emergencies can worsen mental health conditions and social issues such as poverty and discrimination. They can also contribute to new problems, such as family separation and harmful substance use.

International guidelines recommend various activities for providing mental health and psychosocial support (MHPSS) during emergencies, ranging from community self-help and communications to psychological first aid and clinical mental health care. Preparedness and integration with disaster risk reduction are essential to mitigate impacts. Countries can also use emergencies as opportunities to invest in mental health, leveraging the increased aid and attention they receive to develop better care systems for the long term.

Problems

Social problems

- **pre-existing** including poverty and discrimination against marginalized groups;
- **emergency-induced** including family separation, lack of safety, loss of livelihoods, disrupted social networks, low trust and reduced resources; and
- **humanitarian response-induced** including overcrowding, lack of privacy and undermining of community support.

Mental health problems

- **pre-existing** including mental health conditions such as depression, schizophrenia or harmful use of alcohol and other substances;
- **emergency-induced** including grief, acute stress reactions, harmful use of substances, depression, anxiety and post-traumatic stress disorder; and
- **humanitarian response-induced** including anxiety from a lack of information about how to get food or access basic services.

Problems obtaining mental health services

- **pre-existing** including limited access to quality, affordable mental health care;
- **emergency-induced** including damage to facilities, staff shortages, disrupted medicine supply chains, and surges in demand that overwhelm existing infrastructure; and
- **humanitarian response-induced** including lack of coordination and insufficient training for emergency responders.

Prevalence

Most people affected by emergencies experience feelings of anxiety, sadness, hopelessness, sleep issues, fatigue, irritability, anger or aches. This psychological distress usually improves over time, but some people go on to develop a mental health condition. An estimated 22% may have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia (1).

An estimated 13% of conflict-affected populations have mild forms of depression, anxiety and post-traumatic stress disorder, while moderate or severe mental disorders affect 9%.

In conflict-affected settings, depression increases with age and is more common in women. People with severe conditions are especially vulnerable during and after emergencies and need access to basic needs and clinical care.

Recommended actions

International guidelines on MHPSS recommend several actions to effectively prepare and respond to emergencies (2).

- Include MHPSS in all-sectoral emergency preparedness plans, including hazard and vulnerability assessments, capacity building plans, coordination mechanisms and contingency plans.
- Establish a cross-sectoral MHPSS Technical Working Group to coordinate activities in line with global guidelines.
- Strengthen community self-help and social supports, ensuring the involvement of vulnerable groups, including people with mental health conditions.
- Orient frontline workers in psychological first aid to provide emotional and practical support to people experiencing acute distress.
- Share key messages and service information to encourage positive coping and help-seeking.

- Offer clinical mental health care for priority conditions at general health facilities, using trained and supervised staff and evidence-based protocols such as the mhGAP Humanitarian Intervention Guide (mhGAP-HIG).
- Provide evidence-based psychological interventions for people impaired by prolonged distress. These should be provided by specialists or trained and supervised community workers.
- Protect and promote the rights of people with severe mental health conditions, including those living in institutions such as psychiatric hospitals, social care homes and rehabilitation clinics for substance use.
- Establish referral networks between mental health specialists, general health care providers, community supports and other relevant services (e.g. schools, social services and emergency relief services).

Building back better

Mental health is crucial to the social and economic recovery of individuals, communities and countries after emergencies. And despite the adversity they create, emergencies also offer opportunities to build better mental health systems – by leveraging the surge of aid and focused attention for long-term service development. Many countries have done just this, even in challenging circumstances.

- Syrian Arab Republic: despite ongoing conflict, mental health and psychosocial support services have expanded beyond hospital-based care and are now offered in primary and secondary health and social care facilities in more than 12 cities.
- Sri Lanka: the 2004 tsunami dramatically increased interest in mental health and mobilized resources for emergency mental health care. This facilitated broader national reform, supported by WHO, to address staff shortages and decentralize care. Today, every district in the country has mental health services infrastructure, compared with a third before the tsunami.
- Philippines: After Typhoon Haiyan in 2013, WHO and partners supported a major scale up of government mental health services in affected areas, training more than 1300 community workers and health-care providers across every general health facility in the assessment management of mental health conditions.

WHO response

WHO works globally to ensure that mental health emergency preparedness and response is both coordinated and effective, and that after emergencies, all efforts are made to strengthen mental health services for the long term.

