

Psychiatric Morbidity in Bomb Blast Victims: Results from a Developing Country

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Introduction: Psychosocial care is a much neglected area in trauma management, especially for blast victims. The aim of this study was to study the need for psychiatric evaluation of bomb blast victims treated at the Level-1 Apex Trauma Center.

Methods: Formal psychiatric consultations were conducted for all admitted bomb blast victims in four different incidents occurring over a period of two and half years. The consultant psychiatrist assessed these patients individually.

Results: Fifty such blast victims were admitted during this period. The majority were males (68%) and were in the age range of 20–30 years. Overall, 38% had psychiatric morbidity, of which 14% had severe psychiatric illness requiring active psychiatric intervention.

Conclusions: In the comprehensive management of trauma victims, there is an urgent need for proper psychological assessment of such patients. They require a multi-specialty approach for the assessment and management including long term rehabilitation.

Keywords: bomb blast; psychiatric morbidity; psychosocial; trauma; victims

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Poster Presentations—Psychosocial Issues

(I91) Democracy, Trauma, and Psychological Distress

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During Afghanistan's 30 years of war, two million Afghans were killed, one million were disabled, and six million were displaced as refugees to other countries. For these refugees, depression leading to post-traumatic stress disorder (PTSD) was not due to the years of torture and abuse, but from poor social support, being forced to face an alien-like civilization, improper psychiatric analyses due to unawareness of cross-cultural issues, and deficient interpreters. At the time, it was clear that the refugees were treated inhumanely. The Afghans, including children, found that advocating for their family and community struggles were a way of life. They had had enough with the "fight for freedom", and as result, the Soviets were forced back home.

During this time, Modernizing Medical Careers (MMC)-Mobile Emergency Medical Centre was set up along with the endless support and friendship of other countries, most thankfully Norway. In the course of five years in the battlefields of Jalalabad, the MMC successfully saved 4,200 wounded victims.

Keywords: Afghanistan; post-traumatic stress disorder; psychosocial; trauma; war

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(I92) Mental Stress Management of Medical Staff in an International Medical Cooperation

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Introduction: Mental stress management of medical staff in an international medical cooperation (IMC) is important for effective activities.

Methods: The authors examined the mental stress of of IMC medical staff that was experienced throughout three activity periods. The activity periods included: (1) "Period A", from decision-to-participate to arrival in the field; (2) "Period B", from arrival in the field to before going back home; and (3) "Period C", after going back home to three months after going back home. Self-administered questionnaires were used to examine the type of mental care preferred by staff. Participants were 154 medical staff members who worked in a past IMC. The data of 89 medical staff members were analyzed. The period of data collection was between August 2007 and November 2008.

Results: The results clarified that 66 (74.1%) staff felt stress during Period A, 69 (77.5%) during Period B, and 47 (52.8%) during Period C. Main stress factors during Period A included "difficulty of gathering information", "schedule coordination", and "rapid environmental changes"; In Period B, "ambiguity of information", "unexpected circumstances", and "human relationship"; and in Period C, "lots of works after return to the hospital", "prepare the activities report", and "lack of taking vacation after IMC".

Conclusions: Stress levels and factors gradually changed during activity periods in IMC activities. It is important to establish effective mental stress management systems for the future success of IMCs.

Keywords: disaster health management; international medical cooperation; management; medical staff; mental stress

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(I93) Addressing Humanitarian Concerns: Suffering, Service, and Spirituality in the Disaster Setting

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Disasters are not isolated events that happen "to" people, but rather an intricate interplay of political, social, and environmental forces. Anthropology has been instrumental in developing this more complex understanding of disasters. Anthropology offers rigorous methods by which one can study other multifaceted phenomena of human experiences such as suffering, peace, spirituality, and consciousness.

These two areas are addressed in an ethnographic study of the Brahma Kumaris spiritual community in New York and Orissa, India using the qualitative methods of participant observation, discourse analysis, informal discussions, and unstructured interviews.

