

Silent Storm: Floods and Mental Health in Pakistan

By Maheen Atif and Abdullah Naseer

Executive Summary

The documentary film "Silent Storm: Floods and Mental Health in Pakistan" explores the urgent need to incorporate mental health support into Pakistan's disaster response framework, especially in the wake of the 2022 floods. The catastrophic floods displaced millions, resulting in economic losses exceeding \$15 billion¹, but the psychological impacts on affected communities remain largely unaddressed.

- **Key Impact:**

- The 2022 floods caused extensive trauma, manifesting in PTSD, severe anxiety, and depression among survivors.
- Current disaster management protocols focus on physical safety, neglecting mental health despite its critical role in recovery.

- **Challenges Identified:**

- Limited mental health infrastructure: Pakistan has fewer than 300 psychiatrists for over 230 million people.
- Cultural stigma: Traditional beliefs and stigma around mental health further hinder access to necessary support.
- Lack of mental health provisions in emergency response: Evacuation plans prioritize physical safety with no integrated mental health services.

- **Recommendations:**

- **Integration of Mental Health in SOPs:** Embed mental health support in disaster response Standard Operating Procedures (SOPs) at both national and provincial levels.
- **Mobile Mental Health Units:** Deploy units staffed by trained professionals to provide immediate psychological support post-disaster.
- **Public Awareness and Training:** Launch nationwide campaigns to reduce stigma and train responders in psychological first aid.
- **International Models:** Adopt lessons from countries like Japan and Haiti, where early mental health interventions reduced long-term psychological harm after disasters.

- **Conclusion:**

- Addressing mental health needs in disaster management not only aids emotional

¹ The Government of Pakistan, Asian Development Bank, European Union, United Nations Development Programme, World Bank "Pakistan Floods 2022: Post-Disaster Needs Assessment." October 2022

recovery but also supports economic and physical resilience. By adopting a holistic approach that prioritizes both mental and physical well-being, Pakistan can equip communities to withstand the growing threats posed by climate change-related disasters.

Introduction

Pakistan stands at a unique crossroads of geographical diversity and climatic vulnerability, making it a focal point for understanding the multifaceted impacts of climate change. The country's varied terrain, from the towering peaks of the Himalayas in the north to the arid expanses of the Thar Desert and the fertile plains crisscrossed by a network of rivers, illustrates diversity as well as climate challenges. These geographic and climatic factors contribute to Pakistan's heightened susceptibility to a range of disasters, including floods, droughts, cyclones, and earthquakes, each leaving behind a trail of devastation.

Background

Historically, Pakistan has endured numerous natural disasters, with the 2010 and 2022 floods underscoring its vulnerability to extreme weather events exacerbated by climate change. In 2010, over 20 million people were affected, with one-fifth of the country submerged, resulting in severe economic and infrastructural damage². Fast forward to 2022, and another catastrophic flood displaced millions and caused widespread destruction, illustrating not only the recurrence but also the increasing frequency and intensity of such events as climate change progresses.

The impacts of these disasters go beyond immediate physical and economic devastation. The loss of homes, livelihoods, and loved ones, along with the trauma of displacement, fosters conditions for psychological disorders such as PTSD, anxiety, and depression. Recognizing this intersection is critical, as it highlights the broader reach of climate change impacts, which extend beyond environmental damage to include effects on mental health and societal well-being. It also underscores the need for climate adaptation strategies that address not only physical infrastructure and economic resilience but also psychological support and mental health services essential for community recovery. Pakistan's mental health system, still in developmental stages, faces significant challenges, with fewer than 300 psychiatrists for a population exceeding 140.5 million, widespread stigma, low literacy rates, and high costs of

² *Pakistan's Worst Disaster: Summer 2010 Floods,* "Pakistan Insider," <https://insider.pk/national/disaster-summer-2010-floods>.

mental health treatment.³

The 2022 floods introduced a heightened crisis within this already strained mental health landscape. The absence of mental health services in emergency response protocols, as seen in Kasur, reflects a critical oversight in disaster management, particularly in a country where traditional beliefs strongly shape perceptions and responses to mental health.

The Documentary

The narrative of the documentary film “Silent Storm: Floods and Mental Health in Pakistan” sheds light on the psychological toll of Pakistan’s natural disasters. The 2022 flood, one of the country’s most disastrous, displaced millions and caused extensive economic losses, mirroring the 2010 flood’s severe impacts. Both events reveal recurring challenges in disaster response and underscore the need for a mental health-inclusive recovery framework. While some improvements were seen in early warning systems and evacuation protocols by 2022, mental health services largely remained neglected.

