

Extending Mental Health Care to Disaster Victims

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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.

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