

Introduction

Disasters have severe psychological consequences. The psychological wounds may be less visible than the destruction of homes and physical infrastructure, but it often takes far longer to recover from the psychological and emotional consequences of disasters than to recuperate material losses.

The distinction between psychological needs and other priorities in relief operations is an artificial one, as psychological needs permeate and affect all other aspects such as shelter, food distribution and basic health care. Provision of traditional relief aid is, therefore, not sufficient. Neglecting emotional reactions may result in passive victims rather than active survivors. Early and adequate psychological support can prevent distress and suffering from developing into something more severe, and will help the people affected cope better and return more rapidly to normal functioning.

The International Federation of Red Cross and Red Crescent Societies (International Federation) realized there was a need to set up response mechanisms to the psychological aspects of emergency relief. As part of this effort, the International Federation and the Danish Red Cross established the International Federation Reference Centre for Psychological Support in 1993. Today, nearly ten years later, psychological support is increasingly integrated into many first aid, health care, social welfare and disaster preparedness programmes.

As can be seen from the case studies included in this compilation, there is as yet no standard terminology for psychological support programmes. Various terms are used, for example, psychosocial support services, disaster mental health services, etc., and the lack of consistency may cause some confusion. It should be noted, however, that whatever the terminology used, all programmes contain psychological support aspects.

The increasing awareness and interest in this area is reflected in a number of important initiatives. The International Federation's *Strategy 2010* identifies health and care as one of its four core areas. Emotional support provided by volunteers to vulnerable people in the community is recognized as crucial. The World Health Organization (WHO) has designated mental health as the theme for World Health Day, the *World Health Report* and the World Health Assembly in 2001. The United Nations also proclaimed 2001 as International Year of Volunteers.

Why "best practice"?

The International Federation, together with its member National Societies, today represents one of the most important pools of knowledge in the field of psychological support to victims of disasters. Experience in psychological support programmes since the early 1990s has resulted in an accumulated knowledge of humanitarian support and psychological care. However, even the best programmes can be improved.

“Best practice” consists of accumulated and applied knowledge about what does or does not work in different situations and contexts. By compiling documentation, information and knowledge that already exist in past and present programmes, not only is valuable time saved but a reference tool is constituted for the benefit of future psychological support projects. The target group of this compilation of best practices is decision-makers in the International Federation, as well as anyone interested in programmes to better assist people in need of psychological support.

Most of the following presentations are success stories, at least in some aspects. However, guidance for the implementation of future programmes can be obtained from every one of the practices outlined in this publication, whether they achieve everything they set out to do or not. Successful activities can be adopted or built upon, while weaknesses can be recognized and overcome or avoided.

Process and content

Nineteen Red Cross and Red Crescent staff were asked to complete a questionnaire to reflect upon and describe their experiences in psychological support. The 15 contributions received have resulted in the present compilation of best practice and provide useful lessons learned.

The case studies provide brief, up-to-date information on the constructive and creative approaches employed in psychological support activities around the world. To replicate successes rather than repeat mistakes, lessons learned must be widely shared and adapted to local conditions in order to enable an effective response to disasters.¹

In recent years, more attention has been paid to the fact that disaster workers and volunteers also need psychological support to cope with their work. The different programmes described in this compilation illustrate the kind of psychological assistance that all vulnerable groups – victims and helpers – may need following a disaster.

Although there are no simple solutions as to how psychological support should be organized and provided, a summary of best practices compiled from the case studies presented in this publication is included.

The publication is divided into four sections. The first gives best practices drawn from the case studies. The second looks at the International Federation Reference Centre for Psychological Support in Copenhagen and the International Federation’s psychological support to delegates programme, followed by descriptions of programmes run by National Societies to provide psychological support in response to disaster and other crises. Finally, psychological support programmes run by National Societies with international assistance are outlined.

Objectives

It is hoped that this compilation will contribute to improving psychological support programmes, and that it will prove useful in advocating for those in need of such support, as well as promoting the particular approach and comparative advantages of national Red Cross and Red Crescent societies. More specifically the objectives are to:

¹ The majority of psychological support activities are related to disaster response. However, they also respond to other kinds of stressful life events.

