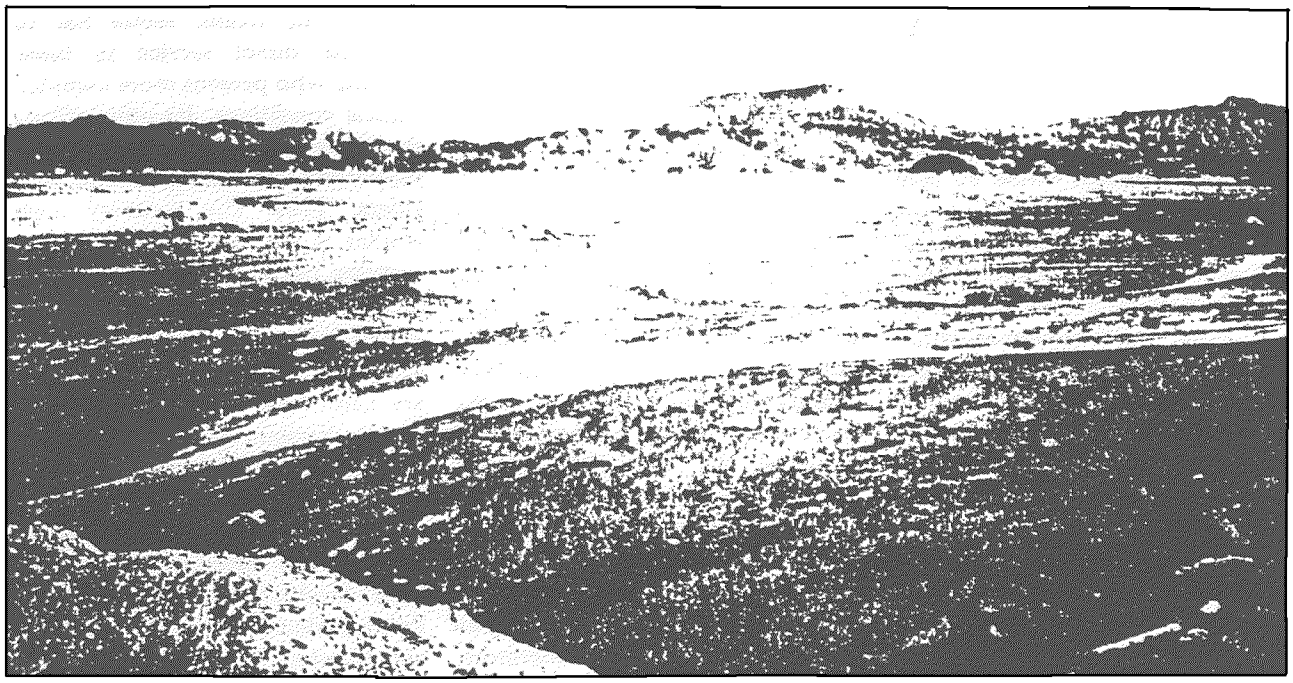
Extending Mental Health Care to Disaster Victims

by B.R. Lima, M.D., H. Santacruz, M.D. and J. Lozano M.D.

The importance of primary care as the main strategy for attaining the goal of "health for all by the year 2000" has been widely accepted. Primary health care has been defined by the World Health Organization (WHO) as "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system, of which it is the nucleus, and of the overall social and economic development of the community" (1). Primary care involves a variety of priority areas, such as maternal and child health, immunization, acute respiratory diseases, malaria, food and nutrition, cardiovascular and degenerative disease, cancer, occupational disease, and mental health (2). Mental health is one of the essential elements of primary care both in developed and developing countries. Various mental health priorities for the primary level of care have here been identified (3), and include psychiatric emergencies, chronic psychiatric disorders, mental health problems of patients attending health units, general clinics and other curative services, and psychiatric/emotional problems of high risk groups.

Even though disasters are events of increasingly devastating consequences in developing countries (4), and disaster victims could represent a high-risk group for emotional disorders (5), little attention has been paid systematically to develop, implement and evaluate the role of the primary care worker in deliver-



Downtown Armero completely destroyed by the eruption of Nevado del Ruiz on 13 November 1985. B. Lima

ing mental health care to disaster victims in third world countries.

