

*‘Passing by or staying?’  
Community-based interventions.*

Berthold Gersons

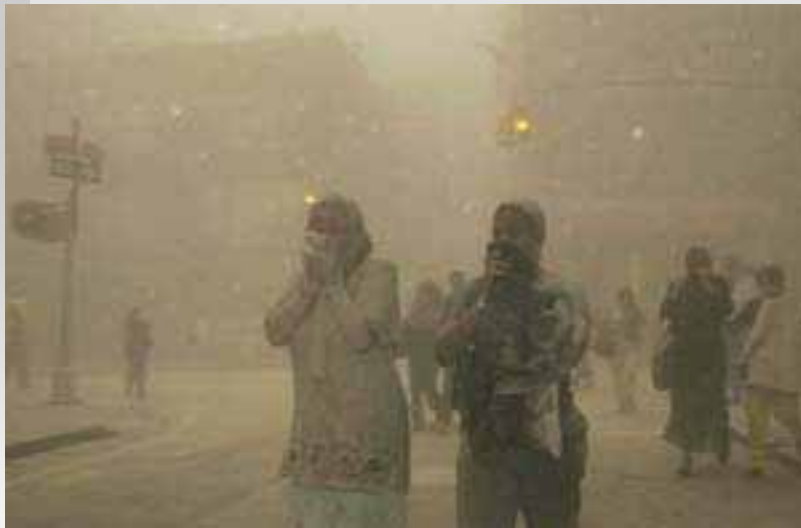
University of Amsterdam



EU conference Citizens and  
Resilience Nov 2006



*What is the effect of disasters and terrorist effects on communities?*



9 / 11





THE GLOBE AND MAIL  
**Attack on London**

As terrorists launch four co-ordinated transit attacks, killing at least 58, celebrated author **Ian McEwan** describes the feeling of numb acceptance in London's streets after it was savagely woken from a pleasant dream

**T**he morning of the 7th of July was a beautiful day in London. The sun was shining, the birds were singing, and the city was waking up from a long, peaceful sleep. It was a perfect day, a day that would change the course of history. In the morning, the city was a beautiful sight, a city that had been woken from a pleasant dream. The streets were filled with people, and the air was filled with the sound of traffic. It was a day that would change the course of history.

**Panel calls for return of controversial publisher Yoon and warns about heart risks of Abuzaid. A12**  
**Both sides deny report that deal has been reached to end National Hockey League lockout. S4**  
**Big hoop adds two diamond industry stalling its opposition to terms below of contract. B3**





2 november 2004

Antwerpen donderdag 11 mei 2006



UFF MEMBER







The first blanketman

Kieran 'Header' Nugent

"The only way I'll wear a prison uniform is if they nail it to my back"  
-Kieran Nugent 1976

فلسطين

يومنا قادم

PALESTINE..

The largest concentration camp in the world!!  
3.5 million innocent people tortured, denied their...  
freedom!

