rate of PTSD is reportedly rare comparing those in Europe and in USA.

Are there any differences of psychological problems among disaster victims in Kobe or in Asia compared to those among the victims in other cultures? Also, is there any difference and culture-specific way in Asia to provide psychological care to the victims?

The author would like to make a summary review of disasters in the Western Pacific Region, and would like to comment on the need to promote a culture-friendly care system in Asia.

Keywords: disasters; earthquake; Great Hanshin-Awaji Earthquake; mental health; problems, psychological; workers, mental health; volunteers

PN3-2
Cultural Diversity in Mental Health Disaster Assistance in the United States: Consideration of Services to Asian-Americans

Reiko Homma True, PhD
San Francisco Community Mental Health Services, San Francisco, California USA

Over the past several decades, we have witnessed significant development in mental health disaster assistance activities and the publication of exhaustive on the subject in the United States. However, little information is available about how to address the culturally diverse groups among the affected population, despite the presence of many ethnically and culturally diverse groups. This presentation will focus on the disaster assistance lessons learned in reaching out to Asian-American communities in California.

In working with disaster victims in the USA, we emphasize the need to set aside the traditional psychotherapeutic approaches, to be prepared to offer practical help, to do outreach, and to design flexible interventions appropriate for different phases of disaster. With Asian-Americans, we need to be even more flexible, much less formal about psychotherapeutic interventions, and to avoid the stigma of psychiatric labeling. It is because many Asian cultures traditionally have stigmatized mental illness, which often will result in ostracism for all members of the family. For this reason, very few will consider approaching mental-health professionals unless the level of disturbance becomes severe and dangerous.

An effective approach, we have learned, is to capitalize the Asian-American's receptivity toward education, and to organize an aggressive prevention, education campaign about the impact of disasters on mental health. Through the use of community forums, television, newspapers, and radio programs, we try to increase the community's awareness about the normal nature of the traumatic stress reactions and the benefit for early interventions.

Another approach is to recognize the tendency for Asians to express psychological stresses through psychosomatic complaints, and to work closely with or through primary care physicians, who provide care for a large number of these patients When using psychotropic medications, we try to take into consideration what is known about drug metabolism and drug action for Asians, e.g., effective dosage for tricyclic antidepressants or benzodiazepines tend to be less for Asians than is needed for Caucasians.

Keywords: awareness; culture; diversity; education; media; mental health; reactions; recognition; stigma; stress; treatment

PN3-3
Mental Health in Disaster: The Philippine Experience

Eleanor L. Ronquillo
Department of Psychiatry, College of Medicine, University of the Philippines, Philippines

Disasters are adverse life experiences that cause human casualties, damage to property, and severe economic losses. Disasters disrupt the physical, psychosocial, spiritual and ecological aspects of an individual and a society. Thus, they are referred to as a catastrophic event that impacts on the human community.

The Philippines have been ravaged by many disasters, especially during the past decade. The more devastating among these are: the earthquake of 1990, the volcanic eruption of Mt. Pinatubo in 1991 and its subsequent lahar flows through 1996, the flash flood in Ormoc City and other towns, the sinking of passenger ships, the Ozone Disco fire, the Pagoda River tragedy, the explosion of Flight 387, etc.

The occurrence of disasters has been more frequent in developing countries like the Philippines. This results in greater numbers of victims who already are socially disadvantaged with poor health, and other poor socio-economic conditions. The reactions to such an event may be immediate (arising immediately upon the impact of the event) or shortly afterwards. While recovery may be expected for most following the impact of the disaster, delayed psychosocial and even psychiatric symptoms of the post-traumatic stress disorder or depression may be manifested within a few years after the event. The extent of these psychological problems, identified through the use of the Self-Reporting Questionnaire, that was found among victims of the Mt. Pinatubo disaster was 92% one month after the eruption, and 76% nine months later. The prevalence of psychiatric syndromes, using the 40-item, Present State Examination administered 2–3 years after the disaster among the victims of the Mt. Pinatubo lahar and floods, was 31% for anxiety and 31% for depression. A similar frequency of symptoms also was identified among survivors of the earthquake.

Psychosocial interventions for disaster victims were undertaken since the earthquake. of 1990. The methods involved the group process called Psychosocial Processing (PSP) and Critical Incident Stress Debriefing (CISD). These were undertaken with disaster victims of the Mt Pinatubo disaster and other disasters that have occurred in the Philippines. Psychosocial interventions also involved training other health professionals, social workers, psy-