

Management of trauma in special populations after a disaster

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Abstract

Special populations are particularly vulnerable to mental health problems in the aftermath of a disaster. Efficient delivery of mental health services, the integrated use of psychosocial services and mental health facilities, and the active intervention of trained community health care workers can offer effective management of the psychosocial problems of special populations. Women, children, adolescents, the poor, the elderly, and individuals with preexisting health problems have been identified as special populations who often suffer psychological morbidity as a result of a catastrophic disaster. Understanding the cultural, ethnic, and socioeconomic factors in a postdisaster situation is crucial to helping special populations overcome debilitating mental illness and declining quality of life. Planning the delivery of mental health services is critical and includes hazard mapping to identify vulnerable geographic and social areas, screening instruments to identify at-risk populations, and education of community leaders and health care workers. An integrated approach using psychosocial and institutionalized interventions can provide better outcomes than either approach alone. A community-based approach with trained grassroots health care workers can provide effective psychosocial support and rehabilitation services.

Indexed keywords

EMTREE medical terms: conference paper; cultural factor; disaster; ethnic group; gender; geographic distribution; health care personnel; human; mental disease; mental health service; morbidity; priority journal; psychoeducation; psychosocial care; psychotrauma; quality of life; rehabilitation center; socioeconomics

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Medline is the source for the MeSH terms of this document.