DRAFT SOP

Psychosocial Support and Mental Health Services (PSSMHS) in Disasters
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## ABBREVIATION

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<tr>
<th>S.no</th>
<th>Abbreviation</th>
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<tr>
<td>1</td>
<td>PSS</td>
<td>Psychosocial Support</td>
</tr>
<tr>
<td>2</td>
<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
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<tr>
<td>3</td>
<td>NYK</td>
<td>Nehru Yuvak Kendra</td>
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<td>4</td>
<td>ESI</td>
<td>Employees State Insurance</td>
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<tr>
<td>5</td>
<td>SDMP</td>
<td>State Disaster Management Programme</td>
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<td>6</td>
<td>DDMP</td>
<td>District Disaster Management Programme</td>
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<td>7</td>
<td>DMHP</td>
<td>Disaster Mental Health</td>
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<td>8</td>
<td>NGO</td>
<td>Non Governmental Organisations</td>
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<td>9</td>
<td>CBO</td>
<td>Community Based Organisations</td>
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<td>10</td>
<td>NCC</td>
<td>National Cadet Crops</td>
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<tr>
<td>11</td>
<td>NSS</td>
<td>National Social Service</td>
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<tr>
<td>12</td>
<td>CD</td>
<td>Civil Defence</td>
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<td>13</td>
<td>NDMA</td>
<td>National Disaster Management Authority</td>
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<td>14</td>
<td>NMHP</td>
<td>National Mental Health Programme</td>
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<td>15</td>
<td>IEC</td>
<td>Information Education and Communication</td>
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<tr>
<td>16</td>
<td>CLW</td>
<td>Community Level Worker</td>
</tr>
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<td>17</td>
<td>SOP</td>
<td>Special Operating Procedures</td>
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<td>18</td>
<td>PSSMHS</td>
<td>Psychosocial Support and Mental Health Services</td>
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<td>19</td>
<td>EOC</td>
<td>Emergency Operations Centre</td>
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SOP FOR PSYCHOSOCIAL SUPPORT AND MENTAL HEALTH SERVICES

Introduction:

Disasters causes devastating effect on the human life, usually leaving a trail of human agony including short and long term psychosocial trauma on the survivors. Documented evidence from both India and other countries shows that the emotional needs were often over looked over the physical needs leading to mismanagement or neglect of psychosocial stress, if not intervened may lead to dysfunction and disability. Timely psycho-social support will prevent development of long term psychosocial problems and hasten the recovery of survivors. Overall goal of psychosocial support intervention would be to enhance the coping and resiliency of the community towards restoration of overall well being. Psychosocial Support and Mental Health Services (PSSMHS) is one of the important cross cutting areas of DM intervention.

Lead Agency: Ministry of Health and Family Welfare at the centre and department of Health and family at the state is the nodal agency for response and management of psychosocial care. There are other line/supporting agencies such as Department of Women and Child Development, Social Empowerment and Justice, Defense, Labour, Railways would supplement the efforts of the nodal ministry.
**Aim:** This SOP will form the basis for preparation of plans for the concerned central ministries, departments, state authorities and districts to evolve programmes and measures to be included in their action plan.

**Objective:** To provide guidelines to various stakeholders on preparedness, response, relief and rehabilitation aspects of PSSMHS in different kind of disasters.

**Focus Areas**
The Psychosocial Support and Mental Health Services in disasters are intended to focus on all aspects of the DM cycle including the prevention aspects, capacity building, education, training, research and documentation, infrastructure development, international cooperation, infrastructure development for response as well as relief and rehabilitation.

**Applicability:** This document is primarily to assist administrators and stakeholders involved in disaster relief and rehabilitation work. It is only a reference document for the ministries, states departments and they may formulate their state specific plans based on this SOP.

The SOP is not an exhaustive document each state/ department should frame their SOP based on the local requirements which fulfills/suits their state needs. All the departments and states would prepare SOP’s in consonance with this SOP which will clearly spell out the modalities of providing psychosocial care in different phases of disasters.
The SOP will consist of different phases of disaster management which are relevant to psychosocial support.

**Preparedness Phase:** This phase would provide guidance to identify and build capacities for providing psychosocial support. The need for training and capacity building clearly spell out.

**Response Phase:** This phase would include intervention that is psychological first aid, psychosocial care, grief counseling, re-union, breaking news, referral and follow up. There will be debriefing of first responders.

