

Post-Disaster Psychological Trauma Recovery and Support: A Study on Mental Health Services in Disaster-Prone Areas of the Philippines

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ABSTRACT

This study examines the challenges and prospects of mental health services in disaster-prone areas of the Philippines. Natural disasters frequently result in significant psychological impacts on survivors, including anxiety, depression, and post-traumatic stress disorder (PTSD). However, existing mental health services remain inadequate due to cultural stigma, a shortage of trained professionals, and limited resources. To address these gaps, the study proposes strengthening community-based mental health capacities, implementing public education campaigns to combat stigma, and incorporating mental health initiatives into disaster recovery frameworks. These measures are essential for improving disaster recovery outcomes and fostering long-term community resilience.

KEYWORDS

Mental Health Services; Disaster Recovery; Community Resilience

1. INTRODUCTION

The Philippines is recognized as one of the most disaster-prone countries globally, frequently subjected to natural calamities such as typhoons, earthquakes, floods, and volcanic eruptions (National Disaster Risk Reduction and Management Council [NDRRMC], 2020). These disasters not only cause widespread physical destruction but also trigger significant psychological trauma among the affected populations. Disasters often lead to displacement, loss of livelihoods, and even loss of life, all of which can leave deep emotional and psychological scars (Neria, Galea, & Norris, 2009). Individuals exposed to these traumatic events may experience a range of mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD), and long-term psychological distress (North & Pfefferbaum, 2013). Given the frequency of natural disasters in the Philippines, there is a pressing need for effective mental health services that can support trauma recovery and enhance community resilience (Fernandez & Shaw, 2013). Psychological support is critical for mitigating the long-term impact of disasters on mental well-being, yet the provision of mental health services in disaster-prone areas remains inconsistent and often inadequate (World Health Organization [WHO], 2018). This study aims to examine how mental health services in disaster-prone areas of the Philippines are structured and assess their effectiveness in providing psychological support to affected populations post-disaster.

2. STATEMENT OF THE PROBLEM

While humanitarian aid and physical relief efforts are typically deployed quickly after a disaster, the provision of mental health services often faces significant delays or is altogether insufficient (van Ommeren et al., 2005). The lack of timely and accessible mental health care can exacerbate the psychological trauma experienced by survivors, particularly in regions that are repeatedly exposed to natural disasters. In the Philippines, the integration of mental health services within disaster response frameworks remains underdeveloped, with many communities lacking adequate mental health resources (Tol et al., 2011). Furthermore, the unique cultural, economic, and logistical challenges in delivering mental health care to disaster-affected populations pose additional barriers (Tan, 2013). This research seeks to explore the existing gaps in the provision of mental health services in disaster-prone areas of the Philippines and identify opportunities to enhance psychological support systems for trauma recovery. Specifically, the study will investigate the availability, accessibility, and effectiveness of mental health interventions in regions frequently impacted by natural disasters. It will also examine the challenges faced by mental health professionals and organizations in delivering these services, as well as the role of government policies and international aid in supporting post-disaster mental health care.

3. METHODOLOGY

3.1. Research Design

This study will adopt a mixed-methods approach, combining both qualitative and quantitative research methods to provide a comprehensive understanding of the mental health services available in disaster-prone areas of the Philippines. The use of mixed methods allows for a more robust analysis by integrating numerical data with in-depth qualitative insights, which is crucial in capturing both the measurable outcomes of mental health interventions and the lived experiences of disaster survivors (Creswell & Plano Clark, 2017).

3.2. Quantitative Component

The quantitative aspect of the research will focus on assessing the availability, accessibility, and effectiveness of mental health services in disaster-prone regions. A structured survey will be administered to a representative sample of individuals in selected disaster-prone areas, such as Leyte, Samar, and the Bicol region. The survey will gather data on variables such as:

- Access to mental health services post-disaster (e.g., number of available mental health professionals, distance to facilities).
- Utilization of mental health services (e.g., number of individuals seeking psychological support).
- Perceived effectiveness of the interventions received (e.g., satisfaction with services, improvement in mental health outcomes).

