

**THEMATIC SESSION E2: DISASTER PSYCHO-SOCIAL CARE
MANAGEMENT**

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**PSYCHOSOCIAL CARE SURVIVORS OF DISASTERS
PAST, PRESENT AND FUTURE**

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Psychosocial care support to the disaster survivors in India spreads over the last two and a half decades. It was first initiated after the fire circus tragedy by NIMHANS in Bangalore to understand the emotional needs of the bereaved families who lost their children in this disaster in 1981. This was followed by other human made disasters like the Bhopal gas tragedy (1984), the Gujarat riots (2002), displaced persons due to the conflict between the forest brigand and the STF in the forest area adjoining Mettur Dam (2003), the Sri Lankan refugees in Tamil Nadu (2004), the Kashmir conflict (2004). In terms of natural disaster NIMHANS has effectively contributed to the Latur earthquake (1992), Orissa Super Cyclone (1999), Gujarat earthquake (2001), South Indian Tsunami (2004) and the Kashmir earthquake (2005).

The priory assumption that underlies psychosocial care is that no one who experiences the event or witnesses the event is untouched by the event and disaster stress and grief reactions are normal responses to an abnormal situation. This necessitates normalization of these reactions to gain mastery

over the situation. Socially the available support system gets eroded and there is a need for rebuilding the same at the earliest. The life style changes subsequent to disasters are maladaptive coping mechanisms of the individuals, families and the communities. This could be changed or altered by creating a caring community through development of capacities among the available community resources especially the government sector personnel like, health, education, welfare, and the local PRI, SHGs, NCC, NSS volunteers, NGO and CBO workers.

Various materials for information, education and communication at different levels to provide knowledge about the psychosocial care activities need to reach out to the population from the rescue through rebuilding phases. Currently there are tools and techniques like manuals for working with the communities and other vulnerable groups. By training and developing the psychosocial care workers at the community facilitation of providing emotional first aid, psycho social care, support and rehabilitation to the survivors could be achieved. Standardised training modules are currently available

While working with the affected population in different areas on psychosocial care special focus needs to be there on various vulnerable groups to ensure their normalization and recovery at the earliest. Similarly the stress among disaster workers needs to be taken into cognizance. Evidence based research work has started emerging from the Indian disaster responses. Research from Orissa, Gujarat, Tamil Nadu, Andhra Pradesh, Kerala, Kashmir and other States affected by disasters show reduction in distress, disability, impact of event and better quality of life, community life

and cost reduction in health care subsequent to psychosocial care interventions.

The futuristic perspectives need attention in terms of moving the agenda from emotional first aid through psychosocial care through psychosocial rehabilitation to disaster mental health. 2. Strengthening of the referral system to the secondary and tertiary care. 3. Community based disaster preparedness to include psychosocial care. 4. Address life style changes and arrest / prevention of certain deviances like family violence, increased alcohol use. 5. Networking and development of District based PSC resource center. 6. Preparation of National / Regional / State level community level volunteers for disaster psychosocial care activities. 7. Making availability of the capacity building material in all regional languages. 8. Caring of the carers through stress management programmes. 9. Integrate psychosocial care as basic curriculum in all welfare, education and health sectors, medical education and schools of social work. 10. Pursue psychosocial care policy changes and developments.

PSYCHOSOCIAL SUPPORT THROUGH TRAINED COMMUNITY LEVEL WORKERS IN TSUNAMI AFFECTED POPULATIONS.

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Psychosocial support is an important aspect of disaster prevention and management. The traditional approach is to depute mental health professionals including psychiatrists to address the immediate traumatic phase. This is useful for those who are in acute need and who have manifest problems. However a large majority of the affected population will need sustained low level psychosocial support.

In the post Tsunami phase in India, the WHO along with the Department of Social Welfare, 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.

The work of the 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 psychosocial 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 PSS programme needs to be aligned to this scenario. Alcohol abuse and related problems also seem to be prevalent in such settings and the 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.

**PSYCHO SOCIAL CARE TRAINING FOR PERSONS WORKING
WITH TSUNAMI SURVIVORS IN TAMIL NADU**

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The devastation as a result of the tsunami waves that wreaked havoc on the 26th December 2004 has been termed as unprecedented in the history of modern independent India. NIMHANS was quick to reach out to those affected. Emotional problems following disasters often tend to be neglected. This happens because they are relatively invisible when compared to the damage to life, physical health and property. It is important to remember that emotional problems occur very commonly. The disaster survivors need emotional support. It is not possible for the professionals to give such support directly to all the needy for prolonged period. There is a need for training various professionals and non professionals in providing psychosocial care interventions. The methodology employed for this study was to offer need based psychosocial care training to the personnels from various affected districts and 25 such training programmes were conducted with 912 participants. The results of the study reveal that trained volunteers were providing psychosocial care effectively for women, children, men, disabled and the aged. 69% of them gained confidence in providing psychosocial care interventions, 12% of them were able to train the local volunteers on psychosocial care, 30% of the trained personnels were visiting the families regularly, 22% of them were also visiting the local schools / anganwadi centers, 64% of them felt that providing psychosocial care was highly helpful to tsunami survivors, 53% of them were satisfied in

providing psychosocial care and 55% of them reported that tsunami survivors could go back to their normal routines.

**PSYCHOSOCIAL CARE FOR SURVIVORS OF TSUNAMI
NIMHANS CARE INDIA INITIATIVES**

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Tsunami in coastal areas of Tamilnadu affected the physical, psychological, social and economical status of the survivors. The psychosocial status of the fisher folk and the survivors in total turned to be very difficult. NIMHANS CARE India took the initiative to address the psychosocial issues of the survivors of Tsunami in three affected districts of Tamil nadu.

Community level workers from Health, Education, Welfare and PRI Sectors including the volunteers and SHG members from partner NGOs of CARE India were trained through capacity building programs on how to approach the affected population and address the psychosocial issues. This capacity building for the government sectors helped them to address psychosocial issues with more clarity, confidence and holistic view. The trained staffs were then followed up by the psychosocial care team who trained them. This was mainly to assist them in providing psychosocial care and higher level of psychological intervention for the survivors as well as to find out the evolving psychosocial issues in the community after the disaster with the help of the trained personnel in the community.