- raise awareness by:
 - drawing people's attention to the "invisible wounds" that disaster and emergency situations are bound to create; and
 - giving greater visibility to psychological support programmes, so that people – whether working with the International Federation or not – have a better knowledge of these programmes and their roles;
- improve care by:
 - assembling the lessons learned from the different programmes;
 - ensuring that the lessons learned from these experiences are recorded in order to consolidate knowledge in this area;
 - ensuring that National Societies can adapt or apply the lessons learned in their own work related to psychological support; and
 - making recommendations so that guidelines for implementing psychological support can be produced in the near future.

Best practices

The following best practices, drawn from the case studies presented in this publication, provide useful lessons to organizations planning to set up psychological support programmes and offer advice that is relevant to the implementation of such support.

Needs-oriented approach

Assessment: To ensure that response will be adequate and well adapted, an appropriate assessment of both psychological needs and available resources is necessary. One of the lessons that can be drawn from the Kenyan case study was that a more thorough assessment would have meant a more appropriate programme design. An assessment should be made during the early stages of response to a disaster and used, for example, to define priorities, identify available psychological, social and economic resources, identify vulnerable groups, and take into consideration community and environmental aspects. The assessment should be done in consultation with National Society staff and volunteers, local professionals and beneficiaries.¹

Long-term commitment: Among others, the Chernobyl case study stresses the importance of a long-term commitment to psychological support programmes for two reasons. First, the programme cannot speed up its pace: it takes time to train local “training of trainers” groups; these trainers then have to train and supervise sufficient staff to ensure continuity of the work. Secondly, “Chernobyl is an ongoing disaster”. The problems that people experience after a disaster may not surface immediately, and the time needed for healing differs from one person to another. To allow for proper planning, a long-term commitment must be made at the initial stage, and donors must be made aware of this.

Immediate assistance: There are immediate psychological needs following a disaster, and meeting these might make a difference to the success of the intervention. The quick mobilization of Icelandic Red Cross volunteers and mental health professionals to an earthquake in 1999 not only helped prepare the affected people for the problems they were likely to face, but also helped to build confidence between survivors and relief workers.

Proactive work: Several case studies emphasize the importance of being proactive in reaching out to affected people. The message is the same: “Don’t expect people in distress to come to you, and don’t expect them to have the inner resources necessary to actively seek support.” In general, it is unusual for people with emotional or psychological problems to look for help voluntarily. The basic resistance or fear of asking for help is described in many case studies such as in Austria, Iceland and Kenya. Reservations about mental health services are often caused by beliefs that only very vulnerable individuals have “breakdowns” and that being in need is a sign of failure.

- The programme description from Kenya provides a good account of how to organize outreach activities. In Kenya, where only a minority of individuals has access to television, radio or newspapers, people of influence in the community are invited to attend information meetings. They then spread the message to the local population. This way of sharing information has proven very effective in Kenya.
- In Kosovo, mobile outreach teams travel to devastated villages and home-bound people and thus ensure that the most vulnerable populations are reached.

¹ From the draft *Declaration of Co-operation, Mental Health of Refugees, Displaced and other Populations Affected by Conflict and Post-Conflict Situations*. World Health Organization, 2000.

- In order to make services reach those most needy, the American and Finnish Red Cross, for example, suggest distributing newsletters and setting up toll-free telephone help lines.

Help line: The French Red Cross base their psychological services on a comprehensive toll-free help line, where volunteers listen, offer information, give advice and provide a confidential response to anyone in need. Setting up help lines is generally recommended as a successful approach, as this is often the first point of contact for those in need of more specialized treatment, and has generally proven to be an accessible way of seeking help, as an anonymous listener may be less threatening and more acceptable than more formalized types of support.