WHO leads in providing technical advice on mental health in emergencies, operating in a range of countries and territories such as Afghanistan, Chad, the occupied Palestinian territory and Yemen. In 2024, WHO and partners supported the Ukrainian MHPSS operational roadmap, coordinating more than 250 actors and national authorities to significantly scale up mental health services.

In 2024, the World Health Assembly approved a resolution to strengthen MHPSS in all stages of emergencies and provide integrated, quality mental health services which are accessible to all. It urges Member States to implement the WHO Comprehensive Mental Health Action Plan 2013–2030, and make long-term investments in community-based services and cross-sectoral coordination.

WHO co-chairs the IASC MHPSS Reference Group, supporting organizations and technical working groups in more than 55 countries. Through this group, WHO also collaborates with the Standby Partners Network to rapidly deploy technical experts during significant and complex emergencies.

WHO works with diverse partners to develop tools and resources, including the MHPSS Minimum Services Package, which are widely used to improve the scale and quality of emergency mental health responses. WHO also builds capacities for MHPSS preparedness and disaster risk management, including by hosting global workshops that include first of their kind, full-scale multisectoral field-based simulation exercises.

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2. Mental Health and Psychosocial Support Minimum Services Package (MHPSS MSP). (<https://www.mhpssmsp.org/en>)

For Mental Health Providers: Working with People Affected by Disaster Events

National Center for PTSD

A range of challenges for people in your care may be present after disaster events, which can be natural or human-caused disasters, mass violence events, and public health emergencies like disease outbreaks, chemical spills, or radiation emergencies.

Common challenges after disaster events are ⁽¹⁾:

- Anxiety
- Distress associated with injury, illness, or loss
- Grief for those who may have lost a loved one
- Loss of income, housing instability, and food insecurity
- Childcare issues
- In the case of disease outbreaks, social distancing and/or quarantine to prevent the spread of infection
- Changes in social support and socializing

There are many ways that these challenges might affect people with existing mental health issues. For instance ⁽²⁾:

- Disaster events have been associated with posttraumatic stress symptoms, avoidance behaviors, frustration, and anger.
- Financial loss has also been shown to result in serious distress and risk for negative psychological symptoms such as anger and anxiety. Having to depend on families for financial support has been shown to be particularly difficult. It is a risk factor for conflict, PTSD, and depression.

You can help mitigate risk for people in your care by:

- Checking in with them regularly
- Providing accurate and up-to-date information related to the event
- Empathizing with stress reactions
- Fostering their ability to cope with distress
- Conveying that they *can* take meaningful steps to manage their stress reactions

How to Talk About Disaster Events

Mental health providers are well trained to help people manage their distress. Here are some additional suggestions for providing care in the context of disaster events:

- Stay informed regarding the disaster event so that you have the most up-to-date, reliable information to share.
- Begin by addressing the current context and tailor treatment to the person's specific context and stress reactions at each contact. By taking a person-centered approach, you can avoid making assumptions about how the person is reacting. For instance, people who are inclined to take preventive measures may feel validated and resilient, whereas others may experience negative reactions based on a variety of perceived stressors, such as:
 - Disagreement with recommended or imposed limitations on their activities
 - Insufficient financial, physical, or emotional resources for preparedness efforts
 - Potential reminders of past traumas or losses
 - Extended restriction of work, leisure, or social activities

- Loss of health, income, resources, family or friends, or normal routines
- Tailoring your comments to the person's specific reactions may help them feel validated and understood, which could increase motivation and sense of control. Here is some suggested language, with prompts for specific circumstances:
 - *"Before we get started today, I just want to check in with you to see how you are doing [in the current context of the event]; [since we spoke last]. What are the biggest stressors for you right now? What is helping you to cope with the current situation?"*
- If you are using a manualized protocol, you may need to ask the people in your care about their preferences and priorities, to determine how to proceed. You may choose to move forward with the existing course of treatment, modify or adapt it in some way, or take a break from prior presenting complaint(s) and focus on the current context. You might say:
 - *"Given what you just told me, let's talk about what makes the most sense for you right now. We could stay focused on our current course of treatment or stop the treatment for a bit and focus fully on helping you manage the reactions you are having now related to [the disaster event]. I don't want us to lose the progress we have been making, but I also want to make sure I am helping you in the best ways that I can. We could also just take a break for a session or two to focus on new skills that you could use and then come back to the specific treatment. What do you think might be most helpful?"*
- You can offer strategies to manage current stress reactions. For example:
 - *"It sounds like you would like some help managing your current stress reactions. We can definitely do that. There are many things we can try. Let's spend the next [number of] session(s) applying the skills you already have that might be useful and practicing some new skills as well."*
- You may also be affected by the event and may be facing the same challenges as people with whom you are working. While it is necessary to maintain appropriate clinical boundaries, limited acknowledgement of this shared experience may be appropriate. At the same time be careful not to assume that the people you are working with are having the same reactions to the situation that you are. Some suggested language is:
 - *"This is a really hard time for a lot of people right now. How are you doing?"*
 - *"It's taken some time to figure out how to work in these circumstances, but as the days go by, I am figuring it out. What challenges are you facing?"*
 - *"I also find that there are times when I get anxious thinking about the future. When this happens, I remind myself I try to Let's talk about what might be most helpful for you."*

