

Cognitive Well-Being and Psychological Assistance after Disasters in Southeast Asia

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Received: 25- June -2023

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Revised: 08- July -2023

Accepted: 17- August -2023

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Abstract

Background: The cause of Disaster Risk Reduction (DRR) has become more prominent in the realm of disaster and emergency management. Although its precise degree is unknown, this trend can be seen throughout the Mental Health and Psychosocial Support (MHPSS) sector.

Objective: This study suggested the use of psychological support for cognitive well-being in south Asia after disaster.

Methods: A variety of approaches was used to collect data for a study. This strategy involved a mapping exercise where MHPSS actors were asked to provide pertinent paperwork and project descriptions. Between January and November of this year, we completed the mapping project. The majority of the found materials focused on strengthening systems and creating capacity, building resilience and school and child-focused DRR, inclusive DRR, policy development, consensus building, awareness rising, and information dissemination.

Result: The results also showed that formal descriptions, structures, or instructions for integrating MHPSS and DRR are not universally agreed upon. The empirical evidence and existing implementation techniques differed throughout the various domains of action. Statistical and quantitative methods are combined in this analysis to help find these patterns, evaluate quality, and track progress. The study concluded that natural risks outweigh those posed by humans. Asia is the continent with the most disaster occurrences, although only 11% of these incidents were counted in this study.

Conclusion: Finally, research seems to approach disaster organizational development in a reactive rather than proactive manner, yet this method has advantages. It's important to reflect on what this means for the future of disaster preparedness and MHPSS unity, as well as for expanding MHPSS's methodology to incorporate pre-disaster development.

Keywords: Disaster Risk Reduction (DRR), Mental Health and Psychosocial Support (MHPSS), empirical evidence, Southeast Asia, mapping exercise

1. Introduction

Globally, people and communities are significantly impacted by natural disasters and catastrophes. Only natural disasters contributed to approximately 1.35 million fatalities and over US\$ 2.6 billion in total losses between 1994 and 2013. These effects will only worsen as the global climate emergency worsens; by 2050, 143 million people are expected to relocate due to threats from the climate in just three regions. A Battle-related death increased tenfold between 2005 and 2016, while the cost of violence and war globally, measured in purchasing power parity, was US\$ 14.1 trillion. Meanwhile, the dangers associated with epidemics result in a loss of 6% of global GDP, or around \$500 billion, each year; with the global COVID-19 pandemic, this percentage is guaranteed to soar. However, it is impossible to overestimate the immense loss and destruction caused by emergencies (Gray et al., 2021).

Natural disasters are a pervasive and perplexing global problem. Disasters strike every year, impacting people's mental health and wellness worldwide. Natural disasters frequently halt the development of the world's economic and social structure. A disaster is defined by the United Nations International Strategy for Disaster Reduction (UN-IDSR) as any event that interferes with daily life in a community or society and results in losses to the environment, the economy, or human life that are greater than what the community or society can recover from on its own. A catastrophe, the World Health Organization (WHO), is any abrupt catastrophe, a severe environmental disaster that calls for using response tools. Disasters can be roughly categorized as either natural or man-made. Numerous events, such as typhoons, earthquakes, tsunamis, and tropical cyclones, can result in natural disasters. Human activities like warfare cause man-made calamities, terrorist attacks, political unrest, and accidents in the workplace (Makwana, 2019).

Like physical health, mental health is a broad phrase that refers to a person's overall well-being; everyone has mental health, which can generally be better or worse at any one time, depending on how well they can manage their thoughts, feelings, and daily activities. Therefore, having excellent mental health is more than simply being free from disease or disorder; it also means having a positive sense of well-being that promotes thriving and resiliency in the face of adversity. To avoid anthropologizing the variety of human emotions and experiences, other terminology, including emotional well-being, is also used more frequently. To refer to both mental health and emotional well-being in this briefing, use the term mental health. Psychological responses refer to the various ideas and sentiments that people may have in response to climate change, such as emotions, worries, or distress. It is possible to diagnose a mental illness or mental disorder if there are possible changes in their thoughts, emotions, perceptions, or behaviors that significantly disrupt their everyday life and cause them substantial discomfort. The most prevalent ones are anxiety or depression, but others like "post-traumatic stress disorder (PTSD)," drug abuse, eating disorders, and psychosis. Developmental disorders like autism and degenerative disorders like dementia are also classified as mental ailments. People with mental illness are more susceptible to physical illness in both scenarios (Lawrance et al., 2021).

