

Community Workers' Manual

Psychosocial Response to Cyclone Fani, Odisha

Project of Basic Needs India (BNI)

Prepared jointly with Youth Council on Development Alternatives (YCDA)

Utkal Sevak Samaj (USS), Cuttack

In collaboration with the National Institute of Mental Health And Neuro
Sciences (NIMHANS)

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Foreword

'Fani' (pronounced as Foni), the tropical cyclone made landfall in eastern India on 3rd May 2019 on the coastal areas of Odisha traumatizing the lives of people in millions. The Fani's wind speed was greater than 180 mph making it the strongest storm to hit India in 20 years.

In preparation for Cyclone Fani, the Government of Odisha evacuated more than a million people in coastal areas of Odisha and saved countless lives. Some 4,000 shelters were set up in the region. Train stations and airports were closed.

Puri, Cuttack, Bhubaneswar and Paradeep were devastated and the destruction was unimaginable. There has been major damage to homes and business, with the storm tearing off many roofs. Power lines were downed, roads were inaccessible; electricity and communications got affected badly, leaving remote areas inaccessible. More than 3 million people were affected by the storm. The poor tribal population was affected worse. Hundreds of thousands of people were rendered homeless.

The post-disaster poses a grave risks to life due to injury, malnutrition and infections. It will take time and sustained effort to rebuild the affected areas. The magnitude of post Fani mental health problems is enormous. Apart from material and logistic help, the suffering individuals, families and communities require psychosocial interventions.

Often, psychological problems following disasters tend to be neglected as they are relatively invisible compared to the damage to life, physical health and property. The rebuilding should consider a holistic approach.

It is important to understand that the occurrence of psychological problems is common. Intense distress often leads to helplessness, isolation and apathy. Psychological problems get manifested as vague aches, pains, headaches, tiredness, etc. Early identification and timely intervention help the survivor to recover soon.

Basic Needs India (BNI) is a resource organization, strengthening Non-Government Organizations and institutions to address community mental health

issues, especially those affected by mental disorders and general psychosocial well-being of individuals, families and communities.

BNI conceptualized psychosocial response to Fani affected Odisha and developed this project jointly with Youth Council on Development Alternatives (YCDA), Baunsuni, and Utkal Sevak Samaj (USS), Cuttack ,in collaboration with the National Institute of Mental Health And Neuro Sciences (NIMHANS), Bangalore.

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This Manual is specially prepared for participants of Training of Trainers and volunteers trained for this work.

The material is adopted from the **Information Manual - Psychosocial Care for Community Level Helpers**, developed Dr Sekar Kasi, Professor in Psychiatric Social Work (PSW) and Registrar, NIMHANS, and his team - Dr Kavitha Manoj, Project Coordinator, Dr Jayakumar, Assistant Professor in PSW, Lithin Zacharias and Neinuueem Grace Khaute the State Project Coordinators. BNI offers sincere thanks to them and acknowledges their hard work.

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Often it is difficult to draw a line between rescue, relief work and psychological interventions. An awareness of psychological consequences can lead to a frame of mind of being sensitive to mental health needs of the affected population. Actions can arise from such sensitivity. At the early stages following disaster, most survivors are psychologically open and willing to talk about their experiences. This may change later into a defensive, non-cooperative attitude if time passes without attempts at providing help. Therefore, it is of utmost importance that survivors are encouraged to seek help and talk about their psychological problems as early as possible. As already mentioned, timely intervention will prevent the persistence of problems and development of further complications.

In general, people do not readily / directly talk about their psychological problems. Even during their visits to the health centres, they generally report physical problems. Psychological problems could indirectly manifest as vague aches, pains, headaches, tiredness, etc. However people talk about themselves when given an opportunity to do so.

This Manual addresses the method and techniques that the Community Worker should follow in their psychosocial care and support.

