

**Post-Tsunami Rapid Psychosocial Needs Assessment
Ranong and Phang Nga Provinces, Thailand
January 17-22, 2005
American Refugee Committee (ARC) International, Thailand
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Assessment by: Melissa Alvarado, MSW, and Kanokwan Mason, RN, of ARC International

Introduction

The earthquake centered off Sumatra Island of Indonesia on December 26, 2004 resulted in tsunami waves that caused damage and devastation to coastal areas surrounding the Indian Ocean. Thailand was affected along the majority of its Andaman Sea coastline with damage centered in the provinces of Krabi, Phang Nga, Phuket, Ranong, Satun and Trang. Thailand experienced significant damage to entire communities and loss of life numbering approximately 5,300 confirmed deaths, 8,400 injured. Thousands remain missing. ARC began providing crisis response services in Thailand on December 30th, and saw the need for psychosocial support interventions. ARC provided short-term interventions with a nurse and psychologist during the emergency phase. During the crisis phase ARC also assessed longer-term needs. This specific assessment was conducted to determine the impact on the psychosocial well being of affected populations, and which need areas exist that require intervention and support for the longer term.

Methodology

This rapid assessment was conducted over a period of one week in Ranong and Phang Nga provinces, Thailand. These regions were selected for assessment as they experienced a great deal of societal impact including property damage, loss of life and livelihoods. The assessment consisted of individual and group interviews with villagers, local public health and mental health officials, Thai government agency officials, and NGOs providing assistance in the affected areas. Seven focus groups were held and a total of 78 people were interviewed in six days. Interviews were conducted in a participatory manner with open-ended questions so as to allow the communities to guide the outcomes. A guide for interviews and focus groups is included as **Appendix A**. *As this assessment was conducted rapidly; it does not presume to contain completely accurate data, but offers instead a general indication of where need areas lie and what supports are now present.*

The term, “psychosocial” broadly suggests that the mental health of individuals is closely linked with families and communities. It assumes interventions at community or family levels can assist individuals with emotional well being.

Community Characteristics

Residents of the affected villages primarily rely on **fishing** for their livelihood. The tsunami arrived at the beginning of the high season for fishing (November-April), when most families earn the majority of their income for the year. During this time they

typically save money to last through the monsoon season. Some women join their husbands working on the fishing boats regularly. Other women work at home to produce fish products or sell the fish at market. Several affected communities are almost entirely dependent on small-scale fishermen.

Other affected villages in these regions are normally supported by the **tourism** industry and/or seasonal work at nearby rubber plantations or general labor work. The tourism industry is now in shambles due to extensive damage to resorts.

People in these communities live with extended **family** members nearby. When parents are fishing, grandparents or other relatives usually take care of children. When parents are absent or die, relatives take over the parenting of the children. Family ties are strong not only between immediate family members, but all close relatives.

Minority populations in these villages include the “Thai Mai” and “Morgan” people, who are native islanders from nearby Ko Surin and other islands. Another significant minority group in this region are migrant workers from Burma who comprised a significant portion of the population in some villages as laborers before the tsunami. Many Burmese died or have been displaced by the tsunami, thus altering community structures and the available workforce.

Communities in these provinces typically have very strong religious ties to either Buddhism or Islam. Religion is a core element connecting individuals in many of these communities.

Disaster Characteristics

The tsunami on December 26, 2004 arrived without **warning** and resulted in extraordinary **loss** of life, property, and means of livelihood for many. The primary source of livelihood for many villagers was lost when the majority of small fishing boats were destroyed by the waves. Some villages lost no or a few community members but sustained significant property damage. Others saw death tolls numbering in the thousands, loss of entire families, as well as significant structural devastation.

