



Report Summary of Webinar on

**Mental Health & Psychosocial Support in Disaster: Psychological First Aid for Community Survivors**

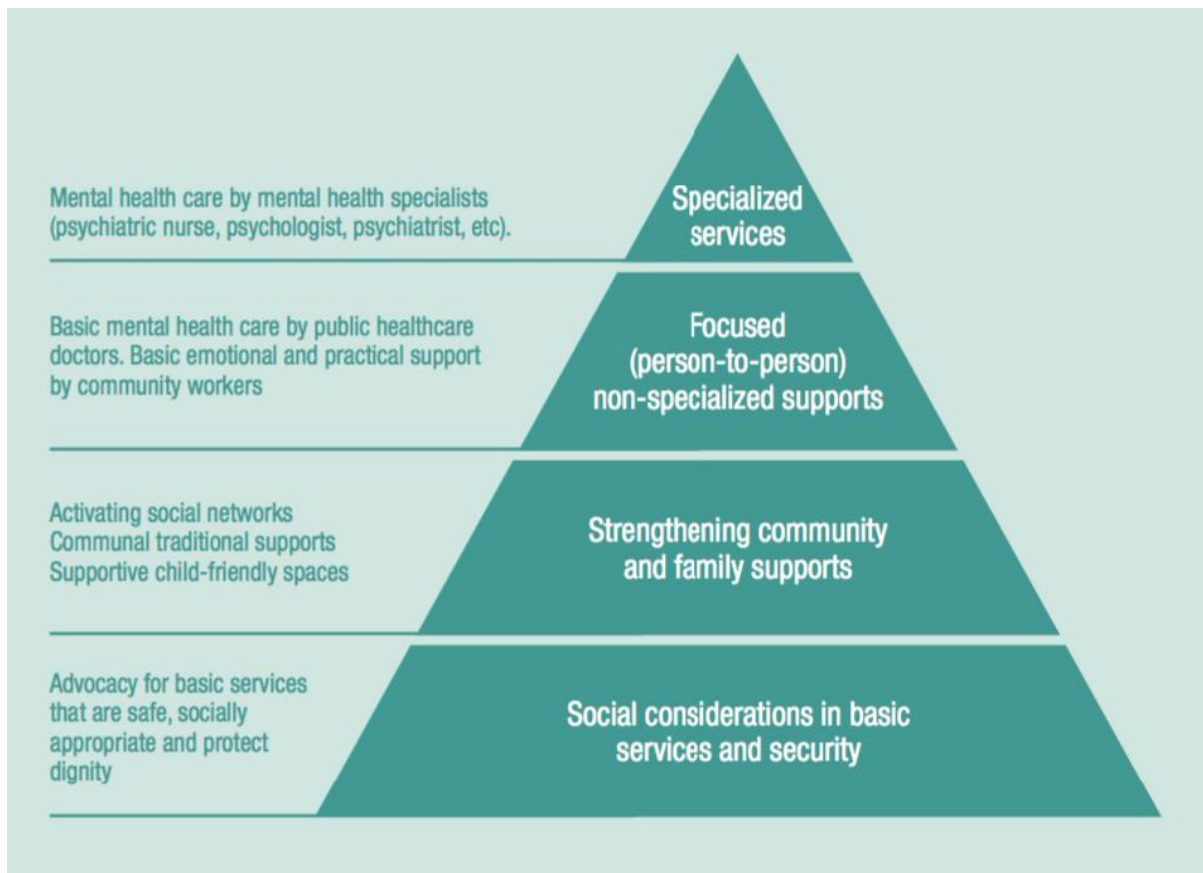
June 4, 2021 | 11:30 AM – 1:30 PM



Organised by:

**National Institute of Disaster Management (NIDM)**

*Ministry of Home Affairs, Govt. of India*



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## **Introduction**

Ecosystems and human communities, particularly in lower-income populations and regions, are vulnerable to the effects of natural and man-made hazards and will have to prepare physically and psychologically for the potential public health impact. Although early warning systems are in place for cyclones, storms, and floods, which act to decrease the casualty rate, some people exposed to disaster are impacted psychologically. Exposure to disasters can lead to long-term health effects and risks, such as substance abuse, insomnia, phobias, amnesia, and anxiety (including Generalised Anxiety Disorder). Other health effects include post-traumatic stress disorder (PTSD), hyper arousal, acute stress disorder (ASD), depression and at times suicide, and other mental illnesses. Preparing individuals psychologically for a disaster impact has the potential to decrease the psychological impact of disasters.

Psychological support needs to be based on an understanding of the potential psychological impacts, the stressors that the disaster brought and their impacts on individuals, families, and communities. Psychological support strategies need to deliver in ways that will take into account different levels of need, different patterns of impact, and the feasibility and cultural appropriateness of the response.

## **Psychological First Aid**

Psychological first aid (PFA) has been the term used to describe the intervention that is considered appropriate for this emergency phase and its immediate aftermath. Psychological first aid was first introduced conceptually in the mid-Twentieth Century; in the post-9/11 era, psychological first aid has emerged as a mainstay for early psychological intervention with survivors of disasters and extreme events. Psychological first aid has been broadly endorsed and widely promulgated by disaster mental health experts in reports from a series of consensus conferences and in the peer-reviewed disaster behavioral health literature. Psychological first aid is also consistently recommended in international treatment guidelines for posttraumatic stress disorder (PTSD) and as an early intervention for disaster survivors.

## **Objectives of the Webinar**

- What happens in an emergency/disaster/pandemic like COVID-19 in terms of mental health?
- What mental health activities should be initiated during a crisis/emergency/pandemic?
- To focus and address the challenges and situation from the perspective of Mental Health & Psychosocial Support in the ongoing pandemic COVID-19.
- To identify the solutions and treatments of psychological impacts of COVID-19 on the community.
- To define Psychological First Aid and identify its effectiveness.
- To provide leadership and guidance to improve the quality of interventions in this field.
- To provide guidance for community resilience to sustain the deleterious psychosocial

impacts.

- To identify the measures for the advance planning of possible disaster in this aspect.
- To identify the ways that the community members can be involved to plan interventions using their own resources.
- To identify and address the impact on the mental health of the most vulnerable groups of the community including pregnant ladies, lactating mothers, children, elderly people, differently-abled people etc.
- To highlight the existing policies/frameworks, programs and guidelines of the international and national organizations/communities in these regards.
- To identify the challenges in provision of Mental Health Services and Psychological Support.

