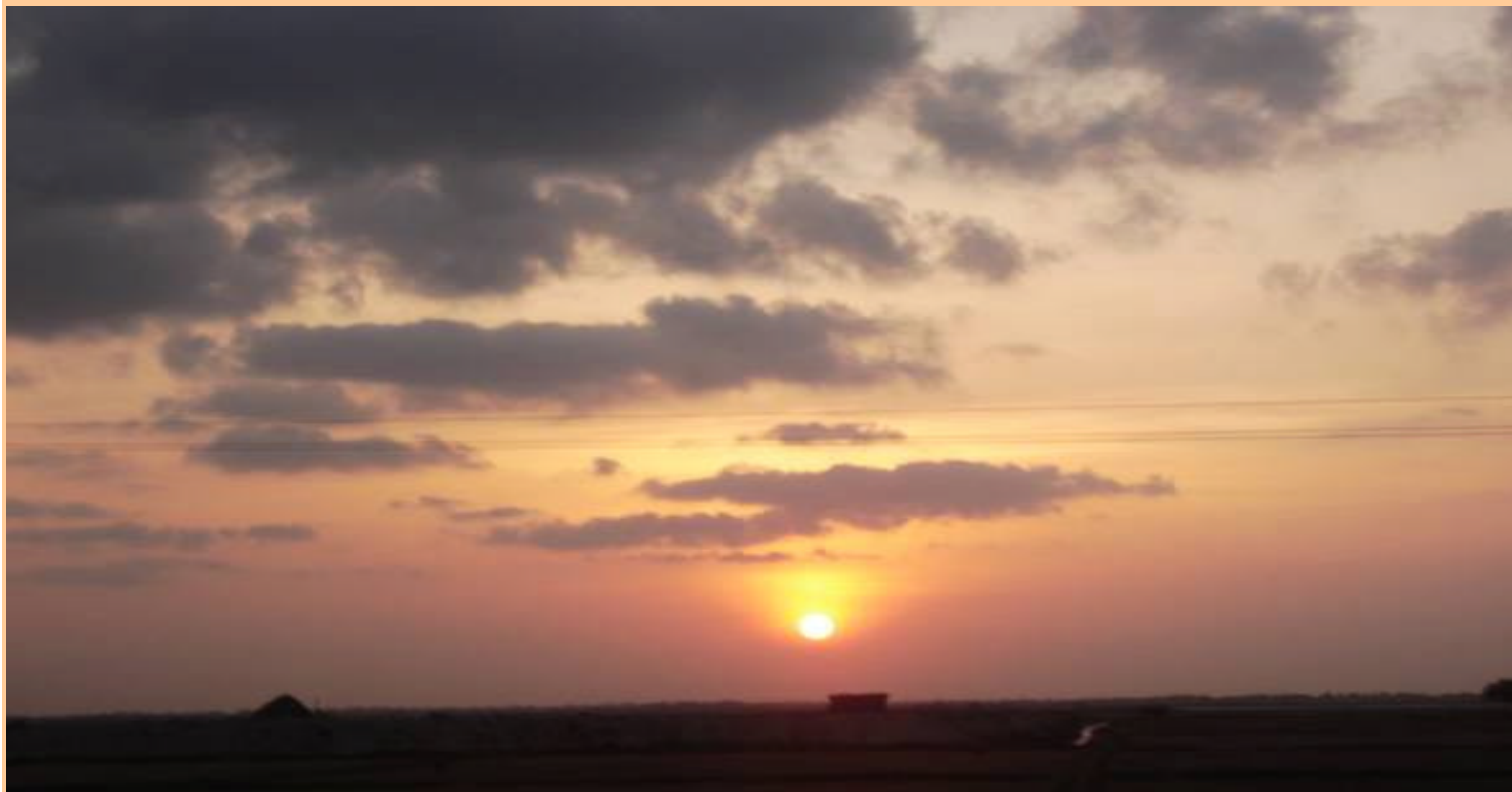


**Summary and Recommendations of the National Conference on  
Psychosocial Care and Mental Health Services in Disasters**



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO  
SCIENCES  
BANGALORE-560 029  
November 2007**

**Summary Report and Recommendations of the National Conference on**

**Psychosocial Care and Mental Health Services in Disasters**



**National Institute of Mental Health and Neuro Sciences  
Bangalore 560 029**

**November 2007**

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Psychosocial Care and Mental Health Services in Disasters**

**Conference organized by:  
NIMHANS,  
Bangalore 560 029**

**In collaboration with:  
WHO India  
CARE India  
Everychild India  
TdH (G)**

**Published by:  
NIMHANS  
Bangalore 560 029**

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**Edition 1  
November 2007**

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## Foreword

Disasters of various kinds leave their mark in the Psyche – a wound that never really heals fully. India has had her share of disasters, both natural and human made. Down the years, the experience of dealing with these disasters has taught valuable lessons to the professionals, policy makers, planners and the public at large in disaster management. Recent years have witnessed a shift in the disaster management policy orientations, from a relief centered approach to a holistic approach emphasizing the mitigation, prevention and preparedness. Psychosocial care in disaster has been recognized as the need of the hour and an essential component of the process. Unless medical relief works hand in hand with the psychosocial care in disaster management, the healing process will not be complete. Preparedness for disaster is an integral part of disaster management, and strength for the same should come from within the community and society.

NIMHANS has extended the professional expertise and services in response to various disasters that have vented their fury in the Indian subcontinent. In Latur earthquake, Orissa super cyclone, Gujarat earthquake and riots, South Indian Tsunami and the Kashmir earthquake, NIMHANS has been prompt in offering the services. Based on the last two and half decades of involvement in disaster psychosocial and mental health care services, research and capacity building, Government of India has identified NIMHANS as the Nodal Centre for psychosocial care in disaster. The institute has been instrumental in developing various IEC materials on psychosocial care in disaster situations, has trained personnel in providing services to the survivors. There have also been efforts to systematically evaluate the efficacy of the programs, and to document it. The Department of Psychiatric Social Work in collaboration with various national and international organizations has been instrumental in this process of capacity building and service provision in the disaster affected areas.

The two day National Conference on “Psychosocial care and mental health services in disasters” has been an occasion for consolidation of experiences of various GOs, NGOs, Institutions and Schools of Social Work in responding to the disaster situation. This is yet another step in institutionalising the psychosocial intervention in disaster situation.

*November 2007*

*Dr D Nagaraja  
Director / Vice Chancellor  
NIMHANS, Bangalore*

## Preface

NIMHANS has long been committed to provide comprehensive and holistic care in provision of psychosocial and mental health care in disasters. These active involvements contributed to NIMHANS being recognized as the Nodal Centre for psychosocial care in disasters by the Ministry of Health, Government of India. Since then, Department of Psychiatric Social Work and other allied disciplines in NIMHANS have been actively involved in expanding the scope of psychosocial care in disasters and developing policy frameworks in disaster management. The National Disaster Management Authority, India, has also considered psychosocial care as one of the major areas. In this regard NIMHANS has been actively networking and collaborating with other mental health professionals, Government organizations, Non-government organizations, allied Mental Health Institutions and Schools of Social Work in India.

The National Conference on “Psychosocial Care and Mental Health Services in Disasters” organized in collaboration with WHO India, Every Child India, CARE India and TdH, held on 26<sup>th</sup> and 27<sup>th</sup> November 2007 at Convention Center NIMHANS, Bangalore aimed at strengthening the knowledge, contribution and collaboration of all these partners and was a forum to share recent understandings and experiences of psychosocial care in disasters. The main objectives of the conference were:

1. To facilitate the process of information sharing by institutions, GO's and NGO's, Schools of social work and allied agencies in respect to the activities they undertook in disaster situations.
2. To collate the psychosocial strategies adopted by these organizations in reaching the survivors of disaster.
3. To create awareness among the students and teachers about psychosocial care work undertaken by governmental, non-governmental agencies and Nodal agencies like NIMHANS, NIDM, WHO, INGO's and allied agencies.
4. To suggest measures to be incorporated in to social work curriculum, field work activities and research programs for enabling their active involvement in psychosocial care in disaster situation.

The National Conference provided a platform for the resource persons from different sectors such as institutions, non-government, government organizations and schools of social work to share their experiences; roles and functions in expanding the psychosocial care in recently occurred disaster such as Tsunami and various other natural as well as man made disasters. The presentations and the subsequent discussions on the emerging issues concerning psychosocial care in disaster situations had been enriching and have laid the foundation for developing suitable models for psychosocial care in disasters. This summary of the conference proceedings is one step in that process.

*Dr. K. Sekar*  
*Conference Chairman,*  
*Professor and Head of Psychiatric Social Work,*  
*NIMHANS, Bangalore*

### **From the desk of Scientific Committee**

Disaster, natural or man-made always negatively affects the human beings, the social and service structure of the society or community and the environment. Disasters invariably have an immediate as well as long lasting impact on those concerned and their families, permeating all the spheres of human activity, ranging from the physical, socio-economic and ecological state to the mental, political and cultural state of the affected population.

Disaster management involves preparing, supporting, and rebuilding the society affected by natural or man made disasters. Disaster management also would mean going beyond these to prevent the event itself and/or its impact. Psychosocial care and support forms an integral part of the process. Experiencing and even witnessing a traumatic event often leaves its impact on the individuals. This understanding guides the efforts to provide psychosocial care and mental health services for the victims of disaster. While the immediate and acute phase may require professional help, the approach that has been mobilized in response to the recent disasters affecting our community has been characterized by the involvement of community level workers, who are trained to provide the necessary care and support. This effort has been spearheaded by NIMHANS, which has been recognized, as the Nodal agency in India to provide psychosocial services to the survivors of disaster.

