The Crisis of Crisis Response: The Cultural Consequences of Global Mental Health Interventions

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Abstract:

The long-term mental health impacts of international disasters have been given increased attention in development recent years. However, development actors working in crisis response lack a unified framework for dealing with mental health. Current western crisis response strategies have little evidence of efficacy and might erase culturally relevant coping mechanisms.

Keywords: mental health, crisis response, international disaster

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Humanitarian responses to ecological disasters have begun to take a more integrated approach by giving focus to the "invisible human crisis" of mental health (Mollica, Kikuchi, Lavelle, & Allden, 1995). The impacts that disasters have on the mental health has slowly entered the consciousness of development practitioners, and mental health has started to take a more prominent position in crisis response (Tol, Bastin, Jordans, Minas, Souza, Weissbecker, & Ommeren, 2013). The increased attention and funding focused on the mental health impacts of global disasters represents a crucial step forward for the development field. However, despite these positive steps, there remains significant concerns about the cultural impacts of international mental health responses. By utilizing untested, ineffective, and culturally insensitive frameworks, crisis responders can create long-term negative impacts on the populations they seek to help.

The techniques for mental health crisis interventions vary significantly, though most strategies fit under the umbrella term of "psychological debriefing", which are generally defined by their rapid response and short-term nature (Gray, Maguen, & Litz 2004.). Still, this terminology does little to describe the specific methods used by mental health practitioners in post-disaster conflicts (Flannery & Everly, 2000). Partially due to this variance in methods, empirical evidence in the form of randomized control trials has be lacking. Practitioners have cited the support of expert opinion and the "logical soundness" of interventions to as justify continued application of psychological debriefing. The limited studies conducted for these techniques have not been positive, often showing little to no effect, and occasional increases in psychiatric distress (Fox Burkle, Bass, Pia, Epstein, & Markenson, 2012).

Despite this evidence for the ineffective or possibly adverse effects, these interventions continue a global scale.

The dangers of westernized mental health interventions around the world go beyond this potential lack of efficacy. Manifestations of stress following disasters differ greatly based on cultural, economic and religious contexts. Even within the United States, there is a large variance in prevalence and symptomology following disasters based on cultural and socioeconomic factors, as shown in the wake of Hurricane Andrew (Perilla, Norris, & Lavizzo, 2002). Despite this disaster occurring within the United States, practitioners faced difficulty addressing these cultural differences. The ability for western practitioners to account for even greater diversity around the globe remains dubious.

For mental health practitioners working in international settings to be effective, they must be capable enough to adjust their practice to local conditions and cultural conceptions of mental health. The current classifications of the DSM-V and the ICD-10, the two major diagnostic manuals for mental health, which recognize several non-western mental illnesses as "culturally-bound syndromes" makes such cultural competence unlikely (APA, 2013) (WHO, 1993). These classifications highlight an inherent belief that while certain illnesses are culturally bound, western classifications are globally relevant, and "western medicine is legitimate in all contexts" (Ommeren, Saxena & Saraceno, 2005).

Mental health practitioners have the critical capacity to shift how local populations perceive their own mental wellness. It should come as no surprise that survivors of traumatic events are in especially vulnerable positions, both psychologically and economically. Additionally, western practitioners have the capacity to distribute the political currency associated with being "legitimately" effected by trauma (Breslau, 2004). The inequality of power between western practitioners and the communities effected by disasters creates an environment where local conceptions of mental health and culturally relevant coping mechanisms can be rapidly destroyed. No matter how well-intentioned, mental health practitioners carry both specific assumptions surrounding mental illness and the capacity to erase coping mechanisms that might be more adaptive and beneficial to the local context.

It is impossible to measure what is lost when these interventions take place. We should remain critical of mental health interventions when there is little evidence of success besides the logic of interventions, especially when that logic does not fit within the correct cultural context. We have done little in attempt to understand local conceptions of mental health, nor to acknowledge the potential relevance and effectiveness of local coping mechanisms. The logic of utilizing psychological debriefing has left no room for local coping mechanisms, and has measured its effectiveness against a false scenario, one where communities don't have any other coping strategies in the face of disaster. To discount the inherent local ability to manage psychological distress after a disaster will likely spread westernized notions of mental illness (Walsh & Cross, 2013).

