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Commentary

Brief Note on Biological Attack and Chemical Warfare

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DESCRIPTION

Biological warfare, also known as germ warfare, is the use of biological toxins or infectious agents such as bacteria, viruses, insects, and fungi with the intent to kill, harm or incapacitate humans, animals or plants as an act of war. This provides information from WHO Member States, particularly low-income and middle-income countries, to strengthen the response plans with regard to social and mental health consequences of biological attacks, Attacks involving the biological weapons that may induce significant mental and social effects in a number of ways even when the agents induce low levels of mortality and physical morbidity. First, the term 'bioterrorism' suggests, biological and chemical attacks that are related with the involvement of the intense social and psychological distress. Second, physical exposure to biological and chemical agents may induce the organic mental disorders. Third, exposure to any major stressor whether may be natural or human-made which is a risk factor for a range of long-term social and mental problems. Fourth, fear of biological and chemical attacks may be related with epidemics of medically unexplained illness. Fifth, social problems may arise after exposure to biological and chemical agents. On a new positive note, historical research on group behavior after exposure to biological or chemical agents has shown that are contrary to common expectations like public panic is uncommon. Furthermore, disasters may leave some communities with the increased social coherence. Moreover, even though exposure to war or disaster is likely extremely too vast majority of people can be expected to survive quite well, and some people may even have the positive experiences. Community members regularly show great self-sacrifice and cooperation, and people may experience great satisfaction from helping others. When numerous people fear contagion, they are likely to overcome health services with medical complaints. Mental health considerations must be united adequately into public health assessment, preparation. In certain countries, excessive resistance exists regarding the involvement of mental health professionals in public health response during an acute crisis. An essential part of preparing for a public health response is upholding earlier the essential role of mental health experts throughout the emergency. The Principles and strategies described here are mainly for application in resource poor countries, where the vast majority of the world's population. The mental health and well-being of health and relief workers also secure attention, but their requirements are not addressed in this paper. In this document we use the term social intervention for interventions that chiefly aim to have social effects and the term mental health intervention for interventions that primarily object to have mental health effects. It is known that social interventions have secondary mental health effects and that mental health interventions have secondary social effects as the term psychosocial suggests from World Health Organization. Mostly, we use the terms acute emergency phase and post-emergency phase, acute emergency phase defines the period during which the risk of contamination or infection is substantially elevated and post-emergency phase is the period followed by when the risk of contamination or infection is again very low. Mental health interventions should be carried out within general health services which include primary health care and could in addition be structured in other pre-existing structures in the community, such as schools, community centres, youth and senior centres, and places of worship. Care by relations and active use of resources within the community should be maximized. Clinical on the job training and thorough supervision and the support of primary health care workers by mental health specialists are essential components for successful integration of mental health care into primary health care. Training and supervision of relevant helpers should be given by mental health specialists or under their guidance for a substantial amount of time to make sure the lasting effects of training and responsible care. However, during the acute emergency phase, non-professional caretakers may be rapidly trained to provide the psychological first aid, a relatively, uncomplicated intervention. However, during the post-emergency phase, one-week or two-week skills training will be held without thorough follow-up supervision which is likely too short to adequately train basic mental health treatment skills.

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