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Interface between mental health and the earthquake: considering humanitarian endeavor

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Background

The state of one's mental wellbeing is an essential aspect of one's total health, playing a pivotal role in personal, communal, and economic development. Exposure to unfavorable socioeconomic, political, and ecological circumstances, such as injustice, inequalities, impoverishment and catastrophes resulting from nature, increased one's chance of experiencing psychological disorders (1). Throughout a span of 40 years, the citizens of Afghanistan have endured a tumultuous era marked by internal conflicts, an unsteady economy, and frequent natural calamities, resulting in a significant prevalence of mental illnesses. Approximately 47% of the population experiences mental health problems (2). Moreover, the negative perception around mental health acts as a barrier to obtaining easily accessible mental healthcare, particularly in rural regions, population characterized by limited educational opportunities (3). An earthquake with a magnitude of 6.3 occurred on October 7, 2023, devastating the communities and destroying dozens of clay-brick houses that were not strong enough to endure the first shock and its subsequent aftershocks. Schools, hospitals, and other community institutions were also ruined (4). According to government officials, ~2,000 people have been killed in Herat province, with more than 90% of those killed being women and children (5). This catastrophe further weakened the country's mental health. Furthermore, the restricted availability of mental health services has presented difficulties in addressing the psychological consequences of traumatic occurrences such as earthquakes. In August 2021, following the Taliban's seizure of power, the foreign fund stopped providing coverage for 79.3% of health costs (6, 7). Mental health concerns do not solely manifest among the Afghan population during times of war-induced violence. The aforementioned challenges arise from everyday pressures linked to human insecurity. These pressures consist of the repercussions of housing insecurity and lack of means of subsistence, forced migration, the disruption of familial and communal ties, the resultant destitution and catastrophes like earthquake (8). The intersection of societal stigma and socioeconomic inequality has resulted in a multifaceted approach to providing assistance to individuals with emotional or behavioral disorders.

Even though there is literature available on the mental illness health status in Afghanistan before the COVID-19 outbreak, there is a significant lack of information regarding the years following the pandemic, particularly in relation to the recent earthquake of 2023. Therefore, this study investigates the impact of the ongoing earthquake occurrence on the mental health of individuals in Afghanistan and suggests strategies to address this problem.

The study employed secondary data to enhance the coherence and reliability of its reasoning. The research sources utilized for the current study included Google, Google Scholar, Microsoft Academic, JSTOR, and [Academia.edu](https://www.academia.edu). Using keyword searches such as “Afghanistan earthquake, mental health, humanity sufferings, immediate rescue, country’s health system, mental health priorities available facilities, NGOs response to tragedy and coping mechanism,” the study attempts to identify its desired purpose.

The consequences of the earthquake on the psychological state

Earthquakes intensify the occurrence of psychiatric health illnesses, including depression, anxiety, post-traumatic stress disorder (PTSD), insomnia issues, and drug dependence (2, 9). The psychological reaction to a catastrophe can be evaluated through five separate phases: alert issued effects, inspection, immediate recuperation, and prolonged recuperation. When an earthquake occurs, the reaction usually starts at the impact stage and might result in intense feelings (10). Afghanistan, situated within the rugged “Hindu Kush” Himalayan range, is recognized as the second most seismically active area in the world. Moreover, the collision of the Indian and Eurasian tectonic plates at the border of Afghanistan and Pakistan has made the country vulnerable to seismic events and the leading to psychosocial side effects (11).

The frequency of psychological disorders in war-affected areas is more than twice as high as in the overall population, as demonstrated by data from the World Health Organization. The prevailing rate of mental health difficulties among the adult population is 22%, with 17% having mild to moderate depression, anxiety, and post-traumatic stress disorder (PTSD), while 5% encountering severe depressive symptoms, stress, PTSD, schizophrenia, and or bipolar disorder (12). Another study conducted in Afghanistan in 2021 by BMC Psychiatry investigated eight different areas and revealed concerning prevalence rates of depression and anxiety disorders among the whole population. Around 47.12% of the surveyed respondents reported experiencing a notable level of discomfort in the month prior, whilst more than 39.44% stated that their mental health problems had adversely affected their everyday functioning (13).

