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PSYCHOSOCIAL CARE MODEL FOR DISASTER VICTIMS IN ALBAY, PHILIPPINES[1]

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Abstract- The study aims to develop a psychosocial model for victims during disasters, based on the assessment of the Psychosocial Care Activities (PCAs) undertaken for evacuees and the coping mechanisms of the families who experienced severe stress. This is a descriptive research, respondents are evacuees who were interviewed and the organizers of the activities who were part of the Focus Group Discussion (FGD). Statistical tools used were frequency, percentage and rank. The PCAs undertaken for the evacuees were: life coaching, religious, education information and entertainment activities. The PCAs contributed to the psychosocial wellbeing of the evacuees. The coping mechanisms by selected family-survivors who had severe stress were physical, social, mental and spiritual, wherein physical coping mechanisms was the most utilized. The study hereby concludes that PCAs during disasters for the at-risk-barangays contributed to the well being of the evacuees and that disaster family survivors were resilient. The study hereby proposes a Psychosocial Care Model that emphasizes education, life coaching and survival science skills across the major phases of disasters.

***Index terms*- Psychosocial Care Model, Disaster Victims, Albay, Philippines, psychosocial care activities, coping mechanisms evacuees, evacuation centers, PCA**

I. INTRODUCTION

Disasters are natural or human generated events where communities face severe danger and incur loss of lives and properties. [1] The Philippines is exposed to at least 20 to 22 typhoons yearly, volcano eruptions, being located in the ring of fire and earthquakes due to the intersection of geologic faults.[2] The same natural disasters are faced by the province of Albay because of its geographic vulnerability. This is evidenced by typhoon Reming (international code name: Durian) in 2006 and Mayon Volcano eruption in 2009. These two disasters differ in the magnitude of its effect. Typhoon Reming, have severely damaged the province, having incurred a big loss in the properties and lives whereas the Mayon volcano eruption had mildly affected selected communities, having caused displacement of families. [5]

The vulnerability of Albay to the continuing threat of natural disasters is managed by the Albay Public Safety and Emergency Management Office (APSEMO) through a localized cluster approach. [6] This cluster approach was modified during the emergency response to the Mayon Volcano eruption in 2009 by adding the cluster Mental Health and Psychosocial Care. [7] Being a new cluster the study looked into the strategies implemented and hence develop a psychosocial model for Albay that will respond to the needs of the victims in disasters.

II. MAIN TEXT

The study aims is to develop a psychosocial intervention care model. It specifically it addresses the PCAs undertaken for the evacuees, its perceived effects and the coping mechanisms of the selected family-survivors who experienced severe stress during typhoon Reming.

This is a descriptive research that utilized survey and case study. There were three hundred sixty six (366) evacuee- residents of the top three high risk areas of the Province of Albay; eight (8) agency- organizers of the PCAs. The family-survivors were selected using the criteria: 1) endured high degree of community destruction, 2) perceived high threat to life, and 3) experienced high loss of properties and lives.[8] The study employed interview and FGD. An informed consent was taken from the respondents prior to data gathering. Quantification of the data was done through frequency count, percentage and rank.

The PCAs provided to the evacuees were either mandated to the agency-organizers or were non-mandated. The mandated PCAs were life coaching, education and information, whereas the non-mandated PCAs were entertainment and religious activities. Table I shows the distribution of the PCAs, religious were undertaken in all the seven (7) evacuation centers, education and information conducted in six (6) evacuation centers whereas life coaching was undertaken only in three (3) evacuation centers. The inequitable distribution can be attributed to the gap between the planning and the implementation of the PCAs and is due to lack of resources (manpower and financial) and lack of coordination within the agency.[9] The mal distribution resulted to fragmentation, duplication of PCAs undertaken.

