Mental health and psychosocial aspects of disaster preparedness in Thailand

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Abstract

After the Asian tsunami, the Department of Mental Health, Thailand developed a national guideline for mental health interventions in disasters based on the lessons learnt from the mental health and psychosocial relief efforts launched. We advocate the integration of social interventions for the affected community into the general mental healthcare, which in turn should be available in the general healthcare setting. This set-up of the mental healthcare delivery system, can provide the daily needs of the community and can be rapidly scaled up in times of a disaster. The organization of the delivery of mental healthcare is discussed in the paper.

Introduction

Disaster, whether natural or man-made, affects lives and property, devastating communities through a chain of catastrophic consequences affecting social and economic development (Cohen, 2002). From the public health perspective, disasters cause not only widespread death but also injuries, outbreaks of epidemic diseases and famine. Different types of disaster have different effects on health. Earthquakes generally cause severe injuries from falling debris which requires urgent medical and surgical attention. Disasters linked to water such as floods, storms and tsunamis lead to an increased risk for water- and vector-borne diseases. Communicable disease epidemics may occur due to multiple factors such as displacement, migration, breakdown of essential needs, especially access to water and healthcare.

Conceptually, each and every person living in the disaster affected area will be psychologically affected by the disaster to some extent. The psychological needs of affected people vary over time, and support has to be provided accordingly (WHO, 2005a). Well-prepared mental health management plans for a disaster can decrease the impact of a disaster on individuals, families, communities and nation.

Lessons learnt from the Asian tsunami, 2004 on mental healthcare (DMH, 2006)

1. Commander or leader

There should be one commander/leader who is overall in charge to provide clear leadership for staff to follow without any confusion. Commanders at each level should always communicate with each other and make the final decision based on input from all stakeholders.

2. Management in the disaster area

There should be a lead organization to collaborate with and evaluate or screen other organizations that would like to help or do research with people in the disaster area to prevent survivors from being subject to secondary trauma.

3. Mental health operations in the disaster area

Mental health personnel should be well prepared before working in the disaster area. They should not diagnose all survivors as psychiatric patients. In the emergency and crisis phase, mental health personnel should act as companions rather than as therapists. In the post-impact phase, mental health personnel should be proactive rather than passive and not work...
only in a clinic. In the recovery phase mental health personnel should act as motivators to encourage people in the community to care for themselves and develop a healthy community on their own.

4. Communication equipment
There should be a plan to operationalize alternative communication equipment or other means of communication in case the normal communication system collapses.

5. Donations
Donations should be managed appropriately, respecting the survivors’ dignity and personal rights. Donations of damaged items, expired food, old clothes, inappropriate clothes or clothes that cannot be used in everyday life, etc. should be prevented.

6. Secondary trauma prevention
There should be criteria for the conduct of interviews of survivors by researchers and news reporters. All public health administrators in the disaster area should be informed about these criteria to prevent secondary trauma of the survivors.

7. Local beliefs, religion and culture
In providing mental health interventions to the survivors, health personnel should be sensitive to and be aware of the beliefs, religion and culture of the local people.

8. Physical needs of the people
Disaster survivors have urgent needs other than mental health, such as housing, jobs, and a suitable living environment. The Frontline Operations Center should report the needs of survivors to the governor of the province for further appropriate action.

9. Psychological support to volunteers
Mobile mental health teams should not work for more than one week at a time. Working hours should not exceed 12 hours a day. After work hours, all workers should leave the disaster area to prevent physical and emotional fatigue.

10. Rumors
Whenever there is a frightening rumor, responsible people or organizations should immediately explain the real situation through local mass media.

11. Avoid frightening people with excessive loud noise
Co-operate with concerned organizations to control and avoid unnecessary loud noise in the disaster area, e.g. firecrackers, sirens, etc.

12. Designate a safe area
Co-operate with concerned organizations to designate a safe area and post signs clearly showing the evacuation route.

