

Kenya Red Cross Society

Crisis mental health assistance

Contact information

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Background/history

On 7 August 1998, a terrorist bomb directed at the United States embassy exploded in the centre of the Kenyan capital, Nairobi. A few minutes later, the Kenya Red Cross Society (KRCS), with assistance of the International Committee of Red Cross (ICRC) and the International Federation, arrived at the site. During the six-day rescue operation, Red Cross action teams worked closely with national and international rescue teams to extract dead bodies from the rubble and to provide first aid, transport, blood donors and tracing services for bomb-blast survivors.

In the central business district, more than 100 buildings were damaged or destroyed, and public and private transport was severely disrupted. Of the 216 victims, 204 were Kenyan and 12 American. The blast injured over 5,000 people, of whom 500 were hospitalized and treated for varying degrees of physical and mental trauma. Families and dependants of the dead and the wounded were affected by psychological disorders. Many families also had to face the harsh reality of having lost their breadwinners.

The KRCS expanded its community counselling centre to coordinate activities in support of the survivors. In the first weeks and months after the bomb blast, they offered food supplies, medical assistance, rehabilitation for visually impaired women, educational support for orphans, debriefing for rescue workers and counselling for the affected population.

In March 1999, USAID gave a substantial grant for mental health services to the KRCS and the International Federation, which acted as an umbrella organization to coordinate all efforts in assisting the affected population. A large part of the grant was dedicated to disaster mental health services.

However, the grant was later withdrawn, and USAID selected Amani, a pioneer agency in counselling in Kenya, to continue implementing mental health services. In August 2000, the project was handed over to Amani. Although the KRCS no longer implements the programme, it is a useful example of how to set up a disaster response mental health programme, and the lessons learned can be of assistance to other societies.

Objectives

- To contact and assist people directly affected by the disaster and their families and dependants.
- To train staff and volunteers working with the affected population in order to better help them overcome the mental trauma caused by the disaster.
- To raise awareness within the population about disaster-related stress and the services provided by the programme.
- To set up a counselling programme to help those whose lives have been drastically affected by the disaster.

Brief description of activities

The crisis mental health assistance programme was implemented by the KRCS under the “Bridge to Hope” mental health recovery projects. The key components of disaster mental health are training, outreach, information, counselling and documentation.

Major elements of the programme¹

Training: The training programme was aimed at helping all mental health workers and planners to obtain the necessary skills required for implementing a comprehensive programme. Although the KRCS already had a training programme for disaster health management, it was necessary to expand training to teach staff to better understand disaster mental health, disaster-related behaviour and the disaster-recovery process, how to prevent and control stress among workers, and how to work more effectively at the community level. Mental health workers were also taught how to complete psychosocial needs-assessment forms.

Outreach programme: People will not necessarily seek out services for themselves and so, to be effective, a disaster mental health service has to reach out to the victims. KRCS outreach workers used lists of victims compiled by different organizations and communities, or identified by the tracing programme, to reach specific victims such as the severely injured, the blinded and children.

Local communities can be of great use to a disaster mental health programme seeking to contact victims. To reach them the KRCS used the following strategies:

- Broadcasts were made through the media.
- A newsletter was sent to all victims of the disaster.
- KRCS members gave talks to civic groups, churches, businesses, etc.
- KRCS posters were placed at key sites throughout Nairobi.
- Brochures and fliers were distributed to caregivers, hospitals, agencies and other places where victims might go.
- Books were created especially for children focusing on education about disasters

Information: The KRCS set out to raise the awareness of Kenyans about disaster-related stress and the services that it provided. The society aimed at teaching people more about the KRCS and its mission of alleviating the emotional suffering of bomb-blast victims; and demystifying mental health so that people would come forward more easily to seek help.

¹ Dr. Lorin Mimless. “Disaster Mental Health in Kenya Red Cross after the Bombing of the American Embassy in Nairobi, August 1998”. *Coping With Crisis*, No. 1/00.

Counselling programme: Counselling was the most visible and direct service provided by the KRCS mental health programme and its implementing partners. Some 3,000 people required counselling of some sort, whether individually, with a group or with their family.

A counselling coordinator organized the programme with the help of two professional mental health counsellors, who dealt with people who came directly to ask for assistance as well as referrals from the outreach team. The counsellors also evaluated and provided direct help to those who were blinded, physically disfigured or disabled by the bomb blast.

