Psychosocial Care in the Aftermath of Disasters in Amsterdam

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In The Netherlands, terrorism and disasters are a political priority. It is not so much the question of "if", but "when" and "where" such events will occur. Amsterdam, the capital of The Netherlands, is at a relatively great risk, due to its 750,000 inhabitants and many tourists, a large number of people may be affected. This warrants a major disaster plan. A main task of the Amsterdam Municipal Health Services (MHS) is providing help to those who develop disaster-related (mental) health problems. In order to fulfill this task properly, it is important to identify the people that need the most help.

In collaboration with the Impact Foundation, the MHS has developed a procedure to efficiently select victims with disaster-related mental health symptoms. Six weeks and six months post-disaster, a short, population based screening tool will be distributed to the affected persons. This questionnaire consists of well-known, standardized instruments. In the case of elevated scores, the MHS will contact the respective persons. In this outreach approach, the MHS offers a semi-structured interview in which the impact of the event is assessed. In the case of psychopathology, the patient will be referred to a mental healthcare center.

This presentation will outline the psychosocial part of Amsterdam's disaster plan. What will the MHS do in the case of a disaster or terrorist attack in the Amsterdam area? The presentation will focus on the use and validation of the short screening tool, which plays a central role in the disaster plan.

Keywords: disaster; disaster plan; mental health; Netherlands psychosocial
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Living in "Temporary" Housing Two Years after the Hurricane: The Mental Health Implications of Long-Term Residence in FEMA Trailer Camps

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Hurricane Katrina was the first disaster in the US to test the federal government's ability to rapidly construct disaster housing sites for hundreds of thousands of people. Immediately following the hurricane, individuals displaced by the storm were housed by the Federal Emergency Management Agency (FEMA) in hotels and vacant apartments. "Eligible" individuals then were transitioned into government trailers, which were located on private property, in privately owned trailer parks, or in newly constructed, FEMA-run trailer camps. The trailer camps were intended to be a temporary housing solution; however, two years after the hurricane, >13,000 families in Louisiana still are living in the FEMA trailer camps.

The design of the FEMA trailer camps reflects the intended temporary nature of the housing: trailers are lined, row after row, on gravel or rock, often in isolated or desolate areas. Many camps do not have grass or playgrounds; the majority do not have community space in which residents can gather. Temporary disaster housing, designed to meet the basic needs of shelter, can be detrimental to mental and social health when residents continue to live in the locations for the longterm.Residents often have limited or no access to transportation, employers, or community services. The authors will describe how long-term residence in temporary housing impacts the mental health of displaced persons and will provide recommendations for improvement in the design of disaster housing.

Keywords: temporary housing; Hurricane Katrina; longterm residence; displaced populations; shelter
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Ongoing Impact of Hurricane Katrina on Children: Role of School-Based Health Centers

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Introduction: The impact of a disaster on children is widespread, often including long-lasting emotional and behavioral problems. Especially vulnerable are children already coping with poverty, violence, and inadequate medical care: e.g., such as the residents of New Orleans, Louisiana whose communities were devastated by Hurricane Katrina and still remain largely uninhabitable. Currently, an estimated 140,000 children and youth remain homeless, having evacuated following the hurricane, and, in many cases, still are separated from their families. Their devastating loses and the disruption of community ties, including school attendance, place them at an elevated risk for emotional, behavioral, and academic problems.
Methods: Six months after Hurricane Katrina, a descriptive study was conducted to determine the immediate impact of the hurricane. The survey was distributed to 43 of the 56 school-based, health centers (SBHCs) in Louisiana.
Results: The response rate was 98%. These schools had an average enrollment of 937 students, with an average mean of 12% of the students were hurricane evacuees. One-half of the SBHCs reported increased patient volume without increased resources. Increases in oppositional and disruptive behavior were reported as follows: (1) arguments, 76%; (2) fights, 64%; (3) truancy, 55%; (4) parent conflict, 36%; and (5) sexual promiscuity, 31%. Other problems that increased included anger, grief, domestic violence, somatic symptoms, sleep disturbance, and suicidal ideation. Schools with a higher percentage of evacuee students reported more problem behavior. Families affected by the hurricane had a high level of need for case management services, including

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help locating housing, food assistance, and advocacy to receive benefits, including financial resources. This presentation reviews these findings and bring them up-to-date.