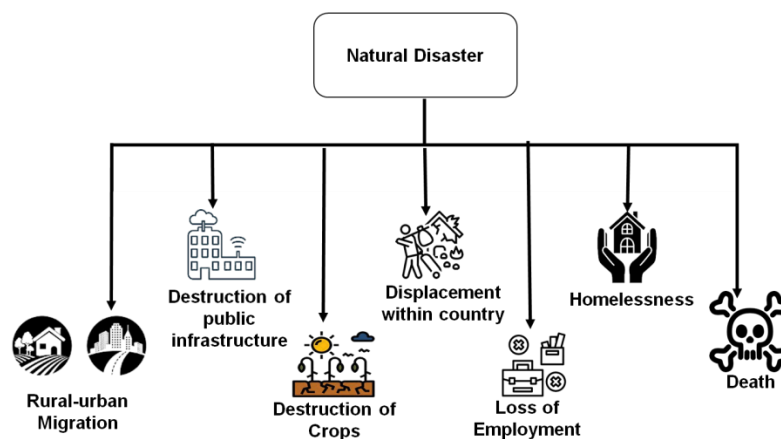


Figure 1: General framework of nature disaster

Figure 1 depicts the general framework of natural disasters. The people who least can afford to be touched by natural disasters are frequently the ones who are impacted the most by them. People are disadvantaged in society, most complex, by climate change. Those in this group are vulnerable because of where they live, their financial situation, their gender, age, physical limitations, or their racial, ethnic, or cultural background. Some people believe that Northern Indigenous peoples are more emotionally vulnerable to the effects of climate change because of the unique ways in which it affects their way of life, including their culture, health, and access to food. This vulnerability can manifest as ecological grieving in the face of perceived and actual loss. Many have argued against this notion (Hrabok et al., 2020).

Flooding, storms, droughts, heat waves, and hurricanes are all examples of extreme weather-related phenomena that are becoming more often and intense as a direct result of climate change. The effects on one's bodily and mental health are profound. One method for minimizing the adverse consequences of climate change is to increase the resilience of local communities. Empowerment and community engagement are two crucial

elements of community resilience. An empowerment identity method has been used by researchers in the field of social psychology to explain the psychosocial processes that shape group behavior during times of crisis. Most social psychological support has focused on group behavior during or right after an extreme event (for instance, during a disaster). Although it can last for months or years after the original impact has subsided (for instance, after floodwaters have subsided), the recovery phase that follows catastrophic disasters can have an impact on mental health in the months and years that follow (Ntontis et al., 2021). Thus, we proposed mental health and psychological support following disasters in Southeast Asia.

The remaining sections of this research are as follows: Part 2 contains the related works; Methodology is introduced in Part 3; the result of the study is in Part 4; the discussion is found in Part 5; the conclusion is in Part 6.

2. Related works

The Three main topics are discussed in this article: the social factors that increase South Asian women's risk of mental health problems at different ages, the social barriers that prevent access to mental healthcare services, and the social and economic costs of ignoring women's mental health (Khan et al., 2020). The environmental threats and weaknesses that Southeast Asian workplace organizations must address provide examples of how these organizations react to catastrophes and environmental threats (Teng-Calleja et al., 2020). The psychological analysis of resiliency and post-traumatic growth (PTG) in Southeast Asia (SEA), how positive psychology and PTG studies have evolved in different cultures, and how they might be applied in Southeast Asia (Rich & Sirikantraporn, 2020). American adolescents now face COVID-19-related stress. Stressed teenagers use many coping techniques and social supports. Few micro-longitudinal analyses have looked at teenagers' everyday COVID-19 stress. Therefore, it is still being determined which treatments are most beneficial.

