Chapter 19
Psychosocial Recovery after Natural Disaster: International Advocacy, Policy, and Recommendations

Judy Kuriansky

Introduction

Natural disasters throughout the world have claimed vast numbers of lives, decimated livelihoods, and subverted economic and growth and social development of communities, societies, and countries, especially in already fragile states with weak infrastructures and low human capacity to provide services. These events leave citizens and governments in desperate straits to rebuild on several levels. These levels have been identified as the 3 Es, postulated as Economic Recovery, Environmental Reconstruction, and Emotional Resilience (Nemeth, Kuriansky & Onishi, Chap. 18, this volume). While all three operate in a nexus, emotional resilience of the people is fundamental to the restoration of a functional social system. For emotional resilience to be achieved, it is important to ensure that policies on local, national, and international levels support the development of programs, as well as the training of personnel, allocation of resources, and building of health systems infrastructure to support recovery. These policies must be comprehensive, allow access and affordability of care, and be sustainable. This means that they must have the human capacity and financial resources to continue, and to be scaled up to serve many people.

This chapter has three purposes. First, I describe important advocacy on the part of psychologists regarding psychosocial resilience in disaster risk reduction and recovery. Second, I review historical and ground-breaking government agreements and policies that currently support such efforts which have all been formulated in recent times and that are important for all psychologists and stakeholders in the field of disaster risk reduction and recovery. Third, I describe the importance of these agreements as a foundation for interventions. In the conclusion, I offer suggestions for future advocacy directives and research efforts to advance emotional and psychological resilience in the wake of disasters. These are supported by my extensive

J. Kuriansky (*)
Teachers College, Columbia University, New York, NY, USA
experience in both advocacy and innovative program implementations in this field (Kuriansky, 2018, 2019a; Masangkay, 2015).

**Background About the Importance of Policy in Implementations**

The literature includes many reports on the importance of community and social support after a disaster (e.g., Kuriansky, 2012; Phillips, 2015) and coping strategies to increase resilient outcomes (e.g., Silva Brown, 2015). Other evidence indicates the need for psychological interventions to build resilience post natural disaster (Jean-Charles, 2011; Nemeth & Olivier, 2017; Norris, Friedman, & Watson, 2002; Norris et al., 2002; Koyama et al., 2014; Rich & Sirikantraporn, 2018). Post-disaster psychosocial support interventions include trainings and workshops. For example, after Hurricane Katrina and in Baton Rouge, Louisiana USA, clinicians conducted “anniversary wellness workshops” on the anniversary of the traumatic event (Nemeth, et al. Chap. 18, this volume), given that anniversary dates trigger memories and re-experiences of the disaster (Kuriansky & Nemeth, 2013; Nemeth, Kuriansky, Oliver et al., 2011; Nemeth et al., 2012). Many other such trainings and workshops have been conducted by the first author and teams worldwide, including in Haiti, China, and Iran after earthquakes there; in Japan and Sri Lanka after the tsunami-earthquakes; in Sint Maarten after Hurricane Irma; and in the New York and New Jersey areas after Superstorm Sandy; as well as in the case of deadly epidemics like HIV/AIDS, in Hong Kong during SARS, and in Sierra Leone during the outbreak of the Ebola virus (Art Saves Lives Foundation, 2019; Kuriansky, 2013a, 2013b, 2016, 2017, 2018, 2019a; Kuriansky, Margevich, Jean-Charles, & Daisey, 2018; Kuriansky, Zinsou, Arunagiri, et al., 2015; Kuriansky, Wu, Bao, et al., 2015; Luce, 2010). These workshops have been based on guidelines and activities from my toolbox of interventions applied in varied cultural contexts that includes activities of expressive arts, as well as activities that facilitate feelings of safety, personal empowerment, and community re-connection (Art Saves Lives Foundation, 2019; Kuriansky, 2008, 2019b; Kuriansky & Jean-Charles, 2012).

Those interventions have requirements on several important and necessary levels. These requirements include that they build capacity, which means ensuring adequate resources of personnel, especially in low resource settings and rural areas in developing countries, where there are few or no trained psychologists, social workers, or other healthcare workers, and where the number of providers can be enhanced by task-shifting, i.e., training para-professionals and volunteers. Also, interventions must be sustainable, which means meeting the needs of the people in the present and also for the future without requiring the presence of original experts or trainers, by empowering the community to provide for its own needs. In my work, I achieve these requirements by applying a tiered train-the-trainer model, whereby master trainers train local health providers, community leaders and volunteers who then train other cohorts in the community, that has been shown to be
These projects by myself and my team focus on three pillars: building psychosocial resilience, empowerment, and community re-connection. These pillars form the basis of my advocacy about the importance of psychosocial resilience in disaster recovery and risk reduction, and recommendations for policy. The overarching goal outlined in this chapter is to highlight the need for governments and other stakeholders to recognize and include contributions of psychology and the concept of psychosocial resilience in all planning considerations and interventions related to national or global disasters. The ultimate intention is to ensure the mental health and well-being of all peoples before, during, and even long after any such tragic event (for a review of injury and mortality, health systems and infrastructure, mental health, infectious disease, chronic disease, and health behavior after disaster, see Johnson & Galea, 2009).

**The Nature of Policy**

Policy is necessary and important to support disaster interventions and to implement recommendations. Policy is defined as “a definite course or method of action related to a specific social problem or issue in light of given conditions to guide and determine present and future decisions” (Merriam-Webster, n.d.). Such a plan is designed and then implemented on the highest level possible that outlines the general goals and acceptable procedures. Policy is generally formed by a governmental body and meant to guide their actions.

Policy can be drafted by a small group of people in an inner circle, or it may be a vast and extensive process over a long period of time. Drafting policy takes into account the opinions and needs of a vast number of constituents, especially those who will be the beneficiaries of such decisions. International agreements, compacts or resolutions at the highest level related to disaster recovery have generally followed a process taking many years and taking into account the views and input of many experts and stakeholders, with the ultimate adoption of these documents ultimately resting on voting by the governmental delegates on the international stage, i.e., at the United Nations or other convenings.

The method of enforcing such policy is as important as its drafting. Legal systems are usually set in place in policy asking for government action. However, agreements made on the international level at the United Nations are not legally binding. Even though the governments at the United Nations, made up of 193 Member States, work towards consensus on such agreements, these are no means of enforcement. Additionally, policy phrases are qualified by the context of the sovereignty of individual states (UNISDR, 2015; United Nations, 2018). Despite these limitations, the body strives for unanimous agreement.
The Nature of Advocacy

Advocacy is the process of making a point that supports a desired action, to influence another party to accept and act upon that point in interest. A key aspect of advocacy is presenting your argument in a statement. The advocacy statement should be concise, presenting evidence and support through a list of relevant agreements or research projects that support the point, much like a legal brief. This statement should make very straightforward easily understood recommendations, which ideally fit the wording and process of the current situation or negotiations.

I have conducted this advocacy in my role as a representative of psychological nongovernmental organizations (NGOs) that are accredited to the Economic and Social Council of the United Nations and affiliated with the Department of Global Communication/NGO Section. These accreditations, which require applications to meet criteria, allow NGO representatives to participate in meetings at the United Nations and to have access to interact with government representatives who are appointed to represent their state at the United Nations in negotiations on international topics and agreements. These offices are called Missions, headed by Permanent Representatives, called Ambassadors, along with Deputies and other staff who handle specific topic areas.

Disaster Recovery in the International System: Relevant Offices, Agreements, and Conferences

Given the vast numbers of disasters throughout the world, and their impact on both national stability as well as international relations, the United Nations has maintained an office since 1999 that coordinates international efforts related to disaster risk reduction. As of May 2019, this office is called the United Nations Office for Disaster Risk Reduction (UNDRR), renamed from the International Strategy for Disaster Risk Reduction (ISDRR), to better reflect its activities. The office reports on progress of a major agreement about governments’ commitments regarding disaster, called the Sendai Framework, and convenes biennial conferences to discuss disaster issues, called the Global Platform on Disaster Risk Reduction, as discussed more fully in the sections that follow.