The emotional support for survivors of a Fani Cyclone disaster is based on the following broad principles:

1. No one who experiences the event or witnesses the event is untouched by it

- 2. Disaster results in two types of trauma: Disaster-affected population have individual and collective trauma.
- 3. Most people pull together and function during and after a disaster but their effectiveness is diminished.
- 4. Disaster stress and grief reactions are normal responses to an abnormal situation.
- 5. Many emotional reactions of disaster survivors stem from problems of living caused by the disaster
- 6. Disaster mental health service must be uniquely tailored to the communities they serve.
- 7. Survivors respond to active interest and concern.
- 8. Interventions must be appropriate to the phase of disaster.
- 9. Support systems are crucial for recovery.
- 10. Attitude of the CLH.

Impact of FANI

DISASTER TRAUMA		
PHYSICAL	PSYCHOLOGICAL	SOCIO-ECONOMIC
fractures	bereavement	unemployment
burns	anxiety	homelessness
injuries	depression	environmental
infections	alcohol abuse	destruction
	drug abuse	disorganization
	stress	
	reactions	

Factors Influencing the Impact

The DISASTER:	Occurrence magnitude suddenness type
The COMMUNITY:	level of preparations social support leadership past experience level of education / exposure marital status physical health personality coping skills .

Types of emotional reactions to FANI

It is only in recent years that the importance of emotional and psychological reactions to disasters has been recognized. It is now clear that these reactions:

- are common and universal (no one who witnesses a disaster is untouched by it)
- manifest differently at different periods of time after the disaster
- may continue for long periods of time causing suffering and disability.

The different types of psychological reactions to disasters can be broadly categorized under 4 phases.

1. Immediate reactions (i.e. within hours to few days) Affecting almost all the population immediate to the disaster, these reactions can be considered

normal to a traumatic experience and are generally temporary or short-lived.

Tension, anxiety, panic

Stunned, daze, disengagement

Relief, elation, euphoria among some survivors

Flight from the situation

Restlessness, confusion, sleeplessness, repeated experiences of the events, 'flash-backs', nightmares, arousal symptoms

Disorientation, wandering, loss of identity.

Extreme forms of reaction with agitation, aimless wandering, talking excessively, and crying and withdrawal from others

Survivor's guilt

2. Immediate post-disaster reactions (one month to six months) Reactions mentioned earlier tend to reduce with time, but may give way to other symptoms, or they may persist.

The new reactions that may appear include:

Grief

Apathy

Lack of response to others

Inhibition of outward activity

Physical symptoms of anxiety

Early symptoms of grief and post-traumatic stress disorder (described later) may appear during this period. These are observed in about 40-50 percent of the population.

3. Delayed reactions (after 6 months): These may appear after a few months or may manifest as an intensification of reactions seen earlier (in about 30% of the population):

Grief: Grief is the response of the survivor to loss – loss of close relatives, home, possessions and property. People experiencing grief develop: sadness, distress, depression, yearning for what has been lost, anger, guilt, sleeplessness, loss of appetite, severe irritability, suicidal tendencies, being acutely upset and disturbed by anything which reminds them of the loss.

Post-traumatic Stress Disorder: This is a response of an individual having exposure to a severely traumatic event. It manifests in the form of:

Reliving the trauma in intrusive memories or dreams

Avoidance of all activities and situations reminiscent of the traumatic event

Numbness, emotional blunting, and detachment from other people

Hyper vigilance (i.e. inability to relax, being always tense), jumping at the slightest noise, fearfulness, palpitation

Inability to enjoy anything

Panic reactions

Acute outbursts of violence may also be present.

4. Other delayed reactions

These are:

loss of productivity

family problems

excessive dependency on external help —alcohol and other substance abuse

increased vulnerability to stress

poor physical health

suicide

EMOTIONAL SUPPORT —PRACTICAL GUIDELINES FOR PSYCHOSOCIAL INTERVENTION

Losses due to the death of a near and dear one, separation from loved ones and material losses are an inseparable part of human existence. Under normal circumstances, everyone goes through this process without much difficulty because the family as a whole joins together to understand the losses. Support from friends, relatives and neighbors occurs automatically. Rituals are initiated soon after the death, e.g.: family temporarily suspends some activities, prayers are offered to the deceased, arrangements are made for cremation and rituals are completed on a particular day by conducting the ‘shraddh’ ceremony. All these help the individual to understand the personal meaning of loss, and come to terms with reality and to carry on with their lives.