The National Conference “Psychosocial Care and Mental Health Services in Disasters” is an effort to bring together the various NGOs, Institutional and Government organizations as well as the schools of social work who have been at the forefront providing the crucial psychosocial care in the recent Tsunami disaster.

As the scientific committee, it has been our pleasure coordinating the significant stakeholders and the people involved in disaster care, bringing them to a common platform, which offers a valuable opportunity for effective sharing and the lessons learned. These informative and enriching sessions as well as the discussions that followed have contributed to the existing knowledge, strategies and research in disaster management and psychosocial care.

*Dr Prakash Rajaram,  
Chairperson,  
Scientific Committee.*

***Summary report of the  
“National conference on psychosocial care and mental health services in disasters”  
Background to the conference***

Disasters have been taking place since time immemorial and will continue to exist. However, there has been a progressive and changing trend in the disaster management techniques. In earlier periods the disaster management responsibility had been confined to one or two sectors such as the police or the army, in recent times there has been a shift in the trend, and an inter-sectoral approach, involving the police, army, the health, finance, agriculture and home ministries, as well as the non governmental organizations coming together to work in disaster management. From every disaster, there have been lessons learnt. There is an attempt to provide a comprehensive care that is tailored to the socio cultural milieu of the affected community. Various capacity building activities have been focused upon, so that there is increased preparedness at the local level.

Psychosocial care has been incorporated into the disaster management program only recently. Now, emphasis is being placed on long-term care, disaster preparedness and strengthening of community harmony. Proper utilization of mass media services that works both positively and negatively has also been emphasised. Comprehensive policy formulations, plan of actions related to disaster is emphasized as a result of the Disaster Management Act that is in force since 2005.

It is in this background that the National conference on “Psychosocial Care and Mental Health Services in Disasters” was organized in collaboration with WHO India, CARE India, Every Child India and TdH on 26<sup>th</sup> and 27<sup>th</sup> November 2007 at the Convention Center, NIMHANS, Bangalore. The focus of the conference was on the following areas:

- ✓ What type of psychosocial activities / capacity building measures have been organized by the institutions, government, NGOs and schools of social work
- ✓ The collaboration between the governmental and non governmental sector in psychosocial care and the issues emerging out of the same
- ✓ Role played by the local NGOs in psychosocial care; nature and quality of services.
- ✓ The reality of long term care
- ✓ Scope of linkage with District Mental Health Program
- ✓ Improving the standard and monitoring of the training of trainers program.
- ✓ Role of schools of social work in disaster preparedness and training
- ✓ Role of NIMHANS as a Nodal agency in psychosocial care in disaster management nationally and internationally.



The objectives of the conference were,

- Facilitating the process of information sharing by Institutions, Governmental Organisations, Non Governmental Organisations, Schools of Social Work and allied agencies in respect of the activities they undertook in disaster situation
- Collating the psychosocial strategies adopted by these organizations in reaching the survivors of disaster.
- Creating awareness among the students and teachers about psychosocial work undertaken by Governmental, Non Governmental agencies, nodal agency NIMHANS, other institutions like, NIDM, WHO, INGO and allied agencies.
- Suggesting measures to be incorporated in to social work curriculum, field work activities and research programmes for enabling their active involvement in psychosocial care in disaster situation.

### **Methodology:**

The conference was envisaged to be a platform for sharing the experiences of different sectors such as the Institutions, Governmental Organisations, Non Governmental Organisations and the Schools of Social Work pertaining to Psychosocial care and mental health services in disasters. In order to facilitate this process, the programme (Appendix 1) was structured in such a way as to include sharing of information by the resource person who had first hand experience in the disaster situation, which was followed by discussions. The response of each sector was clubbed together, so that it would generate maximum sharing of information and clarity with regard to the roles and the modus operandi of each in disaster situation. NIMHANS publications such as the IEC materials, posters and information booklets on psychosocial care in disaster situation were displayed as posters so that the participants could access them. Four books were released in the conference. They are as follows:

- Psychosocial support in disaster- proceedings and recommendations of the NIMHANS-WHO India workshop conducted in 2006.
- Booklet on NIMHANS- CARE India Collaborative Project on Psychosocial care Program for Tsunami Survivors in Tamil Nadu & Andhra Pradesh
- Booklets on Psychosocial care medium for children in disaster
- Handbook of Psychiatric Social Work

### **Participants :**

There were a total number of 206 participants, representing government organizations, institutions, civil organizations, students and faculties from various Schools of Social Work (Appendix 2).

## ***INAUGURAL SESSION***

The inaugural session commenced with the invocation penned by Shatavadhani Dr R Ganesh, and rendered beautifully by Mr. Bino Thomas and Ms Ruth Thankam Cherian, of the Department of Psychiatric Social Work. Dr K. Sekar, Professor and Head of the Department of Psychiatric social Work, NIMHANS, and Chairman of the conference welcomed the gathering.

Prof. R Parthasarathy, Department of Psychiatric Social Work gave the background to the current National Conference which is a follow up of the NIMHANS WHO India Workshop held in February 2006 on psychosocial support in Tsunami disaster which led to the realization that focus should be extended to disasters in general, and not be confined to one disaster in particular. Hence, the current conference would look at Institutional, Governmental, Schools of Social Work and Non Governmental sector responses in various disasters addressed by these organisations. The participants also represented from the above sectors and allied agencies. He concluded his speech by saying that the conference would pave guidelines for future work in the area of psychosocial care in disaster management. The function was inaugurated by lighting of lamp by Profs. Parasuramnan, D Nagaraja, K. Sekar and R. Parthasarathy. Four books related to psychosocial care in disasters and psychiatric social work was released in the function. Summary of the books released is given in Appendix 3.

Prof Parasuraman in his inaugural address enlisted a number of developments taking place in the area of psychosocial care in disasters in the country. Knowledge on psychosocial interventions and capacity building; the ability to intervene has been well dispersed in the country to intervene from Jammu and Kashmir to Kanniyakumari. This expertise does not exist only in the institutions, but also in the local organizations, and this is made evident by the kind of training that takes place after a disaster today. Psychosocial care also involves preparedness, which needs to be institutionalized and channelised. Interventions made also need to be individualized, so that disaster management policies are positioned efficiently and effectively. The knowledge and capacity to deal with the disasters need to be dispersed at a wider level and people must take responsibility for dealing with the disasters. Dr. Parasuraman concluded the address with the message that we need to follow up on the type and quality of care that is given to the survivors, with a scientific basis to the process.

Dr D Nagaraja rendered the presidential address, with the message that medical relief should work hand in hand with the psychosocial care in disaster. Institutions like NIMHANS should provide the help for the people to sustain themselves in their efforts to reach the goal of rehabilitation and reintegration. This conference would serve to provide direction for this process.

Dr Muralidhar, Additional Professor in the Department of Psychiatric Social Work delivered the vote of thanks for various contributors for the conference, participants and the collaborators.

## ***SESSION 1: INSTITUTIONAL RESPONSES***

The session on Institutional responses was chaired by Dr. B. N. Gangadhar, Professor and Head, Department of Psychiatry, NIMHANS and Dr C. Ramasubramanian, Professor and Head, Department of Psychiatry, Government Rajaji Hospital, Madurai.

Dr. K. Sekar, NIMHANS, Bangalore gave a comprehensive picture about India disaster profile and the institutes involvement in providing psychosocial care and support to the survivors of disaster. NIMHANS involvement in the disaster management started since 1981 with Venus Circus fire tragedy, since then the institute has been involved in providing expertise and technical support in various natural as well as human made disasters. Various evidence-based researches have been conducted in the affected community, which shows the impact of disaster on different populations and effectiveness of psychosocial care. Government of India has recognized NIMHANS as the nodal centre for the two and half decade work in mental health and psychosocial care in disaster management. Further in his presentation, Dr. Sekar described that the work has not only focused on mental health issues but on the spectrum of issues such as distress among survivors, social problems, livelihood issues and biological problems. Mental health has been clearly distinguished from that of the psychosocial care. Mental health services focuses on the mental health needs of those directly affected by disaster, relief personnel and those indirectly affected by disasters whereas psychosocial care is a process that deals with a broad range of psychosocial problems and promotes the restoration of the social cohesion infrastructure as well as the independence and dignity of individual and groups. It serves to prevent pathologic developments and social dislocation. Recognizing this, NIMHANS has moved from the clinical model to that of the very broad public health and psychosocial care model. Dr. Sekar gave an account of the various activities carried over by NIMHANS such as training of trainer programs for community level workers, preparing capacity building tools and PSC manuals for different populations, care for the care providers – stress management workshops and so on. Further, he highlighted the collaboration with different institutions and schools of social work for initiating PSC to the larger extent. Regarding policy initiatives, Dr. Sekar informed that 2<sup>nd</sup> Administrative Reforms Commission of GOI has recommended for 1% of the countries population to be trained in Community Based Disaster Management inclusive of psycho social care and support. Towards the end of his presentation, Dr. Sekar described his recommendations stating that we have lot of data but needs to build on the wisdom, but our goal in future should be to reach the more of wisdom and less of data for which we require two I's that is Infrastructure and Institutions. Finally, Dr. Sekar acknowledged the contribution of all collaborative partners such as schools of social work, INGOs, allied GOs, humanitarian aid organizations, national institutes and mental health institutions.

