

Psychosocial Rehabilitation: Some Lessons Learned From Natural Disaster in Iran

Fardin Alipour¹, Hamidreza Khankeh^{2*}, Mohammad Sabzi³, Shokoufeh Ahmadi², Isa Malmir⁴

1. Department of Social Work, Research Center of Social Welfare Management, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

2. Department of Disaster and Emergency Health, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

3. Department of Social Work, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

4. Research Center of Health Management, Baqiyatallah University of Medical Sciences, Tehran, Iran.

Article info:

Received: 24 Aug. 2015

Accepted: 02 Dec. 2015

Keywords:

Disasters, Earthquakes,
Psychosocial rehabilitation,
Iran

ABSTRACT

Background: Disasters have adverse impacts on different aspects of human life. Psychosocial Rehabilitation is one of the fields which is usually overshadowed and ignored by physical rehabilitation or its importance does not receive proper attention. This research attempts to study some lessons learned from Psychosocial Rehabilitation based on disaster experiences in Iran.

Materials and Methods: This study has a conventional qualitative content analysis design. The participants of study were 15 people with direct experience of earthquake and 12 experts in this field. The study sample was selected by purposeful sampling method and the data were collected by semi-structured interviews.

Results: Lack of a suitable system to deliver Psychosocial Rehabilitation, challenge in establishing balance between short-term and long-term social and mental needs, lack of mental and social experts, inefficiency in using social capital and capacities are the most important lessons learned in this field.

Conclusion: Lack of awareness of mental and social problems of affected people after disaster is one of the most important barriers in successful and stable rehabilitation. Psychosocial Rehabilitation requires a suitable structure and planning for all stages of disaster management.

1. Introduction

By looking at the disasters in recent years, we are witnessing their rising trend. These disasters occur beyond the borders at any time and their time and place are not predetermined [1]. Iran is one of the most vulnerable countries in terms of incidents in the world. According to the world report of International Strategy for Disaster Reduction (ISDR) in 2009, the level of natural disaster hazard in Iran is 8 out of 10. Because of various reasons, including geographical situation and high vulnerability of society, after a natural disaster, many damages will oc-

cur and a lot of people lose their lives [2]. Among natural disasters, earthquake, flood, and drought are prevalent in Iran and annually 3000 to 4000 people lose their lives due to these incidents [3].

Natural or man-made disasters have created many challenges for people all around the world and resulted in health, economic, and social consequences [4]. Various factors have increased the incidence and vulnerability to disasters. This increase of disasters and vulnerability to them leads to allocation of great amount of financial and human resources of governments and organizations to disaster [5].

* Corresponding Author:

Hamidreza Khankeh, PhD

Address: Department of Disaster and Emergency Health, University of Social Welfare & Rehabilitation, Tehran, Iran.

E-mail: hamid.khankeh@ki.se

As paying attention to various stages of disaster before its occurrence is important, considering recovery stage for people to their normal life is of great importance too. Various studies have been conducted in this regard such as social and mental intervention after disaster [6-8], posttraumatic stress disorder [9-11], physical damages [12-15], role of social capital in disaster recovery [16, 17], and the role of community participation in physical recovery [18]. Most of these studies have defects regarding social rehabilitation like the limitation of social approach, also they have not considered the varied spectrum of mental and social needs of the communities after disaster over time [19].

In Iran, some studies have pointed out the general instructions about psychological intervention in disasters [20], relief problems and lack of management [21-24], and disaster health-related challenges and its requirements [25, 26]. Most of these studies did not evaluate thoroughly the challenges of recovery stage toward normal life after disaster in Iranian community based on the experiences of injured and survivors through qualitative approach. As this stage is a complex, systematic, and interactional process requiring deep perception of experience of people. Although there are many scientific documents and various programs evaluating the relevant issues of various stages of disaster management, a huge gap is seen in studies related to challenges of post-disaster Psychosocial Rehabilitation. The present study was conducted to evaluate the lessons and experiences learned from post-disaster Psychosocial Rehabilitation.

2. Materials and Methods

For this study, we used conventional qualitative content analysis method. The data have been collected without any pre-defined hypothesis and directly from participants. The codes were extracted with inductive process and their features were conceptually sorted out [27]. In this study, the researcher tried to use various groups with great experience about the study topic.

