

# Psychosocial problems experienced by survivors of Nepal earthquake 2015

Gaire, H<sup>1</sup>; Baniya, S; Kunwar, K; Khanal, M.B.; Shrestha, J.; Mahat, P.

## Introduction

The large earthquakes of April and May 2015 caused many deaths and injuries and extensive damage in 14 districts of Nepal. The resulting trauma and losses left many survivors suffering psychological distress. Post-Disaster Need Assessment (PDNA) report (NPC 2015) classified the project districts as either 'severely hit' (Dolakha and Ramechhap) or 'crisis hit' (Okhaldhunga). The PDNA calculated that people in Dolakha suffered the largest per capita losses (NPR 255,860 per person) and the people of this district were the most exposed to aftershocks. The trauma and losses caused by the very large initial quake and the multiple aftershocks left many survivors suffering mild to severe psychological distress. Many people felt high levels of fear and worry, loss of confidence, increased nervousness and feelings of loneliness, helplessness and hopelessness. People with existing psychological problems, children, women and older people were most affected and many of them were in a very vulnerable condition (CMC-2017). The immediate aftermath of the Gorkha Earthquake saw a large need for psychological support to ease the distress and trauma of survivors. The Kathmandu-based Nepalese NGO the Centre for Mental Health and Counselling (CMC-Nepal) mobilized resources and was supported by various donors to provide psychosocial support. Present study focused psychosocial intervention project for earthquake survivors of Dolakha, Ramechhap and Okhaldhunga districts for period of June 2015 to December 2016 and explore nature of psychosocial problems experienced by earthquake survivors.

## Methodology:

Village level Community Psycho Social Worker (CPSW) were trained to identify highly distress survivors of earth quake. They were further supported by psychosocial counselors worked in the district. Among the survivors identified by CPSW 1195 were registered and received PS intervention by the psychosocial counselors, were included in the sample of this study. A cross sectional study designed was used. Psychosocial problems presented by survivors were listed in the respective case files by psychosocial counselors which further evaluated by clinical psychologist using ICD-10 and verified by the psychiatrist. Data analyzed using SPSS 20 for descriptive results.

## Result:

A total 1195 earthquake survivors received psychosocial services as referred from CPSWs in three districts, among them 60% were female and 40% male (figure 1). Ethnic composition of survivors (Figure 2) who received psychosocial intervention showed 45% were Janajati, 15% Dalit and 40% others (Brahmin and Chhetri). Age composition showed 71% survivors were belonged to 18-59 year old, 18% below 18 years and 11% over 60 years old (Figure-3). About 89% survivors houses damaged or destroyed and 69% suffered injury or loss to self or close relatives (figure 4). Common psychosocial problems observed (figure 5) were anxiety problems (32%), other problem including PTSD (26%), depression (10%), epilepsy (11%) and psychosis (10%). About 10% severe cases required mental health treatment from specialist. Progress in psychosocial problems because of mental health and psychosocial intervention measured through client's self-evaluation score on 0-10 scale where 0 mean not at all improve and 10 means 100% improve and was measured at the beginning, at mid-term (after 3 or 4 counselling session) and at the end of counselling intervention. Result showed 12% survivors felt improvement over 75 percent, 53% experienced improvement between 50-75%, 18 percent reported progress to 25-50% and 17% reported below 25% improvement after mental health and psychosocial intervention.