### Session Plan

<b>Session Theme/Topic</b>	<b>Resource Persons</b>	<b>Time and Duration</b>
<b>Inaugural Session</b>		
<b>Welcome and Overview</b>	Mr. Ali Haider, Jr. Consultant, NIDM	11:30 – 12:00
<b>Introductory Remarks</b>	Prof. Santosh Kumar, Head, GiDRR, NIDM	
<b>Keynote Address</b>	Maj. Gen. Manoj Kumar Bindal, Executive Director, NIDM	
<b>Panel Discussion</b>		
<b>Psychological First Aid and Psychosocial Support During Pandemic</b>	Dr. Subhasis Bhadra, Head, Department of Social Work, Central University of Rajasthan, Rajasthan	12:00 – 12:15
<b>Psychosocial Intervention to Manage Emotional Crisis during Pandemic</b>	Dr. Prasanta Roy, Head, Department of Clinical Psychology, Institute of Psychiatry, Kolkata	12:15 – 12:30

<b>Children, Women and the Elderly: Challenges during Pandemic</b>	Ms. Ilora Barik Sil, Associate Professor, Institute of Psychiatry, Centre of Excellence, Kolkata	12:30 – 12:45
<b>Impact of COVID-19 disaster on Mental Health of survivors: The Present &amp; the Way Forward</b>	Dr. Atiq Ahmed, Assistant Professor, Department of Social Work, Central University of Rajasthan, Rajasthan	12:45 – 1:00
<b>Open-house Discussion</b>		1:00 – 1:20
<b>Closing and Conclusion</b>		1:20 – 1:30

### **Programme Team**

**Patron:** Major General Manoj Kumar Bindal, Executive Director, NIDM

**Convenor:** Prof. Santosh Kumar, Head, GiDRR, NIDM

**Coordinator:** Mr. Ali Haider, Jr. Consultant NIDM

**IT Support:** NIDM IT Team

## Summary of the Session

Disasters are a complex global problem; it is an inevitable truth of our life. The disaster does not have physical consequences only, but it also encompasses the other domains such as the psychological and psychosocial dimensions. Every year individuals and communities are being affected by disasters, which disrupt their mental health and well-being. The psychological effects of the disaster are more drastic among children, women and the dependent elderly population. After any sudden disaster or chronic disaster like the ongoing pandemic COVID-19, they become the most vulnerable population.

Mental health issues, in general, have been considered as a neglected subject as it is considered a stigmatized problem. Mental health issues caused by disasters is even more neglected area. The aftermath of disasters has a significant impact on the socio-economic and mental state of the victim community. Thus, in order to fulfil this gap, there is a need to understand this issue. The resurgence of the ongoing COVID-19 pandemic especially the second wave is affecting the mental health of many people severely as everyone is directly or indirectly affected by this disease.

In this context, a Webinar was organized by the National Institute of Disaster Management (NIDM) on “**Mental Health & Psychosocial Support in Disaster: Psychological First Aid for Community Survivors**” on **June 4, 2021**, from **11:30 am – 1:30 pm**. The Webinar focusing on the psychosocial and psychological effects of the pandemic COVID-19 on the community as a whole, individuals and the vulnerable section of the community i.e. children, women, the elderly population, especially abled, pregnant women and lactating mothers. The Webinar enlightened the stakeholders towards the intervention of psychological support and Psychological First Aid (PFA). Prof. Santosh Kumar, NIDM delivered the introductory remarks of the webinar. Four technical sessions were conducted by Dr. Subhasis Bhadra, Associate Professor, Central University of Rajasthan; Dr. Prasanta Kumar Roy, Associate Professor, Institute of Psychiatry- A Centre of Excellence, Kolkata; Ms. Ilora Barik Sil, Associate Professor, Institute of Psychiatry- A Centre of Excellence, Kolkata and Dr. Atiq Ahmed, Assistant Professor, Central University of Rajasthan. Mr. Ali Haider, Jr. Consultant, Community based DRR, GiDRR Division, NIDM moderated the webinar. The Webinar was attended by around 216 participants, detailed list of participants is attached with this report.



**Prof. Santosh Kumar**, Professor & Head, Governance, Policy Planning & Inclusive DRR, National Institute of Disaster Management in his introductory remarks highlighted the mental health issues faced by different communities during and after a disaster. He shared his ground experience from the visits of disaster at the site in Gujarat Earthquake and Nepal Earthquake where the people were traumatised by the disaster, the losses it caused in the form of their family and livelihood. He particularly shared the psych of the young girls who were experiencing their menstruation for the first time and that was also during a disaster. He raised the issue of post-disaster trauma among the poor who lives a challenging life on day to day basis. He also mentioned the trauma communities are facing due to the ongoing pandemic COVID-19. He stressed the need to break the stigmas in societies for the people who have some psychological problem and he called for community-based initiatives to overcome these issues.



**Dr. Subhasis Bhadra**, Associate Professor, Department of Social Work, and Head of Department of Sports Psychology at Central University of Rajasthan, during the session, focused on “Psychological First Aid and Psychosocial Support During Pandemic”. The session was aimed to make the participants understand the concept of Psychological First Aid (PFA) and why & how it is useful and can help during the COVID-19 pandemic. He addressed the effects of COVID-19 on the mental health of individuals, family and community lives. He mentioned the preventions from the adversities of COVID-19 on the mental health of the community. He suggested the methods for providing psychosocial support to the individuals, family and community. He also shared a model of psychological support service or program.



**Dr. Prasanta Kumar Roy**, Associate Professor & Head, Department of Clinical Psychology, Institute of Psychiatry-A Centre of Excellence, Kolkata dedicated his session to “Psychosocial Intervention to Manage Emotional Crisis during Pandemic”. He narrated the stories of a young psychologist, a researcher and a college student who were facing psychological issues due to directly or indirectly infected by the COVID-19. He also shared the data of the traumatic impact survey of the state of West Bengal. He shared a warning sign checklist by which one can understand her/his psychological state. He mentioned the 5 essential elements of psychological intervention. He also provided a model highlighting the 7 stages of grief which is useful to understand and to facilitate the change. He provided clinical and also simple solutions to overcome the psychological impact of the pandemic.