Considerations About How to Modify Treatments

If you decide to move forward with an existing treatment mode, consider discussing potential modifications that map more closely onto your patients' current challenges ⁽³⁾. These modifications will be very specific to individual treatments. For example, in the context of providing Prolonged Exposure during a pandemic, you would not recommend that someone expose themselves to crowds when the Centers for Disease Control and Prevention (CDC) is recommending social distancing. This would be a great time to network with colleagues and see how they are adapting treatments.

The Skills for Psychological Recovery Field Operations Guide offers additional strategies for teaching simple disaster-related coping skills that have been found to be related to better recovery from adverse events. It may also be appropriate to spend some time discussing how the skills the person has been learning in their existing treatment can be helpful in managing their reactions. For instance, you might say:

- *"Let's take some time to apply the strategies we've been practicing to your reactions related to the what's going on now."*

The rest of the session could be devoted to using an existing model to help develop skills to manage both prior and current challenges by brainstorming ways to apply those skills to their current situation and then proceeding with the treatment protocol.

A Framework to Help Manage Reactions

There are 5 evidence-informed elements that have been shown to be related to better outcomes in situations of ongoing threat: increased sense of safety, calming, connectedness, self-efficacy, and hope (3). It is not necessary to have all elements in place, but implementing some of them may help patients deal with their stress. You can use the 5 elements framework to determine whether the person's current life conditions have had an impact on each of these elements. You can also ask about their preferred strategies for using the elements to improve current conditions. Here are some ways providers can help:

1. **Increasing sense of safety.** Finding ways to increase sense of safety can moderate biological reactions that create panicky feelings and make it hard to function. Help people increase their sense of safety by sharing trusted information and resources on how they can protect their health and well-being. Help them prepare for a range of possible scenarios.
2. **Cultivating ways to calm oneself.** In the face of a disaster, mass violence event, or public health emergency, calming is particularly important. Remaining overly anxious or grief-stricken can interfere with making decisions and taking care of oneself and others. Successful calming strategies may vary from one person to another. Here are some options you can suggest:
 - a. *Calming actions* such as breathing exercises, meditation, exercise, stretching, yoga, prayer, music, writing in a journal, or spending time outdoors.
 - b. *Engaging in satisfying or rewarding activities.*
 - c. *Reduction of unhelpful strategies* which seem to help in the short term but can make things worse in the long term. This includes exclusive reliance on alcohol to relax or excessive exposure to the news, particularly prior to sleep.
 - d. *Practice helpful, less extreme ways of thinking*, with the goal of modifying thoughts so that they are *both* realistic (i.e., "bad things might happen" rather than "bad things *will* happen") and helpful (adding to the thought, "but if they do, I can handle it with help.") For more information about how to help someone choose more helpful thoughts, see the Skills for Psychological Recovery Field Operations Guide.
3. **Staying connected with others as much as possible.** Social support has been found to be a strong protective factor in adverse life situations. Help people in your care increase their social support by suggesting flexible, creative, and feasible ways to access support, whether by community events, rebuilding activities, phone, email, text messaging, or video calls. At the same time, if tensions arise because of the need to shelter in place for long periods, as in a pandemic, conflict resolution principles may also be helpful.
4. **Improving sense of self-efficacy.** Self-efficacy is a feeling that one has the skills or resources to get through difficult times. In the context of a disaster event, help people enhance self-efficacy by suggesting they seek out mentoring or information to help make decisions and take actions, revise priorities and expectations, make concrete plans to

mitigate stress reactions, and set achievable goals. Specific to a public health emergency - such as a disease outbreak, chemical spill, or radiation emergency—encourage people to learn about the most common early warning signs of serious illness that require medical care.

