

Report of the Psychosocial Support Programme in tsunami-affected populations in India

WHO INDIA ON BEHALF OF THE UN TEAM FOR RECOVERY SUPPORT

World Health Organization, Country Office India, New Delhi, India

Introduction

The tsunami on 26th December 2004 was an unexpected and intensely traumatic event, bringing death and destruction in its wake. The initial relief efforts focused on recovery and relief which then led to rehabilitation. Psychosocial support (PSS) was a felt need and as has been the usual practice, mental health professionals were sent to the affected populations. This approach can help in providing help to those who have acute psychosocial and psychiatric events. However, the limitations in terms of personnel, time, the understanding about the societal and cultural milieu of the affected society and sustainability necessitated the development of a new paradigm for community based PSS in disaster situations.

Rationale and the framework for PSS

Psychosocial problems have to be identified and dealt in a proactive manner and intensely traumatic events can lead to acute and long-term mental health and psychosocial consequences.

- Phase I (during and up to four weeks)
 - Acute stress reaction/Disaster syndrome
- Phase II (2–6 months)
- Phase III (>6 months)
 - Delayed manifestations
- PTSD (symptoms of acute stress reaction lasting for more than one month)

A large majority of the affected population will need only minimal support in ‘normalizing’ their lives. This can best be provided by people who are knowledgeable about the community, understand the needs expressed and otherwise and have the

attitude and time for care and support of their neighbours.

- Most people do not see themselves as needing mental health services following a disaster and will not seek such services.
- Survivors may reject disaster assistance of all types.
- Disaster mental health assistance is often more practical than psychological in nature.
- Disaster mental health services must be uniquely tailored to the communities they serve.
- Mental health workers need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster.
- Survivors respond to active, genuine interest, and concern.
- Interventions must be appropriate to the phase of disaster.
- Social support systems are crucial to recovery.

Responsibilities of community level workers (CLWs)

- Integrate PSS fully with overall relief and rehabilitation activities.
- Strengthen local resources.
- Provide information.
- Enable people to help themselves.
- Establish support/information centres.
- Involve other sectors and NGOs.
- Help bereaved families.
- Help the physically injured and their families.
- Help severely mentally disturbed persons.
- Help orphans/widows and others in special need.
- Debrief rescue workers.

Institutional arrangements

The UNDP, UNICEF, UNODC and UNFPA supported the programme and UNDP entered into an MOU with the Directorate of Social Welfare, Government of Tamil Nadu on behalf of the UN team for recovery support. The WHO India office has contracted academic institutions, government departments and NGOs for facilitating the field level activities. The agencies within the state were responsible for training and field work and the outside agencies provided technical support. UNODC and UNICEF provided support in the development of the training manuals and training strategy.

The service providers in Tamil Nadu were the Social Welfare Department whereas in Kerala and Andhra Pradesh it was the mental health institutions and medical schools. The NGOs and other community-based organizations provided technical resources and field support.

The varying nature of mechanisms allowed comparisons which can be used for developing a generic model which will synergize the strengths of each agency.

Tamil Nadu

A joint WHO, UNDP, UNICEF and UNODC team consulted with the Department of Social Welfare on developing a comprehensive PSS programme. The team collaborated with the Department of Social Welfare in organizing a Consultative Workshop on PSS, which was funded by the UNICEF. The proposal for PSS was conceived and was discussed in the consultative meeting which was held on 24th January, 2005. The meeting was organized by the Directorate of Social Welfare, GoTN, which was identified as the agency responsible for PSS in Tamil Nadu. The NGOs, training and research organizations, medical colleges and UN agencies participated in this consultation which accepted the framework for PSS through community level workers. Details of the training strategy were worked out, with identification of trainers and development of training schedules.

Training

The WHO South East Asia office has developed manuals for training community level workers and medical officers. These manuals were adapted and translated into Tamil and were used for the training. Training for PSS was organized at three levels.

