

Mental Health Support in Disaster: Search and Rescue South China Sea Operation

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ABSTRACT

A study was conducted to identify high risk cases of stress, anxiety and depression and to provide initial intervention as well as emotional support among ship crews who have been hijacked by pirates during the rescue operation in the South China Sea in June 2015. Depression Anxiety Stress Scale (DASS) is a self-administered screening questionnaire was used to detect symptoms in three domains mainly stress, anxiety and depression. A total of 21 ship crews were screened where it was found that 52.3% (n= 11) was positive in the three domain of symptoms namely stress, anxiety and depression. It was found that 38.1% (n= 8) of the younger ship crews reported feeling empathy towards few of the pirates during the period of detention by them. This was known as Stockholm syndrome which describes the feeling of the victim towards their aggressor. This feeling sometimes can hamper the search and rescue mission and need to be addressed to the victim. It is important to allow ventilation of symptoms in the immediate aftermath of disaster. This would play important role in prevention of serious psychological problems and illness in the future.

Keywords: Ship Crews, Depression Anxiety Scale (DASS), Stockholm Syndrome

INTRODUCTION

Search and rescue operation is an important and urgent operational action in order to locate the victims and save lives. The operation will involve inter agency efforts and would be facilitated by an effective body to coordinate all the resources. Apart from the safety and logistic requirement, another important domain is the health support in such an operation. The health support in the search and rescue operation will involve various specialities giving support in critical care. The mobility of the team is important in this operation to cater for the uncertainty of the outcome in search and rescue operation. The team readiness and agility to response to the demand will ensure success in such operation. Mental health support is an element in the health support for search and rescue operation. There is the need to consider the multiple ways in which mass adversities and the 'trauma' of events, such as disasters, terrorism, conflict, and torture and so on, can be understood, especially in culturally diverse settings. There is a range of interpretations such as the effects on sense of safety, attachment, identity and role, meaning and justice¹. The mental health issues in this conflict need to be address and response immediately in order to facilitate mental health issues intervention later on. The objectives of this paper is to provide initial intervention and support to the victims and the personnel

involved, to identify high risk cases who need further intervention and to implement emotional support in the crisis management

MATERIAL AND METHOD

The mental health support was mobilized in South China Sea search and rescue operation in June 2015. This operation was very critical and it involved national interest. One ship vessel was hijacked by a group of pirates and had made demands which threatened the life of the crew which were mainly Malaysian. The mental health support was informed, given a short notice about the operation and was mobilized immediately to Naval Base in Tanjung Gelang Kuantan, Pahang. A psychiatrist from 94 Armed Forces Hospital was given the responsibility to carry out this task. The issue of exact time and location was limited due to the character of such operation. The mental health support was incorporated into the main health support team. The health support team comprises mainly the specialist, medical officers and the paramedical staff from the Second Medical Battalion. These include the emergency physician, surgeon and anesthetist. The mental health intervention was done by one to one interview and using screening questionnaire such as Depression Anxiety Stress Scale (DASS). While the DASS can be administered and scored by individuals without psychology qualifications, it is recommended that the interpretation and decisions based on results are made by an experienced clinician in combination with other forms of assessment². A brief incident debriefing was also been given by the psychiatrist. A total of 21 ship crews were screened and interviewed by the psychiatrist at the ship. The intervention was important and the medical team was the first agency given the permission to have contact with the ship crews once the vessels were successfully retrieved from the pirates.

RESULTS

The DASS is a self-administered screening which will detect symptoms in three domains mainly stress, anxiety and depression. The crew were examined for physical health and were later submitted for intervention in mental health at the port itself. The result from the DASS screening showed that 52.3% (n= 11) was positive in the three domain of symptoms namely stress, anxiety and depression (Table 1).

The Depression subscale showed the normal range in 66.7% (n= 14), 19% (n=4) mild, 4.8% (n=1) moderate and 9.5% (n=2) in severe category. The anxiety subscale reported 47.7% (n= 10) within the normal range, 28.6% (n=6) mild, 4.8% (n=1) moderate and 19.0% (n=4) severe.

The stress subscale showed 66.7% (n=14) normal, 23.8% (n=5) mild and 9.5% (n=2) moderate (Table 2).

Table 1. Distribution of positive and negative cases of stress, anxiety and depression symptoms

	Positive	Negative
n=21	11 (52.3%)	10 (47.7%)

Table 2. Distribution of severity of stress, anxiety and depression symptoms

	Depression	Anxiety	Stress
Normal	14 (66.7%)	10 (47.6%)	14 (66.7%)
Mild	4 (19.0%)	6 (28.6%)	5 (23.8%)
Moderate	1 (4.8%)	1 (4.8%)	2 (9.5%)
Severe	2 (9.5%)	4 (19.0%)	0 (0.0%)

