Psychological Support: Best Practices from Red Cross and Red Crescent Programmes

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International Federation
of Red Cross and Red Crescent Societies

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International Federation of Red Cross and Red Crescent Societies
PO Box 372
CH-1211 Geneva 19
Switzerland
Telephone: +41 (22) 730 4222
Telefax: +41 (22) 733 0395
Telex: 412 133 FRC CH
E-mail: secretariat@ifrc.org
Web site: www.ifrc.org

Foreword

Psychological support, guidance, advice and care are traditionally carried out by family or community members. In today's world, however, community bonds are changing and, in many cases, weakening. The breakdown of large, extended and close-knit family or community networks and the loosening of links between people have meant that, when disaster strikes and help is needed, the traditional support mechanisms are not nearly as efficient as they once were.

Even where these traditional support mechanisms function well, they are likely to break down in the aftermath of disaster or crisis.

It is to help bridge this gap that several members of the International Federation of Red Cross and Red Crescent Societies have set up psychological support programmes. The programmes' objectives are to reintegrate individuals and families into their communities, and to identify and restore community networks and coping strategies. Volunteers are an indispensable part of these programmes: they are part of the community and, as such, are better able to provide support to people affected by disaster and tragedy.

The present compilation brings together case studies from Red Cross and Red Crescent programmes dealing with different aspects of psychological support in various parts of the world. The activities of the programmes range from helping people to have "normal" psychological reactions in response to grief and loss to support for volunteers, national staff and expatriate delegates.

The International Federation's Secretariat would like to thank the Finnish Red Cross and FINIDA (Finnish International Development Agency) for their financial support to this project, and express its appreciation and gratitude to everyone who has shared their knowledge and experience to make the *Psychological support: best practices from Red Cross and Red Crescent programmes* possible. This publication is the result of that effort.

Didier J Cherpitel
Secretary General

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 been 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]

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

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:

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]

[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.

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.
>
> 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]

> [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.

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.

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 nonspecialist 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]

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

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 a assessing how they are affected by their work.

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.

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

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.

International Federation Reference Centre for Psychological Support

Contact information

Mette Sonniks, Director
International Federation Reference Centre for Psychological Support
Danish Red Cross

Blegdamsvej 27
DK-2100 Copenhagen Ö
Denmark
Tel.: +45 35 25 92 00
Fax: +45 35 25 93 60
E-mail: mette-sonniks@redcross.dk

Background/history

In the late 1980s and early 1990s, a number of ferry-boat and plane accidents and technological disasters occurred in and around Europe. In the relief work following these disasters, Red Cross and Red Crescent societies increasingly realized that the needs of affected people went beyond traditional relief, such as food and shelter.

This led to the First Consultation on Psychological Support (Copenhagen, 1991) at which an International Working Group was set up to recommend guidelines for the International Federation's psychological support programme (PSP) and for National Societies wishing to incorporate psychological support in their own programmes and projects.

The working group recommended the establishment of a centre to help National Societies and the International Federation develop and implement a programme for psychological support. In March 1993, the International Federation and the Danish Red Cross (DRC) set up the International Federation Reference Centre for Psychological Support (International Federation Reference Centre).

An important step in the practical application of the PSP and the new centre was the development by the DRC of a new concept of psychological first aid (PFA) and the publication of a manual outlining PFA. The International Federation Reference Centre was then able to begin helping National Societies that had asked for support in incorporating PFA into their disaster preparedness programmes.

In its first participation in an International Federation operation, the centre developed a PSP for the Chernobyl Humanitarian Rehabilitation Programme (CHARP), established after the explosion at the Chernobyl nuclear power plant. After several years, it had become apparent that the programme required a psychological support component to address the increased psychological and mental health needs of the affected population.

The International Working Group's role is to be the professional advisory group of the International Federation Reference Centre. It helps organize the International Red Cross and Red Crescent Conferences on Psychological Support. National Society participation to these international conferences, held every three to four years, is increasing: the first attracted five National Societies; the second, 17; and 40 societies from all continents were represented at the third.

Since the reference centre opened in 1993, psychological support in the aftermath of crisis -whether at the personal or the community level - has increasingly been brought into relief and support operations alongside programmes for shelter, food and health.

Objectives

- To help develop the capacity of individual National Societies and the International Federation as a whole to provide psychological support to people affected by disaster in order to prevent the development of severe psychological disorders.

