

## Psychosocial response to disasters—some concerns

M. GANESAN

*Mental Health Unit, Teaching Hospital, Batticaloa, Sri Lanka*

### Summary

This paper is confined to a discussion of some of the possible harm and problems that came about as a result of the psychosocial interventions that were carried out in the post-tsunami phase. It also discusses some of the coordination activities that were carried out. It is accepted that there were many psychosocial initiatives that were well planned and were very useful to the community; however, this paper does not discuss those projects. It is mainly based on the experience gathered from working in the East coast of Sri Lanka for over five years and also from being involved in post-tsunami coordination work that was done with over 60 different organizations in Batticaloa, Sri Lanka. Experiences from the neighbouring Ampara and Trincomalee districts are also included.

### Introduction

In most countries, the government sector has very little capacity for doing psychosocial work. After the tsunami, many organizations that came in to do psychosocial work probably had experience of doing similar work following disasters elsewhere. It was expected they would have worked out the methods of working in a post-disaster environment. Sadly, although many organizations did set up and implement good projects, there were many more that came in with very simplistic ideas. This is quite surprising considering the expertise and knowledge brought here by these organizations. This paper describes some areas which raised concern.

The need for psychosocial interventions is clear in a post-disaster environment, and this has been highlighted by the World Health Organization (WHO) and other international agencies. The problem is to identify the nature and extent of these difficulties, what are the best strategies and methods to meet those needs and how they are to be delivered. In addition, how to factor in the local culture and customs is very important.

The setting where most of these observations were gathered is the Batticaloa district, on the East coast of Sri Lanka. It has a population of 500,000. This district was badly affected by the tsunami. More than 4000 people lost their lives. Around 70,000 people lost their houses, and the livelihood of many more was affected. This district had already been badly

affected by the civil war that has been raging in Sri Lanka for over 20 years. A fragile peace has been in place for the last three years.

The psychosocial field has developed over the last 20 years in many different contexts here. This has happened even though among many there does not seem to be a clear understanding of this concept. Especially in post-disaster situations, this seems to be a favoured area of work for many organizations, as governments themselves seem to take marginal interest. This may be because of the lack of evidence for any particular strategy and the need to channel the meagre resources into something more concrete.

### Multiple players and activities

*Would it be beneficial if a single organization provided psychosocial services to a community?*

The psychosocial interventions needed to help the survivors in a disaster should be varied and many. For example, psychosocial programmes targeting children would be very different from projects aimed at helping widows.

There were instances where the organizations took on the responsibility to meet all the psychosocial needs of a population group. Why they felt the need to do this is not very clear. Some organizations wanted exclusive rights to work with a community and they did not like other organizations working with 'their' people. This often led to services with

very apparent gaps. Furthermore, there are many difficulties in only one or a very few organizations providing services. In any large-scale project started in a hurry in order to provide psychosocial services there would be difficulties in ensuring that the services that reach the population are of a high quality. It would be possible for any organization to supervise and support only a limited number of field staff, especially in the psychosocial field where support and supervision are very important. Many of the organizations faced a shortage of persons who had capacity to offer supervision; there was also the need for staff with technical knowledge to stay long term, but this was lacking in this area. Most of the qualified staff came in only to prepare project proposals and do parts of the training; then they were gone, probably to another site where other projects needed to be set up.

It is necessary for organizations to understand that they cannot and should not prevent other organizations from working with the same population. However, there should be close coordination to ensure that there is no duplication or competition between organizations. The organizations going in later into an area have the responsibility to talk to the organizations that are already working there. Joint activities and good coordination should ensure that no two programmes take place at the same time. Very often, even if there is cooperation at the managerial level, there is animosity at the level of community level workers. They feel they should show loyalty to their organization by defending their 'territory'. Organizations should work with staff internally to ensure the benefits to the recipient population are foremost in the minds of the staff.

The training that is given to the staff by the various organizations differs widely. Some are of good quality, while others are poor. Most of the training was for one or two weeks, sometimes followed by some top-up training later. There was very little training on practical skills. By working together, the field staff could gain valuable knowledge and skills.

### **Combining different services**

*Is it useful to combine psychosocial activities with other services?*

Many organizations combined different activities, such as providing material support and psychosocial activities. It would be very difficult to implement counselling programmes side-by-side with an income-generating project; especially when the same staff are used to provide both. The nature of the relationship between the field staff and the clients for the income-generation project would be quite different from the relationship that would be needed

to provide counselling. These sorts of combinations of services make it almost impossible to carry out counselling work satisfactorily. This also created an unsatisfactory relationship between the support workers and the clients. This affected the psychosocial programme and also encouraged a type of relationship where the staff were seen offering more advice than support. This often led to disempowerment and loss of self-worth among the population. In addition, the field staff were under pressure as they were seen as people who could offer solutions to the problems.