Figure 1: Impact of Tsunami in Phang Nga and Ranong Provinces*

Village	# Houses	# Houses Destroyed	Population	Deaths	Missing
Hat Ban Bane	275	41	1,432	2	0
Taleh Nok	64	23	233	47	0
Ban Sai Khao Moo 7	111	67	510	9	0
Haat Prapad	50	50	200	27	5
Ko Phra Thong	255	100	1,064	44	13
Nam Khem	845	805	4,000	1,500	NA
Ko Kho Island Moo 2	70	70	300	40	NA
Moo 1, Kuk Kak	142	5	671	6	26
Moo 2, Kuk Kak	135	53	574	14	58
Moo 3, Kuk Kak	178	79	812	5	20

Moo 4, Kuk Kak	260	3	1,011	7	31
Moo 5, Kuk Kak	158	33	739	7	61
Moo 6, Kuk Kak	45	18	191	1	4
Moo 7, Kuk Kak	75	3	253	3	8

*Data compiled from information provided by local Public Health and Sub-District Offices.

** NA= incomplete data

Due to the nature of this disaster, many people have been washed out to sea and thousands of people remain **missing** or unaccounted for. In addition, the process of identifying thousands of bodies, local and foreign, has proved to be a Herculean task.

It is generally agreed that the recent tsunami is a rare occurrence and it is not likely to happen again in the near future. Unfortunately, **rumors** about a forthcoming tsunami abound (some even give specific dates), intensifying fears about another disaster. There is a need for accurate information in these communities (some are without significant access to media sources) in order to relieve fears and allow a return to normalcy.

Post-Disaster Characteristics

Community Characteristics

Considering that this disaster is regarded to be one of the worst in recorded history, the resilience of affected communities is remarkable. Survivors are able to draw on a number of resources to help them cope with this tragedy.

- The **strengths** in the communities and persons interviewed are numerous. Strong community and family networks create natural support systems in the communities which are instrumental in the healing process for people affected by the tsunami. Large extended family networks signify that losses for some have been great; however the support system they provide for others is quite strong.
- There appears to be a high level of **acceptance** of the event. Residents report that strong religious affiliations and beliefs are helping them to accept that the losses they suffered were beyond their control.
- Many **Muslims** believe that the tsunami was sent by Allah as punishment to people for not being good to each other and not following the religious rules strictly enough. Muslims reported the desire to follow religious rules more strongly now and turn to prayer for comfort and relief. Some Muslims would like to build new mosques as a way to bring the community together to heal.
- **Buddhists** report believing that the tsunami was an act of nature and out of everyone's control. This belief gives many people comfort. Monks have visited affected communities to lead meditation and prayers, and provide teachings about life and death. Many people find these visits extraordinarily helpful, and wish to have more visits from Monks.
- Many people report that because this disaster is so large in scale and experienced as a **group**, they are better able to cope. "Everyone is affected, not only me." Emotional support is widely available and pain is shared. Community members gather regularly to talk. Concrete assistance, such as help burying the dead and

assistance with funeral meals also has been reported as a form of emotional support.

Survivor Concerns

The majority of people interviewed identified their needs as concrete rather than emotional. It is evident that having these needs met will aid in their psychosocial healing process.

- **Livelihood.** The single greatest concern of people interviewed across communities is loss of livelihood. Entire communities lost their fishing boats and equipment, thus destroying the local economy. While donations are providing for basic needs in the short term, people are extremely worried about how they will survive in the medium-term and long-term when donations are no longer forthcoming.
- **Housing.** The next greatest concern is the reestablishment of appropriate housing. In many areas, people are highly fearful of living near the ocean and refuse to do so again; they prefer instead to live on higher ground or further inland. Some are worried about government plans to construct homes in places they feel are too close to the ocean.
- **Education.** The interruption of the education of their children, including adolescent or university students who are supported by disaster survivors is a widely held concern. Some families report that even small transportation and food expenses for children are difficult or impossible for them to afford now that they are without sources of income.
- **Uneven distribution of resources.** Problems are emerging in some communities related to the unfair distribution of assistance, cash and goods. In some situations, aid groups arrive in camps or villages and simply hand out cash or materials to whoever is nearby or by using population lists which are not always accurate. Other groups choose to give the aid to leaders who may choose to distribute it unevenly. Jealousy and competition among residents results, which is reported to be damaging community strength and unity.
- **Lack of information.** Many people reported that they see a regular stream of government and NGO officials who collect data, but fail to inform them what they will do with the information they collect or what services they will provide. Many survivors reported feeling the government response has been slow or inadequate, and having more of their needs met by NGOs than by their government at the time of this assessment. This may be due to poor communication and information sharing, however, as the Thai government does appear to be mobilized to assist these communities.