- To involve the greatest possible number of National Societies in developing psychological first aid courses and psychological support

programmes.

To take the lead in developing PSP for the benefit of the entire International Federation.

To develop a network of regional focal points, by (a) encouraging more regions to participate in the International Working Group, and (b) facilitating and motivating National Societies who have already initiated PSP in their society/region to become regional focal points.

Brief description of activities

Developing PSP in National Societies: distributing material and conducting PFA training in cooperation with a National Society.

Evaluating and monitoring PSP at both global and local levels.

Facilitating the exchange of experience and information between societies.

Publishing and distributing *Coping with Crisis*, a biannual newsletter published in English, French and Spanish.

Facilitating the exchange of information and knowledge.

Developing training materials.

Advocating actively for PSP.

Hosting International Red Cross and Red Crescent Conferences on Psychological Support.

Major elements of the programme

Helping National Societies to set up psychological support workshops for the training of trainers: Most National Societies contact the International Federation Reference Centre for assistance in the aftermath of a local disaster. After the event, the stress level of their volunteers and staff increases, and the local people affected face serious losses. This is an appropriate moment to begin implementing PFA. A number of National Societies has also asked for support because of their socio-economic situation or the psychological impact of fatal diseases, such as HIV/AIDS.

The procedure to set up a workshop is generally the following:

Preparation: Initial correspondence; preparation of terms of reference for the initial visit; clarification of objectives, aims, target groups and financial input.

Action: First assessment visit and development of a plan of action for the implementation. A second visit: this may be to prepare and perform the workshop or conference. Methods for monitoring and evaluation are also prepared.

Follow-up: Follow-up on the professional aspects. Identify needs for professional support and how to get this support established locally. Discussion about monitoring the programme in order to make adjustments, if needed.

Evaluation: Final handover of all responsibilities to the National Society, and the final evaluation of the process.

Partnerships and alliances

The centre hopes to create a global network of institutions with whom it has signed statements of understanding. At present, statements of understanding have been, or are in the process of being, agreed with the following universities:

South Dakota University, Disaster Mental Health Institute, USA
Nottingham Trent University, Centre for Trauma Research and Practice, UK
Copenhagen University, Psychology Department, Denmark
Aarhus University, Psychology Department, Denmark

The International Federation Reference Centre is also on the board of the European Society of Traumatic Stress Studies (ESTSS).

Monitoring and evaluation

The International Federation Reference Centre does not work directly with affected people, but it helps National Societies to do so; the centre also supports them in setting up psychological support workshops, but the responsibility for implementing and monitoring the PSP lies with the societies themselves. The centre's role, therefore, is as an advisor for National Societies on PSP issues. Although this advisory role means that the local society is empowered, it does to some extent prevent the centre from "controlling" the outcome of training of trainers workshops

Any evaluation of the reference centre's efforts to set up training of trainers workshops must include an assessment of the services rendered by National Societies. In all future cooperative efforts with National Societies, clear monitoring and evaluation procedures should be an integral element of the terms of reference for the centre's work.

The future

The International Federation Reference Centre aims to establish regional focal points for implementing PSP, which will enable a culturally sensitive exchange of expertise, experience and knowledge. For this decentralization to be effective, however, the centre must not only strengthen its coordinating role concerning national and regional efforts, but also further develop concepts, use of common guidelines and sharing of lessons learned.

The International Federation Reference Centre has also set up a roster of professionals, including staff from a number of National Societies, who are able to work on its behalf. These professionals will also encourage the regionalization of PSP.

Lessons learned

National Societies' awareness of psychological support and mental health has increased considerably, as can be seen from the number of societies actively involved in developing PSP: in 1995, they numbered 17 and in 2001, 60.

The International Federation Reference Centre should encourage National Societies to include PSP in their development plans and, if necessary, assist them to do so. This is essential as the lack of necessary resources often hinders the effective implementation of PSP.

A basic principle of psychological support programmes is to develop methods that are ethical and acceptable in different cultures. To ensure that PSP match specific cultural contexts, education and

training are, whenever possible, based on local resources and local professionals. The Red Cross and Red Crescent's approach is unique in that it takes into consideration the perspective of many different countries and cultures.