5. **Remaining hopeful.** Hope has been defined by researchers as the expectation that things can work out, optimism about some aspect of the situation, or a connection with something greater than oneself. It is related to improved outcomes in extended threatening situations. Help people be more hopeful by reminding them to keep a long-term perspective while remaining focused on the present and the positive actions they can take in the moment. Paying attention to what inspires or increases gratitude has also been linked to better outcomes, as does making time for engaging in actions that support personal values, faith, or spirituality.

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Safeguarding the Right to Health in Crisis

OHCHR and the right to health

<https://www.ohchr.org/en/health/safeguarding-right-health-crisis>

The **right to physical and mental health** is most at risk in times of crisis when access to essential health services is most urgently needed. Armed conflicts, natural disasters, pandemics and humanitarian emergencies disrupt access to health and **mental health** services, **medicines, vaccines and other health products**, increase exposure to disease, disrupt treatments of chronic and **non-communicable diseases (NCDs)**, including **HIV and AIDS**, and place already fragile systems under enormous strain.

Displaced persons, women and girls, older persons, persons with disabilities and other persons and population groups who already face systemic inequalities often encounter compounded barriers to accessing healthcare, reflecting and reinforcing structural discrimination and exclusion. Upholding the right to health in crisis contexts requires targeted efforts to identify and address the specific risks and needs of these persons and groups to ensure the full realization of their right to health.

Natural disasters and related environmental emergencies, many of which are intensifying due to **climate change, pose serious risks to the right to health**. These events can damage healthcare infrastructure, disrupt the supply of essential resources like clean water, and inflict both physical and psychological trauma. The creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations are obligations under the right to health (see **CESCR General Comment 14**).

Pandemics such as COVID-19 have demonstrated how deeply public health emergencies affect the enjoyment of human rights, particularly the right to physical and mental health. Beyond the direct toll on life, pandemics strain health systems, disrupt essential services, and expose or deepen structural inequalities. A human rights-based approach is critical to ensuring that pandemic preparedness, prevention, response and recovery are inclusive, equitable, and accountable.

In recent years, attacks on health workers and healthcare facilities in conflict situations have dramatically increased, exacerbating existing access challenges and creating new, compounding barriers by hindering service delivery, disrupting supply chains, driving up prices, forcing the suspension of vaccination campaigns, and pushing persons and populations that are already at risk of right to health violations further out of reach of essential healthcare.

The long-term impacts of such attacks on the right to health are profound. They undermine the stability and functioning of entire health systems by damaging critical infrastructure, reducing health workforce capacity, and eroding public trust in institutions. Recognizing the severity of these violations, the United Nations Security Council in its **Resolution 2286 (2016)** not only condemned such attacks, but explicitly deplored the long-term consequences for civilian populations and health-care systems.

Crisis often disrupt not only access to healthcare services but also the underlying determinants of the right to health—such as safe **water and sanitation, adequate food, housing, education,**

healthy occupational conditions, and a **clean, healthy and sustainable environment**. When these elements are compromised, the right to health itself is undermined. The effects of such disruptions are rarely contained: they cascade across communities, deepen pre-existing inequalities, and impede recovery and development. The right to health in crisis settings is thus deeply interconnected with the realization of other **economic, social and cultural rights** as well as civil and political rights. A human rights-anchored approach is critical to capture and tackle the full scope of these interconnections.

OHCHR works to protect and promote the right to health before, during, and after crises — ensuring that responses are grounded in international human rights law, by:

- Monitoring and reporting on violations of the right to health in crisis situations;
- Strengthening accountability for attacks on healthcare and other health-related human rights violations;
- Engaging in country-level work to support rights-based health responses that reach those most at risk;
- Convening expert consultations and developing normative guidance to inform policy and practice;
- Advocating for inclusive, equitable and resilient health systems in crisis-affected contexts

Mental Health and Psychosocial Support in Emergencies

UNICEF

<https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies>

Children exposed to conflict, natural disasters and other humanitarian crises can suffer severe psychological and social consequences.

Millions of children around the world suffer unthinkable distress due to armed conflict, natural disasters and other humanitarian emergencies.

They may be forced to flee their homes; some separated from their parents and caregivers along the way. During conflict, they may endure staggering violence, severe injuries and the threat of recruitment into armed groups. Many are cut off from fundamental services like clean water, health care and education, especially as towns become militarized and communities divided.

Through it all, children often lack access to mental health and psychosocial support, with potentially devastating long-term effects.

Anxiety, depression and other stress-related problems threaten their ability to grow up healthy and happy. Violence can take a lifelong toll on their emotional health, physical health and social development. If exposed in early childhood, the experience can even hamper a child's brain development.

