

Mental Health and Unconventional Oil and Gas Development

A Review and Discussion of the Science

Health and Shale Gas Development: State of the Science
SWPA-EHP • June 10, 2016

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What are your goals for today?

❖ Review what we know

- Published research from communities exposed to industrial accidents
- Published research from communities exposed to UOGD
- SWPA-EHP clinical data
- SWPA-EHP research
 - Community study
 - Delphi study

❖ Share what we know

- Experiences
- Resources
- Questions

Mental Health and Exposure to Industrial Accidents

❖ Releases of fossil fuel

- In comparison studies of exposed and unexposed communities, multiple studies have demonstrated
 - anxiety^{1,2,3,5,7,8,9}
 - depression^{2,3,4,6,7,8}
 - post-traumatic stress disorder (PTSD)^{1,2,3}
 - increased substance use¹
 - increased violence¹
 - insomnia⁵
 - somatic complaints⁵
- Duration of symptoms ranges from immediate^{1,4,6,9} to one year later^{2,5,7,8} and up to six years later in subsets of one study³

Mental Health and Exposure to Unconventional Natural Gas Development

❖ Qualitative Studies

- Effects similar to those seen in victims of bullying and other abuse¹⁰
- Impact similar to communities that have experienced natural and human-caused disasters¹⁰
- Sense of powerlessness over health of self and family¹¹

❖ Community Studies

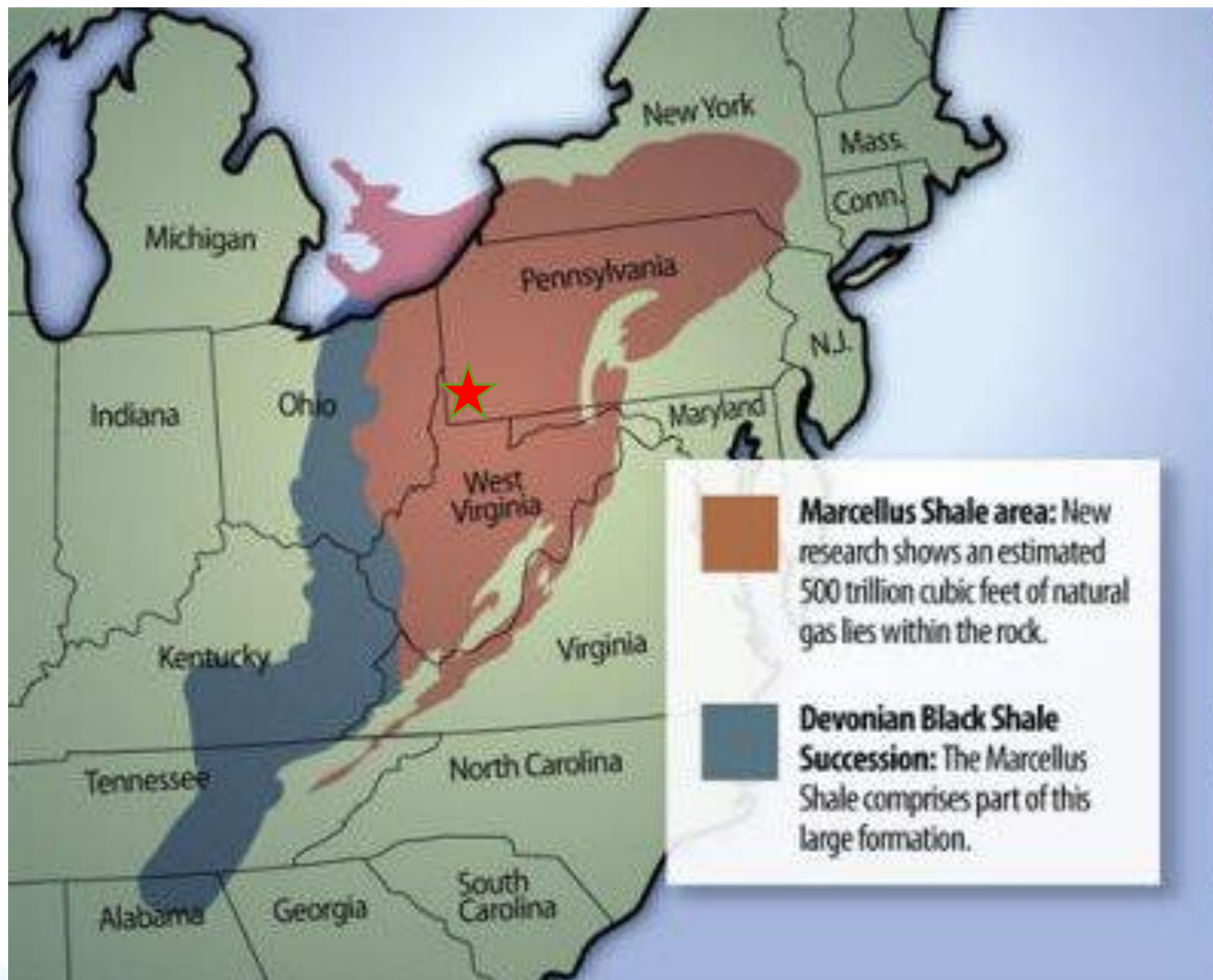
- Psychological symptoms reported by 79% in one Pennsylvania study¹²
 - Stress the most frequently reported symptom

