DISASTERS & PSYCHOLOGICAL TRAUMA — CHALLENGE FOR PAKISTAN

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ABSTRACT

Psychological trauma, a new concept, came to Pakistan in the early 1990s when Karachi was undergoing crisis alongwith other social, geo-cultural and ethnic issues. This remained unrecognized generally until the devastating earthquake in October 2005 for which National Plan of Action for Earthquake Survivors was drafted that included model of emergency and post emergency response based on a 8 point model. In February 2007, the first national Centre for Trauma Research and Psychosocial Interventions (CTRPI) was established which is carrying out indigenous research projects and training activities. This article aims to examine the present efforts to address the trauma related mental health problems in Pakistan, identify the challenges we are facing and suggest future directions for services and research. The article also aims to raise awareness and debate about a crucial area of mental health which has become increasingly important with on going voilence in Pakistan but is largely neglected.

Key words: Disaster, Psychological trauma, Earthquake, Pakistan.

"Years ago I used to think it was possible for a novelist to alter the inner life of the culture. Now bomb-makers and gunman have taken that territory. They make raids on human consciousness. What writers used to do before we were all incorporated" (Don Delillo).

The Historical Milestones:

The concept of psychological trauma is rather new to Pakistan. The concept of PTSD made its introduction in the country in early 1990s, during the times when Karachi was undergoing political crisis and various political parties were involved in militant tactics. The natural outcome was psychological trauma, among other social and geo-cultural and ethnic issues that took their roots in the country. The concept, however, remained generally unrecognized amongst the clinicians, until the Oct 2005 Earthquake that destroyed almost 3/4th of the Azad Jammu & Kashmir, killing thousands of humans and creating a pool of major social and civil concerns.

During the emergency phase of the disaster, a number of national and international governmental and non-governmental agencies provided services to the affectees. The community of mental health professionals also joined hands and the first joint meeting of the Steering Committee was held at the Dept of Psychiatry, Military Hospital Rawalpindi within 2 weeks of the earthquake and came up with a draft of a document that was to become the National Plan of Action for the Earthquake Survivors[1] and an Emergency Mental Health Relief Plan for the affected population was developed and implemented[2].

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The model of emergency and post emergency response which was incorporated in the National Plan of Action for Earthquake Survivors and implemented on ground was based on the 8 – point model proposed by Ommeren et al[3]. These eight principles include:

1. Contingency planning before the disaster.
2. Needs assessment before the interventions are put into place.
3. Use of a long term development perspective.
4. Collaboration with other relief and health agencies and linking mental health care with socioeconomic support and relief
5. Provision of mental health treatment and interventions in primary health care settings and as part of the general health care
6. Accessibility of services for all (including the relief workers and health care providers) irrespective of the degree of affliction by disaster or an injured status
7. Provision of care only by trained staff and always under strict and ongoing supervision.
8. Monitoring input, process and output mental health indicators.

With mental health relief centres established in the major cities in earthquake affected areas, or what was left of them, the PG trainees, psychologists, social workers, voluntary workers, consultants and professors all got involved on a rota basis and were instrumental in the well executed plan. Working with the community was a different kind of experience for all of us, because such a model of health service is not available in the country. In addition, working with traumatized population requires specialized training, expertise of skills and emphasis on

a psychosocial model of health delivery rather than a medical model. The mental health professionals were not equipped with such skills and, therefore, efforts were made to acquire competence in this area through foreign experts and professionals. Their help was used in the immediate measures and also for the long term capacity building of local faculty of professionals. The Dept of Psychiatry, MH Rawalpindi, took the lead and was able to establish professional linkages with multiple teams of experts from UK, USA and Turkey. Similarly, the Institute of Psychiatry at Benazir Bhutto Shaheed Hospital, Rawalpindi, organized multiple training programmes with international experts as the trainers, for the capacity building of local mental health professionals. The Inter Agency Standing Committee (IASC) published their guidelines on Mental Health and Psychosocial Support in Emergencies[4] in 2007 which are also in line with the model that was followed in Pakistan.

Through the support of WHO – EMRO, the outreach teams from the Government Hospitals were able to function as well as they did. The other major source of support was that of the humanitarian assistance programmes of various countries, which imparted skill based learning to the local population. A large number of unskilled youth and more skilled and experienced professionals from various specialties also worked voluntarily in the affected community.