Dr. Subasis Bhadra, American Red Cross India operations highlighted some of the core aspects of IASC guidelines on mental health and psychosocial support in emergency settings. The guidelines have been prepared by the involvement of 28 national and international organizations of UN body, WHO, American Red Cross and

others. These guidelines are based on the humanitarian concept. The IASC guidelines focus on addressing the issues of mental health and psychosocial support while looking at the other rehabilitation measures in the community. The other important core aspect of this guideline is that it focuses more on developing and strengthening community human resources and mobilization. These guidelines believe in the community ownership of rehabilitation aspect which makes the process more meaningful. The core aspects of these guidelines are health, community mobilization, information dissemination, and education. Above all these, some of the other important concepts are coordination, human resources, protection of human rights and assessment and monitoring. These guidelines also emphasize on the other psychosocial conditions in the community and how mental health aspect can be incorporated in these activities e.g. while dealing with water and sanitation issues, we need to consult women in the community and understand their needs related to that. Same way issues of food security and shelter and site planning can be handled. These guidelines do not undermine the existence of already existing problems in community such as unemployment, poverty etc. Dr. Subhasis Bhadra briefly explained about the requirements for the implementation of these guidelines and the core principals of these guidelines.

Dr. Surinder Jaswal highlighted the Tata Institute of Social Sciences, Mumbai experience in psychosocial care and mental health services in disaster. She reported that TISS has initiated their work on these issues since 1971-72, during the Pakistan – Bangladesh partition led by 5 faculties and 30 students by organizing refugee camps, recruiting of volunteers and streamlining aid. Since then TISS has been actively involved in providing psychosocial care and mental health services in various human made as well as natural disasters all over the country, recent one being the 2006 bomb blast in Bombay. They contribute in the form of preparing capacity building modules for trainers, community level workers, development of play therapy modules in disaster situations, assessment schedules for PSC and MH, development of new strategies such as 'Mumbai Voices', development of certificate course in CMH and diploma in PSC and concentration in Disaster Social Work and development of Research. TISS has been able to shift their strategy from the bio-medical to that of the psychosocial care and support strategy, from short term immediate care to that of the long term local collaboration. In conclusion, Dr. Jaswal highlighted that TISS with its higher learning in last few decades has shifted from mental health to psychosocial care and support and from relief to preparedness and development. Further, Dr. Jaswal mentioned that the special status of TISS as a social science institute has helped to maintain the SW focus, but it also emphasizes on multi-disciplinary perspectives and thus a more holistic perspective. In her conclusion, she also emphasized the need for holistic perspective in disaster management, evidence based operational research to understand issues of special populations, longitudinal studies to assess the impact over period of time, documentation to create indigenous literature, demonstrating new models for identifying, understanding and exploring 'gaps' and development of new strategies through student placements, block placements and field action projects. Dr. Jaswal also highlighted the importance of social work institutions that are leading their work from relief, rehabilitation to policy change.

Ms. Meera Sundarajan, CARE TRP Chennai explained the process of providing psychosocial care in disaster situation in a phase wise manner. The major experiences

of CARE India before taking up the Tsunami program was Gujarat harmony project related to Gujarat riots. NIMHANS the strategic partner for CARE India implemented the psychosocial care in response to the Tsunami in the states of Tamil Nadu and Andhra Pradesh. The first phase of the program was the need assessment of the affected community, sensitisation of the heads of the various Government and NGO sectors, capacity building of the personnel on emotional first aid for survivors of Tsunami. Based on the findings, sensitisation of the Government and NGO chief functionaries was followed in which large amount of IEC materials were prepared. In the second phase the focus was on psychosocial care. Cadres of the people who can be trained to reach out to the community were identified. The main objectives of the second phase was to integrate the PSC in various intervention programs by NGOs, GOs and SHG members, to improve the quality of life of the survivors by increasing the functionality, addressing the stress related issues, and to sensitize the CARE India regional offices on psychosocial care and stress management. In the third phase the main objectives were to shift focus from rehabilitation to rebuilding, continue providing support to trained manpower, focusing on long term care of the survivors and promoting psychosocial competencies especially for children. Keeping these objectives at the center, a structured plan for interventions by CLWs was organized and almost for 3999 families was provided with PSC by the CLWs. Ms. Meera concluded by highlighting the lessons learnt through these activities and the challenges faced during these activities.

Dr. Sujata Satpaty, National Institute of Disaster Management, New Delhi highlighted disaster management and psychosocial care programmes organized by the Institute. NIDM is a statutory body set up by Parliament. It started independently working with all issues with a focus on capacity building all over India. Documentation was the major dimension after the activities carried over so far. Main focus was on sensitization of disaster management to various cadres of people. Dr. Sujata also mentioned that NIDM is launching an online course of disaster psychosocial and mental health services. The salient gaps identified during their activities in disaster management was highlighted in terms of stigma attached with disaster psychosocial care and mental health services, resistance, no systematic capacity building mechanism in government sector, inadequate trained manpower, lack of psychosocial care and mental health services in manmade disasters, no integration of man made disasters into general relief and rehabilitation services and under-utilization due to poor cross networking. During 2006-07, NIDM started training with the support from NIMHANS that focused on health, social welfare, WCD, revenue and relief sectors. They conducted around 4 programs including 2 to 3 off campus programs. NIDM has also conducted a district level training in Orissa and is going to organize the same in Mizoram. Further Dr. Sujata explained the service provision to Kumbakonam and Meerut survivors of fire disaster. NIDM have also initiated the research project on special groups – need assessment project and children project NCPCR. She acknowledged the NIDM collaboration with other institutions through MOUs with NIMHANS, technical collaboration with RCI and Red Cross Society, WHO and COE chart program. Regarding future plans, Dr. Sujata informed that they are looking forward for development of DPSSMHS council, summer training internship, UGC/RCI/ MCI recognized courses, networking with various role players for service provision and research and data base management.

## ***SESSION – II: GOVERNMENT RESPONSES***

Dr. Ahalya Raghuram, Additional Professor of Mental Health and Social Psychology and Dr. L.S. Gandhi Doss, Professor and Chairman, Department of Social Work, Bangalore University chaired the session.

Ms. Kavita Venkatraman, WHO India mainly focused on the WHO India experience in psychosocial support for Tsunami affected populations in India. The session started focusing on the limitations of medical camps, limitations and advantages the Psychiatrists and Mental Health Professionals had at medical camps. It also focused on the care that was catered by the community workers which was dealt on different levels like facilitations or sensitization by trained community level workers, medical officers / Psychologists, Psychiatrists. Community level workers mainly identified the social, legal, medical and psychological needs of the people. Training of Community level workers were implemented through the collaboration with different Government Departments as well as partner organizations like DSW, TTRCRF, SCARF, NIMHANS in Tamil Nadu, Kerala, Andhra Pradesh. Key achievements of the programme were presented.

Dr. C. Ramasubramanian, Professor and Head, Department of Psychiatry, Government Rajaji Hospital, Madurai focused on South Tamil Nadu experiences in providing mental health services in disasters. The realities of mental health infrastructure and uneven distribution of needs and services for persons who are in need of mental health services was highlighted. In disaster prone areas preparedness will result in effective delivery of services and it can control the damages caused by disasters. Due to lack of mental health professionals it is important to train General Health Practitioners to handle the disaster related mental health and psycho social issues of disasters. Institute of Psychiatry, Government Rajaji Hospital, Madurai initiated a study to develop a state of preparedness in the area of Disaster Mental Health and Psycho Social Support in the Tsunami affected districts. The objectives were: i) to expose the General Practitioners to mental health and psychosocial issues relating to disasters, ii) to strengthen their competencies through training to deal with these issues, iii) to create a network among the General Practitioners in order to respond better to disasters. The paper focused on the process of the programme that included awareness, mental health training, treatment and rehabilitation.

Dr. K. Reddemma, Professor and Head, Department of Nursing, NIMHANS, Bangalore, focused on Psychosocial Care and Mental Health Services in Disaster - Indian Nursing Council (INC) Experiences. Dr. Reddemma explained the need for brining out the Nursing curriculum in disaster management. For this four-group member met at Chennai to begin with emergency care by nurses to be given. Mapping was done in and around the college of nursing so that they can be involved in the programme. Catchments area was identified (which college) and number of persons affected in the area. Emergency care manual regarding nursing care was brought out in disasters. The manual had contributions from 19 different set ups and it had chapters such as introduction, assessing, maintaining and supervision, nursing care in pregnancy, nursing care for elderly, psychosocial support in emergency etc. All the



schools and colleges were to follow up, and feedback was obtained after 3 months. It took couple of months for the formation of module and two day workshop was conducted subsequently. Once the module was implemented further modifications were done. All the schools of nursing were recommended to adopt this program, so that they are prepared to guide a quality care during disasters.