Mental Health and Exposure to Unconventional Oil & Gas Development

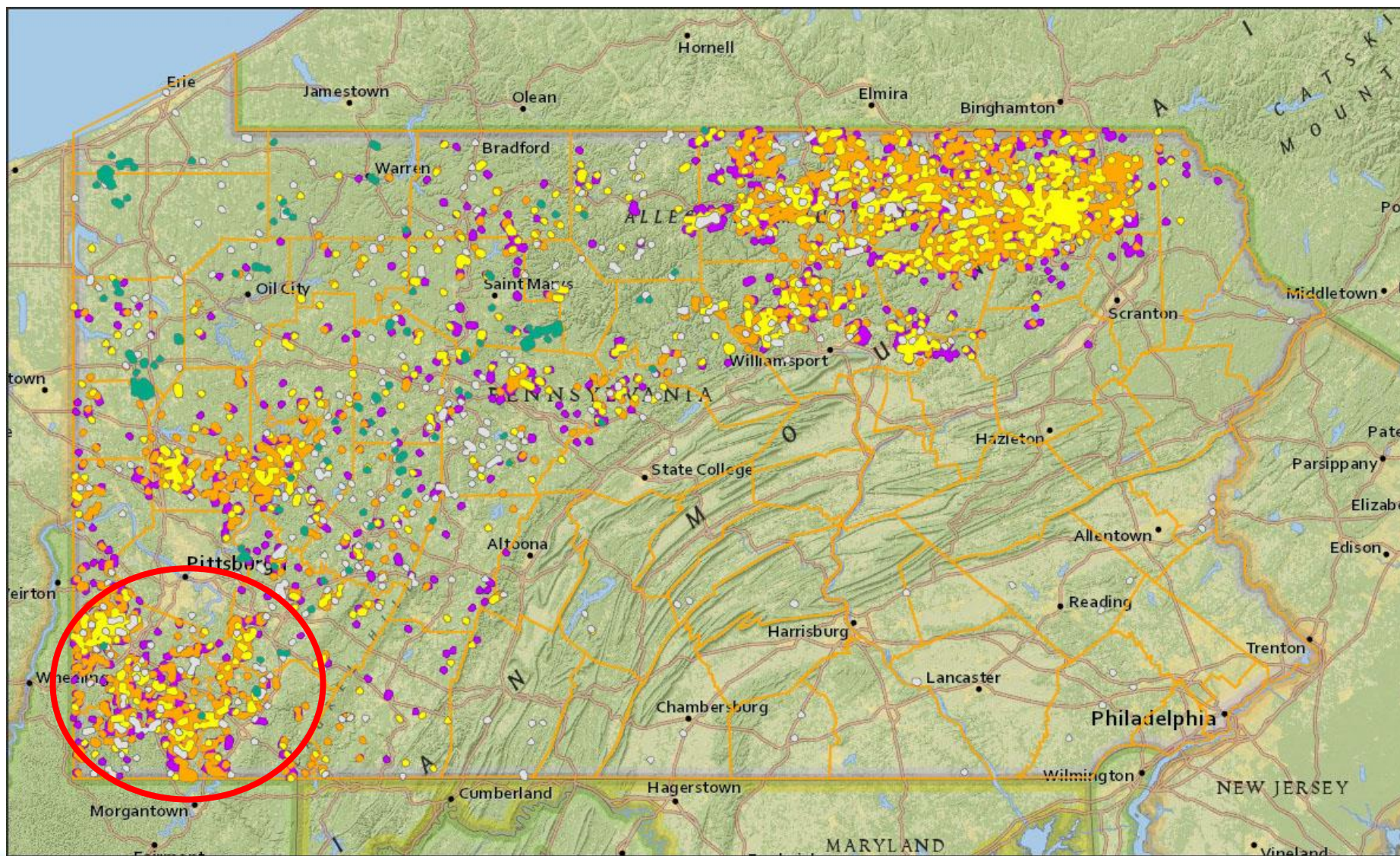
❖ Community Studies

- In one Pennsylvania study more than 1/3 of participants reported mental health symptoms^{13,14}
 - Symptoms included depression and severe anxiety
 - % reporting symptoms increased with proximity
- More than ½ of participants in a community study in California reported mental health symptoms such as depression and anxiety.¹⁵

