Discussion Hypertension is seen in all humanitarian settings and the burden can be considerable. Further studies are needed to accurately estimate prevalence of hypertension in crisis affected populations throughout the world. An appreciation of patient knowledge and understanding of hypertension as well as the cascade of care would be invaluable in informing service provision.

P22 'YOU CANNOT BUILD A GIANT UMBRELLA OVER TUMBES WHEN EL NIÑO COMES': A QUALITATIVE STUDY OF THE PERCEPTIONS OF EL NIÑO'S IMPACT ON MENTAL HEALTH, BARRIERS TO RESILIENCE AND ACCESS TO SUPPORT IN TUMBES, PERU

Background Despite the well-known widespread effects on health of the El Niño phenomenon, there is little evidence of its psychosocial impact on historically affected communities and the ways that they respond to this cyclic environmental event. We aimed to describe the perceived effects on residents’ mental health, and the barriers to achieving psychological wellbeing and accessing support, in a post-El Niño scenario in Tumbes, Peru, a historically high-risk area for floods and heavy rains.

Methods Between May and June 2017 we conducted 27 semi-structured in-depth interviews and 3 focus group discussions with 24 adult residents of Tumbes, Peru. The participants were classified into the following subgroups: a. Representatives of the local authority based in Tumbes city; b. Representatives of the local authority based outside of Tumbes city, in the Tumbes region; c. Residents from heavily affected localities; and d. Residents from low-affected localities.

Results During early parts of the interview, the overall impact of El Niño effects on mental health was minimized. Authorities and some residents suggested that they were ‘accustomed’ to them. Most of the responses changed later, when they described flood-related suffering either directly experienced or witnessed. Related socioeconomic struggles were described, as well as feelings of lack of support, unfairness and helplessness. The local representatives acknowledged that effective support and aid was sometimes unavailable. Contextual factors related to corruption, underfunding of prevention activities, and lack of reconstruction programs, led to despair and distrust of authorities. Many participants allocated responsibility to specific actors, but suggested solutions or acknowledgement of personal responsibility were less commonly reported. Neither psychosocial programmes, availability of psychological therapies or community-based support programs were routinely reported. Mutual collaboration with neighbours, local authorities and aid organizations were highlighted as potentially useful, but currently non-existent as an organized or evenly distributed force. Findings suggest that psychosocial distress was exacerbated by poverty, scarcity of work, and membership of an already vulnerable group.

Conclusion The findings show the multiple and interrelated issues associated with under-resourced communities in a post-disaster context, and how socioeconomic distress and lack of support contribute to psychosocial suffering in this population. In addition to providing emergency aid and health support, these vulnerable communities would benefit from an integrated care and a resilience-promoting approach, that considers contextual and community-level distress alongside improved access to prevention measures and reconstruction activities.