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シンポジウム

## Profile and Related Factors of Psychiatric Problems among Victims and Survivors of Jogja Earthquake

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Witkin (2001) — *We are built for disaster*  
WHO (*learning from today's disasters for tomorrow's hazards*)

### The summary of free paper presentation

The data of this descriptive study showed that psychiatric problems on the victims and survivors author found through hospital referrals consisted of acute stress reaction (82%), adjusted disorder with mixed type (13%) and depression (5%). Most of the survivors experienced excessive fear and anxiety after the earthquake. Many of them were showing the symptoms of fear, anxiety, confusion, disorganized thinking, waking up at night because of dreams about the earthquake, flashes, over reaction to shocking things, fear of return to their home, fear of the earthquake, fear of staying inside buildings, restlessness, palpitation, and behavioural and emotional changes in children and adults.

Based on the medical record of the patients who were hospitalized at Dr Sardjito hospital from 2nd to 20th of June 2006, it was found that 45 patients experienced psychological distress. We found that 55% of the patients came from Bantul and 45% came from other regions, of whom 18% were men and 82% were women.

The age was between 10–85 years.

On the other hand, fear of mountain Merapi eruption and rumour of tsunami worsen the anxiety and panic attack of people after Jogja earthquake. This situation put them in constant instability and insecurity. Three suicide cases of the survivors were reported in Jogjakarta after the earthquake (2 cases by hanging and 1 case by plunge into well). The author found that rescue workers at camp also had psychological distress and 1 volunteer was treated in psychiatric ward because of depression.

The culture of “nrimo” (submission) is coping mechanism about half of victims and survivors used post Jogja Earthquake. This coping skill is very helpful to religious activities which support recovery of psychosocial condition. The pattern of kinship in Javanese community is also useful to survivors recovery. That factor had strong influence on fulfilling social support.

Monitoring of 28 days with psychopharmacological support showed these results: 41 respondents were psychologically recovered and 4 respondents were still having psychiatric symptoms, such as anxiety, pessimism, sleep disorder, and somatic symptoms (dizziness) on

the follow up within 24 days after the earthquake. Within 16th day, 71% respondents were physically and psychologically recovered, while 20% were recovered after 16th day, and 9% still showed some symptoms on the last follow up. The psychopharmaceuticals used were fluoxetine, alprazolam, and lorazepam. Generally, Jogjakarta's people had good resilience and mental strength by social life in an extended kinship (family) system.

Based on the explanation above, psychiatric problems in the aftermath of disasters

should be emphasized like as psychological first aid by primary health care channel. Presence of psychiatric morbidity in victims and survivors depends on provision of mental health services in community. It is very important to understand the characteristics of the community affected by the disaster before performing psychosocial interventions. Intervention for solving psychiatric problems among victims and survivors in disaster areas should be adjusted owing to cultural differences.

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