



International Association for Child and Adolescent Psychiatry
and Allied Professions
IACAPAP
Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent
et des Professions Associées

IACAPAP Statement on Responses to Natural Disasters

Following the aftermath of a man made or natural disaster the way families, communities, nations and citizens of the world respond can have an enormous effect on the psychological well being of children and their families. The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) realizes that the psychological recovery of the affected populations is the responsibility of governments and organizations that coordinate the emergency services.

The basic aim in the aftermath of any disaster is to save lives. In order to accomplish the aim of psychological recovery, the factors that put families and children at greatest psychological risk have to be anticipated well before the advent of a disaster with an integrated plan. The purpose of this document is to outline an approach to such a plan.

Major Risk Factors

When disasters strike the devastation that occurs is not just physical. There are major disruptions in children's and families lives often affecting their psychological well being. Also, there are special risk factors that further affect the wellbeing of this population. Clearly, the severity and extent of the disaster and physical proximity to the disaster site determines the impact on everyone affected. Other risk factors specific to children include:

- Death of a loved one
- Severity of the exposure to the event
- Loss of home or community
- Female gender
- Prior disaster exposure
- Prior exposure to other traumatic events
- Children with preexisting anxiety and depressive disorders
- Parents being traumatized themselves during the same event
- Nonintegrated families
- Mothers' with anxiety and depressive disorders
- Psychosocial stressors in the home and community
- Experience of sudden loss, destruction. and communal disruption of routines in daily life
- Previous psychiatric history, cognitive and developmental disorders

What to Watch For in Assessing Psychological Impact

Young Children

Irritability, fussiness, difficulty to soothe
Bedwetting or problems with toileting

Excessive clinging to mother or caregiver
Frequent nightmares or walking in the night
Changes in eating patterns

Older Children

Problems paying attention at school
Fighting with peers or adults or not being able to get along
Sleep disturbances
Separation difficulties
Fears associated with specific aspects of their experience

All Ages

Easily startled, jumpy or uneasy
Repeating events over and over in play or conversation
Quiet, upset and withdrawn
Tearfulness, sadness, talking about scary feelings or ideas
Daydreaming or being distracted

In summary, children and adolescents surviving a life-threatening disaster show a wide range of symptoms which tend to cluster around signs of re-experiencing the traumatic event, trying to avoid dealing with the emotions that this gives rise to, and a range of signs of increased physiological arousal. There may be considerable co-morbidity with depression, generalized anxiety or pathological grief reactions.

Protective Factors

A major factor in enhancing the wellbeing of children and families is the early identification and recognition of acute needs as well as an organizational plan to implement long term psychological care for parents, other adult caregivers and their children. Other factors that mitigate negative effects include:

- Limitation or reduction of exposure
- Social support
- Provision of information
- Availability of recovery services
- Successful mastery of past disasters
- Well integrated families
- Having a close relationship with supportive caregiver or family member
- Re-establishment of routines of daily life

In order to strengthen protective factors prior to disasters, IACAPAP feels that the mental health organizational response, which involves *collaboration and liaison* between many different agencies and organizations, must be designed and implemented by local authorities and community leaders. Such an effort will draw on the unique strength of every community, decrease feelings of helplessness, and increase the awareness of the community. Thus, potential leaders from the community, such as primary health workers, teachers, local authorities, must be identified and *trained in anticipation of natural disasters to allow for rapid mobilization*. Ensuring clear and accessible lines of communication are essential including the institution of the appropriate technology.

In order to execute a proper response after a major disaster, local authorities, in collaboration with the international community, must *develop management structures, emergency coordination centers, and core teams*, which will ideally include a psychologist, psychiatrist, social worker, psychological counselors, trained nurses, social services, and voluntary personnel, depending on the available resources. National mental health organizational responses must ensure that psychological/psychosocial support goes hand in hand with physical support. It should not be forgotten that the surviving children are normal children who have normal reactions to traumatic events most of the time. Children are both more susceptible to the negative effects of disasters and more resilient in recovering from life-threatening disasters.

Following a traumatic event the child may perceive the world as undependable; as the child gains a positive sense of self through mastery and cooperative interaction with peers his/her sense of resiliency and self-control increases. The child also gains a more positive sense of the world around him/her and gains access to parts of himself/herself that may be drawn upon for strength during difficult times. Thus, *educational resources that will help to achieve maximum gain from volunteer psychological support must be developed*. Brochures, leaflets and other visual learning tools containing information about trauma that provide guidance and information for parents, other caring adults and teachers can be effective in outreach efforts.

The international community *must help local authorities* find necessary resources, and provide guidance and expertise to design disaster management strategies. *To date, the focus of disaster management and psychological support has too often been on risks, deficits, pathology and conflict, rather than on strengths and resilience of the individuals and the communities*. This is primarily due to the overshadowing of the devastating nature of the disasters, and the tendency for outside volunteer providers to employ their expertise or interventions in ways that may not fit the needs of the situation or the affected individuals. It is evident from past experiences that *some interventions, too commonly employed, are not effective and may have a negative impact*. In particular, those interventions that focus solely on the possible expression of Post-Traumatic Stress Disorder (PTSD) may fail to address the critical need to intervene where depression and anxiety are the psychological problems most in need of attention. Unproven therapies represent another problem that needs consideration. *The use of "ventilation" as a technique in the absence of overall psychological support services and the appropriate training of caregivers is at best problematic*. Further, there is *the need to take a long-term view of the needs of affected populations and thus short-term, crisis oriented responses fail to establish the needed clinical services to help longer term psychological problems that have been found in the aftermath of so many natural disasters*.

IACAPAP understands that too often the local infrastructure and support systems may themselves be devastated by major disasters rendering services even more scarce than they already are. IACAPAP therefore feels that it is *only by prior establishment of disaster management structures and psychological support structures that the focus can be shifted to building capacities and strengths*.

It is important for mental health professionals to sustain both national and international efforts to facilitate relief for those most affected by disasters. *It is important to recognize that the time-line for mental health and psychosocial relief is much longer than that for the immediate provision of emergency health services, nutrition, sanitation and shelter*. Provision of mental health services ought to be at least on a par with and sustained for longer periods of time compared to all the other necessary and concurrent efforts.

These guidelines could be considered also at major accidents when just a limited number of adults and children are involved, i.e from a bus or a train accident, as well as when dealing with minor accidents, i.e. when a family is engaged in a traffic accident with fatal outcome etc. In such circumstances the needs of social, medical and psychological support of the affected may be as important to recognize although the needs are presenting themselves at a much smaller scale compared to disasters.