

mental health needs and service utilization of ethnic minorities in China.

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### (A296) Psychosocial Disaster Preparedness Program Form School Children

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The impact of natural disasters on individuals is substantial. Among the affected population in any disaster, children are identified as the most vulnerable group along with women, aged and disabled people. An estimated 77 million children under 15, on average, had their lives severely disrupted by a natural disaster or an armed conflict, each year, between 1991 and 2000 (Plan UK, 2003). Children are most affected since they lose the familiar environment, loss of parents, witness death of their loved ones, fear of reoccurrence of the disaster event. The impact of disaster on children of different age group is multiple times greater than that of the adults. This leads to various psychological problems in children (Dave et al., 2003). Disaster preparedness, through care givers, is one among the ways to reduce the distress of individuals followed by any disaster because it reduces the vulnerability factor that minimizes the impact of any disaster on the individual. A disaster preparedness program with special reference to psychosocial aspects was developed and implemented among the school children through teachers in Kanniyakumari District, Tamil Nadu, India, one of the severely affected areas in Tsunami. The current attempt was to standardize a disaster preparedness module focusing on preparing children to deal with their psychosocial issues before and after disaster in an effective manner. The outcome of disaster preparedness input through teachers and its reach out to the students was determined through an experimental research. The results reveal that the teachers and students from the experimental group gained significantly more knowledge on psychosocial disaster preparedness after implementation of the program in comparison to control group where the program was not implemented. The implications of the study points out the need to integrate psychosocial component of disaster preparedness in to the broader Community Based Disaster Preparedness (CBDP) programs.

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### (A297) Psychosocial Care for Children Survivors of Tsunami Disaster - Pondicherry Response, India

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Tsunami left 7997 people dead in Tamil Nadu. Nagapattinam, Cuddalore and Kanyakumari districts were worst affected in terms of human and property loss. Highest number of children death (1776) were reported in Nagai District. In Project Area, Totally 522 children died due to tsunami in Pondicherry (152),

Cuddalore (222), Chennai (48) respectively. Considering massive death of Children in Tsunami Disaster, Rural Development Integrated organization (RIDO) along with partnership of Plan International and Technical Support from National Institute of Mental Health and Neuroscience (NIMHANS) provided psychosocial care for tsunami affected children in the regions of Union territory of Pondicherry, Cuddalore and Chennai. Totally 150 community level workers; 50 from each region were selected and trained for a period of 1 week on psychosocial care for children affected in Disaster through using different mediums by master trainers who underwent intensive Training of Trainers program on psychosocial care for tsunami affected children at National Institute of Mental Health and Neurosciences, Bangalore which is a nodal agency in India on psychosocial care in Disaster management. Psychosocial care program for tsunami affected children was carried out over a period of 2 years in afore said regions and handholding support was given to the community level workers periodically in the field. The psychosocial care program was provided for children in their own community by their own community volunteers through group based activities using different mediums. Mediums used to provide psychosocial care were unique in their own way which brought out the underlying emotions of children related to tsunami. Emotional perceptions differed among children across the age groups. Involving the community level workers in providing the psychosocial care for children survivors of tsunami disaster showed encouraging results. Challenges, limitations and lessons learnt in providing psychosocial care for tsunami affected children through community level workers will be discussed.

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### (A298) Assessment of Psychosocial Impact of Flood on Children - Indian Experience

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A Disaster is the tragedy of a natural or human made hazard that negatively affects society or environment. Disaster impacts physical, psychological, social and economic areas of the individual and family and community. Most of the time these are interlinked to each other and its total impact on the survivors is substantial. Children are more susceptible to disaster suffering, and it is noticeable in many complex psychological and behavioral symptoms. On the other hand, the post-disaster psychological effects on children are not recognized and underestimated by the mental health professionals. India is highly prone to natural disasters such as floods, droughts, cyclones, earthquakes and landslides have been recurrent phenomenon in India. Out of 602 districts in the country, 125 districts have been identified as most hazard prone areas. The recent heavy rainfall and flood between 28<sup>th</sup> September to 2<sup>nd</sup> October 2009 in the Northern region of Karnataka State caused several deaths and massive destructions. This was the first time that North Karnataka received highest rainfall. The incessant rainfall that poured for four days caused the flood and devastated and destroyed the entire social fabric of the community. Floods carry greater risks to psychological as well as physical health of children. The psychological impact of the floods on children has been carried out both qualitatively and

quantitatively. The quantitative assessment was done to assess the severity of floods impact on children using the Impact of Event Scale (Dyregrov and Yule, 1995). The results showed the children showed higher level of intrusion and avoidance aftermath of floods. Boys had significantly higher psychological impact than girls. However, both boys and girls showed moderate to severe level of psychological impact on the domains of intrusion, avoidance and hypervigilance. The implication of the findings are discussed in the context of framing psychosocial programmes.

