

National Seminar on Disaster Management – Tsunami 2004
Challenges & Responses
Psycho-Social Perspective – ‘A Tribute to Service Providers’
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Introduction :

Disasters whether natural or manmade have devastating impacts, traumatizing and debilitating lives, property and the psyche of all. The magnitude of impact mars psycho-social and economic development.

Mental Health professionals face huge demands to address various types and levels of trauma and ongoing grief and the pragmatic approach is to tailor one's own need-based intervention and psycho-social assistance based on one's cultural context and unique issues relevant to one's own society.

December 26th, 2004, swept various parts of South East Asia and in particular Tamilnadu & Andaman Nicobar in India, with hitherto unheard or unseen TSUNAMI. It's rise and ebb in peoples minds two months later is still live.

While our Nation, State Govt's., NGO's, International Co-ordinating bodies, and Community involvement on the whole has worked relentlessly over the past two months much is yet to be done in a specific psycho-social dimension that is visibly emerging.

Post-disaster need differences among groups of survivors may be identified based on whether the impact has been direct or indirect. The direct are the ones who continue to be in focus justifiably so, but indirectly affected population need to be reckoned with.

After effects of trauma, loss and grief are still very palpable in every section of the population. The affected seem to fall along the continuum of:

Primary Survivors - those who were directly affected by the event, as in being on the shores that morning, and grappling to save themselves and others.

Secondary Survivors - a large population of grieving survivors, constituting immediate family members, relatives, friends, and who in turn became personal-rescuers.

Third Level Survivors - rescue-recovery personnel, emergency staff, defense services, fire-police personnel, medical & mental health professionals, paramedical staff, community workers and missionaries.

Fourth Level Survivors - Govt. functionaries, Media, NGO's and other coordinating agencies.

Fifth Level Survivors - individuals who experienced varied states of distress after visiting sites, or viewing media coverage.

As it is said, "No one who sees a disaster is untouched by it".

While vulnerable groups such as the elderly, disabled, children, youth, women-widows etc need to be given appropriate and continuous help, a section of the population working on war-footing during and after the ravages of the damage need special attention .

These are various " Service Providers " .

What is encased in the minds of these people, what emotions are trapped in them, how are their cognitive functions enabling them to think, behave and act, have these been considered ? They have become invisible helpers today, and their concerns equally obliterated. Even media representation [print and visual] of their services has been minimal.

This paper is all about **SERVICE PROVIDERS AND RECOGNISING CARE-GIVER BURNOUT AND INTERVENTIONS.**

First let us remind ourselves as to how the service professionals have been there in the heart of the crisis.

The various phases in which service providers rendered help are :

'Impact Phase' - relocating people to safety for survival, giving first aid, dealing with overwhelming reactions of varied population. Ex. Flanked along the coastline massive task of debris and dead body removal, helping in burial rituals, sanitizing the place, abetting law and order problems are just a few.

'Rescue Phase' - channelizing and distributing food & water, shelter protection, clothing, medicines, crisis counseling interventions.

'Recovery & Rehabilitation Phase' - Helping people restore capacities be it personal or emotional coping, making adjustments in a changed community setting, livelihood options and assisting survivors deal with bureaucratic relief and rehabilitation measures etc.

While the vulnerable groups have been receiving assistance, have the service providers become immune to tsunami impact in their 24/7 line of duty ? No ! In fact cumulative stress build up slowly as a result of the magnitude and multiplicity of demands. Long working hours, recurring frustrations of working and living in emergency situations cause disturbances. Stress reactions develop slowly, imperceptibly and often go un-noticed. Exposure to Gruesome sights and smells as part of their jobs lead to reliving, intrusion and inertia. Depression, acute stress disorder and post-traumatic stress disorder are not uncommon. Even if the percentages are less, still these are persons who need individual-person centric identification and intervention.

How to identify care – giver burnout or “compassion fatigue” among frontline helpers, the Service Providers ? Here are some obvious pointers, not all inclusive.

- Resistance and diminished dedication to task leads to inability to plan, focus, delegate and work.
- Making mistakes, cognitive dysfunctions, fuzzy memory, preoccupations unrelated to work set in.
- Work shirking-avoidance behavior. Staying away from work, or coming in late.
- Lack of commitment, in keeping to schedules, low levels of energy and self neglect. Psychosomatic complaints, insomnia-hypersomnia, prevalent.
- Irritability, low tolerance , withdrawal or hyper –ventilation is visible.
- Morbidity associated with existential questions of life & death are expressed.
- Substance abuse.
- Inability to connect with family, friends, thus isolating themselves.

What Psycho-Social interventions may help?

- Physical & Psychological preparedness in terms of understanding and anticipating, living conditions, job demands, likely problems, local language and culture is imperative.
- A combination of ventilation, talking about stressful events or situations is useful despite initial reluctance.
- Active listening and empathy as twin tools of being there and understanding are of paramount significance.
- Anxiety-grief management through relaxation, meditation, and other alternate therapies work.
- Psycho-pharmacological interventions may be required.
- Help them externalize their interests, focus on something they always wanted to do and provide an opportunity.
- Enable them to balance between personal-professional life style choices.
- Health care-a complete medical check up is a must.
- Garner social support to reintegrate them with a society that they have been restoring back to normalcy.
- Relief-rehabilitation and reconstruction of their lives, official provision should be made for them to take time – off, go on paid leave, organize retreats.
- Relocate them to less-stressful work for a while. Token rewards and recognition, compensation structures may be reviewed.

Preventive Strategies to Avoid Burnout :

- Education and awareness is a must. Most people think “it can’t happen to me”.
- Acceptance - pick early warning signals and address them immediately.
- Report to your significant other - a friend, colleague, or seek professional help. Avoid dumping on family.
- Try and stay with a routine, not to carry loads of work home.
- Set limits and ask for manpower-technical support.
- Appreciate your own efforts
- Don't be hero or martyr and plod on.
- Take time off on official holidays like Sundays at least !
- Exercise, diet and nutrition are huge buffers at this time.
- Avoid alcohol and other habit forming substances.

Conclusion :

We have to recognize that “disaster stress and burnout are real and are “normal reactions to abnormal situations”. Disasters cause situational illness, or environmentally induced problems...for eg. Interpersonal frictions, brief psychotic illnesses such as persecutory feelings with no basis, character disorders such as compulsive lying, extreme emotional states that are unpredictable and unmanageable.

Thus service providers need to be helped through this vulnerable phase to cope and come back to functioning as fully competent human beings. Rehabilitation and restoration of normalcy in their lives would make our lives safe and secure.

The media plays a crucial role, print or visual media which recognizes the efforts of these service personnel from various departments would enhance their morale and boost their motivation to work.

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