
PSYCHIATRISTS RECOMMEND GUIDELINES

The Sri Lanka College of Psychiatrists expressed its condolences towards all those affected by the tsunami disaster is widespread. There is now a demand for help and guidance by those affected and those engaged in relief work to help people cope. After providing basic necessities and healthcare facilities, psychological support is important in helping people restart their lives.

The Sri Lanka College of Psychiatrists recommended the following which can be implemented at this state. These recommendations are based on scientific evidence.

Coming to terms with the loss

Many people are still in a state of shock and grief. They need to be given time to come to terms with their loss. Some people who have lost loved ones have been able to recover their bodies and perform funeral rites while others have not. It is important that all these people are provided an opportunity to participate in religious and social activities on behalf of their relatives. Therefore we recommend that religious activities and other ritual such as alms-givings and special services be conducted on a small scale at the places where people are currently living. Individuals who have known to have died can be individually remembered by name at these ceremonies. Since many people are currently housed in religious institutions these activities may be organized by religious leaders in the area. Even the simple act of lighting a lamp or a candle in memory of someone who has died is a step in the process of healing.

Restarting normal lives

Many people cannot go back to the homes they were in, but it is important that people are allowed to being the process of normal living. People should be allowed to organize the places they are in. Participating in cooking, cleaning or even clearing up the surroundings by those who are able to, will help create the feeling that they are useful members of the community. Being passive recipients of handouts for too long dents the self-esteem of these people who were leading independent lives before.

Needs of children

Children cope best when their care-givers are well adjusted. However they have special needs that need to be addressed at this stage. They too need to restart all those children who are able to, should be allowed to attend school. Until then 'schools' can be started at the centres which can be of one or two hours' duration.

The people themselves should be encouraged to start such activity rather than wait for others to organize these. Children should be allowed

to play, dance, sing like they normally do. Although some people may feel this is inappropriate behaviours, this is an important part of the healing for children. Provision of toys, drawing equipment, books etc. will help this process.

Counseling

There is scientific evidence to show that individual 'counseling' for debriefing, whether by trained or untrained person, may do more harm than good at this stage. What is necessary is that people are later provided an opportunity to tell their 'stories' over and over again as this helps them come to terms with what has happened.

Anyone who can should listen to these people but not offer advice and 'therapy'. The process of healing occurs with time through normalization of life and not necessarily by expert therapy.

Many people will eventually cope with the psychological impact of the disaster. However some individuals who show signs of severe psychological impacts may need medical intervention. The impact of shared trauma may have a helpful impact too, on the healing process and this should not be forgotten. Allowing people together to deal with their collective disasters and grief is not a normal part of counseling, which is more geared to deal with individual disasters.

Social influence

The reports already received show that in many locations, the affected people are returning to rebuild lives. But in a few places there appears to be a force from among the affected communities themselves to keep people 'dependent' and not allow individuals and families to get together to cope with the situation. These appear to be members of the community who were previously a little prone to dominate or control others and who are now 'taking charge' of distribution and handing out relief supplies that well-wishers bring for distribution. They may have a vested interest in keeping others under their command and preventing them from collectively trying to rebuild the community. Thus it is important to recognize that activities which promote the psychological well being of those affected at this stage are mainly simple, community based activities and not specialized treatment focusing on individuals.

Preserving the dignity of the people

We should always remember in the process of helping that we need to preserve the dignity of people. Those who have undergone trauma should not be viewed as specimens. These people just a week ago were living their own lives without any help from others. Many have lost their livelihoods. One way of preserving this

dignity would be to help provide some form of employment to those affected as soon as possible so that they can become independent again.

Considering the above, the Sri Lanka College of Psychiatrists in conjunction with the center for National Operations is coordinating efforts to provide psychological and psychical help and has assigned a team of consultant Psychiatrists who will be responsible for relief measures in the affected areas. Those affected and those conducting relief work are advised to contact their local hospitals for further assistance.

