



special article

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Tsunami psychiatry

We report a conference to discuss the mental health response to the recent tsunami disaster that struck the coasts of the Indian Ocean on 26 December 2004. The conference was convened in Jakarta on 3–5 February 2005 and was organised by the Indonesian Society for Biological Psychiatry and chaired by Dr Yul Iskandar. The meeting brought together the Asian psychiatrists who helped out in the disaster zones in Aceh and Meulaboh (Indonesia), Penang (Malaysia) and Phuket (Thailand). The experiences shared by these psychiatrists have important implications for the future training of psychiatrists, especially those from developing countries.

Roles of the psychiatrist

Coordinator

Chaos and disorganisation are common after a disaster, but the arrival of relief workers and lack of coordination can create a 'second disaster', as noted in the recent tsunami tragedy (Lee, 2005).

Soon after the tsunami struck, Professor Ayub Saini from the Department of Psychiatry at Trisakti University of Indonesia was dispatched to his home town of Aceh in northern Sumatra to assess the damage and mental health needs. He gave his personal account of the families he knew there and reported on the devastation of the health services. Collating the data on mortality, survivors and displaced persons, the Indonesian team estimated that about 500 000 people would need psychosocial support and 100 000 would benefit from skilled mental health intervention for trauma-related stress disorders.

In Malaysia, Professor Saroja Krishnaswamy had just taken up a new appointment as professor of psychiatry in Penang when she heard the news of the disaster. She immediately responded by telephoning the local member of parliament and volunteered her assistance. She rallied the support of other psychiatrists, psychologists, general practitioners, nurses, social workers and volunteers.

Professor U. Pichet from Songkla University in southern Thailand responded quickly to coordinate teams of mental health counsellors to help at Phuket and other neighbouring resorts.

In Phuket, Aceh and Penang, the psychiatrists collaborated closely with both government agencies and non-governmental organisations.

Planner

Professor Ayub Saini is part of a task force to rebuild the shattered mental health services in Aceh. The Indonesian team will be working with the World Health Organization to implement a long-term rehabilitation programme. The Malaysian team shared with conference delegates their experience in planning the training programmes and arranging training sessions for health workers at the primary care level. Dr Christopher Cheok, a military psychiatrist, was with the Singapore Armed Forces Medical Corps at Meulaboh, a town near the epicentre of the earthquake on the north-west coast of Sumatra. He assisted in planning the medical services for the survivors who were temporarily camped outside the town.

Educator

Knowing the enormous scale of the problem and the lack of mental health professionals in Penang, the Malaysian team initiated a programme to train health workers to identify survivors with early mental health problems and apply techniques of psychological first aid. Participants in the Jakarta conference had also suggested training programmes for general practitioners and psychiatrists. A course on the management of post-traumatic stress disorder was organised in Thailand for psychiatrists and other mental health professionals from the affected countries.

Consultant

All the delegates had treated survivors or their families who had psychological problems. The practice of psychiatry is dependent on understanding the local language and culture. It was a great advantage for all of them to be able to establish a rapport quickly with the patients.

A child psychiatrist from Penang, Dr Zasmani, discussed some techniques of engaging children who were traumatised. Innovative ideas conceived by her

team included using children's games played in the local villages and art as a therapy.

Researcher

The psychiatrists from the universities were able to collate invaluable data within a month to present the early psychiatric morbidity of the tsunami disaster. From Thailand, Professor Pichet presented some data using Goldberg's 12-item General Health Questionnaire (Goldberg *et al*, 1997) to assess for probable psychiatric disorders.

Dr Cheok had conducted a field survey of families in a camp in Meulaboh, also using the General Health Questionnaire.

Other roles

For the many psychiatrists in the disaster zones, a knowledge of emergency medicine was useful because they had to perform their fair share of wound stitching. Because of the urgent need for information and news, the psychiatrists had also to brief the local and international press as well as the many politicians and dignitaries.

Discussion

The psychiatrists who responded to the tsunami tragedy of 26 December 2004 had to perform many varied roles at the various disaster zones. The initial mental health responses for the three Asian countries came mainly from the mental health professionals in the region. The

networking of colleagues, sharing of experiences and close consultation are important in a crisis. In psychological intervention, social skills tempered with cultural sensitivity and understanding the local language are crucial. Besides psychiatrists, there were psychologists, nurses, social workers and family physicians in the mental health team.

The training of psychiatrists in many countries prepares them to take on the responsibilities of patient care in the clinic or hospital. In developing countries, their job description is often wider and often is not well-defined – during emergencies, their roles may encompass resource coordination or management planning services, meeting the press and so on. The curriculum for basic specialist trainees is usually packed, but it may be necessary to include courses on management, disaster psychiatry or teaching skills for advanced trainees.

Declaration of interest

None.

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