Information: Several case studies (such as Chernobyl and Macedonia) point out that people need clear and reliable information. Rumours fly in disaster situations. In Chernobyl, for example, the lack of reliable information after the explosion at the nuclear power plant had a harmful effect on the physical and mental health of the affected population. An important part of any psychological support programme is therefore to provide people with accurate, reliable and regularly updated information.

The need for information is both immediate and long term. Immediately following a disaster, people need to know what is going on in order to come to terms with reality. In the long term, people need to be able to acquire new knowledge about topics of particular relevance to their present situation; Turkish earthquake survivors, for example, were given information on safe construction techniques. The information should be delivered by someone who has authority and credibility.²

Establishing and maintaining a flow of reliable and available information will decrease insecurity and anxiety, and will help beneficiaries to make appropriate and healthy decisions.

Another information-related issue is myths. For many individuals, mental health is associated with secrecy and shame, and the stigma prevents people in need from seeking help. Myths vary according to culture, and they can only be dispelled by information. In Kenya, information aimed at demystifying mental health, especially regarding help-seeking behaviour, has made access to care much easier.

Media: In countries where the majority of people has access to television, radio and/or newspapers, the media can play an important role by raising awareness and publicizing information campaigns. The Colombian Red Cross set up a radio programme following a natural disaster to teach people about the psychological aspects of disasters. This method proved useful in terms of disseminating information related to the disaster, developing understanding, and reaching out to target groups. In general, teaching survivors to understand the psychological mechanisms behind their worries and difficulties helps them to cope with their feelings. Providing this kind of service through the radio might not only add to awareness and more constructive coping mechanisms, but also reach more people as it is a discrete and easy way of seeking help.

When a car ferry sank between Estonia and Sweden, the Finnish Red Cross established a successful working relationship with the media to inform the public about common reactions to disasters, how to cope with them and what kind of services were available. However, the Finnish Red Cross also experienced another aspect of the media: the sensationalist side. Volunteers had to protect survivors, who were in shock, from journalists. Survivors were also warned of the consequences of seeing in print words that they may later regret.

² "Natural disasters and other accidents" by Jean-Pierre Revel, in *International Responses to Traumatic Stress*, edited by Y. Danieli, N.S. Rodley and L. Weisäth. Baywood Publishing Company, Inc., 1996.

Locally based programmes

Volunteers: Volunteers have a critical role to play in caring for people affected by all kinds of stress. One of the most common reactions to stressful events is isolation, and in this respect trained volunteers can help enormously by listening to them, responding to their questions and their needs, and simply being supportive, sympathetic and reassuring.

Volunteers have access to – and the confidence of – beneficiaries, as in Chernobyl, for example, where the volunteers are part of the collective crisis, from the same cultural background, and better able to understand what people expect from them.

With adequate training, support and supervision, volunteers can carry out many of the tasks of health care professionals in more informal structures such as telephone help lines. This does not mean, however, that volunteers with a specialized, professional background have no place in such projects, but rather that their professional expertise may be put to better use in other support structures.

The French Red Cross stresses the importance of using trained volunteers to implement non-specialist psychological support programmes. Their experience is that many people want to talk about difficult and painful experiences and to have their suffering recognized, but they do not necessarily want to talk to professionals. In many people's minds, approaching a specialized service means you are ill.

The valuable work that volunteers carry out all over the world might also have consequences for their own families and friends. The Colombian Red Cross recognizes this and aims at informing relatives about activities that volunteers are involved in, so that they understand why so much time must be spent away from their families and the importance of the work volunteers do for the Red Cross and Red Crescent. This might be a useful approach in preventing the often high turnover rate of volunteers.

Psychological support and culture: The International Federation Reference Centre for Psychological Support stresses that the implementation of psychological support programmes varies. Feelings like shock, loss, bereavement and powerlessness are common to most cultures, but the way people cope with these reactions differs. To set up programmes in a culturally sensitive way, they should be based on local partnership, and the concerned group consulted.

