Mental health is a critical component in disaster response and recovery

*Sia Twiyor* survived the 14 August mudslides in Freetown but lost 16 members of her family in the disaster including her husband, brothers and sisters. Some of them had come to spend the school holidays with her. As she struggles to cope, Sia continues to cry, and has suffered countless sleepless nights since the incident occurred.

Sia, along with her three young children went to attend a church meeting on the night of 13 August and, because the rain was so heavy, stayed with family in a different part of the city. This decision would save their lives. “That night I called home and also in the morning I talked to my husband on the phone. When news of the disaster broke, “all of their phones were off. I got worried but it never remotely occurred to me that anything like this could have happened.”

Like Sia, survivors and families of those that perished in the mudslides and flooding are still grappling with the realities of their irreparable loss. The human toll and damage to property was huge. Over 500 bodies have been discovered with over 800 people reported missing, all buried under the mountain slice or washed away into the ocean by the deluge.

Trauma is a major issue for those affected. Many families have been displaced and have relocated to makeshift structures. Many children have also been orphaned, staying with family members, often wanting for essential resources, or in camps.

In order to support the psychosocial needs of those affected, the Ministry of Health and Sanitation and the World Health Organization (WHO) with funding from the UK Government (UKaid) quickly deployed Mental Health Nurses pulled from other parts of the country to provide urgent Psychological First Aid, focusing initially on psychosocial and trauma counselling.

“Allowing people to talk through their conditions can help in the immediate aftermath of a disaster, when many survivors will experience shock and grief,” says Dr Florence Baingana, Mental Health Specialist at WHO Sierra Leone. “Allowing people to express their feelings and helping them to identify their coping mechanisms and coping resources can offer relief, and help prevent more severe conditions from occurring.”

The nurses engage the survivors in groups and in individual sessions with messages of hope and relief. They also conduct physical assessments and refer those with critical needs to existing services and resources where they can continue to receive help, including from the country’s three practicing psychiatrists. However, mental health needs also evolve, and some weeks after the initial shock has passed more severe disorders can often become apparent, Dr. Baingana explains.

Almost four weeks after the incident, hundreds of people in the affected communities and camps have received counselling and a significant number of them have developed signs of mental disorders. “We are seeing people with depressive disorders, severe anxiety, Post-Traumatic Stress Disorder - getting panic when it starts to rain. They feel highly insecure,” says Hawanatu Foday, a mental health nurse deployed in one of the communities. As time progresses and families strive to settle down, Hawanatu says the psychological effect of the devastation is becoming even clearer, including among children. Many have lost parents, family members and their homes, in the spate of just a single event.

Whilst a large number of the displaced families are camped in tents at locations set up by the government, many children are being accommodated by charitable organizations. Over 150 children, mainly orphans, have been taken in at the Don Bosco Children’s Home. With support from WHO, a
child clinical psychologist has been brought in to provide effective psychological support for children dealing with the impacts of the disaster.

For Sia and many other survivors and relatives, the sight of the towering mountain ridge that glided and buried hundreds of their family members continues to serve as a constant reminder of their horrors and trauma. As children return to school, one woman breaks down, reminded of the loss of her own young ones in the tragedy.

“Trauma care will not solve the immediate challenges that the affected communities are going through, but will help prevent some long term psychological impacts for those that are still in shock and in denial after the biggest natural disaster on record in this country,” says Dr Baingana. “The next step is ensuring that the country can meet longer term mental health needs. This will require long term support, attention and investment from all involved, long after the media interest wanes and the hustle and bustle of daily life resumes.”

* Names have been changed to protect the privacy of survivors