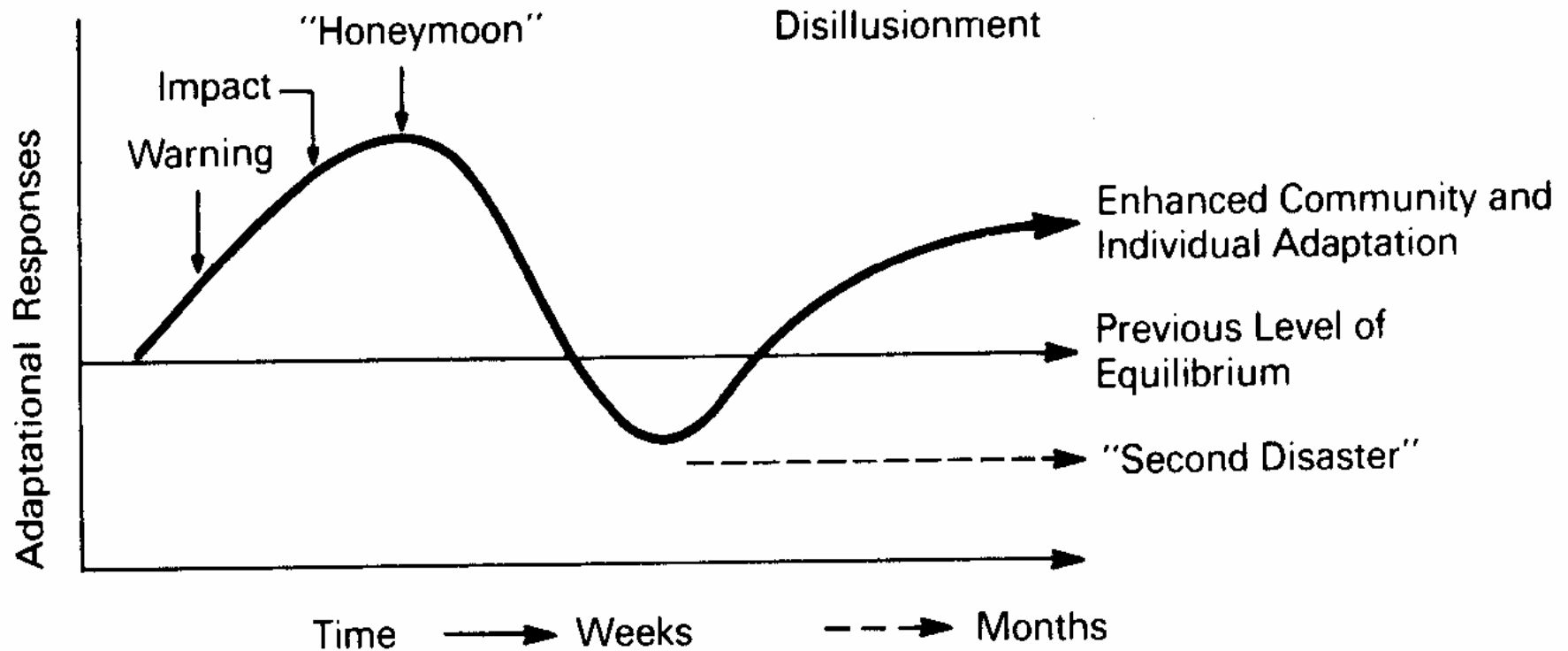
قاموا البغائع الاسرائيلية

Disasters are extremely common in the world, but not for the individual or for the local community. For them it is as if everything has changed forever.

It is a lost of trust in the world  
around us, often in mankind,  
a loss of trusted schemes,  
of cherished memories,  
of the place where we once were  
used to live.....

# Disaster Psychology

FIGURE 1.2  
*Phases of Response to Disaster*



*From: Beverly Raphael (1986), When disaster strikes.*

# Disaster phases.

- Impact, 'silence', numbing 24-36 hours;
- First outcry of emotions;
- 4th or 5th day of 'anger';
- 'Honeymoon' till 3e week;
- Desillusion phase;
- Reintegration phase;

# After such a disaster do we say...

- Everyone is at risk to develop a mental disorder; or...
- These are normal reactions towards abnormal events.....
- Give everyone propranolol....
- Need everyone debriefing.... or comfort and support?

**→ We give mixed messages towards the community!**

# Framework I for mental health interventions after a disaster

- The disaster community;
  - ◆ Disasters increases mutual help and support within communities;
  - ◆ It creates new roles and tasks for many involved;
- The model of an epidemic;
  - ◆ Many persons experience the same problems at the same time;
  - ◆ They all need the same information and solutions;
- Because of the magnitude *indirect* help is more needed than direct help to the individual;

## Framework II; Multilevel crisis intervention after a disaster

- The *individual* level; focused on victims, bystanders and eye-witnesses, rescue workers, families;
- The *community* level; restoring the feeling of safety and control;
- The *society* level; taking responsibility by key figures and politicians;



# Characteristics of a disaster

- Deadly threat to many people;
- Unexpected and often unknown event;
- Loss of control;
- Loss of infrastructure;
- Chaos, loss of life, injuries, material losses;
- Start of dependency toward others;



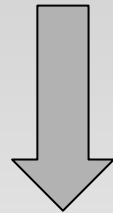
13 May 2000  
Firework disaster  
Enschede

