

Mental Health Relief Efforts To Help the Thai Community Cope with Post-tsunami Disaster

EXECUTIVE SUMMARY

Pfizer Foundation and Pfizer Global Pharmaceuticals have initiated immediate and long-term sustainable programs for **Mental Health Relief Efforts to Help the Thai Community Cope with Post-Tsunami Disaster**.

These programs have been designed by Mental Health Department partnering with various groups of local and international professional mental health associations, university academics, experts, governmental agencies, the private sector and NGOs. Five integrated initiatives comprise the components of this effort.

- 1) **Provide financial support for setting up a Mental Health Recovery Center** in Khow Lak, Takua Pa District in Phang Nga province, the area in the southern part of Thailand hardest hit by the tsunami disaster. Nearly 80% of all Thai's and foreigners who died in the tsunami were in the Phang Nga province at the time the tsunami struck Thailand
- 2) **Build capacity by conducting "Train the Trainer" programs** to develop and expand the rather limited capacity of local psychiatrists, psychologists, social workers, nurses, teachers, and child care providers to recognize and treat the diverse mental health effects of trauma in children, adults, families, and communities affected by the tsunami.
- 3) **Expand the community outreach model** by: (a) establishing an assertive **"Virtual Clinic"** to position mental health professionals within various local communities for an extended period of time in order to reach people who are reluctant to come to the clinic or unable get there, and (b) formulating various groups and activities where mental health sustainability and personal growth processes can be provided and reinforced. This process would ensure the more "isolated persons" are reached and treated.
- 4) **Actively contribute to the psychosocial and community rehabilitation** in the Thai provinces most affected by the tsunami.
- 5) **Establish a Thai database** on emotional issues of affected people, adults and children, including initial assessment and outcomes of treatment in association with established international research centers.

OUTCOMES / BENEFITS OF THESE INITIATIVES

- Reduced impact of the tsunami trauma on the affected population
- Early treatment of psychiatric and psychological disorders, both severe and mild
- Prevention of mental health related disabilities
- Normalization of mental health and de-stigmatization of psychological interventions
- Incentives for individuals and communities to rebuild themselves
- Increase national wellbeing through psychosocial and community rehabilitation
- A database on the mental health symptoms and needs within the Thai population in association with established international research centers
- Data on the effectiveness of the established process

BACKGROUND

The recent Asian tsunami has been called history's largest natural disaster. The total casualties from this disaster are roughly estimated at 225,000 people dead across Asia. In Thailand, according to the Thai official records nearly 5,400 people are dead and over 3,000 people recorded as missing.

But the casualties are not simply the dead. In Thailand alone, according to the Thai official records, statistics show:

- Over 10,000 people suffering from severe physical injuries.
- Over 1,100 children are confirmed orphans.
- Teachers, students and schools have been washed away.
- Thousands of survivors are homeless – Yan Yaow refugee camp in Phang Nga (one of 20 such shelters or camps in Phang Nga alone) has more than 4,000 refugees in desperate need for shelter and even basic supplies for sustenance.

In addition to these physical injuries and damages, thousands of survivors are living with the anguish of watching their loved ones snatched from their grips and carried away by the ferocious waves as they stood helplessly. For them living daily has become a treacherous struggle, and the long term impact on their lives will depend on how they are able to cope with these thoughts and images. There are reports of many people, including adults, children, teachers, fishermen, small business owners, relief workers, experiencing deep depression and other symptoms of the need for assistance to sustain their mental health. The symptoms among the "displaced" are even more alarming.

TARGET POPULATION

The population participating in these programs will be the affected victims from the Asian Tsunami, focusing primarily on the three Thai provinces most affected by this natural disaster. It is estimated that more than 60,000 victims will be impacted by these programs.

The targeted population includes tsunami victims and key people in the community such as community leaders and teachers. "Tsunami victims" include adult and child survivors of the tsunami, families, rescue and volunteer workers (military, government officials, students), and people who have lost their occupation, livelihood and homes.

PROPOSED INITIATIVES AND FINANCIAL SUPPORT REQUIRED

The relief efforts to help the community cope with this disaster will consist of three separate yet interconnected key initiatives.

Initiative 1: Provide financial and other resources to help set-up a Mental Health Recovery Center in the most affected province

- **Purpose:** To establish the necessary infrastructures for a Mental Health Recovery Center that will identify individuals at risk and provide professional counseling and treatment.
- **Staff:** 1 clinic director (a psychiatrist), 3 psychiatrists, 4 psychologists (on monthly rotation), 2 social workers, 3 psychiatric nurses, 2 administrative personnel, and an undetermined number of qualified volunteers.
- **Facilities:** A building has been identified in Khao Lak, Takua Pa District, Phang Nga Province that is considered central and accessible to the many individuals and villages in this area. The facilities include: 4 private counseling rooms, 2 conference/training rooms (includes "one-way mirror" conference room for observation and training), 2 administrative offices, 1 reception room, 2 storage rooms, and 13 sleeping rooms to house the staff brought in on a rotational basis.
- **Duration:** The center will provide services to the local tsunami survivors for a minimum of 18 months, beginning May 2005 through October 2006.

Initiative 2: Capacity Building – conduct "Train the Trainer" programs

- **Purpose:** In Thailand the overwhelming majority of local mental health professionals require additional training and experience in dealing with disaster and the mental health effects of disaster trauma.