Dr K. V. Kishore Kumar, Senior Psychiatrist, NIMHANS, Bangalore, focused on integrating mental health care in primary care settings in disasters. Many studies suggest that disasters and other traumatic events have long-term consequences especially on the occurrence of psychiatric disorders. He spoke about the objectives of National Mental Health Programs (1982) and also the needs of the persons with mental illness in the community. Interventions pyramid for mental health and psychosocial support included services like basic services and security, community and family supports, focused non-specialized supports and specialized services. In disaster affected areas there was an increase in out-patients and reported multiple problems. NIMHANS being a Nodal Centre trained Primary Care doctors in different places like Tamil Nadu, Andhra Pradesh, Jammu and Kashmir and Andaman & Nicobar Islands. Different types of methods were used for training the doctors that included video demonstration using interactive methods using compact disc learning modules, Didactic lectures, group discussions and role-plays. Doctors also reported limitations they had during training programs like lack of skills to handle mental health problems, lack of knowledge on mental health problems etc. The outcome of the training program was positive in terms of attitudinal change in medical officers, gained skills to look beyond bodily symptoms etc.

Mrs. Theresammal ICDS, Nagercoil focused on the initiatives taken by Integrated Child Development Scheme (ICDS) sector with regard to psychosocial care for disaster survivors in Kanyakumari District, Tamil Nadu in four phases – rescue, relief, rebuilding and rehabilitation phase. The psychosocial care initiatives included TOT for ICDS supervisors, follow up by NIMHANS team, review meetings, sensitisation of the psychosocial care needs of the affected community, psychosocial care supports through home visits, group discussions etc, coordinating with GO/NGOs for availing benefits to survivors. The later part of the presentation focused on the challenges faced by the ICDS workers in rendering these services to the survivors. The recommendations put forward by the presenter were networking between the ICDS centres and the other Government sectors to enhance the referral services, the distress of the affected workers should be taken care so that they can function effectively for the affected population, periodical training for the workers to keep up the motivation and to provide additional inputs.

Mrs. Maria Roselin Daneil mainly focused on the initiatives taken by ICDS sector with regard to psychosocial care in Cuddalore District. As a psychosocial component plan the staff who received training from NIMHANS handled the Tsunami survivors and helped them to accept the situations and trying to be back to normal life by motivating the individual, family and community. Activities like group meetings with children and adolescent, individual contact and counselling were initiated subsequent to the training. The team faced challenges such as community expecting more relief materials even though it was provided sufficiently, difficult to educate the men folk due to the prevalence of alcoholism drug addiction and gambling.

### ***SESSION III – SCHOOLS OF SOCIAL WORK RESPONSES***

Dr M Ranganathan, retired Professor of Psychiatric Social Work, NIMHANS, and Ms Bridget, Assistant Program Co ordinator, Terre De Hommes India, chaired session.

Dr. Popy Kannan, Reader and Head, Department of Social Work, Stella Maris College, Chennai spoke on Psycho-social Support and Mental Health Services in Disasters, Tamilnadu Schools of Social Work experiences. Involvement of the Department in disasters such as Fires, Displacements, Earthquakes, Cyclones, Floods and recently, in Tsunami was discussed. In Tsunami, the department responded through an Impact Assessment Survey, TOT Workshop in disaster psychosocial management, psychosocial training for Social Workers, psychosocial care for survivors and an exhibition to create awareness on Tsunami. The response was also mediated through Block Placements for Social Work Trainees, inclusion of psychosocial care in disaster situation in the syllabus for MSW, Research Studies, and Concurrent field placements, Training Programs for trainers and Research Projects. 60 Students of the Department worked in 23 villages at Seerghazhi Block and rendered psycho-social care to Tsunami survivors: the outcome of the intervention was that there was a noticeable change for the better. The survivors seem to emerge more self-confident and more future-oriented than being obsessed with the past. In recognition of services rendered during and after tsunami Stella Maris College received an award given by the International Federation of Catholic Universities.

Mr. Peter Antony from Department of Social Work, Aringar Anna Government Arts College, Karaikal presented on the psychosocial services provided in the district of Karaikkal. There are mainly 3 types of disasters that usually occur in Karaikkal – Cyclones, Fires and Floods, which happen at least thrice a year. The extent of damage that occurred due to the recent Tsunami in Karaikkal was great. During Tsunami, the department intervened during the relief, rehabilitation and reconstruction phase. The work was carried out through capacity building, service in the community and research activities. The staff attended TOT workshop on PSC for survivors of disasters and students were placed in the target areas as part of their fieldwork training. Sustainability of their services was ensured as the students have been placed in various NGOs working in the field of disaster management. Their main target group included children, youth, women, men in distress, aged, disabled, young married couples after Tsunami. The impact of the work was evident in terms of the change of behaviour, acceptance of the loss; face up the challenges, economic stability, and concentration in studies, better health, developing a conducive family atmosphere, reduced fear of tsunami and finally, community reorganization. A study on the Post Tsunami psychosocial conditions of women was also carried out by the students, in which it was found that the respondents had varied physical, psychological and socio-economic problems. A major finding of the study was all respondents felt that remarriage is the need of the hour for the widows of Tsunami.

Mr. Gerald D'silva, Lecturer, Roshni Nilaya, School of Social Work, Mangalore spoke about Mangalore Network of Schools of Social Work experiences. Mr. Gerald D'silva stressed on the need for networking with the various Schools of Social Work in Mangalore, initiated by NIMHANS. Emphasizing the need for disaster preparedness, he spoke about the College Level Disaster Management Committee



(CDMC) in collaboration with the district administration and department of civil defence (home guards) in training the local people in flood and other rain related disaster preparedness. CDMC has tie-ups with local NGOs, hospitals and different government departments. CDMC reaches out to Schools, Departments, NSS Volunteers, and Police Department. Some of the activities include mock drills by the fire personnel, first aid training by department of civil defence. The CDMC assess the hazards and safety measures, which includes structural and non-structural assessment, and resource inventory. Response plan of CDMC is mitigation of hazards identified, evacuation and considering special provision for handicapped.

Mr. Anish K R from Marian college, Kuttikanam, Kerala presented on the South Kerala Network of Schools of Social Work responses on Psychosocial Care and Mental Health Services in Disasters. The South Kerala network of Schools of Social Work was initiated on 15 May 2006 and it consists of 10 Schools of Social Work covering the 4 districts of Idukki, Kottayam, Pathanamthitta, Trivandrum. The responses encompass areas of research; capacity building; social work practice, knowledge dissemination. A number of student dissertations have been brought out covering topics like quality of life of elderly, children, disaster preparedness among housewives and psychosocial impacts on children. In the field of capacity building representatives attended a workshop on disaster management for Schools of Social Work in South Kerala, May 2006, Marian College, Kuttikkanam and had representatives from 7 schools of social work.

Mr. Ponnuswamy presented the work done by the Social Work team of GRD consisting of 3 Faculty Members and 28 Students. The team visited 1100 houses in the following villages. Akkaripattai, Nambiyar Nagar, Arkatuthurai, Chinnakudi, Chinnamedu, Pattanchery, Kuttiyandiyur, Tharangambadi of Nagapattinam District. The following psychosocial issues were identified in the month of January 2005. Issues of men included unemployment, negative coping and lifestyle, hopelessness, difficulty in pursuing alternative livelihood, increased dependency. Issues of children aged (0-5) years were found to be adamant, temper tantrums, continuous crying, clinging to the caretaker, fear of darkness, sleep disturbance and screaming at night. Issues of children aged (6-12) years were identified to be loneliness, fear, adamant nature, regressive behaviour - bed wetting, thumb sucking, crying excessively and anger outbursts. Issues of children above 12 years were reduced activity, rise in school dropouts, hatred, running away from homes and not sleeping. Counselling, group meetings, home visits, conducting games, construction of temporary shelters, taking victims to the PHC were the services offered by the team in response to the psychosocial issues identified by them.

Fr. Prince C P, Bharat Matha College, Kochi shared the psychosocial support and mental health services in disasters -Kerala Network of Schools of Social Work experiences. The schools of social work in Kerala has achieved a momentum in organizing the community resources and the professional expertise towards better psycho-social care for the survivors including the interventions in Gujarat earth quake and Tsunami for which NIMHANS has been providing the technical support in the form of training programmes. The future plans are to organize TOT workshops on psychosocial care for survivors of disaster through the teachers from the schools of social work in Kerala, to promote training of students and NGO workers through these trained personnel from social work schools, to recommend the five universities

in Kerala to renew the syllabi of Disaster management subjects in the social work curricula and to promote conscientization activities in the community organization on psychosocial care in disaster situations. The recommendations for these programmes to be carried out in the future are to make grief counselling a part of psycho-social care programme, to impart more awareness programmes for the public on the need for grief resolution and other psycho social interventions in post disaster phase and organize training programmes through schools and colleges for awareness building.

Mr. Tomy Jacob, Faculty member, Department of Social Work, St. Joseph's College, Devagiri, Kerala, presented the Institutes initiatives in the manmade disaster at Marad of Beypore Panchayath in Calicut. Marad is a densely populated village in the coastal belt of Calicut District. Demographically Hindus and Muslims are prominent there. In 2002 - 2003 there broke out a politically engineered riot between the Hindus and Muslims, wherein 17 people died and many were injured. No outsiders including the press were permitted to enter the locality. In this situation, obtaining special permission from the district collector, 20 Students and 4 Faculty from Social Work Department actively participated in the relief and rehabilitation work in the riot-affected areas. The strategies adopted were home visits, psychological counselling and intervention through children, survey and community festivals. The outcome of the intervention included improvement in performance and interaction of children, and a reduction in the gap between Hindus and Muslims in the area. In February 2006 the college conducted a one-day workshop on Disaster Preparedness and Management for the social work faculty of 5 northern districts of Kerala in collaboration with the Department of Psychiatric Social Work, NIMHANS.