Background: The Marcellus Shale Region



Background: Drilling Activity



Background: A Changing Community



Background: A Changing Community



Source: <http://www.marcellus-shale.us/Chappel-Unit.htm>

What We Learned from EHP Health Intakes

- ❖ EHP nurse practitioner provides comprehensive review of physical and mental health to residents who express concern about potential health impacts of exposure
- ❖ Preliminary analysis of data from health intakes demonstrates that community residents who live within 1 km. of a well or compressor station report mental health concerns in two domains:
 - Stress and worry 28/88 (35%)
 - Irritability and mood 16/88 (19%)

What We Learned from A Descriptive Study of Mental Health

- ❖ EHP conducted a pilot study to describe the mental health and function of residents living in one county with high levels of unconventional natural gas extraction
 - Convenience sample from clinic population
 - Cross sectional design
 - SF-36 measured 8 dimensions of health
 - Determined proximity to unconventional gas development

What We Learned from the Descriptive Study: The Sample

	n	%
Reason for Visit		
• Dental Clinic	43	18
• Medical Clinic—Routine Visit	56	23
• Friend/Family of Client	78	33
• Medical Clinic—Sick Visit	54	23
• Unknown	8	3
Self-Reported Health (n=237)		
• Excellent/Very Good	74	31
• Good	109	46
• Fair/Poor	54	23

What We Learned from the Descriptive Study: Mental Health

SF-36 SUBSCALES	Range	Mean (SD)	% Low Score
• Vitality	22.89-70.42	47.9 (10.7)	22
• Social Function	17.23-57.34	46.7 (11.4)	27
• Mental Health	16.86-63.95	47.2 (11.2)	24
• Role-Emotional	14.39-56.17	46.7 (11.9)	29
• MCS	10.84-69.13	47.4 (12.2)	27

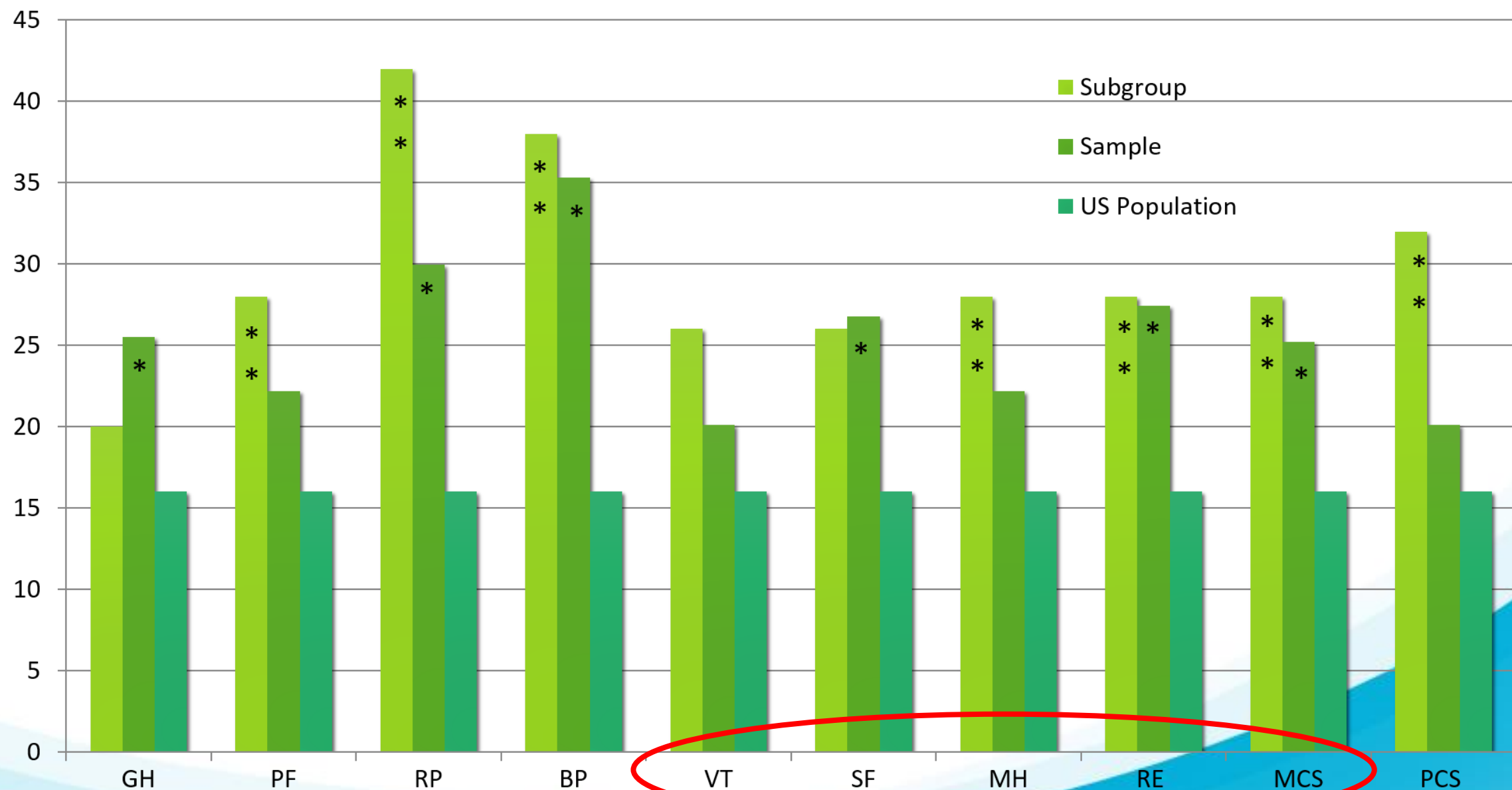
What We Learned from the Descriptive Study: Sense of Control

