

Psychological First Aid During Disasters: The Case Of The 2017-Floods In Dakshin Dinajpur District Of West Bengal, India

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Abstract

Disasters create significant psychological distress alongside physical and economic losses, yet mental health needs often remain under-addressed in emergency response. Psychological First Aid (PFA) offers an evidence-informed, humane and practical approach to reducing acute distress and supporting adaptive coping in disaster-affected populations. This paper examines the requirement and importance of PFA during disasters with a specific focus on the 2017 floods in Dakshin Dinajpur district of West Bengal, India. The article draws on secondary data from government reports, international guidelines and existing literature to describe the impact of the 2017 floods and to analyse the potential role of PFA within India's emerging framework for psycho-social support and mental health services in disasters. The paper highlights how timely, culturally appropriate PFA delivered by trained community-level workers can reduce psychological morbidity, enhance resilience and complement existing relief mechanisms. The paper concludes with recommendations for integrating PFA into district-level disaster management plans, training programmes and community preparedness initiatives in Dakshin Dinajpur and similar high-risk districts.

Keywords: Psychological First Aid, Disaster, Floods, Dakshin Dinajpur, Psychosocial Support, India

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I. Introduction

India is highly prone to recurrent natural disasters, including floods, cyclones and earthquakes, which cause large-scale displacement, loss of life and disruption of livelihoods [1]. While physical relief and infrastructural rehabilitation often receive priority, the psychosocial consequences of disasters, such as acute stress reactions, anxiety, depression and prolonged grief, are frequently overlooked [2]. Psychological First Aid has emerged as a practical, frontline approach to addressing these early psychological needs by providing immediate, supportive and non-intrusive care to affected individuals. [6][8]

Dakshin Dinajpur, a predominantly rural district in West Bengal, experienced severe flooding in 2017, resulting in deaths, extensive damage to housing and disruption of agriculture. [4] The flood not only impacted physical infrastructure but also undermined community cohesion, sense of safety and long-term wellbeing. This paper explores how PFA could be systematically integrated into disaster response in Dakshin Dinajpur, arguing that embedding psychosocial care into relief efforts is essential for holistic recovery. [7][8]

The objectives of this paper are: (a) to review key concepts and frameworks of PFA in disaster settings; (b) to describe the 2017 Dakshin Dinajpur flood context; and (c) to analyse the requirement and importance of PFA for the affected population, drawing implications for policy and practice.

II. Literature Review

Psychological First Aid is generally defined as humane, supportive and practical help to fellow human beings suffering serious crisis events, delivered in ways that respect dignity, culture and autonomy. Internationally used PFA models, such as the World Health Organization (WHO) guide and the National Child Traumatic Stress Network (NCTSN) and National Centre for PTSD field operations guide, focus on key actions like contact and engagement, ensuring safety and comfort, stabilization, information gathering, practical assistance, connection with social supports and linkage with services. [9][10][3]

PFA is evidence-informed rather than a formal psychotherapy; it draws on principles of promoting a sense of safety, calming, self and community efficacy, connectedness and hope. The Minnesota Department of Health, for example, emphasizes that PFA is built on the concept of human resilience and aims to reduce stress symptoms and support healthy recovery after disasters and other crises. Recent guidelines have elaborated structured stages of PFA such as rapport formation and safety verification, psychological stabilization,

information collection, problem resolution and recovery, highlighting the need for flexible, survivor-centered interventions by trained disaster mental-health professionals.^{[1][1][3]}

In the Indian context, the National Disaster Management Authority (NDMA), in collaboration with NIMHANS, has developed national guidelines on psychosocial support and mental health services in disasters and specific training modules on psychosocial first aid. These guidelines underline the importance of community-level psychosocial support and the training of local workers to address psychosocial needs immediately after disasters, given the limited number of mental health professionals. Psychosocial first aid at the beginning of a disaster response has been noted to decrease psychological morbidity and help survivors cope more adaptively.^{[2][6][8]}

At the community level, integrating PFA into disaster preparedness and response plans ensures that the psychological needs of survivors are recognized alongside physical needs, facilitates early intervention and may prevent the development of more severe mental health problems. However, implementation remains uneven, with significant gaps in training, coordination and monitoring across districts and states.^{[12][6]}