Orientation for master trainers. Orientation for master trainers was held on 3 February 2005 at the Directorate of Social Welfare, Chennai. Deliberations were held on the training modules, schedules and methodology of training to be given to the trainers. The 10 resource persons were drawn from the State Mental Health Authority, NIMHANS (Bangalore), VIMHANS (New Delhi), SCARF, SNEHA and other leading NGOs, psychiatrists, members of UNDP, WHO, UNICEF, professors of social work, and so forth. Forty-eight trainees participated in the Orientation Programme for Master Trainers.

Training of trainers (TOT). The 11 affected districts were clubbed into four regions and TOT programmes were conducted as shown in Table I. Participant trainers were drawn from among teachers, health workers, nursing students, Nehru Yuvak Kendra (NYK), NGOs, community-based organizations (CBOs), social work students, youth groups and Integrated Child Development Services (ICDS) functionaries.

Training of district-level CLWs. Community level workers (CLWs) were supposed to be part of the community, providing first level care. One hundred and twenty training programmes were conducted at 11 affected districts of Chennai, Kancheepuram, Thiruvallur, Cuddalore, Villuppuram, Thanjavur, Nagapattinam, Thiruvarur, Thoothukudi, Tirunelveli and Kanyakumari. The programme was conducted as shown in Table II.

Trainees were selected from among health workers, auxiliary nurse/midwives (ANMs), NYK coordinators, self-help groups (SHGs), Anganwadi

Table I. Training of Trainers in Tamil Nadu.

| S. No. | Place of TOT | Districts covered | Dates | Number of resource persons | Number of trainees |
|--------|--------------|-------------------------------------|---------------------|----------------------------|--------------------|
| 1 | Chennai | Chennai Kancheepuram Thiruvallur | 10–12 February 2005 | 16 | 109 |
| 2 | Cuddalore | Cuddalore Villuppuram | 23–25 February 2005 | 8 | 100 |
| 3 | Thanjavur | Thanjavur Nagapattinam Thiruvarur | 23–25 February 2005 | 10 | 125 |
| 4 | Tirunelveli | Tirunelveli Thoothukudi Kanyakumari | 22–24 March 2005 | 8 | 96 |
| | TOTAL | | | | 430 |

Table II. District level training of CLW's.

| S. No. | District | Dates | Number of resource persons | Number of trainees |
|--------|--------------|---------------------|----------------------------|--------------------|
| 1 | Chennai | 21–22 February 05 | 16 | 162 |
| 2 | Thiruvallur | 1–2 March 2005 | 6 | 50 |
| 3 | Kancheepuram | 17–18 February 2005 | 30 | 250 |
| 4 | Cuddalore | 28–29 April 2005 | 40 | 500 |
| 5 | Villuppuram | 8–9 June 2005 | 20 | 250 |
| 6 | Thanjavur | 29–30 March 2005 | 3 | 25 |
| 7 | Nagapattinam | 19–25 May 2005 | 73 | 800 |
| 8 | Thiruvarur | 4–5 April 2005 | 11 | 76 |
| 9 | Thoothukudi | 4–5 April 2005 | 6 | 50 |
| 10 | Tirunelveli | 30–31 May 2005 | 3 | 25 |
| 11 | Kanyakumari | 02–03 April 2005 | 50 | 625 |
| | TOTAL | | | 2,813 |

workers (AWWs), youth groups, community volunteers, NGOs, CBOs and retired teachers. Modules were developed for training CLWs and teachers who would take care of the needs of the children. In addition, medical officers and health workers were also trained and a referral system was established to make specialized services available. A two-day residential training in disaster management in general, and implementation and monitoring of the psychosocial support services (PSS) programme in particular, was imparted to 26 officials (21 DSWOs and five Directorate Officials) on 12 and 13 April 2005 in Chennai. The training was coordinated by the World Health Organization (WHO) with five resource persons conducting the session.