To highlight this problem, an organization provided widows with appliances that are needed for living. They were not consulted as to the items they wanted nor were they involved in the purchase. This programme was done apparently in order to empower widows. Furthermore, the same staff offered befriending services to the same group. However, the field officers called themselves counsellors. Whenever the supervisors went to the field there was praise for the staff from the recipients, and this was considered a successful programme. However, the training for this group was for 10 days only and did not involve any component on empowerment or gender issues. Most of the 'counselling' that was offered was in fact practical advice.

Training also had to focus on the specific skills and knowledge needed to carry out particular activities in order for them to be successful. It is very difficult to train generic staff to carry out many psychosocial interventions simultaneously within a short period of time. It was not possible for one or a few organizations to meet all these needs in a hurry. Any one organization could only implement projects addressing one or a few issues affecting specific population groups. This again highlights the need to work in a cooperative manner. Hurried recruitment and brief training like this will often end up causing more harm than good.

### **Programming**

*How important is it to develop programmes after consultation with the recipient community?*

When it came to programming, there were significant differences between the psychosocial field and other relief-related programmes. This was especially seen in relation to counselling. The organizations dealing with income-generation projects met with communities and found out what the needs were of the affected population. This they did through a system of community meetings. Similarly, there was some consultation by the shelter group as to the type of temporary shelter that was preferred by the people. However, for most psychosocial programming there

was hardly any consultation in order to ascertain the needs of the population. It may be that the specialists who came in as consultants felt that they knew what the needs were from their past experiences elsewhere. It is possible that it was felt that the community may not realize or understand the psychosocial needs or not know what its needs are, and therefore getting their opinion would be a pointless waste of time. All this probably stems from the idea that all persons would respond in a psychologically-known manner to trauma and loss, and a particular universal method existed to help these people whoever they were and whatever their culture and past experiences was. This particular mode of thinking and programming possibly arose from applying a simplistic biomedical model to explain responses to trauma and loss. This attitude makes a consultation process with the recipients redundant. It does not adjust to the pre-existing mechanisms of coping with the individual and the community.

An example of this was a trauma specialist who came in with the idea of using multi-religious activities to help with the grieving process. This person did meet some of the religious leaders in the community. But, unlike Muslims and Catholics, Hindus are not organized under religious leaders. The specialist was not aware of this. There were many Christians of the free churches who had as many leaders as the number of churches, but he did not meet many of them. Though there is close collaboration between the different religious communities, the grieving processes are different. Death is given different meaning by the different religions. This particular programme did not work out. If adequate consultation was done, perhaps it could have succeeded.

In the biomedical sphere, after diagnosis a careful appraisal is made of the need for medication and the type of treatment. A risk benefit analysis is carried out based upon the knowledge of the possible outcomes of the condition and the possible adverse reactions of treatment. This is weighed against the distress suffered by the individual as well. However, as opposed to other medically-defined conditions, even though a medical model was used, diagnosis was often carried out in a cursory manner by inadequately trained persons. The treatment in the form of counselling was prescribed. In this instance counselling was not seen as something that could possibly do harm. A multitude of persons were trained and allowed to work with people, with a feeling that no possible harm could come by using counselling.

After the initial first aid methods, where assessment may not be necessary, there should be a good consultation and assessment process before programmes are designed.

## Parachuting

*How useful is it for organizations to go in for brief interventions without knowing where they fit in to the system already in place?*

Many organizations and groups came in without any prior communication or invitation. They were indeed well-meaning and, as most groups have collected donations from individuals and funding agencies, some of them came with a very medical model and various programmes that have been developed elsewhere, without any consideration of the local culture to help these victims. Most of them were planning short-term interventions and very often did not have any evidence to back up the effectiveness of the intervention strategies they were planning to implement. Even when some organizations stayed on for some time, they rotated staff so often that it made it very difficult for the recipient community to have a meaningful relationship. They often communicated with the people they were counselling through translators. These translators were not trained translators, but instead very often were the drivers of the vehicles these organizations had hired. At best they had very limited capacity to translate the very complicated and sensitive communication that takes place during a counselling session. In many instances these sessions, in which whole communities participated, offered comic relief for the survivors even though it was probably not intended as such.