	SF-36 MENTAL HEALTH SUBSCALES *				
Characteristics	Vitality	Social Function	Mental Health	Role Emotional	MCS
Age					
Gender					
Clinic Client					
Medical-Well					
Family/Friend					
Medical-Sick	-0.170	-0.180			
Unknown					
Employed		0.197		0.151	
Social Control	0.216	0.274	0.207	0.237	0.205

*Regression coefficients significance <0.05

What We Learned from the Descriptive Study: Proximity to UGD

%
Impaired



SF-36 Subscales and Composite Scores

What We Learned from the Experts

- ❖ EHP used the Delphi Technique to elicit expert opinion about the health effects related to unconventional oil and gas development
- ❖ Results of the Delphi related to set-back distances has been described elsewhere and is currently undergoing peer review.
- ❖ Present today preliminary results related to health effects.

What is a Delphi?

- ❖ Method for reaching expert consensus on an issue when data are inconclusive
- ❖ Can be viewed as a series of rounds. In each round, panelists respond anonymously to a set of questions/statements and receive information about the responses of all other participants
- ❖ Panelists re-assess their own responses on subsequent rounds with a goal of reaching consensus.
- ❖ Consensus set at 70% for this study.

Who was on the panel?

❖ Selection criteria

- Researchers whose work has been published in peer-reviewed journals and/or presented at national scientific meetings
- Scientists employed in regulatory agencies
- Leaders in public policy and environmental advocacy who have been published in the grey literature.

❖ 18 panelists with expertise in these areas:

- Medicine/health care, air quality, water quality, toxicology, environmental science, environmental health, public health, epidemiology, social science, policy, and risk analysis

What were our questions?

- ☐ What health outcomes do you believe are attributable to hydraulic fracturing and related activities associated with natural gas production?
- ☐ What health outcomes do you believe are attributable to hydraulic fracturing and related activities associated with oil production?

