

The earthquake aftermath in Pakistan: unearthing the most vulnerable

Madam, Natural calamities, such as earthquakes, hurricanes, cyclones and floods are some of the traumatic disasters that may cause post-traumatic stress disorder.¹ Natural disasters can be severe, cause mass destruction, and affect millions of people, placing a strain on the mental health. In post-trauma scenario, raised degrees of stress could lead to depression and other mental illnesses especially among those who have lost their loved ones and livelihood.² The breakdown of traditional community structures, the loss of family-support systems, long-distance immigration and economic uncertainty all take their toll, in the form of a rise in mental disorders. Research shows that people who lose family members suffer from significant severe psychological distress compared to those who do not. Women have been seen to be the most suffering victims in this regard.³ People exposed to such events are far more likely to develop psychiatric disorders such as substance abuse, major depression and psychosomatic illnesses.⁴ Rescue workers are also strongly prone to acquire mental health problems.⁵

After atrocious disaster of 9th October 2005, it is obvious that health care services and structures in Pakistan with their meager budgets and limited human resources would face formidable difficulty in coping with thousands of traumatized people seeking cure and care. The unprecedented tragedy killed thousands causing an immense emotional and psychological trauma for scores of people who have survived. The unpreparedness for earthquakes has been compounded with extremely inaccessible geographical location of affected areas, poor planning, insufficient machinery and equipment. This is causing delay in rescue and relief operations and may further aggravate the psychological consequences of earthquakes. Those physically injured are being treated and those who will suffer from epidemics will be cured in due course of time. However, besides mobile and field hospitals, this situation necessitates establishing social support and counseling centers in all the affected areas for treating patients with psychiatric morbidities. Among survivors who are at increased risk for developing posttraumatic sequelae, women are undoubtedly-

ly more vulnerable to suffer from depression, anxiety, post-traumatic stress and impaired well-being. Children presenting depressive symptoms also need substantial psychological support and counseling to cope with the event. Other group is of the rescue workers and the volunteers who are being exposed to mutilated bodies, mass destruction, and life-threatening situations and may become unseen victims. In many cases, their experiences may induce various psychological disorders. In this state of affairs, an army of public health professionals, psychologists, counselors, community and rural development specialists, social workers, legal advisors should be called upon immediately. The screening of all such vulnerable cases ought to be an active element in the strategies being designed for the rehabilitation of all the affected areas.

To embark upon this new burden of disease, government, non-governmental organizations, international donors and civil society organizations must jointly take steps to ensure timely and effective delivery of outreach mental health services to all the survived victims in this time of acute need.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington DC: 1994.
2. Ben-Ezra M, Essar N. Depression and anxiety in developing countries. *Lancet* 2004; 364:1488.
3. Montazeri A, Baradevan H, Omidvari S, Azin SA, Ebadi M, Goramaroudi G. Psychological distress among Bam earthquake survivors in Iran: a population-based study. *BMC Public Health* 2005; 5: 4.
4. Tural U, Coskun B, Onder E, Corapaoglu A, Yildiz M, Kesepara C. Psychological consequences of the 1999 earthquake in Turkey. *J Trauma Stress* 2004;17:451-9.
5. Guo YJ, Chen CH, Lu ML, Tan HK, Lee HW, Wang TN. Posttraumatic stress disorder among professional and non-professional rescuers involved in an earthquake in Taiwan. *Psychiatry Res* 2004; 127: 35-41.

Babar T. Shaikh

Department of Community Health Sciences, Aga Khan University Hospital, Karachi