Cascading Disaster Effects, Mental Health, and Resilience

So much has changed for all of us. Just over two years ago the first laboratory-confirmed coronavirus case in the United States was identified in Washington State.

By February 3, 2020, the United States had declared a national public health emergency and on March 11, 2020, the World Health Organization declared COVID-19 a pandemic. It hardly seems possible that our lives could change so much in such a short time. We have had to adapt not only to a life-threatening disease and national shutdowns, but also to the impacts they caused on our social, mental, and financial wellbeing. The effects of COVID-19 have *cascaded* through our lives, communities, and the world.

"Cascading effects" is a term usually applied to the aftermath of extreme natural disasters. It refers to how the impacts of a disaster spread throughout society, in a branching manner similar to how a waterfall spreads and branches through nature. Cascading effects increase over time and generate unexpected, secondary events which can be as severe, or even worse, than the original event.[1]

Mental Health Impacts

While it will take many years to analyze all the effects of the pandemic, it is known from previous disasters that mental health impacts are likely to linger long after the threat of COVID-19 illness has passed.[2] Many of us have suffered personal tragedies and the pandemic has also caused collective tragedies such as social isolation and loneliness. In addition, national and world events such as climate-caused natural disasters or the war in Ukraine add to what one expert has termed "an ongoing set of cascading collective traumas".[3] All of these things can impact our mental health.

Increases in depression and anxiety have particularly impacted AI/AN people. According to a survey taken during the Delta outbreak, "more than half of the Native American (74%) households reported anyone experiencing serious problems with depression, anxiety, stress, or serious problems sleeping".[4] Youth are especially vulnerable – the CDC reports that attempted suicide during the pandemic was higher among AI/AN students than White, Black, Hispanic, or Asian students.[5]

Long-term trauma, anxiety and depression can lead to chronic stress which in itself can lead to changes in behavior. Some examples include:

- Higher alcohol consumption – Fueled by stress, alcohol consumption increased by 21% during the pandemic, with increases up to 41% among women.[6]
- Increased vehicle accidents and deaths, despite fewer people on the roads. Some experts attribute this in part to lack of social engagement, anger, and anxiety from the pandemic. Low income and AI/AN communities have been hit the hardest.[7]
- Compassion fatigue in healthcare workers. AI/AN people have suffered the highest rates of loss of all Americans during the pandemic.[8] Healthcare workers experienced traumatic exposure of threats to their own lives from treating severely ill patients and high levels of secondary traumatic stress witnessing other's losses. This has led to increasing levels of burnout.[9]

Recovery and Resilience

Just as Tribes aggressively responded to protect their communities from coronavirus disease – initiating vaccine distributions, closing territories, protecting elders, and more; now that the pandemic has entered a new phase, it is equally important to respond to the "tail" of mental health impacts.

For many of us, returning to normal activities may come easily, but for others it may be difficult. Many people have experienced grief during the pandemic and some have experienced multiple losses; the loss of a loved one, the loss of jobs and income. Adolescents may grieve the loss of important high school years with friends and graduation ceremonies.

And, our communities have experienced collective traumas and losses. Income that supported social services has been lost, traditional gatherings postponed; most importantly, many elders have been lost and one of every 168 AI/AN children has lost a primary or secondary caregiver, the highest rate of loss in the United States.[10] Without support and acknowledgement, the impacts of these personal and collective traumas may persist.

Tribes have a long history of resilience in the face of historic trauma. Close connections with family, traditional lifestyles, and spiritual and cultural identity all contribute to this resilience. These connections and lifeways can now help with the mental health impacts from the pandemic.[11]

Acknowledging trauma, grief, and loss

The first step to healing is acknowledging the trauma, grief, and loss our communities and ourselves may have experienced.[12]

Individuals can seek to build resilience within themselves by taking care of their physical, mental and spiritual health.

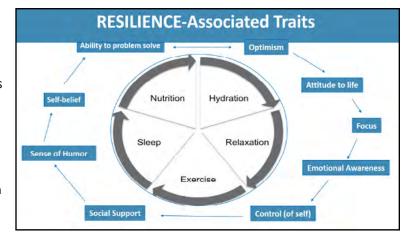Schools and organizations can create resilience through:

- Good, clear, timely communication, information and training
- Fostering team spirit and cohesion
- Promoting wellbeing through flexible, responsive resourcing
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- Psychological and wellbeing resources for staff and students[13]

Tribal Communities can help build resilience by acknowledging the collective traumas their citizens have experienced and providing opportunities to grieve together and access mental health and supportive care. Communal grief allows:

"The community to share the weight of the grief, with particular focus on helping the family. People gather to support each other through the sharing of stories, offerings of healing for those suffering through prayers and practices."[14]

Compassion for self is important

"People need to consider being more gentle with themselves through reassurance and prayers and forgive themselves for making mistakes while adjusting to the new norm." Glorinda Segay, Healthcare provider - Navajo Department of Health.[15]

[1] https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.874.4335&rep=rep1&type=pdf

[2] https://www.advisory.com/daily-briefing/2021/06/28/grief-pandemic

[3] https://www.nature.com/articles/s41562-020-00981-x

[4] https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2021/10/EthnicityRWJFNPRHORP.pdf

[5] https://www.cdc.gov/mmwr/volumes/71/su/su7103a3.htm#T1_down

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7763183/

[7] https://www.nytimes.com/2022/02/15/briefing/vehicle-crashes-deaths-pandemic.html

[8] https://www.apmresearchlab.org/covid/deaths-by-race

[9] https://www.traumagroup.org/_files/ugd/6b474f_24d5779e55dd40ea85d5b81357b84f4e.pdf

[10] https://www.cdc.gov/media/releases/2021/p1007-covid-19-orphaned-children.html

[11] https://www.traumagroup.org/_files/ugd/6b474f_24d5779e55dd40ea85d5b81357b84f4e.pdf

[12] https://www.eomega.org/article/truth-telling-is-the-first-step-to-trauma-healing

[13] https://www.kingsfund.org.uk/sites/default/files/2020-04/rapid-guidance-stress-diagram.pdf

[14] QSW 2021, Vol. 20(1–2) 149–155; Collecting grief: Indigenous peoples, deaths by police and a global pandemic

[15] https://www.medicalnewstoday.com/articles/the-effects-of-covid-19-on-the-mental-health-of-indigenous-communities#Mental-health-impacts-of-the-pandemic