However, in a disaster situation, normalcy of the social structure is lost because each one in the area has been affected. The family as a unit no longer exists for many. This leads to a sense of isolation, helplessness and despair. Therefore, the normal process of mourning and the related rituals do not occur automatically. This means that they have to be provided emotional support.

It is important to realize that rebuilding of an individual's life and reconstruction of the entire community following the disaster depend upon the survivor's ability to accept the losses as early as possible. It will help him / her to understand and emotionally accept current reality and thereby work towards reconstruction of life both at the individual, family and community level.

Relationship with people and the community

The Fani Cyclone disaster struck the population who were normal people handling their problems and coping with them in the best way possible. Stress consequent to the disaster results in certain emotional reactions which are natural and normal. Relationship with survivors depends on your rapport with them. Rapport refers to feelings of understanding, interest and concern among two or more people.

This can be facilitated by:

- making sure that each person understands what the other is saying
- having genuine respect and regard for the other
- being non-judgmental and accepting another even if he has different attitudes and feelings
- establishing trust by promising only what you can do, not what you would like to do
- listening several times to an account of the same disaster
- recognizing that quite often what is actually said may be a cover for vastly different feelings underneath.

Listening

Listening is an important skill to help and provide emotional support.

Listening skills can be effective by using the following methods:

Look at the person while he/she is talking: This indicates being interested in what is being said

Respond occasionally while listening: This makes the person speaking feel that what he / she is saying is being understood and taken seriously. Sometimes it helps to paraphrase what has been said, often giving the speaker another viewpoint.

Avoid interruptions: Let the other person finish his/her thoughts. Do not interrupt unless there is confusion and the details are jumbled.

Be tolerant: Do not prejudge or moralize or condemn. There may be different interpretations of how the other person should feel.

Empathize: Share the experiences of the other person as if they are your own. It is based on the sensitivity and ability to recognize when the other person is going through certain feelings or emotional experiences.

INTERVENTIONS

Interventions can be planned at three levels, namely – individual, family and community.

INDIVIDUAL LEVEL

Ventilation: This process involves release of emotions and feelings. It is a very important intervention and should be used as soon as possible after the Fani Cyclone

Some of the survivors will talk immediately:

WHAT SHOULD YOU DO?

- Listen carefully and attentively.
- Maintain eye contact.
- Acknowledge distress.
- Do not interrupt.
- Support by patting on the shoulders / hold the hand as they cry.

CAUTION: be sensitive to community norms about touching members of opposite sex.

- Do not ask them to stop crying.

Some survivors may not talk/they may be very angry or remain mute and silent:

WHAT YOU CAN DO?

- Do not get upset or anxious.
- Maintain interaction by reminding them about
 - memories of the loved ones
 - pain of separation
 - distress of being alone
 - helplessness
 - isolation.

Use the Destiny Story: When the survivor is the only one alive, with all others dead, he / she must be feeling angry and guilty. This is when you should use the destiny story to convey that whatever is destined will happen.

Once the survivor is willing to talk, maintain conversation using the following format:

How is his / her life and also that of the other family members after the Fani Cyclone?

Focus on various kinds of loss —details about all the losses he / she and the family have experienced.

Feelings associated with loss. How do he / she feel about the loss? —Personal meaning of loss, etc.

Details about the support / help received immediately after the event from friends / neighbors / relief workers, etc.

How has he / she been recovering? —details about how he / she is handling this situation, (e.g. some individuals become very religious and pray more).

Effects of the event on health, like physical problems or

Problems like aches / pains, decreased sleep, decreased appetite, fear, loss of interest.

How is the future visualized?

What are the helps/ support needed? —Should the CLH visit frequently, talk about the event, to understand and solve life problems, etc.?

Relaxation Exercises

Encourage survivors to undertake relaxation / yoga exercises regularly several times a day. This helps them gain control over their agitation and anxiety.

Practical help for the individual:

Listen to authentic information about the Fani Cyclone.

Do not believe in rumors that go around during such times.

Be together with familymembers.