The documentary highlights the logistical hurdles faced by both the government of Pakistan and international partners in addressing the scale of destruction⁴. Despite large-scale international relief efforts, including significant contributions from the United States, mental health services remained a secondary concern. The parallels between the 2010 and 2022 floods emphasize a critical gap in disaster management in Pakistan: the psychological well-being of survivors.

This context is essential to understanding the evolving challenges of disaster response in Pakistan. While both events laid bare the vulnerabilities of infrastructure and the complexities of aid distribution, they also spotlighted the prolonged psychological effects on affected communities. Displacement from both floods affected millions and led to widespread psychological distress, including PTSD, anxiety, and depression. Mental health support continued to play a secondary role in disaster recovery, exposing a glaring gap in Pakistan’s disaster management policy.

The Problem

Reflecting on the 2010 floods, “Silent Storm” highlights the persistent mental health challenges

³ Gadit, Amin A. “Health Services Delivery by Shamans: A Local Experience in Pakistan.” *International Journal of Mental Health* 32, no. 2 (2003): 63–83. <http://www.jstor.org/stable/41345053>.

⁴ Pakistan’s Worst Disaster: Summer 2010 Floods,” *Pakistan Insider*, <https://insider.pk/national/disaster-summer-2010-floods>.

communities faced following the 2022 floods. The documentary emphasizes the urgent need for a disaster response approach that prioritizes both physical and mental health support. The 2022 floods thus underscore the importance of integrating mental health systems into national and international disaster frameworks to address the full scope of recovery.

As Pakistan grapples with the impacts of climate change, lessons from the 2010 and 2022 floods illustrate the necessity of comprehensive disaster management strategies. These strategies must go beyond mitigating physical and economic damage to address psychological impacts on affected populations. To build resilience against future events, a multi-faceted approach is essential—one that includes environmental, economic, and mental health considerations.

In Pakistan, cultural and societal factors, especially in rural areas, shape attitudes toward mental illness, often associating it with spiritual possession or divine retribution. This, along with societal stigma, low literacy rates, and financial constraints, limits access to modern mental health care. Bridging this gap requires a healthcare system that respects traditional beliefs while integrating modern psychiatric practices.⁵

Integrating Mental Health Services into Disaster Response

To integrate mental health effectively into disaster response, several measures are necessary. First, mental health services should be included in the Standard Operating Procedures (SOPs) for disaster management at both national and provincial levels, ensuring these services are as essential as physical health care during emergencies. Training programs for emergency responders, healthcare providers, and community leaders in psychological first aid and basic mental health care should also be implemented, with support from organizations like the WHO and local institutions. Additionally, pre-disaster programs such as workshops, simulations, and community mental health campaigns should prepare communities for the psychological impacts of disasters.

Mobile mental health units are crucial in post-disaster scenarios, as they can be quickly deployed to affected areas to provide immediate support. These units, staffed with psychiatrists, psychologists, social workers, and trained volunteers, have proven effective in other global disasters. For example, during the 2010 Haiti earthquake, mental health services significantly

⁵ Gadit, Amin A. "Health Services Delivery by Shamans: A Local Experience in Pakistan." *International Journal of Mental Health* 32, no. 2 (2003): 63–83. <http://www.jstor.org/stable/41345053>.

reduced PTSD and other psychological disorders among survivors⁶. Similarly, after Hurricane Katrina in the US, mental health counseling in relief camps helped alleviate anxiety and depression⁷. Pakistan, facing recurring floods and other climate-induced crises, would benefit greatly from such early mental health interventions⁸. In areas where geographic barriers limit access to care, telepsychiatry can also provide remote support, while community health workers trained in mental health can serve as vital links between affected individuals and professional services.

Public awareness campaigns are another critical component. Nationwide educational initiatives can reduce stigma, promote mental health literacy, and encourage those affected to seek help. Successful international examples, such as Japan's mental health response to the 2011 tsunami⁹ and California's provision of psychological support following wildfires, demonstrate the effectiveness of incorporating mental health into disaster recovery¹⁰. These examples can guide Pakistan in integrating similar services for flood survivors. Campaigns involving media, community meetings, and schools, as well as collaboration with religious and community leaders, can foster acceptance of mental health services and reduce stigma.