13. Role of village health volunteers
The village health volunteers played an important role in the delivery of psychosocial relief efforts in the tsunami. The success of their efforts is an important lesson for disaster preparedness to ensure effective psychosocial relief efforts to the affected community. They from an excellent bridge between the community and the mental healthcare delivery system.

Definitions
Disasters are events leading to material and human losses which overwhelm the resources of the community and, therefore, the usual mechanisms to cope with situations are insufficient (Josee Lopez-Iber, 2000).

The Department of Disaster Prevention and Mitigation, Ministry of Interior, Government of Thailand, categorizes disasters into six levels depending on local capacity to deal with the situation and the cost of required subsidization (Disaster Prevention and Mitigation Department, 2005). Preparedness is defined as planning on how to respond to disasters to ensure health safety.

The term social intervention is used for interventions that primarily lead to social effects, and the term mental health intervention is used for interventions that primarily lead to mental health effects (WHO, 2005b).

Objectives
The general goal of disaster preparedness is to put systems and mechanisms in place to respond to risks and hazards in order to prevent avoidable loss of lives, minimize disaster damage, and enhance disaster response operations. The aim for the health sector is to formulate and implement a national policy framework for emergencies and disasters in order to decrease mortality and morbidity, promote physical and mental health as well as prevent injuries and disability on the part of both victims and responder.

Emergency preparedness measures
In Thailand, disaster preparedness measures have been taken to strengthen the capacity of the
emergency services to respond in an emergency. Disaster preparedness plans are focused mostly at the national level while emergency preparedness has been done at all levels. In the future, the Department of Mental Health will focus more on community-based disaster mental health management, in which at-risk communities will be engaged in the identification, support, monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities. Preparedness measures will include a preparedness plan, emergency exercise/drills, emergency communications systems, guideline development, training of emergency personnel, maintaining contact lists, mutual aid agreements and public information and education.

Framework of mental health emergency management

Principles and strategies

The intervention strategies included in the Thai mental health emergency management plan include mental and social aspects based on the recently revised handbook on minimum standards in disaster response (Sphere Project, 2004). With respect to the eight principles recommended by WHO (van Ommeren, Sexena, & Sarraceno, 2005; Saxena, van Ommeren, & Saraceno, 2006) and lessons learnt from the tsunami, we have developed the following principles and strategies for mental health intervention in disasters:

1. **Capacity building**: This includes guideline development and training on mental health aspects of emergencies and disasters at all levels of the health sector, from the community to the tertiary level.

2. **Service delivery**: The aim is to provide timely, appropriate, and holistic (including social and mental aspects) services in the emergency phase, post-impact phase and rehabilitation phase. Outreach and awareness programmes are important to ensure the treatment of vulnerable groups within general health services and other community services.

3. **Health information and advocacy**: These activities aim at informing the public on prevention and preparedness for mental health emergencies and disasters. Efforts will be made to empower the communities through health education and promotion.

4. **Networking and social mobilization**: The aim is to network and collaborate with various sectors from the government and private organizations for advocating and implementing the objectives and activities of mental health in emergency management. Inter-sectoral response and community participation should be encouraged in all phases of disasters.

5. **Resource mobilization**: The aim is to mobilize all resources of the health sector with the aim of maximizing the response and equitable distribution of resources. Furthermore, it encourages generating only the appropriate resources needed to avoid wastage of resources.

6. **Information management and surveillance system**: This emphasizes the importance of using information optimally in mental health emergency management for service delivery and assisting decision-making.

7. **Research and development**: The importance of research cannot be overemphasized as this serves as an input and feedback mechanism for policy and programme development.

8. **Standards and regulation**: This is needed to put in order all the different aspects in management. Efforts will be made to improve preparedness and response to mental health emergencies. In so doing, standards will be set and regulations will be reinforced.

9. **Monitoring and evaluation**: Activities should be monitored and evaluated through key indicators. Emphasis will be made on documenting events, lessons learnt, sharing of good experiences in special forums and conventions. All events will be documented in the form of final reports that will serve as input for policy-making and improvement of response.