The pervasive lack of knowledge and experience required to deal effectively with the mental health after-effects of the tsunami is already having an impact on diagnosis and treatment of stress responses. For example, some individuals showing signs of PTSD (hyper-arousal and rage) are being diagnosed and treated as psychotic. Other individuals with symptoms of PTSD are being hospitalized. It is not unusual for the onset of serious mental and emotional problems to be delayed. Three months after the tsunami, suicide rates are on the increase.

In order to provide professional and the most effective services, it is necessary to educate professionals and the public about responses, normal and pathological, to traumatic stress and symptoms. The "Train the Trainer" initiative will build the capacities of local professionals to recognize and treat the diverse mental health effects of disaster trauma in children, adults, families, and communities.

- **Target population:** During the World Conference on "*Coping with the Mental Health Challenges to the Community*," three levels of the "Train-the-Trainer" process were clearly identified:
 - Level I – mental health professionals with a thorough knowledge of disaster mental health interventions, such as CBT (Cognitive Behavior Training)
 - Level I – to be trained and supervised by experts having a background in disaster intervention
 - Level II – mental health professionals (psychiatrists, psychologists, nurses, social workers) without training or experience in disaster intervention techniques
 - Levels II – to be trained and supervised by Level I graduates
 - Level III – community leaders, para-professionals, teachers, and volunteers without a mental health background and training in disaster intervention techniques
 - Level III – to be trained and supervised by Level I or II graduates

This MoPH Department of Mental Health "Train the Trainer" initiative is focused on two different groups of professionals:

- 1) Training of mental health professionals (psychiatrists, psychologists, nurses, and social workers) in Cognitive Behavior Therapy (CBT) techniques
- 2) Training of child care providers, including NGOs who work in the all six of the provinces affected by the tsunami, in understanding children who are at risk by perhaps losing their parents, guardians, siblings and other loved ones.

- **Activities:**

- 1) Training on CBT techniques (effective CBT training requires a minimum of 40 hours plus field supervision):

- Two 5-day training courses for 100 trainers comprised of the Mental Health Department personnel, local health organization staff and university professors in mental health related fields
- Training to be conducted by Level I experts to be identified in consultation with Mental Health Recovery Center's Advisory Counsel
- The training programs will be conducted at academic working group level, combined with field training in three affected provinces (Phang Nga, Krabi and Phuket)
- The participants will learn the adopted techniques to be applied to the Thai culture and communities in which they work
- The venue can be in Bangkok, Phuket or Phang Nga Provinces
- The two workshops are scheduled for Q2 and Q3, 2005

- 2) Child care provider training:

- Twelve monthly one-day training seminars for groups of up to 50 child care providers from all provinces affected by the tsunami
- Level I and Level II guest speakers will be used for each training, selected in consultation with the Mental Health Recovery Center's Advisory Counsel.
- A portion of each training seminar will involve smaller break-out groups to share experiences, the application of techniques and best practices.
- Topics can include PTSD and other symptoms in children, child development, psychological reaction of disaster, specific phobias, case supervision, network collaboration, delivering services to displaced children, to name only a few.
- The training will provide the child care providers more knowledge, practices, and confidence in applying basic counseling to the children.
- The venues will be close to the community.
- The 12 training seminars will be scheduled monthly, June 2005 through August 2006

- **Purpose:**

In Thailand, mental health services are universally delivered in the context of a "brick and mortar" clinic or hospital. The effectiveness of these services is limited by accessibility issues and by a partly culturally based reluctance to come to the clinic.

Based on the supposition that the clinic can be wherever the clinician is, we propose a "virtual clinic" positioning mental health team members within the community for an extended period of time. The purpose of this initiative is to reach the general public in the affected communities to provide them with

mental health education and to identify individuals at risk who need more in-depth services.

We envision the Mental Health Recovery Center to be a “bustling hub of activities” dealing with many different groupings of people, all with the objective of improving and sustaining mental health and the quality of life. Some groups will stem from individuals treated at the Center, such as orphans and widows, where a common bond is clearly identified. Countless other groups will be drawn to the Center by other activities, such as music, art, business development ... with the objective of sustaining mental health, also in an environment where those needing more in-depth counseling can be identified and encouraged to take advantage of the professional services offered by the Center.

The MoPH Department of Mental Health will make available 2 vans to be used for the “virtual clinic” and community outreach.

- **Target population:**

Potentially all the people living in these provinces are the target population for this initiative. Initially, the “Virtual Clinic” outreach program will begin in Phang Nga, focusing on orphans, displaced persons, the elderly, widows, and children between the ages of 11 and 14. Other groups in need will be quickly identifiable and the appropriate level of staff and services provided for them.

- **Staff:**

The permanent and rotating staff of the Mental Health Recovery Center will be responsible for carrying out this initiative as well.

For the “virtual clinic,” teams of a clinician and a nurse/social worker will be positioned to work within a given community or village. They will establish relationships based on trust and time. Qualified and trained volunteers, particularly within a given community, will also participate with these teams.

For the community outreach, 4 additional people will be hired: 1 Community Development Coordinator with a background in mental health and bi-lingual (for report writing), and 3 Group Activities Coordinators, not necessarily with a mental health background, Thai and preferably with some English skills.

In addition, an undetermined number of volunteers, particularly teachers, will be used with these groups, based on the competencies and commitment of the volunteers and the needs of these groups. All staff and volunteers will be provided appropriate training to meet the objectives and sustain the professionalism of the Mental Health Recovery Center.

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