Mr Rajendran and Mr. Kothandaram, Faculty members, Department of Social Work, Bangalore University, presented on behalf of Dr. L.S Ghandi Doss, Professor of social work discussed the Bangalore network of schools of social work responses to disaster. The Bangalore University Department of Social Work participated in various natural disaster including Andhra Cyclone (1997), Orissa Super Cyclone (1999), Gujarat Earthquake (2001) and Tsunami in 2005. The purpose of the work had been (a) to expose students to the realities of disaster and possible intervention, (b) the educators accompanied also got a rich learning experience. The work was always with local NGOs or local social work Institutions thus using the time for best learning and good work. The support extended to the NGOs, were in terms of survey and data collection, educational requirements, recreation for children, youth and for villagers, Reconstruction work including shramadan was carried out. Professional inputs included family counselling, damage assessment, participation in the rehabilitation plans, reflective learning, insights into the way work needs to be done and a good understanding of various dimensions and issues on disaster. He concluded, raising a few questions such as what exactly is the social work component in our work, is it just case work, group work and community work at the site that is being done, why we often never converted students and teachers' exposure into a learning model and are there any case studies of our work.

## ***SESSION – IV: NGO RESPONSES***

Dr. R. Reddemma, Professor and Head, Department of Nursing, NIMHANS and Prof I A Shariff, former Professor and Head, Department of Psychiatric Social Work, NIMHANS chaired the session on NGO responses.

Ms. Kavitha Manoj, program manager in Everychild India, presented on the Idhaya Psychosocial Care project (PSC) that was initiated with technical support from NIMHANS. The description about the activities of the organization was given. In India Everychild they primarily work towards preventing child abuse and violence, protecting and supporting vulnerable children and it operates in Karnataka, Tamil Nadu, Orissa and Andhra Pradesh. The Idhaya PSC project started with a major activity of PSC for children in 35 villages of Kanniyakumari, Nagapattinam and Karaikal districts. The main aim of the project was psychosocial care and competence building of children and others attending various activities under the Child Care Activity Centers (CCAC). It helped almost 1292 children using the community resources. A baseline assessment was carried out with children to understand the needs and problems of the children in disaster situation. Various tools for the assessment were used with 1120 children and it was found out that almost 35.98% children were mildly affected, 48.04% children were moderately affected and 15.98 % children were severely affected. Understanding these problems, interventions were carried over with these children using different medium such as facial expression, thematic story cards, family portrait, writing exercises, drawing, clay moulding and family dolls. It was found that the psychosocial mediums for working with children are very effective in reducing trauma and distress after the disaster. The outcome of these interventions was ventilation, understanding of the event, development of positive life skills and mastery over the life events by the children. It was also found out that there was significant reduction in behavioural problems, mental health problems and impact of tsunami event on children. Ms. Kavitha once again highlighted the importance of community resource building for such interventions.

Mr Rajeev from Action aid shared his experiences in work related to disaster preparedness and mitigation program with Tsunami survivors in India and Sri Lanka. The Tsunami response was relatively successful in addressing the immediate physical and mental health needs, but there is a question mark over whether it was/is effective in empowering the community. A qualitative research study was undertaken to explore the perceptions of Tsunami survivors on the disaster services that they received and their present needs, and the research was part of a major qualitative research project aimed at capturing the surviving experience of tsunami survivors in Alappad, Kerala. Qualitative study findings of the research are: Post-tsunami relief operations at the relief centers were very effective and efficient. Almost all of the participants needed some sort of mental health support even two years after the disaster struck in order to deal with their unresolved grief; adapt to a new place; combat loneliness and isolation; and rebuild social network and support. People perceive a great deal of injustice in the ways beneficiaries have been identified and aid was distributed. The situation of the people at the relocated places was precarious in several ways- while all of the residents have new homes; they were plagued with issues such as isolation, transportation, safe drinking water, and livelihood problems. All the participants concurred that lack of awareness regarding Tsunami, its

'symptoms', and lack of preparedness were the major reasons for the large number of casualties in affected areas. From the findings it can be understood that the present disaster management system is not adequate to address the long term needs of the survivors and a proper system should focus on long - term issues of livelihoods, rebuilding social institutions, and disaster preparedness. Participation from the community in the form of planning and decision making in order to make them empower is very much required.

Dr. U. Goutham Doss, Director, ADEPT reported on the increasing awareness of the psychological and social needs of disaster affected populations in addition to their physical needs. Lack of consensus related to goals, strategy and best practice is a major problem related to various disaster management programmes. The range of psycho social programmes that are practiced include , i. awareness raising and psycho-education; ii. interpersonal skills development; iii. social activities support expression of feelings and thoughts; iv. mobilization of existing social networks in the community; v. supportive practices for child development; vi. skills training to improve sense of self-sufficiency; vii. material and other support to remove threats to well-being; viii. strengthening of spiritual dimension; ix. psychology-oriented skills training; x. training on various rights based issues and xi. improving links and interchange. In the domain of human capacity, overall health (physical and mental) the ability of individuals and communities to cope and/or function within their context and access resources in their environment is taken in to consideration. The domain social ecology includes the preservation and restoration of community and family supports. The domain culture and values reflects the reflects the cultural construction of human experience and wider human rights issues that provide a sense of meaning and serve to unite and give identity to a community. Community resilience model intervention explains that there are there are sufficient resources within an affected community to sustain appropriate engagement with the challenges created by experienced events and these resources have been weakened and need to be strengthened. In conclusion, Dr. Goutham Doss emphasized that the goal of any external intervention should not be to only 'restore' the community to its former state but it should go beyond restoration to sustainable development.

Mr. C. Nambi, Director, Centre for Social Education and Development (CSED), Coimbatore presented on psychosocial care and mental health services in disaster the CSED experiences. In the first phase CSED started their work in relief camps with almost 2000 children in Nagapattinam and Kanniyakumari districts and began with capacity building program for almost 60 staff members. In the workshops on PSC almost 841 people were reached out coming from different backgrounds. In the second phase CSED conducted programs for different personnel such as NGO staff, CLW and teachers. The lessons from the activities and interventions are in any disaster situation children and women are the most vulnerable; life skills like swimming should be taught to children and women; all the school children should be trained on managing disastrous situations; a quick and effective communication system should be developed; the family atmosphere should be restored at the earliest possible time; bringing in self-confidence, hopes and beginning of a new life is much easier among children than adults; psychosocial care should be part and parcel of the overall relief and rehabilitation work. Mr. Nambi also explained that in working with children especially the principle of "quick and immediate responses to children in emergency" and gender and rights perspective should be considered during relief and

rebuilding phase. He concluded that there is need for long term continued PSC that should be taken much beyond the disaster situations.

Mr. Benny, District coordinator of CARE India highlighted the various initiatives taken up in strategic partnership with NIMHANS on psychosocial care for disaster survivors in Kanniyakumari District. The initial phase focused on needs assessment, giving basic PSC training to various sectors especially ICDS, Health and NGOs, distribution of IEC materials in English and local language and handholding support to the trained CLWs. At the end of phase 1 prominent felt needs were identified from the field. They are expansion of PSC training, TOT programmes, integrate PSC with primary health care, ICD scheme and Education, stress management and tracking the changes following interventions. It was also understood that normalization process would take long and if not addressed properly there could be danger of negative outcome of deviancy setting in not only in individual level but in community level too. Main activities conducted in phase 2 were integration of PSC interventions through governmental and non-governmental sectors such as NGOs, ICDS, Health and Education, TOT to broad base psychosocial care to these four sectors, support groups for women, PSC rehabilitation, organizational development and strengthening of personnel, integration of psychosocial care in to general health care through primary health centre medical officers, strengthening community based support group for men in Panchayat Raj Institutions and tracking of the changes in a scientific systematic manner and networking and information sharing. At the end of phase 2 the programme was again reviewed and identified felt needs such as the needs of the survivor population and planning future strategies towards long term rebuilding of the community with sustainability, wean and withdrawal from the field area. The main strategies used in the third phase were:

- a) enhancing community level psychosocial competencies
- b) strengthening the care for persons with mental health problem
- c) community based disaster preparedness in psychosocial care
- d) promoting psychosocial competencies among children
- e) sensitization of CARE office staffs on psychosocial care and stress management
- f) tracking of the changes in a scientific and systematic manner.

The lessons during the implementation of the programmes are that participatory training methodology of PSC is effective, handholding and review meetings by professionals with trained CLWs makes the difference and periodical trainings to the CLWs maintained the motivation to work for survivors, differential attention to children in both rescue and relief phase and rehabilitation and rebuilding phase, has to be given and special care to women and old age people should be given. Outcome of these programmes were reaching the PSC to the needy community through different strategies and has laid the groundwork for integration of disaster mental health as part of District Mental Health Programme.

Mr P Mohanty, Field Coordinator, Lutheran World Service – India (LWS India), described the work in Cuddalore and Nagapattinam districts of Tamil Nadu Tsunami affected population. The organisation has already completed work and exited from Villupuram and Pondicherry Tsunami affected areas. It has been implementing Disaster Response and Development programmes in several states of India in close co-operation with the state governments. The PSC intervention focused on the core

areas like: capacity building of staff and community volunteers for which NIMHANS had provided training of the master trainers, organizing sports and games, observation of most significant days, educational support to children and counselling and guidance. The next PSC programme is going to focus on integrated psychosocial care as an important component in the community based disaster preparedness programme, to provide intensive and focused training to the disaster mitigation teams in PSC and individual psychosocial care (DMTF) team to be established at village level for development and emergencies.