Psychological support and interventions are often looked upon as a western approach and, therefore, not necessarily relevant for other cultures. The International Federation Reference Centre, however, argues that psychological distress and trauma have both culture-bound and universal dimensions. Although experiencing shock, loss, grief and powerlessness as a response to a traumatic experience is universal, the way an individual reacts to mental distress depends on the person him/herself and on his/her culture. For this reason, methods to implement PSP in a culturally sensitive manner have been developed (see above).

The PSP cannot be successful if the reference centre has to "force" it on National Societies. They have to be sufficiently motivated to request help in implementing PSP. This often happens after a national disaster, which acts as an "eye-opener" for the National Society.

The most important of the International Federation Reference Centre's strengths is probably its network and its partnership agreements at both organizational and professional levels. In the long term, an ever-extending network will permit a greater exchange of experience and information about projects between National Societies at both regional and global levels.

The centre has developed a sound balance between its operational and administrative functions.

In the case of the reference centre, a National Society took the leadership in developing a programme area, but it remains an International Federation programme. It is necessary in such cases to ensure that other National Societies continue to be included in all aspects of the programme.

Psychological support programme for delegates

Contact information

Selma Bernardi, Health Officer
International International Federation of Red Cross and Red Crescent Societies
P.O. Box 372
1211 Geneva 19, Switzerland
Tel.: +41 22 730 44 17
E-mail: bernardi@ifrc.org

Karine Bonvin de Greck
24 rue des Grottes
1201 Geneva, Switzerland
Tel./fax: +41 22 740 26 66
E-mail: kbonvin@hotmail.com

Christine Meinhardt
4 rue Michel-Chauvet
1208 Geneva, Switzerland
Tel.: +41 22 346 60 44
Fax: +33 450 44 07 32
E-mail: cmeinhardt@wanadoo.fr

Background/history

In the aftermath of a number of disasters in the early 1990s, the necessity and importance of addressing the psychological needs of victims were amply demonstrated. This led to the establishment of the psychological support programme (PSP) of the International Federation in May 1991. The International Federation's General Assembly adopted a decision on the importance of psychological support in 1993.

However, a series of conflict situations brought to light another category of people psychologically affected by disasters: relief workers. Many Red Cross and Red Crescent delegates who had worked in relief operations (in Rwanda and Somalia, for example) came back feeling lost, isolated, depressed and completely exhausted, and suffering from nightmares and flashbacks. They often found it difficult to talk about their feelings of helplessness and horror to family, friends and colleagues who could not fully understand what they had been through or were not interested. It became increasingly apparent, therefore, that delegates needed specialized psychological debriefings.

Since 1992, the International Federation has contracted a psychotherapist, who is not an International Federation staff member, to debrief delegates and to visit the most exposed delegations in the field. A second consultant psychotherapist joined the programme in 1994. Gradually, psychological support to delegates has gained wider recognition within National Societies [1], the Secretariat and among delegates.

[1] Other National Societies have followed this example and have hired psychotherapists to support their delegates.

Objectives

To prevent the stress and psychological problems related to humanitarian work. Although crises, suffering and stressful life situations are inherent to this type of profession, it is important to prevent possible cumulative stress both during and after a mission so that delegates can carry out their functions and avoid "burn out".

To raise awareness within the International Federation of the harmful effects of stress on humanitarian workers.

To develop the coping skills of both individuals and teams.

To set up a well-functioning support system before, during and after missions.

Brief description of activities

Psychological briefing. Delegates are advised about typical reactions and symptoms of stress and trauma. The psychotherapists highlight the importance of:

developing and using the delegates' own coping mechanisms, and being aware of their limits and stress reactions;

sharing and good communications among team members;

supporting each other; and

asking for psychological support if necessary.

Monitoring. During a mission, monitoring involves keeping in touch with potentially vulnerable delegates and responding to situations in the field which require psychological support intervention.

Debriefing. All delegates can, if they wish, be debriefed by a consultant psychotherapist on their return to Geneva. These sessions are strictly personal and confidential.

Developing PSP. The psychotherapists assist National Societies in the development of their own psychological support programmes for delegates.

Major elements of the programme

The International Federation's health officer and two external consultants form the International Federation team in charge of the PSP for delegates. The health officer is the liaison between the International Federation, National Societies, delegates and the psychotherapists. The team is based in Geneva.

