

PSYCHOSOCIAL CARE FOR EARTHQUAKE SURVIVORS



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Psychosocial Care for the Survivors of Kashmir Earthquake

“Fear, fury in Tangdhar”
“Life and hope after death and destruction...”
“We don’t know how many have died. We have lost count”
“Thank god we are alive...” - grief stricken survivors
“Balakot digs against time and hope”
“There is still fear and sadness in their eyes”
“No end to agony”

These statements in the media very clearly indicate the impact of the Kashmir earthquake on the affected people

With this in mind, four questions arise:

- **Is mental trauma (scars) special to the earthquake experience?**
- **What determines the long-term outcome?**
- **What is known to help the recovery process?**
- **What is the psychosocial care programme for recovery from trauma?**

Emotional trauma and earthquake disaster experience

The emotional reactions of fear, despair, panic attacks, sleeplessness, withdrawal from others, guilt feelings in adults and nightmares in children are universal responses in all people experiencing events beyond their coping capacity – e.g., any unforeseen disastrous event like earthquakes. Emotional reactions reported by the people are the normal responses to an abnormal experience. This is important to recognize so that people experiencing emotional reactions are not made to feel that they are weak or unable to cope in any way.

What determines the long-term outcome?

Worldwide studies have reported that in the aftermath of any disaster, majority experience distressing emotional reactions. The symptoms are directly related to trauma experience. **Greater the trauma, more severe is the response.**

Statistics indicate that at the end of the first year, over two-thirds of the affected population recover, leaving one-third having significant symptoms that disable them. There is strong evidence that the experiences of the people subsequent to the disaster have direct relevance to recovery. **More the problems and life difficulties the survivors experience during the recovery phase, more persistent will be the emotional reactions.** The choice of positive lifestyles like regular sleep, eating right food, taking time off for rest and recreation, avoidance of alcohol and tobacco – all contribute to reduction of long-term negative consequences.

Generally women experience greater degree of emotional reactions compared to men.

Those receiving psychosocial care have less emotional reactions and disability than those who do not receive psychosocial care.

What is known to help the recovery process?

Psychosocial care is essential for all the people experiencing disaster. People differ only in terms of the degree of support needed. A reflection of this recognition of the need and improvement with care is seen in the disaster care policy of many countries. International organizations like the WHO, Red cross, etc., have also identified this component of care as essential in their activities. It is a holistic approach to rehabilitation.

Six months of psychological support is given to all the disaster survivors, subsequently psychosocial rehabilitation required for the next eighteen months, along with other help like housing, food, legal help, compensation and medical care.

The three aspects of assistance in disaster care are:

- *Helping the affected people to recognize and understand the disaster experience and the changes that they experience in their body and mind.*
- *Decreasing the physical and psychological effects by ventilating, listening, encouraging relaxation and externalization of interests and activities.*
- *Giving practical support to rebuild their shattered lives in the areas of housing, livelihood, health and community life.*

As in all the disasters, it is the local people and community-level workers who are the most suitable to provide care rather than specialists. The experience of various NGOs and experiments by NIMHANS in Orissa following the super cyclone, in Gujarat after the earthquake and riots and with the Tsumani affected people in India, have demonstrated the value of community-level workers to provide psychosocial care to those affected by the disaster. There is a need for specialists like clinical psychologists, psychiatric social workers, and psychiatrists to train the community-level workers and support their work and care for the very small number of severely ill people.

What can be done?

- Create **opportunities** for people **to talk and share experiences in supportive groups**. This is often done best in familiar surroundings such as religious places, schools or community centers.
- **Provide accurate and practical information** especially concerning the larger recovery efforts. Special attention to the needs of the relief applicants is necessary as relating to the rules and regulations of relief organizations during the crisis can be overwhelming.
- Give particular consideration to the **needs of the special groups** such as children, those who have been most intensely exposed or had a history of previous events (exposure to trauma), rescue workers and people with pre-existing mental health conditions.
- **Children and adolescents** will need the support of their caregivers. This support should reflect accurate concerns and diminish any words or actions that would increase the child or adolescent's anxiety. Exposure to television, movies or print matter that offers too graphic depictions of the destruction or victims should be limited.
- A percentage of people as high as **30%** who experience the most direct exposure to the traumatic event may go on to develop **more serious mental health concerns** and should be referred for services if they develop persistent issues.

(WHO, Geneva, October 2001)

Psychosocial Care Programme

- It is important to recognize psychosocial need as an essential aspect of overall relief, rehabilitation and reconstruction efforts. Psychosocial care is an integral part of the overall care.
- The effort is to move the agenda from deviancy to normalcy and give no labels to people or stigma to the affected people. There is an effort not to talk of “mental cases” and “people going mad” which give a derogatory connotation to an essentially normal reaction to an abnormal situation.
- Relief, rehabilitation and reconstruction need to take place as rapidly as possible, and with the greatest degree of transparency and community involvement.
- Provide psychosocial care as a part of the total care programme.
- Provide information to the people about the normalcy of the experience of the reactions, the choices they can make about sharing, choosing positive lifestyles and utilizing community support and people’s faith in spirituality to help them in recovery.
- All community-level workers engaged in relief, rehabilitation and reconstruction need to receive skills for essentials of psychosocial care (ventilation, empathy, active listening, social support, externalization of interests, recreation and relaxation and spirituality) as a part of the overall rebuilding process. Simple manuals need to be developed towards these two groups, namely, the individual survivors and their families, and community-level workers.
- The needs of the children have to be addressed through training the school teachers in psychosocial care using story-telling, drawing, games, clay-modeling, and other group activities.
- All the medical personnel caring for the people need to receive training in the essentials of mental health care so that they recognize these conditions and treat them with specific interventions and thus avoid dependence on non-specific interventions like the use of pain-relievers, sleeping pills, vitamins and injections.
- Support by mental health professionals for preparation of education materials, for training the community-level workers and to give specialized care to those who need more intensive care.
- The administrators have to recognize this need and integrate psychosocial care as part of the overall care programmes.

In conclusion, the psychosocial needs of the earthquake affected people are real. It is imperative that the “healing of minds” is taken up as an essential part of the rebuilding of the lives of the people.

For further information:



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