depression or anxiety disorders; and (3) individuals with a more diffuse symptomatology and mental health distress that may not be defined sufficiently so as to be characterized as a clinical condition. The latter two categories of patients may be more appropriately identified and treated based on the psychosocial factors defined in Silove and Steel's ADAPT model (Adaptation and Development After Persecution and Trauma), which include threats to safety and security, disrupted interpersonal bonds, confused identities and roles, and destabilized institutions. The current study examines these psychosocial correlates in a cohort of 1,245 randomly sampled, displaced and heavily impacted households in Louisiana and Mississippi, post-Katrina, and further considers their relationship to emotional and behavioral difficulties experienced by children who were exposed to the disaster. The prevalence of mental health disability among a disaster-exposed cohort, and the potential clinical and social interventions to address them will be discussed.

Keywords: disability; displaced persons; Hurricane Katrina; mental health; psychosocial
Prehosp Disast Med 2007;22(2):s141–s142

Population Selective Serotonin Reuptake Inhibitor Prescription Rates Following a Terrorist Attack

C.J. DiMaggio;[1] S. Galea;[2] P. Madrid[2]
1. Columbia University, New York, New York USA
2. USA

In order to determine if mental health service utilization increased following a terrorist attack, changes in population psychoactive drug prescription rates were assessed. The rate of selective serotonin reuptake inhibitor (SSRI) prescription use among enrollees of a public benefit insurance program in New York was measured before and after the terrorist attacks of 11 September 2001. The association between the geographic proximity to the events and the changes in the rate of SSRI prescription use around 11 September 2001 was assessed.

From September to December 2001, there was an 18.2% increase in the SSRI prescription rate compared to the previous eight month period ($p = 0.0011$) among individuals residing within three miles of the attack site. While there was a 9.3% increase in the SSRI prescription rate for non-exposed residents, this change was not statistically significant ($p = 0.74$).

In conclusion, there was a quantifiable increase in the dispensing of psychoactive drugs following the terrorist attacks of 11 September 2001. This effect varied in response with geographic proximity to the events. These findings build on the knowledge of the pervasive effects of disasters and terrorist events on population health, and demonstrate the need to include mental and behavioral health as key components of surge capacity and the public health response to mass traumas.

Keywords: medication; mental health; public health; surge capacity; terrorism
Prehosp Disast Med 2007;22(2):s142

Emergency Department Utilization for Mental Health Care after a Terrorist Attack

C.J. DiMaggio;[1] S. Galea;[2] L. Richardson[3]
1. Columbia University, New York, New York, USA
2. USA
3. Mt. Sinai School of Medicine, New York, USA

Introduction: The purpose of this study was to assess the utilization of the emergency department for behavioral and mental health conditions in the aftermath of the terrorist attacks of 11 September 2001.
Methods: A New York State public benefit insurance program database was analyzed.

Four mutually exclusive geographic areas located at varying distances from the New York City attack site were identified. The data were divided into four time periods. All persons in the files were categorized by their postal codes of residence. Primary emergency department diagnoses were coded for post-traumatic stress disorder, substance abuse, psychogenic illness, severe psychiatric illness, depression, sleep disorders, eating disorders, stress-related disorders, and adjustment disorders.
Results: There was a 10.1% temporal increase in the number of emergency department behavioral and mental health diagnoses following the 11 September 2001 terrorist attacks for adult Medicaid enrollees residing within a three mile radius of the attack site. The incidence of these diagnoses declined, relatively in other geographic areas. In population-based comparisons, Medicaid recipients who lived within three miles of the World Trade Center following the terrorist attacks had a 20% increased risk of an emergency department mental health diagnosis (Incidence Density Ratio 1.2; 95% confidence interval 1.1–1.3), compared to those who were non-New York City residents.
Conclusion: This may the first report of a quantifiable increase in emergency department utilization for mental health services among persons living in proximity to a terrorist attack and emphasizes the increasingly complex role that emergency departments play in responding to terrorism and disasters.

Keywords: behavioral health; Medicaid;mental health; post-traumatic stress; terrorism
Prehosp Disast Med 2007;22(2):s142

Social Support as a Buffering Factor Against Stress Reactions like Post-Traumatic Stress Disorder

S.M. Mitani,[1] N.K. Nakata[2]
1. Kyoto Prefectural University of Medicine, Kyoto, Japan
2. Nippon Medical School, Tokyo, Japan

Introduction: The impact of Event Scale-Revised (IES-R) is one of the most regularly used forms of questionnaires in epidemiological research on disaster mental health regarding post-traumatic stress disorder (PTSD). The IES-R is used to determine the incidence and frequency of self-reported post-traumatic symptoms, according to the 4th edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) criteria. It is not clear why some people develop PTSD and others do not after experiencing a traumatic event. Also, among those scoring high on the