Training Program

on

INTEGRATING PSYCHOSOCIAL SUPPORT AND MENTAL HEALTH INTO DISASTER RESPONSE AND RECOVERY

For Disaster Responders, Community Level Workers, Health & Allied Health Professionals

Date- 29-30 October 2025

Venue: GIDM, B/h PDEU, Raysan, Gandhinagar, Gujarat

1. Background

Disasters have a devastating impact on individuals, families, communities, and society as a whole. They result in the loss of life, injury, and disability, and create long-term repercussions on livelihoods, property, purchasing capacity, and financial security. Beyond physical harm, disasters disrupt routines, sever social support systems, force displacements, and put immense strain on basic needs by damaging water supplies, obstructing food chains, and disrupting essential infrastructure. Health services, too, are often severely impacted.

The cumulative effect of these disruptions extends to **psychosocial and mental health**, leading to trauma, anxiety, depression, grief, and post-traumatic stress. These “invisible wounds” often remain unaddressed, undermining recovery and community resilience.

Mental health is a state of well-being that enables individuals to cope with stress, realize their potential, work productively, and contribute to their community.

Psychosocial health refers to the interaction of psychological experiences (thoughts, emotions, behaviour) with broader social, cultural, and relational contexts.

Gujarat, with its long coastline, rapid industrialization, and high population density, is vulnerable to both natural hazards (earthquakes, cyclones, floods, droughts) and human-induced disasters (industrial accidents, infrastructure failures).

- **Bhuj Earthquake (2001):** Massive loss of life and long-term displacement, leaving deep psychological scars.
- **COVID-19 Pandemic (2020–2021):** Perhaps the most widespread psychosocial disaster in recent times, COVID-19 in Gujarat caused fear, grief, and uncertainty; strained frontline health workers; economic hardship from lockdowns; and social isolation that increased depression, substance use, and domestic violence.
- **Cyclones (e.g., Tauktae 2021):** Repeated cycles of evacuation, loss, and uncertainty.
- **Morbi Bridge Collapse (2022):** Lives lost, families traumatized, rescue workers overwhelmed.
- **Ahmedabad Air Crash Incident (2023):** Panic, acute stress, and longer-term travel-related anxieties.
- **Recurring industrial accidents** in chemical hubs of Ankleshwar, Bharuch, and Dahej further highlight the dual risk of physical and psychological trauma.

While Gujarat has strengthened its infrastructure, early warning systems, and emergency response mechanisms, psychosocial support remains fragmented and ad-hoc, often addressed only after visible distress emerges.

To strengthen the psychosocial support response system, specialized training is essential to transform ad-hoc responses into structured, evidence-based interventions like Psychological First Aid. It empowers community leaders, volunteers, and frontline workers to provide layered psychosocial support, reducing dependence on specialists while building community resilience.

Training also safeguards responders by equipping them with self-care, peer support, and debriefing tools. By integrating Gujarat’s cultural traditions and lessons from recent crises, this

training ensures psychosocial support is effective, contextually relevant, and applied across all stages of disaster response and recovery.

National Frameworks (India)

- NDMA Guidelines on MHPSS (2009): Recommends Psychosocial First Aid, referral systems, and integration into disaster management plans.
- Disaster Management Act, 2005: Mandates holistic disaster response, including dignity and psychosocial well-being.
- Mental Healthcare Act, 2017 & National Health Policy, 2017: Guarantee rights to mental health services, even in disaster contexts.
- NDMP (2019): Recognizes psychosocial needs explicitly and aligns with global best practices.

International Frameworks

- Sendai Framework (2015–2030): Calls for psychosocial support as part of "Build Back Better."
- SDGs (3 & 11): Link health and resilience to well-being, including mental health.
- IASC Guidelines (2007): Promote a layered MHPSS care system.
- Sphere Standards: Identify MHPSS as a humanitarian minimum.
- WHO Mental Health Action Plan (2013–2030): Calls for mainstreaming mental health in all emergency preparedness.

The true measure of recovery from a disaster is not just the rebuilding of infrastructure, but the healing of the human spirit. By proactively and systematically integrating psychosocial support and mental health into its disaster management framework, Gujarat can transform its response from one that merely saves lives to one that restores hope, dignity, and the capacity for future resilience.

Given this backdrop, there is a compelling need to build **institutional and technical capacity of** with the knowledge, tools, and collaborative strategies necessary to build resilient communities in Gujarat. A structured training program will help bridge the knowledge gap, promote best practices in psychosocial support and mental health risk management, and align local-level actions with broader national and global DRR commitments.

2. Objective

The programme has following objectives:

- Enhance understanding of the psychosocial impacts of disasters
- Build skills in providing Psychological First Aid (PFA) to disaster-affected populations.
- Strengthen capacity to identify and support vulnerable groups (children, elderly, disabled, women, displaced).
- Equip participants with tools for post-disaster assessment of Psychosocial & Mental Health vulnerabilities and community coping capacities.
- Promote integration of psychosocial care into disaster management systems and health services.
- Foster community-based resilience and coping strategies through participatory approaches.

3. Pre-requisite

There are no pre-requisites for this training course, but prior knowledge on Basics of Disaster Risk Management (DRM) may be beneficial.

8. Expected Learning Outcome

After completing the training program, participants would be able to:

- Participants recognize short- and long-term mental health issues and can differentiate between normal reactions and clinical concerns
- Participants are able to prioritize and tailor psychosocial interventions for high-risk groups during relief and recovery phases.
- Participants can conduct rapid assessments and contribute to planning psychosocial interventions.
- District- or state-level disaster plans include provisions for psychosocial support, with clear roles and referral mechanisms.

9. Targeted Participants

The program is targeted for the following set of participants;

- **Disaster Responders** (NDRF/SDRF Personnel, Police, Fire Personnel, Civil Defense)
- **Community Level Workers** (ASHA, Anganwadi worker, Mahila Arogra Samilti Members, Principal/Teacher etc.)
- **Health/Allied Health Professionals (**Doctors, Ayush doctors, Nurses, etc.)
- **Mental Health Professionals (**Counselors, psychiatrist, psychotherapist)

Targeted Departments- (i) Health, (ii) Education, (iii) Home, (iv) Women & Child Development

10. Training Pedagogy

The training will be held at Seminar Hall, GIDM, facilitated by Subject Matter Experts (SME). The training will include active learning techniques such as presentations, group discussions, interactive exercises, case studies, simulations, exposure visits and hands on experience which will encourage participants to engage actively with the training content

Further, quizzes, tests and skill demonstration will also be included in the program for monitoring learners' progress, identifying areas for improvement, and reinforcing learning outcomes.

11. Training Certificate

Certificate of participation will be given to participants who attend all the sessions during the 2-days training program