Dr. Lucas Babu, Director, RIDO presented the initiatives in implementing psychosocial care for children affected by Tsunami through peer jeevans. Main activities of these programs are psychosocial care to children using various mediums on daily basis, capacity building for staff, home and school visit, identifying drop out children. NIMHANS team trained the staff in the areas of psychosocial care, stress management, child protection and child rights, life skills, psychosocial care in community based disaster preparedness and self care. Need assessment was done to identify the impact of Tsunami on children. As an intervention process psychosocial care was provided to children, opportunities for ventilation, learning group norms and various coping mechanisms. Creating a support group and dealing with the problems of children psychosocial care session in the community was conducted. Modules vary for children, parents and community leaders for psychosocial care of survivors of Tsunami. Review meetings were held and pre and post assessment was done. The second phase of the program was to concentrate on the severely affected children who are still in the process of recovery to provide psychosocial care through teachers, parents and key persons in the community for long-term benefits and for providing intensive care for the children who still show problems. The main activities of this program were to address the psychosocial needs of children who have problems and help them attain normalcy, Community sessions for children, their parents and community leaders and training in psychosocial care for teachers. The outcome of the program was that there was drastic reduction in the impact of tsunami on children, helped in building up of knowledge base in the community itself, sustainability of care for children by strengthening of community members in provision of psychosocial care and it brought out the talents of children

The first day of the conference ended colourfully with a cultural programme, which proved to be entertaining and a stress buster. Compeered by Dr Prakashi Rajaram, Assistant Professor in the Dept of PSW, the event was made memorable by the active participation of the faculty and students of the Department, and the enthusiastic involvement of the participants.



## ***VALEDICTORY SESSION***

The valedictory function welcome address was proposed by Dr. K. Sekar, Professor and Head, Department of Psychiatric Social Work. Dr. R. Parthasarathy, Professor of Psychiatric Social Work and Chairman, Organising Committee summarised the two day workshop proceedings and the recommendations of the conference.

Mr. Nambi in his feedback highlighted that Psychosocial care should be continued and taken beyond the disaster situation. He stated that the conference was well organised but time constraint was felt in each session. Dr. Gautham Das in his comments stated that two days conference was an applauding and wonderful work and he also urged to move forward from this step in terms of conducting more number of training programs, workshops etc. Mr. Justin felt that the conference was well organised and stressed on adopting disaster vulnerable places by local teams and NIMHANS team to train the volunteers in respective places.

Sriramappa from Everychild India, Ms. Bridget from TdH and Mr. Benny from CARE India, as collaborators in the conference shared their experiences of working with NIMHANS and also praised that NIMHANS has taken a lot of efforts in training many of the Schools of Social Work, NGO and GO workers in disaster psychosocial care and mental health services.

Mrs. K.V. Savithri, Registrar, NIMHANS in her speech stated that the Disaster Management Act, 2005 promotes the requisite institutional mechanism for drawing up and monitoring disaster management plan at all levels, ensuring measures by various wings the Government, International, State and District level for prevention and mitigation effect of disasters and undertaking a holistic coordinated and prompt response to any disaster situation. This enactment facilitates effective steps for mitigation of disasters, prepare for and coordinate a more effective response to handle a disaster situation.

Dr. C. Ramasubramanian, Professor and Head, Institute of Psychiatry, Government Rajaji Hospital, Madurai, delivered valedictory speech. He thanked NIMHANS for their support to the survivors of disaster which is the need of the hour. He recollected that NIMHANS as a nodal center for psychosocial care in disaster management by Government of India has been extending laudable services. The experiences of working from Kashmir to Kanniyakumari by NIMHANS were a great matter of appreciation. The efforts of networking the institutions, non governmental organisations, governmental organisations and schools of social work show the expertise and commitment by the Department of Psychiatric Social Work.

Dr. Prakash Rajaram proposed vote of thanks to all the resource persons representing different sectors like GO, NGO, Schools of Social Work and Institutions, participants, chair persons, all the different committee who were part of the workshop. She made a special mention of the unconditional and continued support of Dr. D. Nagaraja, Director / Vice Chancellor and Mrs. K V Savithri, Registrar.

## **RECOMMENDATIONS OF THE CONFERENCE**

- ❑ The psychosocial care needs to mainly focus in health, community mobilisation, dissemination of information and education for longer periods after the disaster
- ❑ After individualizing the needs of the disaster affected area, appropriate psychosocial programmes have to be formulated to cater to different groups – children, adolescents, adults, elderly, disabled, women and allied groups
- ❑ It is important to give more emphasis on preventing/ handling issues related to human made disasters. Such guidelines could be included in the curriculum framework.
- ❑ At different phases of post disaster situation, different training programme need to be given to the field level personnel
- ❑ Efforts need to be made to establish linkages with District Mental Health Programme including PHC personnel, General practitioners and NGOs.
- ❑ It is useful to integrate the essentials of psychosocial care especially for children and adolescents into the Integrated Child Development Schemes and School Curriculum
- ❑ The elements of disaster intervention need to be appropriately incorporated into Nursing Curriculum and allied concerns.
- ❑ In order to regulate the minimal standards of psychosocial care, there should be a Council at the Central/ State levels.
- ❑ It is essential to document the work done by psychosocial care personnel and also to conduct research activities with the sole purpose of developing indigenous literature related to psychosocial care in disaster situation.
- ❑ There should be active collaboration between NIMHANS and various international, national, regional and local organisations, schools of social work with regard to the activities related to disaster preparedness, training and research.
- ❑ Social work curriculum – Syllabus, concurrent fieldwork, block placement, social work camps and other activities should include the components of psychosocial care related to disaster management.
- ❑ There is a significant need for formation of network of schools of social work, to adequately cater to the needs in times of disaster in each region.
- ❑ Irrespective of occurrence of disasters, the social work trainees need to be exposed to the intricacies of psychosocial aspects of disaster management.
- ❑ In order to strengthen self-dependence and self-help, locally available community resources have to be fully and effectively utilised for the purpose of psychosocial care.
- ❑ Appropriate mechanisms have to be developed in respect of collaborations between government and non-governmental organisations, support to NGOs through adequate funding and guidelines.



*Appendix 1*

**NATIONAL CONFERENCE ON  
PSYCHOSOCIAL CARE AND MENTAL HEALTH SERVICES IN  
DISASTERS**

**26-27<sup>th</sup> November 2007,  
Auditorium No.2, Convention Centre, NIMHANS, Bangalore**

**PROGRAMME SCHEDULE**

**26.11.2007 (Monday)  
2**

***Venue: Auditorium No.***

**0800 hrs to 0900 hrs  
0900 hrs to 1030 hrs**

- Registration**
- Inaugural Function**
  - ☐ **Invocation**
  - ☐ **Welcome**  
**Prof. K. Sekar**  
Professor and Head  
Department of psychiatric Social Work  
NIMHANS
  - ☐ **Workshop background – Prof. R. Parthasarathy**  
Professor  
Department of psychiatric Social Work,  
NIMHANS
  - ☐ **Lighting the lamp – Dignitaries on the Dias**
  - ☐ **Release of books - Dignitaries on the Dias**
  - ☐ **Inaugural address - Prof. Parasuraman**  
Director  
Tata Institute of Social  
Sciences Mumbai
  - ☐ **Presidential address – Prof. D. Nagaraja**  
Director / Vice  
Chancellor  
NIMHANS, Bangalore
  - ☐ **Vote of thanks – Dr. D. Muralidhar**  
Additional professor  
Department of Psychiatric  
Social Work, NIMHANS

**1030 hrs to 1045 hrs**

**- Tea Break**

**Session – I: Institutional Responses**

**1045 hrs to 1300 hrs**

**Chairpersons: Dr. B.N. Gangadhar  
Dr. C. Ramasubramanian**

**Resource Persons**

<b>1</b>	<b>Dr. K.Sekar Professor and Head Department of Social Work NIMHANS, Bangalore</b>	<b>Psychosocial Care and Mental Health Services in Disaster NIMHANS Experiences.</b>
<b>2</b>	<b>Dr. Sujata Satapathy Assistant Professor, N I D M 5 b. I P Estate, M .G. Marg New Delhi 110 002</b>	<b>Psychosocial Care and Mental Health Services in Disaster NIDM Experiences.</b>
<b>4</b>	<b>Dr. Subhasis Bhadra Director, Disaster Mental Health, American Red Cross 1. Red Cross Road New Delhi-100 001</b>	<b>Psychosocial Care and Mental Health Services in Disaster-American Red Cross Experiences.</b>
<b>5</b>	<b>Dr. Surinder Jaswal Jamsetji Tata Center for Disaster Management Deonar, - PO Box No. 8313 Mumbai 400 088</b>	<b>Psychosocial Care and Mental Health Services in Disaster TISS Experiences.</b>
<b>6</b>	<b>Mrs. Meera Sundarajan Tsunami Response Program CARE India Eekatathangal Chennai</b>	<b>Psychosocial Care and Mental Health Services in Disaster Care Tsunami Experiences</b>

