



Preparing for Disaster Management

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If you look at the disasters in India, both natural and man-made, in only past two months, we have witnessed collision of three trains in Balasore, Odisha, and Cyclone Biparjoy in Gujarat in the month of June and the ongoing Monsoon Mayhem in few northern Indian states in the month of July. While the Balasore incidence resulted into hundreds dead and thousands injured, Cyclone Biparjoy did not result into those many losses of lives. However, both incidents have one thing in common the continued focus on medical care and safety. Both being equally important, what still remains missing is the post-incidence psychological care. This is a much talked about yet neglected topic among academics and policy makers. So, how prepared are we?

While thinking of teaching-training of psychological care, the first impression that comes to mind is the National Institute of Disaster Management (NIDM) that works under the aegis of the Ministry of Home Affairs, Government of India. As declared on their website, it offers online courses on ten different themes aiming to enhance disaster awareness and preparedness that are divided between 'Comprehensive Natural Disaster Risk Management Framework (CDRMF) and nine thematic courses' that aim to 'enhance analytical skills and professional competencies.' It is encouraging to see an institute offering online courses in 'disaster management, mitigation, preparedness', and so forth. Their website show that they had just concluded a 3-day Training of Trainers Programme on mental health and psychosocial support in emergencies. However, a researcher's eye

always tries to read between the lines. On July 15, 2023 when I visited the website of NIDM, I was visitor number 352,642 to have hit the site. Google search show the population of India on July 1, 2023 as 1,428,627,663. Simple arithmetic tells us that not more than 0.02% of the Indian population have even looked at the NIDM site. The courses offered by NIDM 'are designed specifically to cater the knowledge requirements of disaster management professionals, development practitioners and general people in India and other parts of the world'. When I logged-in on their course site on July 15, 2023, I was visitor number 103,813. Now the percentage of visitor slided down from 0.02% to 0.007%. This partially completes one side of the story— our overall apathy towards being professionally competent for disaster.

I further searched (on July 15, 2023 itself) for courses on disaster management offered by Indian institutions and Google search showed 81 such courses with an interesting break-up— 30 PG Diploma, 25 MBA/PGDM, 17 Certificate, 14 UG Diploma, 10 M.Sc., 4 each B.Sc. and M.A., 3 B.A., 1 BBA, and 1 Executive MBA/PGDM courses. While these courses offer generic disaster management training to prepare one for natural disasters such as cyclones, forest fires, earthquakes, and certain man-made disasters such as fire, explosions, etc., I find two major things missing— intertwining medical and psychological care and customized psychological care to help one bounce back to normalcy or close to normalcy by gaining from the plethora of research evidence.

We saw the missing disaster management segment during Covid-19 management where most of steps taken were as novel (unknown) as the virus. As of now, the MBBS course structure does not expose a medical student to disaster related situation. Thankfully, Mental Health Nursing is taught in the first year of BSc Nursing course while Psychotherapy and Nursing approaches to behaviours, disorders, etc. are taught in the second year. Four sociology courses are taught to the nursing students in the third year. Psychology courses give theoretical knowledge to their students while students of Social Work and Human Geography are also deprived of such an exposure. My considered opinion is in favour of a common course that can be offered to undergraduates of medicine, nursing, psychology, social work and human geography. They need to get practical exposure as part of their course work and be registered as a trained paraprofessional for service during emergency.

If we decide to intertwine the said four courses with at least one theory course and a field/clinical work, what can be the connecting content? Traumatic stress, posttraumatic stress (PTS), and several other mental health challenges have been reported in the aftermath of natural and man-made disasters. The series of our studies on the Indian population after such disasters have indicated psychological factors that can be extrapolated in the real-life to optimize the post-disaster intervention. For instance, females have been consistently found to exhibit more trauma than males (Bhushan & Kumar, 2007), thus indicating us to prioritize intervention for the most vulnerable group. Although time heals, but the overall reduction in trauma level have shown significant decline in intrusion and avoidance in males as compared to females (Bhushan & Kumar, 2014). Further, acceptance and putting into perspective mediate the relation between traumatic experience and PTS (Hussain & Bhushan, 2011a). The recent network analysis of Covid-19 data from India show 'negative trauma-related emotions as the most influential symptom in the PTS network' (Ganai, Sachdev, Bhat, & Bhushan, 2022). Interestingly, it also shows 'intrusive thoughts, nightmares, more compassion for others, sleep disturbances, trauma-related amnesia, hypervigilance, willingness to express emotions, and counting on others more' as the bridge elements between posttraumatic stress and posttraumatic growth (Ganai, Sachdev, Bhat, & Bhushan, 2022).

Thus, whom to focus first and what to exploit for better outcome can be planned beforehand. If disaster management courses are customized to sink well with MBBS, nursing, and social work courses, the outcome will be highly positive. All places of the country will have a workforce that can be put into action as and when needed.

Cultural resources promote healthy coping. This includes acceptance of philosophy and practices, community bonding and support, and historical exemplars of strength and resiliency (Hussain & Bhushan, 2011b). The cultural worldview also provides thrust and schemas for a positive change after the posttraumatic stress (Hussain & Bhushan, 2013). This change is referred to as posttraumatic growth. This is where medical students with exposure of disaster mental health and community medicine and social work and psychology students can contribute. Maximizing on group resources will not only benefit the

sufferers but also sensitize the public at large and gear them towards the large social cause.

What also remains neglected is the care of those who lead the relief and rehabilitation work from the front. The work on relief volunteers have indicated the significance of amnesia, depersonalization, and dissociation on these volunteers. The importance of relating to others and proactive coping have also been highlighted with respect to intrusion, avoidance, and appreciation of life (Bhushan & Kumar, 2012). Hence, regular debriefing of the caregivers and associated paraprofessionals needs to be conducted.

Another important but neglected issue is related to media. Our studies have shown that even those who are indirectly exposed to such catastrophe through mass media report characteristics of posttraumatic stress. This has been reported for natural disaster (Bhushan & Kumar, 2009) as well as Covid-19 pandemic (Bhushan, Basu, & Ganai, 2022). Drawing policy implications from these findings, the Government needs to work in close association with the media houses to decide on the nature of information and the format of exposure, especially the visual medium. Good number of American studies are available on this. We need to have our own benchmark to ensure minimum adverse psychological effect due to unwanted media exposure.

A national will to create a proper set of paraprofessionals would go a long way in disaster mitigation and management.

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