The recent earthquake in western Afghanistan had a profound impact on the countryside human population, resulting in substantial health concerns, particularly for psychological issues (14). Factors contributing to these risks included physical trauma, bereavement, housing loss, financial hardship, the displacement, female suffering, loss of relatives and low educational attainment (15–17). However, mental health remains a highly stigmatized subject in Afghanistan, despite the shared experiences of many individuals, mostly owing to a complex combination of cultural, religious, economical, and environmental variables. Currently, the mental health sector has been given lower priority by the de-facto Taliban administration due to the deteriorating economy and high levels of poverty, resulting in it being mostly neglected (13). The lack of local mental healthcare, geographical obstacles and inadequate transportation infrastructure impede prompt response efforts and heighten the likelihood of enduring societal

consequences. These consequences may manifest as societal dysfunction, resulting in escalated family disputes, violence, aggressiveness, suicidal ideation, and drug misuse.

Obstacles and ramifications

The country’s mental healthcare administration is currently facing multiple issues, which have been further exacerbated by the devastating earthquake. Poverty stands as the foremost concern, as evidenced by the latest International Wealth Index data indicating that a significant 98% of families residing in Herat Province endure life in poverty (18). The earthquake inflicted significant destruction to many dwellings, leading to the evacuation of residents that lack the financial means to reconstruct. Moreover, it is quite probable that the earthquake contributed to the onset of emotions such as sadness, unease, post-traumatic stress disorder, and severe depressive illness (19–22). If the region did not suffer from low accessibility and a scarcity of psychological healthcare facilities, psychiatric health practitioners would be able to effectively address these psychological problems (22, 23). Herat’s asphalt roads are insufficient, forcing the populace to utilize dirt tracks that wind across steep terrain. Because of the earthquake’s surface rupture and ground displacement, these dirt roads are now worthless, which delays access to medical services (24, 25). A lot of Muslims regard the calamity as a trial, or test from God, which might psychologically deter individuals from seeking mental health care. Earthquakes can also reinforce society’s fatalistic attitudes (26, 27). Numerous new societal problems are a result of people’s lack of awareness of the possible growth in mental diseases. Because of the long-running conflict and the country’s poor mental health, Afghanistan has seen massive drug usage (28, 29). Research has shown a reciprocal relationship between persons with PTSD or MDD and drug addiction, which may make the problem worse by encouraging more people to use drugs (30). In addition, a research published in 2021 found that MDD patients had violent outbursts far more frequently (21, 31). This could cause family conflicts in Afghanistan, where mixed-family families make up the majority of the population (20, 31). The continuation of a detrimental cycle, in which the limited accessibility of psychological healthcare for individuals results in substance abuse and aggression, worsening the overall situation and putting additional pressure on already overwhelmed mental care facilities, emphasizes the urgent need for the government and supporting non-governmental organizations to take proactive measures in addressing mental health interventions from the start and in the future.

Initiatives aimed and suggestions

Various organizations have addressed the pressing demand for mental health centers in Afghanistan. Health-Net TPO, a Dutch organization established by Médecins Sans Frontières, has been delivering treatments in Afghanistan ever since 1994. Since 2005, the company has solely concentrated on integrating mental health services into healthcare institutions in Afghanistan (32).

The training program offered by Health-Net TPO has facilitated the acquisition of essential skills and information

for 325 persons from Afghanistan, enabling them to operate as proficient psychosocial specialists. These experts are now capable of providing assistance to humanitarian citizens at medical services. Furthermore, the organization has provided comprehensive training to more than 250 healthcare practitioners, encompassing doctors, obstetricians and nursing staff in the field of psychological disorders health. Furthermore, they have successfully created 56 mental health facilities across the country (6).

Health-Net TPO teams are now offering aid to individuals in the Herat and Farah provinces, which have been affected by the crisis. Mobile healthcare teams have been dispatched around the region to provide essential emergency medical treatment and offer psychological assistance to those affected (33). A group of six psychosocial therapists has begun providing psychological first aid and mental health support to children and their families who have experienced considerable psychosocial distress. A combined total of 1,600 dignity kits (DKs) are sent to the districts of Herat and Farah. This distribution is part of a joint effort with the United Nations Population Fund (UNFPA) and Health-Net TPO (33).

While these groups provide essential emergency aid, the availability of mental health counseling is inadequate. Through cooperation with various international organizations, the incorporation of religion into mental health practices would reduce societal stigma associated with psychological therapy and promote individuals' willingness to seek expert guidance. Global restrictions on emergency assistance, including medical and psychiatric aid, are soon to be lifted to alleviate the growing burden on mental health. By allowing the influx of help, this will simultaneously allow those in need to obtain mental healthcare in adjacent countries that have better facilities (34).