Since public health efforts have curtailed teenagers' peer networks, parental support may also be necessary (Wang et al., 2021). Universal agreement exists on the efficacy of secondary prevention in boosting resilience and avoiding mental health problems in the aftermath of a disaster. Evidence for this strategy needs to be included. Consider the research on OperationSAFE, a program that helps kids immediately after a traumatic event in their neighborhood (Simonds et al., 2022). Disasters affect women, girls, older people, low-income people, and individuals with pre-disaster mental health issues. Disaster mental health workers often experience vicarious trauma. Emerging challenges include repeated disaster exposure. Disaster mental health research should explore intersectional trauma and health anxiety and enhance methods (Zakour, 2023). Many people will struggle with psychological resilience as the number of coronavirus disease (COVID-19) cases increases. Research on prior pandemics, natural disasters, and COVID-19 (Esterwood & Saeed, 2020) will be analyzed, focusing on psychiatry and mental health. MindfulnessAccording to early studies that may help post-trauma survivors in Southeast Asia (SEA) or may find mindfulness an inclusive and familiar approach (Panting et al., 2020). It helps understand hydrometeorological extreme event stress and post-traumatic growth. The goal is to improve vulnerability and impact assessments for this climate change issue so that EU citizens, communities, and ecosystems can be better prepared for, respond to, and recover from future crises (Galluccio, 2019).

Evidence-based therapies can help affected individuals and communities feel better, function better, and cope better. Effective preparedness requires familiarity with these features, their incorporation at all stages of disaster management, and ongoing education and training for disaster planners and responders (Morganstein & Ursano, 2020). After seven years of the tsunami in 2004, coping methods were deployed to manage post-traumatic stress in children and adolescents. Psychological adjustment and coping style modifications were examined after psychological counseling (Senarath, 2019). Adolescents in disaster-prone districts of Padang City were examined for their personalities and psychological well-being (Patricia et al., 2020). Global populations are in danger of well-being due to climate calamities. The effects of natural disasters on people living in urban and rural areas are little understood, but this is especially true in Indonesia. Using a typology model that distinguishes between urban and rural areas, Rahman et al. (2022) analyze the impact of a climate disaster on people's sense of happiness. Maybe the concept of post-traumatic development (PTD) might help people recover

after experiencing trauma due to man-made or natural disasters. PTG refers to a more positive outlook after enduring a traumatic event (Riffle et al., 2020).

3. Materials and Methods

3.1. Data design

A thorough examination of the available sources was conducted because it was optional to discover that significant players in the area had progressed in DRR programming with designated MHPSS components. This method helps comprehend subjects with restricted or confusing criteria as it provides current information surrounding a given issue. An eclectic methodology incorporating multiple data sets was used to compile these findings.

3.2. Mapping exercise

The WHO and the first author undertook a mapping exercise using the "4ws" technique and the Sendai Framework priorities of action in January 2019 to discover who was doing what, when, and where in MHPSS and DRR (Gray et al., 2020). Respondents were requested to send in published as well as unreleased "grey" information available, project summary data, and operating reports of MHPSS preventive and preparedness DRR/DRM efforts that have been done, are underway, or are planned. As a first step in the mapping process, we contacted each of the 56 groups that make up the IASC MHPSS RG. The IASC MHPSS RG has been a catalyst for new partnerships between NGOs, the UN, and other national bodies and institutions to advance MHPSS standards since its founding in 2007. The World Health Organization and the International Federation of the Red Cross co-chair the IASC MHPSS RG. This group is responsible for providing resources to national MHPSS Technical Working Groups, integrating MHPSS into humanitarian response efforts, and creating and distributing interagency guidelines on MHPSS. The 21 humanitarian, migrant, and refugee ministries are supported by technical advice, missions at the national level, international gatherings for group co-chairs, and periodic teleconferences with pertinent Government Line Agencies. Academic non-governmental groups and service providers were also approached. The project reached more people using referral sampling. MHPSS.net hosted the mapping effort and data-gathering tool, distributed via social media and email. Show the search terms and procedures in Table 1.

Table 1: Search Terms and Procedures

Concepts	Supplemental, Related Text Words:
Psychological, Psychosocial, and Mental health	
Psychiatric-Social Health	Development
Psychological adaptability	Advocacy
MHPS	Preparedness
Psychiatric Wellness	Capacity building
DRR	
Hazard Mitigation	
Handling of disaster risk	
DRR	

Hazard Reduction			
Search Plan			
#2-1a and 2b	#6-1b and 2b	#10-1c and 2b	#14-1d and 2b
#3-1a and 2c	#7-1b and 2c	#11-1c and 2c	#15-1d and 2c
#1-1a and 2a	#5-1b and 2a	#9-1c and 2a	#13-1d and 2a
#4-1a and 2d	#8-1b and 2d	#12-1c and 2d	#16-1d and 2d

3.3. Inclusion criteria

This study only contains "grey" information available, projects, and programs dealing with MHPSS and disaster risk reduction, mitigation, or preparedness. There was no restriction on the nature of the publication or material. The following were used as inclusion criteria:

- Support for emotional well-being and coping strategies in hazard mitigation and prevention.
- Includes unlimited amounts of the following: manuals, handbooks, suggestions, consensus standards, articles, frameworks for internal operations, case studies, policies, etc.

