UNIT 4 DISASTER PSYCHO-SOCIAL CARE AND SOCIO-ECONOMIC REHABILITATION

Structure

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4.0 OBJECTIVES

An overview of disaster psycho-social care in India is the focus of this unit. The thrust is on making the learner understand specific psycho-social effects of various disasters, common psycho-social reactions, age specific reactions, Indian models of extending psycho-social services to the survivors. At the end of this unit you should be able to:

- define both the concept of psycho-social support and mental health services;
- explain the importance of disaster psycho-social and mental health care for the health service professionals;
- mention the common psycho-social reactions found among the disaster survivors;
- distinguish between age specific psycho-social effects on adults and children;
- describe the concept of community based disaster psycho-social care model followed in India;
- give an overview of psycho-social care disaster provisions in India;
- identify the roles of different stakeholders in extending psycho-social care provisions; and
- differentiate between dos and don'ts in extending psycho-social care to the survivors.

4.1 INTRODUCTION

The word disaster either natural or man-made reminds us the most horrific images of human sufferings in multifarious ways. However, until recently there has been a general tendency to consider the basic needs of the affected people and therefore, the emphasis was on providing curative care, food, shelter, relief, immunization,

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income generating activities, and others. Addressing mental health and psycho-social needs has often been considered as secondary and accessory to the basic needs. Nevertheless, a global realization has evolved and emerged that the loss experience and emotions attached to it are complex and is much more than just the superficial aspect reported by media as witnessing disasters through the eyes of television camera hardly gives true insight into the psychological suffering (Boer and Dubouloz, 2000). As the deep hurt and anguish caused by the loss of human life, as well as the disruption of daily life are far more difficult to overcome, more so in man-made disasters, like riots. Therefore, emotional needs have to be given priority along with relief, rehabilitation and care of physical health.

Thus, mental health management as an essential component in all disaster management plans either for man-made or for natural has recently received top attention from the Department of Mental Health of the World Health Organization (WHO), which defines "health" as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health is an important component of the well being of people exposed to disasters and critical to successful rehabilitation and development of the societies in the aftermath. Many immediate reactions largely depend upon the physical explicitness of a disaster, such as, *exposure to extreme danger, witnessing near one's deaths, helplessness, hopelessness, and trauma of having to choose between one's own survival and that of others (Murthy, 2000)*. Therefore, mental health at individual and community level becomes necessity to be maintained to prevent possible psychiatric disorders after any disaster and to maximize the progress of successful rehabilitation and development of communities in post disaster scenario.

4.2 SIGNIFICANCE OF DISASTER PSYCHO-SOCIAL CARE

The terms psycho-social support/care and mental health services are commonly used interchangeably. However, one needs to understand the difference between psycho-social support and mental health services very clearly. Nevertheless, both the services are two sides of the same coin, hence interwoven with one another as parts of a comprehensive and continuum care services.

Psycho-social support in the context of disasters refers to comprehensive interventions aimed to address a wide range of psycho-social problems arising in the aftermath of a disaster. For example, listening actively to the survivors, helping them to restart their daily routine works, helping them to get connected with their near and dear ones, providing legal and paralegal help, may also be considered as parts of this intervention package. Any intervention that helps in reducing the level of actual and perceived stress stemming out of the disastrous situation, and in preventing adverse psychological and social consequences among disaster affected people can be defined as disaster psycho-social support/care services. These services can be provided by imparting basic skills training on the subject to the community level people/workers (CLWs). s/he can be a teacher, anganwadi worker, panchayat member, social workers, local NGO people, local youths, members of mahila mandals, etc.

Whereas, **disaster mental health** services refer to the medical interventions for identification and management of manifest stress related clinical psychological signs/symptoms or of the mental disorders among disaster affected persons. In addition, interventions aimed at mental health and psychological well-being promotion, and prevention of psychological/psychiatric symptoms among disaster affected population are also included under disaster mental health services. These services need expertise services of psychiatrist, psychologists, mental health professionals, psychotherapist, etc.