Psychosocial cell

A dedicated cell with a full-time psychologist, data manager and minimum infrastructure was established in the Directorate of Social Welfare, Chennai. The PSS cell helped in the coordination and reporting of PSS activities for the State.

Field work

The District Social Welfare Officers (DSWOs) coordinated the field work. The CLW's were given a format for assessment of the needs in health and other sectors. The DSWOs supervised the work and assigned 20 families on an average to each CLW. The CLW visits them repeatedly and provides psychosocial support. The interaction is always in a friendly neighbourhood fashion and this approach has been accepted by the community. Continued presence of the CLWs in the community added quality to the programme.

The CLWs were in touch with the health department, but there was no formal arrangement between the two sectors. The health system was responsive

but there were no close interactions between the health workers and the CLWs in a regular manner.

Current status of the PSS programme in Tamil Nadu

Each trained CLW was put in charge of a minimum of 20 families, depending upon the area of operation. Wholesome care, both psychosocial as well as relief and rehabilitation, is being provided by them through constant interaction with affected families. Trained CLWs have voluntarily met and counselled 32,852 families comprising 151,424 individuals. This counselling is ongoing. Using a simple, especially designed format, details of the affected families are being collected and their mental health status being assessed and analysed.

In the initial days after the tsunami, the CLWs were mainly engaged in providing support to reduce the trauma and grief from the tsunami and helping families get back to normal. Currently, their role has expanded, beyond just psychosocial support, to being a link between the communities and various government and non-governmental agencies. The CLWs have been able to develop a lasting rapport with the affected families, and have become a permanent resource for their communities. The details of the numbers of families and individuals supported are provided in Table III below.

Pondicherry

The Jawaharlal Nehru Institute of Postgraduate Medical Education and Research in Pondicherry was the agency responsible for PSS in the Union Territory and nearby areas.

Training

School teachers, NSS (National Service Scheme) volunteers, NCC (National Cadet Corps) cadets and

Table III. Details of families/individuals counselled.

| S. No. | District | Number of CLWs trained | Number of families counselled | Number of individuals counselled |
|--------|--------------|------------------------|-------------------------------|----------------------------------|
| 1 | Chennai | 162 | 744 | 2,180 |
| 2 | Kancheepuram | 250 | 3,571 | 14,284 |
| 3 | Thanjavur | 25 | 840 | 3,781 |
| 4 | Kanyakumari | 625 | 3,101 | 13,594 |
| 5 | Thiruvallur | 50 | 266 | 1,290 |
| 6 | Cuddalore | 500 | 4,317 | 14,080 |
| 7 | Nagapattinam | 800 | 15,600 | 72,400 |
| 8 | Thoothukudi | 50 | 145 | 578 |
| 9 | Tirunelveli | 25 | 326 | 1,522 |
| 10 | Villuppuram | 250 | 3,914 | 27,644 |
| 11 | Thiruvavur | 76 | 28 | 71 |
| | TOTAL | 2,813 | 32,852 | 151,424 |

Table IV. Training of CLWs in Pondicherry.

| S.No | Date | Participants | Number | Venue |
|------|------------|-----------------------------------|--------|---|
| 1 | 19-01-2005 | School teachers | 100 | Chevallier Sellan Govt Hr Sec School, Pondicherry |
| 2 | 30-01-2005 | NSS volunteers | 100 | Youth hostel, Solai nagar, Pondicherry |
| 3 | 2-02-2005 | Medical and paramedical personnel | 19 | General Hospital, Pondicherry |
| 4 | 12-02-2005 | NCC and NSS volunteers | 100 | PAJANCOA&RI, Karaikal |

two groups of medical and paramedical personnel, attached to Government General Hospital in Pondicherry. Training programmes were organized with the help and support of Directorate of Education, Directorate of Health and Family Welfare, Government of Pondicherry, and NSS coordinators at Pondicherry and Karaikkal. The WHO Manuals were adapted to the local language. Community level workers were trained as per the schedule in Table IV.