The UNDRR is led by a United Nations Special Representative of the Secretary-General for Disaster Risk Reduction and has over 100 staff located in headquarters in Geneva, Switzerland, with five regional offices (Nairobi, Africa; Panama City, Panama, for the Americas; Cairo for the Arab State; Bangkok for the Asia-Pacific region; and Brussels for Europe), with other field presences in Addis Ababa, Ethiopia, Almaty, Kazakhstan; Bonn, Germany; Incheon, South Korea; Kobe, Japan; Rio de Janeiro, Brazil and Suva, Fiji, and New York City at UN Headquarters.

Important international frameworks and conferences relevant to disaster are described next.
The Sendai Framework

A major job of the UNDRR is to report on the implementation and review of the Sendai Framework for Disaster Risk Reduction (UNISDR, 2015), so named because the governmental negotiations took place in Sendai, Japan, following the practice that many UN agreements are named for the city in which the meetings take place. This voluntary, nonbinding, and people-centered framework outlines a 15-year agreement (from 2015–2030) by governments of the world regarding the responsibilities, targets, and priorities for reducing and preventing global disaster risk, and for efficient and effective disaster recovery. Adopted on March 18, 2015, the agreement built on the previous agreement called the Hyogo Framework, agreed upon at a conference in Hyogo, Japan, that covered the years 2005–2015.

The framework recognizes that, while the State has the primary role to reduce disaster risk, responsibility should be shared with local government, the private sector, and other stakeholders, including civil society. The directives aim to reduce losses in lives, livelihoods and health, for the benefit of the economic, physical, social, cultural, and environmental welfare of people, businesses, communities, and countries.

A single sentence in the Framework supports psychosocial resilience, and hence has guided my activities and advocacy. Paragraph 33 (o) says that to achieve Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction, on national and local levels, it is important “To enhance recovery schemes to provide psychosocial support and mental health services for all people in need.”

This sentence has provided the foundation for my extensive advocacy highlighting “psychosocial resilience” as distinct from infrastructural resilience, in order to underscore the importance of one of the 3 Es, namely, Emotional Resilience (Nemeth et al., Chap. 18, this volume). As such, I have presented at all the meetings of the UN disaster office, dating back to 2007, and the critical conferences evaluating the progress in achieving the agreements of the Sendai Framework, in Sendai in 2015, in Cancun in 2017, and in Geneva in 2019 (Kuriansky, 2019a; Masangkay, 2015).

My advocacy efforts to promote psychosocial resilience are supported by the fact that the framework is intended to be “people-centered” and also by extensive research indicating the extent of emotional sequelae of disaster as not only immediate but also long-term. While I have observed that many statements at United Nations conferences about disaster – such as the 2017 Hurricanes Harvey, Irma and Maria that devastated the Caribbean islands as well as Texas, Florida, Puerto Rico and the U.S. Virgin Islands – mention the word “resilience,” these generally refer to infrastructure like alarm systems and building codes, as opposed to the emotional needs of the people affected. At many of these meetings, I have distributed written statements with recommendations, and also made public statements whenever possible, about the importance of psychosocial resilience and the focus on people (Kuriansky, 2015).
Thus, the goal of my advocacy has been to underscore and amplify the importance of this sentence in the Sendai Framework and to encourage States and other stakeholders to increase efforts to realize this call to “enhance recovery schemes to provide psychosocial support and mental health services for all people in need.” My further intention is to lay the groundwork for elaborating on this call for action in future iterations of the Framework, i.e., during negotiations that will start a few years before the framework expiration date of 2030.

It is interesting to note that the precursor to the Sendai Framework was the “Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters” (agreed upon in Kobe, Hyogo, Japan, at the World Conference on Disaster Reduction, in January 2005, International Strategy for Disaster Reduction, 2005). In that framework, the words “psycho-social” and “psychological” appeared, to read, “Enhance recovery schemes including psycho-social training programmes in order to mitigate the psychological damage of vulnerable populations, particularly children, in the aftermath of disasters.”

Each agreement provides an opportunity to further advocate about the importance and inclusion of psychological issues in disaster planning. This makes efforts by psychologists, including myself, continually important and relevant, and potentially impactful. As the former head of UNISDR, Margareta Wahlström once told me, “Judy, never stop reminding us of the importance of psychology and psychosocial resilience.”

### The United Nations Agenda 2030 for Sustainable Development

The historical inclusion of the call for the “promotion of mental health and well-being” in target 3.4 of the United Nations 2030 Agenda for Sustainable Development, provides a foundation, in a major international document, for advocacy about post-disaster psychological recovery. This target was ensured by a highly successful campaign during the intergovernmental negotiations led by my good friend, then-Ambassador of the Republic of Palau to the United Nations, public health physician Dr. Caleb Otto, representing the Member States (governments) of the UN, in partnership with me, as a representative of psychologists and civil society (Forman, 2014; Kuriansky & Zinsou, 2019). This effort was an excellent example of combined and committed efforts by government and civil society that leads to such accomplishments. The effort involved several years of drafting and distributing policy papers and holding meetings with United Nations delegates involved in the negotiations held over 2 years at the UN New York headquarters that led to the ultimate adoption of the agenda in 2015. Those five words — “promote mental health and well-being” — can now form the basis for huge steps forward in disaster recovery as well as every aspect of social, economic, and emotional development (i.e., the 3 Es).
The Global Compact for Safe, Orderly, and Regular Migration

Advocacy regarding psychosocial resilience was also conducted during the negotiations for the Global Compact for Safe, Orderly and Regular Migration, adopted in December 2018 in Marrakesh, Morocco, in which I participated actively as part of civil society and as a member of the UN NGO Committee on Migration (Kuriansky, 2019c; for the compact, see United Nations, Global Compact for Safe, Orderly and Regular Migration - Intergovernmentally Negotiated and Agreed Outcome, 13 June 2018). The importance of emotional resilience is importantly mentioned in this Global Compact, which includes a section about “Natural disasters, the adverse effects of climate change, and environmental degradation” with actions “to address the vulnerabilities of persons affected by sudden-onset and slow-onset natural disasters, by ensuring they have access to humanitarian assistance that meets their essential needs with full respect for their rights wherever they are, and by promoting sustainable outcomes that increase resilience and self-reliance, taking into account the capacities of all countries involved.” Notably, several references in the document are made to provision of psychosocial services, using the words “psychosocial,” “mental health,” and “counseling.”

The importance of psychosocial resilience for migrants, as well as for refugees, is underscored by slow-onset climate disaster occurring in countries threatened by climate change and rising sea levels, leading to what is being referred to as “climate refugees.” Such slow-onset disaster has been recognized in the Global Compact. Populations on islands such as in the Small Island Pacific States, e.g., the Marshall Islands, are in grave danger of losing their homeland as the land sinks into the sea, causing intense trauma. Highlighting the plight of these “climate refugees” is a major focus of my ongoing advocacy (Kuriansky, 2019a).

The Political Declaration on Health Coverage

Advocacy about the importance of mental health and of psychosocial resilience in disaster recovery was conducted by myself and colleagues for the important “Political Declaration on Universal Health Coverage, Moving Together to Build A Healthier World,” adopted in October 2019 by the government Member States of the United Nations (United Nations General Assembly, 2019). This highly significant declaration represents their commitment to provide access to health coverage to all people. In this regard, I drafted and submitted a statement on behalf of the Psychology Coalition of NGOs accredited at the United Nations (PCUN) to the co-facilitators at the Missions of Georgia and of Thailand to the United Nations, in time for this reference to be considered and successfully included (as acknowledged by return email). The first paragraph of the declaration affirms “the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health” and later, recognizes “the consequence of the adverse
impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of health… underlining that resilient and people-centered health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations.” As Weems and Banks (2015) have pointed out, an ecological needs-based perspective can be valuable for addressing post-disaster mental health issues particularly among adolescents as a vulnerable population (see also Weems & Overstreet, 2009).

**The Astana Declaration on Primary Health Care**

Another document important to note in this chapter, as it is another recent international agreement that includes mental health and consequently affords a foundation for advocacy about psychosocial resilience, is the Astana Declaration on Primary Health Care, adopted at a conference in Kazakhstan in October 2018. As in previous work, I co-drafted a major statement to support this advocacy, which was presented in person by a colleague from the UN Major Group for Children and Youth at the conference. Participation in these two steps, drafting a statement and presence to present the points at a conference, was again evident, as in the cases described earlier, and as described in more detail in the example in the next section.