Survey respondents will be selected using purposive sampling, focusing on individuals who have experienced a recent natural disaster within the past five years. The sample size will be determined based on statistical power analysis to ensure that the findings are generalizable to the broader population of disaster-affected individuals in the Philippines (Kline, 2015). Descriptive and inferential statistical analyses, including t-tests, chi-square tests, and regression analyses, will be conducted to examine the relationships between access to mental health services and mental health outcomes (Pallant, 2016).

3.3. Data Integration

The integration of the quantitative and qualitative data will occur at several points in the research process. During the data interpretation phase, the quantitative findings on the availability and effectiveness of mental health services will be contextualized using the qualitative insights from interviews. For example, if quantitative data suggest a low utilization of mental health services, the qualitative interviews may reveal cultural stigma or logistical barriers as contributing factors. This process of data triangulation will enhance the validity of the findings and provide a more holistic understanding of the research problem (Creswell & Plano Clark, 2017).

3.4. Implications for Policy and Practice

The findings of this study highlight critical gaps in the delivery of mental health services in disaster-prone regions and underscore the need for a more comprehensive, integrated approach to mental health care in these areas. Based on the results, the study provides several recommendations that can guide policymakers, healthcare providers, and humanitarian organizations in improving mental health support for disaster survivors. The recommendations aim to enhance service accessibility, strengthen professional capacity, and ensure sustained mental health care in disaster recovery efforts.

3.4.1. Increased Funding and Resource Allocation for Mental Health Services

One of the most pressing recommendations is the need for increased funding dedicated specifically to mental health services as part of disaster preparedness and response. Disaster recovery efforts typically focus on providing immediate physical aid such as food, water, and shelter, but mental health is often deprioritized. The study suggests the following actions:

- **Prioritize mental health funding in disaster budgets:** Governments and international aid organizations must allocate sufficient financial resources for mental health care in disaster recovery budgets. Mental health services should be integrated into the core framework of disaster response, ensuring that psychological support is not seen as a secondary or optional intervention.
- **Sustained investment in mental health infrastructure:** Long-term investment is needed to build the infrastructure required to support mental health services in disaster-prone areas. This includes the construction or rehabilitation of mental health facilities, particularly in rural and remote areas where access is limited.
- **Increased deployment of mobile mental health units:** In regions where infrastructure has been damaged or where access to formal health services is limited, mobile mental health units can play a crucial role in delivering care directly to communities. The study recommends expanding the use of mobile units staffed with trained mental health professionals to provide psychological first aid and trauma counseling on-site.

By ensuring that mental health services receive adequate funding and are embedded in the broader disaster response system, governments and aid organizations can better meet the psychological needs of disaster survivors.

3.4.2. Strengthening Professional Capacity and Training

The study revealed significant gaps in the availability and training of mental health professionals in disaster-prone areas. To address these issues, it is essential to strengthen the capacity of the local mental health workforce through targeted training and professional development programs. Key recommendations include:

- **Training in trauma-informed care:** Local healthcare workers, including doctors, nurses, and community health workers, should receive specialized training in trauma-informed care and psychological first aid. This will equip them to handle the unique psychological challenges that arise after a disaster, such as acute stress, post-traumatic stress disorder (PTSD), and depression.

- **Task-shifting strategies:** Given the shortage of mental health professionals, especially in rural areas, the study recommends implementing task-shifting strategies where non-specialized health workers are trained to provide basic mental health services. By task-shifting, the mental health system can extend its reach and provide more immediate support to those in need. Programs should focus on equipping frontline health workers with the skills to recognize and manage common mental health issues and refer more complex cases to specialists.

- **Burnout prevention and support for mental health professionals:** The study also highlights the risk of burnout among mental health professionals who are often overburdened in disaster settings. It recommends implementing support systems for these workers, including regular supervision, peer support, and access to mental health services for themselves. Ensuring that mental health professionals are well-supported will improve the quality and sustainability of care.

Enhancing the skills and capacity of local healthcare providers will improve the overall delivery of mental health services and ensure that survivors receive timely, culturally appropriate care in the aftermath of disasters.