Participants were selected by purposeful sampling and based on their earthquake experience, specialization and willingness to participate. The study continued up to the saturation of the extracted concepts. We interviewed with 15 people with direct experience of earthquake and 12 people with scientific experience and specialty. Also, we used observation technique to complete the findings.

For data collection, semi-structured interviews, observation, and note taking were used. The interviews were done with the presence of researcher in earthquake-strick-

en areas in East Azerbaijan and Bushehr provinces, Iran. The interviews took 30-60 minutes. In this study, qualitative content analysis method was used in a systematic way to achieve a stepwise analysis regarding the aspects of this phenomenon. After data collection, all the opinions were analyzed. The recorded interviews sessions were transcribed after listening by the researcher. The transcribed texts were reviewed repeatedly and the initial codes were extracted after exchange of views among research team. By relistening to the interviews, rereading transcribed texts, and notes, the data were classified and extracted based on their similarities and differences.

To be insured of the validity and reliability of the qualitative data, Lincoln and Guba criteria were used to check the validity, reliability or audit, consistency and credibility [28]. To increase the validity of the data, the researcher was involved in the data collection and in the scene, also the observations and notes were made and taken in the field. The interview texts, codes, and extracted categories were reviewed by the researcher team and other experts in qualitative study field.

3. Results

The participants in the interview of this study were 15 people of earthquake-stricken areas of East Azerbaijan and 12 people with experiences in disaster. Their mean age was 45 years. Eighteen interviewees were men and 9 women. Six of them were single and the rest were married and their educational level ranged from illiterate to post-graduate.

The findings of study indicate that lack of a suitable system to deliver Psychosocial Rehabilitation interventions and challenge in establishing balance between short-term and long-term mental and social needs have been the most important categories extracted from this study.

Lack of a suitable system to deliver Psychosocial Rehabilitation interventions

One of the most important points referred by the participants is the lack of coherent structure for managing the post-disaster period. This category includes sub-categories of Emotional Management of Rehabilitation and lack of mental and social experts.

Rehabilitation emotional management

The findings of study show that there have been many challenges in rehabilitation and recovery period after earthquake, in such a way that sometimes, there was a strong management and in other times, no management

was seen and many issues were ignored. Many people and experts consider the lack of a comprehensive plan for rehabilitation and especially lack of management in various fields as the reasons for increased confusion and social wondering of earthquake-stricken areas, as one of the participants believed that:

“... The government had dedicated all its efforts to reconstruction of the buildings though it was not done completely and most of the houses were not constructed fully and especially in the beginning, there was no attention to agriculture, husbandry, employment, mental and social issues, and so on”.

Participants believed that the responsibilities of different teams should be predetermined and the necessary measurements should be taken before, during, and after the earthquake. One of the items creating some problems for rehabilitation is the lack of comprehensive information of people and residents of each place. The lack of the information is prominent from the view of relief group in earthquake-stricken areas:

“... Unfortunately, the lack of an exact statistical data by responsible organizations has been added to relief problems and unfortunately some people who were received shelters were not the permanent residents and were seasonal inhabitants of the village. We had no exact poll of them. For example, a village had 80 households, but we took 45 tents there. We delivered them which made confusion among people”.

Lack of mental and social experts

The presence of mental and social field experts is one of the main principles of a suitable system to deliver services in Psychosocial Rehabilitation fields. Social and mental experts should identify at different time periods the requirements of various groups of injured people namely the groups with special needs and deliver suitable services to these people. The findings of the present study show that women, children, elderly people, and the disabled are among these groups and participants mention the lack of special attention to them as one of the factors of increasing social confusion and prolonging rehabilitation.

“Sometimes relief aids were distributed in such a way that we couldn't receive anything. Men were stronger and could obtain more facilities but women, elderly people, and ... had no ability and we were ashamed most of the time”.

One of the groups that should have effective presence after disasters was social workers. They should provide

comprehensive mental and social services for various injured groups in coordination with other rehabilitation teams. The participants in this study emphasized on the significance of specialized training to mental and social experts being present after disaster in the region:

“... Most often, after earthquake children were experiencing many problems such as fear, sleep disorders, reluctance to study, and so on. The experts working in this field should have required skills for various groups of people, including children...”.

