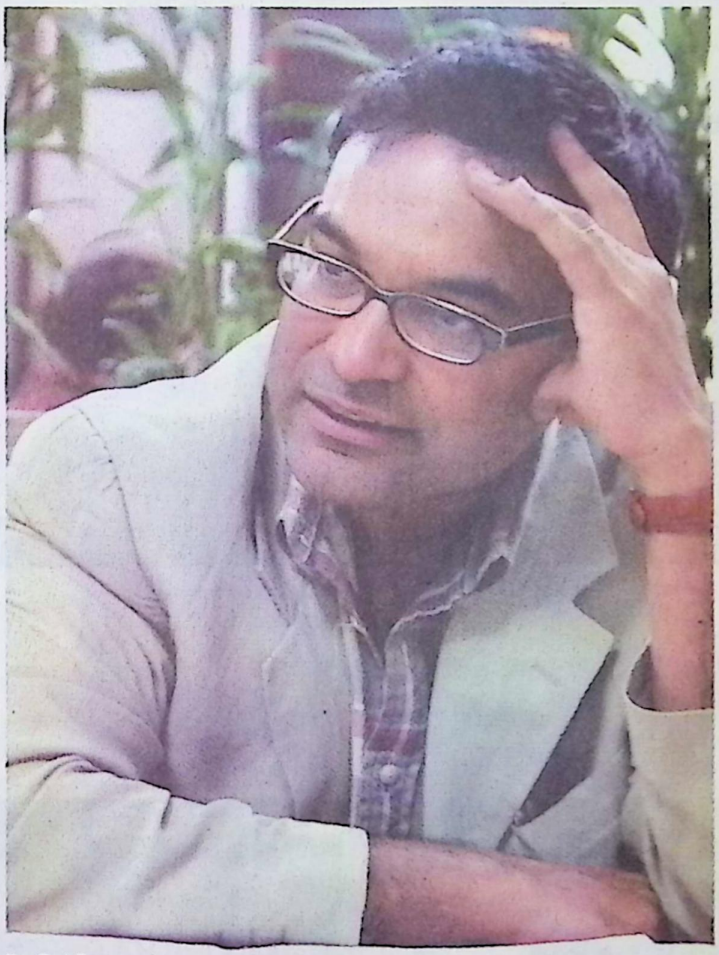
ActionAid team members came across children who complained about repeated nightmares." The programme will not only work with the victims of Sidr but also provide training for the community volunteers and relief workers, such as skill building and orientation for teachers. In addition they will work hands on with the community and involve them in various street plays and skits which will not only positively influence children but also provide them with an outlet.

"Addressing the mental health and psychosocial needs of the survivors is crucial in any mass calamity," says Dr. Unnikrishnan PV, Emergencies & Conflicts Advisor, ActionAid International, from Dhaka. "Our experience of working in similar disaster situations shows that an early intervention that is rooted in the community can heal the shock and trauma as well as fasten recovery."



Dr. Raj Persaud

Dr. Persaud also worked in a similar programme organised by ActionAid in Chennai after the Tsunami, in which he studied the psyche of the population -- were they more psychologically resilient to disaster, or were they, as a result of all these disasters, more vulnerable and fragile. While comparing his experiences in both places he says, "Bangladesh and Chennai were very similar but I find that Bangladesh faces worse problems, especially considering that India's economic growth is stronger. Also Bangladesh is subjected to recurring natural disasters and there is political instability which affects the mental health of the people as a whole. At the time of crises, the people, or a nation need an authority which provides them with hope and optimism. What I think has happened in Bangladesh is that the people do not believe in the system, and have lost faith."

Dr. Persaud also felt that in addition to the mistrust and disappointment felt by the people towards authoritative figures, there are also various cultural obstacles such as the 'set-in-stone' gender roles, which are so rigidly followed that a man or a woman can and will be punished and ostracised from the community if they break out of it. "There is a massive intolerance among the people about people who are not following their roles as men and woman," he says.

However, despite the obstacles that he encountered on the way, Dr. Persaud still felt that the programme was helpful to the people in the affected areas, especially because he was working with such dedicated staff. "I found that there was incredible community solidarity among the people of Bangladesh," he says. "I was also very impressed with the extremely skilled therapists we had at the programme, they went about their job with such commitment and enthusiasm."

Dr. Persaud and ActionAid collectively worked together for the past few months to come up with a cognitive programme before he came to Bangladesh on January 24 to study the programme's implementation. Although the idea is certainly different and unique, the concept of healing the mental health of natural disaster victims leads us to new questions. Is mental health in Bangladesh a 'neglected ailment?" After all, for these victims, once they get their lives back on track, they will still be left with the pain of losing a loved one, the emptiness of starting everything over again. Perhaps keeping mentally healthy might not solve the basic problems, such as where their next meal will come from, or how they will manage to keep shelter, or even what they will do if this disaster reoccurs. But it is important to also prioritise their mental health as well as their physical needs, so that they can remain strong enough to survive the many trials and tribulation that they have to suffer through every day of their lives. ■