



PSYCHSOCIAL CARE for SURVIVORS OF NATURAL DISASTERS



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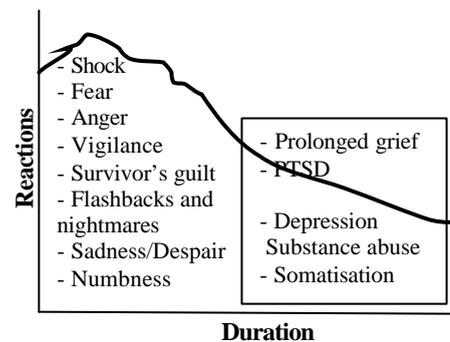
Natural disaster Snapshot

- 12% of land vulnerable to floods
- 8% of land vulnerable to cyclones
- 56% of land vulnerable to earthquakes
- 26% of land vulnerable to droughts
- Over 27.55 million affected by disasters
- 5536 people killed annually due to disasters
- Average number of houses damaged annually is 2.36 million
- Annual economic loss of US\$ 1,88,393,0000

Ref: India Disaster Report; Parasuraman & Unnikrishnan; 2000

Psychosocial care is the process that deals with a broad range of emotional and social problems and promotes the restoration of social cohesion and infrastructure as well as the independence and dignity of individuals and groups. It serves to prevent pathologic developments and further social dislocations (Aarts, 2001). *Psychosocial care is essential for all the people experiencing a disaster. People differ only in terms of the degree of support needed.* Normalisation of the emotional reaction is a very important task in psycho social care for the survivors of the disaster

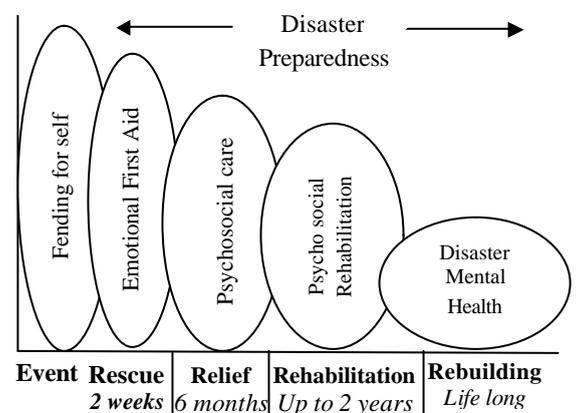
Emotional reactions such as guilt, fear, shock, grief, vigilance, numbness, intrusive memories, and despair are universal responses in all people experiencing unforeseen disastrous events beyond their coping capacity. *Emotional reactions reported by the people are the normal responses to an abnormal situation.* It is estimated that nearly 90% of survivors of disaster do undergo these emotional reactions immediately after the disaster. However it reduces to 30% over a period of time with psychological reactions of stress leading to change in behaviour, relationship, physical or psychological situations. Continuation of the situation leads to abnormal pattern and long term illness among the survivors.



Socially disaster affects a large number of people and a vast geographical region. Thus the entire community experiences its impact in varying degrees. Various social issues that arise in the aftermath of a disaster are displacement, changes in marital status and family structures featuring widows, single parent families or orphans. There is a disruption in the social fabric and a breakdown of the traditional forms of social support in the affected communities. There is a high rate of unemployment due to the loss of primary livelihood and secondary livelihood sources related to the loss of infrastructure and alternative occupational availability to revitalise the economic conditions.

No one who witnesses a disaster is untouched by it. However it is important to recognize that due to various factors, there are *certain groups of people who are more vulnerable* and need greater attention. *Women, children, aged and disabled* are the main vulnerable groups who need special attention and care.

Psychosocial care activities for the survivors of disaster include integration of the same during the rescue, relief, rehabilitation and reconstruction phases as an essential part of the overall interventions. The form of care varies with each phase and the local situation. During the time of disaster, the people are forced towards basic survival and are left to fend for themselves. In the rescue phase, volunteers and others at the disaster scene can provide essential **emotional first aid** and form the base for further intensive **psychosocial care** and **rehabilitation** by trained community workers and the professionals in the relief and rehabilitation phases. The **rebuilding** phase is a long term process and involves integrating a comprehensive **disaster mental health** programme for the affected communities. **Disaster preparedness** and education is a continuous on going activity coupled with overall community development.



In the aftermath of any disaster, there is a need for a **multi-pronged approach** to relief and rehabilitation. A **spectrum of care** covers various issues relating to:

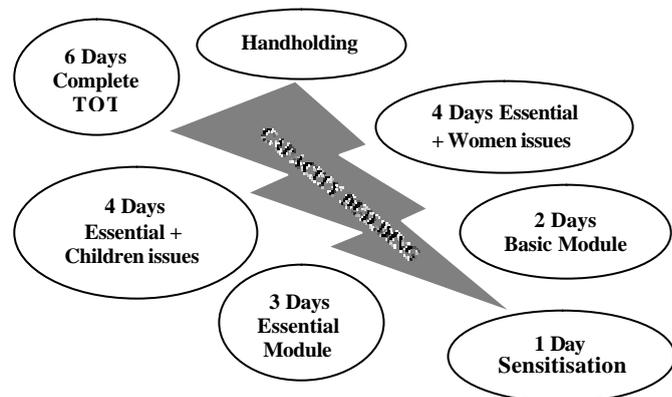
- Housing aid
- Paralegal aid
- Medical care
- Compensation
- Psychosocial support
- Self care
- Livelihood assistance