Collaboration and partnerships strengthen disaster response efforts. By working with NGOs, government agencies, and international organizations, Pakistan can pool resources, share expertise, and coordinate effective mental health services. For instance, after the Haiti earthquake, the "Project Rebound" model successfully provided counseling, reducing PTSD prevalence. Similarly, Japan's deployment of mental health professionals following the 2011 tsunami reduced the psychological toll on survivors¹¹. These models showcase the importance of mental health interventions in disaster recovery, providing a blueprint for

⁶ Raviola, Giuseppe MD1; Eustache, Eddy MA1; Oswald, Catherine MPH1; Belkin, Gary S. MD, MPH, PhD1. *Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions*. *Harvard Review of Psychiatry* 20(1):p 68-77, February 8, 2012. | DOI: 10.3109/10673229.2012.652877

⁷ Galea S, Brewin CR, Gruber M, et al. *Exposure to Hurricane-Related Stressors and Mental Illness After Hurricane Katrina*. *Arch Gen Psychiatry*. 2007;64(12):1427–1434. doi:10.1001/archpsyc.64.12.1427

⁸ Roudini J, Khankeh HR, Witruk E. *Disaster mental health preparedness in the community: A systematic review study*. *Health Psychology Open*. 2017;4(1). doi:10.1177/2055102917711307

⁹ Shigemura J, Terayama T, Kurosawa M, Kobayashi Y, Toda H, Nagamine M, Yoshino A. *Mental health consequences for survivors of the 2011 Fukushima nuclear disaster: a systematic review. Part 1: psychological consequences*. *CNS Spectr*. 2021 Feb;26(1):14-29. doi: 10.1017/S1092852920000164. Epub 2020 Mar 20. PMID: 32192553.

¹⁰ Silveira, Sarita, Mariah Kornbluh, Mathew C. Withers, Gillian Grennan, Veerabhadran Ramanathan, and Jyoti Mishra. 2021. "Chronic Mental Health Sequelae of Climate Change Extremes: A Case Study of the Deadliest California Wildfire" *International Journal of Environmental Research and Public Health* 18, no. 4: 1487. [hps://doi.org/10.3390/ijerph18041487](https://doi.org/10.3390/ijerph18041487)

¹¹ Raviola, Giuseppe MD1; Eustache, Eddy MA1; Oswald, Catherine MPH1; Belkin, Gary S. MD, MPH, PhD1. *Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions*. *Harvard Review of Psychiatry* 20(1):p 68-77, February 8, 2012. | DOI: 10.3109/10673229.2012.652877

Pakistan's efforts.

Seeking international support and funding is also vital. Organizations such as the United Nations and the Asian Development Bank can offer financial and technical assistance to strengthen Pakistan's mental health infrastructure. Adopting these comprehensive strategies will help ensure that Pakistan prioritizes the psychological well-being of disaster-affected populations alongside physical recovery, contributing to a more resilient, inclusive mental health care system for the future.

Interviews

Muhammad Akram, a resident of a village severely impacted by Pakistan's 2022 floods, describes the harsh conditions in his community. "If water comes suddenly into our homes, where should we go?"¹² he asks, reflecting on the destruction of crops and the struggle to survive alongside livestock in such conditions. He emphasizes the psychological toll of displacement and loss and criticizes the inadequate support provided by emergency personnel. His statement reflects the chaos that ensues when disaster strikes, leaving families with no time to prepare or safeguard their possessions and livelihoods. The destruction of crops, a primary source of income for many rural families, compounds the crisis, creating a cascade of financial and psychological stress. Akram's account also highlights the inadequacy of emergency response systems, which prioritize physical evacuation but fail to address the emotional aftermath of such calamities. His critique of emergency personnel's limited focus on psychological support points to a deeper issue: mental health remains an overlooked dimension in Pakistan's disaster response protocols. His experiences make clear that the loss of one's home, livelihood, and community stability extends far beyond material damages. Dr. Gadit highlights Pakistan's underdeveloped mental health system, marked by a shortage of psychiatrists, low literacy rates, societal stigma, and high treatment costs.¹³

"The flood was huge, and the river's protective valve was destroyed... I remember looking at friends and family, faces filled with trauma," recalls Saleem UI Haqq. His words reflect the helplessness felt when entire communities are overwhelmed by natural forces beyond their control. Similarly, Akram notes that "people were not mentally prepared for the flood, and that takes a toll on mental health," underscoring the urgent need for mental health preparedness and services. Saleem's words evoke the haunting reality of collective suffering, where every face reflects fear, grief, and an overwhelming sense of helplessness.

¹² Muhammad Akram in discussion with Abdullah Naseer

¹³ Gadit, Amin A. "Health Services Delivery by Shamans: A Local Experience in Pakistan." *International Journal of Mental Health* 32, no. 2 (2003): 63–83. <http://www.jstor.org/stable/41345053>.