Field work

The field work was organized through two teams. Each team consisted of one medical officer, one public health nurse, one medical social worker, a nursing midwife and a nursing attendant. The teams had meetings with the people of the affected village and the village elders in a community hall with the purpose of sensitizing them to the emotional responses people may have to such an abnormal situation and to solicit their cooperation to meet with counsellors. This was followed by house visits by the community level workers, who provided counselling and those requiring further care were referred to the health system.

Teachers and health workers were trained and provided care to the community. Two hundred and thirty two subjects (26 children, 99 men and 107 women) were identified for further care (68/69 in Pondicherry and 138/163 in Karaikkal completely

recovered). Table V presents the recovery profile of subjects who received repeated counselling.

Kerala

The Kerala Government has responded to the PSS by sending medical teams from the nearby Medical Colleges. The UN Team for recovery support led by WHO India identified the Kerala State Mental Health Authority, Thiruvanthapuram in association with the Director of Medical Education and Director of Health Services, Kerala, as the nodal agency for implementation of psychosocial support programs to the affected populations in the state.

The first step in developing psychosocial support programs was a formation of a state level and district level committee. A meeting was held on the 8th April 2005 to constitute these committees. It was decided that the state level committee would consist of the Secretaries of the Health and Education Department, Director of Medical Education and Health Services and the Secretary of the SMHA. The district level committee of Kollam district would comprise the district collector as the patron and district medical officer as the secretary with the two technical nodal persons and district social welfare officer as members. In Alappuzha district, the principal of the Allepey Medical College would be the patron and members of the committee would be the head of psychiatry department, technical nodal

Table V. Follow-up at Karaikkal and Pondicherry by JIPMER (Dr Chandrasekhar).

| SI. No | Follow-up date | Total illnesses identified | Improved | Intervention done | Still have a problem |
|-------------|----------------|----------------------------|----------|-------------------|----------------------|
| Karaikkal | | | | | |
| 1 | 8/2/05 | 163 | | 163 | 163 |
| 2 | 10/3/05 | | 62 | 101 | 101 |
| 3 | 13/4/05 | | 90 | 73 | 73 |
| 4 | 11/5/05 | | 128 | 35 | 35 |
| 5 | 14/06/05 | | 138 | 25 | 25 |
| Pondicherry | | | | | |
| 1 | 2/2/05 | 69 | | 69 | 69 |
| 2 | 5/3/05 | | 34 | 28 | 28 |
| 3 | 4/4/05 | | 50 | 19 | 19 |
| 4 | 6/5/05 | | 67 | 2 | 2 |
| 5 | 3/6/05 | | | | 2 |
| 6 | 7/7/05 | | 68 | | 1 |
| 7 | 8/8/05 | | | | 1 |

persons, elected member of panchayat and local mental health professionals.

The meeting also discussed the model of programme delivery which will be the community level workers as the primary level of care. Details of the selection the community level workers, tasks to be assigned and coordination with other volunteer agencies involved in psychosocial support was discussed.

It was decided that training will be of a cascading nature, filtering down from the state level to the district level training of community level workers. Training manuals and pamphlets from the WHO would be adapted and translated into the local language, Malayalam, and distributed to the districts.

Training

Training of trainers. The training of resource persons for district level training (training of trainers), was conducted by the SMHA in Thiruvanthapuram at the De-addiction Centre, Department of Psychiatry, Medical College. It was a one-day training programme with a total of 38 participants. The training materials, hard copy and CD copy, were provided to the participants. The participants comprised of faculty from the psychiatry department, medical colleges of all the districts, social scientists, district medical officers, health officers, clinical psychologists, psychiatric social workers and students of clinical psychology and social work. The topics of discussion were psychosocial interventions for disaster in affected populations, psychosocial intervention for special groups, care for ones own well-being, and counselling techniques to be used by community level workers. The coordination of the district level training was presented in detail by the resource persons and the purpose of the community level training model explained.