Disaster Related Psychosocial Difficulties

Survivors of the tsunami face a number of psychosocial **stressors**:

- Experiencing this disaster personally, and in many cases witnessing the death of loved ones
- Loss of loved ones and community members
- Loss of homes, sharp reduction in stability in communities by being uprooted and living in temporary housing for some.

- Loss of self-reliance in livelihood; new dependence on others for survival
- Disruption in family and community structures- for example, some experienced the death of village leaders or religious leaders, and many children lost both parents,
- Fears of repeat tsunamis; loss of a sense of safety.
- Lack of reliable and frequent information about what is happening and what services are being mobilized for them.
- Fears regarding returning to the sea to fish again, though the majority are eager to return to fishing. Those who are afraid have requested vocational training for other types of work.
- Uncertainty and anxiety over the future

Trauma Reactions

- Survivors in all communities interviewed report remarkably low incidence of extreme **trauma**-related symptoms, and this observation is supported by data from Thai public health officials. A psychiatrist interviewed noted, “Thai people adapt pretty well.”
- The most common trauma-related **symptoms** which survivors reported were difficulty sleeping and fear of another tsunami. This fear is widespread: many adults and children fear living near the ocean again. In communities that suffered the greatest damage feelings of numbness and in shock were reported.
- Problems with **depression** have been identified by the Thai government’s Department of Mental Health (DOMH) ranging between **19-46%** of the population in these provinces.
- While some people find comfort in talking with others about what happened, others prefer to **avoid** the topic and have a strong preference for not discussing it.
- DOMH data indicate that survivors in areas that experienced the most damage are experiencing the highest incidence of trauma-related symptoms. In addition, survivors with the most extreme reactions often have previous histories of mental health problems.

Resources Available/Community Supports

As stated above, the Thai government is demonstrating a very strong response to this disaster, and Thailand is receiving significant support from local and international organizations as well.

- The Thai **government** has mobilized local, provincial and national resources (including military support) to aid survivors. For example:
 - Building homes and repairing water systems is already well under way in many areas.
 - CODI, a Thai government group, is providing vocational training in some camp areas.
 - It was reported that the Ministry of Labor plans to conduct vocational training in affected populations.
- There has been an outpouring of support from the Thai people and their organizations, for example the Thai Red Cross, which is supported by the Royal

- Family. The Red Cross is providing food, water, clothing, medical care and shelter for several communities.
- A large number of international **NGOs** have also implemented short-term relief efforts, and some are planning longer-term development and support projects. Partly due to the large number of foreigners who died in this disaster, Thailand is receiving generous donations from abroad.
 - The DOMH has launched a sustained effort to reach out to those affected by the tsunami.
 - Psychiatrists, psychologists, social workers, nurses and pharmacists staff **response teams** covering each affected district. These teams provide individual and group counseling as well as medication to those in need.
 - **Home visits** are presently conducted weekly, and the program is planned to continue with monthly visits for two years.
 - **Relatives** of the missing or deceased who need follow up services, even in provinces not affected by the tsunami, are referred for follow up in their home province.
 - A central Mental Health Center will be established by DOMH to be located near Khao Lak, and is scheduled to open around March 2005. Response teams will be based at this center.
 - DOMH plans to begin outreach to **schools** in the near future.
 - Information is available at: www.dmh.go.th/english.
 - The needs of **children** are deservedly receiving a great deal of attention from many groups.
 - **UNICEF** is partnering with DOMH and three Thai universities to provide skilled supportive interventions and training to teachers and parents about supporting the unique needs of children after a trauma.
 - Children's activities and support provided by Sikkha Asia Foundation, Duang Prateep Foundation and the Children's Foundation, for example, are planned for the next 2-5 years in some affected communities.

