

# Beating the fear: helping disaster survivors overcome trauma

## Impact Story

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**Dhaka, Bangladesh** – In 2012, a fire broke out in Rayerbazar, a poor neighborhood in Dhaka, Bangladesh. Most of the residents in the area lived in single-room structures with adjoining walls that allowed the fire to spread quickly. Tragically, a family of nine couldn't escape the blaze and died. Children, women, and men could not forget the screams of the family who were unable to escape the raging fire. Some of the survivors started feeling guilty for not being able to save their neighbors.

In the aftermath of the fire incident, many women and children suffered from panic attacks, while others had nightmares; and some were haunted by the screams they heard that night. As a result, fear-induced sleeping disorders became the most common issue among women and children.

Ms. Shamima Sultana, Senior Sector Specialist, Psychosocial Counseling, BRAC-Bangladesh, reached out to help the children, women, and men in the affected community. She had learned techniques to help disaster survivors in their psychological recovery at the Mental health and Psychosocial Support (MHPSS) trainer's workshop organized in 2011 by Asian Disaster Preparedness Center (ADPC) with support from the Royal Norwegian Ministry of Foreign Affairs. Since then she has helped hundreds of people to re-establish their lives after traumatic events.

Children were among the most affected and to help them overcome their nightmares about the accident, Ms. Sultana formed a group with 12 of the most traumatized children. The process included a 'safe space' activity to help alleviate their fears.



Photo by BRAC

*A women's only psychosocial counselling group made of women gather to discuss the challenges theyface living in an area affected by climate change as a way to cope with and overcome the difficulties they face.*

"In most of the cases, survivors had recovered physically, not mentally. I started sessions by telling the children interesting stories and used relaxation techniques supported by some roleplaying activities to help the children feel safe in our presence," said Ms. Sultana. "By the end of the seventh session, all the children had overcome their fears about the fire incident," she continued.

Ms. Sultana said she would never forget when after many sessions one child said to her, "Apa, I feel so relax. I know fire is not coming for me."

Ms. Sultana also worked with the traumatized parents, who were trying to put on a brave face for the sake of their children. Some were, indeed, emotionally stronger than others.

"Some of the survivors had better natural healing capacities, but they didn't know how they could expedite the recovery process. We helped them restore their confidence in life by applying simple techniques," says Ms. Sultana.

Ms. Sultana and her group of counselors identified additional community members who could help provide psychosocial support to those still haunted by memories of the tragic incident. This group of volunteers continued to create a safe space for affected community members whenever required.

Ms. Sultana also worked with a BRAC staff member, who had a fearful accident – falling from the fifth story of a building. She used her training skills and techniques to help the individual embolden their mental strength and overcome fears.

Ms. Sultana held her first training in 2011 and since then she and her group have pulled a multitude of people out of trauma and post-accident stress.

“The training I have received gives me the confidence and courage to help emergency survivors in need. I believe that the best use of the training is to keep helping people affected by small accidents,” concluded Ms. Sultana.

### **A burning issue on the back burner**

With a population of 161 million, Bangladesh has only one mental hospital and no social security system to cover mental disorders. In such a state of affairs, it is not surprising that the access to emergency related mental health and psychosocial support stays at the bottom of the priority list of the government.

Government and the development sector have invested a significant amount of time and money in preventing and mitigating natural hazards, but the area of mental health and psychosocial support in emergencies remains neglected. It is fair to say, even though detrimental to the overall health of society, psychological effects of disasters do not get the attention from policy makers that they deserve.

To address this issue, ADPC initiated a training program on MHPSS in Bangladesh in early 2011. With funding support from the Royal Norwegian Ministry of Foreign Affairs, and in collaboration with BRAC, a leading social development organization, ADPC developed a pool of human resources who could provide Psychosocial First Aid (PFA) to disaster survivors to enhance their coping capacities. Most importantly, trainees from BRAC, BRAC University, Dhaka University, and Sajeda Foundation learned to assist health and mental health professionals in assessing and evaluating the need for psychosocial support in emergencies.



*Jinath Tasmin, Senior Sector Specialist in the Gender Justice and Diversity Department of BRAC, provides support to BRAC's Child Daycare Center where she uses the knowledge on mental health and psychosocial support that she acquired during the MHPSS training in 2011.*

### **Preparing the ordinary for extraordinary**

Like many other countries, Bangladesh lacks trained human resources in the field of mental health and psychosocial support. One way to boost these numbers is to involve common citizens in providing psychological support to disaster survivors during emergencies.

Prof. Shaheen Islam, Chairperson of Educational & Counseling Psychology, University of Dhaka, thinks including ordinary people in the provision of psychosocial support is a healthy way to normalize mental health issues in a country that still stigmatizes it.

With this in mind, the group of psychosocial master trainers has further trained hundreds of personnel in urban and rural areas of Bangladesh through customized training modules. The trainees can now offer psychological first aid to disaster survivors during emergencies. Their skills also include the ability to assess a person with severe mental health problems and can refer them to the appropriate professional.

“We are training more people in line with international standards including the Inter-Agency Standing Committees (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency settings. The guidelines are a tool for aid workers to help victims within a particular framework. It also allows the caregivers to adapt to the local needs while staying within the framework,” said Prof. Shaheen Islam.

While having people on call to provide psychosocial support, it is important to understand that not everyone requires this type of support following a disaster.

ADPC's Ms. Janette Lauza-Ugsang, Senior Project Manager, Public Health in Emergencies Department, suggests that part of the response and recovery process is carefully identifying those who are in need of psychosocial support. “It is natural to feel depressed in the wake of a disaster, but it doesn't imply that all the population affected by an emergency would be traumatized or experience long-term mental health problems,” said Ms. Lauza Ugsang. “We need trained human resources to identify who are traumatized and who have the potential of natural healing with family support,” she continued.



*Prof. Shaheen Islam, Chairperson of Educational & Counseling Psychology, University of Dhaka, (center) and her staff together with Ms. Janette Lauza-Ugsang, Senior Project Manager, Public Health in Emergencies Department, ADPC, (right) during their discussion on the university's approach in the adaptation of the Mental Health and Psychosocial support (MHPSS) training.*

## **Working on psychological resilience through preparedness**

ADPC's partner, BRAC, is reaching out to diverse groups of population. While interacting with survivors of large and small-scale disasters, trainees of this program felt that many people need psychosocial support before the occurrence of a disaster. Since emotional recovery is an extremely slow process, it is worth the efforts to engage with disaster prone communities during the preparedness phase. The psychologically prepared community can bounce back better and help other members who are not strong enough to absorb the psychological shocks that a disaster may inflict upon them. This can help ensure that after a disaster the affected population are already prepared to help those in most need of care.

One way to go about this preparedness process, as suggested by Shamima Sultana, is to focus on providing information to those more likely to face a disaster.

"I would suggest we identify areas where a disaster can occur and sensitize people about the importance of psychological support so that they are not reluctant to seek help when they or their families need it after a disaster," shared Ms. Sultana.

## **Avoiding cookie-cutter models**

Researchers often argue that psychological interventions are not adequately customized to the local culture and needs. In the context of Bangladesh, modern techniques were customized. Trainees from BRAC,

BRAC University and professionals from Sajeda Foundation initiated the pilot program by modifying the content of the ADPC training materials and producing the specialized Bangla modules. These modules included many indigenous techniques to combat trauma and depression.

Once a taboo, now the subject of mental health and psychological problems is being considered as a general health issue in Bangladesh.

*Impact Story by: ADPC*



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