3.4. Exclusion criteria

Excluded was a research that involved older persons who were:

- Medical care for a diagnosable medical condition.
- Continuing care needs evaluations.
- Community-wide efforts to better the physical and social environment that do not specifically target seniors.

3.5. Mental health services

The federal government solely offers in-patient hospital care for mental health issues. The Mental Hospital, "teaching hospitals, and non-governmental organizations' (NGOs)" community-based services are inadequate because they are concentrated in too few locations and do not cover a wide enough range of people. Only in major urban areas can people access specialized mental health care. It is usual Going to specialized healthcare facilities, a long journey to go through rough terrain, and a lack of transportation options. Regarding mental health, other public hospitals do not have the staffing levels necessary to offer even the most fundamental care. The lack of a need for a system for referring patients from primary care settings to specialty hospitals compounds the problem.

4. Result

During the mapping process, twelve separate groups submitted complete responses. To name a few: seven NGOs with a global reach, three UN agencies, a single research institution, and a single global forum. The participating organizations reported many international humanitarian efforts. As a result, many institutions counted on regional and local project leaders to respond with information about pertinent resources and programs. Thus, these institutions could only report on the materials and initiatives approved by active top officials. As a result, approved, there may be essential resources or initiatives that have yet to be included in the mapping exercise responses. Thirty-five The mapping operation generated thirty-five records about MHPSS and DRR fusionspondents who spoke of academic papers or conference presentations/symposia. At the same time, five indicated tools or manuals, and five-spoke of conference proceedings or workshops.

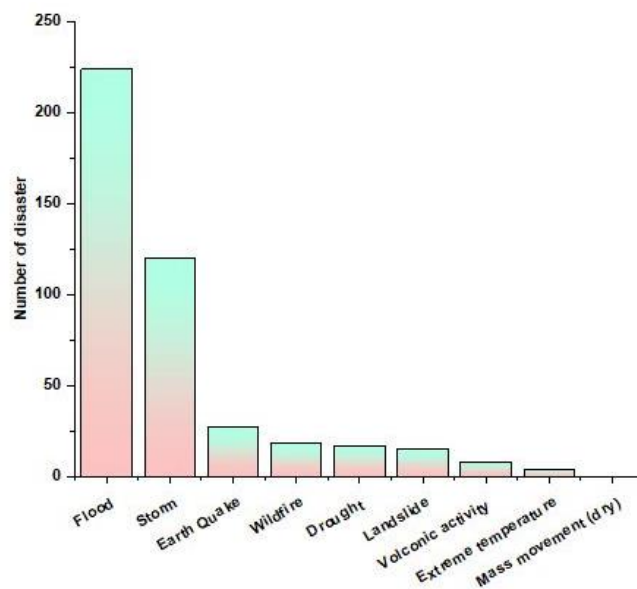


Figure 2: Number of disasters

Figure 2 depicts the number of disasters. An event or incident resulting in significant property damage, physical destruction, or loss of life is a disaster. It can be natural, such as hurricanes, earthquakes, floods, or wildfires; it can be man-made, such as industrial accidents, terrorist attacks, or significant transportation mishaps; and it can be any combination of the two. Disasters frequently have enormous repercussions on human life, the economy, and the environment. As a result, emergency response and recovery efforts are required to lessen the severity of these repercussions and assist communities that have been impacted. There is a vast range of possible severity and scope for natural disasters, ranging from small-scale occurrences to massive catastrophes with far-reaching consequences. Consequently, we claimed that the various disasters of flooding have a greater chance of occurring than other types of disasters, such as storms, earthquakes, wildfires, droughts, landslides, volcanic activity, extremely high temperatures, and dry mass movement.