During the follow up of the trained personnel it was noticed that the staff in the affected areas were stressed out due to work pressure and load which in turn resulted in decrease in the outcome of the work as well as the

dissatisfaction in the work. Stress management programs were organized for the staff of the above mentioned sectors which helped them to discuss the various stressful factors. The provision of psychosocial care for the survivors through the CLWs and the care for the care givers also helps to sustain the care provided to the survivors.

ANDHRA PRADESH TSUNAMI PSYCHOSOCIAL RESPONSE PROGRAM

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NIMHANS the nodal centre for psycho social care in disasters in India, in strategic partnership with CARE an International Charitable Organization extended the psycho social support programme in Andhra Pradesh subsequent to the Tsunami disaster. The psycho social care programme was extended to the severe disaster hit coastal areas of Krishna, and Prakasam Districts of Andhra Pradesh. The huge losses caused severe trauma and insecurity about future among the survivors of Andhra Pradesh. Hence it was felt that providing psychosocial care would enable the people to handle the losses and mastery over the event in the long term.

Following initial assessment various intervention/strategies planned were and conducted to support the psychosocial and mental health needs. Capacity building of the existing staff within the government and non-governmental agencies through a cascading model, supporting the activities in the grass root level and also addressing the issues of harmonising personal, professional and familial life through stress management workshops were the activities that were carried out in phase one of the programme. An initial sensitization workshop for the Government officials and NGO heads were conducted in district headquarters in presence of District Collector and other representatives from health, education and welfare sectors. Subsequently 66 Master trainers were trained to train others

in the respective sectors. Totally 478 community level workers were trained in Krishna and Prakasham districts.

Review of the activities brought out certain important issues like, the Master trainers were able to train other community level workers after the training; able to use the training effectively for identifying issues and providing alternatives to help people in the community around them. Though there were various problems to reach widely to all the affected members in the community but the approach has shown a very clear outline to reach to the vulnerable people in the community.

Considering the current situation the programme for the next year have considered developing special focus on the vulnerable groups like single women, children and negative coping behaviour among the men. Emphasis has been laid to strengthen the community level workers to increase the outreach of the training to the community and exploring possibilities to help the communities to use these competencies, also to address and solve stressors due to subsequent life events. Community based psychosocial disaster preparedness and competence building among the children and adolescents also has been planned. Parallel effort has been build up to increase the referral and capacity building of the local medical practitioners to ensure mental health care for the mentally ill survivors in the community. Through comprehensive monitoring system the effort is facilitating to create a sustainable psychosocial care approach in the community.

**PSYCHOSOCIAL CARE EXPERIENCES & EXPERIMENTS
FROM KERALA AND TAMILNADU**

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Psychosocial care is an essential need for all people experiencing a disaster. The PSC intervention programme jointly implemented by DEEDS, SAHAYI, Little Flower Convent with the technical support of NIMHANS Bangalore at Alappad, and three worst affected villages in Kanniyakumari has proved the utility of psycho social care with ample evidence. The programme is continuing with financial assistance from MALTESER International, Germany.

The magnitude of the problem of psychosocial trauma of the affected population is large. Community level workers were selected to provide psychosocial care and were trained by NIMHANS. The PSC activities focused towards the normalization of life of the tsunami survivors, alleviating their psychological distress, strengthening resiliency, increase the family functioning and ensure quality of life. It involved a spectrum of care including provision of temporary housing, educational assistance, psychological intervention appropriate to the phase of the disaster, facilitating compensation issues, health care and livelihood for the needy families.

The CLWs closely interacted with survivors to decrease their physical and emotional effect and extended PSC support in all areas for

rebuilding the shattered lives of the affected people. As a part of the intervention, the team conducted a series of action focused activities for the children like community living camps, recreational activities, various competitions, tour programmes, performing folk art programmes. The programme aimed to strengthening the PSC activities and in turn developing a system of Caring Community by tapping community resources. The review and monitoring activities of the project have served as opportunities for individual and collective feedback as well as for larger exposure on relevant issues and learning new skills.

**INTEGRATED PSYCHOSOCIAL CARE PROGRAMME FOR
TSUNAMI AFFECTED COMMUNITY IN ALAPPAD PANCHAYAT
IN KOLLAM**

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‘Sahayi’ - Centre for Collective Learning and Action, a regional Voluntary Development Support organisation, started its crisis response intervention for tsunami relief, rehabilitation and reconstruction in Alappad Gram Panchayat in Kollam district, Kerala within two days of the global tragedy on 26th December 2004. Sahayi’s approach in addressing issues related to tsunami disaster was holistic in nature. It started by addressing the immediate needs such as removing debris, providing drinking water and food, nutritious food to children and pregnant women, visiting relief camps, listening and consoling the affected people. This was followed by construction of temporary shelters and toilets, retrofitting and repairing of damaged houses, providing dress for school children and aged people, food ration, kitchen utensils, organising child recreation etc. Integrated psycho social care programme was carried out in collaboration with DEEDS and NIMHANS, Bangalore for the affected people to overcome their problems.

The psycho social care programme was organized with a team of 20 trained community level workers (CLWs) under the supervision of a core team of experienced clinical psychologist/counselors. Based on a base line data collected from 1300 families in Alappad Panchayat on the intensity of psychosocial stress and trauma, 500 families were selected for intensive intervention and another 500 families were selected for extensive

intervention based on the level of vulnerability. Identifying persons having severe psychosocial stress and trauma from among the above families, regular family visits, arranging medical check ups, providing first aid, trauma and grief counseling, crisis/problem solving counseling, identification of post-traumatic stress reactions, arranging referral services etc were the major activities. Regular documentation of the progress, development of case stories, and structured training programme for CLWs and core team members on psycho social care in tsunami disaster, stress management, life skill education and common mental disorders were the other activities intended to improve the quality of intervention.

