12 year old Nikesh Pahari has been living in a tent with his parents and neighbours. However since the earthquake he has refused to speak or eat and is afraid to go near his house. Psychiatric social workers can help to teach children to slowly normalize, and one such worker from the mobile mental health team taught Nikesh a pretend ‘balloon blowing’ breathing technique, which eventually calmed the child, and even coaxed a smile out of him and his friend.

Days since the after shocks of the earthquake have stopped, a 70-year-old woman still feels as though the ground is moving. Since the earthquake she suffers from back pain and headaches, which the doctor has diagnosed as an anxiety disorder.

Even in normal times, Nepal has a serious problem with alcoholism and heavy episodic binge drinking. Post the earthquake many habitual drinkers are likely to suffer withdrawal symptoms and the psychiatric social workers will need to provide treatment for all mental health issues related to alcohol.

A major disaster can trigger depressive and traumatic disorders as well as prolonged grief disorders among survivors which can severely undermine a person’s daily functioning. At several temporary clinics set up in the outlying districts of Kathmandu, at least 10% of the 500 or so patients seen daily, report mental health issues, as many survivors are experiencing mental health problems. Even as doctors treat the physical wounds, it is the deeper, psychological traumas which will require longer treatment.

Psychosocial support is an important service for the affected population. WHO is supporting MOHP with guidelines and mapping of partners providing mental health and psychosocial support, and creating a link with those providing care for mental health illness.