



Mental Health and Psychosocial Support Program For Adult and Child Survivors of The Landslide Disaster in Nganjuk, Indonesia

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Abstract

Objective: The mental health and livelihoods of several children and adults in Nganjuk District in Indonesia were at risk from the landslide disaster. They were survivors of natural disasters and the psychological aspect of rehabilitation was often needed in public health initiatives. **Methods:** Several psychosocial volunteers from other areas around the site travelled to the shelter where the survivors were evacuated and established a psychosocial mental health program for child and adult survivors. **Result:** Playgroups, daily life routines, reliable information, psychoeducation, discussion sessions, and practical assistance were provided to survivors of landslides in Nganjuk District in Indonesia. Symptoms of emotional distress in children and adults were observed. These activities were established to promote connectedness, hope, security, serenity, and a sense of self and collective efficacy. **Conclusion:** Survivors of the landslide disaster in Nganjuk Regency in Indonesia could connect, earn hope, have a sense of safety, and be calmer. Children could have daily routine activities such as school, play, prayer, self-care, and rest, while older people could arrange general community meetings, find new shelters, and have religious meetings.

Keywords: Mental Health; Psychosocial Support; Survivor; Disaster.

Abstrak

Tujuan: Kesehatan mental dan penghidupan beberapa anak dan orang dewasa di Kabupaten Nganjuk di Indonesia berisiko terkena bencana tanah longsor. Mereka adalah penyintas bencana alam dan aspek psikologis dari rehabilitasi seringkali diperlukan dalam inisiatif kesehatan masyarakat. **Metode:** Beberapa relawan psikososial dari daerah lain di sekitar lokasi melakukan perjalanan ke shelter tempat para penyintas dievakuasi dan mengadakan program kesehatan mental psikososial untuk penyintas anak-anak dan orang dewasa. **Hasil:** Kelompok bermain, rutinitas kehidupan sehari-hari, informasi terpercaya, psikoedukasi, sesi diskusi, dan bantuan praktis diberikan kepada para penyintas tanah longsor di Kabupaten Nganjuk di Indonesia. Gejala tekanan emosional pada anak-anak dan orang dewasa diamati. Kegiatan-kegiatan ini diadakan untuk meningkatkan keterhubungan, harapan, keamanan, ketenangan, dan rasa percaya diri dan kemanjuran kolektif. **Kesimpulan:** Penyintas bencana tanah longsor di Kabupaten Nganjuk Indonesia dapat terhubung, memperoleh harapan, memiliki rasa aman, dan lebih tenang. Anak-anak dapat melakukan aktivitas rutin sehari-hari seperti sekolah, bermain, berdoa, mengurus diri sendiri, dan istirahat, sedangkan orang lanjut usia dapat mengatur pertemuan masyarakat umum, mencari tempat berlindung baru, dan mengadakan pertemuan keagamaan.

Kata Kunci: Kesehatan Mental; Layanan Dukungan Psikososial; Penyintas; Bencana.

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INTRODUCTION

The landslide natural disaster in Nganjuk, Indonesia, in 2020 had an impact on the physical and psychological health of the community. As a result of the disaster, people's lives and livelihoods, in general, are disrupted, especially children and the elderly (Bhadra, 2022). After the landslide disaster in Nganjuk, children could not return to study, had difficulty doing daily activities without parental assistance, always wanted to be



with their parents, and it was easier to cry. Furthermore, parents find it difficult to meet basic family needs and find privacy, and some need more income.

Mental health aspects are often forgotten to pay attention to, so survivors living in refugee camps have the potential to have symptoms of depression and post-traumatic stress disorder (PTSD). The main factors for the occurrence of PTSD and depression are the death of a parent or sibling, previous experiences with disasters, poor parent-child relationships, and economic pressures or poverty (Barkin et al., 2021; Schwind et al., 2018).

Mental Health and Psychosocial Support (MHPSS) programs must be held for survivors directly after a disaster. The purpose of providing MHPSS services is to support the functioning of the community in daily activities after the disaster, promote the welfare of survivors, and prevent negative psychological impacts or prolonged mental disorders in the future. The MHPSS implementation program's priority is to support survivors' connections with family and community members, foster hope in survivors, and make survivors feel calmer and safer (UNICEF, 2004).

MHPSS services can be started by providing basic needs such as clothing, food, and housing. Next is holding routine activities for children, such as learning and playing together, and recitations or discussion forums for parents. Social workers can invite local communities or survivors to volunteer by conducting capacity-building training activities to support the resilience process and deal with disasters (UNICEF, 2004).

MHPSS services can be provided by anyone, especially those who already have knowledge related to mental health and skills in psychosocial support. After the landslide disaster in Nganjuk, Indonesia, the psychosocial support team from the Student Volunteer Disaster Preparedness (MAHARESIGANA) University of Muhammadiyah Malang (UMM) was immediately dispatched to provide MHPSS services. The team consists of 2 clusters, each with five people. A selection process determines the group, and then a briefing process is carried out, as well as assistance and supervision while providing services in the field.

Volunteers were selected with specifications, namely those who had attended basic training in dealing with disasters and basic psychosocial cluster training. Before departure, each team was provided with education related to mental health knowledge, normal and abnormal reactions in dealing with disasters, and activities that could be done to increase the resilience of the survivors. In addition, the psychosocial support team was also given training related to providing Psychological First Aid (PFA) services and relaxation techniques. Remember, the volunteer team is still asked to self-care and pay attention to the code of conduct while on duty. Team was asked to submit daily reports regarding the condition of survivors, activities carried out, and follow-up plans.

