

Screening for the psychological consequences of a major disaster in a developing country: Armero, Colombia

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ABSTRACT – Seven months following the volcanic eruption that destroyed the small town of Armero, 200 victims were screened for emotional problems with the Self-Reporting Questionnaire, a simple and reliable instrument. Fifty-five percent of the victims were found to be emotionally distressed. Variables associated with the presence of emotional distress included living alone, having lost previous job, feeling not being helped, not knowing date for leaving temporary shelter, being dissatisfied with living arrangements, complaining of non-specific physical symptoms or epigastric pain, and presenting several physical problems. The high prevalence of emotional distress supports the need to deliver mental care to disaster victims in developing countries through the primary level of care. Our findings provide guidelines for early detection of individuals at risk for developing emotional problems.

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Disasters are relatively common occurrences, but their impact on the psychiatric and psychosocial state of victims is still controversial. Some studies have suggested little or no negative effects (1-4), while some others have suggested significant consequences (5-15) which include long-term effects on victims (16) and effects specific to children (17,18). The controversial findings may be due to the differences in assessing certain characteristics of the disaster, such as the seriousness and level of the impact, the speed of onset, the duration of the disaster and the social preparedness of the community to handle such a disaster (19). Also the variations in the research methods utilized by different research groups, such as sampling process, criteria for case identification and timing of the study, may account for some of the differences noted in outcome studies of disaster mental health (20).

In developing countries, disasters represent a significant public health problem. Excluding disasters in the United States, in this century there were 2,392 disasters in the world, but 86.4% occurred in developing nations, producing a total of 42 million deaths and 1.4 billion affected individuals. Seventy-eight percent of all deaths occurred in developing countries, where 97.5% of all affected individuals are located. The observed ratio between affected and killed, of only 2.9 for the developed nations, is tenfold greater for developing countries (21). Hence, not only are disasters disproportionately more frequent events in the Third World, but they are also responsible for a much higher proportion of victims who, having survived the impact, need long-term management of their biopsychosocial needs. Moreover, this situation is likely to prove worse, as the fast rise in the populations of some