**Ms. Ilora Barik Sil**, Associate Professor of Psychiatric Social Work at the Institute of Psychiatry, Centre of Excellence (IOP-COE), Kolkata focused on “Children, Women and the Elderly: Challenges during Pandemic”. She addressed the psychological impact of COVID-19 on the vulnerable section of the community i.e. children, women and the elderly population. She shared the facts and figures depicting the psychological distress experienced by the quarantined children and adolescents. She also shared the positive impact of pandemics on the psyche of the community. She described the role of mental health professionals during the pandemic. She explained the differences between the service delivery-based approach and community-based approach solutions to provide psychological support, she stressed on the capacity building of community. She described the methods for the disaster preparedness approach.



**Dr. Atiq Ahmed**, Assistant Professor, Department of Social Work, Central University of Rajasthan shared his knowledge and expertise on the topic “Impact of COVID-19 disaster on Mental Health of survivors: The Present & the Way Forward”. He gave his views on the solutions to overcome mental issues during and after COVID-19 pandemic in a systematic way. He stressed on the expected long-term impacts of the COVID-19 and the need for psychological support after it ends. He also explained the short-term impact of the ongoing pandemic on the psyche of individuals and the community. He highlighted some of the symptoms that could be helpful to report and intervene in the severity of psychological impact. He suggested several ways and solutions provide psychological and psychosocial support to the victim individual, family and community.

The technical sessions were followed by the open house question & answer session, panellists took the questions from participants and satisfied them with their answers. After the open house session, concluding remarks were delivered by **Prof. Santosh Kumar**. He stressed upon the solutions at the community level and institutionalised initiatives to minimise the impact of the possible third wave of COVID-19 in India on the mental health of children and the community as a whole. He concluded from the sessions that mental health should be at the top priority in the pandemic or in any other disaster.

At the end of the webinar, Vote of Thanks was delivered by **Mr. Ali Haider**. He sincerely thanked Major General Manoj Kumar Bindal, Executive Director, National Institute of Disaster Management; Prof. Santosh Kumar, National Institute of Disaster Management; Dr. Subhasis Bhadra, Central University of Rajasthan; Dr. Prasanta Roy, Institute of Psychiatry, Kolkata; Ms. Ilora Barik Sil, Institute of Psychiatry, Kolkata; Dr. Atiq Ahmed, Central University of Rajasthan; and to all the participants.

### **Key Takeaways**

Some of the key takeaways discussed during the webinar are as follows:

- Myths and stigmatisation around psychological problems should come to an end.
- Mental health is associated with much of one's past experiences and present realities.
- 95-97% of people who are affected psychologically recover without active intervention, they just require the Psychological First Aid and 3-5% of them may require the professional long-term support to get recovered.
- Physical activity reduce the vulnerability, make the people resilient and increase the coping capacity against mental health issues.
- Exercise and a good amount of sleep increase the immunity and heal the mental health damages.
- Find peace within to get the peace outside – Yoga & mediation are helpful for a peaceful mind.
- There is a need to create the Psychological Volunteers/Influencers into the community to spread the positive vibes.
- The person who is suffering from mental health issues should be treated by using five essential elements of Psychological First Aid, that are safety, calming, connectedness, self-efficacy and hope.
- Interventions: Breathing/muscle relaxation exercise, mindfulness, 3 minutes breathing space, panic control techniques, sleep hygiene, trauma-focused approach and cognitive restricting to dispute and modify irrational thoughts and maladaptive interpretations.
- Health care volunteers are required to look after their selves also.

- Volunteers training required to provide support in terms of active listening, active understanding, reassurance of strengths available within and promote resiliency and active & positive coping.
- A resilient community can respond to crises in ways that strengthen community bonds, resources and the community's capacity to cope.
- Community resilience is the individual and collective capacity to respond to adversity and change.
- Social support system should be enhanced to minimize inequality and remove the stigma from the society.
- Mental health centers and the Rehabilitation Centres should be strengthened.
- Institutionalization of the psychosocial care services along with the available infrastructure in the community.
- Continuous collaboration and coordination with the different stakeholders.

# Presentations

## 1. By Dr. Subhasis Bhadra

### Why First Aid? → Psychological First Aid

- Control the immediate situation
- Prevent further deterioration
- Facilitate healing and hasten recovery
- Amount of distress/ disability is controlled
- Any one with a basic training can be a first aider
- Be available – listen/ listen/ listen
- Giving confidence, reduce worries
- Immediate help to reduce the stress
- Point of trauma/ worry is reduced
- Volunteers/ health workers/ Youths/ ..... Any one

### What it is- PFA?

- A practical support- according to the need, cultural and social context.
- Humane, supportive response to a fellow human being in distress
- Assessing needs and comforting
- Connect to social service
- Encourage positive coping
- Facilitate referral
- Usually means during or immediately following an event; however may be days or months depending on the duration and severity of the emergency

### What happened in COVID (biological disaster) in relation to Mental Health

- Pandemic, a Mental health pandemic? - a challenge to survival
- Hypersensitive with experiences, keep looking for evidence of problem, recalling past memories. (if persist for long – it cause mental health issues, illness)
- Scared about unknown enemy, - casual about the threat
- Social dis-integration, a situation of chaos.
- Between the waves what we see the sharp dichotomy – Some groups are trying to help and larger mass became helpless.
- Mental health do not exist in vacuum- it is certainly linked with much of our past experiences and present realities.

Past experiences	Present realities
<ul style="list-style-type: none"> <li>• Already living with pre-existing vulnerabilities- poverty, financial crisis, disabilities, disease.</li> <li>• Adverse childhood experiences</li> <li>• Unstable social relationships</li> <li>• Pre-existing mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Being one of the member of the same marginalized section (disaster expose the vulnerable more/ real disaster happen to the most vulnerable).</li> <li>• Higher exposure to adverse realities in daily living</li> <li>• Adversities in personal, family or community life due to COVID (Being a patient/ family member/ neighbour/ relative)</li> </ul>

### Individual life, family life and community life get affected and changed

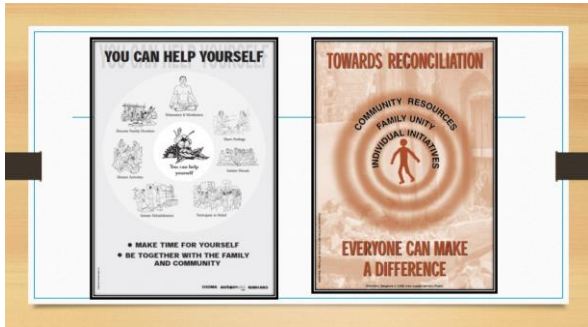
- All are affected- 95-97% people recover without active intervention, they require simple reassurance, assistance, and support
- About 3-5% people require mental health care- may be a professional help, a long term support, a continuous follow-up
- The new normal require a change in habit – they way we work, interact, or enjoy.