METHODS

This study uses observation and interviews in data collection. Observation and interview guides were made based on items of normal and abnormal reactions of survivors when facing a disaster, as well as the purpose of providing psychosocial support services. The subjects consisted of survivors of the landslide natural disaster in Nganjuk, Indonesia, aged children and adults who lived temporarily in refugee camps. The data is processed and then delivered using a descriptive method (Rahmat, 2021; Rahmanisa et al., 2021; Utama et al., 2020; Zakiyah et al., 2022; Rahmat et al., 2020; Kodar et al., 2020; Najib & Rahmat, 2021, Widyaningrum et al., 2020, Muara et al., 2021).

RESULT AND DISCUSSION

Natural disasters in the form of landslides in Nganjuk, Indonesia, have had a psychological impact on the surrounding community, especially children and adults. Disaster survivors lost property, and family members had difficulty meeting basic needs, were disturbed in carrying out daily activities, and needed psychological support. When a disaster occurs, some children suffer physical injuries, become disabled, lose their parents, brother, sister, or other family members, and are forced to become orphans (Bhadra, 2022). Some children do not want to be separated from their companions, even for a short time, become more prone to crying, and do not want to gather with friends their age to play and learn. In addition, during the post-disaster recovery period, children have the potential to experience sexual abuse, physical or mental violence, neglect,

maltreatment, and exploitation (Bendung, 2022). Disasters can have an impact on children's mental health in the future, marked by avoidance behaviour, tantrums, decreased concentration power, and difficulty sleeping. Children often feel worried about a similar disaster, worry about the safety of themselves and their companions, and fear that they will be separated again from their family members (Lieber, 2017; Zacher et al., 2022).

Psychological support services are provided through a Mental Health and Psychosocial Support (MHPSS) program aimed at survivors. There are several principles in providing MHPSS assistance. First, focus on providing basic assistance and protecting survivors from harm. Second, assistance is given directly after the disaster and is full of caution. Third, focus on the situation and conditions that occur. Fourth, to provide definite and correct assistance regarding the situation at the location, and not provide false information. Fifth, understand the importance of taking action in all situations and providing facilities for survivors to gather with their respective families or community members. Sixth, provide emotional support, focus on strengths and ways to recover after a disaster, and appreciate every emotion experienced by survivors (UNICEF, 2004).

Programs aimed at children and adults are conducted every day for two weeks. Minimum programs for children include school activities, play groups, and daily life routines, while assistance provided for adults includes providing reliable information related to the latest disaster situation and assistance, educational services related to health assistance, as well as technical assistance in carrying out activities. be healthy. Psychosocial support services in the rehabilitation process are needed by children to deal with post-disaster traumatic experiences (Bhadra, 2022).

One of the initial psychological support services that needs to be done is to ensure that every child is in a clean, safe and comfortable location and environment. Children began to be united with family members in a designated shelter. Placing children in safe locations with their families can prevent children from negative impacts in the long term (Lieber, 2017; Tang et al., 2017; UNICEF, 2004). Providing emergency schools for children can become the centre of a safe location for children's activities. Assistance in activities at school or school activities is able to support the implementation of the assessment process for mental health conditions and psychological support needed by children. Activities at school, children's mental health, mentoring, and family recovery are closely related (Lai et al., 1920).

Play activities aimed at children can help to reduce anxiety experienced, especially games that have a therapeutic effect on children (Shen, 2002). Playing can be done in refugee shelters or where children gather and live. In addition, children need to get help in daily self-management, such as bathing, tidying up, and bedtime. Parents must be reminded and assisted to ensure every child gets assistance in daily activities. This can support the process of independence, improve mental health, and accelerate the process of child resilience (Becker, 2007).

Furthermore, the provision of information related to disaster events, information on assistance provided, and other information needed by survivors are urgently needed. Accurate, accountable, relevant, and easy-to-understand information can support the survivor's recovery process. This information can make survivors feel more secure and comfortable and avoid feelings of uncertainty (Becker, 2007).

The literature review conducted by Carol and Betty (2013) explains that educational or psychoeducational services that are not accompanied by other psychosocial interventions are known to be less effective in providing to survivors who are experiencing distress. However, Liv et al.'s (2018) research explains that adults become more aware of disaster risks with the information and psychoeducational services provided (Rahmat & Alawiyah, 2020; Putri et al., 2020; Gustaman et al., 2020; Ardinata et al., 2022; Marufah et al., 2020; Bastian et al., 2021; Alawiyah et al., 2020; Muara et al., 2021; Rahmat, 2019; Rahmat et al., 2021).

After receiving psychosocial support, the children seemed active with their peers to recite, learn and play. Adults seemed to be doing activities together, such as cleaning up the refugee camps, reading the Qur'an together, and doing sports, and not infrequently, mothers started to get involved in the soup kitchen to cook. Procurement of the MHPSS Program can be carried out to promote connectedness between survivors, build community, foster hope for survivors, and create a sense of security, calm, and comfort.

CONCLUSION

Natural disasters are often traumatic experiences faced by survivors and have a physical, psychological, and social impact. These impacts include difficulty carrying out activities, as usual, feeling uncertainty regarding future conditions, feeling tired easily, and disrupting the interaction process between community members. These impacts can be felt in the long term if recovery assistance is not immediately provided, and of course, have the potential to cause other problems in the future.

The Mental Health and Psychosocial Support (MHPSS) program needs to be immediately implemented by the Psychosocial Support Service Team, especially for children and adults. It is hoped that every disaster survivor can feel connected to their families and surrounding communities, build hope to return to being a better person and feel more secure and calm. Every child can have daily activities, such as studying, reading the Qur'an, playing, caring for themselves, and resting. Adults can return to activities together with the surrounding community, have a resting place for their respective families, and seek regular meetings, such as recitations or discussion forums.

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