TABLE I. PSYCHOSOCIAL CARE ACTIVITIES IN EVACUATION CENTERS

PCAs	Evacuation Centers	
	f	%
Life Coaching (women Session, stress management & debriefing)	3	42
Religious ((praying of rosary, procession of patron saint & masses)	7	100
Education and Information (film on disaster & fire & earthquake drill)	6	85
Entertainment Activities (concert, film, talent show, "Handog pamasko", theater arts, singing challenge and physical sports)	5	71
Total		100

*Multiple Response

In the analyses of the holistic effect of the PCAs to the evacuees, the model on Conceptual Framework of Psychosocial Intervention in Complex emergencies by the Psychosocial Working Group (2005) was utilized. The model cites that the psychosocial well-being is dependent on three core domains: human capacity, social ecology and culture and values.[10] *Human capacity* refers to physical and mental health, knowledge, capacity and skills; [11] *Social ecology* refers to social connections, relationships,

social networks, and support systems from individuals and the community. *Culture and values* are cultural norms and behavior that are linked to the value systems in each society. [12]

TABLE II: EFFECTS OF PSYCHOSOCIAL CARE ACTIVITIES

PCAs	Effects	
	Evacuees	Organizers
Life Coaching	Positive	Social Ecology Human capacity
Religious	Positive	Social Ecology Culture and values Human capacity
Education and Information	Positive	Human capacity Social ecology
Entertainment	Positive	Social Ecology

The PCAs were perceived by evacuees as positive to their well being. Based on the model of the Conceptual Framework of Psychosocial Intervention, the PCAs promoted social ecology or the social connections and relationships among the community evacuees thereby contributing to their psychosocial well-being.

Table III shows that the family- survivors of typhoon Reming who experienced severe stress, utilized several coping mechanisms; physical, social, mental and spiritual. Among the coping mechanisms, physical coping was the most utilized, rank1. The physical coping is related to the provision of physiologic needs. According to Abraham Maslow, a needs theorist, physiologic needs is the most important to a human being's survival. [13] Survivors who are assisted in coping with the basic needs, incur less stressors, are subsequently able to cope with their psychological problems and are more resilient. [14]

TABLE III: COPING MECHANISMS OF THE FAMILY SURVIVORS

Coping Mechanisms	f	Rank
Physical (Provision of shelters, relief goods, financial assistance, job, medical treatment)	43	1
Social (Associate with other survivors, friends, women organization, family, relatives, debriefing)	25	2
Spiritual (prayers, belief that dead belongs to God, acceptance of God's fate)	11	3
Mental (Keep busy, belief that lost family is nearby, acceptance of fate, belief that others will die ahead)	11	3
Total	90	

Social coping was utilized by 25 family-survivors (rank2) Social support increases well-being and limits distress after a trauma. [15] Spiritual and mental was the least used (rank 3). Religious coping is the belief in a higher power, greater than man which gives great relief and support during difficult times. Mental coping is an internal aspect of an individual termed as Locus of Control (LOC), that represents the extent to which individuals believe that they have control over their environments, thus become confident, alert and direct.[16]

The coping mechanisms of the family-survivors is supported by the Transactional Framework by Lazarus, that showed that *social support networks*, *spirituality*, *experience of natural disasters*, and *problem-focused coping style* contribute to the resilience of survivors.[17]

The study proposes a psychosocial care model that is more responsive to the needs of the beneficiaries. It includes activities for the three phases of disaster (pre-disaster, disaster and post disaster) as shown in Table IV.

TABLE IV: PSYCHOSOCIAL CARE MODEL FOR DISASTER VICTIMS

PRE-DISASTER PHASE	DISASTER PHASE	POST-DISASTER PHASE
Assessment (Risk analysis & Resource Mapping)	Rapid Assessment - Mental Health and needs of impacted population	Assessment of Psychosocial Care rendered - changes mental status - outcome of psychosocial care - Psychotrauma assessment
Develop Disaster Mental and Psychosocial Health Response Team - Identification of potential team leader members - Identify core- community-based psychosocial team - Develop operational protocols for spontaneous volunteers	Activate Disaster Mental Health and Psychosocial Care Teams Implementation of appropriate Early Phase Interventions - Psychological First Aid - Life Coaching - Psychosocial care activities	Continue rehabilitative mental health and psychosocial care intervention needed to fully recover - Counseling - Psychosocial assistance - Capacity-building Activities
Improve coping skills of community - Survival Science Skills - Safety & Security		Capture the lessons learned Exit strategy - Officially inform the barangay officials about closure of the assistance
Distribution and posting disaster-related information and Mental health educational materials	Distribution of Mental Health Educational Materials	

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