



WORLD CONGRESS  
**Mental Health 2022**  
LONDON

“Mental health:  
a global priority”

June 28<sup>th</sup> – July 1<sup>st</sup>, 2022

Central Hall Westminster  
Storey's Gate - London - SW1H 9NH

EACCME applied for



PLENARY SESSION I	
Event Code: LEE22-00523 World Mental Health Congress London Mental Health a Global Priority, London, UK 28/06/2022-01/07/2022	
<b>Your details</b> (as you want them listed in the programme)	Thomas Jamieson-Craig
<b>Date and time of your plenary session</b>	Wednesday 29 June 2022 08.30-10.10 hrs Overall Session Theme: Citizenship
<b>Duration</b>	20 mins
<b>Proposed title</b> (please complete)	Disaster and mental health – the role of social psychiatry
<b>Learning Objectives</b> (please complete)	<ol style="list-style-type: none"><li>1. To understand the impact of social and cultural factors on mental health responses to disasters</li><li>2. How social psychiatry can contribute to effective implementation of disaster relief</li></ol>
<b>Abstract</b> (max 500 words)	<p>This presentation emphasises an eco-social perspective to disaster responding, based on an awareness of local social and cultural factors likely to influence the delivery and receipt of the assistance intended to strengthen and rebuild the social infrastructure that will ultimately effect recovery.</p> <p>Disasters may be natural or man-made, localised or widespread and cause serious economic, environmental and human losses. Human-caused (or human-attributed) disasters cause more psychiatric morbidity than natural disasters possibly because they can be attributed to governance failures and are often followed by civil unrest. The impact on mental health may be more severe in developing countries that lack key infrastructure and resources or where prior governance is mired in corruption. Although a disaster may affect an entire community, the impact on individuals varies according to personal and collective vulnerabilities and resources. Post traumatic stress occurs in as many as 40% of those directly involved including some rescue workers and (later) depression is associated with social losses (immediate family but also neighbourhood networks). Local communities with strong pre-existing social capital fare better than those where this is absent. The first response to disaster management is necessarily material – ensuring people have shelter, food and clothing but promoting a sense of self- and collective efficacy, connectedness and hope are also important. Social psychiatrists have a role, working alongside colleagues from the affected society, in training front-line aid workers in the basic skills needed to provide psychological first aid, including the importance of maintaining a calm presence, providing practical assistance and recognising mental health problems that may need to be referred to professionals. Social psychiatry also teaches the importance of helping to re- unite separated family ties and key social connections. In the face of a disaster that is not too destructive of the social fabric, much can be done by mobilising community solidarity and mutual support.</p>
<b>Key references or</b>	<ol style="list-style-type: none"><li>1. Saja A, Goonetilleke A, Teo M, Ziyath (2019) A critical review of social</li></ol>



**resources**  
(maximum five)

- resilience assessment frameworks in disaster management. Int J Disaster Risk Reduction 335: 101096
2. Kwok A et al 2018 A bottom-up approach to developing a neighbourhood-based resilience measurement framework. Disaster prevention and Management 27:255-70