

Mental Health Training for Communities Traumatized in the Nepal Earthquakes

TRIBUTARIES INTERNATIONAL

The Problem

Two major earthquakes rocked Nepal in a two-week period, killing nearly 9,000 people. The psychological effects of this sudden widespread death and destruction remain long after the quake.

Especially in remote areas near the epicenters, people are still without many of their basic needs being met. They live with daily uncertainty, struggling to survive. Their losses are tremendous – family, homes, livelihoods, and belongings including clothing and tools.

A year after the quake, little progress has been made to meet their needs, which only adds to the psychological toll.

People who have experienced trauma can appear to have serious mental illness. Stigma, fear, and lack of mental health services keep traumatized people from getting the help they need.

The Solution

Training informal community care providers – teachers, religious leaders, basic social workers, orphanage workers, lay counselors, police, military and others – helps make care accessible to a wide number of people.

This program provides training in mental health and trauma for informal community care providers.

Participants are trained in the concept of whole person care - ways to care for others who have experienced trauma, and providing self-care as they serve. Training includes causes and symptoms of common and severe mental illness and emotional trauma, and when to refer. Special emphasis focuses on trauma care following the earthquake, and working with children.

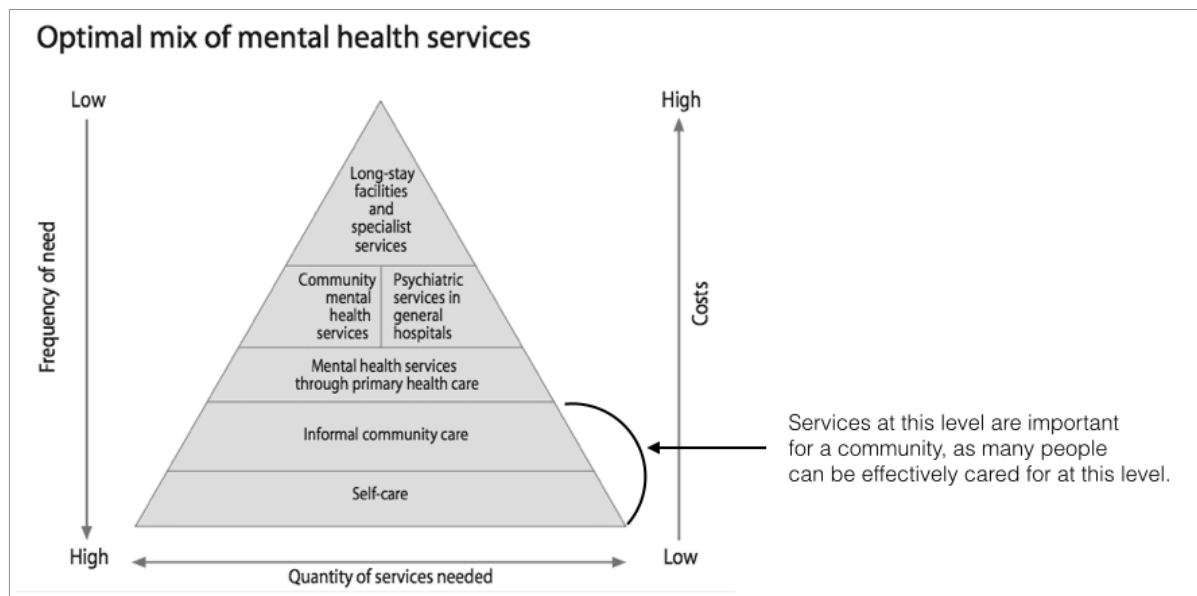
Working with local partner Hope for Nepal last August, we trained 71 church leaders and community workers in basic mental health and trauma, and counseling basics. Many in this group were responding in the days following Nepal's deadly quakes. We continue to follow up with these care providers to see how they have been using what they learned, and to provide advice and assistance in challenging areas. Additional training in 2016 will focus on trauma and special populations such as the elderly and children.

In September 2016 we will train a new group of 35-50 informal community care providers who live and work in the 11 districts identified as most severely affected by the Gorkha quake. Special focus will be nurses and other healthcare workers, teachers, and children's workers.

How Does This Help?

In 2007, WHO developed the Optimal Mix of Mental Health Services as part of its mhGAP Action Programme. The Optimal Mix is a hierarchy of care. The base level is self-care, followed by informal community care, then mental health services provided through primary health care. The hierarchy continues up through community mental health services and services in general hospitals, to long-stay facilities and specialist services for mental health.

The Tributaries International Mental Health Program focuses on the bottom two levels, and when indicated at levels 3-6. In this way a large number of people can receive care within their own communities.



Overcoming Stigma:

One church leader told us the mentally ill were often seen as animals, and he would work to change opinion to stop people from throwing stones at them.

Increasing Capabilities and Confidence:

Participants in the 2015 training seminars commented that the material was clear and easily understood. They gained knowledge and experience to apply what they learned in day to day life situations.