

# **Psychosocial Care in Disasters and Disaster Risk Reduction**

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## **Background**

Disaster-affected people experience various psychological reactions. These reactions immediately follow the event while socio-economic impacts like lack of employment; homelessness, environmental destruction and disorganisation emerge as a consequence, following the devastation caused by the disaster. After a disaster, the emotional reactions among members of a community may vary from each other and this also may usually undergo changes over time depending upon the coping capacity and socio-economic condition of that community. Therefore, post-disaster psychological interventions should be flexible and based on an ongoing assessment of needs. The emotional reactions should be understood based on the manifestation of various stress reactions, level of effort put by the people for their own reconstruction, the pattern and amount of disability created due to these psychological stress etc. Some factors that could influence the reactions among people are nature and severity of the disaster, amount of exposure to the disaster, availability of adequate social support, age, gender, marital status of the person (single, widowed, married), separation/displacement from locality, separation from family/primary support group, personal losses of the survivor (loss of kith and kin, property, source of livelihood, personal injury) (NIDM)

Also, disasters are traumatic events that may result in a wide range of mental and physical health consequences.

Previous systematic reviews have documented that post-traumatic stress disorder is the most commonly studied psychopathology in the aftermath of disasters. The study results show that the burden of PTSD among persons exposed to disaster is substantial. Post disaster PTSD is related to a variety of correlates together with socio-demographic and background factors, event exposure characteristics, social support factors, and temperament traits (Sangeetha Fredy et al, 2019).

The emotional health of populations exposed to disasters is a well-recognized public health priority. Toward mitigation of the negative impact of the disasters on mental health, and building resilience is vital. The recent flood disaster in the southern state of Kerala illustrates many of the areas where Indian Social Psychiatry can rise to the challenges of mitigating human suffering and protecting the mental health of disaster-affected people. Rebuilding of Kerala, especially in relation to mental health, requires building emotional health of survivors through self-care; strengthening of families; supporting *Anganwadis*, schools, colleges, and workplaces to become places to promote mental health; creating caring communities from *Panchayath* level; building resilience at the community level for long-term preparedness; and most importantly, to sensitize the administrative mechanisms for the mental health aspects of developmental choices and disaster preparedness (Murthy R S, 2018)

## **Concurrence with Disaster Management Plans**

### **1. Kerala State Disaster Management Plan, 2016**

Importance of training in psychosocial care has been highlighted in ‘Responsibilities of Stakeholders- Health and Family Welfare Department, through the point ‘Prepare trained psychological and psychosocial care teams’ (Page 133).

### **2. Departmental Disaster Management Plan of Health Department**

Health and Family Welfare Department is the first department in the state to have a Disaster Management Plan. The plan has a dedicated section on Mental Health Intervention:

Establishing a Post – Disaster Mental Health Intervention Program (Pages 17-19).

### **3. District Disaster Management Plans**

Psychosocial aspect of disaster management has been included in more than one ways.

## **Initiatives by various Inter Agency Groups**

### **1. United Nations International Children’s Emergency Fund (UNICEF) and Government of Kerala**

A three-phase project was jointly launched by UNICEF and Women and Child Development (W&CD) department, to offer psychosocial care for the flood affected. Covering 11 districts, this was aimed at giving psychosocial care to women and children at the community level and for post-disaster preparedness.

As part of rebuilding Kerala, the immediate need was to offer psychosocial care for the affected, mostly women and children. Identification and rehabilitation of the affected was handled in a multi-sectoral manner involving Social Justice Department, W&CD, National Institute of Mental Health and Neuro Sciences (NIMHANS), Health and Education Department.

