The Psychosocial Working Group

After the Tsunami:

Integrating Psychosocial Programming Within Humanitarian Response

Understanding Psychosocial Needs

The earthquake and tsunami of 26 December 2004 brought great devastation to innumerable communities bordering the Indian Ocean. As humanitarian efforts continue to support relief and, increasingly, reconstruction work within these communities there is great awareness of the human dimensions of this disaster. Alongside the catastrophic destruction of homes and infrastructure there are huge impacts on the social fabric of communities and on the well-being of households through loss, grief, fear and separation. Many assessments have pointed to the need for psychosocial interventions to address such impact. But how can such needs be appropriately addressed within the context of broader humanitarian work?



The Work of the Psychosocial Working Group

The PWG was established in 2000, when a number of humanitarian agencies and academic programs came together to promote good practice in psychosocial intervention. There are fears that interventions that focus too narrowly on particular needs (e.g. 'trauma') or particular responses (e.g. 'counseling') do not provide an effective or appropriate response to the needs of populations affected by disaster or complex emergencies. The PWG has

developed a conceptual framework (available at: www.forcedmigration.org/psychosocial) which identifies the key issues that need to be addressed in an effective intervention. This framework is supported by a developing evidence-base, and a number of materials have been developed to support its use by agencies (including program development guidance and case study material).

Implications for Work in Tsunami Affected Areas

The framework emphasizes that the mental health needs of tsunami affected communities need to be understood in the broader context of impacts on local human capacity: including loss of skilled labor and disruption to education and livelihoods. The disaster has also impacted the social structure of communities through family separation, breakdown of local services etc. The disruption of

religious and cultural practices and the threat to human rights (e.g. the vulnerability of separated children and of women) is another area of impact. Interventions need to target these issues of human capacity, social impact and culture & rights if they are to be effective. Agencies need to provide support in each of these areas, with a key emphasis on building upon existing capacities.

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Christian Childrens Fund

Harvard Program in Refugee Trauma

Key Actions

Key actions which reflect this approach would include:

- assess the capacities of impacted communities alongside assessment
 of needs. This will involve assessment of existing coping
 mechanisms and strategies, and how these may be supported.
 This will include resources drawn upon from the informal and
 popular sectors, such as religious ceremonies and traditional
 healers.
- restore public, civic and religious institutions that provide social order and meaning to affected populations. This will include support for re-establishment of schooling, public markets and civic routines, as well as fostering the reformation of local religious and other associations.
- promote engagement and participation in community recovery. This supports the integration of psychosocial work within wider humanitarian actions (including food, medical, and water & sanitation assistance). Participation itself is psychologically beneficial since it helps to restore dignity and sense of control following overwhelming experiences. It may involve special provision for groups (e.g. youth, women, people with disabilities, those in extreme poverty) who may otherwise be unable or illequipped to actively engage in community processes of recovery. Structured activities for children can have valuable impact.
- support processes of family reunification and other mechanisms of child protection. Separated children are particularly vulnerable to human rights abuses.

- ensure that mental health promotion activities utilize and strengthen
 community linkages. Mental health should not be seen as an
 individual issue, but one understood and addressed at the
 community level. Make use of existing social groups and networks
 to identify mental health needs, mobilize response to them.
- commit resources to the evaluation of programs and services. There is a need to build up evidence of what is most effective in promoting the psychosocial well-being of communities.

 Documenting 'lessons learned' is crucial.

Emerging examples of interventions reflecting such principles in the current context include:

- integrated assessments by agencies which link medical, wat/san, logistics and psychosocial needs analysis
- facilitating support and coping amongst Sri Lankan women though pre-existing prayer circles
- promoting child protection in Indonesia through support to documentation and family reunification work
- mobilizing and supporting local adolescents to organize play activities for younger children
- working with local mental health workers, schools and religious leaders to plan activities to support community recovery
- working with groups of fishermen in Tamil Nadu to help them address fears of return to the sea

Who are the PWG?

The membership of the Psychosocial Working Group comprises five academic partners (Institute for International Health & Development, Queen Margaret University College, Edinburgh; Columbia University, Program on Forced Migration & Health; Harvard Program on Refugee Trauma; Solomon Asch Centre for the Study of Ethnopolitical Conflict and University of Oxford, Refugee Studies Centre) and five humanitarian agencies (Christian Children's Fund;

International Rescue Committee, Program for Children Affected by Armed Conflict; Medecins sans Frontieres - Holland; Mercy Corps and Save the Children Federation). The work of the group has been supported by a grant from the Andrew Mellon Foundation. Further details at: www.forcedmigration.org/psychosocial and www.qmuc.ac.uk/iihd.