

*The*

## *Healing Touch*

(Mental Health Programme)

Community Based Telemedicine  
System for  
Tsunami survivors

Oxfam Trust

SATHI

## OXFAM TRUST

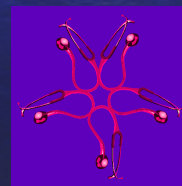
- NGO started during the time of 2nd World War for relief to war victims
- Has the best equipped teams for disaster relief
- Indian arm only one of 12 International partners in Developing Country
- In disasters previous Indian Experience
  - Latur Earthquake
  - Mumbai Riots
  - Gujarat Earthquake

# S.A.T.H.I.

Society for Administration of Telemedicine and Healthcare Informatics

A Resource Organization for

- Developing Software
- Training of personnel
- Field Testing
- Project management
  - Tsunami Relief
- Standardization



## Past Experience of Natural Disasters

- Latur
  - Immediate and Intermediate - Poor
  - Long Term Satisfactory in most aspects-- but
    - PTSD
    - Suicide rates > 20 times
    - Drug Addiction
    - High Drop Out Rates from School
- Bhuj
  - Immediate Poor, Intermediate Better
  - Long Term Less than desired

Dr. M R Surwade

# Tsunami Experience

- Immediate
- Intermediate Excellent
- Long Term ???
  - Alcoholism
  - PTSD
  - Panic Reactions

# Tsunami – the unfinished agenda

- Survivors are still in grip of fear & shock
- Anxious & depressed
- Displaced & unemployed
- Ignorant about tsunami
  - What was it?
  - Will it strike again?
  - How to be prepared?
  - How to cope with the after effects?
- Feeling of helplessness

Jan 2005

## The concerns

- More people die of after-effects of natural disaster than the disaster itself
- Mismatch between needs and services
- Inadequate no. of mental health specialist
- Increasing trend of psychosocial effects – depression and alcoholism
- Stress and fatigue among relief workers
- No community participation

## The Telemedicine solution

- Ensure access to specialists' services
- Ensure quality of services
- Enable people
  - to articulate their needs
  - participate in interactive sessions with experts
- Enable service provider to be need specific
- Strengthen the health care delivery system
- Increased efficiency of service provider -more coverage

# The Healing Touch Project

## - DISTINCTIVE FEATURES

- Community based
- Village level operable
- Integrated with present health system
  - vertically: primary - secondary - tertiary
  - horizontally: among the networked units
- Empowering the community
- Exemplary partnership
  - between Government, NGOs, Community and development support agencies

Feb2005

# The partners

- Oxfam – Funding and administrative support
- SATHI – Technical support, designing and operationalization of telemedicine system
- Local NGOs – Implementation and coordination
- Government of TN
  - Service delivery
  - Frontline workers
  - Health subcentres/ PHCs
- Specialists' institutions ( SCARF, AIIMS)

M R Surwade



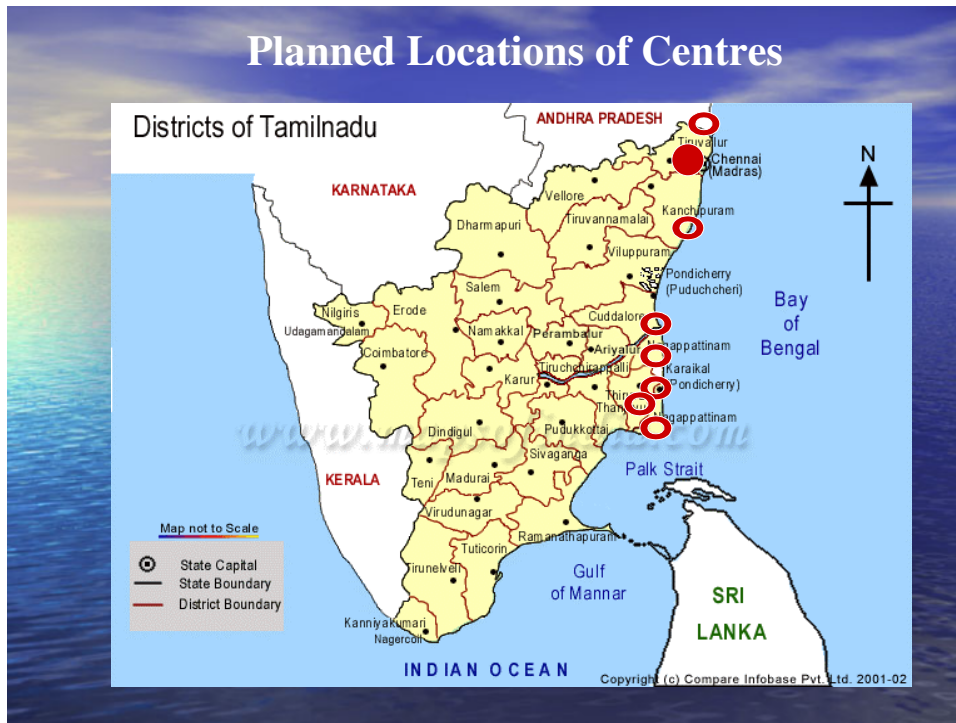
## Development & operationalization processes

