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Subscription information:
Sally Boettcher, Subscriptions Manager,
freephone 0800 137201

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MA Healthcare Ltd, St Jude's Church,
Dulwich Road, Herne Hill, London SE24
OPB.
Tel: 020 7738 5454; Fax: 020 7733 2325
Editorial Tel: 020 7501 6716
Sales Tel: 020 7501 6726
Fax: 020 7978 8316
Email: bjn@markallengroup.com

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GUEST EDITORIAL

After the tsunami: the need to rebuild services

Some 6 years after the devastation of the Boxing Day tsunami in 2004, another unimaginably powerful earthquake has shattered lives and literally obliterated communities, this time in Japan. The scenes are reminiscent of the landscapes after the Hiroshima bomb, made even more poignant by the ongoing nuclear power-plant crisis at Fukushima. How do we begin to understand let alone respond to the psychological and emotional impact, not only for individuals but also communities? As well as dealing with personal injury, there is the loss of loved ones, friends, neighbours, neighbourhoods, precious belongings with a lifetime of memories. There are some survivors who have literally lost everything but their life. The disaster in Japan may be of a type and on a scale that we cannot imagine happening in our lives, but it does ask of us to think about the most profound questions in our own lives.

We faced such questions in Sri Lanka in early 2005, working for the World Health Organization to reassemble the healthcare system and build mental health services that would provide the longer term support that the community would require. Most districts, including the hardest hit, had no services.

In the early phase of any disaster, the most urgent need is to provide temporary accommodation, prevent infections and provide adequate drinking water and food to prevent nutritional problems and water-borne disease. Additional priorities are surgical and medical supplies, equipment for emergency treatment and pharmaceuticals. Telemedicine has also created new possibilities for accessing expertise.

While there is widespread acute distress in the affected areas, it is important to recognize this as a normal response to a catastrophic event and not 'over-pathologise' people's reactions. Initially, a public mental health approach should be adopted that focuses on practical issues of providing information, keeping people together, returning to community routines such as reopening of schools and other services, alongside responding to the immediate needs of survivors.

There is now excellent evidence-based material and training on the correct approach to dealing with trauma. However, the need to deal with the immediate psychological distress of survivors and provide psychosocial support can be easily overlooked. Up to 19% of people affected by disasters go on to develop more serious mental health problems within 12 months (van Ommeren et al, 2005). This can amount to a huge additional burden. It is also important to trace people who were

receiving mental health services before the disaster and re-engage with them.

A community-based approach means becoming an active partner in rebuilding communities, involving local people in the decision-making process, forming partnerships to provide mental health and psychosocial support. One of the challenges encountered in many disasters is the limited number of trained nurses who are involved in providing emergency care. In order to address the shortfall in human resources in Sri Lanka, we recruited and trained community support workers to outreach individuals and families in the community, provide basic information on protecting health, help identify signs of more serious mental health problems, and provide signposting to appropriate services, as well as giving regular practical support. This approach worked because large numbers of people could be trained quickly in order to reach a significant portion of the affected population.

In Japan during the recovery phase it will be important to focus on the development of a long-term strategy for community-based mental health, particularly in areas where there is largely hospital provision. This longer term goal was achieved in Sri Lanka and now all tsunami-affected districts have community-based mental health services.

The tsunami is a powerful reminder of what is most important in life: Our role as nurses has never been just about illness, but also about helping people to live with their loved ones, maintain a sense of belonging and community, and develop identity, purpose and meaning. Empowering people to make decisions about their future is a clear responsibility for community-based healthcare.

Over the past five years, Sri Lanka's coastal communities have slowly been rebuilt, and a community-based alternative to hospital has been embraced and developed across the country. There is hope, and we believe that the devastated communities of Japan can also return to the harmony they once enjoyed, with the support of a community-based mental health service.

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Mervyn Morris

Professor of Community Mental Health,
Birmingham City University

Dr. John Mahoney

Advisor to WHO Sri Lanka 2005-2010