Psychosocial Care in the Aftermath of Disasters in Amsterdam

M.C.A. Buster;[1] *M. De Vries;*[2] *W. Tuinebreijer*[1]

1. GGD, Amsterdam, The Netherlands
2. Impact, Amsterdam, The Netherlands

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

Prehosp Disast Med 2007:22(2):s144

Living in "Temporary" Housing Two Years after the Hurricane: The Mental Health Implications of Long-Term Residence in FEMA Trailer Camps

E.J. Fuller;[1] *P. Madrid*[2]

1. Mailman School of Public Health, New York, New York USA
2. USA

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

Prehosp Disast Med 2007:22(2):s144

Ongoing Impact of Hurricane Katrina on Children: Role of School-Based Health Centers

A. Madrid;[1] *R. Garfield;*[2] *M.A. Grant;*[3] *I.R. Redlener*[4]

1. Columbia University, The Resiliency Program, New York, New York USA
2. Columbia University National Center for Disaster Preparedness Operation Assist, New York, New York USA
3. USA
4. Columbia University and Children's Health Fund, New York, New York USA

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

https://doi.org/10.1017/S1049023X00063949 Published online by Cambridge University Press