**Advocacy at United Nations Conferences on Disaster Risk Reduction: A Case Study of Process and Progress**

Advocacy regarding the importance of mental health and psychosocial resilience on the international stage dates back to 2007, at the disaster risk reduction conference held in Geneva, Switzerland, headquarters of the International Strategy for Disaster Risk Reduction (so-named at that time), which brings together representatives from governments, UN agencies, financial and academic institutions, NGOs, and other members of civil society. Future meetings followed similar formats. The 3-day meeting consisted of high-level plenaries, sector workshops, and side events, mainly focused on government negotiations but with opportunities for input and meetings with civil society (NGOs). The advocacy on behalf of the United Nations NGO Committee on Mental Health was conducted by executive committee board members, myself, and clinical psychologist Inka Weissbecker, then Research Scientist at the Center for Hazards Research and Policy Development at the University of Louisville (now at the World Health Organization).

The advocacy was on many levels, that serves as an example for how efforts are done, and how success can be achieved to include awareness of psychology and mental health in disaster planning. One method is to speak up at meetings. At a thematic workshop on “Disaster Risk Reduction in the Health Sector,” which
emphasized the importance of what WHO means by “Safe Hospitals” in terms of structural, nonstructural, and functional aspects (e.g., the poor planning of a hospital built on a waterbank), in the discussion period, I emphasized the importance of including mental health in all languaging, planning, and summary statements from the health sector. Due to my collaboration with the civil society group, mental health was included in the group’s finals statement submitted to the co-chairs. Another important effort, as noted above in this chapter, is to distribute a statement, prepared before the meeting, about the importance of psychosocial issues in disaster risk reduction, and recommended actions. Statements should be endorsed by as many organizations as possible, as an impressive showing of the number of stakeholders who support the points. Of course these should include psychology-related organizations but should also include organizations from related fields. This statement was endorsed by eleven organizations. We also distributed an announcement about an upcoming Department of Public Information NGO conference in September about “Climate Change: How It Impacts Us All.”

On behalf of the Committee on Mental Health (CMH), we also presented a “side event” on the topic of “The Integration of Mental Health and Psychosocial Issues into Disaster Risk Reduction and the Hyogo Framework,” constituting a major opportunity to highlight the issue in such a major international forum. Exceptionally significant—and groundbreaking—was that very high-level persons agreed to be on the panel, including then-Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator of the Office for the Coordination of Humanitarian Affairs Margareta Wahlström (mentioned previously in this chapter), who supported the importance of integrating psychosocial and mental health interventions into the Framework, as part of a comprehensive program of disaster preparedness, response, and recovery. Her support emboldened our advocacy. Of note, Robert Glasser, who took over the head position of the UNDRR, made similar encouraging remarks to me at the meeting in Cancun, encouraging me to advocate about psychosocial resilience.

The panel was also groundbreaking in that Mark van Ommeren from the World Health Organization’s Department of Mental Health and Substance Abuse announced the launch of the new “Guidelines on Mental Health and Psychosocial Support in Emergency Settings” (Kuriansky, 2011). These guidelines were drafted by the Inter-Agency Standing Committee (IASC) with endorsement by 27 agencies representing 10 UN agencies (including OCHA, UNFPA, UNHCR, UNICEF, and WHO), the Red Cross/Red Crescent movement, 16 leading NGOs, and the World Bank, and remain to this day as the gold standard in interventions in disaster. Ommeren asked the attendees to reflect on their positive and negative experiences

---

1 the World Council for Psychotherapy, International Association of Applied Psychology, International Association of Schools of Social Work, International Council of Psychologists, International Psychoanalytical Association, International Union of Psychological Science, MindFreedom Support Coalition International, Soroptimist International, American Psychological Association, World Association for Psychosocial Rehabilitation and World Federation for Mental Health.
related to mental health and psychosocial support in emergencies, and encouraged integrated preparation and response, inter-agency consensus on mental health and psychosocial support, and self-care of responders. Considerations, that also remain to this day, include cultural sensitivity, assessments beyond PTSD, and ensuring the welfare of healthcare staff.

As I do in many events to this day, serving as moderator and panelist, I reviewed research and experience that disasters impact the mental health and psychosocial well-being of individuals, families, and communities immediately and long term, resulting in threats to overall health, human rights, and social development (Maeda & Oe, 2015). I further emphasized that psychosocial/mental health interventions should be an integral part of any comprehensive disaster program given that adults and especially children suffer from losses and worry about recurrences. Also, since a locally trained psychological staff is scarce in developing countries, community resources need to be enhanced and local people trained. And importantly, such services need to be integrated into primary health care.

Weissbecker described a unique multi-stakeholder model being applied in a developing country vulnerable to climate change, namely, Belize, involving government, school and community agencies and her university departments, that also has low resources (i.e., only one psychiatrist and one clinical psychologist). The program, following the IASC guidelines, developed handouts for the general public regarding disaster preparedness, response, and coping, especially for children. It also included plans to train parents to foster more resilient families. Another panelist explained how applied psychology can support the framework with assessments and by rebuilding social networks and resettling survivors, that are essential steps in disaster recovery.

All such meetings provide valuable opportunities for connecting with government delegates and also to connect with other NGOs to further the campaign of including psychosocial issues in disaster risk reduction planning.

It is always important to ensure that the advocacy points are included in final summaries. At the closing plenary of this meeting, because health was not mentioned in the short summary even though the Health sector representative submitted recommendations, Weissbecker and myself hurriedly and successfully submitted a request to the Secretariat to be on the list of speakers. Luckily, I was included, as the last to speak, and able to make a verbal statement about the importance of including attention to psychosocial issues in a holistic risk-reduction program to address community needs.

Further, for the final report, we drafted an extensive summary about the importance of mental health and psychological well-being, submitted to the UN Under-Secretary General for Humanitarian Affairs and to Director of the Secretariat of the International Strategy for Disaster Reduction.

The statement read:

Health and mental health/well-being are integral to humanitarian efforts and social development, negatively impacted by disaster, and essential to build resilient communities for disaster risk reduction. Therefore, it is recommended that physical and mental health issues and experts be integrated into all policies, plans and programs in ISDR and in the
implementation of the Framework for Action. This includes assessing and monitoring physical and mental health needs, providing resources for appropriate interventions, and developing education and training programs about physical and mental health preparedness in community and institutional settings.

**Further Advocacy at Global Conferences**

To influence international agreements, it is important to continually be involved and to take advantage of every opportunity to advocate about an issue. Thus, I followed up the meeting in Geneva by co-organizing and moderating a panel later that year (2007) in September, at the United Nations Department of Public Information/NGO conference, held at UN headquarters in New York. The panel was on “Partnerships to Mobilize Community Health and Mental Health Resources for Recovery, Resilience and Risk Reduction of Climate-Related Disasters: What Multi-Stakeholders and NGOs Can Do.”

Continuing to participate in meetings at psychology conferences with colleagues is also critical, to consolidate support with civil society groups. The next year, in October, 2008, I presented a symposium on “Climate Change, Social Trauma, and Lifestyle Modification” at the World Congress of the World Council for Psychotherapy (WCP), in Beijing, China, during with colleagues from WCP as well as scientists who are expert on climate change. This was an extension of the WCP World Congress in Buenos Aires, Argentina, in 2005, when a position paper was developed calling for freedom from emotional suffering, including the need for post-disaster recovery.

This advocacy became very intensive at the Global Platforms on Disaster Risk Reduction held in Sendai in 2015, in Cancun in 2017, and in Geneva in 2019 referred to earlier in this chapter. For example, at the Third UN World Conference on Disaster Risk Reduction, in Sendai in 2015, I and youth representatives (Joel Zinsou and Quyen Nguyen) from the International Association of Applied Psychology (IAAP), an NGO which I represent at the UN, presented a report about my team’s mission to Japan after the tsunami-earthquake. This presentation was made at a session called the “Ignite Stage,” meant to promote innovative approaches to disaster risk reduction and recovery. Following my principle to take advantage of multiple opportunities to make presentations in different formats at any one meeting, I also participated on panels at the pre-conference hosted by my colleagues at the United Nations Major Group for Children and Youth (UNGCY), where I included a fellow IAAP representative, Father Wismick Jean-Charles, an educational psychologist and Haitian Catholic priest with whom I had conducted many disaster interventions during the earthquakes and hurricanes in Haiti (Kuriansky & Jean-Charles, 2012; United Nations Office for Disaster Risk Reduction, 2015). Also, I lobbied, and was selected, to make a statement at the major government session about the importance of psychosocial resilience given the ongoing suffering of the Japanese people since the tsunami (Kuriansky, 2015, April 20).
At the fifth session of the Global Platform for Disaster Risk Reduction held in Cancun, Mexico, in 2017, I again presented at the “Ignite Stage,” this time about my trainings and workshops for students and community leaders to help children and community members cope after Hurricane Matthew devastated Haiti in 2016. I also demonstrated these methods at the UNMGCY exhibit booth. As I usually do, I brought a young professional along to assist, but mainly to learn and gain experience in co-presenting, this time, my teaching assistant, Alexandra Margevich, from my class on “Psychology and the United Nations” at Columbia University Teachers College.