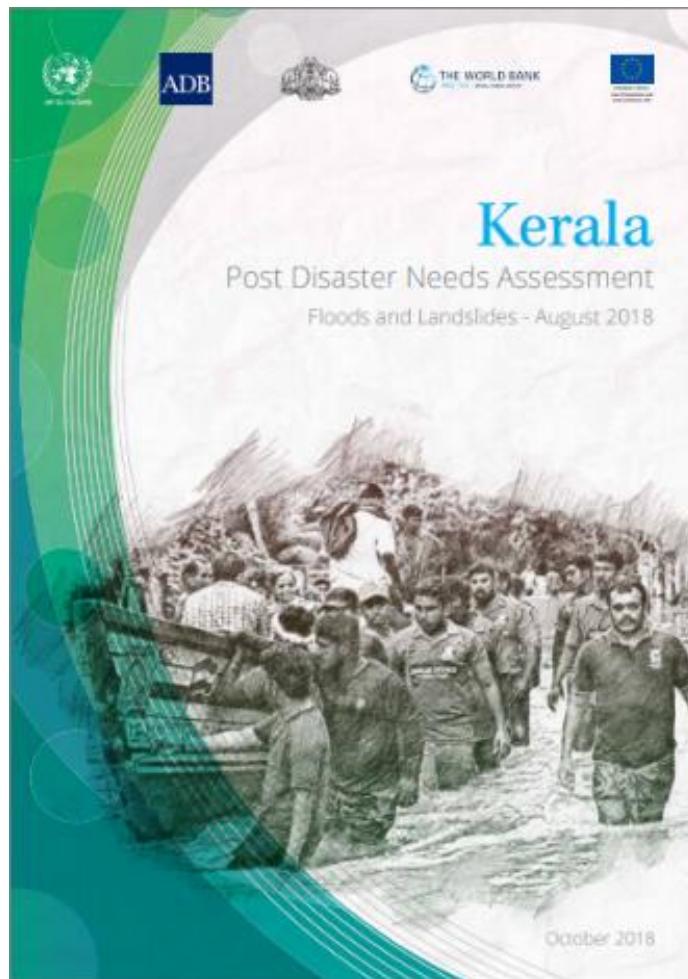
In the first phase, psychosocial first aid was given to 83,900 women and children. It was to assuage the trauma and offer solutions with the help of experts from NIMHANS. For this, NIMHANS had trained 1,500 persons to become master trainers, Integrated Child Protection Services (ICPS) supervisors, District Child Protection Officers (DCPOs), Anganwadi and Kudumbashree members. In the second phase, psychosocial care was offered to women and children who have shown symptoms of withdrawal and isolation after the trauma due to loss incurred in the floods. It covered

around 1.5 lakh women and children in 11 districts. UNICEF offered financial backing for the project. Around 5,000 members from various NGOs are also supporting the project.

In the third phase, the affected was offered training in disaster preparedness and mitigation involving experts in stress response related to disaster management.

## **2. United Nations Development Programme (UNDP) and Government of Kerala**

The UNDP took lead role in preparing Post Disaster Needs Assessment (PDNA) of the state. Due stress was given to psychosocial aspects. Recommendations were submitted to the government and related interventions were initiated.



*Report on Post Disaster Needs Assessment of Kerala Floods 2018*

### **Specific Psychosocial Initiatives by the State Government**

Extensive Psychosocial Care Interventions were performed pertaining to all major disaster situations in the state:

## I. Ockhi 2017



*Kerala Chief Minister Shri. Pinarayi Vijayan provides psychological support to victim of Ockhi Cyclone*

Psychosocial Interventions started on 2<sup>nd</sup> December, 2017. Mental Health Disaster Management team was constituted under District Mental Health Programme (DMHP), Thiruvananthapuram, comprising of School Counselors of ICDS, School Health Nurses of RBSK (NHM) & DISHA Counselors

- Twenty teams were constituted, each comprising of a School Counselor and a nurse.  
(Teams were numbered A1-A10 & B1-B10)
- Five teams were coordinated by a DISHA Counselor
- Teams conducted Home Visits with Junior Health Inspector (JHI), Junior Public Health Nurse (JPHN), ASHA workers & Anganwadi Workers (Also Elected Representative of the area wherever possible)
- Target Population:
  1. Survivors (rescued)
  2. Family members of missing
  3. Family members of the deceased