III. The 2017-Floods In Dakshin Dinajpur

Northern districts of West Bengal, including Dakshin Dinajpur, experienced major flooding during the 2017 monsoon season due to excessive rainfall in the catchment areas of the Kosi and Mahananda river basins, leading to unprecedented floods from around 12 August 2017. The confluence of river systems and high discharge from upstream regions caused rivers in Dakshin Dinajpur and neighbouring districts to cross danger levels, thereby inundating vast areas.^{[13][4]}

According to the official disaster history of Dakshin Dinajpur, the 2017 flood was an intensified flood event with a death toll of 29 people and extensive damage to housing, including more than 40,000 fully damaged *kutchha* houses, over 12,000 severely damaged and over 41,000 partly damaged houses, along with destruction of huts, livestock, agricultural yields and other property. Many communities faced displacement, disruption of schooling and health services and prolonged uncertainty about livelihoods. Media reports and situation updates for North Bengal at the time described the 2017 floods as causing severe disruption across several districts, emphasizing both immediate humanitarian needs and the vulnerability of rural populations.^{[7][14][4]}

Such large-scale, sudden-onset disasters are associated with high levels of psychological distress, including fear, sleep disturbances, somatic complaints and concerns about economic survival. In districts like Dakshin Dinajpur, where access to specialized mental health services is limited, the need for low-intensity, community-delivered interventions such as PFA becomes particularly acute.^{[6][8][2]}

IV. Methodology

This paper adopts a descriptive case study design based on secondary data. It draws on policy documents, disaster situation reports, local government records and published literature on PFA and disaster mental health. Key sources include the NDMA guidelines on psychosocial support and mental health services in disasters, NDMA–NIMHANS training modules on psychosocial first aid, WHO PFA guidance and relevant academic articles and reports on PFA in disaster settings.^{[8][2][11][3][12][4][6][7]}

The case study focuses on the 2017 Dakshin Dinajpur floods as documented in government disaster histories and situation reports. Data were studied to identify: (a) the scale and nature of the 2017 flood impact; (b) the conceptual and operational frameworks of PFA; and (c) the potential and actual role of PFA in the Dakshin Dinajpur response, as inferred from national guidelines and community-level experiences described in the literature. As a secondary analysis, the study is limited by the availability and granularity of existing reports and does not include primary fieldwork or quantitative mental health outcomes.^{[2][12][4][6][7][8]}

V. Findings And Discussion

Immediate psychosocial impacts of the 2017 floods

The 2017 floods in Dakshin Dinajpur resulted in deaths, extensive housing damage, displacement and loss of agricultural livelihoods, all of which are significant stressors with potential mental health consequences. Displacement to temporary shelters, overcrowding, lack of privacy and disruption of social networks can contribute to anxiety, irritability and feelings of helplessness. Survivors may experience intrusive recollections of the flood, sleep disturbances and concerns about safety during future monsoons, especially when they remain in flood-prone locations.^{[4][6][7][8]}

In rural Indian contexts, disasters also challenge traditional support systems; families may be separated, neighbours relocated and community institutions such as schools and self-help groups disrupted. When primary support systems are affected, the usual sources of emotional and instrumental support become less available, enhancing the risk of psychological morbidity. For vulnerable groups such as children, older adults, women and people with pre-existing mental health problems, floods can aggravate existing vulnerabilities and lead to lasting impacts on functioning.^{[5][6][8]}

Requirement and importance of Psychological First Aid

Given these psychosocial impacts, the requirement for structured PFA in Dakshin Dinajpur during and after the 2017 floods can be understood at multiple levels. PFA provides a framework for frontline responders, including community volunteers, health workers, teachers and local officials, to offer immediate emotional and practical support in a non-stigmatizing manner. It emphasizes ensuring safety and comfort, active listening, providing accurate information, helping survivors identify priorities and resources and connecting them with social supports and specialized services when needed.^{[1][3][12][9]}

In India, NDMA and NIMHANS have explicitly recommended training community-level workers to provide psychosocial first aid immediately after emergencies, recognizing that mental health professionals alone cannot meet disaster-related needs. Psychosocial first aid at the beginning of disaster response has been associated with reduced risk of psychological morbidity and improved coping among survivors. Integrating PFA into district-level disaster response, therefore, would allow early identification of distress, support adaptive coping responses and mitigate the progression to more severe mental health conditions.^{[12][6][8][2]}