Panelists' Responses: Round One

Health Effects
Associated with Gas



128 unique statements



17 categories

Health Effects
Associated with Oil



53 unique statements



10 categories

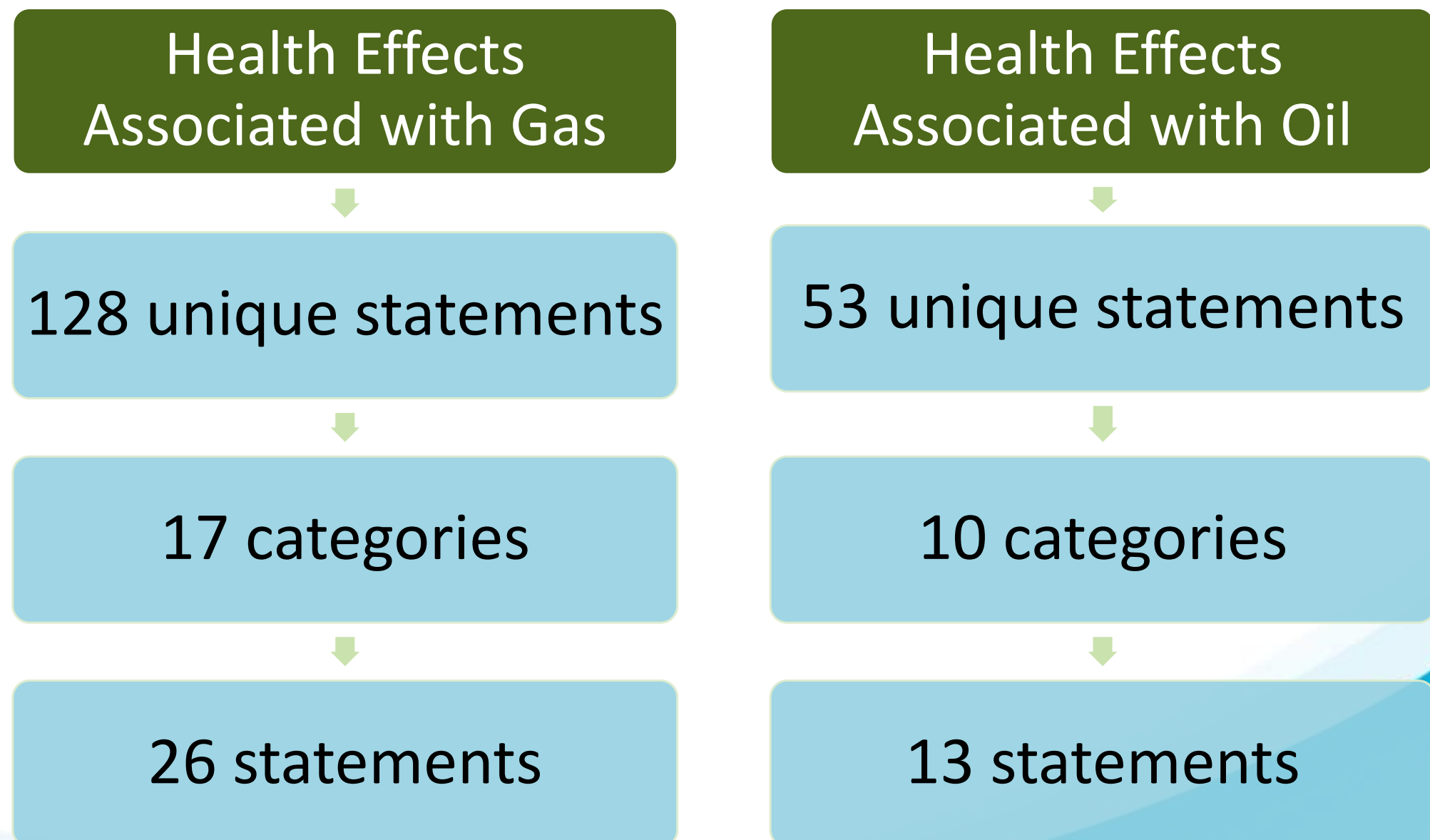
Stress: Examples of Statements

- ❖ “Psychological stress”
- ❖ “Increased stress”
- ❖ “Higher levels of stress in rural areas”
- ❖ “Stress-mediated problems”
- ❖ “Drilling activities and noise are known to cause stress”
- ❖ “...health outcomes related to stress are also occurring”

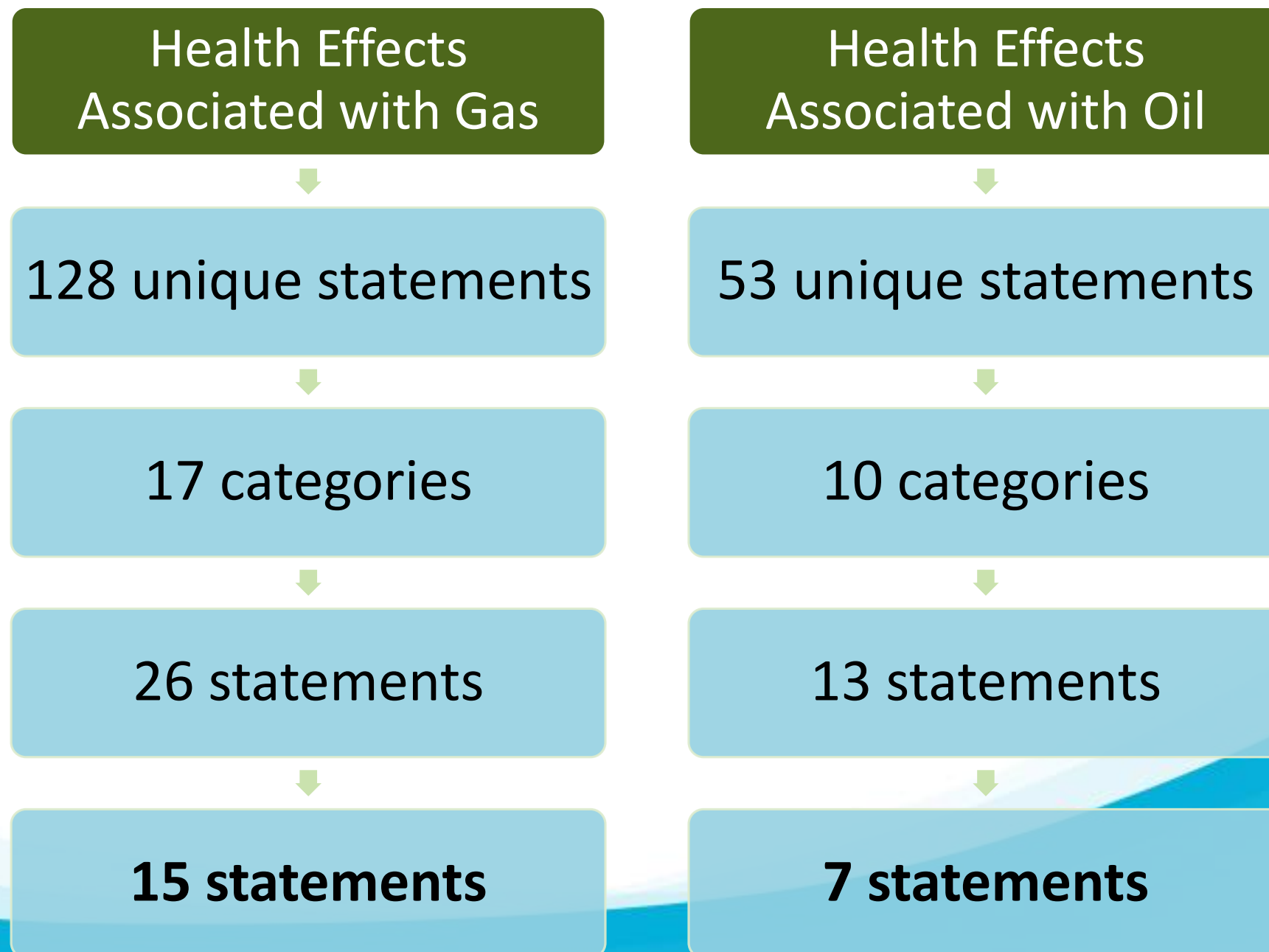
Psychological Wellbeing: Examples of Statements

