EDITORIAL

Disaster Preparedness and Management in the Caribbean

The Need for Psychological Support

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Over the last 10 years, the world has seen a number of mass casualty disasters. Within that period, the Caribbean has had its own share of such disasters. These include the eruption of the Soufriere Hills volcano, Montserrat, in 1995, the passage of Hurricane Ivan through Grenada, Jamaica and the Cayman Islands in September 2004 and floods in Guyana in 2005. The 2005 hurricane season is predicted to be a busy one with 12 to 15 tropical storms with nine likely to become hurricanes. Of those, three to five could become major hurricanes (1). In Jamaica, there are yearly floods and frequent fires which destroy multi-family dwellings, often in inner city communities.

Disasters leave in their wake much devastation and loss: death, physical destruction and dislocation. This is often associated with long-term adverse economic impact on both the individual and the community. What is not often recognized or responded to is the psychological impact of these disasters. The emotional turmoil, trauma and hopelessness that often accompany these events are not as visible as the physical needs. Further, the psychological trauma does not always present soon after the event and the recovery from them often takes far longer (2).

Research on mental health outcomes following mass trauma is relatively new to the Caribbean. Data are being analyzed with respect to post-traumatic stress disorder (PTSD) in children following Hurricane Ivan in 2004 in Jamaica (A Pottinger: personal communication). Further, a 2003 study has cited what appeared to be a significant increase in anxiety and depressive symptoms among the elderly population in Montserrat following the volcanic eruptions (3). Studies elsewhere have suggested that children and the elderly may be at particular risk (4, 5). For the elderly, a decline in their physical health was noted for persons who resided near to disaster sites, although a short-term improvement in cognitive functioning was also found (4). The psychosocial impact of other disasters studied in the Caribbean and Central America include Hurricane Mitch on Honduras in 1998. The Pan American Health Organization (PAHO) found that 19.5% of the affected population in Honduras suffered from a severe depressive episode and 10.6% with PTSD. When the criteria of duration and disability were excluded from PTSD, the proportion of PTSD symptoms related to the hurricane was much higher (23.0%) (6).

In addition to psychological responses associated with trauma, an increase in alcohol-related problems have been found particularly among those who lived in shelters following the disaster (6). Research in the Caribbean and Central America has also indicated an increase in violence in the community. In the aftermath of the disaster in Montserrat, an apparent increase in attendance at the Casualty Department of the hospital for violence-related injuries was noted for two years following the disaster (3). A similar finding was also reported by PAHO following Hurricane Mitch (6).

Psychological support programmes designed to eliminate or reduce the risk of long-term emotional distress related to disasters are beginning to emerge in the Caribbean. In 2000, a counselling programme was developed in Montserrat for those at risk in the population after the volcanic eruption (3). In Jamaica, the Disaster Mental Health Unit (DMHU) of the Jamaica Red Cross was established in 2001 (7). It is the only such unit in the English-speaking Caribbean. The current team of 20 volunteer mental health professionals worked with affected individuals in Jamaica, Grenada and Grand Cayman following Hurricane Ivan in 2004 (8). The unit has been instrumental in training the Red Cross staff and volunteers in all three island states in psychological first aid and selfcare. The DMHU of the Jamaica Red Cross has also embarked on a nation-wide training of community workers that has included promoting interventions that focus on resilience-building, encouraging community solidarity and integrating mental health skills within general services (8).

The following are some recommendations as the Caribbean approaches the 2005 Hurricane season:

1. There is a need to raise awareness among the public about typical emotional responses during and after a disaster, such as, flashbacks, insomnia, disturbance of appetite and heightened irritability, as well as when it is necessary to seek professional help.
2. Health professionals need to be sensitized to the presentation of emotional, behavioural and somatic symptoms such as anxiety, depression, domestic and

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community violence and substance use that may be trauma-related.

3. Despite limited resources, ways must be found to integrate mental health service delivery in emergency medical settings as these settings will likely capture those at highest risk for developing mental health and functional problems.
4. A public health approach to disaster mental health preparedness and management ought to be adopted. Disaster management education should be done through the media as part of hurricane seasons' preparedness programmes in schools and in the work place and should be incorporated in the training of medical personnel and mental health professionals, staff in children's homes, pastors and others in helping professions.

REFERENCES

1. Britt R. Forecasters confident busy hurricane season looms. Live Science. *www.livescience.com/forces of nature/.* Accessed, July 4, 2005.
2. International Federation of Red Cross and Red Crescent Societies (2001). Psychological support: Best practices from Red Cross and Red Crescent programmes. Switzerland: Geneva.
3. Avery JG. The aftermath of a disaster: Recovery following the volcanic eruptions in Montserrat, West Indies. West Indian Med J 2003; **52:** 131–5.
4. Hoven, CW, Duarte CS, Lucas, CP, Wu P, Mandell DJ, Goodwin RD et al. Psychopathology among New York city public school children 6 months after September 11. Arch Gen Psychiatry 2005; **62:** 545–52.
5. Deeg DJ, Huisink AC, Comijs HC, Smid T. Disaster and associated changes in physical and mental health in older residents. Eur J Public Health 2005; **15:** 170–4.
6. Pan American Health Organization (2003). Programme on emergency preparedness and disaster relief mental health programme. *http://who.int/mental_health/media/paho_guide_mnh_plans.* Accessed June 29, 2005.
7. Gordon Stair A (November, 2003). Psychological support programmes: The case of the Jamaica Red Cross. Paper presented at the Sixth International Congress on Disasters and Second International Seminar on Risk Management, Havana, Cuba.
8. Bain S. Tackling the psychosocial impact of Hurricane Ivan. Coping with Crisis (Newsletter) 2005: **1**: 11–12.