Do not send women, children and the aged to far off places for the sake of safety as this separation can cause a lot of anxiety to them and you.

Be with people from the same village, i.e. people you are familiar with, even if you are in temporary dwellings.

Get back to a daily routine as soon as possible to make you feel that you are in control of the situation.

Make it a point to talk about the Fani Cyclone, share your experiences and feelings with your family, your parents, friends, spouse, siblings, and acquaintances. This will help ventilate / release your emotions.

Restart activities that are special to your family like having meals together, praying, playing games, singing, etc.

Keep touching and comforting your parents, children, spouse and the aged in your family. This will not only make you feel good but also make the other person feel the same.

Initiate and participate in rituals like collective grieving, prayer meetings or group mourning if you have lost a near or dear one. This will help you come to terms with the loss of the person.

Take part in rescue, relief and rehabilitation operations if you are not hurt or only slightly injured. Work is a good tonic for healing.

Keep in constant touch in case of a member of the family having to be shifted to a far off hospital or residence. Update him / her about yourself as well as find out about him / her. This gives a feeling of being cared for.

Take time every day to relax and have a good time by gathering together at a central place, playing kabaddi, reading, listening to music, visiting shrines, singing hymns, chanting prayers, reading scriptures.

Make time for yourself and acknowledge and admit that you will not be always functioning at your usual level of efficiency for a few weeks / months.

Help and help seeking behaviors

Referral Care Centres:

The first referral centre for you would be the Primary Healthcare Centre (PHC). The doctor at this centre would be able to provide appropriate care.

However, if you feel that visiting a Psychiatrist is more beneficial and if there is a facility in the neighborhood, then refer the individual.

FAMILY LEVEL

Practical help for the family In addition to individual specific interventions, the family as a whole can also be helped simultaneously. This depends on the number of individuals surviving in the family. If some family members are present, encourage them to practice the following activities:

- the Family as a group to share the losses

- Encourage family members to contact relatives. This will help mobilize support and facilitate recovery

- Rituals like prayers, keeping the dead persons photographs, preserving the belongings of the dead person or persons

- Encourage the survivors to engage in meaningful activity as a family

- Recreation like listening to Radio, TV or visiting fairs

- Resume normal activities of the pre-Fani Cyclone days with the family

- Support each other at home.

- Emphasize that the family should regularly undertake activities together at home

COMMUNITY LEVEL

The following activities help in rebuilding of community life:

- Group mourning:

- Group meetings:

- Folk songs:

- Devotional songs:

Remember

Encourage the family or the survivor to get back to the routine kind of activities done by him/her/ them during Pre -Fani cyclone days.

Group participation for rebuilding facilitated by ‘Shramadhan’, for e.g.: clearing bushes to create a playground for children; putting up a temporary hut for a school; providing food for those who are the only survivors or those who are disabled or dependent



Encourage survivors to discuss about local problems and initiate collective action like

- Rebuilding schools
- Roads
- Restoration of power /water
- Rebuilding houses
- Access to medical care
- Representation if compensation payments are delayed

Involve religious leaders, opinion leaders, professional mourners, panchayat members in all these activities

Sensitize the group about ‘rumors’ and ways to handle this as a group
The local community has the capacity to respond appropriately and effectively to the disaster by using healthy coping strategies. So, one important task of the CLH is to encourage, initiate, sustain. The CLHs can take the initiative to organize community-based actions specific to the local culture in order to alleviate mental suffering.

These activities could involve: chanting prayers, singing hymns and folksongs, group celebration of rituals/ceremonies, group rituals/ceremonies, group celebration of religious activities, performing street plays, folksongs,skits, etc.

Other supports

Practical help for the individual and the family:

After contacting the survivor, establish a rapport, facilitate reliving and grief resolution, look for or enquire about the need for any specific help which could be:

Compensation

Guidance to get compensation

Help in filling forms / opening a bank account or post office account

Practical help like getting forms/ accompanying survivorstothe officeorhelping the individual open a bank account,etc.

Medical help if need

Request / Mobilize help from neighbours / others to support the single young survivor or old destitute survivor,etc.