Two years later, in Geneva in 2019, when the UNDRR meeting focused on the topic of “Resilience Dividend: Towards Sustainable and Inclusive Societies,” I made use of the word “resilience” as highly relevant for advocacy about psychosocial resilience. At the conference, I organized and presented at a 3-hour session on “Innovations in Resilience for Disaster Risk Reduction: Artificial Intelligence for Planning, Policy and Psychosocial Support.” I partnered in this project with another IAAP UN representative, Russell Daisey, who is a member of my team on many disaster missions, and with Dr. Shariha Khalid Erichsen, my colleague on the “Health in Your Hands” initiative described later in this chapter, as well as a representative of an international technology company. This session was timely, given three recent natural disasters: (1) the recent Cyclone Fani in India and Bangladesh, (2) an earthquake in southern Iran the previous month, and (3) cyclones in Mozambique. Notably, deaths from Cyclone Fani were kept at a minimum due to evacuation, but the emotional trauma nonetheless deserved major consideration. At the session, a video was shown of my interventions around the world, to build emotional resilience for children, including expressive arts of music and art constructions (Kuriansky, 2019b). The use of technology tools like artificial intelligence and robotics was described to facilitate communication as well as deployment of first responders and delivery of needed supplies and coordination of all efforts. A panel addressing “Technologies and Innovations For the Last Mile in Disaster Risk Prevention, Reduction and Recovery – What Is The Reality On The Ground?” included the following speakers: (1) Dr. Siyana Mahroof-Shaffi, a physician and Chair & Founder of Kitrinos Health that provides mobile and static health care to refugees in Greece; (2) Dr. Kenneth Carswell, a clinical psychologist and consultant for the World Health Organization Mental Health Innovation Network, who is developing technology tools for mental health, including a Self-Help+, a guided multimedia psychosocial self-help package delivered by facilitators with minimal training, and “Step-by-Step,” an e-mental health brief and scalable psychological intervention delivered through the internet, being applied in Lebanon; and (3) Pradip Khatiwada, a member of the UN Major Group for Children and Youth and Executive Director of the Youth Innovation Lab, a civic tech company that recently developed a platform called BIPAD (Building Information Platform Against Disaster), an integrated Disaster Information Management Platform for Nepal which includes Open Data and the prospects of AI and Drone technology, for the Ministry of Home Affairs’ National Emergency Operation Centre.
The role of the private sector in disaster risk reduction and recovery is increasingly being recognized. Accordingly, another panel addressed “Resilience dividends and returns on investment – Innovative Approaches to Financing Disaster Risk Reduction & Recovery using an innovation, climate and gender lens,” focusing on the private sector contributions to financing such innovations. Fostering emotional resilience in disaster was described by Daisey, who distributed soft globes called “Hugg-A-Planet” (an original design by environmentalist Robert Firenza) to attendees, accompanied by the original anthem co-written by Daisey and me called “Happy People, Happy Planet” that had been debuted at a major event at the United Nations on the International Day of Happiness. Daisey and I described the interlinkage of Emotional Resilience and Environmental Rebuilding in disaster recovery, two of the three Es in the model of the “3 Es” of disaster recovery referred to earlier in this chapter (Nemeth et al., Chap. 18, this volume). Complementary copies were also distributed of the book I co-edited, Living in an Environmentally Traumatized World: Healing Ourselves and Our Planet (Nemeth, Hamilton & Kuriansky, 2012). The session was well attended and attendees reported significant benefits and learning, and welcomed this approach at the conference.

Again making use of every opportunity to publicly refer to the importance of psychological resilience in disaster, I also made a statement during one of the major sessions about disaster. In this comment, I raised the need for attention to the long-term effects of disaster on survivors and the importance of distinguishing psychosocial resilience from structural resilience, emphasizing the importance of a focus on people, not just buildings.

Outcome of the 2019 Geneva ISDRR Conference

A strong focus at the 2019 conference was on the “climate–security nexus,” meaning the stresses when a natural disaster strikes a country already struggling with civil conflict, heightening the humanitarian crisis. Noting the vulnerability of women in disaster, another focus was on gender-sensitive approaches to risk reduction; regarding gender parity, women represented half of the panelists and 40% of the participants. Also, more than 120 persons with disabilities attended.

The co-chairs’ summary stated that “Achieving the ‘Resilience Dividend’ will require countries, communities, enterprises, and individuals to increase capacities to participate in preventing and reducing risks.” The summary further noted that nature- and ecosystem-based approaches should be promoted to achieve the objectives of resilience dividend and integrated in disaster risk reduction strategies at all levels, and urged increased budgetary allotment, and more attention to boosting resilience in least developed countries, landlocked developing countries, and small island developing States. The overarching message was that resilience pays off, resulting in a strong call to leaders at all levels to ensure resilience dividends for all. The summary made the social, environmental, and economic case for disaster risk reduction; noted that mortality is on a downward trend and that the bulk of the
human cost occurs in low- and middle-income countries; and mentioned “health” twice (applauding new and innovative guidance, tools, and instruments in that area, and urged enhancing investments in resilient health facilities. Yet, wording about mental health and psychosocial resilience did not appear.

The Global Platform conference was meant to contribute to the 2019 High-Level Political Forum on Sustainable Development that was held in July 2019, and the Climate Action Summit on 23 September 2019 held at UN headquarters in New York City. The conclusions called for accelerated action in achieving the seven targets of the Sendai Framework and highlighted the importance of disaster risk reduction to achieve the 2030 Agenda for Sustainable Development, and the contribution of the Sendai Framework towards the Paris Agreement, the Agenda for Humanity, the New Urban Agenda, and the SAMOA Pathway.

At the closing of the Geneva conference, UN disaster prevention chief Mami Mizutori of Japan, appointed on January 31, 2018, by the UN Secretary-General as Assistant Secretary-General and Special Representative of the Secretary-General for Disaster Risk Reduction, noted disappointment that only 91 out of 197 UN member states (governments) had developed national and local strategies to ward off disasters ahead of a 2030 deadline.

**The UN Summit Climate Change in September 2019**

Leaders from government, business, and civil society announced steps to confront climate change at the United Nations Secretary-General’s one-day historic Climate Action Summit at UN headquarters in New York held on September 23, 2019, during the high-level United Nations General Assembly. Sixty-five countries, and even the US state of California, committed to cut greenhouse gas emissions to net zero by 2050, 70 countries announced they will boost their national action plans by 2020, and over 100 business leaders committed concrete actions to align with the Paris Agreement targets and speed up the transition from the gray to green economy. In closing the Summit, The UN Secretary-General said, “You have delivered a boost in momentum, cooperation and ambition. But we have a long way to go.”

Notably, an entire day on the previous Sunday was devoted to youth involvement, with youth from around the world invited and selected to attend. This is consistent with the international emphasis on involving youth in this issue and the awarding of the Nobel Peace Prize to 15-year-old activist Malala Yousafzai.

**The UN Summit on Universal Health Coverage in September 2019**

On the same day as the major Climate Change Summit, 23 September 2019, a major Summit took place on Universal Health Coverage, held at UN headquarters in New York during the UN General Assembly. Impressively, the Director General of
the World Health Organization, Dr. Tedros Adhanom Ghebreyesus, announced that health is at the center of the UN Agenda 2030 for Sustainable Development. Governments made commitments to the Political Declaration, some of which specifically mentioned the importance of mental health and psychosocial support (MHPSS). These included Finland, Argentina, and the Netherlands who also represented Nepal, Tunisia, New Zealand, Australia, Uruguay, Denmark, El Salvador, and others, and whose statement was consistent with the theme of the meeting they hosted the next month, described in a following section of this chapter. Civil society organizations also submitted statements on the issue.