**1300 hrs to 1400 hrs**

**- Lunch Break**

## Session – II: Government Responses

**1400 hrs to 1600 hrs**  
**Raghuram**

**Chair Persons: Dr. Ahalya**

**Dr. L.S. Gandhi Doss**

### Resource Persons

<b>1</b>	<b>Dr. Kavitha Venkataraman</b> <b>WHO India Country Office</b> <b>Nirman Bhavan</b> <b>New Delhi</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster WHO Experiences.</b>
<b>2</b>	<b>Dr. C Ramasubramaniam</b> <b>Professor and Head</b> <b>Department of Psychiatry</b> <b>Government Rajaji Hospital</b> <b>Madurai</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster Govt. Responses- South</b> <b>Tamilnadu</b>
<b>3</b>	<b>Dr. K. Reddemma</b> <b>Professor and Head</b> <b>Department of Nursing</b> <b>NIMHANS, Bangalore</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster-INC Experiences</b>
<b>4</b>	<b>DR. K.V. Kishore Kumar</b> <b>Senior Psychiatrist GDMO</b> <b>Department of Psychiatry</b> <b>NIMHANS.Bangalore -</b> <b>560029</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster NIMHANS</b> <b>Experiences</b>
<b>5</b>	<b>Ms. Thresammal</b> <b>ICDS</b> <b>Nagercoil</b> <b>Kanniyakumari district</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster ICDS Experiences</b>
<b>6</b>	<b>Mrs. Maria Roselin Daneil</b> <b>Communication officer,</b> <b>ICDS Cuddalore District</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster ICDS Experiences</b>

**1600 hrs to 1630 hrs**

**16.30 hrs to 1830 hrs**

**1900 hrs**

**- Tea Break**

**- Cultural Programmes**

**- Dinner**

### Session – III: Schools of Social Work Responses

**0900 hrs to 1030 hrs 27.11.2007 (Tuesday) Chair Persons: Dr. M.**

**Ranganathan**

**Ms. Bridget**

#### Resource Persons

<b>1</b>	<b>Dr. Poppy Kannan Professor and Head Department of social work Stella Maris College Cathedral Road, Chennai</b>	<b>Psychosocial Care and Mental Health Services in Disaster Tamilnadu Network of schools of social work Responses</b>
<b>2</b>	<b>Mr. Peter Antony Dept. Of Social work Aringar Anna Arts College Karaikkal-609605</b>	<b>Psychosocial Care and Mental Health Services in Disaster Pondicherry Responses</b>
<b>3</b>	<b>Mr. Gerald Department of social work Roshini Nilaya Kankanady.Mangalore575003</b>	<b>Psychosocial Care and Mental Health Services in Disaster Mangalore Network of schools of social work Responses</b>
<b>4</b>	<b>Dr. Anish K R Department of Social Work Marian College Kuttikanam, Kerala 685 531</b>	<b>Psychosocial Care and Mental Health Services in Disaster Central Kerala Network of schools of social work Responses</b>
<b>5</b>	<b>Mr. L. Ponnuchamy GRD College of Arts &amp; Sciences, Peelamedu, Coimbatore 641 014</b>	<b>Psychosocial Care and Mental Health Services in Disaster Coimbatore Net work of schools of social work Responses</b>
<b>6</b>	<b>Fr. Prince. C.P Department of Social Work Bharath Matha College Thrikakara-682021.Kerala</b>	<b>Psychosocial Care and Mental Health Services in Disaster Kerala Network of schools of social work Responses</b>
<b>7</b>	<b>Mr.Tomy Jacob Lecturer in Social Work, St. Josephs College, Devagiri</b>	<b>Psychosocial Care and Mental Health Services in Disaster North Kerala Responses</b>
<b>8</b>	<b>Mr Rajendra Kumar Senior Lecturer Department of Social Work Bangalore University Bangalore-560056</b>	<b>Psychosocial Care and Mental Health Services in Disaster Bangalore Net work of schools of Social Work Responses</b>

**1030 hrs to 1100 hrs**

**- Tea Break**

**Session – IV: NGO Responses**

**1100 hrs to 1300 hrs**  
**Reddamma**

**Chairpersons: Dr. K.**

**Dr I A ShAriff**

<b>1</b>	<b>Mr. K. Benny</b> <b>District Coordinator</b> <b>Care India T R P</b> <b>68-A, Bright street</b> <b>Nagercoil, Kanniyakumari</b> <b>Tamil Nadu-629001</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster Care India Experiences –</b> <b>Kanniyakumari</b>
<b>2</b>	<b>Mr. C. Nambi</b> <b>Director,CSED</b> <b>38, Narasa Street</b> <b>Avinashi-641654,</b> <b>Coimbatore</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster CSED Experiences</b>
<b>3</b>	<b>Ms Kavita Manoj</b> <b>Every Child India</b> <b>No. 9, Nandidurg 7<sup>th</sup> Road</b> <b>Bangalore -46</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster Every Child India</b> <b>Experiences</b>
<b>4</b>	<b>Dr. Gautham dass</b> <b>Director, ADEPT</b> <b>No. 403,BlockB</b> <b>Prince Gardens</b> <b>40, Thambusamy Road</b> <b>Kilpauk.Chennai</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster ADEPT India</b> <b>Experiences</b>
<b>5</b>	<b>Dr. Lucas Babu</b> <b>Director, RIDO PLAN</b> <b>Project,</b> <b>Pondicherry-605004</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster Rido experiences.</b>
<b>6</b>	<b>Mr. Rajeev M.M</b> <b>Senior Program Officer,</b> <b>Action aid India</b> <b>Kanniyakumari</b>	<b>Addressing the needs of disaster survivors:</b> <b>Does service users' voice matter?</b>
<b>7</b>	<b>Mr.P Mohanty</b> <b>LWSI, 15. Seetharam</b> <b>Nagar</b> <b>Cuddalore -607001, TN</b>	<b>Psychosocial Care and Mental Health</b> <b>Services in Disaster LWSI Experiences.</b>

**1300 hrs to 1400 hrs**

**- Lunch Break**

**1430 hrs to 1530 hrs**

**- Valedictory session**

**NATIONAL CONFERENCE ON  
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DISASTERS**

**26-27<sup>th</sup> November 2007,**

**Auditorium No.2, Convention Centre, NIMHANS, Bangalore**

**PARTICIPANTS LIST**

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**NATIONAL CONFERENCE ON  
PSYCHOSOCIAL CARE AND MENTAL HEALTH SERVICES IN  
DISASTERS**

**26-27<sup>th</sup> November 2007,  
Auditorium No.2, Convention Centre, NIMHANS, Bangalore**

**SUMMARY OF THE BOOKS RELEASED**

**Psychosocial support in disaster:**

**Proceedings and recommendations of the NIMHANS-WHO India workshop**

The Government of India has recognized NIMHANS as a nodal center for psychosocial care. NIMHANS has been in the forefront for providing psychosocial support in Disaster situations, particularly to the Tsunami survivors in Tamil Nadu, Pondicherry, Andrapradesh, Kerala and Andaman and Nicobar Islands. Other Government organizations, Non Government organizations, Schools of Social Work and other allied agencies also joined hands with NIMHANS in carrying out psychosocial care for the vulnerable groups like the women, widows, children, and physically and mentally challenged. To consolidate and take stock of the exemplary work done in the area of Disaster Management, NIMHANS and WHO collaborated and coordinated a two day workshop on February 3<sup>rd</sup> and 4<sup>th</sup>, 2006 at NIMHANS Convention Center, Bangalore. There were 152 professionals, policy makers, administrators, representatives of civil society organizations, students and survivors of Tsunami participated in the workshop. The participants were divided into groups for focused discussions on four areas; 1). Capacity Building, 2). Collaboration and co ordination, 3). Relief and Rehabilitation, 4). Monitoring and Evaluation. The best mix of culture specific psychosocial models available for psychosocial care with the values of compassion and professionalism, the need for networking for psychosocial emergencies, information pamphlets and posters about disaster information, for individuals, family and community level workers were discussed and the entire deliberations of the workshop have been brought out along with the recommendations.

**Report on NIMHANS- CARE India Collaborative Project on Psychosocial care  
Program for Tsunami Survivors in Tamil Nadu & Andhra Pradesh**

The booklet on NIMHANS- CARE India Collaborative Project on Psychosocial care Program for Tsunami Survivors in Tamil Nadu & Andhra Pradesh explains the psychosocial care initiatives taken by the strategic partner NIMHANS with CARE India. Various capacity building programs have been organized for personnel from Government sector that includes Welfare, Health, Education, NGO sectors and the community at large through the SHG and PRI members. The psychosocial support provided through the trained personnel for the survivors have been reviewed. The impact of psychosocial care program in Tamil Nadu and Andhra Pradesh, through NIMHANS- CARE India initiative is detailed.

### **Booklets on the Psychosocial care mediums for children affected in Disaster.**

This consists of a series of 7 booklets on the different mediums useful for working with children, based on the field experiences during working with children in disaster-affected areas.

#### *Booklet no: 1 Facial Expression:*

Facial expression is one of the mediums of psychosocial care to bring out the feelings, emotions towards the unexpected and sudden Tsunami. It acts as a tool helping the child to ventilate and bring to the fore any issues to the limelight that helps the child to develop a positive attitude about the future.