Eye Movement Desensitization and Reprocessing (EMDR), Psychosocial Interventions and Psychological First Aid are some of the skill based interventions that have been imparted to the local mental health professionals of the country. Many more trauma focused treatment modalities are still deficient. It is interesting to note that there are no qualified professionals for doing a Cognitive Behaviour Therapy (CBT), which is considered a very basic treatment modality for trauma survivors.

The post earthquake scenario:

A lot has taken place since the Oct 2005 disaster but a lot more needs to be done. Continuing with the long term strategy of professional enhancement, the first national Centre for Trauma Research and Psychosocial Interventions (CTRPI) was established in the Dept of Psychiatry, MH Rawalpindi in Feb 2007, under the auspices of National University of Sciences and Technology (NUST), Pakistan. CTRPI is carrying out indigenous research projects and training activities, in addition to providing services for the survivors of daily traumas (traffic accidents, injuries, domestic violence).

CTRPI has specialists trained in EMDR, Psychosocial interventions and Grief work and trauma research. Through the international collaboration with Aberdeen Centre for Trauma Research, new psychometric scales were translated and adapted into urdu language, as well. A dozen national and international publications have come out of the Centre in its small life history.

The first ever International Conference on Psychotrauma was organized in Aug 2008, which gathered a large number of people from the country and from across the globe, as well. The conference was able to generate high quality scientific papers from various disciplines of psychological trauma and a set of evidence based recommendations was submitted to the Government for future development of these services in the country. Besides, the conference also became a source for creating awareness about the concept of psychological trauma among the general public, through comprehensive media coverage.

For the first time in Pakistan, a comprehensive social work plan is being carried out in the earthquake affected areas of Bagh and Rawlakot, sponsored by the British Pakistani Psychiatrist Association (BPPA) initiative. This programme is being supervised by the Dept of Psychiatry, MH Rawalpindi and employs 9 Field Social Workers (FSWs) for a contract period of 6 months and 20 people have been trained so far. The FSWs are selected from the affected areas and trained in basic psychosocial work which they carry out in their respective areas of responsibility. This initiative has been taken with appreciation by the local population and is a reflection of the sensitivity and commitment of BPPA towards the suffering of their Pakistani brethren.

The Challenge:

With increase in the geo-political crises, terrorism and increasing threat of natural disasters, due to global environmental change, developing countries are at high risk[5]. The world is hit by 220 natural catastrophes, 70 technological disasters and three armed conflicts every year, and the numbers are increasing with passing time[6]. On the average there are 2-3 disasters in their emergency phase, 15-20 in their recovery phase and about 12 conflict based emergencies in progress daily[7]. Since 9/ 11 terrorist attacks on USA, 2929 people have died due to terrorism, world over. Out of these, 1709 (58%) have died in last year alone, thereby showing that terrorism related deaths are on the increase[8]. in Pakistan alone, 22 suicide attacks were recorded between 2002 and 2006 but in 2007 over 45 such attacks have already taken place[9]. In addition, injuries, disabilities and deaths related to road traffic accidents, domestic violence and other kinds of non-terrorism accidents are far too many as compared to those caused by terrorism or disasters. On the average about 30000 die of suicide, 16000 by homicide, 43000 due to road traffic accidents and 15000 due to driving under influence of drugs in USA, in a year[10]. These figures may not be all true for Pakistan but they do reflect the magnitude of the problem any trauma service is likely to face.

Psychological trauma services in Pakistan need to follow a consorted and well laid down plan if they want to address the ground realities.

The way forward:

Disasters, whether natural or man-made, have become the most challenging issue of the 21st century. Pakistan is especially vulnerable to the fallouts of psychological trauma, because of the current and emerging politics of the region. Trauma psychiatry, therefore, has a lot of potential to grow into a major specialty of the future in Pakistan. The major issues facing the mental health professionals in the country are basically 4 dimensional. On one hand, there is lack of awareness of the subject and on the other, there are very few trauma professionals and whatever number we have are also lacking in adequate treatment skills. The third area of vacuity is the indigenous research database in various trauma related matters. The most important issue concerning the subject is the lack of a policy statement/ document for a disaster (whether natural or man-made) response.

There is large number of youth with basic trauma specific skills being wasted in the streets, which can be incorporated in the disaster response teams. Similarly, NGO's are working independently doing their job in isolated pockets. There is room for a joint and consorted platform where all these professionals and organizations can work together. Collaboration is the key to the next platform.

CONCLUSION

This article discusses the response of mental health services to the earthquake trauma and suggests the possible solutions and future directions.

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