Challenge in establishing balance between short-term and long-term mental and social needs

One of the most important issues which increases the Psychosocial Rehabilitation problems is the challenge in establishing balance between short-term and long-term mental and social needs after disaster. The nature of mental and social problems after disaster is such a way that both short-term and long-term mental and social problems should be taken into consideration to achieve a sustainable Psychosocial Rehabilitation. Ignoring social capital and focusing on short-term mental problems is one of the most important sub-categories of this problem.

The participants in this study emphasized that experiences of various disasters showed that most of the time, post-disaster mental and social needs were overlooked and whenever they were considered, the focus is on short-term needs.

Ignoring social capital

The study findings strongly defend this issue that ignoring social capital in the form of ignoring participation of community in various affairs after disaster is one of the sub-categories in this regard. The important feature of most programs in this stage is top-down approach which resulted in people's dissatisfaction, weakness of belongingness and ownership sense, in spite of various activities that have been done for them. One of the participants defines this issue as follows:

“Only at the beginning of earthquake, people helped each other a little, but later that we received relief people did not have so much role. We waited for the Red Crescent and others to bring aids...” (A9).

“... People don't have their previous status, they only built 60-m2 houses and now they want us to live in them. We have to put up with this situation and we don't feel at all that these houses belong to us. This costs us a lot and we had to sell all our staff...” (A12).

Ignoring social capital in the form of weakening social networks and self-centeredness is one of the issues that participants consider it as a barrier to increase collective efficiency and rehabilitation after disaster:

“... In the first days after earthquake, people helped each other and saved many people in relief but over time and during the reconstruction of houses and receiving much facility, people only tried to get more facilities...”

Focusing on short-term mental problems

One of the problems of that most participants pointed out and considered it as a problem due to the earthquake and an obstacle to the process of returning to normal life was mental problems. So that several months after earthquake, different groups still suffered from mental problems and children had sleep disorders and any noise recalled them of earthquake. One of the participants explained the condition as follows:

“This earthquake affected us mentally very much, especially children. With any noise, children get terrified. They get very sensitive mentally. We cannot sleep well, we are afraid of earthquake happening again any moment. The number of aftershocks are high and some happened the other nights...” (A18).

Many interviewees after 15 months of earthquake still talked about not willing to return to life and sadness:

“... It is not like before, we don't have the previous motivation and passion, people are not happy and refer to be alone, and if a person from far away looks at our condition and takes decision, cannot define our real condition. It takes a long time for us to get back to our previous situation...” (A11).

4. Discussion

This research for the first time studied the challenges of Psychosocial Rehabilitation through a qualitative approach and attempted to analyze the views of people with earthquake experience and experts in rehabilitation field to draw an image of the most important problems in this situation. The findings of study indicate that lack of a suitable system to deliver Psychosocial Rehabilitation intervention and challenge in establishing balance between short-term and long-term social and mental needs were the most important categories extracted from this study.

In Iran, one of the most important challenges of Psychosocial Rehabilitation after disaster is the lack of a

comprehensive program for Psychosocial Rehabilitation. This failure at first shows itself by emotional management which gradually slows down until it was completely forgotten and people were left stranded and confused. The emphasis on the significance of social problems before disasters and their effect on rehabilitation process or increased social irresponsibility are other findings of study which are supported by other studies [29-33].

One of the most important reasons of social confusion on the way back to normal life after earthquake is disregarding the people's participation capacity. This ignorance keeps them out of rehabilitation affairs and by reduced sense of belongingness and lack of information, their dissatisfaction increase. And, sometimes, their dependency on state reliefs increased. These findings are consistent with the results of previous studies [16, 18].

The results of this study showed that reconstruction was the main requisite for rehabilitation and the delay in rehabilitation process would postpone other rehabilitation fields, including social, mental, and economic fields. This finding is consistent with the results of other studies [34-37].

