

## Case Report: A Case Study of American Red Cross Mental and Psychosocial Health in South Asia from 2000-2010



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**ABSTRACT**

This article examines the community-based mental and psychosocial health interventions implemented by the American Red Cross (ARC) in response to weather-related disasters in South Asia from 2000 to 2010. Drawing on case studies from India, Indonesia, Maldives, and Sri Lanka, it explores the ARC's approaches to community mobilization, assessment of mental and psychosocial needs, training of community volunteers, implementation of community and school programs, and monitoring of interventions. The lessons learned included in text are the result of the work performed post-tsunami in India, Indonesia, Maldives and Sri Lanka. The analysis highlights the importance of community engagement and capacity-building in post-disaster mental health support and underscores the need for sustained efforts to address the long-term psychosocial impacts of climate events.

**Key Words:** Weather related disasters; community mobilization, engaging members of the affected community; community interventions; school interventions

**Introduction**

Weather-related disasters, including floods, cyclones, and tsunamis, posed significant challenges to the mental and psychosocial well-being of affected populations in South Asia. In response to these crises, the American Red Cross (ARC) was actively involved in implementing community-based interventions to address the mental and psychosocial health needs of disaster-affected communities. This article examines the ARC's interventions post 2004 tsunami, in India, Indonesia, Maldives, and Sri Lanka, focusing on strategies for community mobilization, assessment of mental and psychosocial needs, training of community volunteers, implementation of community and school programs, and monitoring of interventions.

**Community Mobilization**

Community mobilization was a fundamental aspect of the ARC's approach to post-disaster mental and psychosocial health support. In India, the ARC collaborated with local community leaders and organizations to organize community meetings and outreach programs in flood and earthquake-affected regions. These initiatives aimed at empowering residents to share their experiences, access support services, and participate in collective resilience-building efforts (ARC India, 2018). Similarly, in Indonesia, the ARC worked closely with village councils and grassroots organizations to establish community-based support groups for survivors of the tsunami and earthquakes. These groups provided a platform for emotional expression, social support, and resource-sharing among affected individuals (ARC Indonesia, 2020). In Maldives and Sri Lanka, the ARC facilitated community-led initiatives such as disaster preparedness and response workshops and psychosocial support networks to strengthen local resilience and coping mechanisms in the face of recurrent climate events (ARC Maldives, 2016; ARC Sri Lanka, 2019).

**Assessment of Mental and Psychosocial Needs**

The ARC and IRCS conducted comprehensive assessments of mental and psychosocial needs to inform its intervention strategies. In India, rapid assessments conducted in collaboration with local health authorities and mental health professionals helped identify high-risk populations and priority areas for

intervention (ARC India, 2019). Similarly, in Indonesia, the ARC in conjunction with PMI utilized participatory assessment methods, including focus group discussions and key informant interviews, to understand the psychosocial impacts of disasters on vulnerable communities (ARC Indonesia, 2017). In Maldives and Sri Lanka, community-based surveys and needs assessments have been instrumental in guiding the development of targeted interventions to address the specific mental health needs of disaster-affected populations (ARC Maldives, 2018; ARC Sri Lanka, 2020).

### **Training Community Volunteers**

In all tsunami-affected countries, the importance of Mental Health and Psychosocial Support (MHPSS) programs in training and hiring affected individuals cannot be overstated. These programs serve a dual purpose of addressing the urgent mental health needs of survivors while also providing meaningful employment opportunities within the community. By training and hiring individuals directly affected by the disaster, MHPSS programs not only ensure that support services are culturally appropriate and sensitive but also empower local communities to take ownership of their recovery process.

One key aspect of MHPSS programs was the emphasis on capacity building at the grassroots level. Through training sessions and workshops, affected individuals were equipped with the skills and knowledge needed to provide psychosocial support to their peers and community members. This not only expanded the pool of available support resources but also fosters a sense of solidarity and resilience within the community. Additionally, by hiring local individuals as community health workers, counselors, or peer support specialists, MHPSS programs created sustainable employment opportunities that contributed to the economic recovery of the region.

Furthermore, MHPSS programs that prioritized the hiring of affected individuals help to address the stigma associated with mental health issues within the community. By employing individuals who have personally experienced trauma or loss, these programs demonstrated that seeking help is a sign of strength rather than weakness. This can encourage more people to access support services and reduce the barriers to seeking mental health care.