Evidence has indicated that mental healthcare services effectively mitigate the likelihood of chronic illnesses associated with insufficient counseling, such as panic attacks, anxiousness, and drug dependence (35–37). Therefore, it is crucial for global leaders, together with non-governmental organizations, to adopt a more assertive approach in providing psychological health solutions in Afghanistan. Considering the current situation in Afghanistan, where people are experiencing considerable psychological anguish, it is of utmost importance to prioritize the resolution of this matter, given that half of the population is impacted by psychological stress (38).

In order to mitigate the effects of extensively impaired infrastructure, a practical approach is to enhance the use of telemedicine in collaboration with Afghan Cellular, the leading telecoms supplier in Afghanistan. By implementing this, it would allow individuals in rural regions to obtain mental health assistance, while also providing the benefit of limited identification. Technological elements such as speech filters enhance communication by allowing individuals to hide their identities. The dominant conservative ideologies in rural Afghanistan impede women's ability to obtain counseling services. In order to tackle this problem, it would be advantageous to establish counseling teams that have a balanced gender composition. This would allow women to engage with female counselors in a manner that is seen socially acceptable by the local community. Camps aimed at aiding victims should incorporate recreational activities to effectively channel the energy of the

young individuals, a strategy that has been proven to improve their mental wellbeing (39, 40). Employment not only generates financial income but also improves the mental wellbeing of numerous individuals, especially women. It is recommended to incorporate activities such as sewing or tailoring within a holistic rehabilitation approach (41). The effectiveness of such activities depends on engaging in transparent and sincere communication with government officials and significant religious figures. Their support for such organizations has the potential to greatly increase the Afghan community's willingness to seek mental health assistance.

Since the Taliban took control of the country in August 2021, major political shifts and devastating natural disasters have made Afghanistan's situation more difficult. The predominance of women and children among the numerous casualties resulting from the earthquakes in the province of Herat underscores the inherent weaknesses of Afghan dwellings constructed with sun-dried bricks. In addition, the Taliban's restriction on women's access to non-governmental organizations (NGOs) has hindered the delivery of vital health and humanitarian services. The issue is exacerbated by international resolutions to decrease financial assistance. The convergence of crises has had a disproportionate impact on women and children, as it has led to possible surges in infections, depression, anxiety, insecurity and starvation (42).

Sanctions and decreases in assistance are used as measures to enforce accountability on the Taliban, but unintentionally inflict harm on women and children in Afghanistan. This scenario strongly implores the entire community to take action and avert any natural or political catastrophes that may pose a threat to the most susceptible individuals in society. It is essential to differentiate between humanitarian assistance and political matters, actively participate in productive dialogue with the Taliban to find practical solutions, and uphold the key role of non-governmental organizations, especially considering the frequency of natural calamities. The current scenario underscores the utmost importance of the international community giving priority to humanitarian concerns rather than political disputes. This is essential to ensure that aid reaches the most susceptible populations and that non-governmental organizations (NGOs) can continue their operations despite persistent societal challenges (42).

Conclusion

Afghans have had persistent psychological health difficulties for numerous years; nonetheless, the recent earthquake has heightened concerns around psychological wellness. Responding to mental health needs in this region is difficult due to its distant location, the ongoing humanitarian situation, and the societal stigma surrounding mental health. International organizations should allocate greater resources toward mental health services and ensure sufficient training of healthcare professionals to effectively cater to the mental health requirements of the Afghan population, employing innovative initiatives and rehabilitation methodologies. Furthermore, it is imperative to enhance public consciousness

regarding mental health in order to eradicate the associated social stigma.

Author contributions

SA: Conceptualization, Formal analysis, Writing – original draft, Data curation, Investigation, Methodology, Project administration, Software, Validation, Writing – review & editing. MB: Conceptualization, Writing – original draft, Writing – review & editing, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision. AA: Conceptualization, Formal analysis, Resources, Writing – original draft, Writing – review & editing, Data curation, Funding acquisition, Investigation, Project administration, Supervision, Validation, Visualization. MA: Project administration, Supervision, Validation, Writing – original draft, Writing – review & editing, Conceptualization, Funding acquisition, Investigation, Methodology, Resources, Visualization. MI: Conceptualization, Project administration, Writing – original draft, Writing – review & editing, Data curation, Formal analysis, Investigation. HA-K: Writing – review & editing, Funding acquisition.

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HA-K was employed by Qatar Investment Authority.

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