### What prevent us from mental health adversities

- Being active- Physically active people are less vulnerable, cope better, more resilient. Impact of COVID is less.
- Exercise help in developing immunity (Keep Sharp-Build a better brain at any Age- Sanjay Gupta)
- Having a good amount of sleep (Damage to the body is repaired- healing- body regenerate)
- Yoga and meditation are (Find peace within to get peace from outside)
- Loneliness is the biggest disease- being connected, have social support, give and seek support. (Negative life events are cause a lot of stress, need to cope better with support)
- Spirituality is a strong predictor of good mental- emotional health- being connected with universe. Use the spiritual resource- gratitude, hope, positivism
- We can change the reactions to external world by changing the way we interpret. (essence of CBT)

### Psychosocial Care Techniques: (Psychological first aid)

- Ventilation
- Active listening
- Empathy
- Social support
- Externalization of interest
- Relaxation
- Spirituality



### Psychological First Aid involves:

- Ensuring safety and comfort
- Providing a safe environment.
- Meeting physical needs immediately.
- Helping beneficiaries share their experiences.
- Linking families and facilitating reunion with others.
- Identifying needs of further intervention.

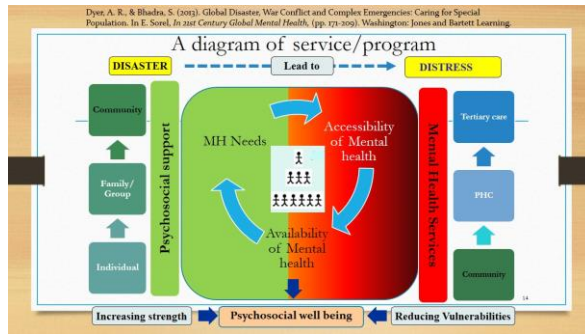
### The Reality and the PFA

- There are different category of people with different level of vulnerabilities, needs and capacities. – but every one need help.
- There are people require active support.
- There are people who can support- work as volunteer
- There are resources within the community
- There are program that need to be at ground

### What PSP (Psychosocial Support) should be done?

Individual	Family	community
<ul style="list-style-type: none"> <li>• Develop exercise, active living – make it a habit, do with family, friends</li> <li>• Take a good sleep (8 hours of sleep)- maintaining a time a pattern.</li> <li>• Talk share, be connected</li> <li>• Yoga – meditation</li> <li>• Have a spiritual-self</li> <li>• Write a express, ventilate yourself</li> </ul>	<ul style="list-style-type: none"> <li>• Be like a family</li> <li>• Have a circle of support</li> <li>• Talk to each other</li> <li>• Discuss the matters and issues</li> <li>• Encourage empathy about each other</li> <li>• Ensure special care</li> <li>• Facilitate gender role to support</li> <li>• Focus here and now</li> <li>• Try one at a time</li> </ul>	<ul style="list-style-type: none"> <li>• Develop PSP volunteers with youths of NYK/ Youth groups/ SHG etc. <b>PSP influencer</b></li> <li>• Develop support groups</li> <li>• Strengthen COVID- appropriate behaviour by practice and awareness</li> <li>• Facilitate online support</li> <li>• Identify/ use community resources</li> <li>• Develop <b>Digital volunteers</b></li> </ul>

- We Focus on BBB (Build-Back Better)
- In Mental Health- Post-traumatic growth (we become a better human being)



### Listen

To the signals that your body gives you, they are there for you to understand your soul, thoughts and emotions. If you feel fatigued and drained, ask yourself if you are providing your body with enough rest, sleep, water, meditation and nutrition. Rest your mind once in a while, and great things will be revealed.

*Thank you*

- Questions
- Clarifications
- Comments

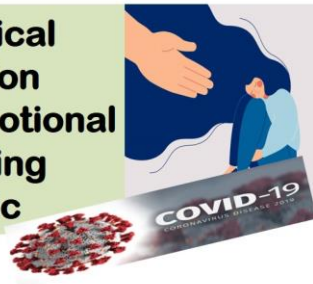
bhadrassubhasis@gmail.com  
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**Stay Calm and Centered**

Resolve to stay calm, no matter what is going on around you. Keep your mind and heart clear. You have the power to create the environment you want in your own consciousness. You deserve to feel Peace!

## 2. By Dr. Prasanta Kumar Roy

### Psychological Intervention to Manage Emotional Crisis during Pandemic



**Prasanta Kumar Roy, M.Phil., Ph.D.**  
 Dept. of Clinical Psychology  
 Institute of Psychiatry- A Centre of Excellence  
 Kolkata

### Story of Antara

- Psychologist
- Lost Father in Covid
- Denial Mode
- Regressive Behavior
- Not willing to talk

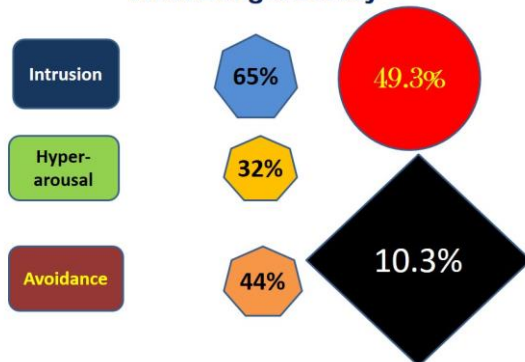
### Story of Banty

- Researcher
- Had Covid 1 yr back
- Sleep is disturbed
- Breathlessness
- Nightmares

### Story of Chitra

- College student
- Volunteer
- Feels frustrated
- Increased irritability
- Disturbed sleep
- “I must be helping others at any cost”

### West Bengal Survey



### Warning Signs

#### Psychological/emotional

- Feeling depressed
- Severe anxiety/overwhelming fear
- Suicidal ideas
- Feeling panicked when you hear talk of the virus
- Negative pervasive thoughts
- Being hopeless
- Loss of pleasure and interest in activities that you usually enjoy