Special Needs Populations

- **Widows.** Many widows have been left without the sole source of income in their families, and there is concern for their ongoing well being. In addition, there are special situations in some Muslim communities that allow multiple wives, where one wife may not be recognized by community, and thus is denied supports and government benefits meant for the families of the deceased.
- **Relatives of the missing.** Uncertainty, grief, time searching for relatives at the morgue (a gruesome process) and lack of government benefits for relatives of the deceased combine to leave many survivors of the missing with substantial stress.
- **Orphans.** The needs of children who lost their parents are multiple: emotional, practical, supportive and protection. This situation creates vulnerability for nearly everyone involved, and most importantly these children. Orphans are particularly vulnerable to abuse, neglect and exploitation, as the wisdom of villagers revealed. One astute observer noted, "Even if they live with relatives, they won't treat them the same." The Thai people and officials believe strongly that orphans should be placed with relatives before orphanages or foster care. While this is likely true for

most children, monitoring to assure they are well cared for is absolutely essential over the long term.

- **People living on the periphery of communities.** Some villages expressed concern for individuals who are less involved in community activities- they could be overlooked for services or benefits. Also, some **island** communities that have relocated to the mainland have not relocated in entirety, so portions of the community remain on the island, and very much in need of assistance.

Summary and Recommendations

This catastrophic disaster has altered the lives of many individuals permanently and changed the makeup of entire communities. It will take months and years to restore lives to pre-disaster levels of functioning. While the losses have been enormous, the community supports are also tremendously strong. In terms of mental health needs, this assessment found that affected communities are finding strength and comfort in their familiar community support systems and deep religious faith. At this time, psychosocial support services to be administered by ARC are not indicated. However, this could change over time as needs evolve and the delivery of services are evaluated. DOMH is drawing on its wide network of professionals nationwide to provide supportive services to survivors and their relatives within a long-range plan, in addition to partnering with universities and NGOs to provide services.

The participatory, survivor-led nature of this assessment revealed these recommendations, which are linked with the principle that social supports contribute to the emotional well being of individuals and families:

- Support and assistance with a rapid return to **livelihood** maintenance. For the majority of people, this means fishing boats and equipment. For others, it may mean vocational training to learn a new skill or small loans to re-start a business or store. Ability to be independent and self-sufficient will allow people and communities to feel they have overcome this catastrophic event and regained their life. A psychiatrist interviewed said, “I think if people have homes and work to do it will be better,” when asked what would help people heal. ARC is in the process of implementing a comprehensive project in collaboration with Thai government agencies to replace boats for families who have lost boats. Families, including women who have lost their husbands, will be offered training in boat building and hired in turn to build them as they wait for their own to be constructed. Women will also be able to participate in assembly of nets and traps provided by the community. This program was planned in order to provide employment and skill building to affected communities in the mid-term period until they receive their replacement boat.
- Improved **information sharing** and coordination between government agencies, NGOs, and the affected populations is necessary. Having access to accurate and regular information about services that are available to them will significantly decrease levels of anxiety and stress for survivors. Village leaders might be encouraged to hold community meetings more regularly to inform residents of new information.

- Services that are provided need to support and stimulate natural community support structures and minimize divisive elements. It is very important that organizations providing support **coordinate** their efforts so as to avoid duplication of services and unfair distribution of goods and services, and to better identify need areas and resources available to communities.
- Survivors of this tragic event need to be **monitored** regularly for trauma symptoms or mental health problems, as problems can emerge months or even years after the traumatic event. Government agencies, NGOs, village leaders and caregivers can monitor the well being of survivors and share concerns with the Department of Mental Health. A multidisciplinary monitoring and information system based on needs and services would serve the needs of vulnerable survivors (e.g. orphans) in the best manner.
- Community activities that honor the deceased have provided relief and comfort to many, and could be replicated in other communities if residents desire. For example, Takua Pa Sub-District hosted a **memorial** ceremony with symbolic floating candles and multi-denominational religious leaders to lead prayers. As one participant described the event, “It felt like sending them to heaven.”
- **Activities** that provide social, creative, recreational and exercise opportunities are considered cathartic and healing for many people, and should be incorporated into on-going programs.
- **Educational** opportunities need to be maintained with as little interruption as possible for affected communities. Schools provide routine, a sense of normalcy, social supports for children and movement in a positive direction toward the future.
- Community training events are planned by organizations to train teachers and caregivers about coping after a trauma. It is recommended to include **religious leaders** in these trainings as important figures people turn to for assistance so they can be better prepared to provide support.

