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Access to Services – Mental Health in Catastrophes and Emergencies

1. Introduction

The commemoration of World Mental Health Day (WMHD) on 10th October is aimed at creating public awareness to make mental health a global priority. The theme for World Mental Health Day 2025 is 'Access to Services – Mental Health in Catastrophes and Emergencies'. This focus highlights the critical need to ensure access to mental health support in disaster and emergency situations. The World Health Organization (WHO) emphasizes that "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 will experience psychological distress. A minority will go on to develop mental health conditions such as depression or post-traumatic stress disorder."[1]

This year's theme is particularly apposite given the current global situation, when the world news reports countless catastrophes and emergencies. Dr Tsuyoshi Akiyama, president of the World Foundation of Mental Health (WFMH) points out that "it is important to understand how these events affect the mental health of those affected by such trauma and if there is sufficient access to services to sustain, if not improve, mental health."[2] In times of crisis, mental health needs increase, but access to care is frequently disrupted. This year's theme aims to address the gap in services for people in the most vulnerable circumstances who require specialized mental health support. The WHO points out that "persons with mental health conditions and psychosocial needs are especially vulnerable to the impacts of armed conflicts, natural and human-caused disasters and health and other emergencies, and continue to be subject to widespread discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, neglect, unlawful and arbitrary deprivation of liberty, institutionalization, overmedicalization and treatment practices that fail to respect their human rights."[3]

2. Definition of Emergencies and Catastrophes

The WHO theme for 2025 uses both the terms 'emergency' and 'catastrophe'. An emergency is an urgent, unexpected, and usually dangerous situation that poses an immediate risk to health, life, property, or environment and requires immediate action. An emergency is usually localized in scale and can often be addressed with existing local resources such as fire and emergency services and medical assistance. A catastrophe is a much larger-scale event. It causes widespread damage, loss or suffering, often overwhelming not just local authorities but even regional or national systems.[4] The level of destruction is such that recovery is complicated, resources are stretched or exceeded, and there may be long-term consequences. There are major points of overlap between these terms, and what starts off as an emergency can have catastrophic consequences.

3. The Effects of Emergencies and Catastrophes

Individuals with pre-existing mental health conditions are particularly vulnerable during emergencies. The effects of emergencies and catastrophes are varied and multifaceted for both affected people and deployed responders. Mental health during emergencies is impacted by the high prevalence of psychological distress like anxiety and sadness, often due to traumatic events, loss and displacement. Most of these

reactions improve over time, but a significant portion of affected individuals may develop serious conditions. Emergencies can worsen mental health conditions and can compound pre-existing poverty and discrimination against marginalized groups.[5] Pre-existing mental health conditions, such as depression and schizophrenia, may be aggravated. Chronic medication essential to the treatment of these conditions may be unavailable and treatment interrupted. Most people affected by an emergency will experience normal reactions like anxiety, sadness, hopelessness, fatigue, irritability, anger, and physical aches. Mental health stressors, including family separation, lack of safety, loss of livelihoods, disrupted social networks, low trust and reduced resources, as well as humanitarian response-induced stressors, such as overcrowding and lack of privacy, are common.[6]

Nearly one-third of disaster-affected people may experience burdensome consequences in the mental health context. Emergency-induced symptoms include grief, acute stress reactions, harmful use of substances, depression, anxiety and Post-Traumatic Stress Disorder (PTSD). Furthermore, there is acute anxiety stemming from the chaos caused by the emergency, often including a lack of information about how to get food or to access basic services.[7] Overcrowding, food insecurity, discrimination, and other societal issues common in emergencies can increase risk.

As many as one in five people in conflict-affected settings develop mental health conditions such as depression, anxiety, PTSD, bipolar disorder, or schizophrenia, according to an analysis of 129 studies published in *The Lancet* – a United Kingdom-based peer-reviewed medical journal. These estimates suggest that exposure to conflict significantly increases the risk of severe mental health problems, highlighting a critical need for increased mental health support and services in these vulnerable populations.[8] Study author Mark van Ommeren emphasizes that "the new estimates, together with already available practical tools for helping people with mental health conditions in emergencies, add yet more weight to the argument for immediate and sustained investment, so that mental and psychosocial support is made available to all people in need living through conflict and its aftermath." [9]

4. Services Provided

Mental health care during an emergency involves a tiered approach, starting with basic support for everyone affected and moving toward specialized care for those with special needs. The internationally recognized framework for this is Mental Health and Psychosocial Support (MHPSS), which aims to address a wide range of psychological and social issues caused by disasters and crises. Continuity of care is a priority for people with pre-existing conditions, who are especially vulnerable in emergencies. MHPSS interventions are organized into a pyramid, ensuring different levels of care are provided to the population based on their particular needs. MHPSS activities from different agencies must be co-ordinated to avoid duplication. An effective response strengthens existing community support and local capacities, rather than replacing them. Mental health support should be a component of all humanitarian interventions including health, education and protection services. Priority should be given to particularly vulnerable groups including children, older persons, those with disabilities, and pregnant women, as they are disproportionately affected in times of crisis. For children who are living in parts of the world struggling with war, extreme violence and poverty, play has offered much-needed reprieve and comfort to children.[10] According to child psychologists, play "helps them manage stress, express their emotions and regain a sense of control and normalcy when there's little safety and stability."[11]