- ❖ “Mental health”
- ❖ “Irritability...”
- ❖ “Anger”
- ❖ “Depression related to loss of trust and confidence in health”; “Depression”
- ❖ “Fear related to intimidation and harassment”
- ❖ “Anxiety related to disruption in daily life”; “Anxiety”

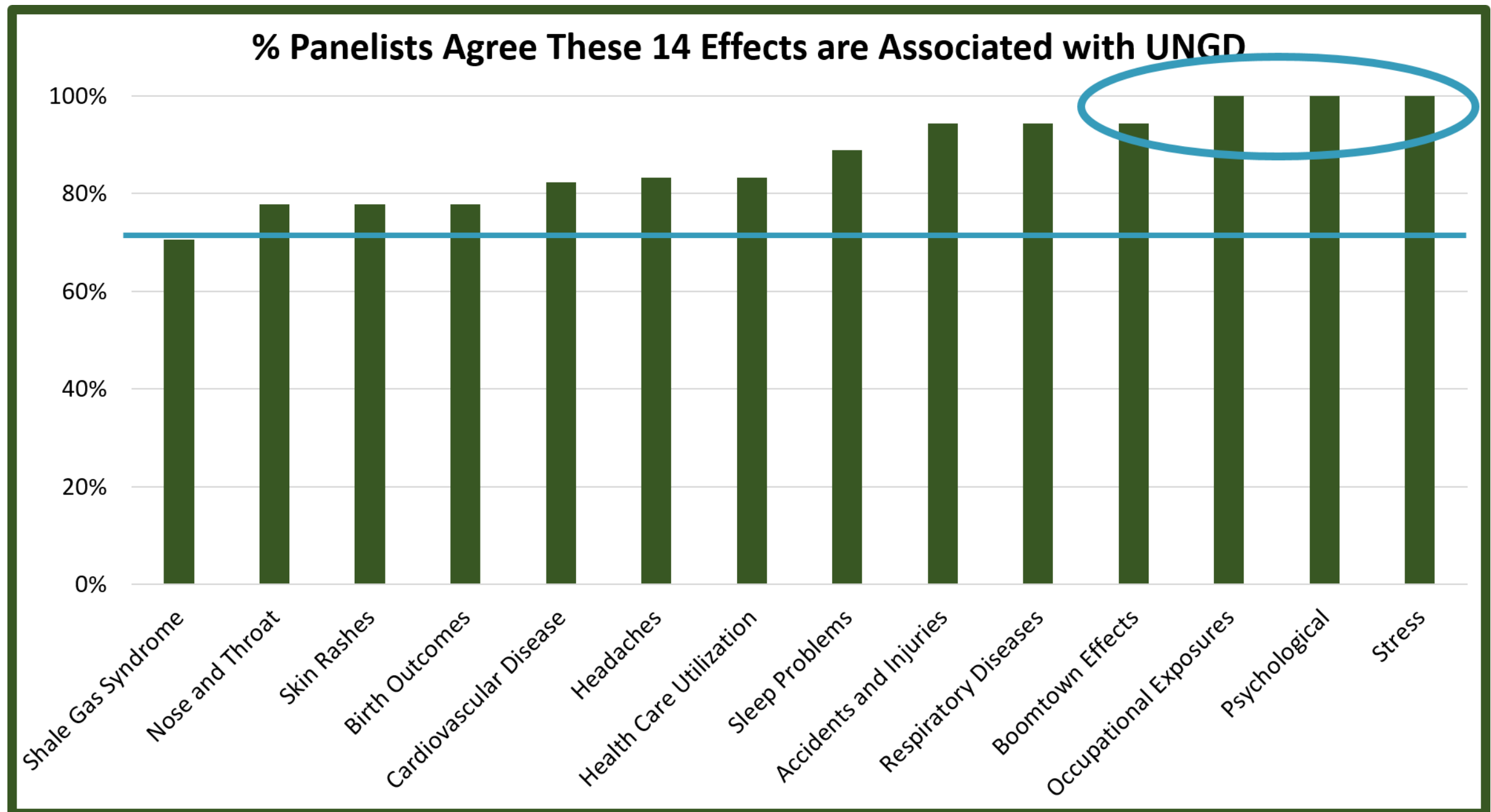
Panelists' Responses: Round Two Emerging Consensus