Resources

The following sources were useful in the development of this rapid psychosocial assessment:

“Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations, and Available Resources,” World Health Organization (WHO), Geneva, 2001.

Dodge, G. R. (2004) Assessing the Psychosocial Needs of Communities Affected by Disaster. Book chapter, draft.

Thailand’s Department of Mental Health website: <http://www.dmh.go.th/english>

Questions about this assessment may be directed to the ARC International, Thailand office in Bangkok. Tel: 02 252.5186 or email: arcthai@ksc.net.th

Appendix A

<p style="text-align: center;">Post-disaster Psychosocial Needs Assessment Interview & Focus Group Discussion Guide For Use in Ranong and Phang Nga Districts, Thailand (Tsunami affected communities)</p>

January 17, 2005

*Please note: This is meant to be used as a **guide** and may not be followed entirely for every group or interview.*

Date:

Village:

Group:

ARC staff/facilitators:

Group demographics (for each group):

Number of males/females Males: Females:

Ages of participants Under 20: 20-30 years: 30-40 years: 40-50: 50+

Religion: Buddhist: Christian: Muslim: Other:

Marital Status Single: Married: Widowed: Divorced

Introduce moderators/note takers and translators.

Introduce topic:

I understand that this community has been affected by the tidal waves that came here a few weeks ago. I would like to ask your opinions on some questions about the needs and the mental health of community members (men, women and children). Your opinions will help provide better services to people in this community.

I want to stress that what you tell us is confidential and none of you will be identified in our notes. What you tell us is private. Any questions?

I'd like to start with a few questions about your community.

What are your main concerns right now?

What are your main concerns right now regarding the needs of the community?

Do you have your basic needs met? (water, food, shelter, clothing, medical?)

What people or groups are involved in helping those most in need? Is there a system for social support? How are people **coping** with losses in their family or in their community?

What kind of burial/mourning/memorial practices or **rituals** do you have? Are you unable to complete any of these rituals now? Why?

What is the role of **religion** in your lives?

How do people **grieve**? How do community members support others who are grieving?
How do parents help children to grieve?

Are there children here who have lost their parents due to the tidal waves? Who is caring for them now?

What do you think the **children** need right now? How can we help the children cope?

Who are the **vulnerable** people in this community? [For women who have lost their husbands, if the husband was the support, how will these women provide for their families?]

What do people **believe** about what happened? How do they view these events?

How does the community deal with people with mental health problems or needs?
Do people **ask** for mental health support or help when they need it? Who do they ask?

Have the **schools** been disrupted here? Do you see problems with the schools returning to the way they were before?

Are any important cultural or social rituals being disrupted? Family and community structure? Are there any community activities going on which are meant to provide emotional healing?

What are the economic concerns of people?

We are thinking about the short and long term **healing** of the community. What do you think would help the community to heal right now and in the future?

What do you hope for?

Practical Questions

Is there a person in the MOH or another body responsible for MH activities?

What mental health assessments have been done here already? By whom?

How many children have lost one or both parents? How many orphans? Single mothers?

What services are other organizations planning to provide here?

Is there anything else you want to tell us?

Thank you for your time. I have learned quite a bit about your concerns. This information will be helpful when we consider health and mental health needs and priorities. We appreciate your contribution.

Do you have any questions for me? If anyone would like to speak to me in private, I will stay here after we end. Thank you.