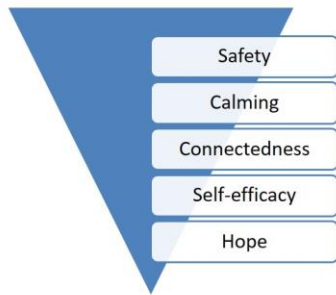
#### Behavioral symptoms

- Major sleep problems
- Reduced appetite with weight loss
- Low energy and pronounced fatigue
- Suicidal acts
- Difficulty in carrying out daily tasks
- Completely avoiding interactions
- Obsessively monitoring physical symptoms
- Frequent crying
- Pronounced irritability and aggression
- Conflict with other members of the household
- Alcohol, drug and medication abuse

### Psychological Intervention



## 5 Essential Elements



## Managing Grief

### 7 Stages of Grief

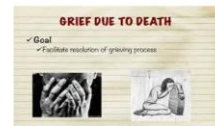
(Modified Kubler-Ross Model)

<b>Shock*</b>	• Initial paralysis at hearing the bad news.
<b>Denial</b>	• Trying to avoid the inevitable.
<b>Anger</b>	• Frustrated outpouring of bottled-up emotion.
<b>Bargaining</b>	• Seeking in vain for a way out.
<b>Depression</b>	• Final realization of the inevitable.
<b>Testing*</b>	• Seeking realistic solutions.
<b>Acceptance</b>	• Finally finding the way forward.

\*This model is extended slightly from the original Kubler-Ross model, which does not explicitly include the Shock and Testing stages. These stages however are often useful to understand and to facilitate change.



## What



### Grief.

#### 1) Goals

- Facilitation of the mourning process
- Helping the patient to re-establish interests and relationships as a replacement of what has been already lost.

#### 2) Strategies

- Review the GRIEF Reactions
- Rebuild the relationship of the patient with the deceased.
- Describe the sequence and consequence of the events which had happened just before, during and after the death.
- Explore the associated feelings (negative as well as positive)
- Consider possible ways of being involved with other people.

- Loss of a Person vs. Loss of a relationship
- Loss of a Person vs. Loss of Needs

- Grief Letter
- Support System

## Breaking Bad News

### THE SIX STEPS OF SPIKES

<b>S</b>	<b>SETTING UP</b> the interview
<b>P</b>	Assessing the patient's <b>PERCEPTIONS</b>
<b>I</b>	Obtaining patient's <b>INVITATION</b>
<b>K</b>	Giving <b>KNOWLEDGE</b> to the patient
<b>E</b>	Addressing patient's <b>EMOTIONS</b> with empathy
<b>S</b>	<b>STRATEGY</b> and <b>SUMMARY</b>

## Other Interventions, Other Problems

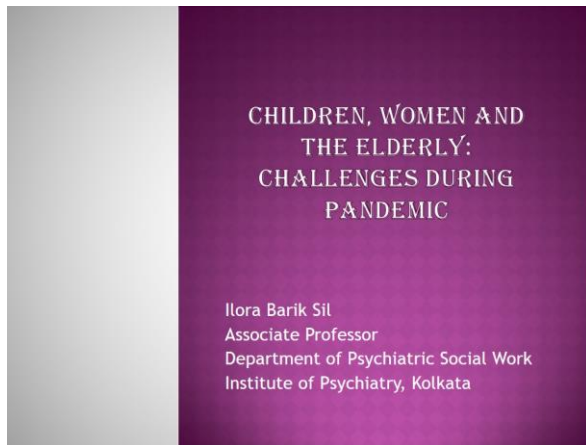
- Breathing/ Muscle Relaxation Exercise
- Mindfulness
- 3 Minutes Breathing Space
- Panic Control Techniques
- Sleep Hygiene
- Cognitive restructuring to dispute and modify the irrational thoughts and maladaptive interpretations
- Trauma focused approach



## Self-Care

- **Before:**
  - Are you ready to help?
  - Are you connected with a group or organization for safety and coordination?
- **During:**
  - How can you stay physically and emotionally healthy?
  - How can you know your limits?
  - Are your expectations rational?
  - How can you and your colleagues support one another?
- **After:**
  - How can you take time to rest, recover and reflect?

### 3. By Ms. Ilora Barik Sil



### LIFE & REALIZATION : A STORY



### LIFE & REALIZATION : A STORY



### CHILDREN & PANDEMIC

#### Facts and Figures:

- ❖ There are more than 2.2 billion children in the world who constitute approximately 28% of the world's population.
- ❖ Most accepted Modus Operandi in this Pandemic: Isolation and Social Distancing strategies.
- ❖ It has been indicated that compared to adults, this pandemic may continue to have increased long term adverse consequences on children and adolescents. (Shen et al.,2020).
- ❖ Quarantined children and adolescents experienced greater psychological distress than non-quarantined children and adolescents. Worry (68.59%), Helplessness (66.11%) and Fear (61.98%) were the most common feelings experienced under quarantine. (Kumar S and Shilpi R,2020)

### CHILDREN & PANDEMIC

- ❖ In this pandemic, children experienced disturbed sleep, nightmares, poor appetite, agitation, inattention and separation related anxiety (Jiao et al.,2020).
- ❖ Severe psychological conditions of increased irritability, inattention and clinging behaviour were revealed by all children irrespective of their age groups (Viner et al.,2020).
- ❖ Some children have expressed lower levels of affect for not being able to play outdoors, not meeting friends and not engaging in the in-person school activities (Lee et al.,2020).
- ❖ Due to prolonged confinement at home, children's increased use of internet and social media predisposes them to use internet compulsively, access objectionable content and also increases their vulnerability for getting bullied or abused (Cooper,2020)

### CHILDREN & PANDEMIC

- ❖ Children with special needs [Autism, Attention deficit hyperactivity disorder, Cerebral palsy, Learning disability, Developmental delays and other behavioural and emotional difficulties] encounter challenges during the current pandemic and lockdown (CDC,2019)
- ❖ Confinement in one place increases the chances of hyperactivity along with heightened impulses and it becomes difficult for the caregivers to engage these children in meaningful activities (Cortese et al.,2020).

## CHILDREN & PANDEMIC

- Underprivileged children are more vulnerable to Depression, Anxiety, Suicide, Exploitation and High drop-out rates due to economic vulnerability of their caregivers (Solantus et al.,2020).

- ❖ Teachers into more creative **online** academic and non-academic sessions making the classes more interactive.
- ❖ More focus on prosocial behavior emphasizing human virtues like empathy and patience and help them to understand social distancing is not equivalent to emotional distancing.