Considering the sustainability of the psychosocial intervention initiated by Sahayi and the continuous use of the expertise developed by Sahayi to be used in other disaster situations, the trained CLWs were organised together and Sahayi promoted and registered a community based organisation (SWAST) with their membership. A series of orientations/training have been organised for strengthening the SWAST. Review after one year on the progress of the psychosocial intervention showed that 40% of the intervened families were fully and 20% of intervened families were partially recovered from the psychosocial stress and trauma. Considering the relevance of offering continuous support for the remaining 40% and occasional support for the partially recovered, Sahayi started the 2nd phase – Psycho Social rehabilitation phase from July 2006 onwards. The components include a drop in centre, counseling, yoga, skill training for alternate employment, and support for income generation programme.

**PSYCHOSOCIAL CARE CAPACITY BUILDING PROGRAMME
FOR GOs AND NGOs OF KASHMIR EARTHQUAKE SURVIVORS**

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Psychosocial care for the survivors of disaster is well recognized to facilitate healing of the mind after any traumatic experiences. Subsequent to the earthquake on 8th October 2006 in the northern Kashmir, as per the request from the Government of Jammu and Kashmir, NIMHANS in partnership with CARE India and Government of Jammu and Kashmir initiated a six month programme to support the psychosocial care for the earthquake survivors by imparting capacity building training to community level workers.

NIMHANS carried out the psycho social care need assessment in October 2005. Subsequently to facilitate emotional first aid, 40 NGO personnel, counselors, and relief volunteers working with MSF and AAI in affected areas for the disaster survivors were trained for three days in two batches. This was followed by a sensitization workshop for the Government officials of Health, Social welfare, Education and other NGO functionaries on “Psychosocial care for the survivors of Kashmir earth quake” on 17th of April 2006, in Regional Institute of Health and Family welfare, Dhobiwan, Baramulla District. Following this the basic psycho social care training programme was completed for 38 medical officers, 162 community health workers, 201 Anganwaadi workers and 190 School teachers in Baramulla and Kupwara districts for 3 days in the months of April to August 2006. For

the capacity building training on psychosocial care for the survivor of earthquake various materials has been developed in and widely distributed.

Field based support in terms of follow up, hand holding and review was carried out for the trained health, social welfare and teachers, which showed participants being able to initiate psychosocial care giving practices in their work environment and in their personal circles. This training phase was concluded with a review workshop on psychosocial care for survivors of Kashmir earthquake, on 18th October 2006 at SKICC, Srinagar. The workshop was attended by higher officials, trained participants from the Health, Social welfare and School education departments and from NGOs imparting psychosocial care work in Kashmir. The need for larger coverage to address the conflict situation, larger number of trainers to be trained locally, involvement of the Institute of Mental Health in taking forward the psycho social care issue and implementation of the District Mental Health Programme, technical support for the education sector and provision of 'psycho social care kit for working with children' by the ICDS sectors were recommended.

**IMPLEMENTING THE INDIAN RED CROSS SOCIETY/
AMERICAN RED CROSS PSYCHOSOCIAL SUPPORT PROGRAM
IN INDIA**

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In India the American Red Cross serves at the pleasure of the Indian Red Cross Society. This relationship has been ongoing since 2002. This workshop will discuss the key elements of the American Red Cross Psychosocial Program, and will illustrate how these interventions enhance resilience, emotional, psychological competence, and functional capacity in both communities and individuals. Furthermore, direct attention will be given to how the IRCS/ARC Psychosocial Program can be tailored for implementation in a variety of physical (communities, IDP camps, or schools) and social settings (linguistic, religious, cultural context). Finally, the presentation will address issues of exportability, sustainability and utility in program implementation, and will map the road from emergency response to reconstruction on to longer term development. In discussing these topics, the presentation will make use of a detailed case study from the Indian Red Cross/ American Red Cross involvement in the Kumbakonam School Fire.

Objectives:

1. Participants will be able to identify and discuss the four program areas of the IRCS/ARC Psychosocial Support Program;

2. Participants will be able to explain the relationship between PSP program elements and psychosocial competence and resilience;
3. Participants will be able to discuss how the IRCS/ARC Psychosocial Support Program can be tailored to meet diverse cultural, ethnic, and linguistic needs.

CONTOURS OF PSYCHOSOCIAL CARE IN DISASTER RELIEF PROGRAMS

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In the recent past programs related to provision of psychosocial services to the disaster affected victims were observed to be on the rise. This is a very positive trend as it acknowledges the fact that the victims of disasters require not merely materialistic relief measures but also efforts that help them to get over problems related to psychological impact the event has created on them and help normalize. However, it needs to be understood that support of any nature will tend to have certain positive impact on the normalization process. Hence for a Program Manager, to undertake effective resource deployment need to distinguish between the programs that could be attributed directly to the observable benefits in the area of psychosocial care from the programs that provide benefits indirectly.

This paper introduces to the disaster management community to consider certain programming principles as essentials for a program to be considered as psychosocial care program. The principles essentially provide the

necessary contours for a successful psychosocial care program. These principles are:

- (1) Availability of trained expert to supervise the programs: Psychosocial care programs need to be implemented under the supervision of an expert
- (2) Training human resource: Personnel implementing the psychosocial care programs must be trained in this area
- (3) Measuring change: Psychosocial care programs should measure the normalization process as a part of the program
- (4) Linkages to the referral system: Psychosocial care program need to connected to a referral mechanism necessarily enabling it to refer the needy individuals
- (5) Established linkage between the activity proposed and normalization process. The activities being proposed under the psychosocial care program need to have an established correlation to the normalization process, in case no such data is available, then the program should consider researching such linkages as a part of the program for future benefit.

It is understandable that the subject is under an evolution; however certain discipline from this stage will help establishing measured programming principles for the benefit of subject and the disaster affected.

POST TSUNAMI HEALTH CARE IN RURAL AREAS

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The Tsunami of December 26, 2004 has created an upsurge of human compassion and love and support of a magnitude unknown in history. The Tsunami has compelled organizations working for marginalized peoples to address the issues arising out of Tsunami on a long term basis. The East West Foundation of India (TEWFI) has a presence in Kadapakkam over the last 9 years since 1997 running a rural primary health centre reaching out to more than 12000 villagers in and around Kadapakkam and also running children's home housing destitute and abandoned children.

