

Chapter 5.1 - Disaster Mental Health Research

Hello and welcome to this podcast in our audio series for the WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management. I'm Dr. Elizabeth Newnham and I'm one of the authors of Chapter 5.1, titled *Disaster Mental Health Research*, which discusses the special topic of conducting rigorous mental health research in Health EDRM.

The mental health effects of disasters are vast and impact people in different ways. Fear, horror, sadness, confusion and grief are all natural reactions to trauma, which often dissipate in the weeks and months following the event. Long-term psychological impacts can include depression, anxiety, anger, and post-traumatic stress disorder, or PTSD. However, despite the severity of the mental health consequences of disasters and high levels of need across communities, this area has been relatively neglected in Health EDRM research in the past. We hope that our chapter will help to highlight the importance of disaster mental health research and encourage new and innovative research studies in this area.

Disaster mental health research utilizes a range of methods, spanning quantitative, qualitative and mixed method approaches. Quantitative research may focus on the prevalence of mental health issues, their correlates, symptom course and the effects of intervention, using whichever study design is most appropriate to the topic being investigated. Design may include cross-sectional surveys, longitudinal studies, monitoring and evaluation methods, and randomized trials. Qualitative research uses methods such as the collection of narrative or interview data to explore meanings and relationships and might be used to investigate sensitive topics related to mental health.

Inclusivity and representation are important aspects of disaster mental health research. One approach that promotes this is participatory action research, or PAR, which is a way to engage study participants in active co-researcher roles. This approach disrupts the power imbalance between researchers and participants by fostering ownership of the process within the community and supporting innovative, inclusive and meaningful outcomes.

One excellent example of applying PAR in research is the *Beyond Bushfires: Community Resilience and Recovery* study in Australia, which was led by Professor Lisa Gibbs, a co-author on this chapter. The Beyond Bushfires study was conducted over 10 years, following the devastating February 2009 bushfires in Victoria. The 25 rural community study sites were chosen to represent high, medium and low-impact areas affected by the bushfires. And, rather than including just a few community spokespersons in the decision-making, the study involved a wide range of individuals and organizations. Researchers gathered input through community visits, local meetings, chats and seminars, which resulted in community influence on study decision-making occurring at all stages of the research process. The relevance and impact of the findings were greatly enhanced by this approach, and showed that, when done with genuine commitment, PAR can have great value for all those involved.

Finally, the chapter discusses some key factors to consider when working with disaster-affected populations in the context of mental health. Mental health researchers must be particularly mindful when working with traumatized populations and ensure that they do not exacerbate the participants' stress, irritation and fatigue, or contribute in any way to further trauma. It's also important to consider the stigma associated with mental illness in some communities, and strive to use the opportunity to reduce stigma rather than reinforce stereotypes. Another consideration is the role that culture plays in the expression of distress. Culture will influence both the experience and the communication of distress, and thus it's important that researchers are familiar with cultural expressions, expectations, and understandings. It is critical that mental health research considers systemic and structural influences when interpreting the effects for gender, age, disability, marginalized and colonized populations, and groups affected by social determinants of health. Lastly, establishing successful research partnerships is vital for field-based research and requires effective communication, trust and shared vision.

Thanks for listening to this brief introduction to our Chapter 5.1 in the WHO Guidance on Research Methods for Health EDRM. For more information, you can access this chapter for free on the WHO Knowledge Hub website, along with details of further readings in this topic area and other helpful resources.

Thank you and goodbye for now.