The aim of psychological debriefing after a mission is to allow the delegate to unburden him/herself, gain feedback on stress and other factors affecting his/her psychological wellbeing and ease the re-entry process. When a problematic situation is identified, the psychotherapist will first discuss the different possible options with the delegate, for example, the possibility of taking a long holiday, arranging for psychological support after the mission, planning his/her future orientation, identifying his/her support network.

Partnerships and alliances

The psychotherapists work closely with other International Federation departments. It is seeking to strengthen its alliance with the International Federation Reference Centre for Psychological Support in Copenhagen and with National Societies. The team also has informal discussions with stress counsellors from the International Committee of the Red Cross (ICRC).

Monitoring and evaluation

An external evaluation was undertaken by Dr. Gerard A. Jacobs, of the University of South Dakota's Mental Health Institute in February 1998. A number of his recommendations have been incorporated in the strategy for the future. An annual report is also prepared by the psychotherapists.

The future

A number of policy decisions will need to be taken in the International Federation if the PSP is to achieve its goals. These include plans for training, a policy concerning the abuse of alcohol, and the possibility for more family postings.

In the future, the programme will focus on the following:

Promoting training on stress management, critical incident debriefing, conflict resolution and cross-cultural management.

Developing a global network to support traumatized delegates and those suffering from burn out, both during their mission and on their return home. Developing PSP in National Societies for the follow-up of these delegates in their home countries is a priority of the programme.

Ensuring that delegates working on an International Federation contract benefit from adequate support and psychological follow-up

after their mission. This is especially the case for locally recruited delegates or those recruited by the International Federation through a National Society, who come from countries where there is as yet inadequate psychological support.

Supporting locally employed staff in the case of security incidents, trauma, etc.

Promoting training for Geneva staff members who are dealing with stressful situations either in their work or in their contact with delegations.

Promoting research on psychological health and the impact of humanitarian work on current and former delegates.

Encouraging managers to propose psychological support missions to the field in emergency operations, difficult countries facing security problems, in conflict situations, etc.

Developing, with the International Federation, better tools to support teams and delegates who face difficulties in the field. The priority is on prevention and early diagnosis so that conflicts in teams, which can be painful and destructive, are avoided.

In June 2000, the team sent a questionnaire to managers in the field. The survey sought to define the major difficulties faced by delegates and managers during missions. Its results confirmed feedback received during past debriefings and will allow the PSP team to better adjust the programme to the needs of its beneficiaries.

Lessons learned

Although prevention is better than cure, it is harder to assess. The PSP's effectiveness cannot yet be evaluated with data and figures. However, the programme seems to have raised people's awareness of the effects of stress and trauma and more delegates and heads of delegation are asking for support. Increasing personal and collective awareness will contribute to reducing stress.

To improve the programme, more research needs to be done on the after-effects of humanitarian work and on stress, compassion fatigue and trauma.

Within the International Federation, the gradual change in mentality concerning psychological support is a measure of the programme's effectiveness. Among individuals and the organization as a whole, the idea that "helpers also need help" and that "taking care of oneself is professional" is now generally accepted.

In the International Federation's Secretariat, an increasing number of managers have openly supported the programme and have requested that a psychotherapist visit delegations in the field. Previously, the psychotherapists had to propose field visits if they thought the situation warranted it.

Heads of delegation have emphasized the importance of being trained in stress management and conflict resolution. Many have also said they would like to learn more about how to defuse stressful situations.

The programme aims to build up and offer a service to delegates based on trust. This trust can only be achieved when all sessions and

contact between the psychotherapist and the delegate are entirely confidential. The programme's mental health professionals are also committed to other ethical principles (respect of a person's feelings, beliefs and culture, and the duty to assist a person in danger). It is important for the success of the programme that the team has trustworthy working relationships with others in the International Federation and that the rules of confidentiality have been defined and accepted by all concerned.

An established, reliable network is also important in order to discuss ways to help delegates in need of support, to avoid rumours and gossiping, and to ensure that the delegates will not be "labelled" by the institution, but will be offered adequate assistance.

The psychotherapists seek to accompany and support delegates in the best possible way for them, respecting their personality and backgrounds. The PSP professionals must maintain their status of "neutral" outsiders, taking care when sharing with others concerns expressed by the delegates.

Delegates are helped to find their own solutions to the problems they have evoked, but the psychotherapists take action when they feel a person is in danger and unable to recognize it, for example in cases of burn out, trauma or serious alcohol problems.