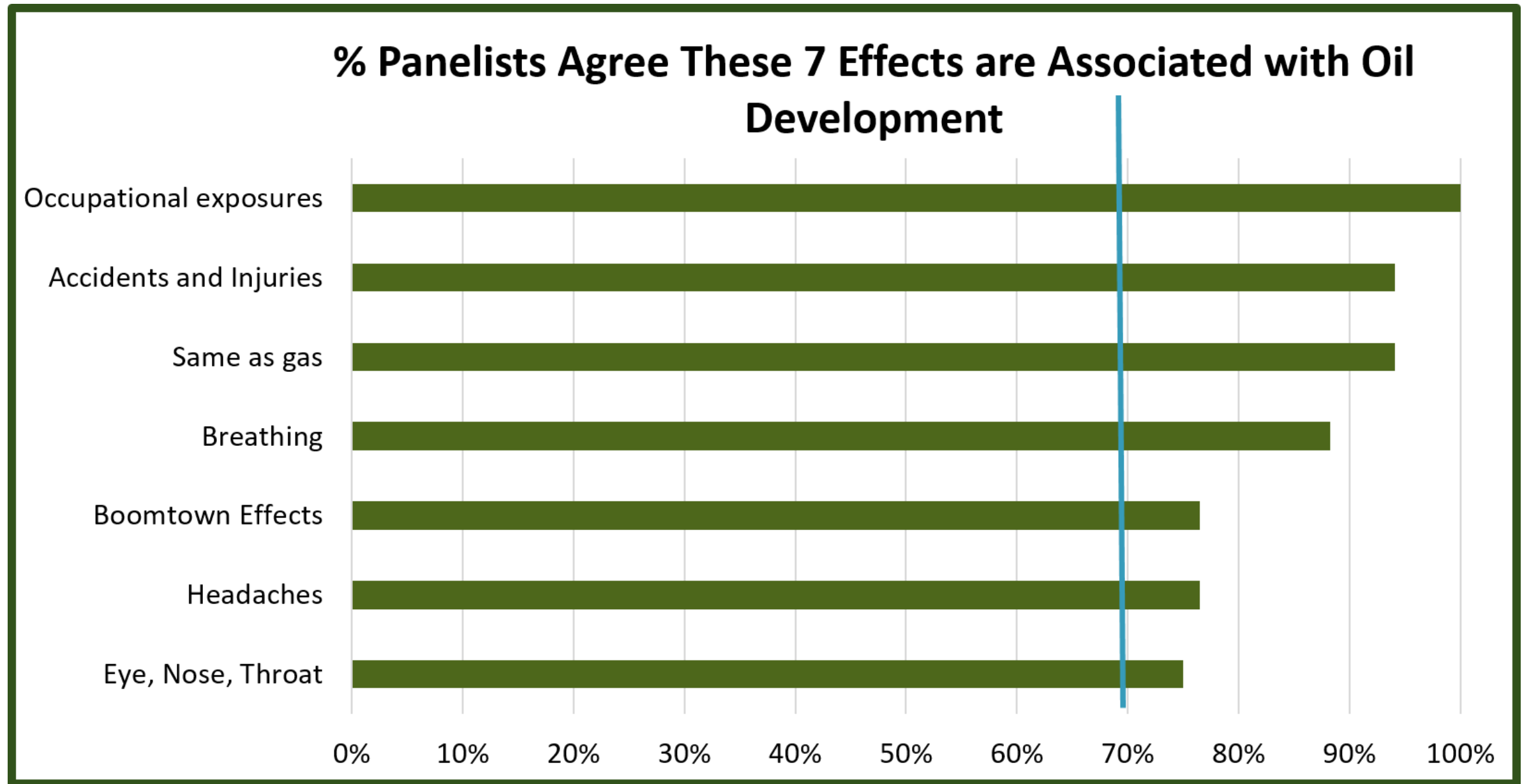
Panelists' Responses: Round Three Consensus



Results: Round Three Consensus UNGD



Results: Round Three Consensus Oil Development



Round Three: Lack of Consensus

❖ Health effects and unconventional gas (n=11)

- Nausea
- Specific cancers
- Cardiac arrhythmias
- Cognition
- Mental “spaciness”
- Decreased sperm count
- Respiratory infections
- Neurological problems
- Gastro-intestinal problems
- Kidney and liver diseases