Organizational structure

A clear line of command for management of mental health and psychosocial programmes in the chaotic situation after a disaster can decrease confusion among workers. The Department of Mental Health has established a policy and direction for how to support and provide treatment to the survivors. The Mental Health Operations Center (MOC) has been established at the Department of Mental Health to supervise and co-operate with other concerned organizations at the provincial, ministerial and national levels. In the disaster-affected area, the Frontline Operations Center (FOC) will be established and will be responsible for the Mobile Mental Health Teams working closely with other teams under the authority of the Provincial Operations Center. The command line in mental health interventions, from local to national levels, is illustrated in Figure 1.
**Action plan**

Mental health response in natural disasters can be divided into four phases. The activities, role and responsibilities of the organizations in different phases are as follows below.

**Rehabilitation/restoration phase (more than 3 months after the disaster)**

In this phase, the Department of Mental Health has to prepare operational plans based on the magnitude of the disaster. For the less severe disasters, the Frontline Operations Center can provide mental health services until mental health problems subside and the local health system can manage the system by itself. The roles and responsibility of the Department of Mental Health in this phase are as follows:

1. Establish the Mental Health Recovery Center in the disaster area to continue its work for 1–2 years after the crisis. This center will collaborate with other organizations involved with mental health rehabilitation. The mission of this center will be completed when the situation improves and the prevalence of mental health problems decrease to a level that the local organization can handle by itself and local personnel are able to provide mental healthcare to survivors.

2. The Central Operations Center at the Department of Mental Health will reduce its responsibilities and transfer its mission to become part of the routine duties of the local organization. The Frontline Operations Center and the Mental Health Recovery Center will take charge of these responsibilities.
3. Responsibilities in the disaster area:

- Ensure that the resources, beliefs, and culture of the community will be used as means to improve the mental health status of survivors in the community in planning and mental health programmes.
- Develop capacity of local personnel such as medical doctors, nurses, public health personnel, teachers, community leaders, village health volunteers, religious leaders, etc. to screen, take care of and provide primary care for mentally ill patients, and refer complicated cases for further specialized treatment.
- Provide mental health interventions as soon as possible to decrease the severity of the mental health problems caused by a disaster.
- Evaluation of treatment, personnel capacity, community capacity and research in order to make a plan to support the local organizations to continue their work effectively in the area of mental health.

4. Technical development

- Conduct an epidemiologic survey among survivors, to monitor and evaluate the mental health services in terms of their impact and to develop a database for further service delivery and decision-making.
- Develop training courses and transfer of knowledge and skills on mental health rehabilitation to public health personnel and community mental health workers to strengthen the community.

Capacity building

After the Asian tsunami of 2004, the Department of Mental Health developed several guidelines:

- National Guideline for Mental Health Intervention in Natural Disasters
### Table I. Phase 1: Preparation phase

