Mental health and psychosocial aspects of disaster preparedness in Myanmar

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Abstract

Myanmar as a country in South-East Asia is vulnerable to disasters including storms, floods, fire, earth fall, earthquakes, depending on the geographical nature and climate of the area. The National Health Committee (NHC) of Myanmar has formed under it an Emergency Healthcare Committee. After the Asian tsunami, the Ministry of Health (MoH) formed the National Disaster Preparedness and Response Committee which developed the National Guidelines for Disasters Preparedness and Response. The experience of dealing with the tsunami has shown that psychosocial support to the affected community not only reduces its psychological distress but can also facilitate physical rehabilitation. Thus mental health and psychosocial aspects have been included in disaster preparedness and management plans of the MoH.

Introduction

Myanmar is the largest country in mainland South-East Asia with a total land area of 676,578 square km. It stretches 2200 km from north to south and 925 km from east to west at its widest point. It is bounded on the north-east by the People’s Republic of China, on the east and south-east by the Lao People’s Democratic Republic and the Kingdom of Thailand, on the west and south by the Bay of Bengal and Andaman Sea, and on the west by the People’s Republic of Bangladesh and the Republic of India.

Myanmar has three well delineated natural divisions, the western hill region, the central belt and the Shan plateau on the east, with the continuation of this high land in the Tanintharyi. Three parallel chains of mountain ranges from north to south divide the country into three river systems, the Ayeyarwaddy, Sittaung and Thanlwin. Great diversity exists between the regions – rugged terrain in the hilly north which makes communication extremely difficult, whereas in the southern plains and swampy marsh lands there are numerous rivers and tributaries which criss-cross the land in many places.

The natural divisions of Myanmar are prone to natural disasters depending on the geographical nature and climate. Storms and flooding are common in coastal regions. Floods usually happen in regions around Ayeyarwaddy, Sittaung and Thanlwin rivers. Earth fall occurs in the mountain and hilly regions. Earthquakes are generally uncommon in Myanmar. On the other hand, man-made disasters such as fire outbreaks have occurred in some areas, especially in dry zones with a hot climate. Other man-made and accidental disasters such as leakage of dangerous gases or chemicals, air and train crashes are not common in Myanmar.

Certain areas are more prone than others to disasters, which may either be floods, cyclone, earthquakes or fire. These disaster-prone areas differ in terms of issues and challenges in emergency preparedness and response, in addressing disaster and emergency issues in different phases of the disaster cycle, socio-cultural issues, coping, response
and rehabilitation capacities, coverage and quality of basic health services prior to, during, and after emergency.

**Myanmar health systems and emergency preparedness**

**Myanmar healthcare system**

The Myanmar healthcare system has evolved with the changing political and administrative system. The relative role played by the key providers has also changed although the Ministry of Health remains the major provider of comprehensive health care.

**National Health Committee**

The National Health Committee (NHC) was formed on 28 December 1989 as a part of policy reforms. It is a high-level inter-ministerial and policy-making body concerning health matters. The NHC takes the leadership role and gives guidance in implementing the health programme systematically and efficiently. It is instrumental in providing the mechanism for intersectoral collaboration and co-ordination (Ministry of Health, 2006).

**National Emergency Healthcare Committee**

The NHC has formed the National Emergency Healthcare Committee which has developed a national plan to reduce the burden and vulnerability of the population in times of disasters, to prepare the plan for emergency health measures and to promote the health infrastructure.

Members of the Emergency Healthcare Committee are:

1. Representative from the Ministry of Health President
2. Representative from Myanmar Red Cross Member
3. Representative from Non-Governmental Organizations (NGOs) Member
4. Representative from the Department of Administration Member
5. Representative from the Department of Relief and Resettlement Member
6. Person nominated by the president Secretary
7. Person nominated by the president Vice-secretary.

The functions of the Emergency Healthcare Committee are:

1. to draw up the emergency health plan for disasters,
2. to form and mobilize medical teams,
3. training of health personnel,
4. procurement of disaster kits,
5. to promote disease surveillance and prevention of communicable disease.

With assistance from the World Health Organization, a vulnerability mapping exercise was carried out in 2002 and 2003. Following the workshop on Integrated Disease Surveillance, the Ministry of Health has placed more emphasis on emergency preparedness and response.