**The International Conference on Mental Health and Psychosocial Support in Crisis Situations, October 2019**

To continue advocacy and form further collaborations with colleagues from civil society and government, I attended the international conference on Mental Health and Psychosocial Support in Crisis Situations that was held in the Netherlands in October 2019. The 2-day meeting, hosted by the government of the Netherlands and specifically the Ministry of Foreign Trade and Development Cooperation, brought together national Ministers of Health, Public Health, and other related Ministries of various countries with civil society advocates to discuss disaster recovery policy and programs. An important theme, in response to inadequate funding of this issue was, “Do not ask whether you can afford MHPSS, ask whether you can afford not to.” Important commitments were made by government representatives about psychosocial support in crisis, including Uganda, India, and Italy. Regarding the consistent theme to establish best practices (with proven outcomes) in the field, three examples were presented. These were: (1) efforts in Sri Lanka to offer comprehensive mental health and PSS after decades of suffering from the aftereffects of the tsunami and the added trauma of conflict in the region; (2) accomplishments in the Philippines, which had been devastated by Typhoon Haiyan, to now offer trained personnel with social care assistants to manage mental health conditions; and (3) more widely available MHPSS in Syria, despite challenges of ongoing conflict, through community and women’s centers and school-based programs rather than previously through mental hospitals and private-practices.

Key recommendations included to: (1) support a continuum of care, including MHPSS; (2) implement long-term programs; (3) offer MHPSS to displaced and host communities; (4) address underlying factors, like poverty, unemployment, and exposure to violence. (5) strengthen the voice of persons with disabilities and other excluded, vulnerable, and at-risk groups; (6) integrate MHPSS into health and community services; (7) enhance research on evidence-based approaches; (8) utilize effective delivery platforms and technology; (9) support further research; (10) establish competencies and provide training for MPHSS workplace; (11) enact relevant policy; (12) encourage donors for needed funding. Civil society workshops focused on sharing practices for disaster recovery and methodologies in emergency settings, including those from organizations like WarChild.
The WHO Mental Health Forum, October 2019

Also in September, 2019, civil society organizations gathered with governments at the WHO Mental Health Forum at WHO headquarters in Geneva, which I also attended. Relevant to the discussions and outcome regarding mental health interventions in humanitarian settings, governments made commitments and case studies were presented of what is possible to achieve in challenging settings, including Peru, Lebanon, and the Ukraine. The mhGAP Community Toolkit was launched, aimed at increasing and facilitating country action and implementation of mental health. Also, WHO hosted a panel and discussion group on interventions in humanitarian and emergency settings. Practices were shared by the NGO group IsraAID delivering MHPSS after disasters worldwide, with whom I had collaborated in Sierra Leone during the Ebola outbreak (Kuriansky, Polizer, & Zinsou, 2016).

Advocacy Statements at UN Disaster Conferences

Statements are a critical part of advocacy to influence policy. At all opportunities at disaster conferences, statements are drafted about the importance of psychological resilience. The more organizations supporting such statements, the more impact they can have. My advocacy efforts about psychosocial resilience are supported by the Psychology Coalition of NGOs accredited at the United Nations (PCUN), consisting of psychology-related NGOs authorized by successful application to the Economic and Social Council (ECOSOC) to advocate within the United Nations system to promote the contribution of psychological science and practice to issues on the global agenda ranging from poverty eradication and women’s empowerment to combating climate change and ensuring peace, health, and well-being.

On behalf of PCUN, as well as the World Council for Psychotherapy (WCP) and the International Association of Applied Psychology (IAAP), both of which I represent at the UN, I drafted and distributed a statement at the Global Platforms for Disaster Risk Reduction held in Sendai in 2015, in Cancun in 2017, and in Geneva in 2019. An example of the statement in 2017 about the Importance of Psychosocial Resilience and Mental Health and Well-being in the 2030 Agenda:

The Global Platform for Disaster Risk Reduction, From Commitment to Action Cancun, Mexico, May 2017

The importance of psychosocial resilience is key to disaster risk reduction and recovery. Target 3.4 of the UN Agenda 2030 for Sustainable Development urges governments to “promote mental health and wellbeing.” Also, 33 (o) of the Sendai Framework indicates: “To enhance recovery schemes to provide psychosocial support and mental health services for all people in need.” Now, there is growing support to go a step further, to recommend the following:

1. To support programs that promote and implement action to enhance recovery schemes to provide psychosocial support and mental health services for all people
2. To develop national strategies for the prevention and treatment of psychosocial and mental health conditions

The Global Platform for Disaster Risk Reduction, From Commitment to Action Cancun, Mexico, May 2017

The importance of psychosocial resilience is key to disaster risk reduction and recovery. Target 3.4 of the UN Agenda 2030 for Sustainable Development urges governments to “promote mental health and wellbeing.” Also, 33 (o) of the Sendai Framework indicates: “To enhance recovery schemes to provide psychosocial support and mental health services for all people in need.” Now, there is growing support to go a step further, to recommend the following:

1. To support programs that promote and implement action to enhance recovery schemes to provide psychosocial support and mental health services for all people
2. To develop national strategies for the prevention and treatment of psychosocial and mental health conditions
3. To allocate necessary funds to carry out the above
4. To integrate psychosocial services into all DRR plans and policies
5. To work with multi-stakeholders in partnerships to achieve the above
6. With regard to the Framework current wording, to recognize that where ‘resilience’ is mentioned, it refers not only to infrastructural but also psychosocial resilience

The statement from the 2019 meeting in Geneva, that builds on the previous statements of 2015 and 2017, includes references to supportive documents, as follows:

We assert the importance of psychosocial resilience as key to disaster risk reduction and recovery. In an historic act, Target 3.4 in the UN Agenda 2030 for Sustainable Development urges governments to ‘promote mental health and wellbeing.’ Also, paragraph 33 (o) of the Sendai Framework indicates: ‘To enhance recovery schemes to provide psychosocial support and mental health services for all people in need’.

Psychosocial Support in Epidemics

While this chapter focuses on natural disasters, it is important to point out that epidemics have similarly affected the psychological and social structures of many countries. The similarities of these naturally occurring crises with those from other sources, e.g., that are human-induced, has been pointed out (Kuriansky, 2013c; Kuriansky, 2016; Kuriansky et al., 2018).

The “Health in Your Hands” Initiative

The crucial need for policy and programs regarding psychological resilience is urgent for low-resource settings where population are “at the last mile,” meaning that they have little access to services. To address the global intention that “no one is left behind,” as called for in the UN 2030 Agenda for Sustainable Development, an initiative called “Health in Your Hands” was developed to make health services accessible to those “at the last mile.” The platform was formulated at the convening of Global Councils related to the Sustainable Development Goals by the Prime Minister’s Office of the United Arab Emirates during the World Government Summit in February 2017, in their initiative called “SDGs in Action.” This project, by Global Council 3 (referring to the UN Agenda 2030’s SDG 3 on Health and Wellbeing for All at All Ages), which I chair, was awarded as the most innovative in the meeting’s competition, and then presented at the United Nations during the Science, Technology and Innovation Forum in May 2017. Other experts in the GC3 include from the World Health Organization, the World Bank, the World Federation of Public Health Associations, academics, and others. The “Health in Your Hands” project – co-founded by myself and Dr. Shariha Khalid Erichsen, mentioned earlier, who is a former surgeon, now a private sector impact advisor and investor as Managing Partner.
of Mission & Co. – was then launched at the World Health Assembly in Geneva in May 2019, during an event sponsored by UNAIDS about their innovation marketplace and presented at two events during the United Nations General Assembly meetings in September 2019. One of these was sponsored by the United Arab Emirates, on “Collaboration toward achieving our shared goals” and the other, that I organized and moderated, was on “Achieving SDG 3 and Universal Health Coverage: Innovative Projects, Policies and Financing Models to Reach Those Left Furthest Behind.” Innovations are featured on the platform that have proven impact, management, and financial sustainability, and that reach vulnerable, marginalized, and at-risk groups, including women, children, persons with disabilities, and those living in poverty. Provision and scaling up of such innovations are particularly relevant and important for disaster-prone communities and those that have suffered tragic disasters.