The experience of trauma after any disaster is multidimensional and complex, therefore everyone who is trained in this can make a significant difference in the lives of the affected population. The key goals of adopting a community model of disaster mental health and psycho-social care are:

- Preventing long-term psychiatric disorders in the disaster affected society;
- Providing relief from mental suffering and psychological distress;
- Maintaining mental well-being and equilibrium;
- Promoting positive mental health;
- All the above four become more important for the optimal utilization of resources and economic opportunities offered through the community rehabilitation and development programmes (WHO, Division of Mental Health, 1991);
- Strengthening the social support networks in the affected area;
- Facilitating the community participation in all activities taken place in mitigation and relief and rehabilitation phase.

Often it is observed that the affected adults as well as the disaster workers overlook the need to respond and explain things to affected population in any disaster and need extra care and comfort. If the management fails to address their fears and insecurities the internal turmoil and pain can leave them sad, confused and frightened and this will remain with them for a long time to come and affect the social and economic fabrics of the society.

Check Your Progress I

Note: Use the space provided for your answer

1) Distinguish between psychosocial and mental health interventions after a disaster.

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2) What are advantages of extending psychosocial and mental health services to the disaster affected community?

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4.3 COMMON PSYCHOLOGICAL REACTIONS FOLLOWING A DISASTER

First of all one should understand that any psychological and emotional reaction is not itself all negative, for it can increase the chances of the survival of the victim. Stress becomes a threat to mental health when it overwhelms the capacity of the victims to cope with the new situations by mastering their own reactions. A cauldron of emotional reactions can come to boil after a disaster. Although people react differently to traumatic events on the basis of their experiences and personality, there are number of common responses that are experienced by the majority of those involved. These common post-disaster reactions include

- **emotional** (panic attacks, shock, fear, anger, sadness and guilt feeling),
- **psychosomatic** (sleep disturbances, physical problems like muscle tension, palpitation, headaches, nausea, diarrhea or constipation, and breathing difficulties),
- **cognitive** (repeated thoughts and involuntarily triggering the memories, nightmares, confusion, flashbacks, difficulty in concentrating and making decisions, memory problems, shortened attention span, etc), and
- **behavioural and attitudinal** (disruptions in social relationship, poor motivation and concentration, lethargy, hopelessness, etc) difficulties. Normally, these reactions 'settle' over the first week. If, however, they remain protracted and intense and moreover, If symptoms persist for a period of three months or after that the person is very likely to suffer from various psychological disorders.

When one talks of common reactions among the disaster affected population, one should also differentiate between the psycho-social reactions exhibited/expressed by adults and children. Children are affected by any disaster just the way adult are, although their reactions might differ from those of the adults. Disasters disrupt the sense of well-being by destroying normal predictable and consistent life routines of children thus, deeply hamper the process of healthy psychological and personality development. Since children have limited capacities to process information their sense of what happened is often not realistic and they are not able to comprehend the totality of the situation. Therefore, before planning for any type of psycho-social interventions, one needs to understand the common psycho-social reactions shown by children in various age groups.

Check Your Progress II

Note: Use the space provided for your answer

1) What are different types of post-disaster psychosocial reactions commonly found among the survivors?

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2) Give some examples of psychosomatic and cognitive reactions. What are the key differences between these two groups of reactions?

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4.4 COMMON REACTIONS AMONG THE DISASTERS AFFECTED CHILDREN

Factors which increase their vulnerability

Children in disasters are often dislocated from their homes, subject to situations which may be difficult and different from their **familiar, comfortable and accustomed lives**. This along with the **death of family members** can be considered as the primary source of stress and insecurity in children. However, **witnessing hundreds of deaths and injured** can result in unhappiness, sadness, fear and worried. Again their and their family members **struggle for food**, **shelter, and other amenities** can add to their fear and insecurity and continue to threat their sense of well-being. **Witnessing different forms of violence, social unrest and child abuse** can also raise their level of vulnerability to the maximum and can have lifetime irreversible impact on their personality. While these factors definitely increase the vulnerability of all children coming in the age range of 1-18 years, we must look at the special vulnerability of some children within this bigger group in a disaster scenario. Their needs get compounded by the pre-disaster living conditions of some children and the new demands of post-disaster living conditions. These unexpected living conditions many a times go beyond their normal coping strategies and their ability to adjust with the new situation. The next section will be devoted to the specific situations of these special groups of affected children in a disaster scenario.