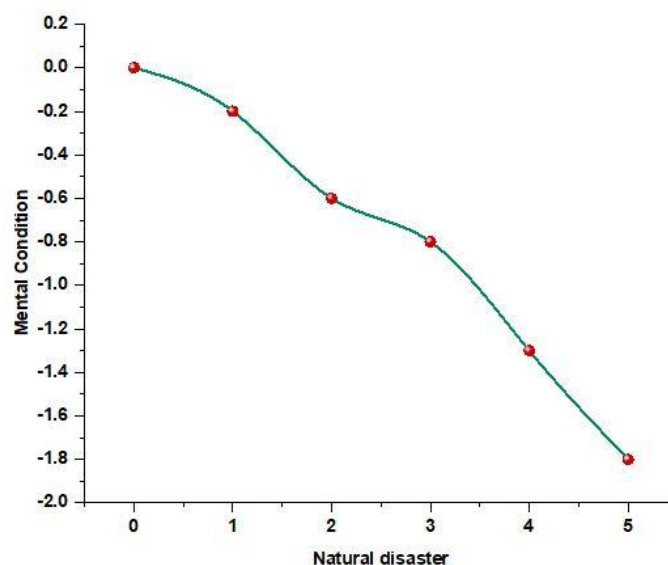


Figure 3: Simple connection between natural disasters and mental health

Figure 3 depicts the simple connection between natural disasters and mental health. The graph shows a link between natural disasters and poorer mental health in middle-aged and older persons. Math and linguistic skills are typically significantly connected when examining the causal relationship between natural disasters and

mental health. High levels of correlation between variables raise questions about multicollinearity, which could result in significant bias in the estimation. We employ the variable inflation factor to test for multicollinearity in our mode.

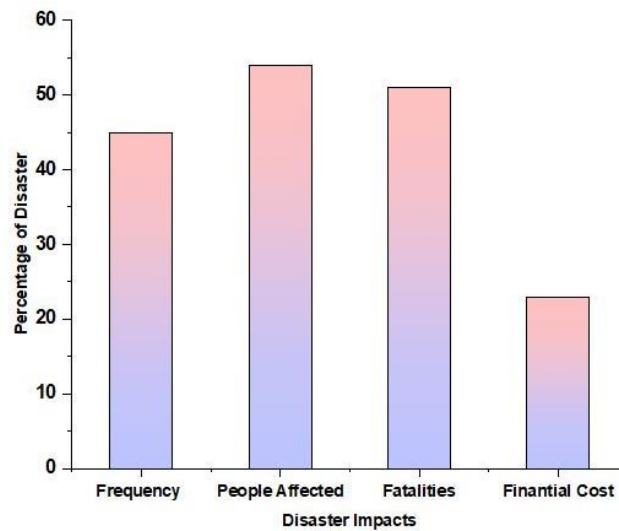


Figure 4: Percentage of impacts from natural disasters

The percentage of impacts from natural disasters is shown in Figure 4. Natural disasters can have a profound impact on the environment and a variety of facets of human life. It is important to remember that depending on several factors, such as the type of disaster, the specific effects of natural disasters may vary, how severe it is, how prepared the affected area was, and how well reaction and recovery operations were executed. Types of natural disasters include their frequency on a worldwide scale, the number of people they affect, and the number of fatalities they inflict. Natural disaster categories differ in how frequently they occur, how many people they affect, how many people die, and how much money they cost.

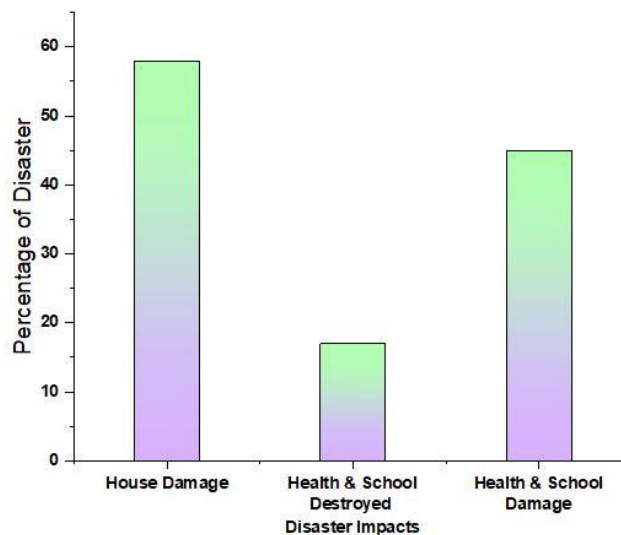


Figure 5: Forms of natural disaster

Figure 5 shows the many forms of natural disasters, including their global impacts on infrastructure in terms of homes being destroyed or damaged homes and educational facilities. Different infrastructure, such as homes, hospitals, and schools, is likewise impacted differently by different sorts of disasters. Several conclusions, including from these data, are that hydrological events are the most prevalent, geophysical hazards are the

deadliest, hydrological events harm the most people, and meteorological risks are the most expensive. While floods can cause significant damage to homes and other buildings, weather-related disasters are far more likely to destroy public buildings like hospitals and schools.