In Kosovo, little tradition for psychological support existed and there was some concern about whether people would approach this kind of service at all. However, this has not been a problem. From the outset, the programme was designed and implemented in close consultation with local Red Cross branches and local mental health professionals. A conscious effort was made to take a family rather than an individual approach, and the mobile outreach teams and centres are all comprised of one man and one woman each. Another obstacle faced in Kosovo was that, as almost all institutional infrastructure was destroyed, there was hardly anything left to build upon. An alternative support system – developed in cooperation with the local population – was a necessity. The response of the local population, which was open to question, has proved that people will accept new methods if the right approach is taken.

Build on local capacities: The “bedrock” of almost all psychological support programmes presented in the case studies are locally recruited volunteers. With training and support from mental health professionals, volunteers can work in an independent, efficient

and effective manner. The case studies describe how they aim at training staff and enabling them to run the programme. This is very visible in the Children affected by armed conflict (CABAC) programme where schoolteachers implement the programme. This is a constructive way of sustainably adding to local knowledge, while at the same time increasing the receptiveness/acceptance of the programme, as it is organized by a person familiar to the community. Furthermore, addressing the needs of children through the school, i.e., integrating programmes into existing structures rather than creating parallel ones, is a good example of building a sustainable programme.

Build on existing coping mechanisms: Communities have the capacity to help themselves through support networks and coping strategies that existed prior to the disaster. In Macedonia, access to communication with family and relatives is facilitated. This has proven to be a cheap and efficient way of reassuring people and promoting psychological well-being. In Turkey, a support group for isolated women led to their meeting in each others' homes, outside the psychosocial centre. A traditional support structure was thus re-created with the help of the psychological support programme. Enquiries into people's previous and existing coping mechanisms and strategies, i.e., asking questions like: "Who do people traditionally turn to for support?", "What are culturally appropriate ways of helping people in distress?", ensures that the focus is on individuals' positive efforts to deal with and come to terms with their experiences.

Less of the psychological and more of the social: A key to success in Macedonia has been a less psychological and more social approach. Psychological and social problems are interrelated. Empowering people to meet their basic needs, and assisting them with their problems of social welfare (e.g., unemployment) also helps them to recover from the psychological consequences of war. A parallel provision of both psychological, social and material support is likely to result in a longer-term impact. Too often the people who benefit from psychological support suffer from other uncovered or unmet needs and vice versa. This undermines the impact of many relief programmes. Terminology may also play a role: an information centre (as in Macedonia) may be easier to approach than a psychosocial centre.

The Turkish case study notes that the earthquake led to a new awareness about psychological distress. However, addressing suffering from a psychological angle only can distract attention from other root causes, such as social, economic or other problems. Suffering is often embedded in difficulties other than those directly related to a disaster or a crisis.

Activities

Working with groups rather than individuals: Several case studies (such as CABAC and Kosovo) stress the importance of working with groups. When using a community-based approach – that is, by training volunteers in basic psychological intervention skills so that they can then share their knowledge with local people – working with individuals should be the exception. Working with individuals is not only problematic as it responds to the needs of a few, but also because it tackles problems in isolation, is expensive, is not sustainable, and may stigmatize those receiving help. The last point is especially important to consider when working in a foreign context.

Children and their parents: After a disaster, children are among the most vulnerable groups, primarily because they are dependent on others for their safety and the healthy

development of their minds and bodies. Initially, CABAC programmes, focusing on children and their recovery in post-conflict situations, involved the parents only indirectly. Recently the impact of the programme has become more effective by involving parents directly.

Children are intensely aware of the emotional state of their parents, and their trauma and stress can undermine a child's basic sense of security. The ability of children to integrate critical incidents successfully depends upon the support they obtain from their parents. Addressing the children without the parents might result in a partial solution only.

Support groups: In both Turkey and Kosovo, successful intervention methods include the establishment of support groups. They aim to address common and specific needs of the target population, provide mutual support, address practical problems, and develop action plans regarding common concerns. Both programmes have established support groups that are successful in helping victims to share experiences, to become more comfortable in different settings and to learn from other participants the coping skills they may need. Support groups seem to infuse in many beneficiaries the help they need to better cope with the situation they find themselves in.