The Foundation with its commitment to serving the rural community was one of the first who undertook relief work in the initial stages of the Tsunami with medical aid and relief material to the needy Tsunami affected. With no other organization addressing the long term health and mental health issues in the surrounding villages, the Foundation has undertaken a five year long term Post Tsunami Health Care and Research Project.

The main objectives of the project were 1) to do a detailed need assessment of five Tsunami affected villages with regard to their housing, livelihood and health. 2) To assess the physical and psychological health needs of the men, women and children who survive the Tsunami and plan appropriate health care.

The methodology involved a complete assessment of 5 villages in and around Kadapakkam in 2 phases. Various physical and psychological instruments were used to assess various physical and psychosocial dimensions of functioning such as impact of the events, level of functioning and quality of life post Tsunami.

The children still had an impact of the Tsunami, with a large number of the preschool children being malnourished and underweight. The Quality of Life was found to be of moderate level in most dimensions; nearly one third of the population experienced distress at the time of assessment. The majority of the adults still had a mild impact of the Tsunami. One third of the population had disability higher than the normal population.

Based on these findings psychosocial intervention has been planned and initiated with the children in the community. Mobile health clinics address needs of preschool and senior citizens. The process of forming groups among youth and men to address issues of recovery are in progress.

**EFFECTIVENESS OF A PSYCHO-PHYSIOLOGICAL TRAUMA
TREATMENT/EDUCATION/SELF-HELP STRATEGY AMONG
TSUNAMI SURVIVORS IN TAMIL NADU**

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A simple psycho-physiological treatment cum self-help strategy, based on recent scientific and clinical insights into the neuro-biology of trauma and trauma healing, and implemented among over 400 tsunami survivors in Tamil Nadu, has been found to be quite effective in resolving symptoms of post-traumatic stress from the tsunami from single treatment/education sessions. The approach, because of its simplicity and its use of the self-regulating mechanisms in the nervous system, if incorporated into traditional psycho-social care trainings, offers the possibility for quick and effective relief from symptoms of post-traumatic stress in post-disaster settings, symptoms that are often mistakenly understood as uniformly needing specialized and prolonged mental health care for resolution.

TRAUMA COUNSELING TRAINING AND ITS APPLICATION

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Trauma counseling is recognized as a focus for disaster relief efforts. However the scope of trauma counseling is limited by geographic, social access, cultural, language, and human resource limitations. In an attempt to transcend these limitations a crash course in psychological first aid was designed for personnel from the affected communities. This paper discusses the training and its application in the aftermath of the Tsunami.

SRILANKAN REFUGEES IN INDIA

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The civil war in Sri Lanka has constantly ejected refugees into India since 1983 riots. At present the government of Tamil Nadu runs 103 refugee camps in 24 districts catering to about 60,000 refugees and many more new arrivals expected as the civil war has entered a new phase. The Sri Lankan refugee camps have been in existence for the past 16 years. Apart from confinement, lacks of privacy and dependent on the host government's policies have had its toll on the Sri Lankan refugees who are always at risk of being exploited by different forces. The psychological pressures undergone have resulted in boredom, lack of recreation, losing interest in self and family, suicidal attempts, vulnerability to anti social activities, guilt feelings of not being able to earn and look after the family, constant fear of getting killed, harassed, children visualizing imaginary visions of being attacked and alike.

The Sri Lankan refugees have been confined to harsh and hard camp life for 16 years, their emotions suppressed, their joys and sorrows untold and unrecorded, their life an unending tale of miseries, an unending journey without any light at the end of the tunnel. The list continues. Under these circumstance frustrations, anger, emotional outbursts are natural. These refugees do not have any positive channels to turn these frustrations into their strengths. These negative energies can be channeled into positive energy and made useful if psychosocial care is available to this most vulnerable group. As there are no specialized psychosocial support programmes for them it is important that agencies take up this as a matter of

human concern and render support to the Sri Lankan refugees in order to help them lead a normal life.

**MENTAL HEALTH VULNERABILITIES IN SRI LANKAN
REFUGEES: NEED FOR PSYCHOSOCIAL INTERVENTIONS**

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Refugees are an obvious outcome of many natural and man made disasters. There are around 50 million persons who are currently displaced as a result of military conflict, political persecution or ethnic violence with consequent psychosocial vulnerabilities. The presence of Sri Lankan refugees in India is an example of this worldwide reality.

Psychosocial challenges faced by refugees can be understood under four discrete phases of the refugee experience which include the pre-flight phase, the flight phase, the phase of temporary resettlement and the phase of resettlement or repatriation. (Ager, 1999). Sri Lankan refugees are residing in India for more than a decade now.

A study was carried out to reiterate the mental health risk in the refugees in their temporary resettlement phase. The respondents were 139 Sri Lankan refugees who were aged 18 years and above residing in a refugee camp in Tamil Nadu. The study utilised the IES-R, the WHODAS-II and the WHOQOL-BREF to measure post traumatic stress, disability and quality of

life in the refugees. Results revealed a moderate clinical post traumatic stress in more than one third of the respondents. The disability and quality of life were found to be moderate.

It could be concluded that refugees face serious mental health issues and require relevant services. Implications on the mental health of refugees and psychosocial interventions carried out will be discussed along with recommendations for policy and practice.

**PSYCHOSOCIAL ISSUES, CONCERNS & SUPPORT
FOR CHILDREN AND ADOLESCENTS IN DISASTER
SITUATIONS**

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Disasters may strike quickly and without warning. These events can be frightening for adults, but they are traumatic for children particularly if, they don't know what to do. When emergencies or disasters interrupt children's routine, children may become anxious. Limited understanding and the inability to articulate their feelings, puts very young children at a special disadvantage. Quite often, as in any other disaster, a tsunami too would result in every child experiencing a sense of loss. These losses could be in the form of loss of a stable life, loss of a secure and familiar environment and / or loss of relationship. There is a need to resolve these feelings, regain a sense of control, gain a new sense of independence and feel capable.