- Pro forma for assessment was prepared encompassing Social, Physical and Psychological Need Assessment and 523 families were assessed
- Based on the data obtained, Implementation and Evaluation were jointly performed by Health, Revenue & Disaster Management, Social Justice, Fisheries, LSG and Education Departments
- Short term Interventions included- Provision of food, clothing and treatment of minor injuries
- Long term Interventions were Housing, Education, Jobs (including for spouses of dead and missing), Management of Liabilities, Mental Health Intervention

## **II. Nipah Outbreak May 2018**

Psychosocial Support team was constituted under District Mental Health Programme (DMHP) Kozhikode.

- Telephonic Psychological Support Service was started on 30<sup>th</sup> May
- A total of 147 calls were received and Psychosocial support was given

## **III. Kerala Floods August 2018**



*A group counselling session in a relief camp during Kerala Floods 2018*

In the context of flood and landslides that occurred in the state on August, Government of Kerala constituted Mental Health Disaster Management team, under District Mental Health Programme (DMHP) in each district on 18<sup>th</sup> August 2018, and directed to coordinate all mental health services in the disaster affected areas under these teams. The above mentioned District teams were later expanded to form a ‘Core team’ and multiple ‘Intervention teams’ in each district. The core team in each district was entrusted with the coordination of mental health activities, consolidation of data and timely submission of reports. The intervention teams were assigned the responsibility of visiting the relief camps & identifying and managing people who are in need of mental health services. These intervention teams provided the service to all the affected people. Special attention was given to the problems of children and elderly.

Later, as people started moving back to their homes from the relief camps, the intervention teams started home visits for providing mental health services. Along with this, a group of counselors selected by Woman & Child Department and trained by NIMHANS also were included in the intervention team for home/camp visits.

In the second phase of mental health intervention, it was decided to broaden the services and make it a permanent system for which ASHAs were included for grass root level work and were given training in all the affected panchayaths from 28<sup>th</sup> August. The training modules, reporting format, awareness leaflets were prepared and handed over to all districts. Along with this, trainings were also given to the health staff (doctors, nurses, and health workers), revenue officials, LSGD employees and elected representatives who are in regular contact with the affected people for equipping them to interact and console the people.

In total, **384** training programmes were conducted in the most affected 10 districts through which **17,643** ASHAs and volunteer counselors got trained. They visited **717** camps and conducted **1,30,999** home visits, thereby provided Psychosocial Intervention to **2,12,797** persons in need. In addition **1543** persons who needed further intervention were given mental health treatment by Mental Health teams thereby ensuring mental health service to all the survivors.

As mental health issues may arise few weeks to months after the disaster and as the symptoms of anxiety, depression etc may present long term, a comprehensive long term intervention by the name ‘**PARIRAKSHA**’ was implemented under the supervision of DMHPs.

It strengthened the existing primary care settings to detect and manage disaster related Psychosocial issues in the affected panchayaths and included Psychosocial counselors in the severely affected panchayaths , working full time for counseling and Psychosocial Interventions .

Training and equipping ASHAs for regular home visits, screening and detection of psychosocial problems was done. It had mental health team in each district under DMHP, exclusively for the affected panchayaths.

#### **IV. Flood and landslides 2019**

In the wake of Landslides that occurred in Kavalappara and Puthumala in August 2019, Mental Health Disaster Management teams were constituted under DMHP Malappuram and Wayanad for Psychosocial Interventions. Counselors working under PARIRAKSHA (for 2018 Floods) came in handy for the purpose. The teams under DMHP conducted **743** camp visits and **1191** home visits by which group therapies were given to **42,493** persons and individual psychosocial interventions to **10,698** persons. In addition to this **415** people were given pharmacotherapy.

