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POLICY BRIEF

Building Psychological Resilience in the Aftermath of Hurricane Melissa

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EXECUTIVE SUMMARY

Any natural disaster affects one's basic needs for survival, starting with their safety and security. Jamaica has faced its fair share of hurricanes up to category 4, but for a category 5, this was the first. Outside of the obvious destruction, disruption, and loss of life, the psychological impact of exposure to such a natural disaster has created its own trauma. Added to this, not enough information has been generated and circulated about how to manage the aftermath of this devastating occurrence. This breeds a sense of uncertainty and powerlessness which can impede the individual's ability to cope, leading to a myriad of challenges such as but not limited to phobic anxiety, posttraumatic stress disorder, depression, fear, guilt and chronic stress which can be further compounded by not knowing what resources are available for help or even the procedures to engage in to work through these challenges. While the majority may not develop a psychiatric disorder, some may experience adverse psychological and behavioural outcomes which may persist for a long time. As we navigate this uncharted path, it is incumbent to bring to our awareness how to make this transition taking into account the short-term and long-term impacts, direct and indirect effects, the affected and unaffected, the community's recovery process at a personal and situational level as we move towards adapting and building our resilience. This policy is intended to add to the knowledge of the impact of a category 5 hurricane on mental health, including reflective and progressive processes for its people to engage in.

INTRODUCTION

- Hurricane Melissa made landfall in Jamaica as a catastrophic Category 5 storm on October 28, 2025, causing unprecedented destruction.
- Many grappled with the shock of the threat to their safety and survival. Others did not believe the reports because of previous "escapes" and were unprepared.
- Research shows that approximately one-third of people who experience natural disasters may experience mental health outcomes such as PTSD, anxiety, depression, among others.
- A plan for the implications that this might have on mental health was not thought out, nor were assessment measures implemented.
- While most may appear to cope well, some may not go back to normal functioning; a few may go on to develop psychiatric illnesses, and others may experience a delayed onset of psychological challenges. Notably, beyond its onset, its psychological impact can last for extended periods. This increases the health burden to an already economically strapped society.

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MAKING THE CASE

Hurricane Melissa exposed the following vulnerabilities:

- **How we undervalue the importance of mental health.** The lack of pointed government initiatives/policies, such as scholarships and training opportunities, geared towards building up human resources in the field of clinical psychology and clinical social work.
- **Understanding the short-term and long-term ramifications of natural disasters on mental wellness** and consequent changes in socioeconomic conditions, financial loss, displacement, and social disruptions.
- **Understanding and discussion** around how the unique differences in responses to Melissa may be adaptive, manageable, or maladaptive.
- **Lack of preparation for the rise in mental illnesses and mental health challenges** that typically occur with a natural disaster and the implications of this impedes our ability to rebuild health-wise, and as a society.

RECOMMENDATIONS

The following are some recommendations emerging from the experience with Hurricane Melissa (and other weather extremes that have impacted Jamaica):

- **Train government officials** or build a team of policy influencers to specifically look at disaster responses from every angle (Short to medium-term)
- **The use of training programmes such as psychological first aid** for stakeholders, leaders, lecturers, and students to mitigate against the impact of such disasters in the future. These should be informed by theoretical models such as the Adaption and Development After Persecution Model and Trauma (ADAPT) model (Silove, 2013) which connects psychosocial factors to mental health challenges to events such as natural disasters along with five psychosocial domains (i: Safety/Security; ii: bonds/networks; iii: justice; iv: roles/identities, v: existential meaning) which during normal circumstances stabilize a society or the Federal Emergency Management Agency (FEMA) (FEMA, 2021), although designed for a developed context has its applicability to our setting as it deals with six phases of the recovery process (pre-disaster phase, disaster impact phase, heroic response phase, disillusionment phase, reconstruction phase). (Short to long-term)
- **Be intentional in offering various sources of mental health support** tailored to different ages and stages, making room in a non-judgmental way for diverse responses. Pay special attention to the intersectionality of the personal and socio-environmental factors, as the implementation needs to be tailored to the needs of the individual; otherwise, it is futile and a waste of time and resources. (Short to Long-term)
- **Be aware of and make plans to address the common psychological issues associated with natural disasters**, such as sleep disruption, changes in eating patterns, substance use, and other psychiatric-related illnesses, such as anxiety, PTSD, depression, adjustment disorders, grief, and loss. (Short to medium term)
- **Evaluate the affected population to determine levels of severity** in terms of reaction so that proper/effective triaging can take place. Making allocations for those with direct and indirect impact. (Short to long-term)

* Short-term (0–6 months); **Medium-term (6–18 months); ***Long-term (18+ months)

CONCLUSIONS

Hurricane Melissa has underscored the urgent need to prioritize psychological resilience as a fundamental component of natural disaster preparedness and recovery. While Jamaica continues to rebuild its physical infrastructure, equal attention must be given to rebuilding the emotional and psychological well-being of its people. Effective mental health response requires coordination, proactive planning, and long-term investment in human resources and systems that can support individuals across the full spectrum of trauma responses. By implementing the recommended strategies – strengthening mental health capacity, tailoring interventions to diverse needs, and ensuring basic survival requirements are met – we can foster a more resilient population capable of navigating the psychological aftermath of future disasters. Building this resilience is not only essential for individual recovery but is also critical for the nation's sustainable development and collective strength moving forward.