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### (A299) Comparison of Imbalance in Psyche as Sequel in Amputations and Salvage in Trauma of Extremities

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**Aim:** Comparative analysis of under considered psychological implications in earning members of family who happen to be victims of trauma and end up in early or delayed amputations to those in whom salvage to acceptable or useful function was possible.

**Material:** Working and ably earning members who sustained traumatic wounds in industry, domestic, traffic, calamity, war, homicide, suicide, etc. Age groups from 1 to 75 years studied. Grade I,II,III A and III B compound wounds included. Psychological evaluation in early and delayed amputations compared with those salvaged to partial / useful function.

**Methods:** Periodic and frequent counseling as integral part of treatment regime to victims of trauma and their peers, family members, employers, police and lawyers.

**Discussion:** Classification, incidence and outcome of post traumatic psychosis. Need of effective counseling to reduce post traumatic psychological imbalance and improve quality of life.

**Observations:** Behavioral changes and suicidal tendency are profound and pronounced in traumatic and early amputees compared to subjects of delayed and revision amputations. Acceptance and adaptability with limb / extremity salvage is encouraging with minimal post traumatic psychosis.

**Conclusion:** Frequent and repetitive counseling aids reduce post traumatic psychosis. Depressive psychosis is much less prevalent even in partially functionally acceptable traumatic limb salvage than in early or delayed amputations, though salvage takes a long course in management, rehabilitation and changed occupation by relocation.

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### (A300) Psycho-Physiological Training of Disaster Medicine Staff

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Training special medical teams to be prepared for delivering emergency relief to the injured requires a special psychological conformity of individuals and mutual inter-understanding based on professional qualifications. The psycho-physiological approach comprises a set of methods of computerized tools for medical staff education, training, and preparedness, keeping

in mind the aim of the necessity of mutual activities in triage process, medical care, and decision-making for evacuating injured victims from the emergency site. The goal of this presentation is to expose the battery of new original methods and technologies of staff preparedness in order to realize the maximum conformity of personal composed together in one unique mobile team sent into the situations of emergency accompanied by psychological tension, insufficient volume of info sharing, field conditions, etc. Methods are based on the measurements of the functional asymmetry of brain hemispheres tested by computer-loaded, original software. Several levels of evaluation of functional asymmetry status have been proposed for discussion and for choosing of criteria for the conformity matrix study. These include: (1) a primary table of digital variables characterizing the first level of comparison of psycho-physiological individual regulation obtained for everyone of the emergency medical team permitting to propose the primary team composition; (2) co-efficients of psycho-physiological regulation for the determination of conformity between the individualities of medical staff team and the dynamics of psychological resistance in emergency environment; and (3) integrative profiles of functional asymmetry, giving the objective fundamentals for team composition and its training, to the ideal sophisticated model of psycho-physiological conformity. Quantitative, objective data give the arguments to prepare the criteria for the composition of field medical team. The individual programs issued from examination are proposed for the improvement of permanent psycho-physiological staff conformity.

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### (A301) Le Centre De Crise Du Ministère Des Affaires Étrangères

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Les crises récentes montrent, si besoin en était, la complexité de leur traitement. Alors que la capacité de l'Etat à gérer les situations de crise est à la fois un élément essentiel de notre politique étrangère et une nécessité de résultat, il était essentiel de se doter d'un outil gouvernemental performant. Cet outil, apte à la prévention des risques (naturels, sanitaires et technologiques) et des menaces à l'étranger, comme en matière de gestion de crises est né en juillet 2008 et a été placé sous l'autorité du Ministre des affaires étrangères et européennes. Doté de plus de cinquante agents le Centre de Crise résulte de la fusion de deux services, initialement indépendants: la sous direction de la sécurité des français à l'étranger et la délégation à l'Action humanitaire. Aujourd'hui les moyens humains et matériels de ces deux entités travaillent dans un but commun: porter assistance aux populations françaises et étrangères partout dans le monde. Compte-tenu de sa vocation à mobiliser l'ensemble des moyens de l'Etat, le Centre de Crise a été placé sous l'autorité directe du Ministre. Il entretient des liens étroits et privilégiés avec ses homologues français de la Santé et de la Sécurité civile, ainsi qu'avec ses partenaires européens, les organismes internationaux (nations unies notamment) et ses partenaires européens (MIC, SitCen).

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