- **22 dead**
- **1000 injured**
- **400 houses  
destroyed**

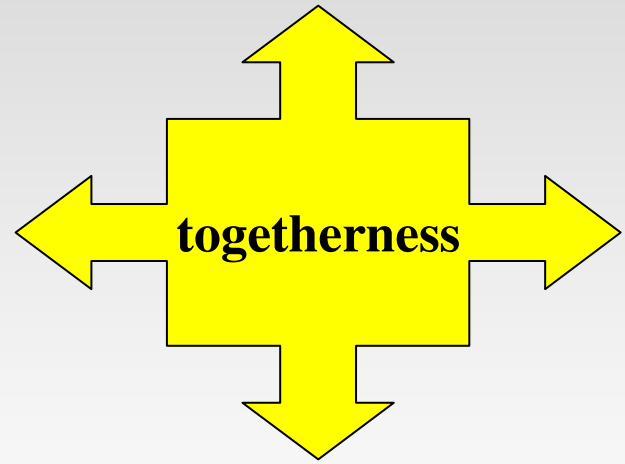
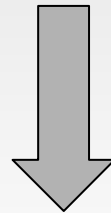


Loss of control

Unexpected,  
unknown



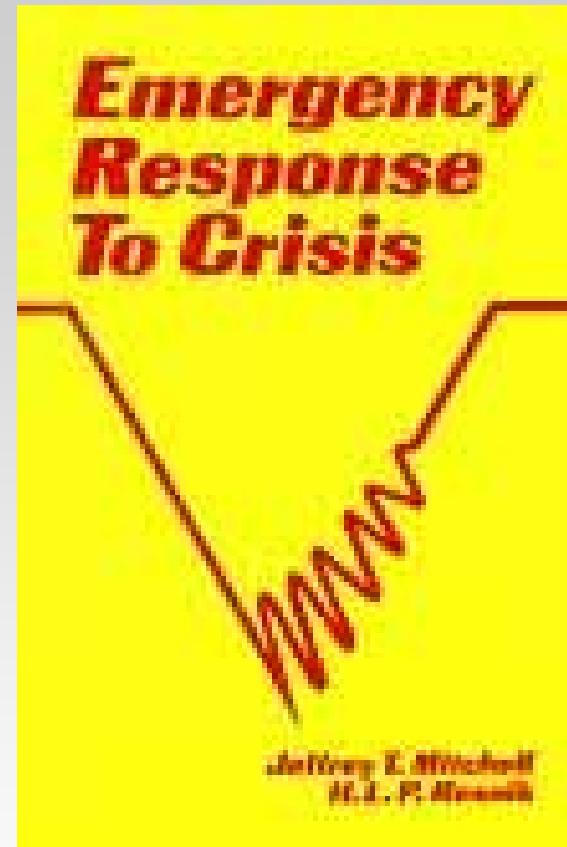
Loss of safety



biological

Activation fear system

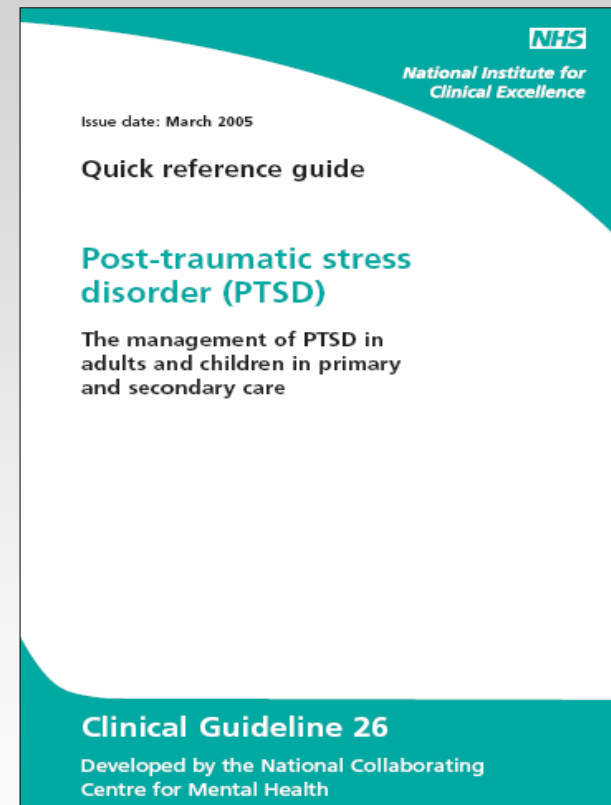
Direct help after disasters,  
*Should this be debriefing?*



# Outcome of debriefing studies

- No prevention of PTSD;
- Limited negative effects on those who are hyper aroused and exhausted;

Ref: Bisson, Lidz, Carlier, Sijbrandij, Cochrane, NICE, etc.