Factors responsible for their reactions

The mental health and psycho-social impact of any disaster on children depends largely on the following factors:

- their developmental age,
- type of disasters (disasters caused by manmade hazards affect children's psyche in a much deeper way, e.g. communal riots and terrorism)
- the nature of loss they experienced,
- the amount of exposure to trauma,
- sufferings/devastation they witnessed,
- social support dynamics prevail during that phase of disaster, and
- the nature of post-disaster care specially designed to meet their multifarious needs. Let us look at specific effects of disasters on children in terms of psychological, social and educational repercussions.

Psychological and Social effects include

- Fear, insecurity and anxiety;
- Loss of protected and familiar environment, where children were staying before the disaster. Generally after a disaster there is a drastic change of place of living. It could be in terms of living in a relief camp or temporary shelter or shifting to some other relative's place. This displacement creates tremendous stress in the children;
- Sadness and depression (often difficult to recognize);
- Anger and irritability;
- Behavioural problems like disobeying, argumentative, and aggression, lying, stealing (in later phase if the psycho-social needs are not addressed);
- Performance deterioration (immediate and long-term) in academics and other co-curricular activities;
- Difficulty in relationship/friendship, therefore might suffer from loneliness;
- Increased risk of substance abuse like, consuming alcohol, drugs, narcotics etc., and involvement in delinquent activities (for preadolescent and adolescent groups);
- Subsequent personality disorders.

Although the following problems are social and/or educational in nature but certainly have far reaching psychological impact at the individual and community level:

- Family disorganization, such as death of one parent or both parents or father/ mother marries somebody else after the death of the spouse or children were adopted by somebody else;
- Change of life style and Change in social roles. For example, in case of death of earning members and parents, the child has to take the role of the family head, take care of the younger siblings, go to the market, manage the household chores, etc;
- Unaccompanied children: starvation, child trafficking, sexual abuse/witnessing rape and other forms of violence, child labour/exploitation;
- School dropout rate increases tremendously especially for girls.

Apart from the above mentioned psycho-social effects of disasters, disasters do have adverse physical and educational effects, which compound the reactions of psycho-social effects followed by disasters. However, irrespective of the type and severity of any natural and manmade disaster, it is more important to understand how children who have experienced disaster would be processing the information and what sort of reactions they show as a result of such experiences of disasters. Therefore, it is imperative to understand how children at various ages would be viewing their losses and trauma.

REACTIONS IN DIFFERENT AGE GROUPS OF CHILDREN

Early Childhood (1-5 years)
• Temper tantrums & Crying • Clinging and demanding • Scary nightmares • Helplessness

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- Regressive behaviour (thumb sucking, wanting to be carried, bed-wetting)
- Moodiness, irritation
- Fear of darkness or sleeping alone
- Easily frightened and then anger
- Increased aggression specially in boys

The age-specific reactions in children are common and normal responses to an event that is beyond their coping abilities. Teachers are advised to observe these reactions over a period of two weeks and in case the reactions persist, s/he can consult a school psychologist or a counsellor or a clinical psychologist or a trained disaster psycho-social worker. A teacher/school counselor should be oriented on this aspect of psycho-social care.

Middle Childhood (5-11years)

- Physical complaints – headache, stomach aches
- Aggression
- Fear of darkness/sleeping alone/separation from parents
- Lack of self competency
- Understand loss and become very anxious
- Regression to behaviours like thumb sucking etc
- Nightmares and inability to sleep
- Fear of recurrence
- Difficulty in following routines
- Does not mingle with friends
- Behavioural problems
- Emotional problems like apathy, anxious, withdrawn, depressed
- Disinterest or difficulties in school work– disturbs others, worrying, being tense, undisciplined, refusal to go to school, poor concentration
- Feel guilty and responsible for the loss

Adolescents (13-18 years)

