

Contours of Psychosocial care

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Background

- Observations
- Learning from CARE India programs
- Literature (Status of Disaster Mental Health – Red Cross)

Many activities of varied nature are undertaken under the psychosocial care programs

Phases

- Impact assessment phase
- Training phase
- Program / handholding phase
- Establishing linkages especially for referral
- Understanding impact / enhancing community capacities

Main concerns

- Grounding programs without proper assessment of the impact
- Lack of training to the project workers
- Lack of linkages with other components
- Lack of handholding support
- Lack of study about the benefit and program impact

Critical challenge

No one organization could possess all capacities to deliver end to end psychosocial care components starting from assessment of trauma to assessment of benefits of the programs

Ideal way forward

- Establish linkages with agencies with other core competencies
- Focus on training the project workers
- Sharing of program information in order to expand the scope of programs
- Participating in joint assessments
- Formation of joint forum to share and coordinate responsibilities

What does CARE do?

- Support NIMHANS in assessment
- Focus on training the project workers from CARE, Government, NGOs and Communities through professional trainers
- Establish linkages with other relief and rehabilitation efforts to promote program driven psychosocial care (Community micro projects in TRP)

What does CARE do?

- Undertake interim and final assessments related to the reach and benefits of the programs on PSC
- Promote referral mechanism through involving Specialists and training the General Medical Practitioners
- Hold and invite various stake holders to review meeting in order to share program information