For adolescents, severe distress and exposure to traumatic events can lead to various harmful outcomes, including alcohol and drug abuse, low self-esteem, health issues, poor school performance, self-harm and suicide.

Children exposed to conflict face severe emotional stress that can result in lifelong mental health and psychosocial issues.

Failure to address mental health and psychosocial issues stalls a child's development and bars her from opportunities to participate meaningfully in society. All too often, children with mental health conditions suffer stigma, discrimination – even human rights violations. They may be excluded from their communities or exposed to further violence, including in the places they should be safest.

Crisis situations also put parents and caregivers under mental and psychosocial duress, which can prevent them from providing the protection, stability and nurturing care their children need during and after an emergency.

Mental health and psychosocial support (MHPSS) is essential for improving the well-being of children affected by humanitarian emergencies. UNICEF works around the world to strengthen the resilience of children and their families, and to help them cope with adversity during and after a crisis. We adapt our services to local contexts, listening to what communities identify as their priorities.

UNICEF creates nurturing environments that provide the conditions for a child's optimal development. We offer mental health and psychosocial support to children, adolescents, caregivers, families and the wider community through a range of interventions that meet their complex needs.

Children and adolescents

Alongside partners, we set up safe spaces that provide regular, structured activities to help children and adolescents develop skills to deal with crisis, solve problems, regulate their emotions, and form and maintain relationships. This could be through peer-to-peer groups, recreational activities, sports, and life-skills and vocational training.

We also work to address harmful behaviours and norms in order to reduce bullying, abuse, neglect, exploitation and violence. When needed, we provide direct individual support or refer children to further specialized care.

Caregivers and families

UNICEF helps parents and caregivers to develop the knowledge and skills to support children in distress. We raise awareness of the distress reactions that children may have during humanitarian crises, promote positive parenting knowledge and skills, and train parents and caregivers in supporting children with mental health conditions.

We strengthen family and community support networks, facilitating the inclusion and participation of vulnerable families in communal activities and holding peer support groups for mothers and fathers.

UNICEF also ensures parents and caregivers themselves are taken care of. We provide mental health and psychosocial support to teachers and focus care for distressed parents and caregivers through initiatives like Psychological First Aid, parent education programmes, and peer support groups. As needed, we offer specialized care to parents and caregivers with mental health issues.

Communities and partners

UNICEF works alongside community organizations to develop their capacity to support child and family well-being. Through activities like stigma-reduction campaigns and programmes that facilitate mental health care, we provide clear information about children's mental health and psychosocial needs to help communities take action.

Reaching the most vulnerable children and caregivers who have experienced severely distressing events requires collaboration across specialized mental health, protection, education, social service and other actors.

We help build the capacity of health, education, social services and other sectors to provide child and family-friendly mental health and psychosocial support services. We do this by facilitating child-friendly communication and spaces, along with other initiatives that help children and their families meaningfully shape the programmes that impact their well-being.

Recovering Emotionally from Disaster

American Psychological Association www.apa.org

Understanding the emotions and normal responses that follow a disaster, or other traumatic event can help you cope with your feelings, thoughts, and behaviors

Disasters such as hurricanes, earthquakes, transportation accidents, or wildfires are typically unexpected, sudden, and overwhelming. For many people, there are no outwardly visible signs of physical injury, but there can be nonetheless an emotional toll. It is common for people who have experienced disaster to have strong emotional reactions. Understanding responses to distressing events can help you cope effectively with your feelings, thoughts, and behaviors, and help you along the path to recovery.

What are common reactions and responses to disaster?

Following disaster, people frequently feel stunned, disoriented or unable to integrate distressing information. Once these initial reactions subside, people can experience a variety of thoughts and behaviors. Common responses can be:

- **Intense or unpredictable feelings.** You may be anxious, nervous, overwhelmed, or grief-stricken. You may also feel more irritable or moody than usual.
- **Changes to thoughts and behavior patterns.** You might have repeated and vivid memories of the event. These memories may occur for no apparent reason and may lead to physical reactions such as rapid heartbeat or sweating. It may be difficult to concentrate or make decisions. Sleep and eating patterns also can be disrupted—some people may overeat and oversleep, while others experience a loss of sleep and loss of appetite.
- **Sensitivity to environmental factors.** Sirens, loud noises, burning smells, or other environmental sensations may stimulate memories of the disaster creating heightened anxiety. These “triggers” may be accompanied by fears that the stressful event will be repeated.
- **Strained interpersonal relationships.** Increased conflict, such as more frequent disagreements with family members and coworkers, can occur. You might also become withdrawn, isolated, or disengaged from your usual social activities.
- **Stress-related physical symptoms.** Headaches, nausea, and chest pain may occur and could require medical attention. Preexisting medical conditions could be affected by disaster-related stress.