Data from 12 months of ethnographic research in 2007 and 2008 begin to address important questions such as how does a global spiritual organization find consistent meth-

ods of humanitarian service that are sensitive to the traditions and beliefs of the communities in which they serve? After disasters, people with specific technical expertise are required. Is there a place to utilize the technical know-how of spiritual practitioners to respond to the many needs that present themselves to vulnerable populations post-disaster? Is there a place for spiritual preparation for and response to disaster? If so, how can it be done in a way that makes the best use of often misused time, energy, and resources as well as care for those most affected, and without the associated hesitation of spiritual groups? If not, what should spiritual organizations be doing in response to disasters? These critical areas of humanitarian relief will be discussed.

Faith-based non-governmental organizations have an important role in creating resilient communities and providing care in disaster settings. This is an important topic that requires further debate and discussion.

Keywords: disaster; faith-based organization; humanitarian; non-governmental organization; psychosocial; spirituality

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(I94) "Emotional Triage" Debriefing

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Who is affected after an emergency? Health professionals working during an emergency situation are exposed to pain, feelings of powerlessness, suffering, and despair. A series of highly stressful situations can reverberate in their personal well-being, later interventions, and social and familial environment. Everyone is affected by tragedy.

This study will examine what happens to those affected by crisis. Resilience, post-traumatic stress, daily stress, chronic stress, and organizational stress will be evaluated. The pursuit and evaluation of applied interventions and the permanence of symptoms, especially post-traumatic stress disorder, will be examined.

An example of a debriefing workshops after a fire in a Disco Cromagnon that left 199 dead and 3,000 victims. The aim of the workshop was to generate a space of containment and psychological support for all of the affected people so that they could express their emotions and evaluate themselves in their knowledge of traumatic facts. They learned the expected symptoms and the normal reactions to abnormal situations. During the training, movies, games, participant techniques, and theoretical material were used. In groups, personal presentations were made across skills.

The emotional triage of those affected by emergencies and disasters is unavoidable. It is necessary to perform emotional triage with the responding health professionals *in situ*. Quick ventilation diminishes the risks to the health professionals.

Keywords: debriefing; emotion; psychosocial; psychosocial triage; triage

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(I95) SOS Genius

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By analyzing games, fantasies, and dreams, the different symbolic forms from which a child represents his internal world are observed.

In order to work with children, contain their anxiety, and interpret their thoughts, it is necessary to know and play an important number of games and cartoon stories.

Children often fear repeating experiences. They express their conflicts regarding emergency and catastrophic situations with playful activity that could not be expressed by words. Some children will not be able to use this skill because of a deep inhibition that is a result of the trauma suffered.

To be able to read the game is to interpret the soul and the emotions of the child.

After 28 years as a therapist of children who have been damaged by trauma and as Supervisor of the School of Psychologists, I have created an interactive game called "SOS Genius", proven to free children's anguish and anxieties and to generate appropriate behaviors. Games like this have proven to be effective for children during unfortunate circumstances.

Keywords: children; education; game; mental health; psychosocial; training

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(I96) Prevalence of Burnout among Emergency Department Staff of the University of The Philippines Philippine General Hospital

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Introduction: The emergency department is the frontline of care in any hospital. Quality of work is affected by the skills and knowledge of the medical staff and the stress in their daily grind. The emergency department cannot perform its primary function if its personnel continue to feel the burden of their jobs.

Methods: This is a descriptive study of the emergency department staff at the University of the Philippines-Philippine General Hospital. A self-administered questionnaire with socio-demographic and occupational variables using the 22-item Maslach Burnout Inventory (MBI) Scale assessing emotional exhaustion, depersonalization, and professional accomplishment was used.

Results were analyzed according to the major subscales of the MBI Scale. The percentage having severe, moderate, and low burnout levels were determined and analyzed based on demographic data (e.g., gender, age, marital status, years of experience, and qualification).

Results: Eighty-seven qualified emergency personnel were surveyed. Of them, 41 were nurses, 13 were emergency medicine residents, 11 worked for Medical Social Service (MSS), 11 were emergency medical services (EMS) personnel/paramedics, and 11 were emergency department records personnel. Only 64 respondents were able to return the questionnaires (73.5%). Most of the male respondents had low burnout in emotional exhaustion and loss of empathy. They also scored