

### (A293) Critical Incident Stress Management and Mental Health Strategies after the 2009 American Samoan Tsunami

D.B. Bouslough,<sup>1</sup> P. Biukoto,<sup>2</sup> S. Stracensky<sup>2</sup>

1. Emergency Medicine, Providence, United States of America
2. IBJ Tropical Medical Center, Pago Pago, American Samoa

**Background:** Tsunamis are infrequent but devastating natural disasters. Loss of life, livelihood, and property contribute psychological stresses to an affected population, resulting in new psychiatric illness.

**Objective:** To describe post-disaster hospital, Department of Human Services (DHS), and Department of Education (DOE) methods of mental health resource dissemination, and their effectiveness.

**Methods:** A retrospective review of after-action reports, psychiatric clinic charts, and key-informant interviews over a 4 month period was employed. Descriptive statistics were used to evaluate data.

**Results:** The September 29, 2009 tsunami claimed 33 American Samoan lives. Hospital Family Assistance Center counselors aided families in the identification of 12 corpses, 9 missing persons, and providing psychiatric referral. Fifty-four hospital staff suffered loss. (Loss of: transportation,  $n = 13$ ; utilities,  $n = 15$ ; homes/shelter,  $n = 2$ ). Coupled with the stresses of providing post-event medical care, the hospital staff was at high risk for psychiatric sequelae. Debriefing sessions for hospital staff were poorly attended due to conflicting work responsibilities, and an unfamiliar discussion format. DHS assembled four teams, each composed of one psychiatrist/psychologist leader and 6 crisis counselors. DOE school counselors utilized DHS mental health teams to screen all school aged children. The hospital psychiatry clinic remained the definitive referral destination. Federal mitigation grants provided funding for two psychiatrists, and two psychologists (including pediatric specialists) to augment hospital mental health capacity. Screening statistics and prevalence of psychiatric disease are further reported. Six month post-event rates of persistent psychiatric disease reflect that reported in recent literature (1–2%).

**Conclusion:** Hospital critical incident stress management requires culturally acceptable counseling methods and administrative support. Family assistance counselors are key players in identifying the needs of families of the deceased. Student counseling services and collaborative mental health teams provide a novel approach to the dissemination of mental health services within a community.

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### (A294) Women Widowed in the Disaster – A Psychosocial Perspective

G.C. Henry, K. Sekar

Department of Psychiatric Social Work, Bangalore, India

Disasters refer to collective stress situations that happen or at least manifest themselves suddenly in a particular geographic area, involve some degree of loss, interfere with the ongoing social life of the community, and are subject to human management (Gist and Lubin, 1989). The World Disaster Report

(2001) has reported that about 211 million people are affected by natural disasters every year and the poorest are becoming more exposed to disaster risks and disasters set back the development process by decades. The Tsunami imposed a huge burden on the community not only physically but also in terms of psychological trauma inflicted on them. Asia remained the most affected continent. Nine of the top 10 countries with the highest number of disaster-related deaths were in Asia. Women play an integral part in the functioning of societies, with established roles and rules. Enerson (1998) in her review of twenty years of disaster studies reports study findings that show that women are progressively vulnerable. The vulnerability of women stems due to the pre existing social epi- centres. Vulnerable woman-headed households generally consist of women with severely handicapped husbands and young children, handicapped women, widows, and young single women. The widows have to bear and go through the grief of the loss of their spouse. They have the burden of increased responsibility towards their surviving children, aged parents/ in laws and other family members. The current study focus on understanding the impact of widowhood in the after math of the disaster.

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### (A295) Post Disaster Mental Health among Ethnic Minorities in Rural China: Results from Qualitative Studies

E.Y.L. Cheung, E.Y.Y. Chan, H.P. Lam, C.L.Y. Lin, P.P.Y. Lee  
CCOC

School of Public Health And Primary Care, Shatin, Hong Kong

**Background:** China has one of the countries with highest occurrence of disasters and disasters are disproportionately affecting rural area of China where ethnic minorities are inhibiting. Limited studies have been conducted to examine how mental health of ethnic minorities in China might be affected by disasters. Through qualitative focus group study methods, this multi-site project examines the mental health impact of disasters in ethnic minority groups in rural China.

**Methods:** 20 focus groups were conducted in rural Sichuan, Yunnan, Gansu and Hainan province of China to understand the mental health impact and coping of disasters during 2008–2010. Ethnic minority groups including Tai, Naxi, Li, Jiang and Hui affected by earthquake, flooding, mudslide, storm and snow storm were included for the focus group interviews. Guided questions were used and male and female participants participated separately in different groups. Focus groups were held at common area within the village and were all type recorded and transcribed for analyses. Saturation of data was reached and thematic analyses were conducted.

**Results:** Whilst distress, including mood disturbance, sleep problems and heightened arousal after disaster occurrences, were reported among respondents, when compared with Han Chinese affected in disasters, ethnic minority respondents reported more resilience and coping capacity post disaster. Gender impact and gaps in mental health service were identified.

**Conclusion:** Study results disparities in resilience and coping behavior among different ethnic groups in China. More in-depth studies should be conducted to understand post disaster