When working under extremely stressful conditions, both managers and delegates may be affected by disasters and dangers. They may be as overwhelmed by their own fears and feelings of helplessness as the victims of the disaster. But too often, humanitarian workers have neglected their physical and mental health. It is important that they recognize their needs and their limits and that they talk about the impact the events have had on them. Clarifying their ideas and feelings will help them to reach out for the operational or personal support that will allow them to achieve their mission successfully.

Humanitarian organizations must also recognize their responsibility in safeguarding the physical and mental health of their staff. If organizations send delegates into a complex disaster situation without sufficient material and manpower, even their most experienced and qualified delegates may suffer from burn out.

Before sending the psychotherapists to the field, it is important first to define the problem clearly by analysing the general situation with the different protagonists and then to decide on the level of expertise needed to tackle it. It must not be forgotten that they are in the field to deal with psychological problems only.

American Red Cross: Disaster mental health services

Contact information

Christine Dusty Bowenkamp, R.N., C.T.S.
Senior Associate
American Red Cross National Headquarters
8111 Gatehouse Road
Falls Church, VA. 22030, USA
Tel.: +1 703 206 8615
Fax: +1 703 206 8834
E-mail: Bowenkampd@usa.redcross.org

Background/history

The United States of America has a population of 273 million people, many of whom are recent emigrants from countries affected by war, famine, political instability and major disasters. The population is made up of at least 150 ethnic and cultural groups. In general, Americans have a great awareness about mental health, stress-related illness and psychological services. Natural disasters, such as hurricanes and earthquakes, frequently strike the US; the country has also been the target of terrorist attacks. Although the death rates from these events have been extremely low compared to other countries, the emotional effects are widely felt, and often have a long-term impact on individuals and affected communities.

The US government has mandated the American Red Cross (ARC) to provide an integral disaster relief programme. Supported financially through donations from corporations and individuals, the programme's workforce consists mainly of volunteers, with approximately 10 per cent paid staff. The ARC responds to more than 5,000 disasters each year throughout the US.

The ARC disaster mental health services (DMHS) programme was developed in 1990 after the US was affected by a number of severe disasters in a short period of time. These events led to the resignation of many of the society's most experienced paid and volunteer staff. A task force was formed to make recommendations about how to resolve the problem of "burn out", and how to address the needs of affected people who were often overwhelmed with grief and facing long, difficult recoveries. The task force recommended implementing a stress management programme for staff, which would include support for victims. Those recommendations led to the development of the two-day DMHS course. Several thousand mental health professionals throughout the US have been trained in DMHS, and over 2,500 are currently available and ready to deploy anywhere in the country where they may be needed.

Objectives

To reduce the stress experienced by disaster workers, which in turn improves their ability to provide quality services to victims of disaster.

To reduce the incidence of post-traumatic stress symptoms and long-term psychological effects in people affected by disaster, by providing supportive listening, crisis intervention, education and referrals to ongoing community-based psychological support programmes.

Brief description of activities

The DMHS programme is one of the five direct services included in the disaster relief programme. Services provided include crisis intervention, education about stress and coping skills, advocacy, defusing and debriefing. These services are offered to disaster workers, to prevent secondary traumatization, as well as to the disaster victims, and the community at large.

Major elements of the programme

Licensed mental health professionals who have completed the ARC's two-day DMHS course are assigned to all Red Cross service delivery sites. They focus on outreach, speaking to everyone they encounter to identify those in need of supportive services. They may provide education through schools, churches and civic meetings, or may meet individually with families to provide appropriate disaster mental health services.

Partnerships and alliances

The ARC programme has formal agreements with many governmental and non-profit mental health organizations. These agreements include professional associations such as the American Psychological Association, the National Association of Social Workers and the International Critical Incident Stress Foundation, as well as federal agencies such as the US Department of Veterans Affairs, and the US Department of Health and Human Services. ARC activities are supplementary and complementary and do not replace community-based mental health programmes. The services are usually provided in the immediate aftermath of major disasters, before governmental agencies are able to mobilize a full response. The ARC also collaborates by offering DMHS training to members and staff of other associations, and recommending their training to its volunteers.

