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Here We Go Again: Investigating Residents' Experiences of Mental Health and Service Needs Following Back-to-back Floods of the Wolastoq in New Brunswick

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Introduction

Climate change projections indicate an increase in the number and severity of natural disasters, as global heating and climate breakdown persist (Van Aalst, 2006; Dayrit et al., 2018). Disasters caused by flooding and other natural hazards are expected to follow this trend. Hence, there is a need to better understand the impacts of isolated and repeated disasters on residents' mental health and wellbeing (Harville et al. (2011). This research seeks to fill a gap in knowledge about how residents of disaster-prone areas cope following disasters and the health services and supports available to them through the investigation of residents' experiences of the 2018 and 2019 flooding events along the Wolastoq (St. John River) in New Brunswick. The research project offers guidance to governments and practitioners on the type of interventions that may assist communities in reducing adverse impacts caused by climate change.

Research Objectives

The main objectives of this study are:

1. To investigate how back-to-back spring flooding impacts the mental health of residents along the Wolastoq
2. To report on residents' suggestions for supports and services to improve mental health after natural disasters occur.

In meeting these objectives, emphasis is placed on residents' own opinions about what kinds of resources, programs and supports may best help improve mental health during and following floods.

Methods

This study used a qualitative case study approach. The Principal Investigator and/or research assistants collected data using semi-structured interviews and focus groups with residents. Focus groups were held after the 2018 event with eighteen residents. Also, eighteen residents were interviewed after the 2019 flooding episode, using a previous list of contacts from the 2018 study, recruitment calls on social media, e-mails sent out by community groups and through verbal requests at public presentations on flooding. Interviews



lasted approximately 20-95 minutes and were held at locations convenient to residents, such as their homes or local coffee shops. Interviews were transcribed and the research team collaboratively and systematically coded the transcripts to uncover themes that spoke to the research objectives.

Preliminary Findings

The findings suggest that participants' experiences were diverse. Generally, many reported experiencing worry, stress and anxiety in the period of time leading up to the 2019 spring season and during the actual flood event. Reasons for their mental health status include a fear of recurrence of flooding in 2019 and a perceived lack of support from the community, which stems from a stigma placed on residents who had chosen to remain in the flood zone. This stigma led to feelings of isolation. An inability to help oneself and the added stress of other challenges such as financial problems and marital and family discord were other sources of poor mental health. However, some respondents also expressed more positive experiences during the 2019 when compared to the 2018 event; these include being more physically prepared to implement mitigation measures against adverse impacts, which led to a more positive outcome.

Participants' responses on coping strategies were also diverse. They accessed formal as well as informal sources of mental health support. Formal support providers included counselors, family doctors, psychiatrists, psychologists and social workers, who prescribed medication and provided therapy. Some respondents sought emotional and material support through their informal support networks that consisted of family, friends, neighbors and community members. Both receivers and givers of informal support noted that giving improved their mental health. Residents suggested some useful recommendations to improve mental health, including a need for greater access to affordable services that focus on mental health and wellbeing, as well as assistance in completing paperwork required to obtain government assistance. They also mentioned a need for mental health support providers to be part of the recovery teams. These teams should reach out to residents after the flood as many live in remote or rural areas and/or are pre-occupied with disaster response and recovery activities.

Conclusion

This study highlights the importance of understanding the mental health implications of back-to-back experiences with disasters. Social capital and resources proved to be integral to flood response and recovery. Equitable access to resources and support systems was interrupted by various socioeconomic, demographic, and geographic factors, which in turn influenced the mental health status of residents. Although a long-term study on repeated episodes of flooding was beyond the scope of this research, there were key findings that will be helpful to local agencies and governments.