How do I cope?

Fortunately, research shows that most people are resilient and over time are able to bounce back from tragedy. It is common for people to experience stress in the immediate aftermath, but within a few months most people are able to resume functioning as they did prior to the disaster. It is important to remember that resilience and recovery are the norm, not prolonged distress.

There are a number of steps you can take to build emotional well-being and gain a sense of control following a disaster, including the following:

- **Give yourself time to adjust.** Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced and try to be patient with changes in your emotional state.
- **Ask for support from people who care about you and who will listen and empathize with your situation.** Social support is a key component to disaster recovery. Family and friends can be an important resource. You can find support and common ground from those who've also survived the disaster. You may also want to reach out to others not involved who may be able to provide greater support and objectivity.
- **Communicate your experience.** Express what you are feeling in whatever ways feel comfortable to you—such as talking with family or close friends, keeping a diary, or engaging in a creative activity (e.g., drawing, molding clay, etc.).
- **Find a local support group led by appropriately trained and experienced professionals.** Support groups are frequently available for survivors. Group discussion can help you realize that you are not alone in your reactions and emotions. Support group meetings can be especially helpful for people with limited personal support systems.
- **Engage in healthy behaviors to enhance your ability to cope with excessive stress.** Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs because they can be a numbing diversion that could detract from as well as delay active coping and moving forward from the disaster.
- **Establish or reestablish routines.** This can include eating meals at regular times, sleeping and waking on a regular cycle, or following an exercise program. Build in some positive routines to have something to look forward to during these distressing times, like pursuing a hobby, walking through an attractive park or neighborhood, or reading a good book.
- **Avoid making major life decisions.** Switching careers or jobs and other important decisions tend to be highly stressful in their own right and even harder to take on when you're recovering from a disaster.

When should I seek professional help?

If you notice persistent feelings of distress or hopelessness and you feel like you are barely able to get through your daily responsibilities and activities, consult with a licensed mental health professional such as a psychologist. Psychologists are trained to help people address emotional reactions to disaster such as disbelief, stress, anxiety, and grief and make a plan for moving forward.

American Psychological Association. (2013, August 15). *Recovering emotionally from disaster*. <https://www.apa.org/topics/disasters-response/recovering>

Warning Signs and Risk Factors for Emotional Distress

SAMHSA

www.samhsa.gov/mental-health/disaster-preparedness/warning-signs

It is common to feel stress symptoms before or after a crisis. Natural and human-caused disasters can have a devastating impact on people's lives because they sometimes cause physical injury, damage to property, or the loss of a home or place of employment. Anyone who sees or experiences this can be affected in some way.

Most stress symptoms are temporary and will resolve on their own in a fairly short amount of time. For some people, particularly at-risk populations, these symptoms may last for weeks or even months and may influence their relationships with families and friends.

Symptoms may include:

- Eating or sleeping too much or too little
- Anger, feeling edgy or lashing out at others
- Overwhelming sadness
- Pulling away from people and things
- Not connecting with others
- Lack of energy or always feeling tired
- Feeling like you have to keep busy
- Having unexplained aches and pains, such as constant stomach-aches or headaches
- Feeling helpless or hopeless
- Excessive smoking, drinking, or using drugs, including prescription medications
- Worrying a lot of the time; feeling guilty but not sure why
- Thinking of hurting or killing yourself or someone else
- Having difficulty re-adjusting to home or work life

Take care of yourself and your loved ones. Learn more about [coping with traumatic events and disasters](#).

Managing the Stress of Children After a Disaster

CSTS | Department of Psychiatry

If children have been directly exposed to death and destruction following a disaster, parents need to communicate with them through various stages. Immediately, physical safety and security takes priority. However, in the aftermath it is difficult to predict if/how children will be affected psychologically. The following management plan may help minimize later difficulties.