The Importance of Partnerships

Increasingly, stakeholders are recognizing the critical role that partnerships play in disaster recovery. This is consistent with Goal 17 of the UN 2030 Agenda for Sustainable Development that identifies working together by various parties as essential for a coordinated and effective effort. For example, The Global Facility for Disaster Reduction and Recovery (GFDRR) is a global partnership working with over 400 subnational, national, regional, and international partners that “helps developing countries better understand and reduce their vulnerabilities to natural hazards and adapt to climate change” (Global Facility for Disaster Reduction and Recovery, 2019). Managed by the World Bank and supported by 37 countries and 11 international organizations, the GFDRR provides grant financing, technical assistance, training, and knowledge sharing activities to mainstream disaster and climate risk management in policies and strategies. The GFDRR seeks strategic partnerships across the United Nations system, including the United Nations Office for Disaster Risk Reduction, nongovernmental organizations, national and subnational governments, regional organizations, academic institutions, and others.

To advance its mission, GFDRR seeks partnership with the UNDRR, NGOs (led by Save the Children), the private sector, warning systems, city authorities, the International Federation of Red Cross and Red Crescent Societies, the Global Network of Civil Society Organizations for Disaster Reduction, the World Bank, European Union, United Nations Development Programme and other groups, to enhance global response to disasters, coordinate actions, and develop tools for reconstruction.

Historic National Policy Efforts

A major and historical step forward on the national stage that supports the importance of mental health, well-being, and psychosocial support in disaster recovery is the adoption of a policy on “Addressing the Impacts of Climate Change on Mental
Health and Well-being” by the American Public Health Association (APHA, 2019). This policy was co-drafted by myself with two other APHA members on behalf of the Mental Health section. APHA is a membership organization dedicated to improve the health of the public, achieve equity in health status, and influence federal policy to improve the public’s health. The policy includes the importance of mental health and well-being in recovery from disasters caused by climate change, a review of interventions, and recommended actions by varied stakeholders.

Importantly, APHA considers climate change a priority, including its effect on physical as well as mental health, evidenced in the fact that climate change was the theme for the APHA 2017 annual meeting on “Creating the Healthiest Nation: Climate Changes Health,” marking a Year of Climate Change and Health, asserting that,

Climate Change is happening today and it undeniably poses many risks to our health, making it the greatest public health challenge. Public health professionals need to work towards safeguarding all communities against climate risks by protecting people’s health, well-being, and quality of life from climate change impacts.

Also, the new APHA Center for Climate, Health and Equity intends to inspire action on climate and health, advances equitable climate policies, and galvanizes the public health field to address climate change.

**Climate Change Inter-Linkage with Emotional Resilience from Disasters**

Disaster recovery is intricately linked to climate change, as reflected in the policy statement reported in a previous section of this chapter. In terms of the 17 Sustainable Development Goals (SDGs) outlined in the UN 2030 Agenda, the goals and targets of “Combatting Climate Change” is the subject of SDG #13, the goals and targets of preserving “Life Below Water” are outlined in SDG #14, and SDG #15 addresses the goals and targets of preserving “Life On Land.” Advocacy about these issues is integrally tied to the promotion of disaster recovery. Thus, the author and colleagues attend conferences related to the environment and also to the oceans, and to climate change in general, which present opportunities to highlight the importance of emotional resilience and influence policy.

For example, in light of the extreme devastation and destruction caused by the 2017 major hurricanes in the Caribbean and the USA (Harvey, Irma, and Maria), I was invited to moderate a panel convened by the NGO Committee on Sustainable Development-NY to discuss the aftermath and steps that can be taken. The event, held on Friday, 29 September 2017 in the UN Church Center, highlighted the need for ongoing help from individuals and the international community. Speakers included three UN Ambassadors from the affected region: Ambassador Dr. Walton Alfonso Webson, of the Permanent Mission of Antigua and Barbuda; Ambassador Loreen Ruth Bannis-Roberts of the Permanent Mission of Dominica; and Ambassador Pennelope Beckles of the Permanent Mission of Trinidad and Tobago.
Ambassador Webson was very candid about the reaction of several nations that did not adhere to the basic vows made at the UN in reference to the SDGs and who refused to extend help to Barbuda and other small island states. Three speakers who had been on their home islands during the hurricanes described their harrowing experiences. I gave the psychological perspective concerning emotional needs and urgency to provide psychosocial support.

Importantly, this topic was also addressed at an event on “Building Support for Our Ocean” held on 31 July 2019 at UN headquarters, organized by the NGO Committee on Sustainable Development-NY, and sponsored by Ambassador Pennelope Beckles of the Permanent Mission of Trinidad and Tobago to the United Nations. Other missions whose ambassadors spoke were from Antigua and Barbuda (Ambassador Dr. Walton Alfonso Webson, mentioned above) and from Vanuatu (Ambassador Odo Tevi). The Ambassador of Kenya to the UN, H.E. Lazarus O. Amayo, also came, and talked about an upcoming Oceans Summit hosted by his country with Portugal to take place in Nairobi in June 2020. Ambassador Beckles talked passionately about the turtles and other sea life being strangled by discarded plastics. When I mentioned the importance of these countries paying attention to emotional long-term aftereffects of the severe Hurricane Irma in their region – given, for example, that Barbuda had been 90% destroyed – they all agreed and admitted sadly that not enough attention is paid to this issue. Other speakers, including academicians, private sector actors, and climate activists all explained the dangers to the oceans and marine life, critical for food supply and economies, especially from dumping plastic waste. All agreed that urgent action is necessary.

Discussions about climate change related to disasters, and the deleterious impact on people and the planet, have been ongoing at the United Nations, by both governments and civil society and also by youth groups. Notably, at a Conference in the Dominican Republic, students at a model UN – an event where youth enact roles of the real governments – produced, under my direction of the International Student Journalism Program, a video appealing to governments to “Seal the Deal,” meaning come to agreement about climate change (Bateson, Chireno, & Kuriansky, 2009). Also, intergovernmental meetings occur annually at what’s called the Conference of the Parties (COP) to The United Nations Framework Convention on Climate Change (UNFCCC).

Advocacy for Policy About the Environment

Advocacy and research focused on the environment is exceptionally important in efforts concerning disaster recovery and psychosocial resilience, since preservation of the environment is critical to adaptation and mitigation of climate change and strategies regarding disaster risk, prevention, and recovery. Such efforts relate to the field of environmental psychology and a subset of this field in applied psychology called Ecopsychology that focuses on the relationship with nature and ecosystems. In a two-volume anthology about this field, topics explore examples of
implementation, e.g., transformational growth workshops in the biodiverse environment of Belize as well as policy, e.g., paradigm shifts in UN policies and programs about the environment and climate change related to nature and well-being (Kuriansky, LeMay, & Kumar, 2015; Nemeth & Kuriansky, 2015). In this regard, prosocial behavior is important. Studies on causes of prosocial or pro-environment behavior (PEB) reveal several points. These include that energy-saving behavior was more encouraged by following others than by providing information; that visual messages influence PEB more than text; and that walkable neighborhoods positively affect mental health. Concepts like “ecological resilience” and “cosmopolitan identity” cultivate socially responsible values and behavior (e.g., recycling, purchasing biodegradable products). Significantly, research shows that volunteering helps the helper (Nemeth, Hamilton, & Kuriansky, 2015, pp.419–424; Silva, Marks, & Cherry, 2009). Research in areas like these, and projects presented in this volume, are greatly promising given the inclusion of well-being in the UN global agenda. I have made statements at the UN about preservation of the environment and the respect for nature (Kuriansky, 2014; Kuriansky, LeMay, & Kumar, 2015).

Involving Media

Involving media in advocacy efforts is critical, and often overlooked (Kuriansky, 2005, 2006, 2009). At a UN meeting on disaster, a three-day training on covering climate change issues was held for invited journalists, organized by an independent Geneva-based company, Media 21, and initiated by the press agency, InfoSud, a nonprofit journalism organization. At one session, “Health: New or Aggravated Diseases?” about climate change and disease spread, as a panelist, I stressed the importance of considering psychosocial issues in addressing problems related to climate change. Many journalists requested more information and asked for advice developing programs for their country (e.g., Sri Lanka and the Philippines) regarding psychosocial recovery and risk reduction.