**Relief Phase:** The SOP will give steps to be taken to provide psychosocial care in the relief. This should specify the measures to be taken in relief camps/shelters and for different populations especially to vulnerable groups.

**Rehabilitation Phase:** The SOP covers the issues focused to rehabilitation and reconstruction issues.

This SOP will be reviewed annually.
The Psychosocial Support and Mental Health Services (PSSMHS) preparedness seeks to anticipate emergencies/disaster and respond to them in an effective manner to provide holistic service delivery both on short and long term basis. The broad areas of actions for preparedness for disaster shall include the following:

- Appoint a nodal officer for Psychosocial Support to coordinate and liaise with different stakeholders.
- Identify and enroll the trainees for capacity building on psychosocial support.
- Communicate the telephone numbers and email address of the appointed nodal officer to all the stakeholders. The list will be periodically updated and shared.
- Ensure psychosocial support included in the state and district disaster management plan (SDMP&DDMP).
- Constitute state and district psychosocial support teams and impart training.
- A resource list of organizations, professionals who could provide psychosocial support in emergencies.
- Keep a list of organizations and professionals of neighbouring states or districts to seek support if the situation goes beyond the capacity of state/district resources.
Conduct psychosocial mapping of vulnerable communities to identify hazard, risk and vulnerability.

Sensitise all those involved in relief and rehabilitation about the differential needs of vulnerable group’s i.e children, women, disabled, elderly and terminally sick.

Sensitise and train health personnel and medical first responders on the psychosocial trauma.

Involve local community organizations, PRI functionaries and educational institutions in the sensitization programmes to reduce the work load of government/administrative resources.

Create data base of psychosocial support resources, both infrastructure and personnel and link it with Emergency Operations Centre (EOC) of the state and district for early response.

Sensitise and train media through workshops/ trainings on reporting disasters, trauma and ways to containing rumors.

Link the psychosocial teams with the NMHP/DMHP services.

**Capacity Building**

Nodal department will train mental health professionals and medical doctors on psychosocial issues of survivors and community. Refresher courses shall be conducted regularly update knowledge.

Sensitise and train Panchayati Raj functionaries, civil defense volunteers, NYK, NCC, NSS, Community Level Workers (CLW) of NGO’s, Anganwadi workers and school teachers.

Develop standardized community based psychosocial training modules for imparting training.
- Create master trainers at every district who will also become part of psychosocial support teams.
- Develop culturally appropriate training modules that include the local needs and sensitivities.
- Conduct mock exercise/table top exercise to check the readiness of the psychosocial support teams.
- Conduct evidence based research to identify risk, protective factors and coping mechanism of the community.

**Awareness Generation**

1. Ensure and develop IEC material in vernacular language for community awareness and information dissemination.
2. Conduct awareness programmes for school children, college youth and community on psychosocial impact/support.
3. Prepare do’s and don’ts of psychosocial support for all stakeholders.
4. Use audio/video/ digital/networking modems and social media for information dissemination.
Effective and rapid Psychosocial Support and Mental Health Services (PSSMHS) response helps to reduce the stress and trauma of affected population and facilitates speedy recovery through normalising their lives. The response will be based on timely all hazard PSSMHS need assessment in order to respond and manage post disaster psychosocial issues. PSSMHS will be part of the health response plan and will be coordinated by the central, state and district authorities, all the stakeholders including NGOs, specialised institutions, civil society organizations and the community. The response shall include:

