

POPULATION RISK FACTORS IN EMERGENCY/DISASTER WORK

K.L. Anderson¹, *P. Madrid²*

¹UCL Institute of Child Health, University College London and St. Margaret's Hospital, London, UK, ²Harvard Program in Refugee Trauma, Harvard University, New York City, NY, USA

In order to most effectively work in post-disaster situations it is important to know which people are at greatest risk (Caldera et al., 2001) in order to implement treatment options to reduce the incidence of prolonged mental health adversity. The proposed presentation will discuss four groups within populations affected by disaster or conflict that present as the most vulnerable for mental health concerns. These are children, those with prior mental illness, women, and the elderly. We will provide examples of ways in which highlighting the needs and strengths of these vulnerable populations can lead to better outcomes for overall post-disaster recovery.

Primarily, due to a natural dependence on others, children are at particular risk (Belfer, 2006). Often with somatic complaints and regressive behaviours (Dogan-Ates, 2010), their internal state can be the most difficult to interpret. Similarly, for those with pre-existing mental health concerns, obtaining care post-disaster, equal to what is normally provided, can be problematic since the varying degrees of psychiatric facilities are often destroyed, leaving patients without protection, medication or social support (Silove, 2000). When addressed by mental health professionals post-disaster, intervention for these two groups can be complex.

Furthermore, as a consequence of an often invisible, but historical pre-existing gender inequality, which affects the vulnerability of women and girls (Meertens, 2010; Pavlish & Ho, 2009), this group become high risk for psychiatric instability. Their safety is paramount to recovery, as is the case of elderly persons whose declining health leaves them exposed to vulnerability and post-traumatic stress responses.