Special arrangements have been made at psychiatric units of the following hospitals for this purpose; National Hospital of Sri Lanka, Colombo (Tel 2691111), Colombo South Teaching Hospital, Kalubowila (Tel. 2763261), Colombo North Teaching Hospital,

Ragama (Tel 2959261), Colombo North Teaching Hospital, Ragama (Tel 2959261-3), General Hospital Nagoda, Kalutara (Tel 034 2222261-2), Teaching Hospital Karapitiya, Galle (Tel 091 2232250-1), General Hospital, Matara (Tel 041 2222261, 047 2222016), General Hospital Batticaloa (Tel 065 2222261, 065 2224461), Teaching Hospital, Jaffna (Tel 021 2222261).

Specialized services are also available at Base Hospital's Ampara (Tel 063 2222262, 0632224725) and Trincomalee (Tel 026 2222262).

Other organizations both local and international wishing to provide psychological and psychiatric assistance are kindly requested to contact the College at slcpsych@yahoo.com to enable the co-ordinate related relief efforts and also prevent the inappropriate use of the resources.

GUIDELINES ON HUMANITARIAN ASSISTANCE IN POST-DISASTER SITUATIONS

Batticaloa NGO Consortium

Over the past two decades, it has been encouraging to witness an international consensus emerge with regards approaches for “sustainable development”. It has been felt that sustainable development requires that development interventions are participatory, consultative and be sensitive to the diverse political, social and economic contexts within which people live. This recognition and movement towards sustainability was also incorporated into development interventions of international organisations working in Sri Lanka, such as the German Development Cooperation (GTZ) bilateral agency or United Nations High Commissioner for Refugees (UNHCR). At a global level, the German Federal Ministry for Economic Cooperation and Development (BMZ) has identified human rights, democratic values, gender equality and peaceful conflict management as central to their operational principles (Mayer et al, 2003), and the UNHCR has long asserted that relief activities be, development oriented from the outset, and thereby enable beneficiaries to move quickly towards self-sufficiency (Crisp, 2001). These priorities have manifest in Sri Lanka as directives to local organisations to follow humanitarian/development principles such as “Do No Harm” and “Peace and Conflict Impact Sensitivity” in their work.

Against this backdrop, it has been astounding that most post-tsunami reconstruction and rehabilitation work has been designed and implemented with apparently no regard for the good practices documented and advocated for globally by the dominant humanitarian and development institutions. In Batticaloa, we have been extremely concerned that there has been inadequate consultation with community groups, let alone local development practitioners and civil society activists. Decisions about large-scale projects affecting the lives of thousands of families are being taken hastily by locally-based officials of international agencies (such

as those of the United Nations and GTZ) in collaboration with district-level representatives of the Sri Lanka government. This has been most alarming in relation to the decisions being made about temporary resettlement of displaced people. A sense of urgency has been created around this issue by the officials of international organisations (irrespective of whether this urgency is felt by the people who have been affected) and decisions about location and types of shelters are being made without any consultation with the communities themselves. It has been terrible to witness these decisions being implemented, with displaced people being loaded into trucks to new locations with neither adequate prior information nor any influence in determining where they might wish to be sheltered. The absence of the provision of clear and accurate information through reliable channels has created much uncertainty and worry for the displaced people.

There has been inadequate safeguarding of democratic principles, gender equality or human rights of affected people, regardless of the “operational principles” endorsed by the agencies or the instruments of international law ratified by the Sri Lanka government or other states involved in bilateral aid provision. This undermines the principles of good governance and the long term democratic orientation of the region, implicitly endorsing a less consultative and more authoritarian approach to governance. In terms of “smaller-scale” impacts, the lack of consultation in decision-making presents significant risks for the effectiveness of interventions in the mid to long-term. In terms of a development perspective, such approaches to “decision-taking” are illustrations of mismanagement and bad practice. Experiences from countries such as Bangladesh have shown that rushed decision-making based on “technical requirements” without consultation processes with affected populations has resulted in making situations far worse in