

## Update From Bangkok

Jan 30

Hello everyone,

We have just passed the one month anniversary of the tsunami. It seems like a good time to sit back and take stock of the situation. First and foremost, I want to thank everyone for your emails. Every message of support and response to my request for assistance has been helpful.

### The Overall Situation

This summary is based on my impressions, no more, no less. The situation, as you might have expected, is greatly improved. I am told, as of Friday, that no more Thai survivors are living in tents and that everyone has moved to temporary housing (of various qualities) which was built over the last few weeks.

Basically my impression of the mental health situation can be summed up in four words: many helpers, little coordination. Apparently, this is fairly standard in a disaster of this magnitude. There are many local and foreign organizations, NGOs and associations that have arrived on the scene to assist over the last three weeks. And, provided that people act in a certain way and know the rules of the road, at this time, Thai authorities tend to support their efforts.

The informal feeling of those in MPH can be summed up by what Jim Orr, PhD told me after his trip to the south as an observer. He observed the disorganization first hand as an observer with a DMH team. In response to a question about using their authority to organize efforts, one official told Jim “If someone wants to help, we want to help them help.” As of 3-4 days ago, there is no central organizing function for all of the mental health activities that are being conducted.

I have tried to stay close to DMH, because I believe that when the dust settles here in Thailand, they are the appropriate organization that will have the responsibility for organizing and coordinating mental health efforts. And in fact, DMH have been working very hard to bring their staff into action, and to build their capacity to respond using both their pre-existing public health infrastructure and new systems they are developing “on the fly.”

They seem to have their hands full coordinating their own work and the work of various professional organizations that are getting involved (Thai Psychiatric Association, nurses association, pediatric association, child psychiatrists association, etc etc), let alone all the NGOs and other organizations that seem to have sprung up.

## My Work

Over the last 3 weeks, I have been working principally with two organizations: the Department of Mental Health (DMH), and the Thai Psychologists Association. I have also collaborated to a small extent with the staff at Pfizer, who are planning to be very active in mental health relief efforts.

I have not returned to the effected area since my earlier message. I have planned to go down on several occasions, as an observer with teams from the DMH. At any given moment, they 4-5 teams in the field. These teams include members from their local facilities and from facilities around the nation, who go to the effected areas for one week at a time.

In each case, however, DMH staff asked me to do other things that required me to stay in Bangkok. I agreed because their requests have been related to capacity building and training. It seems clear that I can have a greater impact by assisting in capacity building than by personally going down the effected areas. I have taken many opportunities to speak with staff returning from the south to make sure I have a clear picture of the situation.

I have been working closely with the staff of the Mental Health Development Office, who are responsible for professional training and public education programs. Since around January 10, the main focus of my work with them has been the development of a basic training program for mental health professionals on disaster mental health. Other smaller issues have arisen as well, but this has been the central focus.

We delivered an initial, half-day training workshop to 70 staff working down south on January 7. Obviously, that was far from adequate. Since then, we have developed a three-day program that includes a general introduction to disaster & trauma, defines the roles of MH professionals in disaster response, builds skills in basic interventions (for example, psychological first aid) and public education, fosters awareness of methods for promoting individual and community resiliency, and encourages people to be aware of and use effective self care and coping in their work. The workshop was also meant to prepare the participants to then take the materials and information and train other professionals and para-professionals.

In developing the training content, structure and materials, I was determined to avoid re-inventing the wheel. It would seem wholly wasteful to do so when so many outstanding professionals have already developed great programs for these situations. Thus, we combined elements from American Red Cross, National Center for PTSD, IFRC and other materials. There were also elements from the materials that many professionals have sent me. DMH staff and I also worked closely together to adapt the materials, the focus, and the interventions for this cultural context.

The materials were translated into Thai and I am pleased to say that we held our first workshop this past week, from January 26-28. I was the facilitator, assisted by an able

translator. There were 75 participants, who are government mental health professionals from the six effected provinces. They have all been working on the scene since the tsunami. Several of the participants were themselves survivors of the disaster. Thankfully, none of them were seriously injured or lost family, but at least one participant had lost her home and her husband's business.

I was deeply impressed by their energy and dedication. DMH established a fairly grueling schedule that included morning, afternoon, and evening sessions. To my surprise, no one complained and everyone was always ready to focus and move forward. To emphasize self care, we also included some social activities and fun.

