



Disaster Situations and Psychological Impact

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40.1 What You Should Know

The sudden onset and devastating effects of disasters have psychological consequences difficult to assess at the time they occur. However, they need an immediate and effective response.

All people present and directly affected, their relatives, as well as the responders who come to rescue them are psychologically impacted, more or less, by the event. The adaptive capacity of each is tested and the results are not the same for all. It is particularly sensitive when it comes to a relative or a child's injury or death.

Not all people necessarily have capacities to go through the crisis unassisted. Beyond the immediate needs, the long-term outcome of these people is at stake. An early management will certainly improve the prognosis.

An effective action plan helps put those people on the right healthcare path, which is by nature specific. The medico-

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psychological emergency care unit MPEU, articulated with local SAMU, should be able to organise care of these victims [1, 2].¹

40.2 What You Should Understand

Importance to Have a Safe Place

The immediate impact of a disaster on human is related to its sudden onset as well as the chaos it creates. The disturbed human interactions, distracted thinking, and the inappropriate behaviours facing the actual situation call for help.

If the emergency team actions and the implanted healthcare measures contribute to creating a sense of security, the necessary psychological work cannot be sustained without a reassuring presence of caregivers capable of reintroducing structuring verbal communications.

Danger of Dysfunctional Behaviours

Every disaster generates a unique situation that disrupts daily biopsychological functions of people. They react on their own following a mental process that is never univocal or truly predictable.

Facing such situations, some people manage to naturally mobilise their operative adaptive capacities, which is not the case for all. The range of the encountered behaviours is extremely wide, from disrupting disordered agitation that is difficult to control to a state of complete stupor. These behavioural disorders are symptoms of psychological suffering often impossible to formulate and fraught with danger.

Complex Approach to Confused People

Approaching people directly affected by the disaster can be complicated for responders not familiarised with such situations.

In these circumstances, irrespective of the responders, health-care professionals or not, the immediate response, warranted by

¹Decree n° 2016-1327 of sixth October 2016 related to organising health system response (ORSAN plan) and that of national network of medico-psychological units to manage uncommon health crises.

the dangerous inappropriate, individual or collective, behaviour, should be fast, simple, and effective.

The qualities of the attending person, as attentive, firm, directive, and has capacity to formulate, without inappropriate discussions, the reasons, the objectives, and the proposed means of help remain the best way to obtaining patient's compliance.

Characteristic Clinical Expressions

In the acute phase, the clinical expression used to designate the presented disorder does not help to identify the underlying psychopathological process nor to state a reliable prognosis of the outcome.

Essentially, the absence of a positive response to a calming and reorganising attendee, to effective "defusing [3]" measures, justifies, in the field, the action of specialists. The persistence of a dissociative status, which evidences the harmful impact, and sometimes associated with an underlying mental disease, necessitates initiating special therapeutic measures.

Usefulness of Specific Measures, MPEU²

Implementing a medico-psychological emergency post helps manage these cases. This post is deployed as close as possible to the disaster site and is staffed by mental healthcare professionals. The primary diagnostic approach should help them designate the proper management line of each victim.

There are diverse specific techniques, early or deferred, individual or collective, such as "debriefing" that can be set up by trained health professionals, when they are indicated or possible. They should enable, according to the temporality of each subject, to assess the traumatic impact of the event along with the quality of individual psychic resources. This evaluation will aid in engaging adapted therapeutics. Unlike physically injured victims, a few of them will be sent to hospitals. The most important is the articulation with out-of-hospital medical care adapted to the nature and temporality of post-trauma psychological disorders, which will allow, on the long term, to ensure the continuity of necessary follow up.

²DGS/VSS instruction 2/2017/7 of sixth January 2017 related to organising management of medico-psychological emergencies.

Specific Attention to the Physically Injured

Although prehospital management of the physically injured had by itself a reassuring effect, it should not be limited to medico-technical approach.

The psychological trauma those physically injured had requires human help via verbal communication that is both supportive and informative. Beyond this, assessment of consequences of the encountered trauma, its psychological effects, and the need for medico-psychological care to overcome it, is paramount.

40.3 What You Should Do

- Contribute to the creation of a safe place those traumatised need to restore effective psychic functions;
 - Know how to recognise psychologically impacted victims, in particular, those exhibiting behavioural disorders in order to engage their management without delay;
 - Know how to initiate MPEU care, even alone, to perform real evaluation and specialised management of those whose health status is worrying;
 - As for the physically injured, and despite a prehospital management that represents by itself a reassuring act, it should not be limited to the medico-technical approach. It should be coupled with a supportive and attentive human assistance;
 - Note all observations and measures performed on the emergency cards of victims as you do in medical files.
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References

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