Conclusions

To ensure Emotional Resilience, one of the triad of the 3 Es for disaster resilience – with Economic Recovery and Environmental Restoration – it is crucial to ensure that policy is put in place to support programs that assist people in restoring their sense of safety and empowerment to rebuild. Psychological representatives at the United Nations have engaged in extensive advocacy in order to encourage governments to support the emotional recovery of populations affected by natural disaster, specifically focused on “psychosocial resilience.” Such efforts involve ongoing awareness-raising in the form of presentations at international conferences, not just for professionals but for policymakers on all levels, and in individual meetings with
high-level delegates. More psychologists need to be involved in these efforts both on the international stage as well as on their national level. Further, documentation of the process of advocacy and the outcome of such efforts needs to be done, in order to offer training to develop competency and to engage more psychologists. With such advocacy, restoring emotional resilience post trauma and allowing opportunities for post-traumatic growth is possible for vast numbers of populations affected by disaster now and in the future.

Equally important is developing a body of evidence-based disaster interventions focused on mental health and well-being and psychosocial resilience, in order to support, and also apply, these policies. With colleagues, I am committed to ongoing efforts to include psychosocial resilience as a language in inter-governmental agreements, as well as developing and implementing interventions for psychosocial disaster recovery. The recommendations in the new policy adopted by the American Public Health Association for addressing the impact of climate change, and thereby natural disasters, on mental health provide an excellent path for the way forward.

References

APHA, American Public Health Association (2019). Addressing the Impacts of Climate Change on Mental Health and Well-being. Policy Number: 20196. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2020/01/13/addressing-the-impacts-of-climate-change-on-mental-health-and-well-being.

Art Saves Lives Foundation. (2019). We are resilient people. Mission report: Resilience, empowerment, and connection building training. Access at https://drive.google.com/open?id=17Gf6uOVZMD3N-Ak4igihhTRewTC5BoE1.

Bateson, T., Chireno, E. & Kuriansky, J. (Co-Executive Producers) (2009). Seal the deal at CILA 2009 (2009, Nov 6). [Video]. Retrieved April 6, 2015, from https://www.youtube.com/watch?v=vP-yjpdXO8M.

Forman, A. (2014). Five words that can change the world. Jewish Journal, 39(4), 1–9.

Global Facility for Disaster Reduction and Recovery. (2019). Access at https://www.gfdrr.org/en.

International Strategy for Disaster Reduction (2005). Hyogo framework for action 2005–2015: Building the resilience of nations and communities to disasters. Retrieved from https://www.unisdr.org/2005/wcdr/intergover/official-doc/L-docs/Hyogo-framework-for-action-english.pdf.

Jean-Charles, W. (2011). Rebati: After the earthquake, the IAAP UN team continues to remember Haiti. IAAP Bulletin of the International Association of Applied Psychology, 23, 32–38. Retrieved from https://iaapsy.org/site/assets/documents/apnl_v23_i1-2.pdf.

Johnson, J., & Galea, S. (2009). Disasters and population health. In K. E. Cherry (Ed.), Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms (pp. 281–326). New York: Springer.

Koyama, S., Aida, J., Kawachi, I., Kondo, N., Subramanian, S. V., Ito, K., et al. (2014). Social support improves mental health among the victims relocated to temporary housing following the Great East Japan Earthquake and Tsunami. The Tohoku Journal of Experimental Medicine, 234(3), 241–247.

Kuriansky, J. (2005). Working effectively with the mass media in disaster mental health. In G. Reyes & G. A. Jacobs (Eds.), Handbook of international disaster psychology (Vol. 1, pp. 127–146). Westport, CT: Praeger Press.
Kuriansky, J. (2006). Getting it to the hill. Your voice counts: Public policy advocacy for psychologists. *Amplifier: Media Psychology. Submitted to division 46 media psychology of the American Psychological Association.*

Kuriansky, J. (2008). A clinical toolbox for cross-cultural counseling and training. In U. P. Gielen, J. G. Dragsuns, & J. M. Fish (Eds.), *Principles of multicultural counseling and therapy* (pp. 295–330). New York: Taylor and Francis/Routledge.

Kuriansky, J. (2009). Communication and media in mass trauma: How mental health professionals can help. In J. T. Thome, M. Benyakar, & I. H. Taralli (Eds.), *Intervention in destabilizing situations: Crises and traumas* (pp. 195–232). Rio de Janeiro: Associação Brasileira de Psiquiatria.

Kuriansky, J. (2011). Guidelines for mental health and psychosocial support in response to emergencies: Experience and encouragement for advocacy. *The IAAP Bulletin. The International Association of Applied Psychology Covering the World of Applied Psychology,* 23, 30–32.

Kuriansky, J. (2012). Our communities: Healing after environmental disasters. In D. G. Nemeth, R. B. Hamilton, & J. Kuriansky (Eds.), *Living in an environmentally traumatized world: Healing ourselves and our planet* (pp. 141–167). Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J. (2014). Statement as Invited Discussant. United Nations General Assembly Interactive Dialogue on Harmony with Nature. The promotion of a balanced integration of the economic, social and environmental dimensions of sustainable development through harmony with nature. New York: United Nations Trusteeship Council Chamber. June 22.

Kuriansky, J. (2013a). Japan Mission: Healing workshops by Dr Judy Kuriansky & team on tsunami/earthquake anniversary [Video file]. Retrieved from https://bit.ly/2LXh8CY.

Kuriansky, J. (2013b). Superstorm sandy 2012: A psychologist first responder’s personal account and lessons learned about the impact on emotions and ecology. *Ecopsychology,* 5(S1), S-30–S-37. https://doi.org/10.1089/eco.2013.0010

Kuriansky, J. (2013c). Thoughts on Katrina vs. Sandy: Essays on nature-induced, human-induced, and nature + human-induced environmental trauma. *Ecopsychology,* 5(S1), S-20–S-26. https://doi.org/10.1089/eco.2013.0039

Kuriansky, J. (2015). Dr Judy Kuriansky: Statement at World Conference on Disaster Risk Reduction, Sendai Japan 2015, April 20 [Video file]. Retrieved from https://bit.ly/2JS6Ao2.

Kuriansky, J. (Ed.). (2016). *The psychosocial aspects of a deadly epidemic: What Ebola has taught us about holistic healing.* Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J. (2017). Transforming trauma to healing, hope and happiness. [video file]. Access at https://www.youtube.com/watch?v=bfdJ9jAomMw.

Kuriansky, J. (2018). Psychotherapy, psychology, psychiatry and international policy: Professional contributions and personal experiences about mental health and wellbeing, psychosocial resilience and peace. *The International Journal of Psychotherapy, Counseling & Psychiatry: Theory, Research & Clinical Practice. Special Volume of the World Council for Psychotherapy 8th World Congress of Psychotherapy Conference 2017,* April 2018. Accessible at: http://ijpcp.com/journal03/j03a06.htm

Kuriansky, J. (2019a). Climate change and disaster recovery: Activities, achievements and contributions of the IAAP New York Team. *Applied Psychology Around the World,* 1(3), 50–56.

Kuriansky, J. (2019b). Expressive arts for helping children heal in crisis and disaster. In I. A. Serlin, S. Krippner, & K. Rockefeller (Eds.), *Integrated health care for the traumatized: A whole person approach.* Lathan, NY: Rowman & Littlefield.

Kuriansky, J. (2019c). Migration, refugees and mental health at the United Nations: Activities, achievements and contributions of the IAAP New York Team. *Applied Psychology Around the World,* 1(3), 79–87. Retrieved from https://iaapsy.org/site/assets/files/1082/apaw_vol1i3.pdf.

Kuriansky, J. (2019d). Reinforcement des Capacités dans les Pays à Faibles Ressources après une Catastrophe: Empathie, Empowerment et Estime de Soi, dans la Formation des “Consolateurs”: Le Cas de Haïti (Building Capacity in Low Resource Settings Post-Disaster: Empowerment, Empathy and Esteem in Training Comforters in the Case of Haiti). In W. Jean-Charles (Ed.), *Empathie en Haïti de la Recherche à la Pratique à la Croisée de Différents Regards* (pp. 207–230). Coconut Creek, FL: EducaVision.
Kuriansky, J. & Jean-Charles, W. (2012). Haiti Rebat: Update on activities rebuilding Haiti through the global kids connect project. *IAAP Bulletin of the International Association of Applied Psychology, 24*(2–3), part 21, 116–124. Retrieved from https://iaapsy.org/site/assets/documents/July2012.pdf.