To provide psychosocial support, a manual has been designed by Child Development and Adolescent Health Centre, VIMHANS, WHO and UNICEF titled “**Psychosocial Support for Children and Adolescents in Disaster Situations**”. The purpose of the manual is to help the grass root workers (teachers and NYK volunteers) to 1. Develop sensitivity and awareness of the usual signs of stress in children and adolescents who have been affected by a disaster. 2. Understand the flag signs and identify children who are suffering from unusual psychological reactions e.g., post-traumatic stress disorder, depression, drug abuse, somatisation and conduct problems. 3. To keep a record of these children and to make necessary referral to mental health services. 4. To develop listening skills to help children and adolescent ventilate about their fears and anxieties.

‘Expressions India’ – The Life Skills Education & School Mental Health Programme provided the technical inputs for Training of Master Trainers for both school going and out of school children via. DTERT (Directorate of Teacher Education Research and Training) and NYK (Nehru Yuva Kendra). Orientation and advocacy programmes were conducted with DIET Principals and NYK district coordinators. These master trainers went on to train the teachers and NYK volunteers. Overall monitoring and coordination was organized by UNICEF. The Master Trainers Manual is divided into two parts. Section 1: deals with activities for children up to 12 years of age. The activities use the medium of art, drawing, craft and discussion for the purpose of ventilation. Section 2: deals with activities for adolescents (12 – 19 years old) focus on participatory methodology. Each workshop describes the steps to be followed, the kind of discussions to be generated and how to process the activity. The themes of these workshops are Empathy,

Communication Skills, Dealing with Emotions such as Loss, Failure and Anger. The module has been translated in TAMIL and is being used in three of the Tsunami Affected Districts: Cuddalore, Nagapattinam, Kanyakumari in Tamil Nadu.

**PSYCHOSOCIAL CARE IN TSUNAMI DISASTER MANAGEMENT
- NGO EXPERIENCES**

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The South Asian Tsunami on 26th December 2004 left behind a great tragedy in the lives of children causing tremendous loss in their life. Statistics brings out that 37-39% of total death were children below the age of 14 years. Many children became orphans and lost one of their parents their houses and familiar environment. Normal process of life was disrupted creating a sense of panic and confusion in children hampering the normal process of life.

Every Child is a non-profit organization working with World's most vulnerable and marginalized children to enable them to grow up free from disease, poverty and exploitation. The implementation of psychosocial care project is done through selected partner NGO'S from the community. The programme aimed to provide psychosocial care to children and adolescents affected by Tsunami there by reducing the distress and trauma experienced by them.

The most severely affected coastal villages from the districts of Kanniyakumari, Nagapattinam and Karaikkal were selected for implementing the project. Child care activity centers were constructed in thirty seven villages where the project is being implemented to provide safe and conducive environment for conducting psychosocial care activities with

children Teachers were selected from the same village to ensure community participation and community resource building. The teachers selected were trained in psychosocial care by project staff trained from NIMHANS as master trainers through training of the trainers program. Need assessment was conducted in order to understand in depth about the situation of children affected by disaster in terms of impact of disaster on children, behaviour problems in children and probable cases of mental health problems were referral needs to be carried out. Results show that all children affected by the disaster were impacted. Two out of every three children were probable cases of behaviour and conduct problem. One out of every ten children was reported to have conduct problems.

Based on the information an intervention module was prepared and seven psychosocial care strategies through mediums were implemented for the children. These mediums were used separately and repeatedly in different phases with children to overcome the intruding thoughts of the disaster and gain mastery over the event. The results of post assessment, out comes of the psychosocial care activities, feed back from teachers and parents brings out that the program was very effective with children in bringing down their trauma and distress. An understanding about the disaster and gaining mastery over the event was achieved through the activities.

**PSYCHOSOCIAL CARE FOR CHILDREN AFFECTED BY
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Disasters are abnormal experiences that cause distress and emotional reactions in almost all the people especially among children. Children are vulnerable to the negative impacts of a disaster, due to lack of experience and maturity, they are unable to fully comprehend what has happened to them. Disaster brings in the tragedy of children being lost, children who have become orphans, children who have lost one parent, displaced children, children who have lost familiar environment (peers, school, and neighborhood). There is a need to reach out to these populations at risk and address the mental health needs of these children who have survived by the disaster.

Considering the emotional and psychological needs of children, RIDO a registered, non-profit making voluntary organization with the financial assistance of PLAN has been providing psychosocial care and counseling for the affected individuals. Five thousand children each from the most severely affected districts of Cuddalore, Chennai and Pondicherry were chosen to work with. Technical support was taken from NIMHANS, the nodal agency for disaster management in India. Activities are carried out according to the guidance of the technical advisory agency.

One hundred and fifty Peer Jeevans were selected from the community who are the grass root level workers to provide a spectrum of care for hundred children in each of the designated area. One supervisor for every ten peer jeevans supports the activities of them. Peer Jeevans carried out the psychosocial need assessment for the above said population and based on the same care is provided in a cascading manner starting with all the children and focused attention for children at risk. The children at risk found to be most defensive and psychologically distressed are dealt at the primary and secondary level and in few cases are referred to tertiary centres has been carried out. District co-ordinators of each district monitor and work towards strengthening the capacities of Peer Jeevans and supervisors who are in turn monitored by the Program Manager who is a Psychiatric Social Worker. All the Supervisors, District Co-ordinators and the Program Manager were trained in a TOT programme conducted by NIMHANS, Bangalore.

Activities that are carried out by the Peer Jeevans are daily visits to the homes of disturbed children. Facial expression cards, play, story telling, toys kit, sports activities and drawings are used with the children to encourage them to talk and express his or her pent up feelings about the disaster. Case studies of most distressed children are taken for identification of any specific problems and for further referral.

In the process the children were able to ventilate various issues that were hindering the children from getting back to their normal routine life. Sustained support and assistance from the Peer Jeevans will definitely bring a change in the life of the distressed children.