- Health needs assessment
- Designing of telemedicine network
- Advocacy & Orientation of all stakeholders
- Capacity building of community mental health team (frontline workers of Government, NGOs and community)
- Advocacy and social mobilization of IMA, Indian Association of Psychiatrists)
- Sensitization of women self help groups

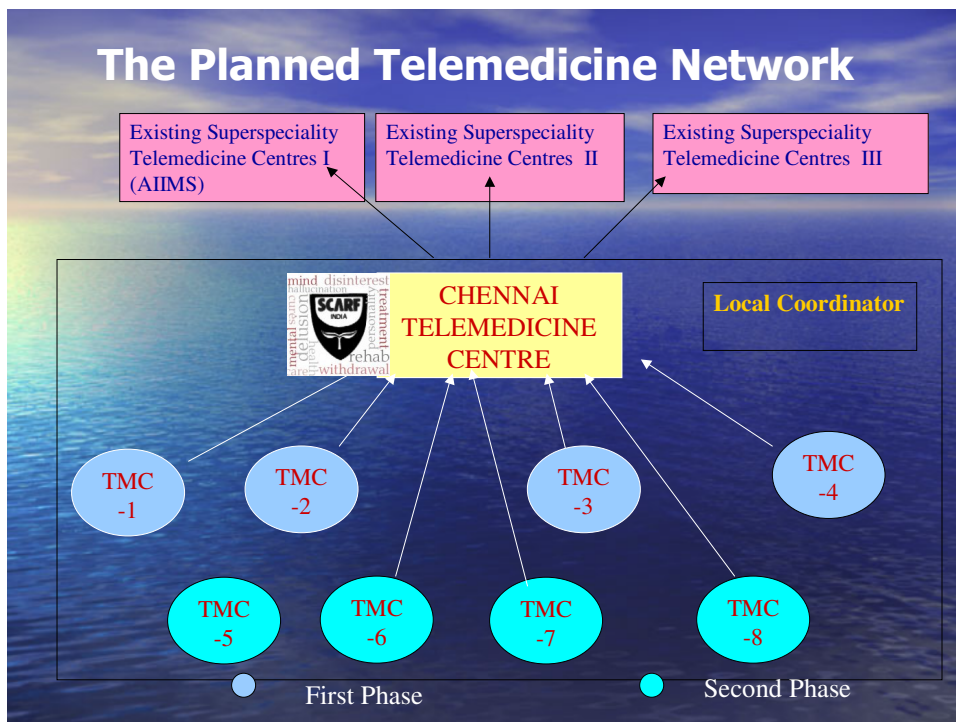
## Facilitating Intervention

- Counseling (through Video Conferencing for the victim) in the presence of the health worker
  - The Health Worker may be a victim too
- Expert Backup
- Individual and group sessions possible
- No Travelling Required by the victims
- Continuous learning (on the job as well as on the spot.)
- Adaptability to the needs

## Planned Locations of Centres



## The Planned Telemedicine Network



## Basis of Field Unit Locations

- **Assessment** of situation regarding health needs
- **Availability** of personnel to operate and use the systems
- **Linkages** with the Government systems and other health care facilities
- Management **Support**

**ISED**

**PEDA**

**FACE**

## Procedures Followed

- **Check Background**
  - Existing Health System
  - Of NGO
- Concept marketing
- Create **MOU**
- **Install** the systems
- Training
- Test Sessions
- Streamlining
- Create **TCS** Time Table
- **Feedback**
- **Reporting** Mechanisms

## Basis of Central Unit Location

- Availability of **Qualified Psychiatrists**
- Willing for **Voluntary** Work
- **Familiarity** with the affected areas
  - Physical **Proximity**
  - **Language** Problems
  - Previous Work Done
- Management Support



## Training through Telemedicine system

- **Training modules developed**
  - Based on assessed needs
  - **Human Rights** perspective
  - Incorporates **WHO** guidelines – relief worker and affected people
  - On the job training and continuous training
  - **Innovative** interactive and participatory training methodology
  - supported by **audiovisuals**

## Expected outcomes of pilot

- A developed operational Model of telemedicine system that
  - ensures access to needed healthcare services
  - operable at village level
  - sustainable
- Capacity built : Community Health Team, NGOs, specialists institutions
- Package of Rapidly deployable Telemedicine Unit for disaster response developed and ready.