District level training

Kollam. Community level training was conducted at the IMA hall, Karunagapally, Kollam district for three days from the 23–25th May. The training programme was conducted in association with the Department of Psychiatry, Medical College, Thiruvanthapuram. A total of 51 community level volunteers attended the training of which 35 community level workers were selected from among them. The participants were volunteers selected from Alappad Panchayat and Sahayi Trust. A psychiatric social worker and psychologist from the district were appointed specifically for the project. The methodology used was interactive sessions, group activities, games and audio visual activities. The content for the training consisted of basic skills in counselling and relaxation techniques, ventilation and listening skills. The CLWs were instructed on their specific tasks in the community, allocation of families and their reporting structure via formats and performas designed by the trainers.

Thiruvanthapuram District. Community level training was conducted for Thiruvanthapuram district on the 18–19th May at the De-addiction Centre, Medical College. A total of 14 trainees attended from the five panchayats maximally affected by the disaster. Resource persons were those trained at the training of trainers programme, like faculty from the Department of Psychiatry, Medical College. Volunteers were from the district level literacy mission. The training sessions included identifying psychological responses to disasters, and psychosocial support to special groups like women, children and the elderly.

Alappuzha district. Community level training was conducted for Alappuzha district on the 30–31st

of May at the auditorium of Allepey Medical College. A total of 60 volunteers attended from the Nehru Yuva Kendra and Literacy Mission from the affected panchayats of Arattupuzha and Patanakad. Resource persons were from the department of psychiatry, Allepey Medical College and psychiatric social workers from the Allepey Medical College. The training sessions included an introduction to community level work, introduction to mental health and illness, psychological responses to disaster, basic principles of counselling, special problems of children, women and elderly. A comprehensive program implementation plan was imparted to the participants. Allocation of houses to each CLW was given according to a voters list obtained by the local panchayats and performas/formats to the CLW explained.

Selection of CLWs

The CLWs were identified from the affected communities and those involved in the social and related activities of the community. In Kollam district, volunteers were identified with the help of district literacy mission, library councils, karayogams and local arts clubs. In Thiruvanthapuram district, the CLWs were identified from the literacy mission through the district coordinator/state office of the mission. In Allepey, volunteers were selected from Nehru Yuva Kendra and literacy mission at the district level. The CLWs were selected via an interview process on site where their basic educational and social skills were assessed. Their understanding of counselling techniques and commitment to psychosocial support was evaluated by the nodal persons of the project.

Monitoring of CLWs in the field

The CLWs are monitored by the social worker and psychologist through multiple mechanisms. The field diary kept by the CLW, which contains details of all the families and individuals visited. Identification of cases for referral and health related details were verified by the social worker and psychologist. Additionally, there are daily supervised visits by the psychiatric social worker and the psychologist in the field. There is a regular reporting pattern wherein the social worker reports to nodal psychiatrist and district health officer. A bi-weekly review meeting is held by the social worker and psychologist with the CLW and a monthly meeting of CLWs with the nodal persons is held to discuss any problems and feedback from the field.

Additional activities mobilized by PSS team

Kollam district. Group meetings of special populations:

- Women's meeting—discussion of family issues, alcohol dependence, problems of children, disaster trauma related problems and stress management.
- Survivors group meeting—discussion of life after disaster, relaxation and stress management.
- Adolescent group meetings—discussion of substance and alcohol abuse, educational issues and career counselling.
- Children group meetings—play therapy, social activities, drawing and painting activities.
- Awareness and training programme for teachers—Skills for identification of psychological problems in children.
- Life skill education programme—promotion of positive mental health and coping with disaster.

Thiruvanthapuram district. Visits to schools, churches, arts and sports clubs, self-help associations by social worker, CLWs and mental health team for creating awareness of mental health, and the specific psychosocial program. Counselling services also rendered to five schools and six local associations in the panchayats.