- Discuss your own reactions with another adult before talking with your children. Your response to the disaster will affect your child's response.
- Make time to be available for your child to talk or just spend time together.
- Every child has a different way of responding to trauma. It is not advisable to require the same response of everyone. Listen to your child's stories.
- Discuss the event in an open and honest manner with your children. Children might want to talk intermittently, and younger children might need concrete information to be repeated.
- Be available for your child.
- Engage your child in conversation of their choosing — not necessarily about their feelings or the scene. Talking about the normal events of life is central to health.
- Maintain daily routines and familiar schedules to the extent possible. Attending school, established family time, and bedtimes stories can be reassuring and help children to feel safe and normal.
- Limit the times of exposure to television or other sources on information about the disaster and its victims.
- Increase your child's sense of control and mastery within the household — let him or her plan dinner or the evening's activities.
- Reassure your children that the disaster was not their fault in any way.
- Help older children and adolescents understand their behavior and set limits for them. They too may feel stirred up.
- Tolerate and understand any return to old behaviors your children may exhibit. These may include a loss of toilet training or the inability to fall asleep alone.
- Help your child modulate the extent to which they personalize or identify with the victims or the situation. Remind your children that they are safe and with you.
- Provide concrete information to your child about how they differ from the people in the disaster event to decrease over-identifying with the victims.

Inter-Agency Standing Committee

<https://interagencystandingcommittee.org/>

Why is responding to Mental Health Psychosocial Support (MHPSS) needs important in emergencies?

Humanitarian emergencies cause widespread suffering, affecting people's mental health and psychosocial well-being. Affected populations experience a **range of stressors** that can have both immediate and long-term consequences.

These include exposure to violence, separation from or loss of loved ones, poor living conditions, poverty, food insecurity, loss of livelihoods and means of survival, physical injuries and illnesses and a lack of access to services such as health care, education and social care. Emergencies can also erode protective supports such as family and community networks and can lead to sudden changes in social roles and relationships.

Many people affected by emergencies experience **common reactions** such as difficulties with sleeping, fatigue, worry, anger and physical aches and pains. For most people, these problems are manageable and improve over time, but for others they impair daily functioning.

Mental health and psychosocial support services are often sparse even before a crisis occurs, and emergencies can disrupt the availability of services and people's access to them. People with **pre-existing mental health conditions** are at risk of relapse or deterioration, often face stigma and discrimination and need continued access to care and protection.

For **children**, adverse conditions in emergencies can disrupt cognitive, emotional, social and physical development, with enduring consequences for their future.

Effective MHPSS programming provides critical services and supports across the life course to reduce suffering and improve people's mental health and psychosocial well-being. This can lead to improvements in people's abilities to meet their basic needs to survive, recover and rebuild their lives.

The IASC Mental Health and Psychosocial Support Minimum Service Package (MHPSS MSP) outlines a set of activities across sectors, that are considered to be of the highest priority in meeting the immediate critical needs of emergency-affected populations. The MHPSS MSP is based on existing guidelines, available evidence and expert consensus.

The extent to which all MSP activities are implemented in a specific setting, depends on many factors such as existing capacities and available resources. However, even in resource-poor settings the MSP can provide major directions on what MHPSS activities to strive for.

Use of the MHPSS MSP is expected to lead to better-coordinated, more predictable and more equitable responses that make effective use of limited resources and thus improve the scale and quality of programming. This will ultimately result in substantially better mental health and psychosocial well-being for larger numbers of people.

The integration of MHPSS into emergency responses across sectors can enhance the impact of programming and can contribute to saving lives. MHPSS programmes can also help strengthen health, social and education systems in the longer term.

Please find here the links to the full document and additional material -

[The Mental Health and Psychosocial Support Minimum Service Package](#)

[IASC Community-Based Approaches to MHPSS Programmes: A Guidance Note](#)

[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007](#)

The goal of the MSP is contributing to reduced suffering and improved mental health and psychosocial well-being among populations affected by humanitarian crises.

RESOURCES and ORGANIZATIONS

Below you will find some resources and organizations that provide more information on mental health in catastrophes and emergencies. This is not an exhaustive list, but some of the many resources you can find on the subject.