5. Discussion

This narrative analysis aimed to pinpoint the specific areas where MHPSS and DRR are currently collaborating. Some of the most prominent themes uncovered through reading and mapping were the following: capacity and system development; readiness; policy formation; complete “disaster risk reduction and resilience;” “community building and awareness raising; school and child-focused initiatives .” Although several resources were pertinent to some or all of these issues, it was also clear that there was no consensus or overall stated framework (Dückers et al., 2022). There was no unified definition of DRR or agreed-upon framework for discussing its psychological and social aspects among the examined programs. Although many authors address these concepts individually, they rarely do so together or explicitly.

Similarly, there are few manuals or guidelines that outline how to put broad ideas like the one put forward by Sendai into practice. Therefore, there needed to be more consensus and understanding of MHPSS and DRR integration methods. Additionally, there was no agreement on the appropriate approaches to collaborate with stakeholders to incorporate MHPSS into DRR programs or how MHPSS should be incorporated into DRR policy (Cvetković et al., 2023).

Numerous resources also offered general advice, occasionally strongly emphasized Europe or high-income nations, or solely covered specific categories of threats, such as natural disasters. Recent research has pointed out the need for more efforts and ideas for DRR in conflict contexts, and the DRR sector has tended to focus on natural calamities (Peters & Kelman, 2020). Human forces, such as war or political violence, often cause today's prolonged crises and emergencies, which tend to strike low- and middle-income countries. Conflict and resource-poor areas pose mental health and psychological dangers that must be addressed in the future.

Natural disasters are typically divided into hydrological (such as flooding), geological (such as earthquakes), meteorological, or climatological (such as drought) categories. Other kinds of disasters do happen, typically brought on by human activity, like war and terrorism. Some biologicals come from natural causes but can also be brought on or made worse by human activity (Konovsky et al., 2023).

Finally, this examination found insufficient program and suggestion evidence. However, many guidelines were determined by consensus among experts. They encompassed evidence-informed and based on research factors. These numerous uses encouraged MHPSS with DRR experienced compared to the same lack of decreased adoption of strongly backed interventions that MHPSS reactions usually encountered. To enable policy inclusion and broader adoption among the DRR profession and other significant stakeholders, DRR activities incorporating MHPSS components must be implemented with a solid evidence foundation.

6. Conclusion

The observational results of this research provide credence to the claim that combining MHPSS and DRR techniques is crucial for mitigating the potential for adverse psychological and emotional effects and bolstering resistance to danger. The disciplines could mutually benefit from working together. This framework was created to empower organizations that help with humanitarian relief, development, and disaster risk management as they implement a prioritized set of MHPSS-DRR initiatives. Goals, indicators, effective implementation methods, and case studies are all defined within the framework, which combines elements of MHPSS and DRR. The study, which has been in the works for a while and involved input from several specialists in the MHPSS and DRR disciplines, is expected to be released to the public in 2020. Although this structure is merely the first step in mainstreaming and promoting the merger of the MHPSS and DRR domains, it represents a considerable effort to address the weaknesses revealed by the current study.

This study highlights the necessity of models in formulating risk-minimization strategies for known threats and emphasizes the need for improved tools to perform this work. To create models are essential scenarios and hazard mitigation plans for more unknown risks, such as those listed above, models are ck of case study knowledge. Modeling approaches can also be used to manage better disasters caused by natural hazards, and this will help convince policymakers that computational modeling is preferable to more traditional testing methods

like a tabletop or real-world simulation. All across the world, these topics can be used to improve disaster preparedness and aid local populations. As a result, it is possible that this assessment's data on such organizations need to account for more than what they produce. Despite these caveats, the current analysis highlights several overall tendencies in existing DRR and MHPSS inclusion methodologies and indicates topics for future research and improvement

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