

Mental health affected by perceived life-threat

September 10 2010

Feeling like your life is in danger during an accident or disaster can have long-term negative effects on health - whether or not the threat to your life was real. This is one of the results of a new doctoral thesis from Karolinska Institutet on the experiences and mental health of Stockholm residents who survived the 2004 Tsunami in the Indian Ocean. A few simple questions to survivors early on could help health care personnel identify those in need of extra support and follow-up, according to Lars Wahlström, the researcher behind the thesis.

It is known that trauma, bereavement, and other distressing experiences connected with disasters and accidents can cause psychological harm. Now a new doctoral thesis from the Swedish medical university Karolinska Institutet shows that many survivors of the 2004 tsunami who felt their lives were threatened had long-term negative psychological consequences - even if their exposures were not directly life-threatening. Fourteen months after the tsunami, about 1500 residents of Stockholm over the age of 15 who had been in the disaster area answered a [questionnaire](#) about their experiences. Approximately 70 percent reported that they had recovered relatively well, and most were also satisfied with the support they received. Their most important source of support had been family and friends.

"A difficult experience can lead to an excess of feelings and impressions. This is normal and can be seen as a sign that the mind and body need time to work through what happened", says Dr. Lars Wahlström of the Crisis and Disaster Psychology Unit at the Center for

Family and Community Medicine (CeFAM) in Stockholm.

But not everyone's reactions diminish with time. After 14 months, about 30 percent of those who were in the disaster area continued to experience mental symptoms, including posttraumatic reactions, [mood disturbances](#), and sleep problems. Most unexpected was that 20 percent of those who were still unwell had not been directly exposed to the wave, severely injured, or lost a loved one. However, they had still experienced the situation as life-threatening.

"It would seem that the very experience of threat to life leaves traces", says Dr. Wahlström.

One way to find those at risk of long-term negative psychological consequences would be to ask survivors a few simple questions. According to Dr. Wahlström, this could be done after major disasters, but also after events such as traffic accidents and violent assaults.

"It might be enough for a nurse at the emergency ward to sit down for a moment and ask what the survivor has been through and how the experience felt", says Dr. Wahlström. "After survivors' first reactions have subsided, at the latest within a month, those who felt a threat to life should be contacted again to find out how they are doing."

Of all survivors who didn't recover well within 14 months, the situation was worst for those who went through several distressing experiences during the disaster, such as people who were in the water, were seriously injured, and lost loved ones. Survivors who were dissatisfied with the support they received had mental symptoms more often than those who were satisfied. The results also show that despite distressing experiences and ongoing mental symptoms, few survivors were on sick leave 14 months after the disaster.

"To cope well and move forward, disaster survivors need a positive initial encounter with first responders, and they need the right help in a timely manner", says Dr Wahlström. "Our results can be used in the care of survivors of both large and small disasters and accidents. It's especially important for health care personnel to increase their knowledge about disaster response, and about which survivors should be approached again after their first reactions have subsided."

More information: Lars Wahlström, *Disaster and recovery* ISBN: 978-91-7409-971-3. diss.kib.ki.se/2010/978-91-7409-971-3/

Provided by Karolinska Institutet

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