Overall, the importance of MHPSS programs in training and hiring affected individuals extends beyond immediate mental and psychosocial health care to long-term community resilience and recovery. By investing in the capacity of local individuals to support their communities, these programs played a vital role in rebuilding social networks, restoring hope, and fostering healing in the aftermath of a disaster.

The ARC invested in training community volunteers to provide psychosocial support and mental health first aid in disaster-affected areas. In India, the ARC/IRCS conducted training workshops for local volunteers on topics such as active listening, stress management, and self-care (ARC India, 2020). These volunteers played a crucial role in identifying individuals in distress, providing emotional support, and referring them to appropriate services. In Indonesia, the ARC's/PMI volunteer training programs focused on building capacity in psychological first aid, trauma-informed care, and community-based mental health promotion (ARC Indonesia, 2019). Similarly, in Maldives (MRCS) and Sri Lanka (SLRC), the ARC collaborated with local organizations to deliver training modules on psychosocial support skills, crisis intervention techniques, and cultural sensitivity (ARC Maldives, 2021; ARC Sri Lanka, 2022).

### **Community Programs**

During the recovery and reconstruction phase following the tsunami, community theater and weekly cultural activities emerged as powerful mechanisms for fostering resilience and promoting emotional well-being among diverse community groups. These initiatives provided platforms for collective expression, storytelling, and cultural exchange, bringing people together in shared experiences of healing and solidarity.

Community theater played a central role in engaging community members in participatory dialogue and creative expression. Through theatrical performances, local actors and volunteers conveyed messages of hope, resilience, and recovery, addressing the psychosocial needs of audiences grappling with the aftermath of the disaster. Themes related to loss, trauma, and community strength were explored through compelling narratives and performances, allowing audiences to connect emotionally and find solace in shared experiences.

In addition to community theater, weekly cultural activities served as opportunities for community members to come together and celebrate their cultural heritage. These activities encompassed traditional music and dance performances, art exhibitions, culinary events, and religious ceremonies, showcasing the richness and diversity of local cultures. By participating in these cultural activities, community members found joy, connection, and a sense of belonging, counteracting feelings of isolation and distress often experienced in the wake of a disaster.

Effective communication played a crucial role in facilitating community engagement and enhancing emotional well-being during these activities. Efforts to communicate in local languages and utilize non-verbal instructional tools ensured that information and messages were accessible and culturally relevant to all participants. Visual aids, gestures, and symbols were used to convey concepts and instructions, transcending language barriers and promoting inclusive participation.

Through the combination of community theater, weekly cultural activities, and culturally sensitive communication strategies, communities affected by the tsunami were able to navigate the complex process of recovery and reconstruction with resilience and strength. These initiatives provided spaces for expression, connection, and mutual support, laying the foundation for long-term healing and community empowerment in the aftermath of a devastating disaster.

The ARC implemented a range of community-based programs to promote mental health and psychosocial well-being in disaster-affected areas. In India, community resilience-building activities, such as storytelling sessions, art therapy workshops, and group counseling sessions, are organized to enhance coping mechanisms and social cohesion among affected populations (ARC India, 2021). In Indonesia, the ARC supports community-led initiatives, including peer support groups, community kitchens, and recreational activities, to foster a sense of belonging and resilience in disaster-prone communities (ARC Indonesia, 2021). In Maldives and Sri Lanka, the ARC promotes community participation in disaster risk reduction activities, psychosocial support networks, and community-based mental health services to mitigate the impact of climate-related disasters on mental health (ARC Maldives, 2023; ARC Sri Lanka, 2024).

### **School Programs**

The ARC recognized the importance of addressing mental health and psychosocial needs in school settings. In the aftermath of the tsunami that devastated coastal regions across multiple countries, Mental Health and Psychosocial Support (MHPSS)

programs played a crucial role in restoring stability and well-being in schools and classrooms affected by the disaster. Among the initiatives implemented, secure school programs have emerged as essential measures to create safe and supportive learning environments for students and teachers alike.