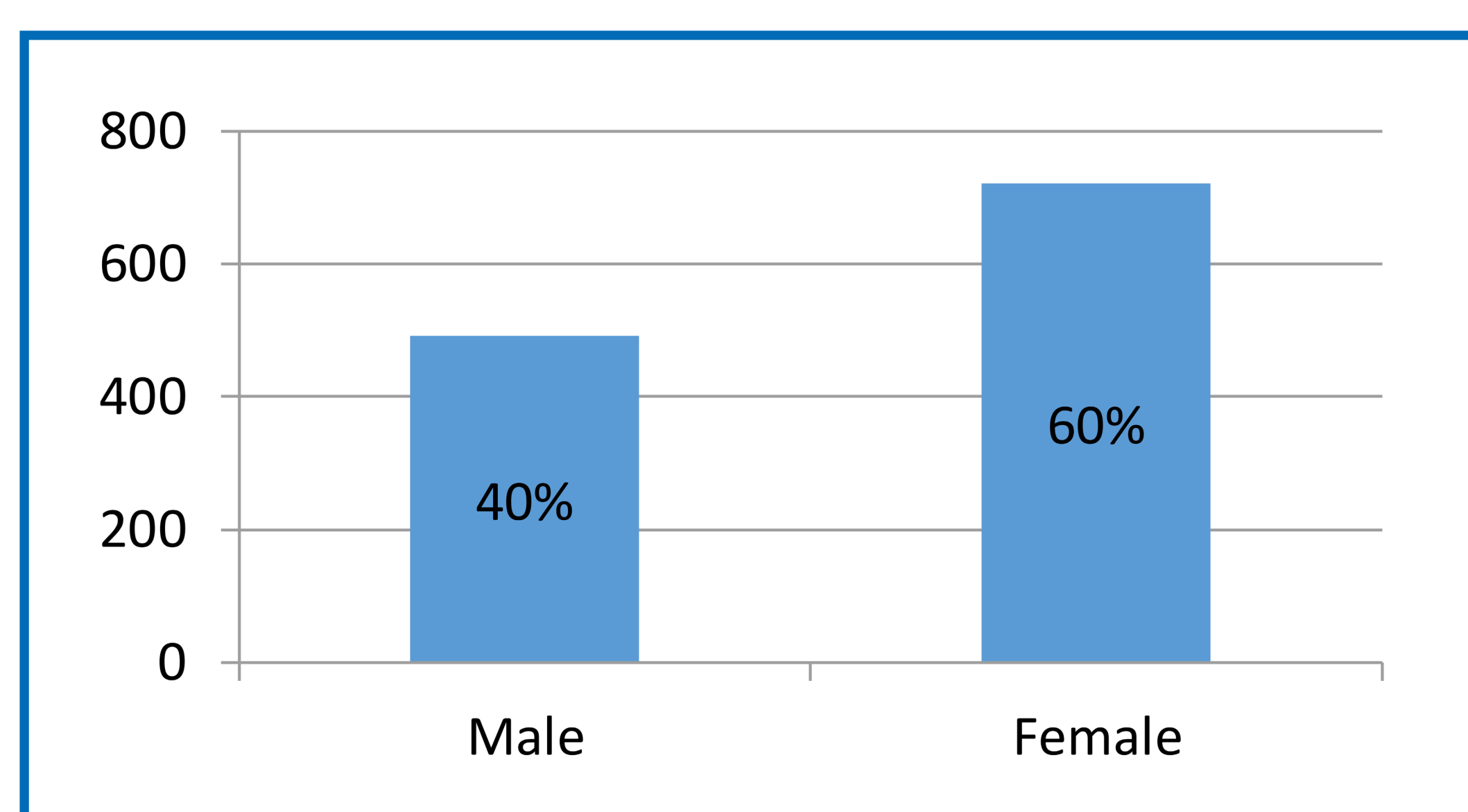


Figure 1: sex distribution

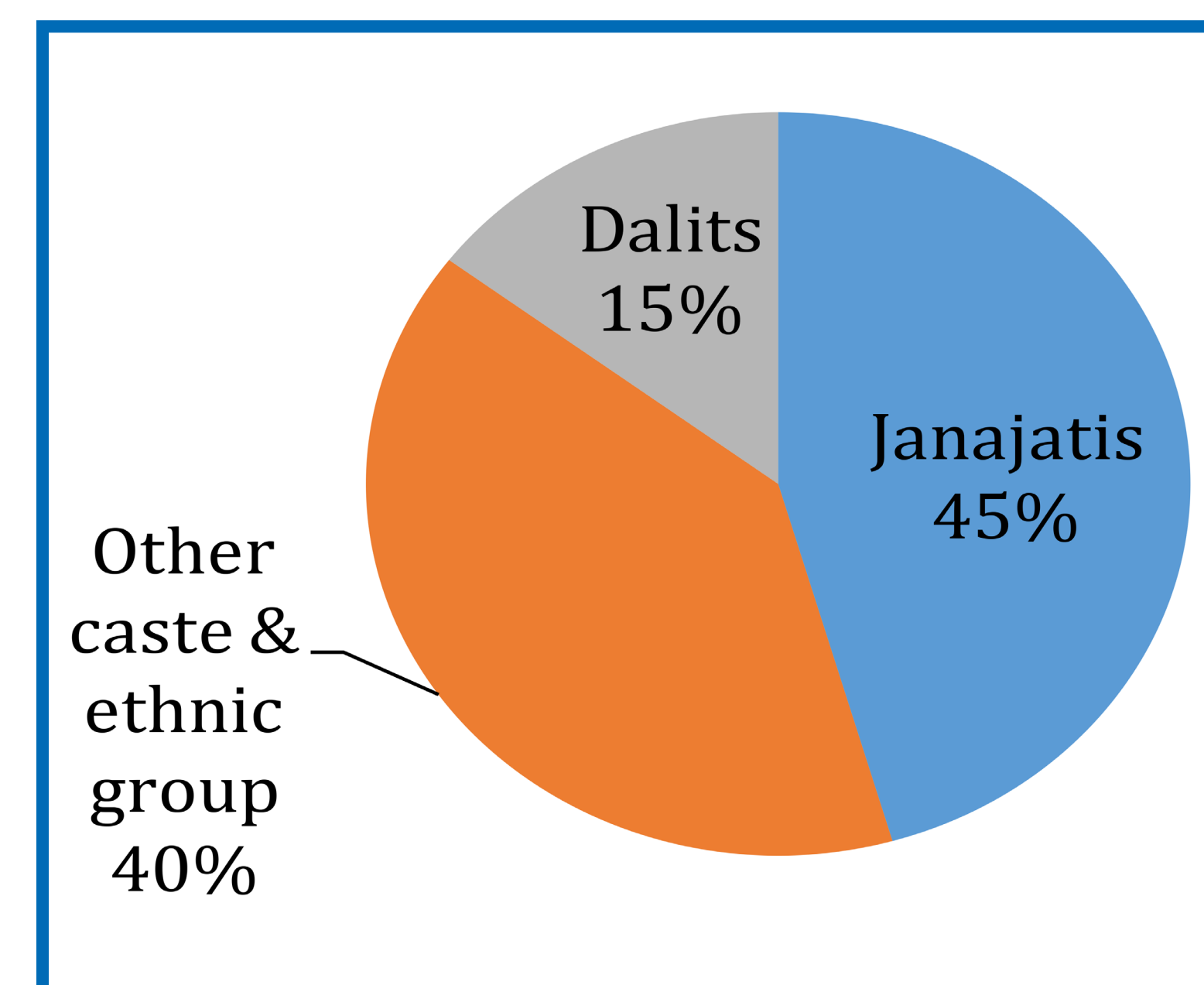


Figure 2: Ethnicity distribution

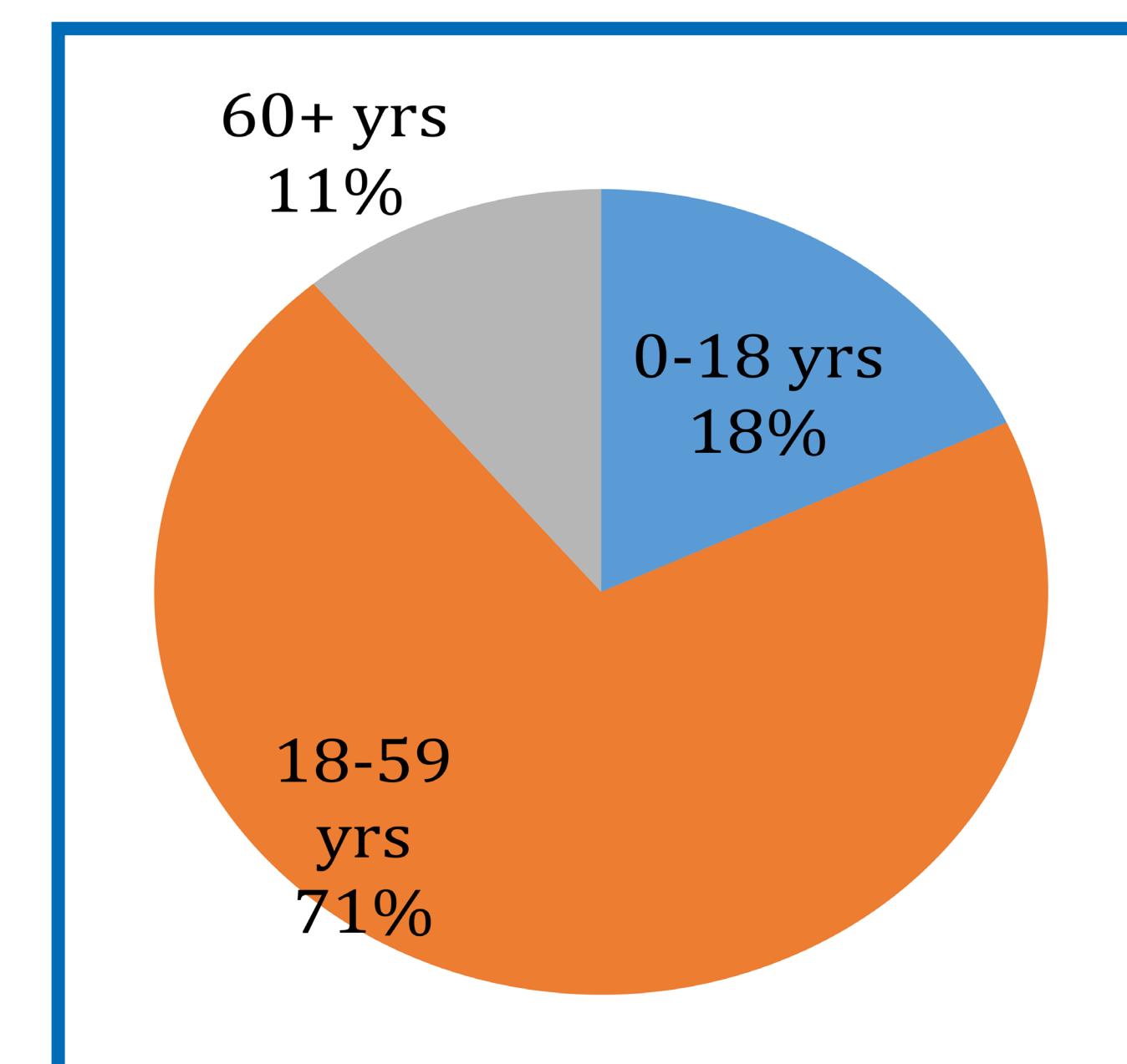


Figure 3: Age category

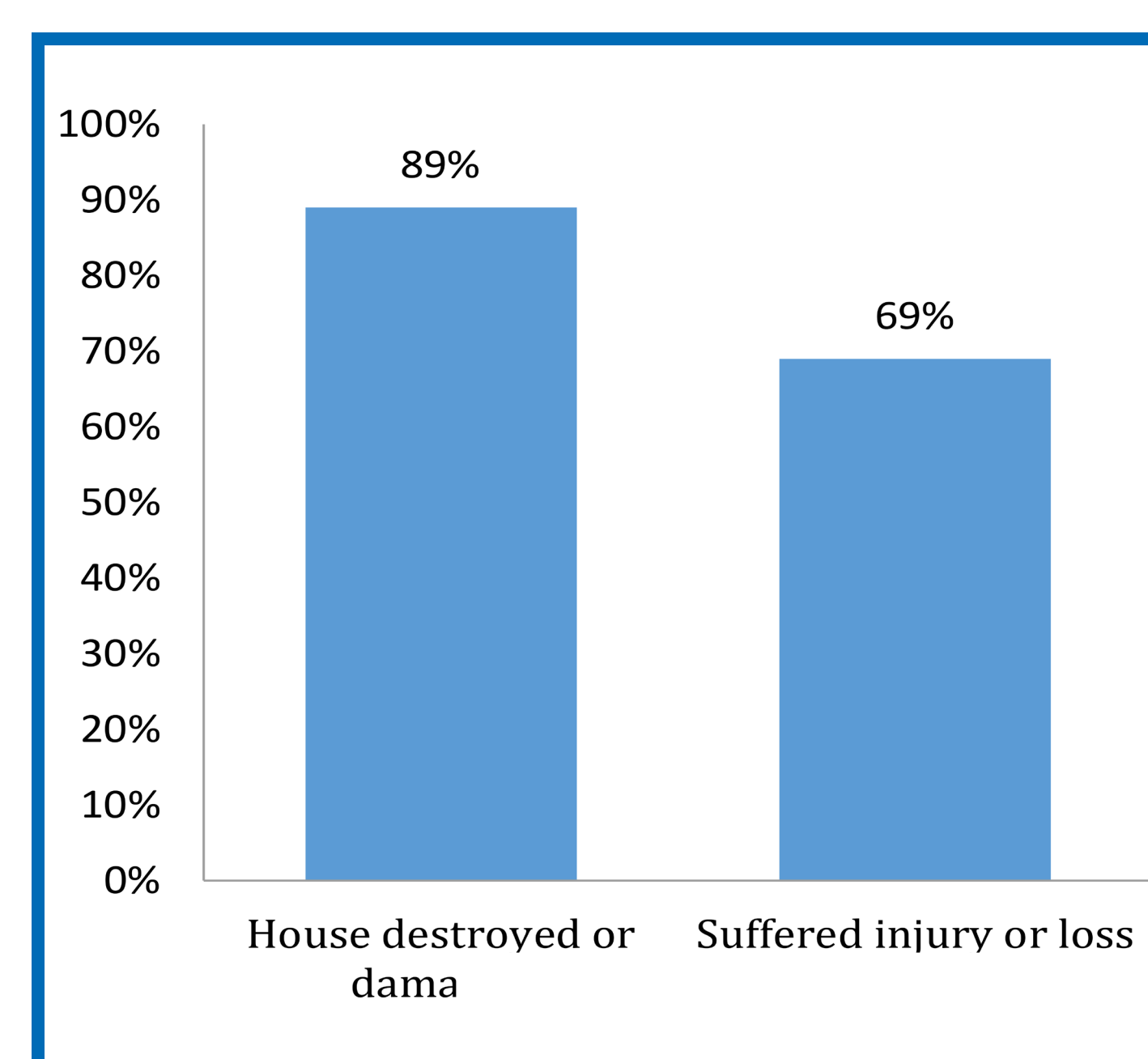


Figure 2: Ethnicity distribution

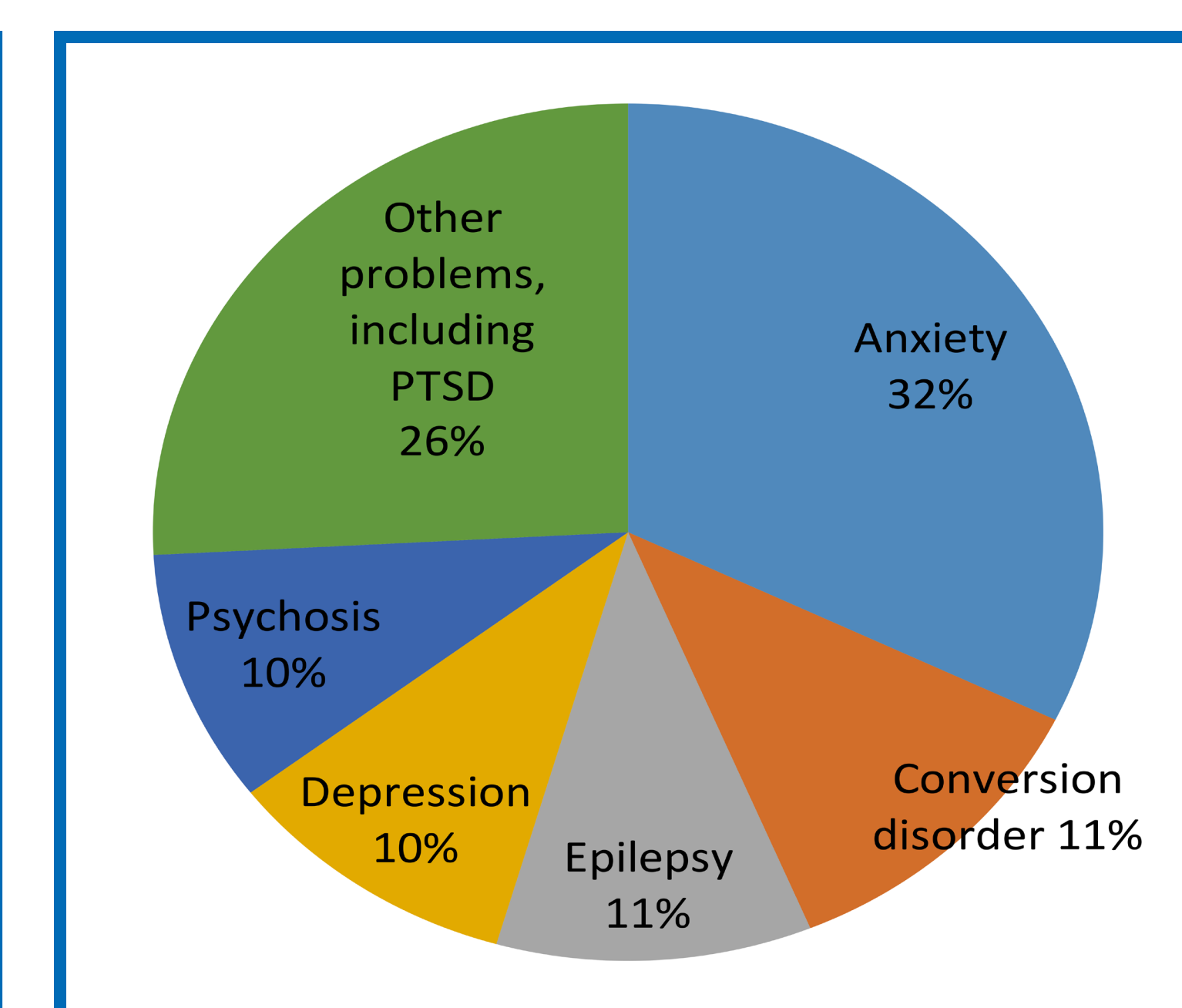


Figure 5: Psychosocial problems

## Discussion and conclusion:

The World Health Organization estimates that 20% of persons in post-earthquake and other humanitarian contexts experience psychological distress and