Current status

In Thiruvanthapuram district, the appointed social worker along with the CLWs has visited 6563 houses, screened 11,831 persons and identified 484 problem cases. Of those, 176 cases were seen by the mental health team of which 12 cases were diagnosed as PTSD, six cases of panic disorder and three cases of generalized anxiety disorder and 22 cases of adjustment disorder. A total of 25 cases of alcohol dependence have also been identified.

In Kollam district, the CLWs visited 3520 houses, screened 6526 persons and identified 213 problem cases. The diagnoses included depression, anxiety disorder, PTSD, and complicated grief and alcohol dependence and appropriate treatment was provided.

In Alappuzha District, CLWs have visited 7500 subjects, 600 subjects were found to have a problem and these subjects are being seen by the psychiatrist.

Andhra Pradesh

In Andhra Pradesh (AP), the districts affected were Nellore, Krishna, Guntur, Prakasham East and West Godavari district with the population in a total of 166 villages affected. In the first week of April,

the UN Team for recovery support led by WHO India held meetings with the departments of Health Services, Medical Services and Education, State Mental Health Authority in the state headquarters. Following these meetings, the AP State Mental Health Authority (SMHA), Hyderabad, was identified as the nodal agency for providing psychosocial support. It was decided that the SMHA would implement the PSS programs for the districts of Krishna and Nellore and the Psychiatry Department of Guntur Medical College would implement the programs in Prakasaham and Guntur districts.

The model of programme delivery was based on training at the state, district and community level. Community level workers were considered for the first level of care. They were trained by trainers, who were trained by resource persons at the district headquarters.

Training

Training of trainers. On the 18th of April 2005, a state level training was held at the Institute of Health and Family Welfare, Hyderabad where the training manuals of WHO were adapted and strategies for the district level and community level training were finalized. The participants of the programme, 25 in total, consisted of district medical and district health officers and psychiatry faculty from the different districts of AP. The resource persons were from the Institute of Mental Health, Hyderabad. The topics of discussion were psychosocial reactions seen among victims, general social measures to enhance emotional well-being of disaster affected people, psychosocial intervention for special groups, and counselling techniques to be used by community level workers. The strategies for training at all the different levels (district and community level), service delivery and monitoring of the programme was finalized using the methodology of group work. Also, the process of identification of community level workers, training venues, duration and training materials was developed during the day's program. Training for the district level was fixed as a day's programme and at the village level for two days. Also, a nodal psychiatrist and nodal district health officer for technical support and a social worker for identification of CLWs and reporting for the two districts were identified. All field work activities would be coordinated by the social worker and supervised by the nodal psychiatrists.

Nellore

The training for community level workers in Nellore district was conducted on the 6th of May 2005 at

the district level headquarters hospital. A total of 33 participants, identified as community level workers, attended from the seven affected mandals of Nellore district. The WHO training manual for community level workers (translated into Telugu) was followed for the training sessions. The sessions were conducted by the psychiatrists of the district headquarters hospital, the district coordinator, district medical officer and the district health officer who had been trained at the TOT in Hyderabad.

The training sessions covered identification of psychological symptoms of trauma and stress in victims and subsequent care and counselling. Identification of acute and severe cases and referral mechanisms were explained. The importance of coordination between the medical officers and the social welfare department was emphasized. Ventilation and relaxation techniques were conducted for all the participants via role play and interactive sessions. The CLWs were instructed on their specific tasks in the community and their reporting structure via formats and performas designed by the trainers.

A follow-up district level training for health assistants, medical officers, and disabled welfare officers was conducted on the 18th of August 2005 at the district hospital headquarters, Nellore. The training programme was attended by 34 members identified from the seven tsunami affected mandals of the district. The sessions were conducted by the two psychiatrists from the district hospital headquarters. The main purpose of the training programme was to sensitize the medical and health officers towards mental health. The handling and diagnosis of acute cases identified by the community level workers was also extensively discussed in the sessions.