## Negative by-effects of 'debriefing'

- The myth that one session is effective for recovery after a disaster;
- No integration with other needs;
- That this is all mental health has to offer;
- Denial of longterm effects;







# Mental health tasks after disasters

1. Triage of victims;
2. Reaching out to all involved by public information;
3. Organizing one address for everyone;
4. Support selfhelp organizations;
5. Teach people about what fear is doing to them, about normal reactions and how to cope;
6. Use indirect interventions like mental health consultation, public information, training of GP's, social workers, etc.
7. Support and advice authorities
8. Set up long term monitoring to increase and decrease services;
9. Support mourning, monuments, art of children etc.

# Organizational problems directly after a disaster

- Many organizations want to help;
- Competition and fights between organizations;
- Lack of coordination;
- Lack of continuity;
- Lack of information;

**→ Create one organization and one address;**

# Survivors become dependent towards others

- Material needs, money;
- Information on risks;
- Information on health;



**Informatie- en**

**Adviescentrum**

*voor iedereen die vragen  
heeft over de vuurwerkcramp*



Information and Advice Center

For everyone who has questions regarding the Firework disaster

# Information and Advise Center (IAC)

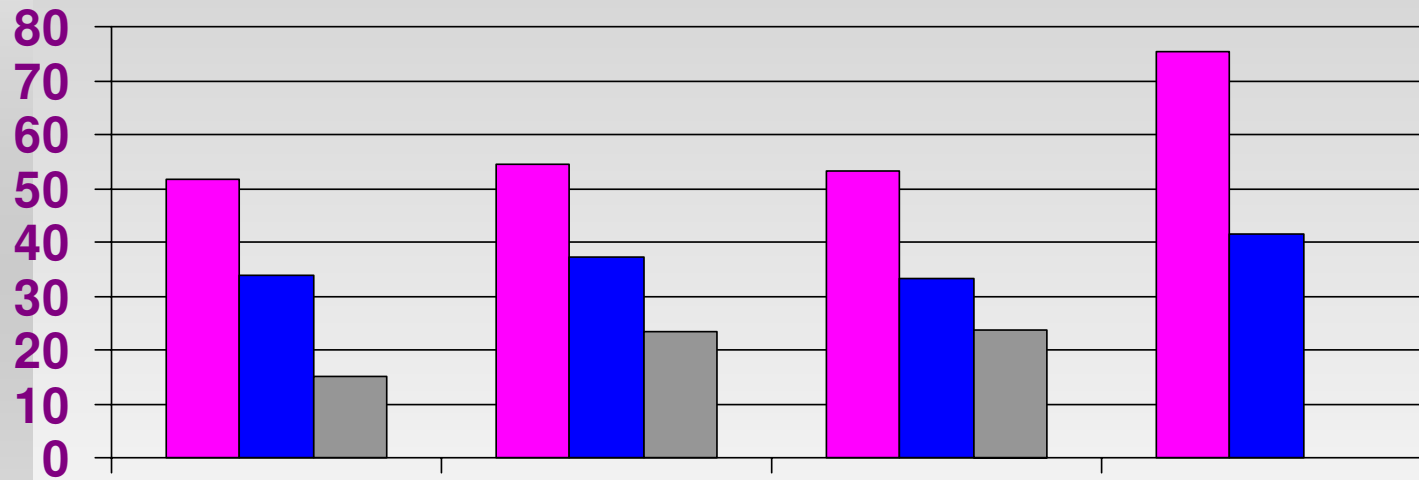
- Only one organization responsible for everything after the disaster;
  - This organization cannot go over to 'business as usual';
  - One address of front-office with back-offices;
  - Is finding all questions and answers;
  - Public information: media, news, leafletts, handouts;
  - Monitoring of recovery (material and health);
  - Open for 3-5 years;
  - Key-aim: regaining control.
- 
- In Enschede 13.000 were registered!