In Dakshin Dinajpur district, the scale of housing destruction and livelihood loss in 2017 indicates that a large proportion of the population was exposed to traumatic stressors. Given the likely shortage of specialist services, a stepped-care approach in which trained community workers provide PFA and refer high-risk individuals onward aligns with NDMA's emphasis on community-based psychosocial support. PFA can also strengthen community resilience by promoting connectedness, collective problem-solving and hope, which are crucial in communities rehabilitating after flood-related losses.^{[5][6][7][1][2][12]}

VI. Gaps And Challenges In PFA Implementation

Despite the availability of national guidelines and training modules, the actual implementation of PFA in many Indian districts, including Dakshin Dinajpur remains limited. Challenges include lack of awareness among local authorities, limited numbers of trained trainers, absence of PFA in standard operating procedures (SoPs) of district disaster management plans and insufficient monitoring of psychosocial interventions. In rural areas like Dakshin Dinajpur, additional barriers may include low mental health literacy, stigma and logistical difficulties in reaching scattered villages during floods.^{[6][8]}

Furthermore, international reviews have noted that while many organizations promote PFA, high-quality evidence on its effectiveness is still emerging, underscoring the need for context-specific evaluation and adaptation. This suggests that integrating PFA into the Dakshin Dinajpur disaster response should be accompanied by training, supervision and simple monitoring systems to ensure quality and to document outcomes. Tailoring PFA materials to local language, culture and existing community structures (such as self-help groups, panchayats and school systems) will be essential for acceptability and sustainability.^{[15][8][2][12][6]}

VII. Recommendations

Based on the literature and the 2017 flood context, several recommendations can be made to strengthen PFA provision in Dakshin Dinajpur and similar settings:

- Integrate PFA into district disaster management plans: District authorities should formally include PFA and broader mental health and psychosocial support components in contingency plans for floods and other disasters, aligning with NDMA guidelines.^[6]
- Train community-level workers and volunteers: Using NDMA–NIMHANS modules on psychosocial first aid, selected frontline workers such as ASHA workers, Anganwadi workers, school teachers and NGO volunteers in Dakshin Dinajpur should be trained in basic PFA skills before disasters occur.^{[2][5][6]}
- Develop rapid deployment PFA teams: Trained local teams can be mobilized quickly to camps and affected villages to provide supportive listening, psychoeducation and linkage to services during and immediately after floods.^{[3][8][6]}
- Focus on vulnerable groups: PFA strategies should include specific attention to children, women, older adults and people with disabilities or pre-existing mental health problems, following guidance on working with vulnerable groups in disasters.^{[5][6]}
- Strengthen referral pathways: Clear pathways should be established so that individuals identified through PFA as needing higher-level care are referred to district hospitals, mental health services, or tele-mental health support, where available.^{[5][6]}
- Promote community-based resilience activities: Group-based activities, community meetings and peer support programmes can build on PFA principles to maintain connectedness and foster collective coping after initial relief phases.^{[8][12]}
- Document and evaluate PFA interventions: Simple tools for recording the number of people reached, types of problems identified and referrals made can help evaluate PFA in affected areas and contribute to improving practice.^{[15][12]}

These recommendations align with national policy directions and aim to operationalize PFA at the district and community levels, closing the gap between guidelines and practice.^{[2][6]}

VIII. Conclusion

The 2017 floods in Dakshin Dinajpur district of West Bengal exemplify how disasters in India generate not only physical and economic losses but also substantial psychosocial distress. PFA offers a practical, evidence-informed approach to addressing immediate psychological needs, grounded in principles of safety, calm, efficacy, connectedness and hope. In a context of limited specialist mental health resources, training community-level workers to provide PFA, supported by national guidelines and modules, is both necessary and feasible.^{[9][7][11][3][4][6][2][5]}

Integrating PFA into district disaster management plans, pre-disaster training and community preparedness initiatives in Dakshin Dinajpur can help ensure that psychosocial needs are addressed alongside physical relief in future flood events. Further research, including primary data from survivors and responders, is needed to document the specific psychological impacts of the 2017 floods and to evaluate PFA interventions in this setting. Nonetheless, available evidence and policy frameworks strongly support the requirement and importance of PFA as a core component of comprehensive disaster management in Dakshin Dinajpur and similar vulnerable districts.^{[12][15][8][6][2]}

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