## LIFE & REALIZATION : A STORY OF A CHILD

On line Class – Teacher asked the students to write a short essay on "Corona"  
So one boy wrote..... 🤖  
Corona is a big Chinese festival celebrated by both young and old all over the world. During this festival, schools, markets, churches etc are closed and exams are cancelled. Everybody wears masks during this festival. It is the time when every school going children gets a smart phone as a gift from their parents. During this festival "Daddies" learn cooking, washing and cleaning, while mommies and children spend their time with mobile phones. I love Corona festival very much! 😊

## PANDEMIC PLANNING:THE POSITIVES' REALIZATION

- ❖ Parents physical presence: Undivided, Positive attention and Reassurance.
- ❖ Increased awareness of the children about the Pandemic only through age appropriate, authorized organizations like W.H.O., UNICEF and others.
- ❖ To alleviate the anxiety of children limited, monitored, exposure to news can be encouraged.
- ❖ Parents: Best Role Model
- ❖ Children most Responsible, Accountable and Structured.
- ❖ Exploration of Creative Pursuits.

## ROLE OF MENTAL HEALTH PROFESSIONALS

- ❖ Coordinated and innovative mental health care delivery with children, parents, teachers, school counselors, community volunteers, NGOs, police and others.
- ❖ Tele-consultation facility for the needy.
- ❖ Recognition of the physical manifestations of stress and emotional health problems in children and planned intervention for the same.
- ❖ Identification of the predisposing and precipitating factors associated with the child's current manifestations.
- ❖ Developing stronger networks and partnerships with mental health professionals .

## CHALLENGES OF WOMEN AND THE ELDERLY DURING PANDEMIC

- ❖ Misinformation
  - Unreliable and incomprehensible information
  - Fake Rumours
- ❖ Well-being and Mental Health
  - Depression
  - Stress-related Disorders
  - Panic
  - Substance abuse
  - Low immune system

- ❖ Nutritional Vulnerability
  - Disruption of necessary food supply
  - Shortage of adequate materials
  - Malnutrition
- ❖ Economic Vulnerability
  - Loss of Job/No Job
  - Financial Constraints.
- ❖ Violence and Exploitation
  - Discrimination
  - Gender Inequalities
  - Battering and Physical violence

## SERVICE DELIVERY Vs CAPACITY BUILDING OF COMMUNITY

SERVICE DELIVERY	COMMUNITY BASED APPROACH
REACTIVE	PROACTIVE
NEEDS DRIVEN	CORE PROBLEM DRIVEN
MINIMUM PARTICIPATION	HIGH PARTICIPATION
TOPDOWN APPROACH	BOTTOM UP APPROACH
ONE APPROACH	CONSTANTLY REINVENTING APPROACHES
CREATES DEPENDENCY	POWER SHIFTS TO COMMUNITY
STATIC	ADAPTIVE AS SITUATION CHANGES
LOW TRAINING NEEDS	HIGH TRAINING NEEDS

## APPROACH TO OUR DISASTER PREPAREDNESS

- ❖ Community based approach
- ❖ Involvement of community volunteers
- ❖ Culturally sensitive.
- ❖ Correct Information Dissemination
- ❖ Enhancement of social support system
- ❖ Strengthening the Mental Health Centres and the Rehabilitation Centres
- ❖ Institutionalization of the psychosocial care services along with the available infrastructure in the community.
- ❖ Continuous Collaboration and co-ordination with different Stakeholders



INSTITUTE OF PSYCHIATRY: A GLANCE AT DIFFERENT PERSPECTIVE

COMMUNITY BASED APPROACH WITH CHILDREN DURING PANDEMIC



INSTITUTE OF PSYCHIATRY


COMMUNITY BASED APPROACH WITH WOMEN DURING PANDEMIC- USING THE AVAILABLE INFRASTRUCTURE



INSTITUTE OF PSYCHIATRY

CO-ORDINATION WITH DIFFERENT STAKEHOLDERS DURING PANDEMIC

#### 4. By Dr. Atiq Ahmed



**Mental Health & Psychosocial Support  
in Disaster: Psychological First Aid for  
Community Survivors**

June 4, 2021 | 11:30 AM – 1:30 PM

**Impact of Covid 19 disaster on Mental Health of  
survivors: The Present & the Way Forward**

Dr. Atiq Ahmed

#### Understanding Impact of COVID 19 as Disaster

- COVID 19 as a disaster has impacted on the social structure of communities
- It has created an immense barrier on the usual functioning of the society.
- Psychological distress is common among the victims
- along with socio-economic distress.

#### Understanding Impact of COVID 19 as Disaster

- Vast number of individuals and communities are affected by this disaster.
- It will have a tremendous impact on community functioning, health, mental health and well-being.
- Economic and social development throughout the world is interrupted by this disaster.

#### Mental Health and Developing Countries

- Developing countries are more prone to disasters or hazards due to the various challenges like
  - poverty, lack of resources,
  - lack of educational opportunities,
  - poor infrastructure,
  - and lack of trained manpower,
  - lack of awareness and knowledge of disaster mental health

#### COVID 19 –A typical Disaster

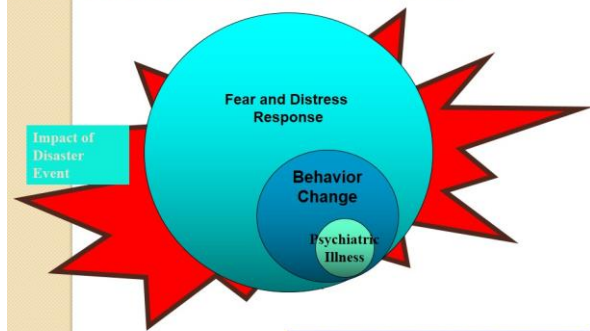
- Houses are Safe
  - Unlike other disasters where displacement occur
- Life Style Changes
  - All walks of life – education/ social/ personal
- Physical Infrastructure Intact
  - But unusable by community
- Freedom of Movement Restricted
- Most impacted dimensions
  - Income generation, Health and Social Life of Individuals/ communities

#### Mental Health and Disasters in India

- Mental health issues, in general, have been considered as a neglected subject especially in India as it is considered as a stigmatized problem.
- Mental health issues caused by disasters are even more neglected area.
- Though now for past two decade or so, at state and central administration level efforts are made to mainstream mental health needs.