# Monitoring of health after disasters



# Mental health survivors 2-3 weeks and 1,5 years after the Firework disaster

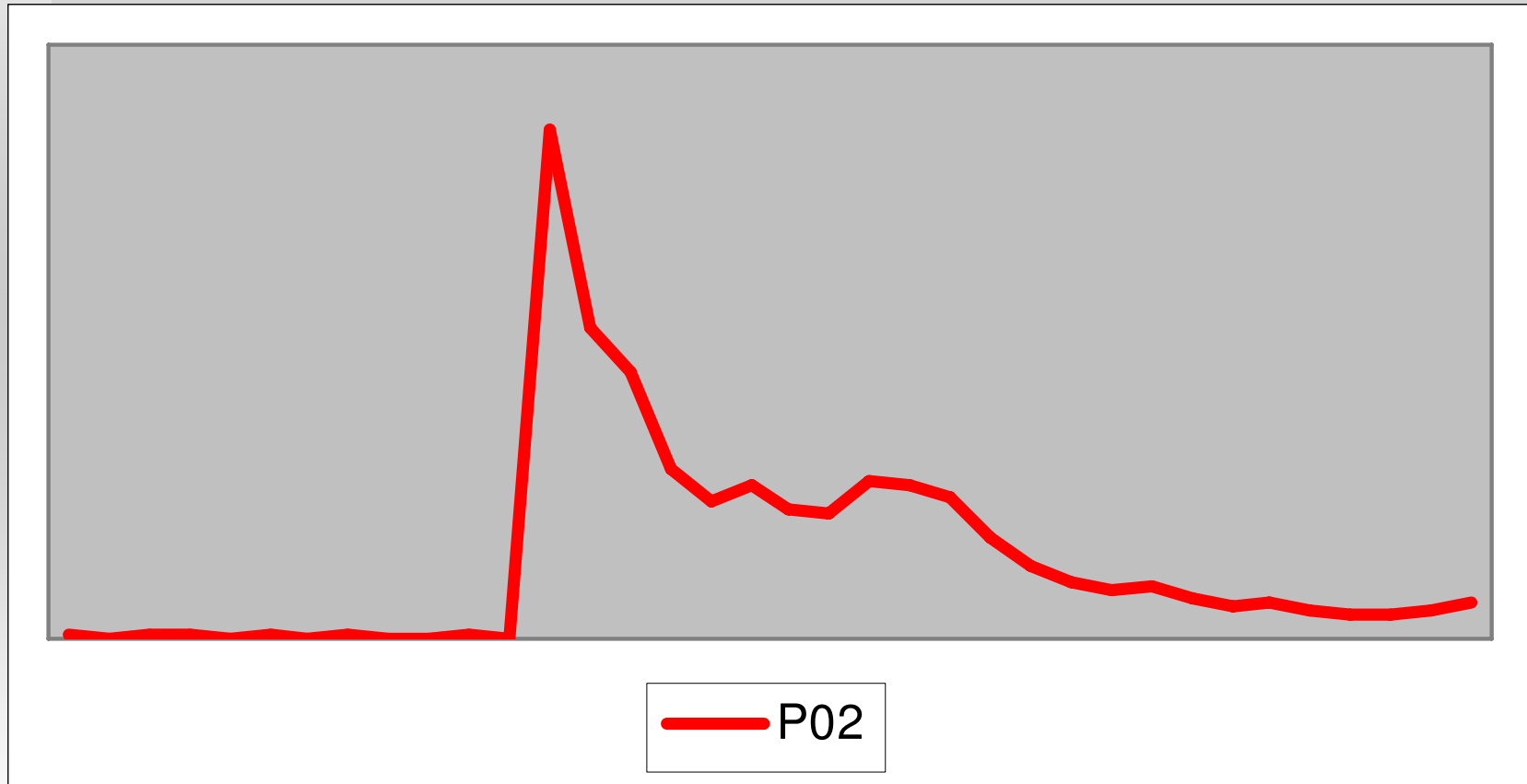
Percentage

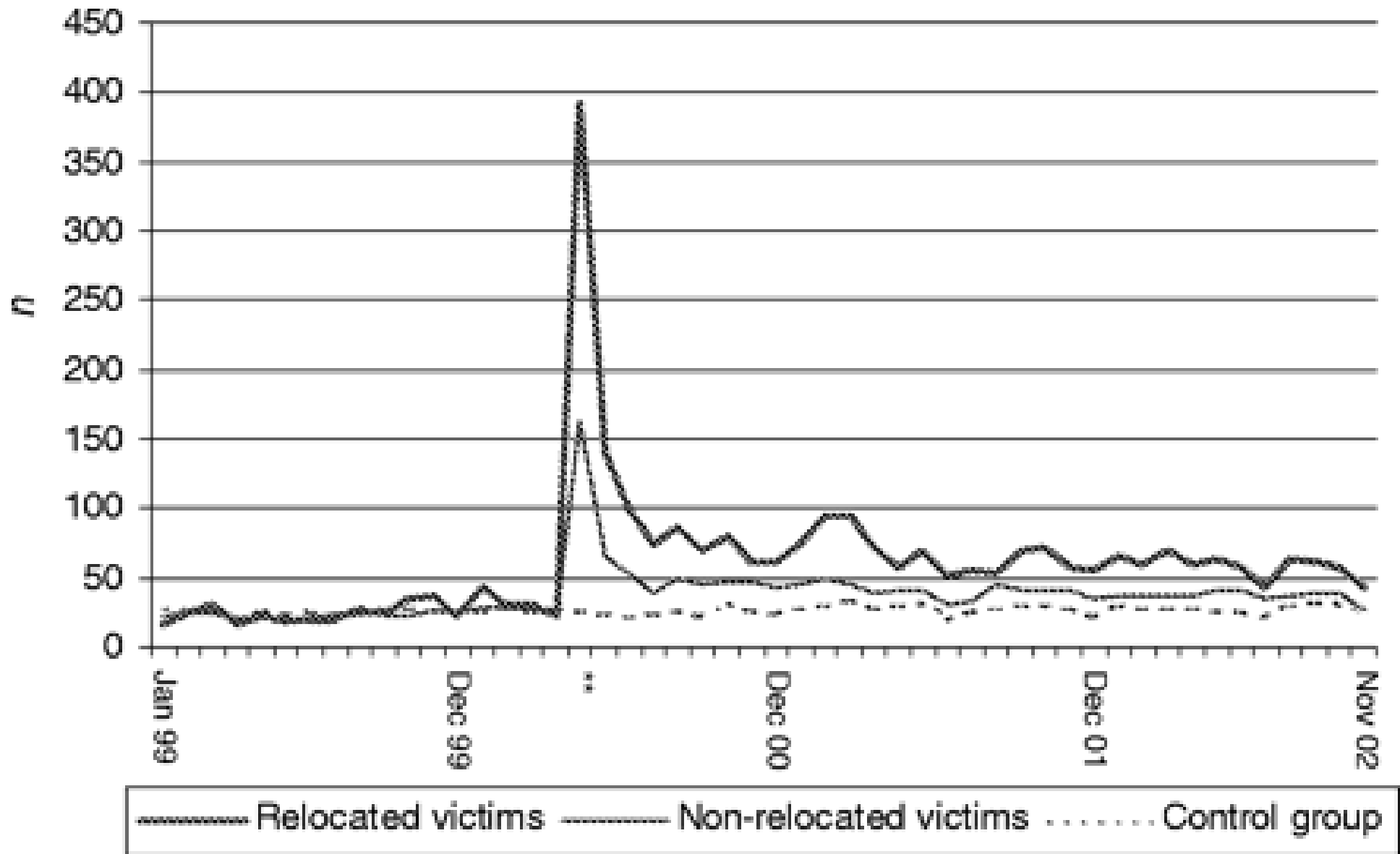


Symptoms



# Course per month for 3 years for PTSD and ASD





\*\*\*Date of disaster.

Number of visits to GP /1000 inhabitants

# Mental health disorders after disasters

- Acute stress disorder
- Posttraumatic stress disorder (PTSD)
- Depression
- Medically unexplained physical symptoms (MUPS)
- Addiction
- Mental health problems related to physical injuries

# Community outreach;

- Mourning and rituals;
- Monuments;
- Children;
- Politicians;

# Psychosocial coaching of authorities

- Hyperactivity
- 4-5 days of anger after a disaster
- ‘Caring government’
- Remembrance
- Monument

## Long term interventions

- Monitoring of the ‘disaster-community’; registration, outreach (children, elderly)
- Information through papers and media
- Fostering material and financial help
- Training of primary care GP social workers
- Consultation to clergy, authorities, police, firedepartment
- Specialized treatment team

