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DISRUPTIVE SITUATION DISORDERS: EVIDENCE FROM CRISIS AND DISASTER PSYCHIATRY

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Every disaster natural or human made places extreme demands on health care and mental health care in particular. Disasters affect large and diverse populations. How the psychological response to a disaster is managed may be the defining factor in the ability of a community to recover. (Holloway et al 1997) Interventions require rapid effective and sustained mobilization of resources (Ursano & Freedman) Facilitating recovery depends on the leadership's understanding of the distress, disorders responses to the event. The World Psychiatric Association section on disaster psychiatry has been studying recent disasters and with this evidence have considered disasters as disruptive situation and have described these disorders. It concerns the pathogenic quality of a factual event imploding into the psyche. The radical distortion of the human environment implode into the human psyche, confronting us with a new nosological entity. we call- Anxiety by Disruption. •Are we in the presence of a new sustainable nosological entity? Given the peculiarities of the alarm situation, are such responses organized in a distinctive manner? Some basic features • Feelings of neglect. • Loss of hope. • Helplessness. • Mistrust. • Suspicion. • Present and future uncertainties. • Frustration. • Uneasiness and guilt. • Selfishness, indifference, and hostility. • Freezing. • Feeling trapped. • Solitude. • Fear and discomfort. • Incapacity to make decisions. Symptoms include • Uneasiness. • Generalized and constant state of alarm. • Feelings of insecurity, neglect and loneliness. • Anhedonia. • Sleeping Disorders. • Constant pondering on the uncertainty issue. • The need to share feelings and fears with others. • Different somatic symptoms. • Tendency to overreact fear. • Avoid daily pleasure activities. Irritability, aggressive attitude.