1. Identify and train psychosocial support teams, mobilize and deploy trained teams at short notice to provide psychosocial first aid and transfer of critically mental ill/relapsed persons to referral hospitals/professionals.
2. Conduct rapid needs assessment, later full-fledged need assessment should be conducted by the nodal officer/department.
3. Augment the service by providing Psycho-social first aid to the affected/ population through the trained community level workers and relief and rescue workers.
4. Sensitise and train first responders and relief workers on psychosocial needs of the vulnerable groups to provide priority care to vulnerable population viz women, children, aged and disabled.
5. Psychosocial support providers should be sensitized to local, cultural, traditional values and practices.
6. Psychosocial support and mental health services shall be arranged in relief camp set-up in the post disaster phase. Where large number of disaster victims had to be provided with psychosocial support, a referral system for long term treatment shall be followed.
7. The services of NGOs and CBOs may be requisitioned. Their resources and technical knowhow may be utilized.
8. Encourage traditional community practices such as mass prayers, spiritual discourse etc.
9. Develop check list for psychosocial teams for pre and post deployment.
10. Provide stress management to first responders, relief workers, volunteers and psychosocial support team. Train them before deployment and provide logistical support and funds.
11. Link the referral and follow-up to the DMHP units at district level/ available mental health professional. If both these are not available link it with the health provider of the place.
12. Ensure adequate stock of psychiatric medication with the psychosocial support teams.
14. Facilitate family re-union of separated family members and tracing the missing relatives through specialized organizations and law agencies.
15. Breaking news about death of relative to the families. Provide grief counseling to widows, orphans, have regular follow up.
16. Provide information about relief distribution, compensation to the survivors and link them to the appropriate.
17. Collect and collate scientific data of survivors; apply various standardized tools to measure psychological distress, impact of events, disability, and quality of life of survivors.
18. Document the process of psychosocial support and best practices.
19. Create a data base of mental health infrastructure, professionals and volunteers at district and state level.
20. Provide adequate logistics for prompt movement of psychosocial support teams.
21. Provide media with code of conduct and do’s and Don’t on reporting traumatic events.
The holistic recovery of survivors require considerable period of time, which includes number of important actions and involvement of multiple stake holders for psychosocial support and mental health services (PSSMHS). The psychosocial relief could stretch for few months depending upon the magnitude of the disaster and its effects on the community. Such efforts will aim to hasten the recovery by enhancing individual coping and community resilience to bring back normalcy.

The following Psychosocial relief activities shall be carried out during this phase:

1. Incorporate psychosocial support in disaster relief plan.
2. Deploy psychosocial support teams to provide psychosocial support at relief camps/shelters
3. Sensitise and debrief them before and after deployment.
4. Sensitise first responders and relief workers on psychosocial support especially on the needs of vulnerable population viz women, children, aged and disabled.
5. Provide psychosocial first and support in the relief camps/shelters. Ensure authentic information about the disaster, impact, relief materials should be shared with the community.
6. Provide psychosocial support to children; conduct various methods of care through individual and groups. Facilitate emotional support of children through games, cultural programmes.
7. Provide stress management and debriefing of first responders and relief workers. Pre/ post deployment is very important.
8. Referral and follow up of pre disaster mentally ill and post disaster ill to be given priority.
9. Adequately provision psychotropic medicines for the relief shelter/camp teams.
10. Design and conduct recreational activities at relief camps/shelters keeping in mind the local cultural sensitivities’.
11. Engage organizations working in spiritual activities and programmes . Care must be taken to avoid religion and conflict.
12. Involve the community in relief activities i.e. relief distribution and upkeep of camps and up keep of relief camps/shelters.
13. Facilitate family reunion and tracing of missing persons.
14. Screen the population for mental health needs.
15. Document and record the relief process.
The psychosocial impact usually stretches to longer period of time and will have debilitating effect on survivor’s physical, psychological, social, relationship and occupation lives. Psychosocial rehabilitation facilitates the survivor’s recovery through host of initiatives in long term. Psychosocial rehabilitation strives to help individuals improve the quality of all aspects of their lives, including social, occupational, educational, residential, intellectual, spiritual and financial. Include following measure in the rehabilitation.

The following Psychosocial rehabilitation activities shall be carried out during this phase:

1. Conduct periodic screening of the population for the new cases or relapses in this period.
2. Determine the cause of relapse and precipitating factors.
3. Design treatment plan based on the screening.
4. Use standardized tools to screen and identify their coping and resiliency of the community.
5. Identify their stressor and triggers in the community.
6. Develop a separate rehabilitation protocols for different populations, give priority for vulnerable groups.
7. Monitor the progress of recovery through standardized tools, later collate and do scientific analysis
8. Allocate sufficient funds for providing psychosocial services.
9. Network with other sector to integrate psychosocial support in to their intervention.

10. Activate outreach services for providing care to people with mental illness.

11. Develop mental health indicators to keep track of changing psychosocial needs and recovery.

12. Special care plan to be formulated for widows, orphans, destitute.

13. Ensure the psychosocial support team, rehabilitation workers, volunteers be provided with care. Conduct regular debriefing to prevent burnout among them.


15. Network psychosocial team and nodal officer with multiple stakeholders.

**Reference:** National Guidelines on Psychosocial Support and Mental Health Services (PSSMHS) in Disasters available at www.ndma.gov.in