5. Conclusion

Based on the study findings, an effective Psychosocial Rehabilitation of disaster requires a comprehensive managerial system which must be first perceived and accepted by people, middle institutes, governmental institutes, and other beneficiaries and then there must be a common perception and understanding about it. This program has the highest efficiency, when the complex, multi-aspect, dynamic, and long-term nature of returning to normal life is considered. Also, the various needs of people, families, and different groups are considered over time and are accompanied with the highest presence and active participation of people. Rehabilitation is beyond reconstruction but in the minds of many people and disaster management organizations in Iran, rehabilitation is still defined as a set of state interventions with the sole purpose of reconstruction.

The findings of study show that this approach should be corrected and rehabilitation be considered as a social and development process in the future policy making. Rehabilitation should be a comprehensive process to support injured communities with their highest participation aimed at the highest autonomy and self-efficiency.

References

- [1] World Health Organization. Risk reduction and emergency preparedness: WHO six-year strategy for the health sector and community capacity development. Geneva: World Health Organization; 2007.
- [2] Goldammer J. The United Nations International Strategy for Disaster Reduction Global Wildland Fire Network. *Fire Management Today*. 2008; 68(3):6-7.
- [3] Ardalan A, Rajaei MH, Masoumi G, Azin A, Zonoobi V, Sarvar M, et al. 2012-2025 Roadmap of IR Iran's Disaster Health Management. *PLoS Currents*. 2012; 16(4):e4f93005fbc34. doi: 10.1371/4f93005fbc34.
- [4] Guha-Sapir D, Vos F, Below R, Penserre S. Annual disaster statistical review 2011: the numbers and trends. Brussels: Université catholique de Louvain; 2012.
- [5] Nakhaei M, Khankeh H, Masoumi G, Hosseini M, ParsaYekta Z. Health management in past disasters in Iran: A qualitative study. *Health in Emergencies and Disasters*. 2014; 1(2):107-15.
- [6] Askari A, Rowell RK, Alipour F. Prevalence of Psychopathology and Socio-Demographic Characteristics among Earthquake survivors in Eastern Azerbaijan, Iran. *Health in Emergencies and Disasters*. 2015; 1(1):9-15.
- [7] Becker SM. Psychosocial care for adult and child survivors of the tsunami disaster in India. *Journal of Child and Adolescent Psychiatric Nursing*. 2007; 20(3):148-55.
- [8] Perry M. Natural disaster management planning: A study of logistics managers responding to the tsunami. *International Journal of Physical Distribution & Logistics Management*. 2007; 37(5):409-33.
- [9] Stuber J, Resnick H, Galea S. Gender disparities in posttraumatic stress disorder after mass trauma. *Gender Medicine*. 2006; 3(1):54-67.
- [10] Tang CS. Trajectory of traumatic stress symptoms in the aftermath of extreme natural disaster: A study of adult Thai survivors of the 2004 Southeast Asian earthquake and tsunami. *Journal of Nervous and Mental Disease*. 2007; 195(1):54-9.
- [11] Kumar MS, Murhekar MV, Hutin Y, Subramanian T, Ramachandran V, Gupte MD. Prevalence of posttraumatic stress disorder in a coastal fishing village in Tamil Nadu, India, after the December 2004 tsunami. *American Journal of Public Health*. 2007; 97(1):99-101.
- [12] Chen LC, Thurston G. World Trade Center cough. *Lancet*. 2002; 360:37-8.
- [13] Kar N, Mohapatra PK, Nayak KC, Pattanaik P, Swain SP, Kar HC. Post-traumatic stress disorder in children and adolescents one year after a super-cyclone in Orissa, India: exploring cross-cultural validity and vulnerability factors. *BMC Psychiatry*. 2007; 7(1):8.
- [14] Trout D, Nimgade A, Mueller C, Hall R, Earnest GS. Health effects and occupational exposures among office workers near the World Trade Center disaster site. *Journal of Occupational and Environmental Medicine*. 2002; 44(7):601-5.
- [15] Brackbill RM, Thorpe LE, DiGrande L, Perrin M, Sapp JH, Wu D, et al. Surveillance for World Trade Center disaster health effects among survivors of collapsed and damaged buildings. Morbidity and mortality weekly report Surveillance summaries. 2006; 55(2):1-18.
- [16] Nakagawa Y, Shaw R. Social capital: A missing link to disaster recovery. *International Journal of Mass Emergencies and Disasters*. 2004; 22(1):5-34.
- [17] Alipour F, Khankeh HR, Fekrazad H, Kamali M, Rafiey H, Ahmadi S. Social Capital in Post Disaster Recovery. *Health in Emergencies and Disasters Quarterly*. 2015; 1(1):47-54.
- [18] Davidson CH, Johnson C, Lizarralde G, Dikmen N, Sliwinski A. Truths and myths about community participation in post-disaster housing projects. *Habitat International*. 2007; 31(1):100-15.
- [19] Dash S. Post-Disaster Psychosocial Support: A Framework From Lessons Learnt Through Programmes In South-Asia. *Australasian Journal of Disaster and Trauma Studies*. 2009;1:1-15.
- [20] Salajegheh D, Pirmoradi N. Community-Based Disaster Risk Management (CBDRM) and providing a model for Iran. *International Journal of Engineering Research and Development*. 2013; 7(9):60-9.
- [21] Araghizadeh H, Saghafinia M. 2003. [The survey of treatment management in crisis. A review of Bam earthquake experiences (Persian)]. *Military Medicine Journal*. 2004; 5(4):259-68.
- [22] Khankeh HR, Fallahi M, Ranjbar M, Ahmadi F. [Health Management in Disasters with focusing on Rehabilitation (Persian)]. *Journal of Rehabilitation*. 2008; 9(2):66-72.
- [23] Ardalan A, Masoomi G, Goya M, Ghaffari M, Miadfar J, Sarvar M, et al. Disaster health management: Iran's progress and challenges. *Iranian Journal of Public Health*. 2009; 38(1):93-7.
- [24] Kruk E, Aghabakhshi H. A social work charter for unexpected disasters. In Palattiyil G, Sidhva D, Chakrabarti M, editors. *Social Work in a Global Context: Issues and Challenges*. London: Routledge; 2015, pp. 238.
- [25] Khankeh HR, Khorasani-Zavareh D, Johanson E, Mohammadi R, Ahmadi F, Mohammadi R. Disaster health-related challenges and requirements: A grounded theory study in Iran. *Prehospital and Disaster Medicine*. 2011; 26(03):151-8.
- [26] Djalali A, Khankeh H, Öhlén G, Castrén M, Kurland L. Facilitators and obstacles in pre-hospital medical response to earthquakes: a qualitative study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*. 2011; 19(1):30.
- [27] Corbin J, Strauss A. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. 3rd ed. London: Sage Publication; 2008.
- [28] Guba EG. Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*. 1981; 29(2):75-91.
- [29] Vakis RN, Kruger D, Mason AD. *Shocks and coffee: Lessons from Nicaragua*. Washington, D.C: Social Protection, Labor Markets, Pensions; 2004.
- [30] Wright JD. *After the clean-up: Long range effects of natural disasters*. Sage Publication; 1979.