Saleem's observation that "people were not mentally prepared for the flood" underscores a systemic failure to equip communities with the psychological tools needed to cope with disasters. This gap in preparedness not only deepens the immediate psychological toll but also hinders long-term recovery, as survivors struggle to process their trauma without adequate support. Having mental health support in place can tangibly benefit communities by enabling individuals to regain their emotional stability, making them more capable of returning to work, rebuilding their homes, and actively contributing to the economic and social recovery of their communities.

Dr. Gadit elaborates on the cultural challenges in addressing mental health, noting that modernization in communities unprepared for such changes often leads to social disorganization and weakened cultural bonds. The interviews collectively expose a glaring gap in Pakistan's disaster response: the absence of a mental health framework that addresses both immediate and long-term psychological needs. Akram's and Saleem's accounts illustrate the human cost of this oversight, while Dr. Gadit provides a systemic lens to understand the cultural and institutional barriers at play. Together, these perspectives make a compelling case for integrating mental health care into disaster management policies.

Providing mental health care during disaster relief extends beyond addressing immediate emotional needs—it has profound socio-economic and philosophical implications. Acknowledging the psychological impact of disasters reinforces survivors' sense of dignity and belonging, helping to rebuild trust in institutions that may otherwise be seen as unresponsive or inadequate. This trust is critical for fostering collective resilience and cooperation. In this way, mental health care during disaster recovery is not just a moral obligation but a strategic investment in the social and economic resilience of affected communities. Addressing mental health in disaster recovery is not just a practical necessity but also a step toward fostering resilience and strengthening community trust. By integrating culturally sensitive approaches into disaster response, Pakistan has the opportunity to rebuild not only physical infrastructure but also the social fabric fractured by trauma. This alignment between traditional beliefs and modern psychiatric care can create a holistic framework that supports both immediate recovery and long-term societal stability.

The documentary "Silent Storm" exposes a disconnection between physical rescue efforts and the psychological needs of flood survivors. Sultan Mehmood, a district emergency officer, reveals that emergency services prioritize evacuation and physical safety but overlook the mental health consequences of traumatic events.¹⁴ This oversight, common worldwide, highlights the global challenge of recognizing mental health support as essential in disaster response.

¹⁴ ¹⁴ *Sultan Mehmood in discussion with Abdullah Naseer*

Natural disasters cause deep and lasting effects that often go unseen. Media typically focus on visible destruction, while the psychological toll remains hidden. In many countries, mental health support is not prioritized within disaster frameworks, even though its importance is well documented. Pakistan's acute vulnerability to climate-induced floods makes this especially relevant. International examples illustrate both successes and failures in managing psychological needs after disasters, offering valuable insights for Pakistan.

For Pakistan, where floods and climate-related crises are increasing, the mental health needs of affected populations are pressing. Without prioritized mental health services, psychological trauma will continue to have lasting effects on communities. Learning from international cases, Pakistan must adopt a holistic approach that integrates mental health within its disaster management strategy, enabling a more comprehensive recovery process.

Conclusion

Pakistan, with a population exceeding 230 million, faces numerous challenges, including low literacy rates, limited health facilities, and a severe shortage of mental health professionals. The documentary "Silent Storm" illustrates the immediate and long-term psychological impacts of the 2022 floods, bringing to light the urgent need for integrated mental health support in disaster recovery. In times of crisis, mental health care is essential not only for emotional healing but also for helping communities rebuild their physical and economic strength. Mental well-being is deeply connected to resilience, productivity, and physical health, and when it's neglected, recovery slows. Research shows that untreated trauma can lead to physical health problems, like weakened immune systems, chronic illnesses, and even increased risk of substance abuse. These issues make it harder for people to recover physically after a disaster.

Economic recovery is also closely tied to mental health support. With access to mental health services, people can more readily participate in rebuilding their communities and returning to work, which boosts local economies and speeds up overall recovery. The Harvard Humanitarian Initiative's research shows that early mental health support reduces PTSD and other mental disorders that can disrupt daily life, helping affected populations regain stability and productivity. Without this support, a community can become trapped in a cycle of unaddressed trauma, making it difficult to move forward.

For Pakistan, where natural disasters have become more frequent, integrating mental health into disaster response can help bridge these gaps. Following Japan's 2011 tsunami, mental health clinics were set up in relief camps, giving displaced individuals a space to process trauma and get back on their feet more quickly. This example shows that incorporating mental

healthcare into Pakistan's crisis response doesn't just meet people's immediate psychological needs—it builds a foundation for stronger physical and economic resilience, paving the way for a faster and more complete recovery.