I tried to lighten the material by including many opportunities for group activities and movement so people would not have to sit in their chairs and listen for longer than 20-25 minutes at a time. We tried to acknowledge that, despite a lack of prior training or experience, these folks already had front line experience of the most valuable kind. So, the workshop was designed to build on that experience, to help people share it, and construct frameworks for understanding it. For example, instead of my presenting case studies, the participants created their own case studies on the first day of the workshop, based on the people they have been working with. We used these case studies in many activities over the next two days.

In the spirit of flexibility and continuous improvement, we collected feedback at the end of the first day that we used to modify the content and activities over the next two days. I think it is fair to say that the workshop was well received. The participants seemed satisfied as did the DMH staff who were responsible for the workshop. In fact, over the course of the workshop, all of the top management of the Ministry of Public Health (parent ministry of DMH) visited the workshop. The director general and all three deputy director generals visited or participated in some way.

Since these gentlemen are quite busy these days, their attention was noticed. In fact, I surmise that all if that attention was not part of the initial plan. Although I can't explain the reason, I think that the organizing staff I work with were quite pleased to see their efforts being noticed. It was also a clear morale booster for the participants. And I had the opportunity to meet the DG, which I had not previously. He was already familiar with my work through his subordinates. He thanked me, expressed his appreciation for my role and expressed his wish for me to continue to be involved. That boosted my morale!

It looks like we will be doing the same workshop again in a few weeks for more staff from the south. I have been asked to facilitate that workshop as well. I am certainly grateful for that, since it will give us the opportunity to revise the materials I developed. Despite standing on the shoulders of giants, I have already found significant errors and omissions we can now correct (and for which I am responsible, not those who created the wonderful source materials).

MoPH and DMH are going to open 3-5 clinics in the effected provinces along the coast. It seems that they are planning to use these clinics as treatment centers and as bases for community outreach efforts. This represents a real break from the typical model of service delivery used here. It looks like they may ask me to consult with them in the establishment and initial operation of the clinics. Of course, the situation is quite fluid and constantly changing, so it is really difficult to predict what will happen or who will be involved.

Personally, I really hope to be involved, but as I say, there is a real unpredictability. The prevailing winds seem to shift frequently. The fact that Thailand is in the middle of a major political campaign doesn't help. Imagine if September 11 had been the September before a November election. Try to imagine how that might have effected government response and efforts to focus and organize afterward and you get the idea.

On another front, I have been working with the Thai Psychologists Association to help them identify and construct a role for their organization in these efforts. On the one hand, I know from my personal experience that the TPA is composed of highly competent and dedicated professionals who have much to offer in this situation. On the other hand, unlike many professional organizations we are familiar with in North America and Europe, TPA suffers from a lack of resources to operate with. For example, there are no basic operating funds; TPA is run on a volunteer basis.

So, despite the fact that we have developed ideas for several different projects, based on our assessment of the situation, there is no funding for these projects. We have been working to identify sources of support that will enable TPA to bring their expertise to bear. I believe that there is a critical role for our colleagues in Thailand to play and I hope to help them bring psychological knowledge to the fore. There is also the possibility of these terrible events becoming a springboard to create an enlightened public discussion of mental health issues that has never previously taken place here. I'm just not sure how that is going to happen.

I have learned a great deal over the last month. My personal experience has taught me some very valuable lessons. I have learned about the personal impact of this work. It has been humbling to observe my own responses, and the course over which they developed. I have also observed my own resiliency. My experience has helped me to see the signs in other professionals and to respond with more compassion where I might have been impatient before.

I have learned a little bit about what happens with systems in a situation like this. In the USA, we have established systems and a structure that people adhere to after disasters (FEMA, Red Cross, etc). I was taught about which organization would be responsible for what functions after a disaster. I think it is difficult for most Americans to imagine exactly what happens in a place with no prior experience with a disaster like this and no systems that tell people in authority who will be responsible for what. It is a real challenge for the people involved. This is compounded by the fact that inter-

departmental, inter-agency and NGO-governmental coordination and cooperation are difficult to arrange and manage under the best of circumstances.

Thanks so much for your assistance and support.

Best Regards,

Ben Weinstein