

Psychosocial Care of
Tsunami-Affected Populations

Caring for Your Own
Emotional Well-being

Guidelines for Relief Workers

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MESSAGE FROM THE REGIONAL DIRECTOR

December 26, 2004 will forever be a date that haunts our memory. It will always be associated with the massive earthquake in the Indian Ocean which generated the destructive Tsunami waves that battered the shores of many countries. Unfortunately, the WHO South-East Asia Region bore the brunt of the devastation. Among our Member States, Indonesia, Sri Lanka, Thailand, India and Maldives were affected the most. Myanmar and Bangladesh were also affected, but to a lesser degree.

WHO immediately responded to the disaster. During the early phase of the crisis, our priority was the provision of technical advice to governments of affected countries to help them take care of the immediate threats to human health.

Given its sheer magnitude and scope, no single organization can adequately cope with the disaster alone. WHO is supporting national health authorities of the affected countries in close coordination and cooperation with other agencies. Never before have organizations of the UN system demonstrated such an ability to respond to the immediate needs during a crisis with unity, professionalism and speed.

In addition to providing technical support on health issues, we were very cognizant of the psychosocial needs of those affected by the Tsunami disaster. Technical guidelines were immediately made available to governments and disseminated widely to agencies working in the field. It was widely recognized that impairment in psychosocial rehabilitation can affect efforts in physical rehabilitation.

Providing psychosocial support to communities affected by the Tsunami disaster is a key component of the Organization's long-term strategy to rehabilitate the damaged public health infrastructure.

I am confident these manuals will be found useful by community-based workers who will ultimately provide the psychosocial support to those affected by this unprecedented tragedy.

Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director

PREFACE

The Tsunami disaster has imposed a huge burden on communities, not only physically but also in terms of the psychological trauma inflicted on them. It should be noted that EACH AND EVERY PERSON in the population is psychologically affected to some extent. Thus, in terms of numbers, the magnitude of the problem of psychological trauma of the disaster affected population is as large as the size of the population. It is imperative that psychosocial interventions be made accessible to each person in the community, because psychological distress can hamper rehabilitation and resumption of normal life.

WHO's policy on mental health/psychosocial support to disaster victims is that it should be community-based and culturally appropriate and take into account the needs of special groups such as children, women, the elderly, etc. WHO recommends that psychosocial support be provided to affected communities by community-based workers who understand the needs of disaster victims and are trained by experts in psychosocial support methodologies.

The role of the WHO lies in defining the psychosocial needs of the community, establishing technical guidelines to be used, providing technical support to governments, NGOs and other stakeholders involved in psychosocial support, as well as training people for the implementation of psychosocial support strategies, monitoring and evaluation of programmes. Actual implementation in the field can be done by community-level workers, NGOs, self-help groups and other UN groups, etc., using WHO guidelines. All activities should be in collaboration with the Ministry of Health and the WHO Representative office.

This set of manuals, prepared by a group of experts has been developed for use by community-level workers entrusted with the responsibility of providing psychosocial support to the community. The manuals recommend increased community outreach, taking into account the needs of special groups such as children, women and the elderly, while offering a culturally appropriate approach to support.

It is hoped that the training these workers receive will enable them to reach each and every member of the community and provide them with the appropriate level of psychosocial support needed. In addition, relief workers can learn how to care for their own emotional well-being, so that they can handle the stress of relief work and serve the community better.

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