A series of multi-sectoral workshops on Disaster Management was organized in 2004 and 2005 focusing on epidemic and disaster preparedness. The experience of dealing with the tsunami brought out the fact that disaster preparedness plans to meet the mental health and psychosocial needs of the community were extremely limited. Mental health and psychosocial relief efforts should be an integral part of disaster preparedness plans. The best form of disaster preparedness is to have a strong community mental health system in place which can be rapidly scaled up to meet the needs of the community in case of disasters (World Health Organization, 2005).

**National Disaster Preparedness and Response Committee**

After the Asian tsunami, the Ministry of Health (MoH) formed the National Disaster Preparedness and Response Committee which developed the national guidelines for disaster preparedness and response.

The flow chart for the operation of the National Disaster Preparedness and Response Committee is shown in Figure 1.

Disaster preparedness and management plans are divided into three phases: (1) pre-disaster period, (2) emergency or during disaster period, and (3) post-disaster period.

Implementation of disaster management plans occurs at three levels, at (1) national (central) level, (2) state/division/township level, and (3) village and community level.

Committees for disaster preparedness and response

The Ministry of Health has formed the guidelines for the central and state/division level committees and their functions.
Central committee. The team leader and members are from different sectors, and include:

1. Director General (DOH) Team leader
2. Deputy Director General (Public Health/Disease Control) Members
3. Deputy Director General (Medical Care) Members
4. Directors (Disease Control, Public Health, Administration 1, Administration 2, National Health Laboratory and Medical Care) Members
5. Deputy Directors (Epidemiology, Disease Control) Members

The functions of central committee include:

1. developing the strategic plan to deal with health challenges arising from the disaster,
2. forming the state and division Disaster teams,
3. mobilizing all available resources,
4. giving technical guidelines for basic health staff,
5. reporting to Ministry of Health,
6. evaluating and analysing the results of the disaster.

Central sub-committees. The team leaders and members include:

1. Deputy Director (CMSD) Team leader
2. Deputy Directors (Administration, Financial, General administration) Members
3. Epidemiologists (Central, lower Myanmar) Members
4. Assistant Director Member

The functions include:

1. procuring drugs, disaster kit, etc.,
2. chlorination of water and sanitation in the relief camps,
3. establishing the mobile team,
4. coordinating with emergency health staff, other NGOs and other Ministries.

**State and division level committees.** The team leader and members include:

1. Director (State/Division Health Department) Team leader
2. Consultants (physician, surgeon, orthopedics, pathologist, anaesthetist, paediatrics, psychiatrist) Members
3. Microbiologist Member
4. Deputy Director (State/Division Dept) Member
5. Disease Control Regional Officers Members

The functions include:

1. taking information from disaster area and promptly sending emergency teams to affected area,
2. providing access to adequate water, sanitation, safe food,
3. recording and reporting of loss of livelihood to central level,
4. giving emergency clinical and health education to community,
5. allocating manpower and support technical, logistics, environmental health, media operation, food safety, epidemiology, disease control, surveillance and emergency preparedness and response.

**Other committees**

1. Disease Surveillance Committee,
2. Water and Sanitation Committee,
3. Information and Health Education Committee,
4. Hospital Disaster Management Committee.

**Mental health and psychosocial aspects of disasters**

The mental health programme has participated in some previous disasters providing mental health and psychosocial relief efforts. Psychiatrists and Township Medical Officers have been trained to conduct multiplier courses for basic health staff. In this training, disaster mental health is one of the main components. The topics covered include: WHO guidelines for health officials in the field during a disaster, disaster mental health services, psychological consequences of disaster, and disaster management (World Psychiatric Association, 2005).

A training course on mental health and psychosocial relief after the tsunami was given to nurses and medical officers in Yangon Mental Health Hospital. In some districts psychiatrists gave lectures on mental health and psychosocial relief to nurses and medical officers during their Continuing Medical Education programme.

Two psychiatrists attended the World Health Organization sponsored inter-country meeting on mental health and psychosocial aspects of disaster preparedness, held in Khao Lak, Thailand, on 20–23 June 2006.