Krishna district

The community level training in Krishna district was conducted on the 19th of May 2005 at the district headquarters hospital in Machilipatnam, in a similar fashion as Nellore district. A total of 20 trainees, identified from the four affected mandals of the district attended the training programme. Training was conducted in two sessions by psychiatrists at the district headquarters hospital and government general hospital. Sessions included communication and counselling skills and psychosocial interventions for special groups.

The district level training of health assistants and medical officers was conducted on the 20th of August 2005 at the district hospital in Machilipatnam, Krishna district total of 31 members identified from the four affected mandals attended

the training programme. The training programme emphasized psychosocial support to affected populations and also served as a link between the psychiatrists of the district and the medical health officers who are the secondary level of care in PSS programs in the state.

Profile of CLWs and service delivery

The CLW were identified from groups like NGO's, CDPO's, teachers, AWWs, SHGs, nurses, local power groups and volunteers from the community. Some were representatives from affected families. They were identified primarily by the social workers in the district and as those with good communication skills and who were viewed as approachable by the community. Identification was done keeping cultural and social sensitivities in the foreground.

The CLWs used the mode of regular visits to the affected families allocated to them (average of 20 families per CLW) and also conducted group counselling sessions at the village panchayat halls. Upon identification of acute severe cases, frequent visits were made to the family and counselling sessions imparted. Any coordination for referral is done directly with the social workers in the district.

Monitoring of CLWs

The monitoring of CLWs was done directly by the social workers at the village level. The formats/performas filled by the CLWs were submitted monthly to the social workers. The social workers in turn, make consolidated reports of cases identified for referral and family details. This is submitted to the nodal psychiatrist and nodal district level health officer who will then decide the course of action for further referrals.

Current status

Nellore. A total of 43 cases have been identified by the CLWs, suffering from phobia, anxiety and depression. All were counselled by the community volunteers, social workers and MPHAs. A total of 23 patients have recovered after follow-up counselling and 20 referred to the medical officers, of whom 14 were referred to the psychiatrist and prescribed medicines and psychotherapy treatment.

Krishna. A total of 48 cases have been identified suffering from phobia, anxiety, depression and acute stress. All have been counselled by the CLWs and social worker. Out of the 48, eight cases have been referred to PHC doctors and seven referred to psychiatrists.

Outcome of contracts with WHO collaborating centres and national centres

WHO collaborating centres and national centres of excellence have contributed to program development, development of manuals and modules and training at various levels. Current status of activities in these centres is given in Table VI.

Modules and manuals developed under the programme

- Facilitators' module for training CLWs in psychosocial support.
- Handbook for field level workers.
- Pamphlet for survivors.
- Psychosocial support for children and adolescents in disaster situations: Module for facilitators and manual for service providers.

Table VI. Psychosocial support.

| Institution | Area covered | Work carried out |
|---|-------------------------------------|--|
| NIMHANS, Bangalore | TN, Kerala, AP, A&N | <ul style="list-style-type: none"> ● 10 training programmes ● 430 people trained ● Technical support to ongoing programmes ● 1399 CLWs trained |
| Schizophrenia Research Foundation (SCARF), Chennai | Chennai, Cuddalore, Pondicherry, TN | <ul style="list-style-type: none"> ● 102 people in Chennai, 285 in Cuddalore and 31 in Pondicherry counselled |
| Alcohol and Drug Information Centre (ADIC), India | Development of materials | <ul style="list-style-type: none"> ● Training manual, handbook, poster, fact sheet and pamphlet for alcohol and substance abuse intervention |
| Viyasagar Institute of Mental Health and Neurosciences, Delhi | TN, Kerala, AP | <ul style="list-style-type: none"> ● Developed special modules for PSS in children in English and Tamil ● Technical support to training programmes |

- Training manual for alcohol and substance abuse intervention in vulnerable population affected by disasters.
- Handbook for alcohol and substance abuse intervention in vulnerable population affected by disasters.
- Fact sheet on disasters.
- Pamphlet on alcohol and substance abuse.