- [31] Berke PR, Beatley T, Feagin C. Hurricane Gilbert strikes Jamaica: Linking disaster recovery to development. *Coastal Management*. 1993; 21(1):1-23.
- [32] Ramakumar R. Contextualizing Disaster Studies: Socioeconomic Vulnerabilities in India. Paper Presented at: Researching Disasters Conference; 2008 Feb. 4; Mumbai, India.
- [33] Ahern J, Galea S. Social context and depression after a disaster: the role of income inequality. *Journal of Epidemiology and Community Health*. 2006; 60(9):766-70.
- [34] Barakat S. Housing reconstruction after conflict and disaster. Humanitarian Policy Group, Network Papers. 2003; 43:1-40.
- [35] Lindell MK, Prater CS. Assessing community impacts of natural disasters. *Natural hazards Review*. 2003; 4(4):176-85.
- [36] Alipour F, Khankeh HR, Fekrazad H, Kamali M, Rafiey H, Foroushani PS, et al. Challenges for resuming normal life after earthquake: A qualitative study on rural areas of Iran. *PLoS Currents*. 2014; 6. doi: 10.1371/currents.
- [37] Alipour F, Khankeh H, Fekrazad H, Kamali M, Rafiey H, Ahmadi S. Social issues and post-disaster recovery: A qualitative study in an Iranian context. *International Social Work*. 2015; 58(5):689-703.

Archive of SID