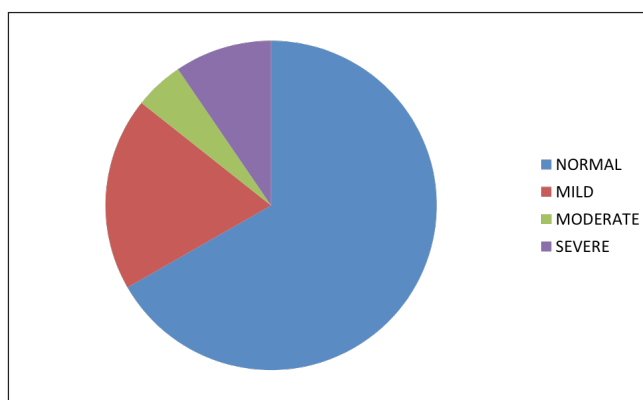


Figure 1. Depressive subscale

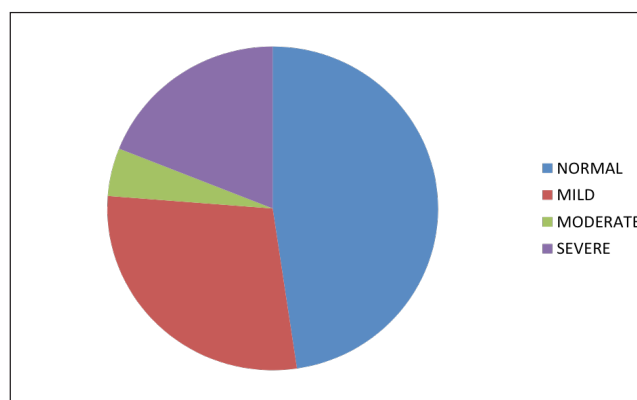


Figure 2. Stress subscale

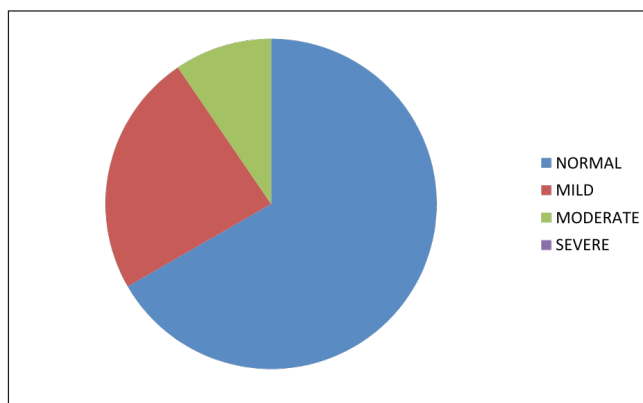


Figure 3. Anxiety subscale

DISCUSSION

The screening results represent the emotional and cognitive symptoms which affect the behaviour of the crew. The crew were relieved because the conflict ends safely even though one of their friends was shot and sustained bullet injury on the limb and was flown to the nearest hospital when their ship was docked earlier. These were shown in the normal range in the three subscales that were elicited. Among the crew, 66.7% reported within the normal range in the depressive and stress subscales (Figure 1 and Figure 2). During the brief incident debriefing, most of the crew felt relief that the conflict ended well and they were safe.

The crew reported feeling empathy towards few of the pirates. This feeling occurred while they were in detention by the pirates.

This is known as Stockholm syndrome which describes the feelings of the victim towards their aggressor. Stockholm syndrome, or capture-bonding, is a psychological phenomenon described in 1973 in which hostages express empathy and sympathy and have positive feelings toward their captors, sometimes to the point of defending and identifying with the captors. These feelings are generally considered irrational in light of the danger or risk endured by the victims, who essentially mistake a lack of abuse from their captors for an act of kindness^{3,4}. This feeling sometimes can hamper the search and rescue mission and needs to be addressed to the victim. It is common for the victims to seek sympathy from the pirates while they were held hostage. Those who exhibited the emphatic response would have emotional attachment by the victim. Among the crew, in the anxiety domain, 19% reported severe symptoms, 4.8% moderate and 28.6% with mild symptoms. Anxiety is an emotional reaction towards uncertainty and unpredictable future events. The majority of the crew did not know what to expect and had to undergo many procedures once they were safely docked at the port. The experience of being taken as hostages was the first experience that they had encountered (Figure 3).

It is important to allow ventilation of symptoms in the immediate aftermath of disaster. This allows cognitive distortion and exaggerated symptom presentations have been identified and immediate intervention can be made. This would play an important role in the prevention of serious psychological problems and illness in the future.

CONCLUSION

The mental health support in disaster and emergency response is as important as other specialties. The health support team should be incorporated in the first response team and tackle psychological issues at the side in the front line. The role of the military psychiatrist as a person responsible for the mental health support in the front line is crucial in order to preserve the mental health and functioning, and also prevent untoward complications.

REFERENCES

1. Silove D. A conceptual framework for mass trauma: implications for adaptation, intervention and debriefing. In: Raphael B, Wilson J (eds). *Psychological Debriefing*, vol. 25 Cambridge University Press: Cambridge, 2000, pp 337–350.
2. Lovibond, S.H.; Lovibond, P.F. (1995). “Manual for the Depression Anxiety Stress Scales” (2nd ed.). Sydney: Psychology Foundation. (Available from The Psychology Foundation, Room 1005 Mathews Building, University of New South Wales, NSW 2052, Australia)
3. De Fabrique, Nathalie; Romano, Stephen J.; Vecchi, Gregory M.; van Hasselt, Vincent B. (July 2007). “Understanding Stockholm Syndrome” (PDF). *FBI Law Enforcement Bulletin* (Law Enforcement Communication Unit) 76 (7): 10–15. ISSN 0014-5688. Retrieved 17 Nov 2010.
4. Jump up^ Namnyak, M.; Tufton, N.; Szekely, R.; Toal, M.; Worboys, S.; Sampson, E. L. (2007). “‘Stockholm syndrome’: Psychiatric diagnosis or urban myth?”. *Acta Psychiatrica Scandinavica* 117 (1): 4–11. doi:10.1111/j.1600-0447.2007.01112.x.PMID 18028254.

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