In this presentation, I will demonstrate findings from the research by the DVAP regarding the psychological responses and mental health conditions of disaster workers after the great earthquake. Twenty-six percent of firefighters suffered from intrusion symptoms 13 months after the earthquake. According to scores of self-rating scales including IES, even at 26 months after the quake, 21% were presumed to have PTSD. Schoolteachers also were disaster workers, for evacuee shelters were setup in schools, and teachers were obliged to manage them. We estimate about 13% of the school teachers suffer from PTSD at 26 months after the earthquake. Both in firefighters and teachers, critical incident stress (CIS) and the severity of tasks strongly related to their psychopathology. These rates are much higher than are those of ordinary citizens hit by the same earthquake.

The Japanese often hesitate to express their emotions. Therefore, I also will offer some possible modification to methods of intervention or critical incident stress management (CIMS), e.g., debriefing, for Japanese disaster workers on the basis of cultural background. The researches of which results are cited in this title are partly attributed to the Research Project for Traumatic Stress Responses (Chief Scientist: Dr. Yoshiharu Kim, MD, National Institute of Mental Health, Japan) on the sponsorship of the Research Fund for Psycho-Neurological Disease, Ministry of Health and Welfare, Japan.

Keywords: critical incident stress management; disaster; firefighters; Hanshin-Awaji earthquake; interventions; post-traumatic stress disorder (PTSD); psychopathology; stress; teachers; workers

L1-3
Critical Incident Stress Debriefing (CISD) for Emergency Personnel

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The goal of this presentation will be: 1) to acquaint the emergency medical personnel about the potentials for experiencing stress reactions while engaged in frequent emergency or disaster-assistance activities; and 2) to provide a brief overview of the critical incident stress debriefing frequently utilized in preventing the development of post traumatic stress disorders (PTSD).

The presentation will include:

1) Types of critical incidents or disasters:
   a) natural disasters, e.g., earthquakes, floods, fire
   b) man-made disasters, e.g., chemical spill, terrorist attack, war, plane crash, car wreck, murder, accidents;
2) Types of stress reactions:
   a) Physiological, e.g., increased heart beat, blood pressure, nausea, upset stomach, diarrhea, trouble breathing, headaches;
   b) Cognitive, e.g., memory problems, disorientation, confusion;
   c) Psychological, e.g., anxiety, fear, excessive worry, depression;
   d) Behavioral, e.g., outbursts of anger, increased use of alcohol and/or drugs, frequent arguments, marital problems, violence;
3) Critical Incident Stress Debriefing: Historical background and relationship to emergency personnel;
4) Phases of Critical Incident Stress Debriefing:

Phase 1: Introduction and explanation of rules
Phase 2: *Fact Phase* — What was your job? What happened?
Phase 3: *Thought Phase* — What were your first thoughts?
Phase 4: *Reaction Phase* — What was the worst thing about this for you?
Phase 5: *Symptoms* — What symptoms did you experience at the scene? Next few days? Left over now?
Phase 6: *Teaching Phase* — What to expect; coping strategies; and
Phase 7: *Re-entry Phase* — Transition back to work

5) When to refer to professional experts (both medical and psychiatric)?

Keywords: critical incident stress debriefing (CISD);disasters; debriefing; emergency personnel; post-traumatic stress disorder (PTSD); referrals; stress reactions

L1-4
Planing and Pursuance of Disaster Mental Health Activities

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After the Kobe earthquake (1995), it became well-known that the disaster victims need mental health services. However, it has not been discussed how these are planned, prepared, and provided in Japan. I will address some basic guides to providing disaster mental health services.

Many disaster victims not only experience severe stress, but also lose their psychological support systems. However, they need too many things, and in many cases, they are participating in a high level of activity. Often, therefore, they do not see themselves as needing mental health services. In this setting, it is important that mental health services become integral parts of relief activities. These services differ from ordinary mental health activities. They often must be provided through practical and not psychological assistance.

The Handbook of Disaster Response and Recovery (Center for Mental Health Services, USA, 1994) notes that disaster mental health services function at three levels: 1) Population; 2) Environment; and 3) Individual. The American Red Cross categorizes disaster mental health services into five types: 1) Education; 2) Problem solving; 3) Advocacy; 4) Referral; and 5) Intervention.

These concepts will help us to prepare disaster mental health programs.

Keywords: assistance; earthquake; guides; mental health services; relief; stress; support systems