Round Three: Lack of Consensus

❖ Health effects and oil (n=6)

- Cancer
- Reproductive health
- Neurological problems
- Skin
- Nausea and vomiting
- Insufficient data

Summary

- ❖ Multiple sources of data suggest mental health effects associated with UOGD.
- ❖ Delphi study consensus confirms what is found in multiple sources
- ❖ Available data suggests proximity to UOGD activity is an important factor in health outcomes
- ❖ Stress is a consistent finding across multiple data sources
 - ❖ Specific mental health symptoms are more variable

Stress and the Brain

- ❖ Inflammation is good for fighting infections, but bad in the long term.
 - ❖ Affects multiple systems directly, including the brain
- ❖ Immune system-brain interactions can result in symptoms that look like depression
- ❖ Safe anti-inflammation strategies include
 - ❖ Exercise
 - ❖ Mindfulness
 - ❖ Sleep
 - ❖ Social connections
 - ❖ Healthy diet

Putting It into Practice

- ❖ WILD 5 Wellness¹⁶
 - ❖ Available at no cost
 - ❖ Evidence-based
 - ❖ Reduction in symptoms of depressive symptoms
 - ❖ Reduction in symptoms of anxiety
 - ❖ Reduction in emotional eating
 - ❖ Improved sleep
 - ❖ Increased sense of well-being
- ❖ Materials available on SWPA-EHP website

For More Information

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References

1. Osofsky H, Palinkas L, & Galloway M. (2010). Mental health effects of the gulf oil spill. *Disaster Med Public Health Prep.* 4(4):273-276.
2. Palinkas LA, Petterson JS, Russell J, & Downs MA. (1993). Community patterns of psychiatric disorders after the Exxon Valdez oil spill. *Am J Psychiatry* 150(10):1517-23.
3. Arata C, Picou J, Johnson G, & McNally T. (2000). Coping with technological disaster: an application of the conservation of resources model to the Exxon Valdez oil spill. *J Trauma Stress* 13(1):23-39.
4. Campbell D., Cox D., Crum JI, Foster K., Christie P., & Brewster D. (1993). Initial effects of the grounding of the tanker Braer on health in Shetland. The Shetland Health Study Group. *BMJ* 307(6914): 1251–1255
5. Campbell D, Cox D, Crum J, Foster K, & Riley A. (1994). Later effects of grounding of tanker Braer on health in Shetland. *BMJ* 309: 773-774.
6. Lyons R, Temple JM, Evans D, Fone D, & Palmer S. (1999). Acute health effects of the Sea Empress oil spill. *J Epidemiol Community Health* 53:306-10.
7. Carrasco JM, Perez-Gomez B, Garcia-Mendizabal MJ, Lope V, Agargones A, Forjaz MJ, Guallar-Castillon P,...Pollan M. (2007). Health-related quality of life and mental health in the medium-term aftermath of the *Prestige* oil spill in Galiza (Spain): a cross-sectional study. *BMC Public Health* 7:245-252.
8. Sabucedo J, Arce C, Senra C, Seoane G, & Vazquez I. (2010). Symptomatic profile and health-related quality of life of persons affected by the Prestige catastrophe. *Disasters* 34(3):809-820.
9. Janjua N, Kasi P, Nawaz H, Farooqui S, Khuwaja U, Hassan N, Jafri S, ... Sathiakumar N. (2006) Acute health effects of the Tasman Spirit oil spill on residents of Karachi, Pakistan. *BMC Public Health* (6):64. Published on-line 2006 April 3. doi:10.1186/1471-2458-6-84.
10. Perry, S. (2012). Development, land use, and collective trauma: The Marcellus shale boom in rural Pennsylvania. *Culture, Agriculture, Food and Environment.* 34(1):81-92.
11. Resick, L. K., Knestrick, J. M., Counts, M. M., & Pizzuto, L. K. (2013). The meaning of health among mid-Appalachian women with the context of the environment. *Journal of Environmental Studies and Science*, DOI 10.1007/s13412-013-0119-y
- 12, Ferrar KJ, Kriesky J, Christen CL, Marshall LP, Malone SL, Sharma RK, et al. (2013). Assessment and longitudinal analysis of health impacts and stressors perceived to result from unconventional shale gas development in the Marcellus Shale region. *Int J Occup Environ Health.* 19(2):104–12.
13. Steinzor N, Subra W, & Sumi L. (2012). *Gas patch roulette how shale gas development risks public health in Pennsylvania*. Washington DC: Earthworks.
14. Steinzor N, Subra W, Sumi L. (2013). Investigating links between shale gas development and health impacts through a community survey project in Pennsylvania. *New Solut J Environ Occup Health Policy NS.* 23(1):55–83.
- 15, Arbelaez J, Baizel B. (2015). Californians at risk: An analysis of health threats from oil and gas pollution in two communities. Earthworks; 2015.
16. WILD 5 Wellness Program. 2016. www.JainTexasInfo.com