Lessons learned

The new paradigm for psychosocial support was introduced to ensure sustained support to the community through trained personnel in the community itself. The model worked and substantial numbers of people have been helped. The modus operandi was different in different settings and offered an opportunity to assess the models. Based on the feedback and from the lessons learned a generic model for PSS has been suggested.

Generic model for PSS in disaster situations

Phase 1 (First six weeks after the disaster)

Mental health professionals can be part of medical teams and provide care for acute events. Manuals and modules for care in the community will have to be adapted and translated by an academic agency and made ready for use in the community. Department of Health, Department of Social Welfare and Department of Education of the State Government should identify a nodal officer for PSS in the State. This apex coordinating group consisting of nodal officers from the three departments should conduct a meeting of all the stakeholders (NGOs, academic institutions, UN agencies, multilateral agencies and development partners) along with responsible persons in the affected districts from the corresponding departments. The meeting can develop an action plan for training, identification of service delivery mechanisms and monitoring.

Phase 2 (six weeks to six months)

Selection of CLWs. Selection of CLWs is one of the critical areas in PSS and from the experience of PSS in Tsunami areas in India, it is felt that personnel who are under an existing department or agency will be the best suited. The suggested groups are teachers, Anganwadi workers, health workers, literacy mission staff and members of reputed NGOs in the field. The selection of unemployed youth may lead to issues of remuneration and sustainability might become a problem. Undue prolongation of

'formal engagement' of CLWs with additional areas of work can lead to unreasonable expectations on the part of such workers about the continuation as a separate cadre, which will not be feasible. It has to be kept in mind, that the CLWs are for only a short period of a maximum one year by which time, the community would have rallied back to normalcy. The trained CLWs can remain as a community resource and continue to provide help outside a formal arrangement.

Training of CLWs and coordination of field work.

Training has to be practical, need-based and should be conducted as close to the affected community as possible. Role plays and real life scenarios have to be enacted and the training should be sensitive to the local needs and cultural background. The CLWs should have a pamphlet which they can carry with them to the field. Posters for PSS have to be put up in the community. Periodic coordination at various levels is required and a plan based on the consultation in Tamil Nadu is provided. A representative of the education sector should also participate at all levels.

Phase 3 (six months to one year)

The first six months would require close supervision and strong referral linkages. From six months to one year, the intensity can be scaled down and by the end of two years the formal arrangements should be over.

Plan for 2006

The model for PSS developed and implemented in the tsunami-affected areas has proved to be feasible and sustainable community based approach. To strengthen the PSS programme and ensure continuation of support to the affected people, the following activities have been planned in the next year:

Tamil Nadu

- Strengthening the PSS cell in the Directorate of Social Welfare for coordination and monitoring.
- District level meetings for establishing linkages between health and social welfare departments.
- Support for CLWs by provision of travel kits and photo identity cards.
- Documentation of PSS activities post-tsunami.
- Printing of manuals and other materials.
- Interventions for alcohol and substance abuse.

Kerala

- Support to institutions conducting PSS.
- Interventions for alcohol and substance abuse.
- Training of school teachers and support to children.

Andhra Pradesh

- Support to SMHA.
- Training of school teachers and support to children.

Andaman and Nicobar Islands

- Training of health workers and school teachers.

Challenges and tasks ahead

- Capacity building in health system to absorb the referrals.
- Analysis of the data collected and documentation of the process.
- Preparing a tool box containing the modules and manuals and making it available on the web.
- Targeted intervention for alcohol and substance abuse.
- Specific programmes for children and adolescents.
- Emphasis on widows and elderly population.
- Inclusion of PSS in disaster preparedness programmes.