Kuriansky, J., LeMay, M. & Kumar, A. (2015). Paradigm shifts in nature and well-being: principles, programs, and policies about the environment and climate change with actions by the United Nations for a sustainable future. In Nemeth, D.G., and Kuriansky, J., *Ecopsychology: Advances in the Intersection of Psychology and Environmental Protection (11: Interventions and Policy)*, Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J., Margevich, A., Jean-Charles, W., & Daisey, R. (2018). Resilience and recovery in natural disasters and epidemics: Comparisons, challenges, and lessons learned from train-the-trainer projects. In G. Rich & S. Sirikantrapon (Eds.), *Human strengths and resilience: Developmental, cross-cultural, and international perspectives*. Lanham, MD: Lexington Books. https://www.amazon.com/Human-Strengths-Resilience-Developmental-Cross-Cultural/dp/1498554830/ref=mt_hardcover?_encoding=UTF8&me=.

Kuriansky, J., & Nemeth, D. G. (2013). A model for post-environmental disaster wellness workshops: preparing individuals and communities for hurricane anniversary reactions. *Ecopsychology, 5*(S1), S-38–S-45. https://doi.org/10.1089/eco.2013.0006

Kuriansky, J., Polizer, Y., & Zinsou, J. (2016). Children and Ebola: A model resilience and empowerment training and workshop. In J. Kuriansky (Ed.), *The psychosocial aspects of a deadly epidemic: What Ebola has taught us about holistic healing* (pp. 175–214). Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J., Wu, L.-Y., Bao, C., Chand, D., Kong, S., Spooner, N., et al. (2015). Interventions by international and national organizations for psychosocial support after the Sichuan earthquake in China: A review and implications for sustainable development. In D. G. Nemeth, J. Kuriansky, & R. Hamilton (Eds.), *Ecopsychology: Advances in the intersection of psychology and environmental protection, volume 11: Interventions and policy* (pp. 171–231). Santa Barbara, CA: ABC-CLIO/Praeger.

Kuriansky, J., & Zinsou, J. (2019). Mental health and Well-being at the United Nations: Activities, achievements and contributions of the IAAP New York team. *Applied Psychology Around the World, 1*(3), 16–28. Retrieved from https://iaapsy.org/site/assets/files/1082/apaw_vol1i3.pdf.

Kuriansky, J., Zinsou, J., Arunagiri, V., Douyon, C., Chiu, A., Jean-Charles, W., et al. (2015). Effects of helping in a train-the-trainers program for youth in the global kids connect project after the 2010 Haiti earthquake: A paradigm shift to sustainable development. In D. G. Nemeth, J. Kuriansky, & R. B. Hamilton (Eds.), *Ecopsychology: Advances in the intersection of psychology and environmental protection* (Vol. 11, pp. 135–169). Santa Barbara, CA: ABC-CLIO/Praeger.

Luce, J. (2010). Dr. Judy on the Trauma of Disasters - like Haitian Earthquake. *Huffington Post*. Access at https://www.huffpost.com/entry/dr-judy-on-the-trauma-of_b_461779.

Maeda, M., & Oe, M. (2015). The great East Japan earthquake: Tsunami and nuclear disaster. In K. E. Cherry (Ed.), *Traumatic stress and long-term recovery: Coping with disasters and other negative life events* (pp. 71–90). New York: Springer.

Masangkay, M. (2015). Psychologist connects disaster-affected children around the world. Japan Times. Retrieved March 31, 2019 from https://www.japantimes.co.jp/news/2015/03/23/national/psychologist-connects-disaster-affected-children-around-the-world/#.WIKcEmEbmYk.

Merriam-Webster. (n.d.). Definition of policy. Access at https://www.merriam-webster.com/dictionary/policy.

Nemeth, D. G., Hamilton, R. B., & Kuriansky, J. (2015). Reflections and recommendations: The need for leadership, holistic thinking, and community involvement. Pp.419–424: The role of Community in the Intersection of psychology and environmental protection, contribution by Kuriansky. In D. G. Nemeth, J. Kuriansky, & R. B. Hamilton (Eds.), *Ecopsychology: Advances*
from the intersection of psychology and environmental protection (Vol. 2, pp. 419–424). Santa Barbara, CA: Praeger, ABC-CLIO.

Nemeth, D. G., & Kuriansky, J. (Eds.). (2015). Ecopsychology: Advances from the Intersection of Psychology and Environmental Protection (Vol. 2). Santa Barbara, CA: Praeger, ABC-CLIO.

Nemeth, D. G., Kuriansky, J., Reeder, K. P., Lewis, A., Marceaux, K., Whittington, T., et al. (2012). Addressing anniversary reactions of trauma through group process: The hurricane Katrina anniversary wellness workshops. International Journal of Group Psychotherapy, 62(1), 129–142.

Nemeth, D. G., & Olivier, T. W. (2017). Innovative approaches to individual and community resilience: From theory to practice. London: Elsevier.

Nemeth, D., Kuriansky, J., Olivier, T., Whittington, L. T., May, N., Hamilton, J., & Steger, A. (2011). Group Interventions for Disaster/Trauma Anniversary Reactions. Global Horizons: The Center for Policy and Resilience, 4(1), 51–64.

Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak: Part II. Summary and implications of the disaster mental health research. Psychiatry: Interpersonal and Biological Processes, 65(3), 240–260. https://doi.org/10.1521/psyc.65.3.240.20169

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001. Psychiatry, 65(3), 207–239.

Phillips, J. R. (2015). Natural disasters: On wildfires and long-term recovery of community-residing adults. In K. E. Cherry (Ed.), Traumatic stress and long-term recovery: Coping with disasters and other negative life events (pp. 25–36). New York: Springer.

Rich, G., & Sirikantrapor, S. (Eds.). (2018). Human strengths and resilience: Developmental, cross-cultural, and international perspectives. Lanham, MD: Lexington Books.

Silva Brown, J. (2015). On tornadoes: Storm exposure, coping styles and resilience. In K. E. Cherry (Ed.), Traumatic stress and long-term recovery: Coping with disasters and other negative life events (pp. 37–55). New York: Springer.

Silva, J. L., Marks, L. D., & Cherry, K. E. (2009). The psychology behind helping and prosocial behaviors: An examination from intention to action. In K. E. Cherry (Ed.), Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms (pp. 219–240). New York: Springer.

UNISDR. (2015). Sendai Framework for Disaster Risk Reduction (2015–203). Retrieved May 3, 2019, from: https://www.unisdr.org/files/43291_sendaiframeworkfordrrren.pdf.

United Nations. (2018). Global Compact for Safe, Orderly and Regular Migration - Intergovernmentally Negotiated and Agreed Outcome, 13 July 2018. Retrieved July 30, 2019 from https://refugeesmigrants.un.org/sites/default/files/180713_agreed_outcome_global_compact_for_migration.pdf.

United Nations General Assembly. (2019). A/RES/74/2. Political declaration of the high-level meeting on universal health coverage. Accessed November 1, 2019 from: https://undocs.org/en/A/RES/74/2.

United Nations General Assembly. (n.d.). Session 56 Resolution 195. A/RES/56/195. 21 Jan 2002. Retrieved July 21, 2019 from http://www.gdrc.org/doyourbit/disasters-A-RES-56-195.pdf.

United Nations Office for Disaster Risk Reduction. (2015). WCDDR: The Global Kids Connect Project: A model programme to promote resilience, Judy Kuriansky [Video File]. Retrieved from https://bit.ly/2MALyw2.

Weems, C. F., & Banks, D. M. (2015). Severe stress and anxiety disorders in adolescence: The long-term effects of disasters. In K. E. Cherry (Ed.), Traumatic stress and long-term recovery: Coping with disasters and other negative life events (pp. 177–194). New York: Springer.

Weems, C. F., & Overstreet, S. (2009). An ecological-needs-based perspective of adolescent and youth emotional development in the context of disaster: Lessons learned from hurricane Katrina. In K. E. Cherry (Ed.), Lifespan perspectives on natural disasters: Coping with Katrina, Rita and other storms (pp. 27–44). New York: Springer.