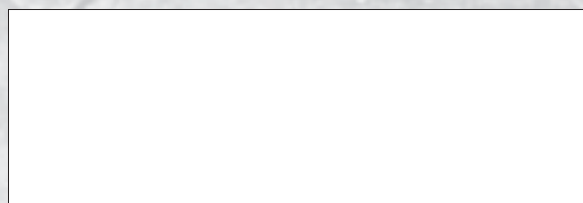


## Psychosocial Care Programme

- It is important **to recognise** the psychosocial need as an essential aspect of overall relief, rehabilitation and reconstruction effort. 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 population or stigma to the affected population. 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 experience.
- 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 part of the total care programme.
- **Provide** the general population **information** about the normalcy of the experience of symptoms, the choices they can make about sharing, choosing positive lifestyles, and utilising community support and people's faith in religion to help them in recovery.
- All community level workers (AMAN PATHIKs) engaged in relief, rehabilitation and reconstruction to **receive** skills for essentials of psychosocial care (**ventilation, empathy, active listening, social support, externalisation of interests, recreation and relaxation and spirituality**) as part of the overall rebuilding process. Simple manuals have been developed towards these two groups, namely, the general population and community level workers.
- The needs of children **to be addressed** through the training of the schoolteachers in psychosocial care, through story telling, games, drawing and group activities.
- All the **medical personnel** caring for the population **to receive** training in the essentials of mental health care so that they recognise 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.
- Support by **mental health professionals** for preparation of educational materials, for training the community level workers and give specialised care to those needing more intensive care
- The **administrators** to recognise this need and integrate psychosocial care as part of the overall care programmes.

In conclusion, **the psychosocial needs of the riot-affected population of Gujarat 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.**

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## PSYCHOSOCIAL CARE FOR DISASTER POPULATIONS



'Trauma haunts children'  
'Crying need for the healing touch'  
'Practicing meditation to come out of their mental depression'  
*these statements in the media very clearly indicate that the impact of the recent riots in Gujarat on the affected population is widely recognised.*

**With this in mind, 4 questions arise:**

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

### **Emotional trauma and disaster experience.**

The emotional reactions of anger, irritability, panic attacks, sleeplessness, withdrawal from others, anxiety attacks in adults and nightmares in children are universal responses in all populations experiencing events beyond their coping capacity – e.g. any unforeseen disastrous event like flash floods, earthquakes, riots, etc. **Emotional reactions reported by the population are the normal response to an abnormal experience.** This is important to recognise 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?**

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

Statistics indicate that at the end of the first year, over two-thirds of the affected population recovers, leaving about one third of the population having significant symptoms that disable them.

There is strong evidence that the experiences of the population subsequent to the disaster have direct relevance to recovery. **More the problems and life difficulties the affected persons 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 the reduction of long-term negative consequence.

**Generally, women experience greater degree of emotional reactions as 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 population experiencing a 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 organisations like the WHO (see box), 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-affected population, along with other help like housing, food, legal help, compensation, and general medical care.

**The three aspects of assistance in disaster care are:**

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

In all disasters, it is the local population and community level workers rather than specialists, who are known to be most suitable to provide care. The experience of Action Aid's initiative in Orissa following the super cyclone has demonstrated the value of community level workers (Snehakarmis) to provide psychosocial care. There is 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 persons.

### **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 relief applicants is necessary as relating to the rules and regulations of the relief organizations during the crisis can be overwhelming.
- **Give particular consideration** to the needs of 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. Caregivers should offer reassurance as to their presence and availability during this time. 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 events 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)*