An international organization brought in a nursing specialist to train primary health staff to work with affected families. This was done without any consultation with the local health authorities. This specialist was surprised to hear a similar programme had already been set up for this group of community health workers. However, since much money was involved, this programme was conducted by this single resource person, with translation, over three days. There was no plan for follow-up or supervision.

## Pressure on CBOs and local NGOs

*What are the effects on the smaller local organization?*

There were many community-based organizations (CBOs) in this part of the country which implemented many psychosocial programmes. These organizations were supported and made to expand their area of activity, and forced to recruit many additional staff to carry out many of the programmes that the large organizations wanted to implement. The large organizations also brought down specialists who came with activities that they had produced and/or implemented elsewhere. There was very little input

in the programming by the local organizations. Even though the local organizations lacked specialist knowledge, they had very valuable knowledge about the local customs/beliefs and help-seeking behaviour of the local population.

Most of these local organizations had previously worked with volunteers or supported some of their workers with small allowances. But after the tsunami the large organizations were willing to pay for the services. This was too great an offer for these small organizations to resist. In the process these organizations took up projects with which they had no previous experience. Worse still, this completely changed the character of these organizations very rapidly, which led many of them to the brink of collapse. It seems likely that most of them will not survive in the long-term. This would be harmful for the community.

In many instances the large international/national organizations that were working through local partner organizations began themselves to implement programmes directly in competition with the local organizations which they were supporting. This phenomenon had not been seen before the tsunami. In the process, they took over some field staff from their local partners, which resulted in weakening them. Many of the local organizations actually reduced some of the work that they were doing with families affected by the war.

### **Psychosocial activities: counselling**

*How best to organize counselling services post-disaster?*

Of the many psychosocial activities, counselling and trauma related clinical work was the most difficult to coordinate. There was a general feeling that many of the victims would suffer from clinical entities and would need help. It was also felt that most of these people would benefit from short-term counselling. Most of the international and national experts who came here did not have much time to spend and many of them did not understand the language either. They were only interested in offering short-term training programmes lasting over a few days, and anybody who wanted to undergo the training joined in these programmes, irrespective of their experience and qualifications. After a while, most youngsters in Batticaloa had acquired certificates which indicated that they had received training in counselling. The usual training involved some theory and some listening skills but did not in any way prepare the recipients to carry out counselling. Nevertheless, the recipients felt in most instances to have learned counselling skills. There was no attempt to arrange supervision or advice on what to do when

they faced blocks in the process. When the unsuitability of short-term counselling courses was brought up in discussions, the names were changed. Terms such as family support worker, community support officer, befriender and barefoot counsellors were used to denote these workers. However, the trainees themselves felt and called themselves counsellors. In one discussion a group who had been specifically told that they should not call themselves counsellors said that they could counsel everybody who needed help, except of course those who needed medication. This group had received training for a mere 10 days. Training should take a long-term view of capacity building. Very often the trainers come with presentations and training programmes prepared elsewhere. While accepting that there is a need for counselling and other trauma related work, it was surprising that most of these specialists had never visited this war-torn area before. Twenty years of chronic war has left many dead and many were the victims of torture. Furthermore, it is generally felt that man-made disasters tend to cause more psychosocial trauma than natural ones. However, it was the tsunami that brought in all these experts. At present, there is a local attempt to start a course in the local university on counselling. This would be conducted over a two-year period and will either lead to a certificate or a diploma. However, interest was poor on the part of many experts who came here in supporting such a programme. Somehow, the focus was on short-term brief training programmes rather than on long-term projects, perhaps because quick results are more gratifying.

### **Psychosocial activities: social work**

*Is it important to provide social services for the population affected by disaster?*

In contrast to the interest shown in counselling services, there was very little interest shown in providing social work. There was a big need for social work after this disaster, as people had difficulties in accessing services. Many had lost documents pertaining to their identity and other certificates that were essential in order to claim compensation. There was also work to be done getting children back in school. There were no training programmes in social work, in marked contrast to the large number of training programs in counselling. It is necessary to have knowledge of the local administrative set-up and the local services for someone to prepare and run training programmes on social work. There was very little local expertise to provide such training, and trainers from elsewhere would have to spend time in order to understand the local procedures in

accessing services. These could have been some of the factors contributing to the lack of interest in this much needed area of work. A few social workers did come in some of the teams that came to help with the psychosocial activities, but as these teams stayed only for a short while and as the focus was on counselling services, they could not contribute much. Even though many of the field officers were trained as psychosocial workers, most of their training and work had been as befrienders/counsellors rather than as social workers.

In the early resettlement and reconstruction phase there is often a lot of confusion and anxiety among the affected population. This often leads to anger, depression and despondency. A good social service component to the services would help reduce this anxiety and therefore help the population to access services more easily.