- Generally, the disasters are measured by the cost of social and economic damage,
- but there is no comparison to the emotional sufferings a person undergoes during and post-disaster.

## Psychosocial Consequences of Disasters



Source: Biele, G.J., Pomeroy, A.M., and Ford, L.S. Institute of Disaster Medicine and Response to the Psychological Consequences of Terrorism. United States Department of Homeland Security. "Preparing for the Psychological Consequences of Terrorism: A Public Health Approach." Washington, D.C.: National Academies Press, 2002.

## Psychological vs. Medical "Footprint"

In a disaster, the size of the **psychological "footprint"** greatly exceeds the size of the **medical "footprint."**



DEEP LEARN

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Leonard M. Miller School of Medicine  
University of Miami

Source: Shultz, J.M. et al., Behavioral Health Assessment Training for Terrorism and Disasters, Miami, FL, DEEP Center, 2003.

## Studies from Previous Disasters

- Mental health outcomes developed various psychological symptoms such as
  - severe stress after the traumatic experience,
  - uncontrollable feelings of grief and sadness for a prolonged period of time,
  - substance dependency,
  - adjustment problems which affects the proper functioning of the individual as well as the community resulting in family conflicts.

## Lessons from Previous Studies Expected Impact of Covid 19

- The most commonly reported problems were
  - Persistent grief,
  - A state of shock and fear,
  - Maladjustment and dysfunctionality.
  - Several victims were diagnosed with mental disorders comprising of the symptoms such as avoiding a specific situation with a fear of being rejected or humiliated;
  - a state of constant sadness and uncertainties;
  - failing to understand the causes and reasons behind the grief;
  - fear of socializing and persistently avoiding social situations.

## Lessons from Previous Studies Expected Impact of Covid 19

- The psychological and behavioral symptoms observed were
  - unnecessary fear,
  - state of suspiciousness, paranoia,
  - obsessed thoughts
  - severe mood swings and forgetfulness.
  - lack of sleep, guilt, loss of interest,
  - fear of encountering situations, self-blame,
  - suicidal ideations and consistent worry about future.

## Long Term Care Needed

- The long term care was needed for the psychological problems which resulted from
  - disabilities,
  - uncertainties of future,
  - broken social units and rehabilitation issues.
- The victims who had direct and indirect experiences of the disaster showed prolonged behavioural and cognitive symptoms for which psychological rehabilitation was needed.

## Expected Impact of Covid 19

- loss of daily routine,
- The loss of resources,
- lack of control over one's own possessions and loss of social support
- Deviation from Normal Life
- associated with elevated levels of acute psychological distress in previous disasters

## Expected Specific impact of COVID 19 – Short Term Impact

Event	Impact
Bereavement / Death in Family	Grief & Depression
	Anxiety
	Depression
Lockdown and isolation	Exacerbation of existing psychotic symptoms
	Increase in substance use and other addictions
	Educational impact
Fear of potential economic impact	Anxiety
Adversely affected personal relationships, including domestic violence	Anxiety
	Depression
	PTSD

Medium to long-term	
Event (cause)	Potential impact (effect)
Post ICU syndrome (PICS) - After Hospitalization	Anxiety
	Depression
	PTSD
Bereavement	Prolonged traumatic grief
	Complicated grief
Psychological impact on front line staff	PTSD
Actual economic impact, e.g. unemployment, job insecurity, income reduction, increased debt, housing loss, loss of socio-economic status	Anxiety
	Depression
	Suicide
	Increase in alcohol misuse and other addictions
Adversely affected personal relationships, including domestic violence	Anxiety
	Depression
	Increase in alcohol misuse and other addictions
	PTSD

## Symptoms Observable

- Decreased appetite
- Digestion issues - Vomiting, constipation, diarrhea
- Sleep disorders (insomnia, nightmares)
- Exaggerated startle response
- Irritability
- Posttraumatic stress disorder

## Symptoms Need To Explore

- Fear, anxiety
- Increased hostility with siblings
- Somatic complaints
- School problems – Children
- Social withdrawal
- Decreased interest in peers, hobbies,
- Impact on academic performance

## Expected Changes Need to be Observed (Children/ General Population)

- Changes in school performance
- Recreating Event through talk, play
- Increased sensitivity to sounds
  - Sirens, thunder, aircraft
- Questions about death and injury
- Changes in sleep
- Denial of impact
- Hateful or angry statements
- Anxiety, Fears, and Worries about safety of self and others
- Worries about re-occurrence or consequences such as war
- Hyperactivity, decreased concentration, withdrawal, outbursts, absenteeism
- Increased body complaints
  - Headache, Stomach-ache, Pains

## Symptoms Seen in all age groups

- **Aggression** - Verbal and/or physical outbursts towards siblings, adults
- **Regressive Behavior** – Seen mostly among children -Crying, clinginess, helplessness
- **Post-traumatic stress** –
  - Nightmares
  - Flashbacks
  - Emotional detachment or numbness
  - Insomnia
  - Hypervigilance
  - Irritability
  - Memory Loss

## What can be Done?

- Psychological first aid
- Provision of Psychosocial Support
- Building Coping and Resilience

## What is psychosocial support?

- Psychosocial support refers to actions that address psychological and social needs of individuals, families and communities
- Psychosocial support can be delivered in specific programmes or be integrated within other activities
- The International Federation of Red Cross & Red Crescent approach to psychosocial support is:
  - A community based approach to facilitate the resilience of the affected population
  - A way to mobilize the power of humanity
  - A means of maintaining health and well-being of staff and volunteers

Reference Center for  
Psychosocial Support

International Federation  
of Red Cross and Red Crescent Societies

## Psychosocial Support – As Immediate Need for Communities to Overcome the Impact

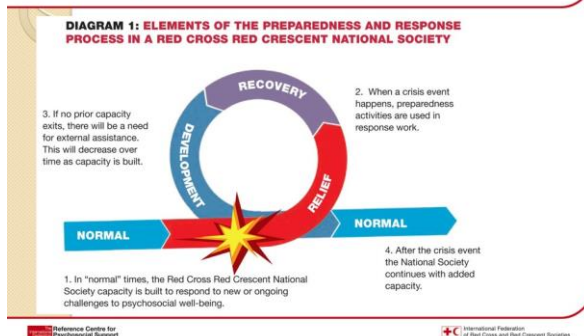
- *Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent mental disorder”*
  - (IASC Guidelines for Mental Health and Psychosocial Support)
- *“Psychosocial support is a process of facilitating **resilience** within individuals, families and communities. Through respecting the independence, dignity and **coping mechanisms** of individuals and communities, psychosocial support promotes the **restoration of social cohesion and infrastructure**”*
  - (IRFC Psychosocial Framework)