#### **V. Corona Outbreak 2020**

During the corona virus outbreak in Kerala, as the number of people in Quarantine/Isolation began to increase, it was decided to provide Psychological support to the persons in Quarantine/Isolation and their family members.

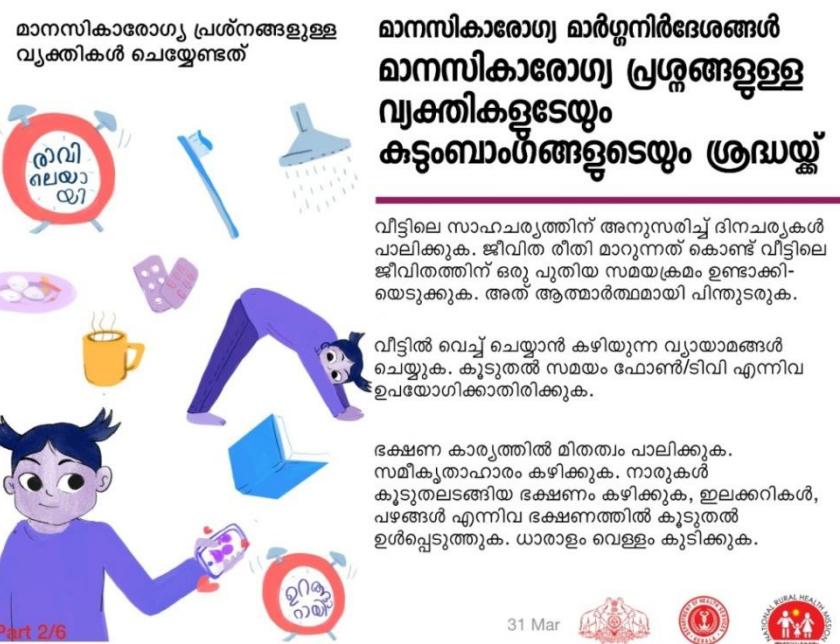


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Poster with details of COVID-19 Psychosocial Helpline



Poster intended at providing psychosocial support to those under home isolation



Poster with instructions for lockdown phase aimed at those with Mental Health issues

## **Activities**

1. Psychosocial Intervention teams were constituted in all districts, under DMHPs.
2. A Total of 215-member team (Psychiatrists, Psychiatric Social Workers, Clinical Psychologists, Social Workers, Psychiatric Nurses, Counselors) were working in the entire state under DMHPs.
3. A psycho social helpline was arranged in each district (in addition to the DISHA Helpline Number for the entire state).
4. All persons in Quarantine/Isolation were called, given reassurance and District Helpline Number (and state helpline number DISHA ) were provided to call back in case of any psychological need. A total of 3646 calls were given in this manner.
5. In total, 421 calls were received to the helpline number provided.
6. Among the issues noted were Stigma (90), Stress (83), Anxiety (63), Sleep impairment (17), Other Psychiatric Issues (11), Depression (1)
7. Counseling services were given to 332 persons.
8. Pharmacotherapy was started for 2 persons through concerned Medical Officers.
9. Stigma related issues were mostly due to spread of fake information, social isolation and social media harassment. Measures were taken to create awareness in those areas and in case of social media harassment, information was sent to media cell of control room.
10. Follow up psychosocial support were given. Those with psychosocial issues were called on once in 3 days, those with severe issues were called every day. 5243 follow up calls were given till 4<sup>th</sup> March.
11. A 6-minute video on Relaxation Techniques was prepared by Mental Health Programme and sent to the persons in need.
12. An awareness leaflet on communication skills was prepared and given to staff of isolation wards. The same was also provided to the training team to be included in the training module of isolation ward staff.

## **Conclusion**

The state has undertaken various activities pertaining to Psychosocial Care in Disasters and Disaster Risk Reduction. Inter Departmental Coordination, Inter Agency Coordination and decentralized, grass root level interventions have been crucial in the state's success.

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