“Silent Storm” serves as a reminder of the human impact of natural disasters, showing the often-invisible scars left by such events. There is an urgent need for a comprehensive, human-centered approach to disaster management in Pakistan—one that gives mental health equal priority with physical recovery. By combining the strengths of modern psychiatric care with traditional healing practices and promoting a supportive culture around mental health, Pakistan can address the psychological well-being of disaster-affected populations. This approach not only meets the immediate needs of those impacted by events like the 2022 floods but also helps build a stronger, more inclusive mental health care system for the future.

Discussion questions

1. What are the long-term mental health consequences of disasters like the 2010 and 2022 floods on affected populations and how can these be effectively addressed in Pakistan?
2. How can Pakistan overcome societal stigma and cultural barriers to ensure mental health services are accessible and accepted in disaster-affected communities?
3. What specific strategies can be implemented to integrate mental health care into Pakistan's disaster management frameworks and emergency response plans?
4. In what ways does unaddressed psychological trauma following natural disasters hinder overall community recovery, including physical and economic rebuilding?
5. How can global best practices in disaster-related mental health care, such as Japan's response to the 2011 tsunami, be adapted to fit Pakistan's unique cultural and societal context?

Bibliography

The Government of Pakistan, Asian Development Bank, European Union, United Nations Development Programme, World Bank. "Pakistan Floods 2022: Post-Disaster Needs Assessment." October 2022.

"Pakistan's Worst Disaster: Summer 2010 Floods," *Pakistan Insider*,
[hps://insider.pk/national/disaster-summer-2010-floods](https://insider.pk/national/disaster-summer-2010-floods).

Gadit, Amin A. "Health Services Delivery by Shamans: A Local Experience in Pakistan." *International Journal of Mental Health* 32, no. 2 (2003): pp. 63–83.
[hp://www.jstor.org/stable/41345053](http://www.jstor.org/stable/41345053).

Moroney, Jennifer D. P., Stephanie Pezard, Laurel E. Miller, Jeffrey Engstrom, and Abby Doll. "2010 Monsoon Floods (Pakistan)." In *Lessons from Department of Defense Disaster Relief Efforts in the Asia-Pacific Region*, pp. 57–84. RAND Corporation, 2013.
[hp://www.jstor.org/stable/10.7249/j.c4cgdkv.12](http://www.jstor.org/stable/10.7249/j.c4cgdkv.12).

World Health Organization. "Mental Health in Emergencies."
[hps://www.who.int/newsroom/fact-sheets/detail/mental-health-in-emergencies](https://www.who.int/newsroom/fact-sheets/detail/mental-health-in-emergencies).

Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions. Harvard Review of Psychiatry 20(1): pp. 68-77, February 8, 2012. | DOI: 10.3109/10673229.2012.652877

Exposure to Hurricane-Related Stressors and Mental Illness After Hurricane Katrina. Arch Gen Psychiatry. 2007;64(12):1427–1434. doi:10.1001/archpsyc.64.12.1427

Disaster mental health preparedness in the community: A systematic review study. Health Psychology Open. 2017;4(1).Roudini J, Khankeh HR, Witruk E.
[doi:10.1177/2055102917711307](https://doi.org/10.1177/2055102917711307)

Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions. Harvard Review of Psychiatry 20(1): pp. 68-77, February 8, 2012. | DOI: 10.3109/10673229.2012.652877

Mental health consequences for survivors of the 2011 Fukushima nuclear disaster: a systematic review. Part 1: psychological consequences. CNS Spectr. 2021 Feb;26(1): pp. 14-29. Shigemura J, Terayama T, Kurosawa M, Kobayashi Y, Toda H, Nagamine M, Yoshino A. Epub 2020 Mar 20. PMID: 32192553.

Mental Health Response in Haiti in the Aftermath of the 2010 Earthquake: A Case Study for Building Long-Term Solutions. Harvard Review of Psychiatry 20(1):pp. 68-77, February 8, 2012.

"Chronic Mental Health Sequelae of Climate Change Extremes: A Case Study of the Deadliest Californian Wildfire" *International Journal of Environmental Research and Public Health* 18, no. 4: 1487.

Sandro Galea, Arijit Nandi, David Vlahov, The Epidemiology of Post-Traumatic Stress Disorder after Disasters, Epidemiologic Reviews, Volume 27, Issue 1, July 2005, pp. 78–91, [hps://doi.org/10.1093/epirev/mxi003](https://doi.org/10.1093/epirev/mxi003)

This publication was produced in collaboration with the Open Society University Network and supported by a grant from the Open Society Foundations.