## How to Provide PSS

- Promote
  - Sense of safety
  - Calm anxiety and decrease physiological arousal
  - Increase self- and collective efficacy
- Encourage social support and bonding
- Instill hope and sense of positive future

Stevan E. Hobfoll

## IFRC Preparedness and response



## What People Need

- To talk to about their experience
- Someone to care
- Someone to really listen
- Someone to lean on or cry with



## Ways to Provide

Volunteer training required to provide support in terms of

- Active Listening
- Active Understanding
- Reassurance of strengths available within
- Promote Resiliency and active and positive coping

## Impact -Disruption of normal patterns and Overcoming

### Treatment/Recommendations

- Parents, teachers, and Healthcare workers should create and maintain a predictable schedule for children.
- Night lights, stuffed animals, Presence of adults in room at night and reassurances by parents are helpful.
- Compassion is helpful but punishment is not.
- Consultation with psychiatrist or psychiatric social worker will benefit.

## What Can be done?

- Short term Training to Health workers to identify psychosocial issues and implement
- Referral services to designated psychosocial centers/ PHC/ CHC etc.
- Involvement of NGOs/ CSOs by providing training to them
- Teachers in the schools need to be identified and provided with training to deal such issues in group/ individual level

## What Can be done?

- Involving Hospitals or health centers to conduct camps in surrounding communities
- College and University students can be identified and trained to develop volunteers to talk/ share to extend psychosocial support to fellow college students and reach out to communities through NSS, Red Ribbon Clubs etc.
- CSR centers in industrial setups can take up this to extend support to
  - Workers and Laborers in industrial areas
  - Surrounding Communities

### What Can be done?

- Identifying and Training of SHG active members to take care of the fellow members
- Training of ASHA Workers to identify and provide short interventions
- Identifying youth clubs in communities. Responsible youth leaders under supervision of Mental Health Workers can identify and provide psychosocial support to fellow youth.

### What Can be done?

- Older responsible children can be trained to watch out problems in younger children in community.
- Religious institutions – like Gurudwaras/ Temples/ Astha groups/ churches and mosques can also be involved to reach out for a larger community
- We can also involve celebrities to disseminate information to remove stigma and identify the problems faced by people to reach out for help.

### What Can be done?

- Effective use of social media to circulate short video to overcome problems can be utilized.
- Resilience/ coping information can be disseminated on social media and FM radio- short speeches or videos to overcome stress can be circulated – explaining how and where to reach help.

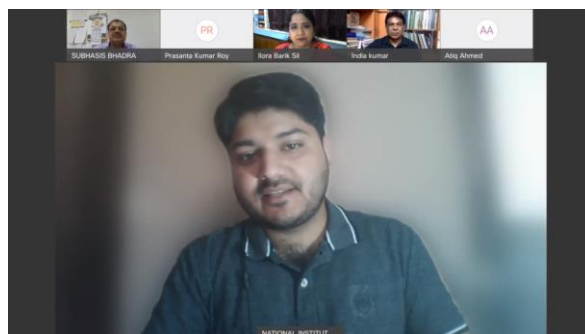
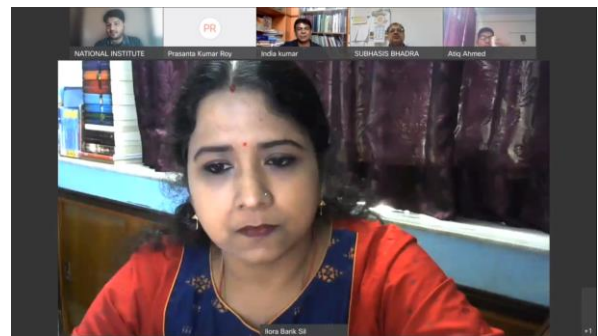
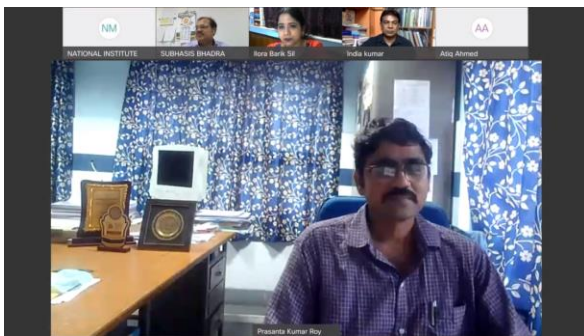
### In Conclusion

- Opportunities are innumerable
- We just need to explore various avenues
- Develop an intense and systematic plan to develop resilient community

A resilient community can respond to crises in ways that strengthen community bonds, resources and the community's capacity to cope.

Community resilience is the individual and collective capacity to respond to adversity and change.

# Photographs



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सत्यमेव जयते



Resilient India - Disaster Free India

**WEBINAR ON**

# Mental Health & Psychosocial Support in Disaster: Psychological First Aid for Community Survivors



PM 10 Pt Agenda No.1

**DATE & TIME - 04 JUNE 2021 || 11:30- 01:30 PM**



**PATRON**  
**Maj Gen M K Bindal**  
Executive Director, NIDM



**CONVENOR**  
**Prof Santosh Kumar**  
Head, GIDRR, NIDM

**Registration Link:**  
[training.nidm.gov.in](https://training.nidm.gov.in)

### SPEAKERS



**Dr. Subhasis Bhadra**  
Head, Dept of Social Work,  
Central University of Rajasthan



**Dr. Prasanta Roy**  
Head, Dept of Clinical Psychology,  
Institute of Psychiatry, Kolkata



**Ms. Ilora Barik Sil**  
Assoc Prof, Dept of Psychiatric Social  
Work, Institute of Psychiatry, Kolkata



**Dr. Atiq Ahmed**  
Asst. Professor, Dept of Social Work,  
Central University of Rajasthan

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**COORDINATOR**  
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Jr. Consultant, NIDM

**Stay Protected from Corona**

 Wear your Mask Properly

 Wash your Hands Regularly

 Maintain Social Distancing

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