Mental health professionals have a minimal role in rebuilding the eroded social support systems in the community. There is a need to create a caring community with the existing resources. Such resources could be health workers, teachers, angawadi workers, NGO workers, voluntary organisation members, Nehru Yuvak Kendra volunteers, NSS, NCC students, panchayat members, women self help group members and college students in the community. These people can provide the services with minimal training and support by professionals. The community level workers should be able to handle 25 families each intensively and extensively in disaster psychosocial care and rehabilitation. Ten such community level workers need to be supported and supervised by a social worker.

The basic objective of **capacity building** in the context of psychosocial care for the community level workers is **to provide essential knowledge** and **develop necessary skills** for providing psychosocial care by ensuring individual initiatives, family unity and mobilizing community resources. Capacity building also involves **self-care initiatives** for a disaster

worker. Standardized training modules currently available are:

- ◆ A 6-day training of trainers (TOTs) module ensuring institutionalising psychosocial care.
- ◆ A 4 day holistic basic module for training on the basics of psychosocial care plus women or children issues
- ◆ A 3-day essential module
- ◆ A 2-day basic module
- ◆ A one day sensitization programme module for administrative officers
- ◆ Handholding is most crucial to facilitate the practice of psychosocial skills in the field level.



To facilitate such capacity building activities **standardised tool kits** currently available at NIMHANS are:

- IEC materials on disaster information posters and pamphlets
- Natural Disaster Information: Manuals 1, 2, 3 & 4
- Psychosocial Care in Disaster Management - My Workbook
- Facilitation Manual for Trainers of Trainees in Natural Disasters
- Stress Management Workbook

Psychosocial Care Programme

- It is important **to recognize** psychosocial need as an essential aspect for 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 the people to 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 essentially normal reactions to an abnormal experience.
- Relief, rehabilitation and reconstruction **need to take place** as rapidly as possible, and with the greatest degree of transparency and community involvement.
- **Indicators** such as psychological distress, functionality, impact of events, life events, quality of life and community life needs to be measured and taken into consideration for appropriate intervention.
- **Provide psychosocial care** as part of the total care programme. **Net-working, coordination and referral** for various support services among the servicing agencies is crucial part of rehabilitation

- **Provide information** to the people about the normalcy of the experience of symptoms, the choices they can make about sharing, choosing positive lifestyles and utilizing community support and people's faith in religion to help them in recovery.
- All community level workers engaged in relief, rehabilitation and reconstruction to **receive** skills for essentials of psychosocial care (**ventilation, empathy, active listening, social support, externalization of interests, recreation/relation and spirituality**) as part of the overall rebuilding process. Simple manuals have been developed towards these two groups, namely the people and the community level workers.
- The needs of children **to be addressed** through training the schoolteachers in psychosocial care, using story telling, games, drawing and group activities.
- All the **medical personnel** caring for the people 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 tablets, vitamins and injections. **Ensuring referral** for higher order mental health needs to specialised mental health professionals is also important.
- Support **by mental health professionals** for preparation of educational materials for training the community level workers and give specialized care to those needing more intensive care
- The **administrators** to recognize the need and integrate psychosocial care as part of the overall care programmes.
- Care of the care providers is most crucial in disaster intervention work. The module on stress management among the rehabilitation workers is directed towards **"harmonising personal, professional and familial life"** to ensure better coping, positive life style and well being.
- There is an urgent need to educate and train people in **disaster preparedness** and psycho social issues at the individual, family and community level in case of future disasters. This enables a community oriented effort rather than dependency on outside agents.

Over the past couple of years there has been a change in **Disaster Policies** orientation from a primarily relief-centred approach to a holistic approach emphasizing mitigation, prevention and preparedness besides strengthening response, relief and rehabilitation mechanisms. **The National Health Policy (2002)** recognizes the need for "an adequately robust disaster management plan to be in place to effectively cope with situations arising from natural and man-made calamities". **The Sphere project (2004)** has focused on community based psychological intervention for the survivors. **The Disaster Management Act 2005** puts in place, the requisite institutional mechanism for drawing up and monitoring the implementation of the disaster management plans at all levels, ensuring measures by various wings of Government at National, State and District level for prevention and mitigating effects of disasters and for undertaking a holistic, coordinated and prompt response to any disaster situation. The enactment will facilitate effective steps for the mitigation of disasters, prepare for and coordinate a more effective response to handle disaster situations.

Recognising the services of NIMHANS in the area of disaster mental health and psychosocial care, the Government of India has considered it as the nodal agency to provide services and organise effective, efficient and coordinated psychosocial care to the survivors of disasters in India. NIMHANS in coordination with a large number of Government, Non Government and other Institutions in the country, strives to alleviate the psychosocial care needs of the disaster-affected people which 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 please contact:



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