#### *Booklet no: 2 Thematic Story*

The medium of thematic story cards enables the child to narrate the event in the larger group, which allows them to realize and accept their losses and make efforts to overcome what is felt. The activity steers the children's negative feelings to positive aspects by giving them a reason to remember about the good things that happened in the life after the Tsunami.

#### *Booklet no: 3 Family Portrait*

This medium is used for making a conscious effort to understand the emotions of each family member as perceived by the child, which will make them realize their own relationship and attachment with the family members. It allows the facilitator to identify which family member to approach to seek support in helping the child.

#### *Booklet no: 4 Drawing*

This activity facilitates children to express their fear, frustration, tension, anger and insecurities, through three themes for drawing –tsunami drawing, losses in Tsunami and future village. It helps in ventilation, accepting the losses and moving on to look at future positively.

#### *Booklet no: 5 Writing*

Children find difficulty in articulating verbally what they saw or are feeling. Writing as a medium allows them to release the thoughts and in focusing the mind towards the quiet center of the self. It teaches the children to move on and make the best of their lives, after accepting their losses.

#### *Booklet no: 6 Family of Dolls*

This medium is where the children are encouraged to make a story of their life using the dolls as portraying their characters in their life. This gives scope to identify areas of interventions while helping the child. The expressing of repressed memories due to the Tsunami and hence making the child feel better is the aim of this medium of psychosocial care.

#### *Booklet no: 7 Clay Moulding*

A Child's mind is soft and malleable like clay. Through this medium they use clay to represent how they would shape their future in the most constructive way. This was found to be effective in releasing the emotions of children in their personal losses to the Tsunami.

## **Handbook of Psychiatric Social Work**

Editors: K. Sekar, R. Parthasarathy, D. Muralidhar and M. Chandrasekhar Rao

Publishers: NIMHANS, Bangalore-29

In consonance with the progress and development of the multifarious activities related to mental health and neuro-sciences, the psychiatric social work discipline has made significant contributions, especially at NIMHANS in the last four decades. Compared to the early stages of development of psychiatric social work at NIMHANS, there is a metamorphosis in the variety of activities undertaken. Clinical services, training and consultation services in respect of psychiatric social work in the areas of child and adolescent mental health family mental health, de-addiction, community mental health, neurology and neurosurgery, rehabilitation, disaster mental health, inpatient and outpatient services and future trends in research are portrayed in this handbook. These topics are presented by thirty psychiatric social work teachers, practitioners and researchers who are actively involved with the promotion of mental health, prevention of mental problems, psychosocial therapeutic activities as well as aftercare and rehabilitation in institutional, semi-institutional and non-institutional settings in both rural and urban areas. This book will serve as an updated version of psychiatric social work in the Indian context. The students of social work, psychiatric social work practitioners, social work educators, policy makers, researchers and others interested in mental health issues would find this book useful.

## INAUGURATION



## DIGNITARIES ON DIAS



## LIGHTNING OF LAMP



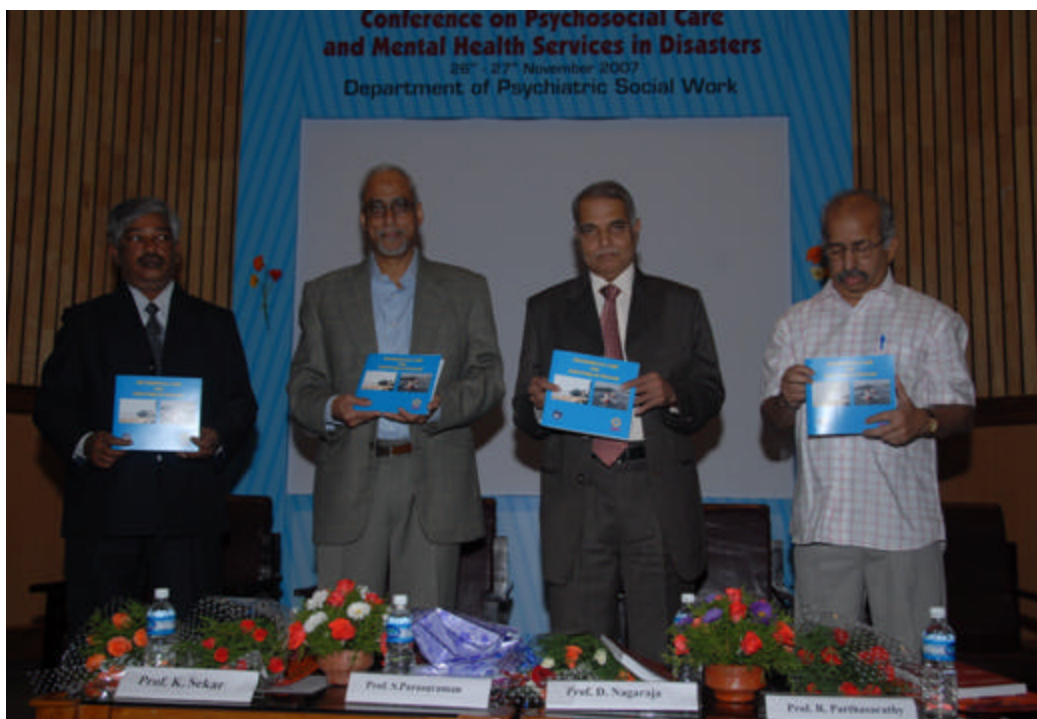
## RELEASE OF PUBLICATIONS



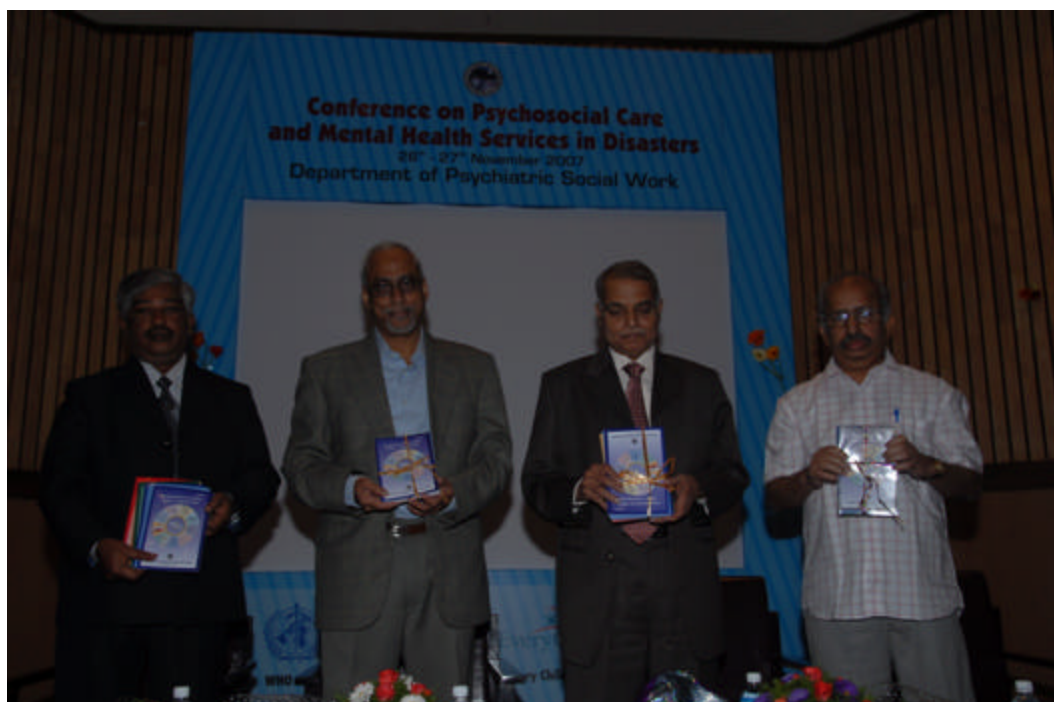
## WHO-NIMHANS WORKSHOP REPORT



## HAND BOOK OF PSYCHIATRIC SOCIAL WORK



**NIMHANS CARE INDIA REPORT**



**PSYCHOSOCIAL CARE FOR CHILDREN**



## AUDIENCE



## SCIENTIFIC SESSIONS



### SESSION 1: INSTITUTIONAL RESPONSES



### SESSION 2: GOVERNMENT RESPONSES



### SESSION 3: SCHOOLS OF SOCIAL WORK RESPONSES



### SESSION 4: NGO RESPONSES



## VALEDICTORY SESSION



## POSTER EXHIBITION



**The National Conference on “Psychosocial Care and Mental Health Services in Disasters” organized in collaboration with WHO India, Every Child India, CARE India and TdH, held on 26<sup>th</sup> and 27<sup>th</sup> November 2007 at Convention Center NIMHANS, Bangalore aimed at strengthening the knowledge, contribution and collaboration of all these partners and was a forum to share recent understandings and experiences of psychosocial care in disasters. The main objectives of the conference were:**

- 1. To facilitate the process of information sharing by institutions, GO's and NGO's, Schools of social work and allied agencies in respect to the activities they undertook in disaster situations.**
- 2. To collate the psychosocial strategies adopted by these organizations in reaching the survivors of disaster.**
- 3. To create awareness among the students and teachers about psychosocial care work undertaken by governmental, non-governmental agencies and Nodal agencies like NIMHANS, NIDM, WHO, INGO's and allied agencies.**
- 4. To suggest measures to be incorporated in to social work curriculum, field work activities and research programs for enabling their active involvement in psychosocial care in disaster situation.**

In collaboration with