**Workshop on mental health and psychosocial aspects of disaster in Myanmar**

A national level workshop on psychosocial aspects of disaster in Myanmar was held in Nay-Pyi Taw on 5–6 September 2006. The workshop was held in collaboration with WHO and Ministry of Health, Myanmar. There were 8 resource personnel, 2 facilitators, 8 secretariat members and 25 participants from states and divisions.

The objective of the workshop was to develop a plan for mental health and psychosocial aspects of disaster preparedness in Myanmar.

The Deputy Director (Epidemiology), Central Epidemiology Unit, explained disaster preparedness in the global and national context. He explained about the National Disaster Preparedness and Response Committee in Myanmar and the State/Division, District and Township Disaster Preparedness and Response Committees. He also shared the experience in the tsunami affected areas, fire outbreak in Laputta township and storm in Gwa township, Rakhine state. Psychiatrists from states and divisions also shared their experience in dealing with disasters.

Psychiatrists from Mandalay division presented a paper on earthquakes. Psychiatrists from Magway and Yangon divisions presented their experience with fires. The experience with floods was presented by psychiatrists from Ayeyarwaddy Division and Rakhing State.

Three groups were formed who discussed the mental health and psychosocial aspects of disasters in two parts. One part was the phase of disaster i.e. pre-disaster, during disaster and post-disaster phase and the other part was implementation of programmes in different parts of the country (such as national, state/division level, district/township level and up to the village level) during each phase. The national plan for mental health and psychosocial
aspects of disaster preparedness will be based on the discussions in the 3 groups, which are summarized below.

**Group 1: Pre-disaster phase**

**Suggestions for national level actions.**

1. Group 1 gave suggestions to link the psychosocial component into the existing National Framework (National Disaster Preparedness and Response Committee).
2. There should be inter-ministerial coordination with Social Welfare, Department of Relief and Resettlement, Home Ministry, Ministry of Education, Ministry of Information. Ministry of Health will play a leading role.
3. An advocacy meeting should be conducted with policy makers on psychosocial issues.
4. A mobile training team should be formed with the assistance of UN agencies, Health Ministry, Social Welfare, Education, Home Ministry, NGOs and INGOs.
5. Exchange visit to countries within the region.

**Suggestions for state, division, township and village levels.** To develop training manuals, produce and distribute pamphlets, talk to the public with a participatory approach.

**Group 2: During acute emergency phase**

Psychosocial intervention in acute emergency phase of disasters should be implemented at 4 levels with a multi-disciplinary approach:

- level 1 - community mental health services,
- level 2 - mental health care through primary health care (PHC),
- level 3 - care and support outside formal health sectors,
- level 4 - self and family care.

Activities:

- to co-operate and collaborate with other disciplines in emergency phase intervention activities such as direct connect, acute care, referral and death notification (all 4 levels),
- psychological first aid (all 4 levels),
- to identify those patients suffering from severe mental disorders such as psychosis, severe depression, severely disabling form of anxiety disorder etc. and support/supply medicines to avoid sudden discontinuation of medications (levels 1 and 2),
- if the acute emergency phase is prolonged, training programmes for new volunteers and community level workers should be started (level 1 and 2),
- supervision of currently practising service providers to facilitate their activities (level 1),
- social support should be provided by social welfare and resettlement ministry throughout the country.

Strategies for psychological first aid:

- make contact,
- make brief assessment of immediate needs,
- empathetic and active listening,
- support, reassure, and provide information,
- protect from further harm,
- referral system, if necessary.

Activities at the 3 levels of care should include the following:

Community level workers (level 3): The immediate need after a disaster is to reach out to all those who have been affected. Appropriately trained community level workers who understand the local culture should be used to provide psychosocial support. The role of NGOs is important, particularly with the issue of coordination and cooperation in disaster management. Resources which can be used include:

1. Red Cross members,
2. auxiliary relief workers, fire brigade members,
3. community leaders,
4. village leaders and elders,
5. monks and religious leaders,
6. school teachers,
7. students,
8. local NGOs like members of Union Solidarity and Development Association (USDA), Myanmar Maternal and Child Welfare Association (MMCWA), Myanmar Anti Narcotic Association (MANA),
9. local volunteers who have been already trained in preparedness phase.