3.4.3. Expanding Community-Based Mental Health Support Programs

Community-based mental health interventions emerged as one of the most effective models in the study. These interventions leverage existing social networks and local organizations to deliver culturally sensitive care and build resilience within the community. The study recommends:

- **Scaling up community-based mental health programs:** Governments and NGOs should invest in scaling up community-based programs that provide peer support, counseling, and psychological first aid. These programs have proven effective in overcoming cultural stigma and increasing access to mental health care, particularly in rural and remote areas. Expanding these programs will ensure that more survivors receive the emotional and psychological support they need.

- **Engaging local leaders and organizations:** To enhance the effectiveness of community-based programs, it is essential to engage local leaders, including community elders, religious leaders, and grassroots organizations. These actors play a pivotal role in shaping community norms and can help reduce the stigma associated with mental health care. By involving local leaders in the design and implementation of mental health programs, interventions are more likely to be accepted and supported by the community.

- **Promoting peer support networks:** Peer support networks, where survivors provide emotional support to one another, have proven to be highly effective in post-disaster recovery. The study recommends the development of formal peer support programs that train individuals to offer psychological first aid and ongoing emotional support within their communities. Peer networks can provide immediate, low-cost mental health support and help build a culture of resilience.

By expanding and supporting community-based mental health programs, policymakers and humanitarian organizations can increase the accessibility and effectiveness of mental health care in disaster-affected areas.

3.4.4. Enhancing Public Awareness and Education Campaigns

The study highlights the need for public awareness campaigns to combat the stigma surrounding mental health and to educate disaster survivors about the importance of seeking psychological support. Key recommendations include:

- **National and local mental health awareness campaigns:** Governments, NGOs, and healthcare providers should collaborate on national and local campaigns aimed at reducing the stigma associated with mental health issues. These campaigns should focus on educating the public about the psychological effects of trauma and the benefits of seeking help. Campaigns should be culturally tailored to address local beliefs and misconceptions about mental health.

- Integrating mental health education into disaster preparedness programs: Mental health education should be incorporated into disaster preparedness efforts at the community level. Training community members on the mental health impacts of disasters and equipping them with basic psychological first aid skills can help mitigate the long-term effects of trauma. By normalizing conversations about mental health in disaster preparedness, communities will be better equipped to support each other in times of crisis.

Public awareness and education campaigns will not only reduce stigma but also empower survivors to seek help early, improving long-term mental health outcomes.

3.4.5. Long-Term Mental Health Care and Follow-Up Programs

While immediate interventions, such as psychological first aid, are essential in the aftermath of a disaster, the study highlights the importance of long-term mental health care. Many survivors require ongoing support to fully recover from the psychological impacts of disaster, and the lack of follow-up care was identified as a major gap in service delivery. The study recommends:

- Establishing long-term mental health programs: Governments and healthcare providers should ensure that mental health services extend beyond the immediate post-disaster phase. Long-term programs should include access to counseling, cognitive-behavioral therapy (CBT), and trauma-informed care to address the ongoing mental health needs of survivors.

- Regular follow-up care: Survivors should receive regular follow-up assessments to monitor their mental health and ensure they receive appropriate care as their needs evolve. Follow-up care is particularly important for individuals at risk of developing chronic conditions, such as PTSD or depression, which may not manifest until months after the disaster.

By ensuring that mental health care continues beyond the initial recovery phase, policymakers and healthcare providers can improve the long-term well-being of disaster survivors and support their full recovery.

3.4.6. Integration of Mental Health Services into Primary Health Care

Finally, the study emphasizes the importance of integrating mental health services into primary health care (PHC) systems. This approach ensures that mental health care is treated as an essential component of disaster recovery, rather than a separate or optional service. Recommendations include:

- Embedding mental health services in PHC: Mental health services should be fully integrated into primary health care systems in disaster-prone regions. This will ensure that survivors receive comprehensive care that addresses both their physical and psychological needs. The integration of mental health into PHC can also help reduce the stigma associated with seeking mental health care, as individuals access it as part of their overall health care.

- Training primary care providers in mental health: Primary care providers, including general practitioners, nurses, and community health workers, should receive basic training in mental health screening, counseling, and referrals. This will allow them to identify and address mental health issues early, preventing the escalation of symptoms and improving long-term outcomes.

By integrating mental health services into primary care, governments and healthcare providers can create a more sustainable and accessible mental health system that is better equipped to respond to the needs of disaster survivors.