Mar2005

## Current Status (May 2006)

- Funding provided for Three Units only (One in Centre at SCARF + 2 in periphery)
- Independent Evaluation completed (Report awaited)
- Over a six month period (from one peripheral centre)
  - Over 150 patients examined online
  - Tele counselling provided for 49 patients
  - Prevention of two possible suicides
  - Gradually decreased need felt for Mental Health support

## Lessons Learnt

- **Community based telemedicine system is**
  - Sustainable
  - Excellent force multiplier
  - Effective facilitating tool for mental health assistance
- **Coordination** among multiple partners **necessary** for operationalization.
- **Difficulties in ISDN connectivity**
- **Better awareness** about telemedicine **needed**

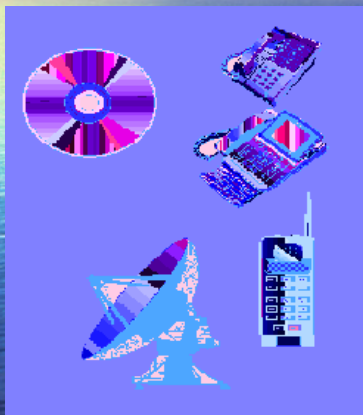
## Next steps

- **Scaling up programme reach**
  - To address problem adequately
  - To utilize available expertise in mental health more efficiently
    - **Overcome Language barrier**
  - To reach the unreached
    - **More effective utilization** of systems setup
    - **Cover more areas**
- **Develop rapidly deployable units** for disaster management
  - **Need for Mobile Units**

## Problems faced by us

- **New Technology**
- **Service Taking Too long**
  - **Connectivity**
  - **Identification of Specialists**
  - **Identification of Caring Institution**
  - **NGO Coordination**
- **Funding**
- **Language Issues**

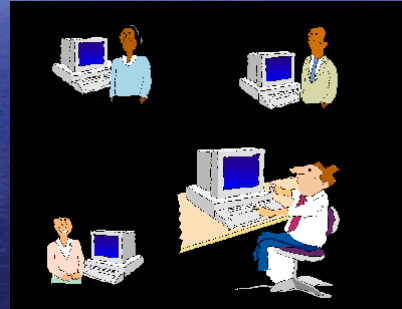
## Connectivity Problems



- **PSTN Line**
    - Not Enough Bandwidth
  - **ISDN Line**
    - Not all exchanges have it
    - Within 2.5 Kms of Exchange
    - Immobile
  - **Mobile Phone (CDMA /GSM)**
    - Service unreliable/ Low Bandwidth
  - **VSAT**
    - Too expensive or only for Govt
  - **Internet/ADSL/WiFi**
    - to be tested
- Exchange themselves got flooded

## NGO Coordination Problems

- Unfamiliarity
- Fixed Mindset
- Looking for Doles
- Cross Restrictions
- Unwillingness to spend
- Flagging off of Interest



## In Summary

Implementing Telemedicine is much more than purchasing / installing Hardware and Software

But

Attention to detail can bring results

## Three Phases of Disaster Management (Healthcare)

- Immediate
  - Evacuation/Transfer/Manage Acute Injuries
- Intermediate
  - Drinking water / Sanitation / Food / Stopping Epidemics
- Rehabilitation
  - Mental Health
  - Occupational Therapy

## Acute Stage Management

- Help in Evacuation
- On Site Injury Care
- Know when and where to shift
- Possible to wheel patient in OT
- Running and Functional Systems work better in Emergencies
- Emphasis on Mobile Units
- Satellite / Mobile connectivity
- Pre Trained Staff to be sent with the equipment
- Would help to have pre-trained local volunteers

## Intermediate Stage - Epidemiology

- Data Collection and Disease Surveillance
- Online Mass Training of Health Workers
- Program Evaluation
- Prevention and control
- Monitoring
- Improved policy-making
- Better Administration

## Suggestions and Planning for future disasters

- Create Delivery Network
- Pre Response to Trauma
- Testing
- Pre Arrange Funding
  - ?Sign MOUs Immediately

## Additional Future Actions

- for disaster preparedness

- Creation of **National Population Database**
  - Smart Cards/Key Numbers
    - Driving License?, Election Card?, Social Security Number?, Ration card?
- **Database of Stakeholders**
  - NGOs / Government / Private Players
- Database of **Health Service Providers**

## Suggested Future Actions *--cont*

- **Penetrating IT into Healthcare**
  - Role of IAMI
  - Knowledge Kiosks/CSCs
- **Computerization of all Patient records**
  - Standardization Issues
  - Data Locations
    - ?Personal
    - ?Web server
- **Involve Local Hospitals and Medical Professionals in Training and Disaster Planning**

Acknowledgements

SATHI Team

OXFAM