- Seeks isolation, becomes less communicative
- Sleeplessness or increased sleep
- Feel different or alienated because of their experiences
- Irritability
- Increased risk taking behaviours
- Increase substance abuse
- Avoidance of trauma related thoughts, feelings and activities
- Aggression - fights, destructive, arguments
- Feelings of hopelessness, feeling of neglect and isolation
- Disobedience, specially towards authority and parents
- Tries to get involved in activities to get a sense of control like rescuing and organising at the camps

- Angry, frustrated and may feel very helpless
- Depression due to loss
- Guilt for not being able to do enough or for having survived
- Inability to concentrate
- Behavioural problems like - aggression, lying, stealing
- Dropping out of school or work
- Aches and pains due to stress

Source: National Institute of Mental Health & Neuro Sciences (NIMHANS) Training of trainers Module on disaster psycho-social care -2004

The following groups of children are considered to have special vulnerability in a disaster scenario: Each of these groups of children have different vulnerabilities, therefore altogether have different types of needs and require special attention and support.

- Children who lost one or both the parents
- Children who were differently able in the pre-disaster period and those who became disabled after the disaster
- Children whose parents have remarried
- Unaccompanied minors
- Girls
- Children who need critical medical care facilities

Check Your Progress III

Note: Use the space provided for your answer

1) Why do you think children are more vulnerable in a post-disaster situation?

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2) The reaction of a child to a particular disaster depends on some factors. What are they?

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3) What are common psychosocial reactions found among the pre-school children?

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4) Which types of disasters (caused by natural or manmade) leave deeper and more serious impacts on children? Give examples.

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4.5 COMMUNITY BASED DISASTER PSYCHO-SOCIAL CARE

The psycho-social aspects of disasters on human beings have been acknowledged as an international agenda (WHO, 1992). However, in India, the psycho-social aspects have never been emphasized until very recently after tsunami, 2004. The Bhopal gas tragedy (1984) was the most important disaster to draw the national attention due to its severe impact and the sensitivity of the politico-economic issues involved. The psycho-social impact was studied systematically although intervention programmes were more of psychiatric in nature. Latur earthquake (1993), and Andhra Pradesh Super Cyclone (1996) were disasters in which mental health professionals took an active part in terms of providing mental health services and undertaking research to study the psycho-social impact of these disasters.

The ICMR studies over last twenty years have provided strong base for integration of mental health services with general health care services and sensitization of the community members and rescue workers. However, it has been difficult to integrate the mental health services at micro and macro level. Recently, National Disaster Management Agency and National Institute of Disaster Management has mixed experiences in providing health care services in disaster situations. However, the finer details of the mechanisms and strategies for integration of mental health services with general health care services still need to be worked out.

In the post Tsunami phase in India, the WHO along with the Department of Social Welfare, United Nations Team for (UNTRS), and partners have developed a model for providing sustained, low cost community-based volunteer provided support systems. Community level workers who are the anchor for this programme are selected from various categories of people, including teachers, health workers, and members of self help groups etc, who have volunteered for this purpose. A cascading system of training was developed and in Tamil Nadu, 2813 Community Level Workers (CLWs) were trained in the 11 affected Districts. They were able to support more than 30,000 families and 150,000 individuals.

Case Study

The Indian Council of Medical Research (ICMR) carried out various studies after large scale earthquakes in India and highlighted the need to focus on the emotional and psychological needs of the population in disaster affected areas. The study projected the proportion of population falling under three levels of psychological disturbances i.e. mild to moderate, moderate to severe and diagnosable psychiatric disorders. The large part of the population (70-90%) faces mild to moderate transient psycho-social disturbances, which are observed over 4-6 weeks after disaster. Moderate to severe psychological disturbances, sub-syndromal psychiatric problems and acute stress related disorders are observed in 30-50% of people between 3-6 months. Very small proportion of population (5-15%) manifest diagnosable psychiatric disorders related to stress after 6 months. The specialized mental health services are required any time after 2-3 months for a very small population. The study pointed that the communities are able to take care of mental health problems within their own resources. The services for mental health problems can be provided with general health care services by the health professionals and counselors, under the disaster situations.

