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Differential and Long-term Effects of Disasters: The Need for Planning and Preparation

The psychosocial aspects of disasters have long been established as an area of research, service delivery, education and training, and policymaking and planning. Increasing attention has been given to the psychological impact on both victims and rescue workers in the emergency phase, in preparedness, in search and rescue operations, and in terms of immediate aftereffects. Yet, despite the fact that 45 years have elapsed since Lindemann [1] elucidated many of the principles of crisis intervention, following the tragedy of the Boston Coconut Grove fire, relatively little has been done to ameliorate the long-term psychosocial consequences of disasters. Even more important is that there is still precious little in the way of planning and preparation for disasters.

Disaster response remains largely a media-inspired and -"mediated" event. Prompted by media reports, people often rush to save lives in an airplane crash or famine. They may act generously and heroically; but without training or guidance, their response is not always helpful. For example, when a plane crashed recently in New York, people rushed to help—thereby clogging the roads and preventing trained personnel from reaching the scene quickly.

The effects of trauma resulting from a disaster, even when that disaster is of short duration, are not always short-lived. (And, of course, many disasters are far from brief in terms of time: witness the drought in the Sahel region of Africa, now in its tenth year.) Symptoms may appear immediately; but they may also develop, if not treated preventively, months or even years following the trauma.

A disaster is the impact of a natural or technological catastrophe on a specific population group, and its consequences are the product of that interaction. The destructive force will have different consequences depending on both its strength and the resistance of the affected community. Socioeconomic development is therefore at the core of disasters, and the International Decade for the Reduction of Natural Hazards recently launched by the United Nations has obvious social and economic components.

By the same token, disaster recovery is contingent upon community resources, and is not just a function of the initial impact. This is particularly the case in developing countries, where people are exposed to a harsher environment, are more vulnerable in

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is not just a function of the initial impact. This is particularly the case in developing countries, where people are exposed to a harsher environment, are more vulnerable in their poorly built dwellings, have less accessible and less adequate health and mental health services, and face demoralizing, chronic, socioeconomic problems. These factors—increased vulnerability to the impact and decreased capability for an adequate response—amplify the intensity of the impact and extend its consequences over time, thus defining a disaster as a social event whose protracted psychosocial consequences are as much a part of it as its immediate effects. The needs of victims must be addressed within this bio-psycho-social frame and throughout their disaster-related experience, which can include periods preceding the impact and should extend through their full rehabilitation and restoration to their former level of functioning.

Despite a shrinking world and rapid communications that bring reports of disasters all over the globe into every corner of that globe within hours, sometimes even minutes, of their occurrence—news of floods, earthquakes, massive fires, and a multitude of other catastrophes—our response is still too often *ad hoc* and spur-of-the-moment. Most relief agencies deal with the short term; they respond professionally and well in meeting immediate needs for clothes, shelter, funds, and other necessities. Some even help over the long term in providing rehabilitation for the physically disabled. But because the symptoms of psychosocial disability (e.g, anxiety, depression, memory problems, difficulty in concentrating, guilt, and/or sleep disturbances) are not so readily apparent, they are too often ignored or neglected. Compounding the problem is the fact that most mental health professionals are not specially trained to deal with psychosocial responses to disasters.

We need far more attention to these concerns—more training, and efficient mobilization of those who are trained and prepared to assist in coping with crises Research in this area is extremely important. Disaster is an event to which individuals may react similarly or differently. Because of the precision with which the event can be defined, we can learn much from a disaster's varying effects on people; in a sense, it presents us with a natural experimental situation.

To consolidate the experience accrued worldwide in disaster mental health, we have assembled two issues of the *International Journal of Mental Health* that aim to bring into sharper focus two fundamental aspects of disaster preparedness and response. the bio-psycho-social effects on the victims, and the longitudinal course of their problems. We hope this contribution will assist researchers, mental health professionals, educators, policymakers, and administrators in their continuing efforts to provide better care to victims of disasters.

Reference

1. Lindemann, E. (1944) Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*, 141.