CROSS CULTURAL MENTAL HEALTH
AND
THE INDIAN
OCEAN TSUNAMI
WHAT’S AHEAD

- The tsunami
- Operation Unified Assistance
- Focus on behavioral health
  - Infrastructure
  - Observations
  - Considerations for action
- Home stretch
The most powerful earthquake in 40 years erupted under the Indian Ocean near Sumatra on Dec. 26, 2004. It caused giant, deadly waves to crash ashore in nearly a dozen countries, killing tens of thousands.
The 9.0 earthquake occurred along 1,200 km of seabed at a depth of 10 km. It was so powerful, it made the earth wobble on its axis and permanently altered the region. It generated energy equivalent to the simultaneous explosion of 23,000 Hiroshima atomic bombs. It moved small islands off Sumatra's coast by as much as 20 and the north-western tip of Sumatra by 36 metres.
The tsunami struck on a Sunday morning when families had gathered for a day at the beach. When the water receded, adults and children alike ran to pick up fish flapping in the sand. The first wave was small in comparison to the destructive second wave. In Banda Aceh, survivors described the approaching wave as “…a black wall the height of a coconut tree.” [70-100 ft tall]
Tsunami Strike Times
Sunday, December 26, 2004
KOH LANTA, THAILAND
PHUKET BEACH, THAILAND
BANDA ACEH, INDONESIA
127,000 dead.  30,000 missing
40% municipal employees perished
90% all public buildings destroyed
12 of 21 health centers, 5 of 7 hospitals destroyed
100 schools rendered unusable
Coastal fisheries, rice fields destroyed
BANDA ACEH SUMMARY

- 2/3 of all land records lost
- Majority of bank records gone
- Cement industry ruined
- Main commercial strips leveled
- Warehouses flattened
- 8-12 inches of dense, salt-saturated mud covers the city up to 3 km from the shore
OPERATION UNIFIED ASSISTANCE

275 Medical Personnel: Physicians, Nurses, Corpsman, Specialists

90 Medical Personnel: Physicians, Nurses, Social Workers

18 Pub Health Personnel: Physicians, Nurses, Environmental Health, Medical engineer, Psychologists, Social Workers

USNS MERCY

► Floating Tertiary care hospital
► 1000 bed capacity, 250 for OUA
► 12 Operating Rooms, CT, Pharm, O2
► Full crew – 1,200+ personnel
► Built a Supertanker in '74, conv'td '86
► 894 ft long, dis. 70,000 t.
► Last key mission: Persian Gulf War 1990
► Instances of previous use of flight deck for patient operations: 0
**MISSION**

* Primary mission: Project support ashore.

Project Primary Care medical capability ashore: Primary Medical Care - Internal Medicine, Infectious Disease, OB/GYN, Pediatrics, Optometry, Dental, and Mental Health.

Project other support functions ashore: Disease Surveillance, Field Testing, Laboratory Services, Immunizations, Insect Control, Preventive Medicine, Veterinary Assistance, Engineer, Supply Distribution and field-based services determined by HN and NGO partners.

* Secondary mission: Shipboard Health Services
MERCY OPERATIONS SEQUENCE

As of 17 Mar 05

LOCATION

U/W from San Diego
Singapore
VIC Banda Aceh, ID
Singapore
Kepualuan Alor, ID
Dili, TP
Madang, PG
Majuro, MH
Pearl Harbor
RTHP San Diego

Transit
HADR Assistance Ops
Medical / Dental TSC Events
Transit

USPHS 1ST Rotation

Unclassified
Civilian Relief Operations

**SRI LANKA**
- 84 NGOs Operating
- ICRC: household items, shelter, water, medical care
- IFRC: household items, shelter, food, water, medical care
- Oxfam: water, sanitation
- IOM: water
- Care Int’l: general relief items
- Mercy Corps: cash-for-work, household items, food, water

**MALDIVES**
- 17 NGOs Operating
- Save the Children

**THAILAND**
- 35 NGOs Operating
- Thai Red Cross: food distribution
- World Vision Int’l: building materials, water/sanitation facilities

**THAILAND**
- Banda Aceh
  - Indonesian Red Cross: cooking/hygiene items; water/sanitation
  - World Vision Int’l: food aid
  - Medecins Sans Frontieres
  - Mercy Corps: cash-for-work, food, relief supplies
  - IOM: shuttling IDPs
  - Care Int’l: food

- Meulaboh
  - Indonesian Red Cross
  - Medecins Sans Frontieres
  - Mercy Corps: cash-for-work, food

- Medan
  - Medecins Sans Frontieres
  - IOM: shuttling IDPs

**INDONESIA**
- 68 NGOs Operating

**SINGAPORE**
- ICRC Regional Hub

**MALAYSIA (Near KL)**
- Malaysian Red Crescent

**ANDAMAN / NICOBAR**
- ICRC
- Catholic Relief Services: home rebuilding

**UNCATEGORIZED**
- Diego Garcia
OUA MISSION
(from 40,000 ft. level)

- Part humanitarian relief
- Part international diplomacy
- Part global public relations
- Part experiment in military-civilian joint operations
CONSTRAINTS TO MENTAL HEALTH MISSION

- Constraints of timing
  - on-site arrival (6 weeks post-incident) defines nature of med/surg and mental health activities

- Constraints of access
  - to potential aid recipients, planning partners and ready communication

- Constraints of time (in theater)
  - limiting access to target populations and organizations
  - limiting scope and scale of aid projects
  - limiting ability to leverage targets of opportunity
OPERATIONS PLAN
FOCUS ON BEHAVIORAL HEALTH

