

Concept Note –IDMC II: 4-6 NOVEMBER 2009
THEMATIC CLUSTER - I: EMERGENCY HEALTH MANAGEMENT
SESSION-3: PSYCHOSOCIAL CARE & MENTAL HEALTH

A. Introduction

Disaster-affected people experience various psychological reactions, which may follow the disaster event in reaction to the immediate and long-term multifaceted impacts of devastation caused by the disaster. These emotional reactions among the survivors may appear immediately or come as a delayed response to the disaster. The nature, type and severity of reactions may vary from survivor to survivor and these also usually undergo change over time depending upon the coping capacity and socio-economic life condition of that affected community. Some factors that could influence the reactions among people are the nature and severity of the disaster, amount of exposure to the disaster, availability of adequate social support, age, gender, marital status of the person, separation / displacement from locality / family / primary support group, personal losses of the survivor (loss of kith and kin, property, source of livelihood, personal injury). These emotional reactions should be understood based on the manifestation of various stress reactions, level of effort put by the people for their own reconstruction, the pattern and amount of disability created due to these psychological stress. Therefore, to reduce the stress reactions and other short-term and long psychological and psychiatric complications and associated disabling conditions need-based, culturally appropriate and flexible post-disaster psychological, psychosocial and psychiatric services should be provided.

Psychosocial support refers to comprehensive interventions aimed to address a wide range of psychosocial problems arising in the aftermath of a disaster, which help individuals, families and groups to restore social cohesion and infrastructure along with maintaining their independence and dignity. It helps in reducing the level of actual and perceived stress that may prevent adverse psychological and social consequences among disaster affected people. Disaster Mental Health Services refer to the interventions for identification and treatment of manifest stress related psychological signs/ symptoms or of the mental disorders among disaster affected persons. In addition, interventions aimed at mental health promotion and prevention of psychological symptoms among disaster affected population are also included under disaster mental health services. The Psycho-Social Support and Mental Health Services (PSSMHS) should be considered as a continuum of the interventions in disaster situations. While psychosocial support will comprise of the general interventions related to the larger issues of relief work needs, social relationships and harmony to promote or protect psychosocial well-being, the mental health

services will comprise of interventions aimed at prevention or treatment of psychological symptoms or disorders.

B. Context

There is adequate research evidence at national and international level regarding the mental health and psychosocial consequences of disasters. It has been recognized that most of the disaster affected persons experience stress and emotional reactions after disaster as a 'normal response to an abnormal situation', and are able to cope well with a little psychosocial support. However, a significant proportion of people are not able to cope effectively with the situation in the absence of appropriate/ adequate support system and experience significant signs and symptoms requiring psychosocial support and mental health services. The symptoms are directly related to trauma experience. The greater the trauma, the more severe is the response if other factors are same. The trauma and subsequent experiences due to the major disasters like earthquake and Tsunami may be most severe for majority of the people while trauma in minor or peripheral disasters may be less severe. There is some evidence that human made disasters like riots and conflicts may have more distressing consequences. Statistics indicate that at the end of the first year, over two-thirds of the affected population recover, leaving one-thirds having significant symptoms that disable them. There is strong evidence that the experiences of the people subsequent to the disaster have direct relevance to recovery. The more the problems and life difficulties, the survivors experience during the recovery phase, the more persistent will be their emotional reactions. The importance of mental health and psychosocial interventions after disasters has been increasingly recognized globally and locally. While conditions and disorders such as stress reactions, generalized anxiety, depression, co-morbid conditions, PTSD are commonly discussed issues after a disaster, condition of survivors with existing mentally illness also drawing more attention. This warrants appropriate interventions in accordance with the phase of recovery of the affected population with the diminished social supports being built up for speedy recovery.

A review of Indian work on psychosocial and mental health aspects of disasters in India in terms of service delivery, training and research activities carried out during last more than two decades reveals a progressive shift in the nature and scope of services, the focus and objectives of training activities and in the issues pursued in the research activities. The developments in the area of service, training and research have been occurring parallel to each other as well as following a combined approach. The available Institutional mechanisms for psychosocial support and mental health services are currently limited in the country. The mental health manpower is highly inadequate to deal with the magnitude of mental health problems in the country even during normal/non-disaster situations. A well integrated PSSMHS with relief and rehabilitation support

along with various training and research activities involving different departments of Government and N.G.O. sector is essential for optimum utilization of limited resources.

C. Objectives

The broad objectives of the session would be to:

- Share the experiences of different stakeholders on actual practices prevail in the field
- Discuss the various dimensions of capacity building and service provision mechanisms in this field
- Highlight and discuss innovative practices in service provision and research in the field and to integrate the knowledge to outline more focused actions in this field
- Discuss the long-term PSSMHS effects and issues related to funding mechanism for service provision and evidence based research.

D. Sub Themes

The broad areas that would be dealt during the deliberations are:

- Innovativeness in service provision models: GO-NGO partnership
- Vulnerable groups - women, children, disabled, critically ill, elderly
- Capacity building and service provision practices
- Recent trends in evidence based research

E. Expected Outcome

While the session is expected to bring together bounds of knowledge and practices in the sub theme areas from various scholars, researchers and practitioners across the country, one of the key expected outcomes would be to put these collated deliberations in a formal manner through a printed and updated compilation of the papers presented.

F. Session Plan

The tentative broad session plan would be as follows:

Date: 6th Nov 2009, Duration: 10:00-13:00 hours, Hall No-6, Second Floor, Vigyan Bhawan
 Chair- Dr. D Naggaraja, Director, NIMHANS, Co-Chair – DR. K Sekar, Professor, Dept. PSW, NIMHANS, Rapporteur – Dr. Jay Kumar, Consultant, NDMA, New Delhi.

Session plan

Sub Themes-4 Total papers abstracts received- 16 No. of oral presentation- 8 No of invited speakers-2 international and 2 national	International speaker- 20 minutes x 2= 40 mins National speakers-15 minutes x 2= 30 mins Duration of oral presentation- 10 minutesx8 = 80 mins Beginning & Closing= 15 mins Q & A= 15 mins Total= 180 minutes
Inauguration-closing,	Duration: 15 minutes
Question-answer	Duration: 15 minutes