Primary health care (level 2), resources which should be available and used include:

1. one health assistant,
2. one lady health visitor,
3. public health supervisor (PHS),
4. four/five midwives.

Community mental health team (level 1), resources which should be available and used include:

1. trained medical officers for mental health services,
2. three nurses, in which at least one should be qualified in psychiatric nursing,
3. one medical social worker,
4. two nurse aides.

**Organizational set-up for psychosocial intervention during the acute emergency phase**

Under the guidance and supervision of national/state and division level disaster and response committees, community mental health teams should be formed as follows:

1. two teams in Mental Health Hospital, Yangon,
2. two teams in Mental Health Hospital, Mandalay,
3. one team in every state and division (15 teams),
4. formation of one expert committee for national level psychosocial intervention in disasters is desirable. This committee will have the following tasks:
   - to take guidance from the Ministry of Health,
   - to co-operate with other sectors,
   - to encourage and facilitate the various levels of working groups,
   - to monitor and evaluate the functions performed.

**Group 3: Post-disaster or reconsolidation phase**

The psychosocial interventions during the reconsolidation phase should also be based on the 4 levels of care as described in the previous section. The activities could include the following:

1. to continue and maintain the activities started in acute emergency phase (all 4 levels),
2. to set up mental health care services for already identified patients suffering from mental disorders (levels 1 and 2),
3. to set up a small mental health in-patient care unit in the disaster area if necessary (level 1),
4. case identification activity as an on-going process (all 4 levels),
5. a psycho-education programme should be launched (level 1, 2, 3),
6. to participate in multi-sectoral approach rehabilitation services (all 4 levels),
7. activities for special risk groups as an important component (level 1, 2, 3),
8. counselling services (level 1, 2, 3),
9. training programmes as an ongoing process (level 1, 2),
10. the monitoring and evaluation process as an essential component of all activities (level 1, 2).

**Organization/communication**

In most disasters, leadership, co-ordination and communication become key issues. These considerations should be addressed in disaster preparedness plans:

1. lateral and vertical communication must be ensured, including local authorities,
2. state/divisional director of health department should be administrative leader,
3. Township Medical Officer (TMO) should be administrative leader at township level.

**Recommendations**

Comments and inputs from regional and national perspectives and finalization of mental health and psychosocial aspects of disaster preparedness plan in Myanmar was done by Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO, Dr Hla Pe, National Consultant (EHA) WHO, and Professor Hla Htay, Mental Health Project, after the discussion.

Suggestions for national mental health and psychosocial support in disasters:

1. It should be included in the National Disaster Preparedness and Response Plan in Myanmar.
2. It should be integrated into the Ministry of Health Disaster Management plan.
3. Mental health and psychosocial support plan should be at three levels (central, state/division/district/township, and village/community) and three periods. (pre-, during and post-disaster).
4. Technical materials will be developed recognizing the social, cultural and unique issues of the community.
5. Strengthen the capacity building for mental health and psychosocial aspects of disaster preparedness and response.
6. Inter-sectoral partnership of all relevant partners (e.g. social welfare, education, information, NGOs) to mental health and psychosocial support should be encouraged.

**Conclusion**

Myanmar is prone to several types of disasters ranging from storms, floods, fire, earth fall, earthquakes depending on the geographical nature and climate. The 2004 tsunami which originated in the Indian Ocean reached the coast of Myanmar after passing through the Andaman Islands and the Myeik Archipelago. Although the intensity was reduced, it nevertheless claimed 61 lives. It affected
several thousand people, some of whom lost their homes and disrupted community services. The aftermath of the tsunami and the experience in dealing with other disasters has shown that national disaster preparedness must be developed. Myanmar has established a National Disaster Preparedness Plan.

The experience in dealing with disasters has shown that mental health and psychosocial aspects are important in disaster preparedness and management. Mental health services should be enhanced to have a strong community mental health system which can serve the immediate as well as the long-term needs of the community, provided it is sustainable and can become a part of the routine health care delivery system. With the support of WHO, Myanmar has prepared the mental health and psychosocial aspects of the disaster preparedness plan under the existing National Disaster Preparedness and Response Plan.

References