<table>
<thead>
<tr>
<th>Process</th>
<th>Activities</th>
<th>Organizations</th>
<th>Information Resources</th>
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</thead>
<tbody>
<tr>
<td>1. Policy-making, system establishment and planning</td>
<td>1. Establish the MCC</td>
<td>Psychiatric Hospitals/Institutes, Department of Mental Health</td>
<td>The MCC of the Psychiatric Hospitals/Institutes, Department of Mental Health</td>
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<td>2. Develop action plan</td>
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<td>3. Appoint committee and establish its Responsibilities</td>
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<td>4. Inform all levels of staff through meetings</td>
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<td>5. Rehearse the action plan</td>
<td>Planning Division, Department of Mental Health</td>
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<td></td>
<td>6. Database, communication system, and data transferring system development</td>
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<td>7. Develop data transfer chart</td>
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<td>8. Develop Information system</td>
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<td></td>
<td>9. Develop name list of personnel involved</td>
<td>Naretnhorn Center(EMS), Office of the Permanent Secretary</td>
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<td>2. Personnel preparation</td>
<td>1. Assign team members of the MCC</td>
<td>Psychiatric Hospitals/Institutes, Department of Mental Health</td>
<td>The MCC of the Psychiatric Hospitals/Institutes</td>
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<td></td>
<td>2. Develop work schedules</td>
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<td>3. Assign team responsibilities</td>
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<tr>
<td>3. Personnel Development</td>
<td>1. Recruit qualified staff</td>
<td>Psychiatric Hospitals/Institutes, Department of Mental Health</td>
<td>Training Courses by the Department of Mental Health</td>
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<td></td>
<td>2. Training on knowledge and skills</td>
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<td></td>
<td>3. Revise curriculum and update guideline periodically</td>
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<td>4. Logistic and supply</td>
<td>1. Medicine and Medical equipment</td>
<td>Psychiatric Hospitals/Institutes, Department of Mental Health</td>
<td>Regional Mental Health Centers</td>
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<td></td>
<td>2. Communication equipment and other equipment needed in the disaster area</td>
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<td>3. Education materials/assessment forms preparation</td>
<td>MH Technical Development Bureau</td>
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### Table II. Phase 2: Impact phase (within 2 weeks after disaster)

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<tr>
<th>Process</th>
<th>Activities</th>
<th>Organization</th>
<th>Information resources</th>
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<tbody>
<tr>
<td>1. Design work structure</td>
<td>1. Establish the Ministerial level Health Surveillance Center in the disaster area</td>
<td>Office of the Permanent Secretary Department of Mental Health</td>
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<td>2. Establish the Center at the Department of Mental Health</td>
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<tr>
<td>2. Logistic and supply</td>
<td>1. Medicine and Medical equipment preparation</td>
<td>Frontline Operations Center</td>
<td>Frontline Operations Center</td>
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<td>2. Preparation of screening and assessment tools, psycho-educational material</td>
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<td>3. Preparation of report and record forms</td>
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<td>4. Communication equipment that can be used in the disaster area</td>
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<td>5. Determine the telephone numbers of all concerned organizations</td>
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<td>6. Register and transfer mental health personnel</td>
<td>Central Operations Center</td>
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<td>3. Provide mental health intervention in the disaster area</td>
<td>1. Establish mobile mental health teams and the timetable of each team</td>
<td>Frontline Operations Center</td>
<td>Frontline Operations Center</td>
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<td>2. Send the action plan to the provincial health Office in the disaster area</td>
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<td>3. Provide orientation to the mobile team</td>
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<td>4. Summarize daily activities</td>
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Not only have the curriculum and manuals for mental health intervention been developed, but also training for teachers, health personnel and health volunteers has been conducted. This material will be used to implant mental health relief efforts in future disasters.

**Implementation of mental health management preparedness**

The Department of Mental Health has been nominated to work as a collaborating center to manage mental health aspects of disaster preparedness in Thailand.
and to support other concerned organizations, both government and non-governmental, in conducting physical and mental health interventions at the national level. The psychiatric hospitals/institutes will establish their own action plan and simulation exercises. At the same time, they will conduct meetings and training courses for stakeholders at the provincial level. The provincial health office will develop a plan for health emergency management for disasters into which mental health support will be integrated. Mental healthcare will also be linked to the pre-existing community healthcare and school advisory programme. Mental healthcare will be available in the general healthcare setting and community care will be strengthened to screen and provide basic support to affected people.

Conclusion
Mental healthcare management requires preparedness for disasters. Thailand has developed the national guidelines for mental health interventions in disaster as a tool for preparedness. Appropriate mental healthcare measures during disasters have been incorporated into national, regional and community development plans to ensure good outcomes. The anticipated outcomes of an appropriate and effective emergency management programme are improved protection of life, property and the environment, enhanced community safety, physical and mental well-being and the ability to sustain the well-being. Even though different disasters require different responses depending on type and magnitude, the context, needs, resources and political compulsions, the core elements of preparedness are the same.

References