**PSYCHOSOCIAL CARE BY TEACHERS FOR SCHOOL
CHILDREN AFFECTED BY TSUNAMI**

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The south Asian Tsunami has caused wide rift in the emotional well being of the children who survived through the Tsunami and its subsequent problems in daily life. Due to Tsunami the natural nurturing environment of the children is largely destroyed throughout the costal line of Bay of Bengal. Cuddalore is one of the severely affected places in Tamil Nadu. Though various interventions have been carried out in the schools, one of the schools was considered for intensive understanding and to look for change in a systematic manner. NIMHANS in collaboration with University of South Florida undertook an evidence based research work on the effectiveness utilizing teachers in provision of psychosocial care for children affected by Tsunami.

The programme was carried out for six months with pre and post assessment with the children. Fifty children in the age group of 8 to 13 years were included, predominantly male (64%) studying in 5th, 6th and 7th standard. Experiences with tsunami among the student population revealed that the highest loss reported was the loss of possessions (32%) like clothes, books, other personal belongings, study materials and toys. This was followed by

property loss (22%) and life loss (20%). The children also experiences loss of house, pet and injury to self. Invariably all the children had some or other loss and many of them had multiple loss due to Tsunami. To work with these children the model which was developed was mainly three folded, firstly, training the teachers on psychosocial care of the children, secondly, working with the children through the teachers on a weekly basis besides the regular class and thirdly, tracking the changes prior to the intervention and after the intervention. To measure the changes through psychosocial care the children were assessed and also the teachers' and parents' response about the children was captured through standardized instruments.

The teachers were trained in psychosocial problems which the children face following the disaster due to various losses and in the personal, family and school life. The teachers were exposed to various mediums like, drawing, facial expression cards, clay modeling, play, games activities, story telling, writing etc. It was emphasized that the use of the mediums is most crucial for facilitating the ventilation among the children. As the children are allowed to talk about the traumatic experiences, the negative emotions attached with the incident are reduced and the healing is facilitated. Therefore, it is essential to allow the children to talk about the impact of the disaster, the changes they are facing, focus on the positive changes and facilitate hope for future. This continuous intervention showed significant changes among the children. The parents reported the reduction in the probable caseness among the children and also the teachers' ratings report in the changes subsequent to the intervention. Both the changes in the score were found to be significant. It is seen that the psychosocial intervention

with the children by the teachers with support from the mental health professional could facilitate the healing in most cost effective manner.

**EMERGING NEED OF COMMUNITY BASED DISASTER
PSYCHOSOCIAL CARE: EXPERIENCE OF KUMBAKONAM
SCHOOL FIRE TRAGEDY**

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Fire accidents in buildings across India have caused extensive loss of life, limbs and property in the last four decades. In fact, many of these tragic incidents have occurred in Tamil Nadu and the worst affected in all these incidents are the children. Subsequent to the series of tragedies, a fire breakout at the Sri Krishna High School in small temple town Kumbakonam in Thanjavur district on 16th July 2004 was another incident added to the list.

This paper analyses the findings of a field visit undertaken to the affected families of a school fire in India, which resulted in the death of 93 children. The visits were undertaken after three months of the incident. The key objective was to do a situation analysis of the mental health status of affected families focusing on a comprehensive coverage of psychosocial need assessment of the affected children and families. In addition to that various play therapy methods were applied to the injured children and psychosocial counselling was provided to affected families. The results showed that a high level of relocated children exhibiting behavioural

problems, fears, adjustment problems, emotional numbness, attention deficiency and problems in making friendships. The injured children who were exposed and participated in different play therapy activities showed significant improvements in their behaviour, emotional expressions and overall social interaction. It was also found out that adolescent siblings who lost younger brothers and sisters were greatly traumatized by the incidents and after few counselling sessions the clinical symptoms of mild-moderate depression were reduced. The urgent need of a local community-based psychological support system, which can reach out to these affected children and families till they are completely recovered, was strongly felt.

IMPACT OF DISASTER AND LIFE EVENTS AMONG SURVIVORS

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Disaster leaves a long trail of sufferings. Multiple deaths, destruction, injuries, losses cause trauma among the survivors. While supporting to rebuild the shattered lives of the affected people it is also equally important to facilitate the healing of the mind to ensure normalizations and long term rebuilding process. The experiences in India and other countries following the human made and natural disaster shows an increase in psychological distress, disabilities among the survivors. Though people have different coping mechanisms, the disaster situations exceed the coping ability of the survivors and community. Similarly, social support has an important role to play in mitigating the impact of disaster.

Most of the studies have sporadically focused on various life events, which has differential role in causing psychological distress, disability or other mental health problems. The literature on life events focused on the role of stressful life events in causing various physical or psychological problems, as each of the stressful events require certain amount of coping to get adjusted with the changed situation. Therefore, higher numbers of stressful events cause higher level of distress. Though disaster has been understood from different angle, the role of life events has not been focused adequately to understand the sufferings as well as to ensure adequate intervention model in disaster management practices. Hence, there was a

need to understand the impact of disaster based on the life events which survivors faced in their life time and also in the preceding years in connection with the psychosocial resources like, received or perceived support, individual coping abilities to facilitate a comprehensive model of psycho social intervention and adequate psycho social care initiatives for the survivors of disaster.

**TRADITIONAL METHODS OF MASS CATHARSIS AND ITS
UTILISATION IN DISASTER MANAGEMENT.**

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Centre for Social Education and Development was started in 1987, and has been working in the Tsunami affected areas of Cuddalore, Kanyakumari, Nagapattinam and Chennai of Tamil Nadu, since December 2004 of the Tsunami disaster relief efforts. CSED's contribution to disaster management has been in the area of psychosocial care for survivors with a special focus on children.

The aim was to strengthen the coping capacity in the community through various psychosocial care enhancement programmes by way of net-working with various NGOs and other groups. These programmes aimed at enhancing the skills to work with emotionally disturbed communities. Technical assistance was provided by NIMHANS, Bangalore. Other than working with community of survivors, CSED also organized series of workshops on psycho social care for 841 persons; Children's get-together; skills training to work with children, and utilization of traditional methods of mass catharsis in disaster management.

