

## Preface



The tsunami of 26 December 2004 caused death and destruction on an unprecedented scale affecting hundreds of thousands of people in tsunami-affected regions. The mental health and psychosocial needs of the affected population emerged as a major concern.

Providing psychosocial support to literally millions of people who were in a state of terror, trauma and shock was a key component of WHO's short, medium and long-term strategy. WHO's policy is that psychosocial support should be community-based, culturally sensitive and provided by appropriately trained workers who understand the needs of disaster victims. It should take into account the needs of special groups such as children, women, particularly widows and the elderly. Such support can relieve more than 80% of the psychological distress of the affected people. Two excellent examples of this community-based psychosocial support is the Village Health Volunteer programme in Thailand and the Emotional Support Brigade in the Maldives.

With the conclusion of the acute emergency phase of the crisis, affected countries began to implement activities to further support those initiated during the emergency phase. An important component of the intermediate phase was to build up the community mental health system. This would serve the immediate as well as the long-term needs of the community, provided it is sustainable and can become a part of the routine health care delivery system.

Different countries have used different approaches in building their community mental health systems – some traditional and some innovative: for example, the mobile mental health team in Thailand, training of monks in Sri

Lanka or the training of the general practitioners (GP++ programme) in Indonesia. Whatever be the method, a strong community mental health system is the best form of disaster preparedness as it can meet most of the mental health and psychosocial needs in any future disaster.

The tragedy of the tsunami resulted in urgent actions by some governments which will have a long-term beneficial impact on the development of community-based mental health systems. For example, Sri Lanka developed a mental health policy which has been accepted by the Cabinet. The Government of the Maldives has also decided to develop a mental health plan and review its Health Act to include a mental health section.

This publication, compiling the experiences of the five most-affected countries in the South-East Asia Region, provides valuable insights on how best to meet the mental health and psychosocial needs of disaster-affected communities. There are many lessons which have been learnt, and which should help us to be better prepared for any future disasters. Building a strong community mental health system can be the best tribute to those who lost their lives in the tsunami, were injured or are missing, and to their families.



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