Help with agricultural work

Food-for-WorkProgramme

House building, fishing,etc.

Coordination with other agencies:

As part of psychosocial interventions, in addition to providing help for emotional difficulties, help to network and coordinate with other agencies is also important. For e.g., coordinating with NGOs working on specific rehabilitation and reconstructing activities or other governmental agencies.

TIPS TO MAKE YOU AN EFFECTIVE COMMUNITY WORKER

<i>Do's</i>	<i>Don'ts</i>
Visit families regularly	Do not promise things you cannot do or things beyond
Accept food or drinks like	

coffee or tea if offered Help survivors to get medical care or other help if needed Provide clear guidance about compensation or ways of getting it Provide practical help whenever necessary Facilitate networking among survivors Contact relatives (e.g. writing letters) and appeal to them to meet and support survivors	your control Do not take decisions for them for e.g., marriage or money handling, etc. Do not get upset with the behaviour of survivors. Sometimes they are unreasonably angry / blame you for causing trouble to them by your frequent visits, or at times they might be very demanding Do not miss appointments Do not overburden yourself with lot of work Do not take sides in family conflicts
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Attention

Community level helpers need to take extra care when providing help to certain special groups in the affected population. This group may not volunteer for help readily, for example, children may not talk freely or remain withdrawn. Similarly, marginalized persons may not come forward for help because of discrimination by the local community. It is important therefore, to note that disaster has a quality of 'equity' in all humans and therefore the healing process automatically should have equity.

SUMMARY

Level of Intervention

Family

- ~ Support each other
- ~ Stay together
- ~ Contact relatives
- ~ Display photo/belongings of the dead person
- ~ Family grieving



Community

- ~ Group mourning
- ~ Folk songs
- ~ Group meeting
- ~ Voluntary work
- ~ Rally

Individual

- ~ Ventilation
- ~ Catharsis
- ~ Coming to terms with loss
- ~ Seek support/Network
- ~ Resume routine
- ~ Avoid conflicts

Administration

- ~ Compensation
- ~ Help for reconstruction
- ~ School
- ~ Hospital
- ~ Home

NGOs

- ~ Networking
- ~ Coordination
- ~ Relief & Rehabilitation
- ~ Schools
- ~ Homes
- ~ Innovative agricultural initiatives

Activities of the CLH

HOW TO CARE FOR YOURSELF?

Be it the logistic help or the emotional support, the Community Level Helpers (CLH) do heavy and demanding work. The day in and day out stressful work does pose a threat to their personal mental health. They need every day mental health care as well as specific interventions like debriefing to stay clear of excessive stress and burnout.

The following are suggestions to manage your stress during disaster work: Develop a 'buddy' system with a co-worker. Agree to keep an eye on each other's functioning, fatigue level, and stress symptoms. Tell the buddy how to recognize when you are getting stressed ("If I start doing so-and-so, tell me to take a break"). Make a pact with the buddy to take a break when he / she suggest it, if the situation allows it.

Encourage and support co-workers. Listen to each other's feelings. Do not take anger too personally. Avoid criticism unless it is essential. Keep telling each other, "You are doing great" ; "Good job" , etc. Give each other a touch or pat on the back. Bring each other a snack or something to drink.

Try to get some physical exercise. Listen to music, read books, etc.

Try to eat frequently, in small quantities and get enough sleep.

Humour can break the tension and provide relief. However, use it with care.

People are highly sensitive during disaster situations, and victims or co-workers can take things personally and be hurt if they are the brunt of 'disaster humor' .

Use positive 'self-talk line' , "I'm doing fine" , and "I'm using the skills I've been trained to use" .

Practice relaxation techniques frequently, e.g., breathing exercises (deep breathing and exhaling in a rhythmic fashion).

Take breaks if you find effectiveness diminishing. Remember the following:

Make your living accommodations as personal, comfortable, and homely as possible unpack bags and put out pictures of loved ones. Make new friends. Let off steam with co-workers. Stay in touch with people at home. Write or call often. Send pictures. Have the family visit you if possible, and

appropriate. Avoid alcohol and tobacco as much as possible. Keep a diary of your activities and experiences.