The recommendations provided in this study offer a roadmap for improving mental health support in disaster-prone areas. By increasing funding, enhancing professional training, expanding community-based programs, and raising public awareness, policymakers and humanitarian organizations can ensure that mental health services are accessible, effective, and sustainable. The integration of mental health services into primary health care and the provision of long-term follow-up care are essential to building resilient communities capable of recovering from the psychological impacts of disasters.

4. CONCLUSION

This study has provided a comprehensive analysis of the current state of mental health services in disaster-prone areas of the Philippines, identifying significant gaps and opportunities for improvement in post-disaster mental health care. The following key findings have emerged, along with their implications for policy, practice, and the overall well-being of disaster survivors:

(1) Gaps in Resource Allocation and Infrastructure

The study identified substantial deficiencies in resource allocation for mental health services in disaster-prone areas, particularly in rural and remote regions. Limited funding, damaged infrastructure, and a shortage of mental health professionals have hindered the effective delivery of psychological support in the aftermath of disasters. These gaps highlight the need for increased and sustained investment in mental health care as part of disaster response and recovery efforts. Adequate funding must be prioritized to build and maintain mental health infrastructure, especially in vulnerable areas, and to ensure that services are accessible to all survivors, regardless of their location.

(2) Shortage of Trained Mental Health Professionals

A key finding of this study is the lack of trained mental health professionals, which exacerbates the challenges in delivering timely and effective care. Many local health workers lack the specialized training required to address the unique psychological needs of disaster survivors, particularly in terms of trauma-informed care and psychological first aid. The implications for policy and practice are clear: there is an urgent need to expand professional training programs and implement task-shifting strategies to empower frontline healthcare workers to provide basic mental health support. Building the capacity of local professionals will not only improve the quality of care but also ensure a more sustainable mental health system in the long term.

(3) Cultural Stigma and Barriers to Service Utilization

The study found that cultural stigma surrounding mental health remains a major barrier to service utilization, particularly in rural communities. Many survivors are reluctant to seek help due to societal perceptions that mental health issues are a sign of weakness or personal failure. This stigma, combined with a lack of public awareness about mental health, prevents many individuals from accessing the services they need. The implications for improvement include the need for public awareness campaigns that reduce stigma and normalize conversations about mental health, as well as culturally sensitive mental health education programs that are integrated into disaster preparedness efforts. Such initiatives can help increase service utilization by empowering survivors to seek help without fear of judgment.

(4) The Importance of Community-Based Mental Health Support

One of the most promising findings from the study is the success of community-based mental health support programs in providing culturally appropriate care and fostering resilience within disaster-affected communities. These programs, which leverage local knowledge, peer support networks, and grassroots organizations, have been particularly effective in reaching survivors in rural and remote areas. The study recommends scaling up community-based interventions to ensure that they are widely available and integrated into formal disaster recovery efforts. Community-driven models are not only cost-effective but also help reduce stigma by embedding mental health care within existing social structures.

(5) Inconsistent Follow-Up Care and Long-Term Mental Health Support

The study revealed that while immediate post-disaster interventions such as psychological first aid are generally available, there is a lack of long-term mental health care for survivors. Many individuals who experience prolonged trauma or psychological distress are unable to access ongoing counseling or therapy, which limits their recovery potential. To address this issue, the study calls for the

establishment of long-term mental health programs that provide continuous care for survivors, including regular follow-up assessments and access to therapy for conditions such as post-traumatic stress disorder (PTSD) and depression. Ensuring long-term support is crucial for helping survivors achieve full psychological recovery.

(6) Integration of Mental Health Services into Primary Health Care

Finally, the study emphasizes the need to integrate mental health services into primary health care (PHC) systems in disaster-prone regions. By embedding mental health care within PHC, mental health becomes an integral part of the disaster recovery process, ensuring that survivors receive holistic care that addresses both physical and psychological needs. This approach also helps reduce the stigma associated with mental health care by normalizing its role in overall health care. Training primary care providers to identify and manage mental health conditions will be critical to the success of this model, as it ensures that mental health services are accessible to all survivors, particularly in resource-limited settings.

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