BANDA ACEH, INDONESIA
Mental Health Infrastructure
Aceh Province, Indonesia

Before the disaster
- Psychiatry rare ~1/2 dozen in province
- One psychiatric hospital. No institutionalized system of community care for the seriously mentally ill.
- No psychology
- No social work
- Unable to determine the nature and extent of role of Islamic leaders in psychosocial care
Before the disaster
– One psychiatric hospital, 4 locked units
– 2 short-stay units (male, female)
– 2 long-stay units (male, female)
– ~200 patient hospitalized

After the Tsunami
– One flooded, marginally cleaned, still US 1950's vintage psychiatric hospital
– 60+ patients remain, the others died in the wards or escaped as the waters rose

Mental Health Infrastructure

Aceh Province, Indonesia
BANDA ACEH, INDONESIA

DICARI
Sri Rahayu
Sekeluarga Menunggu Di Lamara
Hub: 08126949110

DICARI

NAMA : ZADYAH NURUL
UMUR : 20 TAHUN
HILANG DALAM BENCANA ALAM DI BANDA ACEH
SEPAK YANG MELIHAT TOLOLON KUBUNI
TO: RIZDI
JLN. B. ACEH-RIDAN
KEL. RODASAN

DICARI

TAUFIK AKIARI PERDANA
ASPOL LAMJAME. B. ACEH
HUBUNGI: 1. NUR ASMAH
2. 08126949110
Factors promoting emergence of psychosocial symptoms

- The acute response phase of the disaster has passed
- In addition to the enormous loss of life, there is widespread social disruption and economic and institutional destruction
- Rebuilding is on a slow track because of endemic mismanagement and tepid political support for the province
Factors promoting emergence of psychosocial symptoms

- Acute response phase has passed
- Great loss of life + widespread social, economic and institutional disruption
- Rebuilding slowed - mismanagement and tepid political support for the province
- Unavoidable, omnipresent traumatic reminders (everything has been touched by earthquake / tsunami)
Factors promoting emergence of psychosocial symptoms

- The large number of missing delays the important process of grieving for many populations.
- Population has access to the emotions of pain and loss, and the culture has language to express it.
- Emergence of religious justification of events.
- Unavoidable, omnipresent traumatic reminders (everything has been touched by the earthquake and tsunami).
“...the tsunami triggered an...unprecedented attention to the mental health of the survivors, many of whom saw their children or other family members carried away by the waves.”

The WHO suggested that:

1) 50% of the 5 million affected people would experience psychological distress that would fade without intervention over the course of a year or more.

2) Roughly 5% to 10% would develop more persistent problems, such as depression, posttraumatic stress disorder (PTSD), or other anxiety disorders that would be unlikely to resolve themselves without intervention.

3) And perhaps 1% to 2% would be left with incapacitating mental problems such as major depression or psychosis.
Respectful reluctance to speak of events use of avoidance, redirection, rather than denial

Willingness and interest in speaking of events when topic arises unavoidably

An ability to express and share sadness
  – Father, son and former insurance agent
Mental Health Observations
Banda Aceh, Indonesia

Expressed optimism about the future and simply stated resignation about the tragedy

An understanding that events, feelings and function in the world are linked
  – the father and a foundation
  – psychosis and miscommunication
Islam teaches that human beings have no control over matters of life and death. The day of death for every individual is decided upon his birth.

Daily prayer ritual provides continuation of pre-disaster routine and reminder of God’s presence and will.

Islamic charities very active in humanitarian relief post-disaster
Faith and Psychosocial Resilience in Banda Aceh

- No well publicized modification of burial ritual for dead
- No well publicized recommendations on mourning for the missing
- No widespread dissemination of religious findings related to personal or collective culpability for the disaster
“At the same time, many people who have worked with tsunami survivors are struck by their resilience. Asian culture, with its emphasis on group welfare over individual self-reliance, seems to have been a powerful, positive influence.”

Sadly, a long-standing familiarity with upheaval and tragedy may also have bolstered the coping mechanisms of many tsunami survivors. People here have a tough life to begin with,…The expectations in life are very different from those in the West. Many people…view the tsunami more as the latest obstacle life has thrown at them than as a cataclysmic blow.”
What Interventions Make Sense?

- **Institutional**
  - Support existing institutions
  - Rebuild destroyed ones

- **Individual**
  - Provide individual or group services

- **Population**
  - Adapt well-heeled population interventions to current cultural context
Considerations for population psychosocial intervention in Aceh

- Restore homes, community, institutions and economic infrastructure

- Provide psychosocial education through community leaders, networks and structures ("erte")
Considerations for population psychosocial intervention in Aceh

- Primary care/mental health professional development
  - reconstitute preexisting established professional structure
  - consider primary and maternal child care cross-training
  - Use health care professionals and paraprofessionals to disseminate psycho-educational information
Considerations for population psychosocial intervention in Aceh

Make substantial outreach to faith leaders to encourage:

– a declaration of pardon to relieve followers who were not able to perform death rituals
– a statement clarifying position on the personal/population blame for the disaster
– advice to those whose loved ones are still missing
– the provision of faith-appropriate psycho-educational information
THE HOME STRETCH
“They knew to run…”

The Sydney Morning Herald
By Lindsay Murdoch, Correspondent in Simeulue
December 30, 2004

They knew to run on Simeulue, a palm-fringed island closest to the epicentre of Sunday's devastating earthquake.

"Our ancestors have a saying - if there is an earthquake run for your life," Darmili, the mayor of the island, said yesterday. "Thousands of our people were killed by a tsunami in 1907 and we have many earthquakes here."

Only five of 70,000 villagers on Simeulue were killed, all of them in the earthquake that struck at 7.55am last Sunday. Nobody perished in the five-metre-high walls of water that followed.
A NARROW ESCAPE
Isolated from points North, South and East
A WALK THROUGH LAMNO