During the course of work CSED innovatively developed "puppetry" as a medium of imparting psychosocial care. State level puppetry 'yatra' (planned march) was organized. This medium not only served as a diversion

and form of entertainment but also had a cathartic effect on the survivors of disaster. They could identify with the message being given and vent out their grief and were also motivated to look forward to a better future. Puppetry as a medium of communication is already present in the community and are accessible and acceptable to people. This is a cost effective, as resources can be locally generated and has mass reach. Following the 'yatra' a five days residential capacity building programme for NGO Staff on identified mediums of Mass Catharsis was organized to institutionalize the same for future disaster preparedness activities.

**DISASTER MENTAL HEALTH TO
DISTRICT MENTAL HEALTH PROGRAMME**

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The South Asian Tsunami devastated almost 2260 kilometers of Indian coastline of which a larger part of it was in Tamil Nadu. It affected eleven districts among which Nagapattinam, Cuddalore and Kanniyakumari were the worst hit. The mental trauma among the affected population was high immediately after the disaster. It was a great opportunity for the mental health professionals to attend to the call of the humanity in distress. Towards this various services were carried out in the relief camps set up in the most affected Districts. Training programme for various NGOs and institutions were carried out by the mental health professionals from Madurai. The Department of Psychiatry, Madurai Medical College facilitated a collaborative workshop between NIMHANS – the nodal agency for psychosocial care in disasters in India and other mental health professionals of Tamil Nadu on 21st January 2005. The programme was attended by 80 mental health professionals, NGO representatives and others. Apart from reviewing the ongoing work during the relief and rehabilitation phases, the workshop took into consideration the long term mental health needs of the survivor population.

Literature reports that even at the end of a decade after disaster one out of every three survivors had higher psychological distress relating to the

disaster event. In Orissa at the end of the third year 35% of the survivor population had mental health problems relating to the disaster. Gujarat disaster reveals that one out of every two individuals attending the primary health centres had psychological distress and one out of every four persons in the community had diagnosable mental health programme. These findings necessitate a long term programme on disaster mental health than cross sectional handling of the survivors.

It was aptly identified that the current District Mental Health Programme under the National Mental Health Programme for India be identified as one of the strong institutionalizing mechanism for provision of mental health care to the survivor and other population in the most affected Districts. Currently, the three mostly affected districts have been considered for the DMHP implementation and training of the medical officers from the Primary Health Centres of Nagercoil District has already been initiated.

Similar efforts were taken for the Erwadi tragedy that occurred in the Ramnad District of Tamil Nadu. Currently the DMHP programme is in progress in this District too. The implementation of the DMHP programme provides an opportunity for not only making availability, accessibility and affordability of services to the unreached mentally ill persons in the rural areas but also towards long term psychosocial rehabilitation of the persons with mental health problems. There is a need to include a few sessions on disaster mental health in the current training curriculum of the medical officers and the health workers under DMHP. This would go a long way in provision of mental health care to the disaster affected population in any of the districts in the country.

**NET-WORKING AND INFORMATION SHARING ON
PSYCHOSOCIAL CARE**

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Psychosocial care is one of the most important needs for the survivors of any disaster. Following the devastating impact of the Tsunami, NIMHANS psychosocial care team initiated massive psychosocial care activities in all the affected areas of Tamil Nadu. Cuddalore psychosocial care district team also trained a number of community level workers from different sectors namely, social welfare, education, health and NGOs. Subsequently, these organizations took up the psychosocial care activities in their respective areas on day to day basis. All the groups, existing social and service organizations were pooled in to share the responsibility to heal the minds and rebuild the battered lives of the survivors. The team also visited the affected places and worked along with the trained people to facilitate the psychosocial care activities for the survivors.

NIMHANS, the premier mental health institute was declared as a nodal agency by Government of India in providing service and organizing effective, efficient and coordinated psychosocial care to the survivors of disaster in collaboration with other major social organizations working in this area. As part of the same, besides providing service to the survivors it

was also essential to facilitate the sharing of information about the activities which has been carried out for the survivors of disaster. Hence, a “workshop on issues and challenges in psychosocial care for survivors of Tsunami disaster in Cuddalore district” was organized on 13th February 2006 with the objectives of; understanding the needs, process of empowerment, evaluation of impact of psychosocial care and identification of future direction for psychosocial care activities. This workshop was organized with financial support of CARE India. Towards these objectives fifteen different organizations had presented their psychosocial care activities from different Government departments and NGOs. These reports largely focused on the psychosocial needs of the survivors among different groups, capacity building activities carried out, subsequent changes, challenges faced, mental health complications and few study based data on the psychological distress of the survivor population.

In the workshop following the sharing of information the recommendations were formulated through participatory discussion with the participants from different Government sectors and NGOs. The recommendations were mainly under three aspects; psychosocial support for disaster survivors, training and role of psychosocial care providers, need for coordination and net-working among the different organizations working on disaster rehabilitation and long term reconciliation. It was also felt that in future similar kind of workshop need to be carried out to facilitate the sharing of experiences. The main outcome of this workshop was bringing all the organizations working on psychosocial care issues in the same platform to share the learning experiences to develop a comprehensive sustainable model of psychosocial care for the survivors of Tsunami disaster.

**STRESS MANAGEMENT FOR COMMUNITY LEVEL WORKERS
IN DISASTER REHABILITATION SERVICES.**

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In the event of a disaster, the rescue and relief work is time bound, the rehabilitation and rebuilding work on the other hand stretches over a longer period of time and is usually taken care by Community Based Organizations (CBO's) and local Non- Governmental Organizations {NGO's} through Community Level Workers (CLW). Most of the community level workers (CLW's) of these organizations are individuals who have been affected by the disaster or witnessed the disaster. The quality of service provided by such individuals is determined by their physical and mental health. Their contribution is subjected to the stress levels they experience, due to the disaster and the other strenuous field-oriented rehabilitation and rebuilding activities. Together it results in higher psychological stress among them, which in turn increases their social and occupational disability have consequential effect on their personal, familial and occupational life leading to poor quality of life.