The work of the Community Level Workers (CLWs) was coordinated under the Department of Social Welfare and the District Social Welfare Officers provided coordination, supervision and linkage with health systems. An exclusive cell was created in the Directorate of Social Welfare for management of the entire activity in Tamil Nadu. Similar programmes were taken up in Kerala, Andhra Pradesh and Pondicherry and have proved to be of immense value in providing psycho-social support. Special attention needs to be paid to children and schools are a good opportunity to reach them.

There has to be community-based support for those who are out of school. The needs and expectations of the community changes over the period of recovery and rehabilitation and the programme needs to be aligned to this scenario. Alcohol abuse and related problems also seem to be prevalent in such settings and the Community Level Workers (CLWs) were provided additional capacity for addressing this important issue. A resource kit has been developed compiling all the materials and manuals and will serve as a guide for disaster preparedness and mitigation programmes.

ROLE OF SCHOOLS IN COMMUNITY (SCHOOL) BASED DISASTER PSYCHO-SOCIAL CARE

Impact of major natural and man-made disasters on school children and school buildings have been enormous in last few decades in India. A few incidents, such as, Gujarat earthquake on 26 January 2001 claimed lives of 971 school children and 31 teachers and destroyed/damaged 1884 school buildings and 5950 classrooms; a devastating school fire in Kumbakonam (Tamil Nadu) claimed 94 lives of young children on 16 July 2004, 17,000 children died and 2,448 schools collapsed in the 2005 Kashmir earthquake; 441 school children died in a stampede at a school function in Dabwali (Haryana) in December 1995. All these incidents invoke tremendous stress and other psychological reactions amongst the children, teachers and others in the schools.

After Gujarat earthquake, riots, Tsunami in South India, earthquake in J & K, training of teachers in basic disaster psycho-social care skills have been done successfully and a large number of teachers are now trained in this aspect. It was found that training of teachers in basic psycho-social care skills was helpful to the teachers to help themselves, their family members, colleagues, staff, children and the community at large. They considered it as a part of the basic survivor's skills or life competency skills that every teacher must learn.

Life Competency Skills for Teachers

Try and Understand the children	Reduce the impact of the disaster on them	Give them care and support
Serve their behaviour and listen to what they say	Listen to what they say	Use play to offer support and help
Accept their behaviour and what they say completely	Give them love and assurance and meet their basic needs	Talk with the children and find out what they need
Continuously monitor what they say to you and how they behave	Model positive living and good coping skills	Try to help them to return to their normal life routines

SCHOOL TEACHERS

Training and retraining teachers on these life competency skills would not only help them to identify children with stress symptoms, behavioural and emotional problems but also to understand the performance deterioration of disaster affected children in better way. However, they are trained; they should try to follow the dos and don’ts mentioned below.

Do’s & Don’ts

- Help the child talk about the issue and note behaviours/reactions.
- Give extra attention to new children in your class make them comfortable.
- Reassure the child.
- Monitor the academic progress.
- Provide extra academic support to cope with the academic loss.
- Listen to these children with patience.
- Enhance the self-esteem of children.
- Keep interacting with the family.
- Maintaining the contact and discussion with the community level psychosocial workers.
- Keeping a record of abnormal reactions and behavioural problems found among the target group i.e. the disaster victims.
- Observe disaster affected children and their behaviour pattern to notice any change in their behaviour and habit.
- Do not ridicule the child for regressive behaviours.
- Do not say that everybody faced same difficulties/losses, so try to be normal.
- Do not scold child in front of other children in classroom in case the child is not able to perform (as compared to his pre-disaster performance), do class works.

- Don't say that you have become careless and do not want to study in the pretext/excuse of disaster.
- Don't say that you try to forget the incident, everything will be normal as before.
- Do not give false promise.

Thus, the role of schools/teachers in providing psycho-social support to the disaster affected people inside and outside the school community has been significant in India. Therefore, the forthcoming National Guidelines on Psycho-social Care and Mental Health Services in Disasters in India has included capacity building of teachers in these skills as a crucial step, which would be institutionalized shortly. Teachers are also considered as an important group of Community Level Workers (CLWs) to provide psycho-social care services to the disaster affected population.