a smaller proportion (3–4%) experience severe mental disorder (WHO/UNHCR, 2012). In post-earthquake settings outside of Nepal, depression prevalence rates range from 16 to 28% and for PTSD from 7 to 40% (Cerdá et al. 2013; Wu et al. 2014; Sakuma et al. 2015). Our study found higher level of psychosocial problems were reported by survivors of Dolakha district where people experienced numerous and big after-shocks causing heavy damage and loss both physical properties and life. The higher proportion of females survivors covered in program reflects the high number of female-headed households in the projects working areas as many of their menfolk work away from home in foreign countries. Such women tend to be more vulnerable to stress as they lack the support of their spouses and are acting outside traditional gender roles with more responsibilities (CMC-N, 2017). Common psychosocial problem experienced by earthquake survivors were anxiety, depression, PTSD and other stress related problems (conversion symptoms, somatization etc.). Another study on Nepal earthquake found depression 34.3%, and anxiety 33.8%, and 10.9% reported suicidal ideation (Kane et al.2017). About 10 % survivors suffered from severe mental illness required specialist services. It was similar with in other study as well (Kane et al. 2017). Relapsed of old mental health problems (depression, psychosis) also observed in our study because of increased distress in disaster situation. People with prior mental illness history are also vulnerable to re-experience of mental health problems in post disaster situation. Early psychosocial intervention perceived helpful in reducing psychosocial distresses by survivors. Thus well-coordinated and timely availability of mental health and psychosocial services to the survivors of post disaster is important and recommended for psychosocial support strategy during disaster situation.

In summary our study indicated increased rates of psychological distress in higher proportion of the population affected by the Nepal earthquakes 2015. Early psychosocial and mental health intervention is helpful to reduce distress level and also risk of developing mental illness.