Documentation: Keeping statistics on the number of people seeking help and classifying them into set categories is essential so that the experience gained in one disaster can help better respond to future catastrophes. In this case, the documentation team, led by a technical coordinator, issued monthly reports on the information collected.

Monitoring and evaluation

An evaluation of the counselling should be carried out. It should assess the quality of the psychological services provided, whether they were given in a professional, ethical and confidential manner, and how well workers were able to deal with the administrative tasks assigned to them.

Lessons learned

- In the immediate post-disaster period, the KRCS provided food assistance and educational support to bereaved families only, while the injured received assistance from partner organizations. However, it became apparent that the support given to both the survivors and dependants of those killed was not adequate to meet all their needs. There clearly existed a humanitarian imperative for the KRCS not only to continue with a programme of support, but also to redesign the programme in such a way that it met the needs of the clients in a more holistic manner including mental health support.
- Although traditional counselling through community elders and clerics had been the practice for decades, professional counselling was a fairly new concept for many Kenyans. Mental health assistance or treatment was interpreted as “institutionalized psychiatric treatment” for “crazy” people. A combination of deeply entrenched faith in traditional counselling methods and the stigma attached to being a recipient of mental health services meant that bomb-blast survivors associated symptoms like sleeping disturbances, headache, lack of appetite, etc., with inhaling poisonous smoke during the bomb blast rather than with psychological trauma. Nevertheless, the tragedy produced feelings of grief, sadness, anxiety and anger to a degree that went beyond the normal coping capacities of individuals and communities. There was an obvious need for professional support for the affected individuals and communities.
- It was apparent from the outset that no agency alone could handle both assessment and counselling of traumatized individuals. In the immediate aftermath of the disaster, many agencies announced that they had the capacity to work with the victims and, in some cases, employed or contracted paraprofessionals and professionals. However, some of these people had simply attended a two-day crash course and had little or no experience in working with people suffering from mental distress, while others held Masters degrees in psychology and/or a full diploma in counselling and had worked in the field for many years. The lack of a standardized criterion for handling the mental problems of bomb-

blast survivors became obvious. In response, the KRCS proposed to train a sufficient number of mental health workers in order to improve the quality of the mental health services proposed.

- In Kenya, *barazas* (community meetings) are frequently used to inform a large group of people about important issues. Community elders, authorities, traditional counsellors and other influential people in the communities attend these events and share any information with their immediate communities. Spreading information in this way is especially important in a country where a minority of the population has access to a television, and not everyone possesses a radio or can afford daily newspapers.
- More intensive preparations are required for future outreach activities. The outreach team needs to have as complete and as detailed a list as possible of the addresses of affected people (including new addresses if they have moved). KRCS branches and public authorities (district offices, community elders, etc.) should be involved in preparing outreach activities in order to increase the chances of having reliable information about the whereabouts of the affected when the team arrives in the field.
- The KRCS counselling team tried to see all affected people for initial assessment. However, most people simply turned up at the counselling service without an appointment. This resulted in their having to wait a long time before seeing the overworked counsellors. Some left before seeing them, while others expressed anger at what they perceived as a waste of their time. Volunteers later worked with the service, filling in questionnaires and carrying out preliminary interviews before those affected were seen by the counsellors.
- Services must be reviewed regularly so that they remain relevant and realistic in the face of changing circumstances. Changes should be systematically described in regular monthly reports and not only in reply to a request from donors. This goes a long way towards building up all-important trustful relations with donors.
- The programme was closely observed by both national and international agencies and was under pressure to achieve fast results. The ambitious programme proposed overestimated the KRCS's technical capacity to analyse the consequences of implementing such a programme and led to it not being adopted. It is therefore essential, before committing to such a large-scale programme, to have a system already in place that can handle the extra work. Also, a disaster's impact on people's mental welfare should be assessed in the immediate post-disaster period and not a year or more later.
- If a National Society is unable to continue its involvement in a project of this importance, the International Federation should have access to data and tools developed for the programme for institutional memory in the event of similar disasters in the future. Data collection modalities should not be developed for the academic interests of individuals or groups but as a tool for the improvement of the quality of services.
- USAID identified Amani, a pioneer agency in counselling in Kenya, as the alternative implementing agency. In the interests of continuity, Amani engaged most former KRCS project officers. They have apparently worked well to ensure that services to the affected were not disrupted during the transition period. Although the contract was terminated, interest in the project and, in particular, the welfare of the those assisted is still as high as it was at the outset. It is, therefore, recommended that the International Federation (Kenya operations) keeps in touch with Amani and requests access to interim and final evaluation reports.