Humanitarian responses should include mental health support at different levels, from basic services to clinical care, integrated within other essential sectors like health and protection. At the same time, emergencies also provide opportunities for innovation, including community-based delivery models and digital health platforms, which can strengthen resilience if integrated into long-term health system planning. In 2024, the World Health Assembly approved a resolution to strengthen MHPSS in all stages of emergencies and to provide integrated, quality mental health services which are accessible to all.[12] It urges member states to implement the WHO Comprehensive Mental Health Action Plan 2013-2030 and to make long-term investments in community-based services and cross-sectoral co-ordination.[13] It seeks to improve the quality of humanitarian response in situations of disaster and conflict, and to enhance

the accountability of the humanitarian system to disaster-affected people. The guidelines call for mental health and psychosocial support services and activities to be implemented in a way that is co-ordinated, evidence-based, participatory, and integrated, and which avoids harm and builds on existing resources and capacities.[14]

5. Psychological First Aid (PFA)

PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. It does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. "Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (e.g. physical, psychological, behavioural, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders".[15] PFA involves humane, supportive and practical help during and after serious crisis events. It provides a framework for supporting people in ways that respect their dignity, culture and abilities. It covers both social and psychological support and is part of an integrated strategy to provide initial support to people in crisis, focusing on safety, calm, connection and hope.[16] Organizations like the WHO work to ensure that mental health responses are co-ordinated and effective by providing guidelines and intervention tools as well as recommending a range of actions for both preparing for, and responding to, mental health needs in emergencies.

Frontline workers in PFA should be trained to provide emotional and practical support to people experiencing acute distress.[17] Core PFA actions include enhancing immediate and ongoing safety; providing physical and emotional comfort; calming and reassuring emotionally overwhelmed or disoriented survivors; identifying immediate needs and concerns; establishing contacts with primary support persons; providing information about stress reactions and coping in order to reduce distress and promote adaptive functioning, as well as providing linkages with collaborative services. The WHO emphasizes that especial "care must be taken to 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."[18]

6. Building Back Better

Despite the adversity they create, emergencies also offer opportunities to build better mental health systems.[19] They often trigger a surge of national and international aid, create focused attention on mental well-being, and provide a platform for long-term reform and service development that otherwise might not occur. This 'building back better' approach uses the crisis as a catalyst to improve and expand mental health services for all, often by integrating them into primary healthcare and social services, and training more community workers.[20] The high visibility of a crisis can increase public awareness and political will to address mental health needs, which is essential for driving systemic change. However, as external aid inevitably fades, the affected population's long-term mental health needs become more visible. This is a critical period for mental health system reform, as the existing infrastructure is often overwhelmed and unprepared for the sustained demand. Effective post-disaster mental health care extends beyond treating psychiatric disorders to addressing the social determinants of health that affect well-being. This includes a focus on strengthening community ties, promoting economic recovery, and restoring a sense of safety and normalcy.

7. Care for Caregivers

Mental health disorders caused by disasters and emergencies require special skills, knowledge and competences of professionals. International guidelines and reports recommend various activities, forms of support, and actions for providing MHPSS during emergencies. Aid workers' constant exposure to trauma, coupled with the pressure of providing help under extreme and challenging conditions, can place an immense burden on their mental well-being. The WFMH therefore calls for special attention and protection for these employees.[21] Exposure to violence, loss, displacement, and other stressful events are significant risk factors. Support for aid workers encompasses organizational initiatives, resources, and personal strategies aimed at ensuring their safety, security, and well-being. Given the high-stress, dangerous, and often traumatic environments aid workers

operate in, organizations have a 'duty of care' to provide robust support. This includes addressing physical risks as well as significant psychological and mental health challenges. Prioritising mental health in humanitarian work reflects the strength and resilience required to operate in complex, high-pressure environments. Supporting mental well-being means giving teams the tools they need to sustain that strength over time.[22] Incorporating specialized training and debriefing into preparedness and recovery plans is essential for building a resilient response network.

8. Conclusion

According to the Peace Research Institute Oslo's *Conflict Trends: A Global Overview,* a staggering 61 conflicts were recorded across 36 countries in 2024. "The world is experiencing a surge in violence not seen since the post-World War II era. 2024 marked a grim new record: the highest number of state-based armed conflicts in over seven decades".[23] Unresolved regional tensions, a breakdown in the rule of law, absent or co-opted state institutions, illicit economic gain, and the scarcity of resources exacerbated by climate change, have become the dominant drivers of conflict.[24] Climate change is causing an increasing frequency and severity of extreme weather events which disproportionately impact vulnerable populations and strain healthcare systems. Furthermore, the first half of 2025 has proven to be among the costliest ever in terms of economic losses caused by extreme events.[25]

Mental health and psychosocial well-being are critical to the survival, recovery and daily functioning of people affected by armed conflicts, natural and human-caused disasters, as well as health and other emergencies.[26] This year's theme highlights that emergencies and catastrophes are areas where mental health disorders can occur more frequently, that many of these affected people need professional mental health support, and that every effort must be made for the necessary support to reach them.

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[2] https://wmhdofficial.com/message-from-the-wfmh-president-2/

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[8] https://news.un.org/en/story/2019/06/1040281

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[10] https://www.npr.org/sections/goats-and-soda/2025/10/05/g-s1-90311/children-play-war-refugees-games?utm_source=Bhekisisa+in+your+inbox&utm_campaign=4e1d23341d-

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[12] https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R3-en.pdf

[13] The WHO's *Comprehensive Mental Health Action Plan 2013–2030* is an internationally endorsed framework that guides countries on how to promote mental health and well-being. It is an updated version of the original 2013–2020 plan, which was extended and updated in 2019 and 2021 to align with the United Nations Sustainable Development Goals.

[14] https://www2.kznhealth.gov.za/mental/covid19/MHPSS/2019_MHPSS_toolkit.pdf

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[18] https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies

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[26] https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R3-en.pdf