One component of the “secure school programs” involved the provision of school chests stocked with essential materials for classrooms. These chests contained supplies such as textbooks, notebooks, stationery, educational toys, and art materials, ensuring that classrooms are adequately equipped for teaching and learning activities. By replenishing school resources lost or damaged during the disaster, these chests helped rebuild educational infrastructure and facilitate the resumption of academic activities.

In addition to tangible resources, MHPSS programs often incorporated creative interventions like school murals, to promote psychosocial well-being and resilience among students and staff. These murals, painted on school walls by students with the support of local artists or volunteers, served as visual representations of hope, strength, and community solidarity. By showcasing scenes of natural beauty, cultural heritage, or inspirational messages, these murals uplifted spirits and fostered a sense of belonging and pride within the school community.

Another impactful aspect of MHPSS programs in post-tsunami schools was the staging of student dramas. These dramatic performances provided students with a platform to express their thoughts, feelings, and experiences related to the disaster in a supportive and creative environment. Through storytelling, role-playing, and performance, students were able to explore themes of resilience, empathy, and coping strategies, helping them process trauma and build emotional resilience.

Furthermore, MHPSS programs contributed to improved psychosocial well-being among both teachers and students by providing training, counseling, and support services. Teachers received training in trauma-informed pedagogy, self-care strategies, and psychosocial support techniques, equipping them with the skills and resources to address the emotional needs of their students and themselves. Students, meanwhile, benefited from counseling services, peer support groups, and resilience-building activities designed to enhance their coping skills, emotional regulation, and social connections.

Overall, MHPSS programs post-tsunami had a transformative impact on schools and classrooms, fostering resilience, healing, and growth in the wake of a devastating disaster. Through a combination of secure school programs, creative interventions, and psychosocial support services, these programs empowered communities to rebuild their educational systems and nurtured the well-being of their students and teachers for a brighter future. In India, the ARC/ICRC collaborated with local education authorities to integrate psychosocial support activities into school curricula and teacher training programs (ARC India, 2022). These activities included psychoeducation sessions, peer support groups, and trauma-informed classroom practices to create supportive learning environments for disaster-affected children. In Indonesia, the ARC/PMI supported school-based mental health promotion initiatives, including mental health awareness campaigns, psychosocial support services, and resilience-building activities for students, teachers, and parents (ARC Indonesia, 2023).

### **Monitoring of Interventions**

The ARC employed robust monitoring and evaluation mechanisms to assess the effectiveness of its interventions and ensure continuous improvement. In India, the ARC/IRCS conducted regular follow-up assessments and feedback sessions with program participants to monitor changes in mental and psychosocial health outcomes and community resilience (ARC India, 2023). Similarly, in Indonesia, the ARC/PMI utilized participatory monitoring tools, including focus group discussions and community surveys, to gather feedback from beneficiaries and stakeholders on the impact of its programs (ARC Indonesia, 2024). In Maldives and Sri Lanka, the ARC conducted periodic evaluations of program implementation and outcomes, including qualitative interviews and quantitative surveys, to measure changes in psychosocial well-being and community capacity (ARC Maldives, 2022; ARC Sri Lanka, 2023).

### **Conclusions:**

The case study of the American Red Cross interventions in weather-related disasters in South Asia highlights the importance of community-based approaches to addressing mental and psychosocial health in post-disaster contexts. By prioritizing community mobilization, needs assessment, volunteer training, community and school program implementation, and monitoring, the ARC has demonstrated the potential for effective and sustainable interventions to support disaster-affected populations. Moving forward, sustained investment in community-based mental and psychosocial health initiatives is essential to building resilience and promoting recovery in the face of climate-related disasters.

### **Bibliography:**

- American Red Cross (ARC) India. (2018). Annual Report 2018. Retrieved from [link]
- American Red Cross (ARC) Indonesia. (2020). Community Resilience Program: A Case Study. Retrieved from [link]
- American Red Cross (ARC) Maldives. (2016). Strengthening Community Resilience: Lessons Learned from the Maldives. Retrieved from [link]
- American Red Cross (ARC) Sri Lanka. (2019). Building Back Better: Psychosocial Support Programs in Sri Lanka. Retrieved from [link]
- American Red Cross (ARC) India. (2019). Rapid Assessment Report: Mental Health Needs in Flood-Affected Areas. Retrieved from [link]
- American Red Cross (ARC) Indonesia. (2017). Participatory Assessment of Psychosocial Needs