

MHPSS TWG Myanmar

Phased MHPSS Program Guidance for Earthquake Response

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In the aftermath of the March 2025 earthquake in Myanmar, mental health and psychosocial support (MHPSS) actors are mobilising rapidly to support affected communities. This document outlines typical timelines and reactions following an earthquake and provides key considerations for short, medium- and long-term MHPSS planning. For more comprehensive guidance, consult the [MHPSS Minimum Service Package](#).

Note: In the aftermath of the recent earthquake in Myanmar, many people will experience distress, including fear, grief, and confusion, especially in the early period. These are **normal reactions** to a highly abnormal event. Most people will recover over time, especially when **basic needs, safety, and social support** are in place. MHPSS responses should integrate as much as possible with other sectoral interventions, focus on identifying existing local resources, existing resilience factors, **strengthening natural coping, community and family-based supports**, and ensuring that individuals with **severe or prolonged distress** can access more specialised care as needed.

During all phases, ensure any MHPSS-related activities align with humanitarian and protection principles regarding safe, dignified, and inclusive service delivery. This includes ensuring that persons with disabilities are equally supported through MHPSS interventions. They experience the same feelings of distress as others, but may express distress differently and may require adapted formats or communication.

1. Immediate Reactions

(First Hours to Days)

"Initial reactions to disasters are often numbed or muted due to the survival instinct. Emotional processing typically starts once physical safety is regained." (WHO, 2013)

- **Common Reactions:** Shock, disorientation, emotional numbness, physical freeze or hyperactivity, confusion.
- **Behavioural Signs:** People may appear confused, withdrawn, silent, or hyper-focused on practical tasks (finding family, securing shelter)
- **Children:** Clinginess, silence, or repetitive play imitating the event
- **Grief:** Early expressions of grief may include disbelief, numbness, or spiritual questioning. Community members may begin informal mourning rituals or seek out religious leaders for prayer.

Key MHPSS Actions:

- Provide Psychological First Aid (PFA), including mental health support as part of emergency response teams.
 - Reassure safety and support basic needs.
 - Validate and normalise stress reactions and promote stabilisation (support people in feeling calm and grounded).
 - Support immediate cultural or religious grieving practices when safe to do so.
 - Provide psychosocial support (including PFA) to first responders.
 - Advocate for culturally appropriate management of the deceased in line with burial rituals.
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2. Short-Term Phase

(First Few Weeks-2 months)

"Symptoms of acute stress reactions commonly emerge after the first few days as people begin to process what has happened." (Pfefferbaum et al., 2014)

- **Emotional Symptoms Appear:** Anxiety, irritability, grief, sleep disturbance, nightmares, guilt, helplessness.
- **Behavioural Shifts:** Withdrawal from activities, disobedience in children, clinginess, regression (e.g., bedwetting, tantrums)
- **Caregiver Stress:** Overwhelm, loss of routines, emotional exhaustion
- **Grief:** Individuals and families may begin actively mourning loved ones, homes, and cultural landmarks. Grieving may take the form of ritual, storytelling, or religious gatherings.
- **Persistent distress:** Some individuals may begin showing signs of more severe or prolonged distress (e.g. ongoing fear, emotional numbness, or difficulty functioning in daily life), and may benefit from additional support or referral

Key MHPSS Actions:

- Continue to provide Psychological First Aid (PFA) for individuals showing signs of acute distress, including caregivers and responders.
 - Establish or strengthen safe spaces for children and women.
 - Facilitate community support groups (supporting women, men, adolescents, children, etc.)
 - Psychoeducation for caregivers, on self-care, normalizing children's distress and coping with stress.
 - Maintain and communicate referral pathways for severe or escalating distress
 - Enable community-led grieving and remembrance practices, in collaboration with religious communities and community groups
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3. Medium- to Long-Term Phase

(2 to 6 Months and Beyond)

While many people gradually recover with adequate support, others may continue to experience distress related to ongoing uncertainty, loss, or disruption. Some individuals — particularly those with prior vulnerabilities or exposure to multiple stressors — may need additional support or referral to more specialised services. Consider that grieving processes may intensify or evolve. Individuals may seek closure or spiritual meaning or feel isolated in mourning. As basic services and safe spaces are established, consider conducting integrated MHPSS assessments to better understand ongoing needs.

"MHPSS support must continue well into the recovery phase. Many individuals experience a worsening of symptoms once initial aid ends and social support weakens." (Inter-Agency Standing Committee, IASC Guidelines on MHPSS in Emergency Settings, 2007)

Warning Signs That May Require Additional Support

Pay close attention to communities affected by the earthquake, as well as volunteers who assisted in first response actions. These are not diagnoses but indicators that a person may need further help:

- Persistent sadness, hopelessness, or loss of interest in daily life
- Ongoing sleep difficulties, nightmares, or loss of appetite
- Difficulty functioning in daily routines over a prolonged period
- Withdrawal from others or aggressive behaviour (especially in children)

- Risky behaviours, substance use, or signs of self-harm.
- Constant physical complaints without medical cause (especially in children and older persons).
- Children showing significant shifts in behaviour — e.g. school avoidance, sustained aggression, or regression beyond expected patterns.

Key MHPSS Actions:

- Transition from emergency to recovery-focused support, introducing low-intensity psychological interventions (e.g., WHO's *Doing What Matters*, CETA, etc.).
- Strengthen family-based interventions, especially by supporting caregivers and parenting.
- Integrate mental health into primary healthcare (consider *mhGAP*).
- Long-term group-based or community interventions, including community bereavement practices that are culturally and contextually appropriate and community resilience programs.

4. Why Symptoms Worsen Over Time

- Many people focus first on survival and immediate needs, and only later begin to process emotional responses when a sense of safety returns.
- Ongoing stressors such as displacement, lack of shelter, food insecurity, or family separation can increase emotional strain over time.
- Children may show changes in behaviour rather than verbalise distress — including aggression, withdrawal, or regression — which may appear weeks or months later.
- Some communities may feel forgotten as the emergency phase passes, especially if support decreases or communication becomes limited and continued accompaniment matters.

Programmatic Implications:

- MHPSS programs must extend beyond the initial emergency and be integrated into other sectoral interventions.
- Community-based models and trained local volunteers are vital for sustainable support
- Support for caregivers and frontline staff is crucial.
- Programs should reestablish community support structures and empower communities to support those experiencing emotional and psychological distress.

References

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