As teachers in a caregiver's role they must understand the process and procedures of facilitating children's fast recovery from the trauma. This will enable the children to withstand the negative effects of the catastrophic event in a more appropriate way. Here the adult caregivers can be divided into 4 prime categories viz. parents/ relatives, school teachers, and caregivers from outside, especially pediatricians. These caregivers must understand the emotional/behavioural reactions the child is exhibiting and then offer support and security to the child. They also are responsible to develop healthy coping mechanisms in the child.

PEER AS COUNSELLORS

Since, school based disaster management is now being made a compulsory safety practice in all schools and this involves various groups of children from the planning to the implementation stage, little orientation on the psychological impact of disasters to these groups would work wonder. Peer counseling formally or informally takes place amongst/between children in every school. Traumatized children often feel comfortable and convenient to share their feelings, thoughts, emotions and behaviours with their friends, seniors, or even with juniors. After any disaster if teachers orient the children in classrooms to follow certain dos and don'ts mentioned below, then teachers can monitor the child's all round progress very easily. This would help them to know about these traumatized children easily.

Do's and Don'ts

- Try to listen carefully to any child victim who you think is behaving differently from his normal behaviour (try to collect as many information about him/her as you can and keep touch with the teachers)
- Don't make gossip about the children who show behaviour problems and get scolding in the class or show performance deficiency or deterioration
- Inform the school counselor (if any) or the teachers regarding the change in behaviour or habit e.g. smoking/taking alcohol/stealing/ violent acts etc.
- You can also be a mediator between the family members of the victims and teachers
- Try talking to these children and encourage them to share his/her feelings with you.
- Keep all these information specified to you, teachers and significant others.
- Try to involve these children in different extra-curricular activities in and out side school (if you belong to the same place).
- If possible, help them in studies and other areas of needs

Check Your Progress IV

Note: Use the space provided for your answer

1) Define community based disaster psycho-social and mental health care services.

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2) Who are the community level workers? Give examples.

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3) What role does a school play in the community-based disaster psycho-social care model?

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4) What can you do if you were a peer counsellor?

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4.6 DO'S & DON'TS IN DISASTER PSYCHO-SOCIAL CARE

While interacting/providing psycho-social counseling to the disaster affected population, the following tips would provide some guidance:

Do say

- These are normal reactions to abnormal situations.
- I can understand that you feel this way.

- It was not your fault.
- You are not mad.
- Things may never be same as it before the incident.

Do not say

- It could have been worse.
- You can always have another house and car.
- It is best if you stay busy.
- Leave everything to God.
- You try to control your emotions.
- This has happened to others also, so you need not behave in this way.
- Try to forget about the disaster.
- As a counselor in a community one can:
- Encourage the clients to resume his daily chores and occupational activities at the earliest,
- Encourage them to express and ventilate,
- Allow and encourage them to perform the rites and rituals,
- Guide them to avoid indiscriminate use of tranquilizers,
- Be careful of any addiction that may clients may opt,
- Provide empathetic assurance,
- Encourage them to attend religious discourse, spirituality camps, meditation camps, etc,
- Request them to ask for help when they feel bad continuously and assure them that asking help is not a sign of weakness or of madness,
- Encourage them to speak to others, share their feelings even if they are strange, absurd and silly,
- Take one task at a time,
- Delegate responsibility,
- Consult a psychologist or psychiatrist before taking any medication to get relief from the symptoms.

4.7 LET US SUM UP

Disasters disrupt the sense of well-being by destroying normal predictable and consistent life routines of adults and children thus, deeply hamper the process of healthy psychological and personality development. Children are affected by any disaster just the way adult are, although their age-specific reactions to a particular disaster might differ from those of the adults. Post-disaster psycho-social care is specially designed to meet survivors' multifarious needs. These services also cater to the needs of the more vulnerable groups, such as children, people with disabilities, people dependent with critical health care facilities, elderly and women. School is also a vital link between the community and the care givers. As a community level of workers, you need to know the essential do's and don'ts and principles of psycho-social care giving.

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