To address these issues, the authors have developed a long-term project, whose various steps include:

(i) ascertaining the prevalence of emotional disorders among disaster victims, both in the community and in primary care clinics.

(ii) identifying and/or designing appropriate instruments for screening the victims' mental health state in routine clinical care.

(iii) producing teaching material in mental health for the primary care worker.

(iv) evaluating the training programme.

This project has been partially carried out in the town of Armero, Colombia (pop. 30,000) which was completely destroyed when the volcano Nevado del Ruiz erupted on November 13, 1985, causing over 22,000 deaths (6). Supported by the observation made by a member of the team immediately following the disaster (7), it was anticipated that, given the special characteristics of this disaster, the emotional consequences for victims and affected communities would be high. The loss of the psychiatric hospital of Armero, whose 90 beds represented 87 per cent of the state's in-patient resources, and of 37 mental health professionals and auxiliary staff, decreased the specialized mental health resources significantly transferring the responsibility for meeting victims' mental health needs to the general/primary levels of care.

Seven to ten months after the tragedy, the authors conducted a screening for the emotional problems of 200 adult victims (approximately four-fifths of the population of four camps/shelters established in the disaster area). The findings indicated that about half of the victims presented emotional problems such as to score positively on the instrument (Self-Reporting Questionnaire) (8), i.e. responded positively to 8 or more of the questions. A subsample was interviewed by psychiatrists, and the most frequent diagnoses were post-traumatic stress disorder, major depression, generalized anxiety disorder and alcohol abuse (9). A similar study was conducted in the two primary care clinics located in the neighboring towns of Lerida and Guayabal. Of the 100 patients screened there, again about half scored positively on the instrument, whereas the primary care workers who saw their patients had identified only 20 per cent as having an emotional problem. Furthermore, the primary care workers missed 74 per cent of those patients which the instrument showed to be emotionally disordered.

SELF REPORTING QUESTIONNAIRE

Distribution of neurotic symptoms among 200 adult survivors of the Armero disaster

	SRQ Negative Positive		
	Total	%	%
Do you often have headaches?	112	31	69
Is your appetite poor?	85	24	76
Do you sleep badly?	84	30	70
Are you easily frightened?	117	33	67
Do your hands shake?	72	15	85
Do you feel nervous, tense or worried?	163	37	63
Is your digestion poor?	43	19	81
Do you have trouble thinking clearly?	34	9	91
Do you feel unhappy?	68	24	84
Do you cry more than usual?	45	18	83
Do you find it difficult to enjoy your daily activities?	73	11	89
Do you find it difficult to make decisions?	68	24	76
Is your daily work suffering?	63	13	87
Are you unable to play a useful part in life?	31	–	100
Have you lost interest in things?	70	17	83
Do you feel that you are a worthless person?	44	14	86
Has the thought of ending your life been in your mind?	34	15	85
Do you feel tired all the time?	42	5	95
Do you have uncomfortable feelings in your stomach?	47	13	87
Are you easily tired?	93	19	81

All comparisons $P < 0.001$

These findings underscore the following points:

– about a year after a disaster of major proportions a number of victims are likely to present significant emotional problems;

– these problems are seen both in the community (camps and shelters) and in primary health care facilities;

– the level of psychiatric morbidity is three to four times larger than the one found in routine clinical situations;

– the primary care worker, without any special mental health training, is unable to adequately detect patients with emotional problems.

The specialized mental health sector, which has limited resources to meet the routine emotional problems of communities in developing countries, cannot manage the "epidemic" of psychiatric disorders which can follow a major disaster. The mental health sector has to limit its direct service to those patients who present more complex clinical conditions. Its other efforts should be focussed on training and supporting alternative health providers. (10) The primary care worker is known to be effective in carrying out basic and well-defined mental health tasks. (11) This investigation provides empirical support to further the role of the primary care worker in disaster mental health. Various activities have been developed in Colombia (12) including training of rural doctors and nurses of the affected area. A manual for this specific purpose has been developed and the Colombia Primary Health Care Plan incorporates disasters as one of its priorities (13). A training course on primary

The remains of the Psychiatric Hospital "Isabel Ferro de Buendia" after the Nevado del Ruiz eruption. B. Lima

mental health care in disasters was also implemented in Ecuador following the earthquake in March 1987. The course has been evaluated, but the results are not available as yet.

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