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Disaster severity and emotional disturbance: implications for primary mental health care in developing countries

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ABSTRACT - Two months following the 1987 earthquakes in Ecuador, 150 patients in the primary health care clinics of the area were screened for emotional problems; 40% of them were emotionally distressed. Risk factors included not being married, reporting poor physical or emotional health, and having ill-defined physical complaints. The findings from this research are discussed in relation to a disaster of much greater intensity, whose victims were studied by the authors, utilizing the same instrument and research design. The comparison between these 2 groups of disaster victims revealed that: 1) the prevalence of emotional distress was smaller among the Ecuador victims, but the frequency of symptoms among the distressed was similar for both groups; 2) the symptom profiles were remarkably similar; and 3) the most frequent symptoms and the strongest predictors of emotional distress were very similar. These findings support a focused training of health care workers on selected emotional problems that are regularly present among victims of different disasters.

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The mental health consequences of disasters have been widely recognized (1-3), and various interventions have been designed to address them. These interventions, however, have focused mostly on the immediate postimpact period (4, 5), and have relied heavily on the provision of services through the specialized mental health sector (6), without effective involvement of the routine systems for health care delivery (7). This

approach may be inadequate to meet the mental health needs of disaster victims for various reasons:

1. Disaster victims see themselves as normal individuals who are trying to adjust to extreme hardship (8). As such, they may perceive the mental health worker as providing specialized services they do not require. Disaster victims may be more prone to request help