Literature available on the stress of those who work in disaster mostly focuses on earlier phases of disaster and inadequate attention has been given to their difficulties in other phases of disaster. There is a dearth for systematic studies focusing on the stress of CLW and alleviating their stress

necessitates to study and understand the psychological distress, functional and social disabilities emanate due to the disaster rehabilitation work, the impact of events and the quality of life of the community level workers needs to be looked in along with the sources of stress and symptoms of stress to have broader understanding about the over all dimensions of CLW's stress to plan, implement and sustain the quality of their intervention. It has become imperative to provide self care to the community level workers to mitigate the personal and professional life of community level worker to enhance the quality of their life as well as the services they provide. NIMHANS experience of working in disaster rehabilitation has taken the above into consideration and developed a holistic, culture specific training modules and materials on harmonizing personal, professional and family life for the community level workers. These modules are being used by organizations in disasters rehabilitation for better organizational outcome.

**WHERE THERE IS NO PSYCHIATRIST
COMMUNITY BASED VOLUNTEERISM IN PROVIDING
PSYCHO-SOCIAL CARE**

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The December 2005 Tsunami and its aftermath in terms of its impact on the lives and livelihood of the coastal communities in Tamil Nadu and Pondicherry, have alerted us to compelling issues concerning disaster preparedness and management. A model of psycho-social intervention organized and implemented for a period of one year after the disaster is presented in the current paper. The Pondicherry Science Forum and the Democratic Youth Federation of India were two key agencies who organized this campaign, based on their presence in the affected areas immediately after the disaster, undertaking rescue and relief on a massive scale. With the prompt response from the Medicines Sans Frontieres (MSF), a unique collaborative campaign was initiated after this phase. The relationship that these organizations had built with the local communities was pivotal in organizing the psycho-social intervention, under the guidance and supervision of the MSF.

The main components of the campaign were: a) Mobilize voluntary resources from within the community for sustained psycho-social activities, with active external assistance through the volunteers b) Training of a committed set of volunteers in trauma counseling who will interact with the community on a regular basis and organize referral services, when necessary

and c) to continuously manage a mobile clinic with periodical visits to the villages. This paper will review the strategies adopted based on the above three components, now with the benefit of experience and results on the ground, against the background of organizational issues, that focused on capacity building and specialized training for an entire team of youth organized from within the affected communities, and the neighboring areas. This will throw light on significant issues concerning psych-social intervention in the wake of natural disasters.

INTERMEDIATE DISASTER AND GUJARAT EXPERIENCES

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The present paper shares some of the research experiences regarding the mental health aspects of an Intermediate disaster and a central disaster, from ICMR supported research projects carried out by Institute of Human Behaviour and Allied of Sciences (IHBAS), Delhi.

In the first project, the prevalence, pattern and predictors of mental health morbidity in an intermediate (fire) disaster affected urban slum population in Delhi were studied using a modified cohort design with a control group. The prevalence of psychiatric morbidity and psychological ill health was significantly higher (78/1000 v/s 22/1000 and 232/1000 v/s 50/1000 respectively) in affected group, with depression, substance use disorders, GAD and somatoform disorders being the commonest disorders and age and participation in relief work as the strongest predictors.

In the other project, mental health aspects and service delivery models in Gujarat earthquake affected population were studied with a normative approach predominantly using qualitative research methods in collaboration with local experts. A broad range of psychological experiences, behaviours and coping mechanisms and a number of service delivery models were found. A three level model of mental health service needs was identified based on the findings.

Currently a multisite ICMR task force project to study the medium term mental health morbidity and other mental health aspects of Gujarat earthquake is being carried out. The implications of these findings for research and service delivery will be discussed.

TSUNAMI EXPERIENCE IN TAMIL NADU

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Mental health aspect in disasters has gained wide spread recognition over time as those affected are under enormous pressure to cope and adjust effectively to severely hostile circumstances.

An ICMR sponsored study carried out by IHBAS in collaboration of local mental health experts at the four sites of Tsunami affected population of coastal Tamil Nadu aimed to assess the mental health needs and community perception of service delivery models.

The present paper highlights the common emotional and psychological responses of persons, community perception of mental health needs and service delivery in the Tsunami affected population using various qualitative research methods. A broad range of emotional and psychological responses was seen in the respondents with the coping patterns of the community mainly comprising of ventilation and reciprocal help seeking and support. The community strongly perceived the need for mental health services and accessed the available resources.

The study has implications for mental health service delivery that is psycho-social oriented, cost effective, culturally acceptable and accessible to all.

**EVOLVING TRENDS IN DISASTER MENTAL HEALTH
RESEARCH IN INDIA, AND INTEGRATION WITH SERVICE
DELIVERY**

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The experience in India with research on the subject of Disaster Mental Health is traced, starting with the major disaster that drew attention to not only the mental health but also health effects of disasters viz. Bhopal gas tragedy in 1984. The initial efforts at meeting the mental health held with training of health professionals, was also associated with clinic-based data. The epidemiological studies initiated in Bhopal population were protracted and in the meanwhile, the Latur Earthquake of 1993 was also an opportunity, which was taken up for sound epidemiological studies, which were supported by ICMR. The modified cohort design based studies in Bhopal & Latur provided evidence for modest increase in the occurrence of psychiatric disorders in medium term viz 18 to 24 months. In the meanwhile, the effects of “peripheral” disasters were also being studied in Bangalore, Jaipur, Dabwali, in terms of diagnosable psychiatric disorders. The Yamunna Pushta fire in Delhi in 1999, provided in opportunity by IHBAS and ICMR for research, along with service delivery, expanding the scope to Epidemiology along with community perceptions using Qualitative Research Methods (QRM).

The approach took a quantum leap in Gujarat following the earthquake in 2001, wherein the scope of research was enlarged in terms of the immediate

mental health aspects, as well as the long term affects, of the general population, as well as the service delivery models used, and their acceptance and usefulness. The enlarged scope required going beyond clinical mental health and Epidemiology, to broader concepts of public health. The enlarged scope and multiplicity of research methods and collaborative linkages have led to more meaningful research findings, and integration with the service delivery programmes at micro and macro levels. The approach in the Tsunami disaster of 2004 has continued to be based on public health approach and has integrated with the national Mental Health Programme activities. The track record and contribution by ICMR is also highlighted.

These evolving trends in research, as well as the issues and dilemmas in combining research with service delivery are discussed.