Keywords: behavior; child evacuees; emotional problems; Hurricane Katrina; school-based health centers
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Poster Presentations—Theme 14: Psychosocial Aspects

(238) S.O.S. Psychological Aid

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A training program titled S.O.S. Psychosocial Support was launched with the aim to promote appropriate response strategies for emergencies and disasters. This program has been active in Argentina for the past four years, and has reached about 800 beneficiaries.

The training framework was composed of four main courses. It focused on community level actors, such as hospital and sanitary personnel, volunteers, professionals, and practitioners. Community leaders and university actors also were included.

The program primarily was designed to address the lack of knowledge of handling human emotions in situations of social conflict. In this sense, the role played by social actors was essential. A second aim was to provide actors with training on building evacuation techniques, with which few had experience.

Communities are not unfamiliar with the negative aspects of disasters. For this reason, community members should be given tools to help cope with disasters and emergencies. Areas of possible training are: (1) treatment of the behavior of adolescents; (2) implementation of strategies aimed at reducing risks; and (3) promotion of a behavioral change towards better results. A joint participation approach can provide a deeper knowledge of these areas of interest.

Keywords: behavior; community response; disaster; disaster response; training
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(239) Sources of Occupational Stress and Coping Strategies among Emergency Department Nurses

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Introduction: Numerous studies have indicated that job stress is significant in nursing. This will seriously impair the provision of quality care and the efficacy of health services delivery. Therefore, there is a need to generate information about sources of job stress, and the adopted coping strategies used by nurses in emergency department

Methods: A descriptive survey was conducted and 90 emergency ward nurses from three large teaching hospitals in Shiraz City, Iran. were involved in the study. The data were collected through a self-administered questionnaire to identify the sources of job stress and nurses profile and lazarous standard questionnaires to determine the types of coping strategies.

Results: The greatest proportion of respondents were women (86.7%), range 23-50 years, we identified the following stressors:problem related to physical environment,dealing with patients or their relatives, not enough staff, work load, lack of support by nursing administrators, being exposed to health and safety hazards.

The most common strategy used by nurses was Self Controlling (mean = 12.92 ±0.43) and Positive Reappraisal (mean = 12.92 ±0.39) and the strategy least used was a Accepting Responsibility (Mean = 5.88 ±0.29). In our study large proportional of nurses used an emotion-focussed strategy such as attempts to suppress upsetting emotions and remove oneself from the stressful situation but problem-focused approaches were generally less used.

Conclusion: Principals used a number of coping mechanisms during the performance of their duties. The coping scales, Positive Reappraisal and Self-Controlling, are extremely important in emergency department nurses.

Keywords: coping strategies; emergency department; nursing; psychosocial; stress
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(240) Legal Issues in Psychiatric Emergencies

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Psychiatric emergencies are disturbances in thought and feeling or mood and behaviors disorders that required urgent. And intensive attention and intervention. Common instances of psychiatric emergencies are aggression, suicide and suicidal thought, sadism, masochism, destructive behaviors directed to self or others. Patient, clients, caregivers safety is and essential component of caring in emergencies departments. Research results showed that nursing staffs confronted patient's aggression, trauma and injuries 2.5 times higher than other health care staffs. In psychiatric emergencies, we must assess and identifying patient induced risks for nurses and other nurse's safety and security got in center of national organization attention in recent years. Psychiatric organization need full exploration of job-induced risks and ways, strategies for solving and dealing with these risks.

Keywords: aggression; psychiatric emergencies; staff safety and security
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