This is not to indicate that the mental health concerns of victims following a catastrophic event should be forgotten, nor that the international community should stay away from mental health treatment completely. The impacts that traumatic events have on populations are devastating and long-lasting, certainly constituting an "invisible human crisis" after the catastrophe has ceased (Mollica, et al., 1995). However, acknowledging the limits of our abilities to ameliorate the psychological effects of crises is quintessential to improving the lives of those effected. Over- reliance on the self-reported efficacy and "logic" of treatment have, at the very least, done a disservice to the populations that we seek to help.

Involving local actors is key to developing culturally relevant, localized curriculums that can be effectively used to enhance people's well-being after a disaster. Incorporating local conceptions of mental health, and including adaptive strategies that sensibly fit within that cultural context are necessary. Descilo et al., (2010) shows that in the wake of the tsunami in Southeast Asia in 2004, interventions that utilized yoga-breathing techniques were more effective than traditional "western strategies". The development field must continue to examine these culturally relevant strategies to create more effective practice.

With the threats of climate change, the sector of humanitarian assistance is becoming more crucial than ever. While the continued focus on the mental health impacts of global disasters is crucial, practitioners must address both their own practical limitations and the potential cultural impacts that they bring with them. Without

addressing these concerns, these well-intentioned actors will lose their ability to “do no harm”.

References:

American Psychiatric Association (2013), Diagnostic and statistical manual of mental disorders, 5th ed., pp. 833–837, ISBN 978-0-89042-554-1

Breslau, J. (2004). Introduction: cultures of trauma: Anthropological views of posttraumatic stress disorder in international health. *Culture, Medicine and Psychiatry, 28*(2), 113-126. doi:10.1023/b:medi.0000034421.07612.c8

Descilo, T., Vedamurtachar, A., Gerbarg, P. L., Nagaraja, D., Gangadhar, B. N., Damodaran, B., . . . Brown, R. P. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami. *Acta Psychiatrica Scandinavica, 121*(4), 289-300. doi:10.1111/j.1600-0447.2009.01466.x

Fox, J. H., Burkle, F. M., Bass, J., Pia, F. A., Epstein, J. L., & Markenson, D. (2012). The effectiveness of psychological first aid as a disaster intervention tool: Research analysis of peer-reviewed literature from 1990-2010. *Disaster Medicine and Public Health Preparedness, 6*(03), 247-252. doi:10.1001/dmp.2012.39

Flannery, F. B, & Everly, G. S. (2000). Crisis Intervention: A Review. *International Journal of Emergency Mental Health, 2*(2), 119-125.

Gray, M. J., Maguen, S., & Litz, B. T. (2004). Acute psychological impact of disaster and large-scale trauma: limitations of traditional interventions and future practice recommendations. *Prehospital and Disaster Medicine, 19*(01), 64-72. doi:10.1017/s1049023x00001497

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Ursano, R. J. (2009). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Focus, 7*(2), 221-242. doi:10.1176/foc.7.2.foc221

Mollica, R.F., Y. Kikuchi, J. Lavelle, & K. Allden (1995). The invisible human crisis: Mental health recommendations for the care of persons evacuated and displaced by the Hanshin-Awaji (Kobe) earthquake. Boston: Harvard Program in Refugee Trauma.

Ommeren, M.V., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: emerging consensus?. *Bulletin of the World Health OrganizationL 83*, 71-76.

Perilla, J. L., Norris, F. H., & Lavizzo, E. A. (2002). Ethnicity, culture, and disaster response: Identifying and explaining ethnic differences in PTSD six months after hurricane Andrew. *Journal of Social and Clinical Psychology, 21*(1), 20-45. doi:10.1521/jscp.21.1.20.22404

Tol, W. A., Bastin, P., Jordans, M. J., Minas, H., Souza, R., Weissbecker, I., & Ommeren, M. V. (2013). Mental Health and Psychosocial Support in Humanitarian Settings. Global Mental Health, 384-400. doi:10.1093/med/9780199920181.003.0017

Uhernik, J.A., & Husson, M.A. (2009). Psychological First Aid: An Evidence Informed Approach for Acute Disaster Behavioral Health Response.

Walsh, K., & Cross, W. (2013). Depression: Classification, Culture and the Westernisation of Mental Illness. Mood Disorders. doi:10.5772/54176

Watters, E. (2011). Crazy like us: the globalization of the American psyche. New York: Free Press. World Health Organization, 1993. Diagnostic criteria for research, p. 213–225