A counsellor came up at the end of a supervision session for counsellors and said that the community in a resettlement village had complained to him about a problem with flies. He said that they were more interested in talking to him about this problem than about the loss they had suffered. Unfortunately, they did not know how to contact the necessary authorities about the problem, and the counsellor did not know either. As much as the trauma related needs, the communities also had immediate physical and environmental needs which were of importance to them. Providing them with help also to meet these needs should be considered an essential part of the training.

### **Psychosocial activities: play activities**

*What care needs to be taken even for simple activities?*

There were many organizations carrying out play- and drama-related activities with children. Though most of these activities were of good quality, this was not the case in all instances. There were turf issues between organizations. Very often many different organizations did play activity in the same areas at the same time. This was very apparent in one large resettlement village where 1000 families from different communities were settled together. It was common for the animators to differentiate between our children and their children. At times children were asked not to play with children belonging to other playgroups. This often led to conflicts between the animators and at times brought about animosity between the children themselves. Organizations were keen to show that they had the larger groups, and this often led to inflated numbers in their groups. Another problem was the extent to which these activities were carried out. Although many

organizations gave schedules for their activities, very often these were not carried out at the centres. An attempt to bring about coordination and to get the animators from different organizations to interact with children together according to a common schedule has been successful to some extent.

### **Grief therapy**

*Is it important to consider local/traditional methods before planning services for problems of a universal nature?*

Over many centuries, the communities here have developed grieving methods and community/religious activities to help handle trauma. These were used during the conflict-related events as well. However, most experts who came in were unaware of these practices and did not consider them in the planning of psychosocial activities. By medicalizing suffering and labelling it very freely using medical concepts such as post-traumatic stress disorder and other similar concepts, the community may get an idea that the culturally accepted methods would be of no benefit. It further implies that only qualified persons would be able help these victims. Although this may be true, there were very few qualified counsellors and mental health professionals in the region. More importantly, traditional methods may be more appropriate and more acceptable to the population, and provide better outcome for the local population.

### **Research**

*What sort of research with what sort of protective mechanisms should be allowed?*

There was a great deal of interest in research both on the part of local and international organizations. Surprisingly, the organizations that were interested in research were very often not planning to implement any activities. On the most part, they were content to collect data and leave. Unfortunately, attempts at the national level to create an ethics committee to vet post-tsunami research failed. Most organizations had not sought ethical clearance from their own countries either. Many were planning to use instruments that were translated to the local language in a hurry and without any real validating process. What was missing from many of the proposals was how the information that was being gathered was going to benefit the affected population. Informed consent was mentioned, but rarely sought in the field.

Most of the population here have not faced questionnaires before. They are not aware that they had the right to refuse. The population also thought

that the questionnaires would lead to some financial or other help from the persons who were carrying out the interviewing in the initial weeks following the tsunami. But after a while the population was tired of these repeated questionnaires and refused to answer questions unless definite benefits were spelled out. This led to some difficulty, as organizations which were planning services found it very difficult to gather the necessary information that was needed for the planning process.

In addition, organizations showed reluctance to share the information they had collected. This also led to multiple assessments, to the annoyance of the public and a waste of time and resources. The organizations felt that they owned the information they had collected and therefore had the right to decide whether to share the information or not. In a disaster, the information that is gathered is for the planning and delivery of services to the population. The information that is gathered belongs to the population as well. In this context, it would be unethical as not sharing the information would cause a delay in the provision of humanitarian services.

There needs to be a research ethics committee which vets research projects. There should also be a repository for all the data that is collected and here all information and research results could be kept for other organizations to use. This would be difficult to implement, as it was noted that in some instances one arm of an organization did not want to share the information that it had gathered with other sections of the same organization.

There was a researcher from a Western European country who was visiting and interviewing children in the resettlement villages. This person did not work through any local educational institutions. There was no attempt to obtain ethical clearance in Sri Lanka and it is not clear whether this person had ethical clearance from any institution. After collecting data over a period of three months, this person left the area. It is possible that the research questionnaires could have further traumatized the children.

### **Coordination activities in the district**

*What is the best way to coordinate psychosocial activities after disaster?*

Coordination is essential and beneficial at an early stage after a disaster. In the case of the tsunami, this was helped by the government making the health sector responsible for psychosocial activities. The health director of the district was made responsible for the coordination of psychosocial activities in the district on this directive. In some districts they undertook to do it themselves with little or no input from the mental health teams. This often led

to organizations working on their own outside the coordinating mechanisms as they felt they were being controlled. Fortunately in our district the health director delegated this to the mental health team. The small mental health team itself lacked manpower and skills to provide psychosocial services for all the affected population. As there were many local and international organizations interested in providing psychosocial services, coordination was crucial in order to gain maximum benefit from the available resources. Even though the district health authority had powers to control the delivery of psychosocial services, it would have been very difficult to exercise this power at the time when there was a great deal of confusion and busy activity. It was decided to use a more democratic process and involve organizations by providing services that would be useful to them.

