

# PSYCHOSOCIAL CARE IN DISASTER MANAGEMENT

**DR. K. SEKAR**  
CHAIRPERSON  
NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES, Bangalore

**DR. SUJATA SATAPATHY**  
COORDINATOR  
NATIONAL INSTITUTE OF DISASTER MANAGEMENT, New Delhi

## SUMMARY OVERVIEW

- Total number of papers received / presented = 29
- Areas covered:
  - Status paper
  - Concept papers
  - Research
  - Case studies
  - Trends and practices
  - Culture-based best practices
  - Specific social/ psychological/ clinical models
- Experiences from States/ UT = 10
- Types of disasters covered: Earthquake, Cyclone, Tsunami, Riots, Fire, Conflicts
- Hours invested: 7hrs 30 minutes + 1hr 30 mins
- Institutions involved: WHO, Universities, National Institutes, Mental Health Institutes, INGOs, NGOs.

## EMERGED CONTOURS

- Psychosocial care is widely accepted and practiced as a community-based intervention model
- Innovative micro models of operation at grassroots incorporating contextual realities and cultural practices noticed.
- Standardized capacity-building models presented
- Availability of the huge resource material on PSC in regional languages was mapped.
- Working with specific risk groups like children, women, disabled and elderly people emerged.
- Evidence-based research findings with practice models discussed.
- Psychosocial care is not a “time-bound” activity rather a “time-line” activity.
- The status of people living in difficult situations as a result of conflict and forced migration is currently excluded from disaster response initiatives.

## RECOMMENDATIONS

- Inter-ministerial support both in the form of policy and Government orders should be speeded up as disaster management involves effective efforts of different ministries – Home/Health/Education/Welfare/Human Resource Development etc.
- Such support must be reflected on ground at the District / Taluk level
- Acknowledge that disaster rehabilitation has two sides: material as well as psychosocial.
- Adequate operational funds should be made available both for short and long-term psychosocial rehabilitation activities.
- Community Level Workers should be identified, trained and empowered for community disaster preparedness measures at the rate of one for every 100 families.
- Convergence of relief, rehabilitation and psychosocial care has to be micro-managed.
- Disaster psychosocial care needs to be for a minimal period of 5 years.
- Preparedness as a mitigation strategy needs to be taken up through various human resource training, research and documentation activities.
- Psychosocial rehabilitation needs to culminate into disaster mental health and be integrated with the district mental health programme in the ensuing Plan.
- There should be policy and field level interventions to address the special needs of people affected by conflicts and/or forced to migrate.