Excursions and expressive activities: Activities such as singing, dancing, and drawing are part of the psychological support programmes in Kosovo and CABAC. These activities encourage cooperative and constructive interactions and are useful ways of working, especially with children. They give people an opportunity to do normal things and something to look forward to. People affected by disaster often find it difficult to remember anything other than the disaster. It is as if their memory cannot get away from the traumatic events and begins to turn in circles – always bringing back the same awful memories. But excursions and creative activities help people to construct new memories or rediscover old ones that the disaster seemed to have destroyed.³

Psychological first aid: The French Red Cross stresses that psychological support should not be thought of as a speciality, but should be integrated into all Red Cross activities. In the Danish Red Cross, first aiders are trained in psychological support, allowing them to “treat the wounded, not only the wound”. During the June 2000 disaster at the Roskilde Music Festival in Denmark, first aiders were capable of assisting a large number of victims. They were able to reassure victims that their reactions were normal and understandable, and screened those in need of more specialized treatment. The first aiders' knowledge of psychological support brought important qualities to the rescue situation. Furthermore, they reported that a more holistic approach to assisting people is also rewarding for them.

Care of staff

Helping the helper: All case studies recognize the fact that care of staff, that is, supervising and supporting those who offer assistance, is an essential prerequisite for helping others. A strong support system is created around the paraprofessionals in Kosovo; they meet twice on a daily basis with one of the mental health professionals (delegates), in the morning to plan, and in the afternoon to discuss the work carried out during the day. This kind of structure is not only necessary to ensure the quality of work, but also imperative for the well-being of the paraprofessionals. As a result, the turnover of paraprofessionals in Kosovo has been very low. In addition, they attend a weekly supervision group with local mental health professionals, aimed at assessing how they are affected by their work.

³ “Group Work with Traumatized Communities” by J.C. Métraux and F. Fleury, in *Trauma – From Individual Helplessness to Group Resources*, by G. Perren-Klinger (ed.). Paul Haupt Publishers, 1996.

Generally, supervision of *all* psychological support staff is imperative. The nature of their work is emotionally draining and demanding, and staff will very often be part of the collective crisis themselves, as in Chernobyl and Kosovo. Supervision should be arranged on a regular basis and carried out together with local professionals.

Psychological support to relief workers: Stress is inherent in relief work: apart from usual job-related stress, humanitarian work involves physical insecurity, moral and ethical dilemmas, caring for people with serious injuries, handling dead bodies, and working in different cultures. The International Federation's psychological support programme for delegates points out that it is cumulative stress that affects relief workers' performance and well-being, rather than single, critical incidents.⁴ To prevent this, Red Cross and Red Crescent decision-makers need to strengthen the following issues:

- Organize supervision and support at the scene of the event.
- Improve the recruitment process.
- Better prepare the relief worker for the stressful aspects of field work.
- Implement rest and recuperation strategies.

Journalist and press photographers covering violent accidents and reporting on various disaster-related situations are often a neglected group. The Finnish Red Cross offers psychological support to people working with the media. Even if the journalist/photographer is a professional, it is natural to be emotionally affected, as there is always a human being behind the stories they cover.

The Austrian Red Cross offers debriefing sessions for their rescue staff recognizing that they also work in difficult and emotionally demanding circumstances. In a group setting, individuals are given the opportunity to share critical incidents, allowing sufficient time to talk about feelings and the demands of the job. This method has a proven, positive team-building effect. Rescue workers also receive training in psychological first aid, helping them to understand the reactions of others, and subsequently themselves, to abnormal events. Through training and support, the rescue workers are more confident in understanding, offering support and working with survivors.

Apart from assuring the psychological well-being of staff and supporting them in providing more appropriate assistance to victims, the American Red Cross points out that psychological support to volunteers and staff has made a noticeable difference to their previously high turnover of staff.

⁴ *Managing stress in the field*. Geneva: International Federation, 2001.