The first coordination meeting was held three weeks after the tsunami. Some basic principles were discussed and accepted by the organizations that took part in this meeting. There was to be a core group responsible for the coordinating activity, consisting of seven individuals, local organizations and international organizations. This coordination was to run through the first six months and then, following an evaluation, a decision would be taken about continuing for a further year. The objectives of the coordination unit were to:

1. Facilitate technical support to all organizations involved in psychosocial response to the tsunami disaster, to enhance the quality of services provided to affected persons.
2. Coordinate and synchronize the various efforts by state, non-government and other groups in order to provide psychosocial interventions for persons affected by the tsunami disaster.
3. Liaise with the state institutions and other agencies involved in relief, resettlement and reconstruction work to promote practices that enhance or protect the psychosocial well-being of affected populations.

The core values were:

1. To focus on tangible outputs; solution-focused rather than problem-focused.
2. Commitment to low running costs.
3. Responsive to external needs and opportunities.
4. Inclusiveness.
5. Respect for diversity in: (a) theoretical approaches; (b) gender/ethnicity/religion; (c) local cultural practices and approaches, and modes of healing.
6. Emphasis on enabling and engaging members rather than regulating them.
7. Critical.
8. Practical.

9. Commitment to a long-term perspective.
10. Respect for interests of local groups.
11. Place priorities and perspectives of survivors at centre of psychosocial services.
12. Focus on best practices—informed by prior experiences.

### **The main activities**

There were regular coordination meetings held, initially weekly and later fortnightly. These are now held monthly. Many organizations were able to get support from other organizations for their activities in these meetings. There were other meetings focusing on specific activities such as play activity meetings. There were also special meetings around particular issues when these came up. There was one set of meetings relating to the postponement of some national examinations.

An important activity was organizing and conducting training programmes based on the needs of the field workers who needed to upgrade their skills and knowledge. These training programmes included staff from different organizations selected on the basis of the activities they were doing. Conducting supervision sessions as a group activity using resource persons was one activity that was conducted on a regular basis.

Mapping of the services provided by the different organizations was another activity that was carried out. This was necessary to find gaps and overlaps in the services. This was updated a few times.

Technical help was provided to many of the organizations that came in to carry out psychosocial work. Most of the upper level government officials knew about the coordination mechanism and referred any new organization here first. Technical help was provided in many different ways. These included help in programming, finding areas of need, identifying local partners to work with, and sharing knowledge of local culture. The common problems that were likely to come up in implementing programmes were also discussed. There was some gate-keeping involved as well. Through discussion, it was possible to modify the programmes of many organizations in order to suit the local needs.

Very often problems related to turf issues came up. This happened when an organization went into an

area where another organization was conducting a similar programme. In most of these instances the differences were worked out to the satisfaction of both organizations through dialogue, but this meant loss of time, energy and effort, which could have been used elsewhere. Most organizations agreed to work in partnership with other organizations, often sharing resources.

There was input from the psychosocial coordination group into other coordination meetings. Initially there was input into the water and sanitation meetings in order to sensitize them to local needs such as protecting bathing areas for women. Similarly, there was input into shelter and education coordination meetings. Participation in these meetings had the aim of sensitizing these groups to the psychosocial needs of the population and encouraging them to programme, using more participatory approaches.

Gate-keeping was a necessary and unwelcome activity of the coordinating mechanism. Usefully, government authorities and most non-governmental agencies referred new organizations that were interested in doing psychosocial work in the area. After discussing the area of interest, the activities that are being carried out by other organizations in the same area are discussed. The duration of planned activity was an important consideration. More general activities, as opposed to specialized activities, were encouraged. They were also made aware of the existing referral mechanisms

### **Conclusions**

There was much chaos in many areas of activities around psychosocial initiatives in the post-disaster environment. Much information on programming in the psychosocial arena should have been gathered in the many disasters that occurred in the recent past. However, it seems that very little learning has taken place. Coordination is recognized by many organizations to be important, though very little work is available as to the best methods of implementing it. Basic guidelines for psychosocial work and coordination should be developed to be used post-disaster. These should provide answers to the queries raised above.