[Psychological first aid: facilitator's manual for orienting field workers](#)

[Learn: Psychological First Aid \(PFA\) and Skills for Psychological Recovery \(SPR\)](#)

[Psychological First Aid: Field Operations Guide - PTSD: National Center for PTSD](#)

[Ensuring a Coordinated and effective mental health response in emergencies.WHO](#)

[mhGAP Humanitarian Intervention Guide - training of health-care providers.WHO](#)

[Psychiatry.org - Coping After Disaster](#)

[WHO Story of change in four countries](#)

[Children & Families — Center for the Study of Traumatic Stress](#)

[IOM Manual on Community-Based MH and Psychosocial Support in Emergencies and Displacement](#)

[IFRC Mental Health Matters](#)

www.internationalmedicalcorps.org

www.apa.org

www.mhanational.org

www.redcross.org

www.psychiatry.org

www.ifrc.org

www.who.int

www.doctorswithoutborders.org

www.unicef.org

www.savethechildren.net

www.directrelief.org

SAMPLE GENERAL MEDIA RELEASE FOR WORLD MENTAL HEALTH DAY 2019

FOR IMMEDIATE RELEASE Date: [Insert Release Date]

33rd ANNUAL WORLD MENTAL HEALTH DAY GLOBAL AWARENESS CAMPAIGN FOCUS: ACCESS TO CARE – MENTAL HEALTH IN CATASTROPHES AND EMERGENCIES

Natural disasters, armed conflicts, pandemics, and humanitarian crises continue to disrupt lives across the globe. Yet amid the rubble, trauma, and displacement, mental health care remains one of the most overlooked and underfunded components of emergency response.

This year, the World Federation for Mental Health (WFMH) calls attention to the urgent need for **accessible, culturally sensitive, and sustained mental health support** in the wake of catastrophes and emergencies. The 2025 campaign urges governments, NGOs, and health systems to prioritize mental health as a core element of disaster preparedness and recovery.

Mental health challenges in emergencies are not limited to post-traumatic stress. Individuals may experience anxiety, depression, grief, substance use, and psychosocial distress—often compounded by loss of housing, income, and community support. Vulnerable populations, including children, older adults, and those with pre-existing conditions, face heightened risks.

Despite growing awareness, access to care remains uneven. In many regions, mental health services are scarce or nonexistent during crises. Language barriers, stigma, and lack of trained personnel further hinder support. WFMH advocates for:

- Integration of mental health into emergency response frameworks
- Training of frontline workers in psychological first aid
- Community-based approaches that respect local cultures and resilience
- Investment in long-term recovery and trauma-informed care

World Mental Health Day 2025 is a call to action: mental health is not a luxury—it is a lifeline. As the global community faces increasingly complex emergencies, we must ensure that mental health care is available, accessible, and equitable for all.

WFMH invites media outlets, organizations, and individuals to amplify this message and support initiatives that bring mental health care to those who need it most.

The World Federation for Mental Health (WFMH) established World Mental Health Day in 1992; it is the only annual global awareness campaign to focus attention on specific aspects of mental health and mental disorders, and is now commemorated in over 90 countries on October 10 through local, regional and national World Mental Health Day commemorative events and programs.



2025 World Mental Health Day Proclamation

WHEREAS, the World Federation for Mental Health has designated “Access to Services: Mental Health in Catastrophes and Emergencies” as the primary focus of World Mental Health Day 2025; and

WHEREAS, catastrophic disasters and emergencies are complex, worldwide issues that affect people individually, families, and communities, disrupting their emotional wellbeing; and

WHEREAS, one in five people (22%) who have experienced war or conflict in the previous 10 years has depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia; and

WHEREAS, People with severe mental health conditions are more vulnerable during emergencies and need access to mental health care and other basic needs immediately.

NOW, THEREFORE, BE IT RESOLVED that I, _____, encourage all citizens of _____ to join in year-round efforts to:

- Increase awareness and preparation regarding the need for mental health services during emergencies and catastrophes to enable people to heal and prevent long term mental health issues.
- Protect the rights of people with severe mental health conditions, especially those that experience any natural or man-made emergency or catastrophic disaster.
- Encourage the implementation of strategies to reduce stigma and discrimination associated with being a consumer of mental health and substance abuse services.
- Promote the adoption of policies and funding needed to implement MHPSS interventions in all emergency situations and preparedness plans.
- Establish networks between mental health specialists, general health care providers, community support personnel and other relevant service workers to prepare for such emergency situations and keep the continuity of care for those experiencing trauma.
- Educate others on the essential needs of the mental health rescue workers by providing them with proper training, effective coping mechanisms, and a safe environment to recharge and maintain self-care so that they may continue to serve as front line caregivers in times of catastrophes and emergencies.

I urge all my fellow citizens to take part in the activities designed for the observance of WMHDay, October 10, 2025.

Signature

date

World Mental Health Day 2025 Proclamation
Mental Health in Catastrophes and Emergencies

(seal)



WORLD FEDERATION FOR MENTAL HEALTH

www.wfmh.global - www.wmhdofficial.com

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