Monitoring and evaluation

Periodic research studies have been completed which evaluate the impact of the ARC's services on Red Cross workers as well as the victims of disaster. This has led to improved training techniques, expansion of services and identification of areas that need to be developed. All DMHS workers are also evaluated at the end of any assignment, with recommendations as needed for further individual training and development.

The future

Based on recent surveys, several new courses are being developed. One will be an overview of disaster mental health, focusing on the basic services and skills needed, in order to prepare local mental health volunteers to assist with "everyday" disasters, such as house fires and small community evacuations. The DMHS two-day programme will also be enhanced to include more technical information. A greater focus will be given to dealing with immigrants to the US, including awareness of cultural and religious issues that may impact upon how they respond to traumatic events, and what types of psychological services would be most appropriate. The ARC is also developing a two-day programme on the psychological impact and response to mass-casualty disasters, including events such as aviation disasters and weapons of mass destruction. The society is also creating at least eight new disaster-, language- and age-specific brochures that will be available for disaster victims.

Lessons learned

The ARC's DMHS programme is the largest and most reputable volunteer psychological support programme in the United States. It is community based, offering services to local chapters in response to disasters affecting as few people as one family, yet having the capacity to recruit and assign over 2,500 mental health professionals to larger disasters anywhere in the US or its territories.

Services are offered to anyone who seeks Red Cross services, all disaster workers and any group or organization in an affected community. DMHS workers are assigned to outreach teams, going from house to house in a disaster area, visiting those injured in hospitals, working in shelters or in Red Cross service centres. These services are in collaboration with, and supplemental to, those offered by other community-based organizations, in order to ensure the widest distribution of services.

Although there is little statistical data to support the success of the programme, there is much anecdotal evidence, for example, changes in attitudes and behaviours have frequently been noted after an intervention, and positive feedback from both workers and victims emphasize the helpfulness of the programme. Many have stated how much it has reduced their personal stress levels. For ARC staff, there has been a dramatic decrease in the number of volunteers who have chosen

to leave the organization. In fact, they now expect to have psychological support on every disaster relief operation.

Each unit of the ARC is responsible for developing a list including the special population groups within its area of action. This list includes ethnic, racial and cultural groups, as well as any agencies that provide services to them. When a disaster impacts a community, that information is disseminated and the mental health workers are recruited based on the specific needs of that community. The ARC involves agencies that provide social services to ensure that emotional needs are met in an equal yet culturally appropriate way.

The ARC keeps information about people assisted, but does not share it with any outside agency without the specific written permission of the individual. After receiving this permission, the ARC frequently refers the person to other agencies, or may give them the contact information, and request that they contact the agency themselves. The only information regularly shared with other agencies is the number of mental health contacts made, including sex, ages, specific cultures and types of interventions that have been provided. These statistics are used by the local governmental mental health agency to apply for financial grants to provide immediate and long-term psychological services for those affected.

Because the ARC focuses on the needs of the individual community and its residents, and collaborates in planning and preparing for disasters with other mental health agencies and organizations, it becomes easily integrated into the overall response. The ARC's volunteer base is not only drawn from the affected community, but from around the country. This means that professionals with specific language skills and cultural sensitivity can be recruited to support the affected community.

The ARC is able to mobilize its paid and volunteer staff extremely efficiently. In disasters where some warning can be given, it deploys a full complement of relief workers, including mental health staff, to the affected area prior to the event. This allows them time to identify and meet with local mental health agencies and organizations, and to do anticipatory planning. If the event occurs with no warning, the local volunteers are immediately mobilized, while national headquarters recruits and sends in adequate numbers of outside support staff to assist the local chapter with the relief efforts. DMHS staff, like other disaster relief workers, will stay on the relief operation until all needs have been met and the local governmental programmes are in place for ongoing support services.

Each officer (the programme's leaders) and all mental health workers are also expected to submit a formal report at the close of either their assignment or the relief operation. This report includes such information as mental health statistics including both staff and individuals served, unusual issues or problems, trends, successes and recommendations for future action. Changes to the programme and service delivery are based on the recommendations from these reports.

Resources common to the mental health function include stress management brochures, disaster-specific colouring books, toys and stuffed animals. DMHS workers do very little documentation, essentially only keeping a daily statistical count of services provided. Documentation is only required if a worker or victim is a danger to themselves or others and needs immediate mental health referral and treatment.

The ARC DMHS programme is expected to continue and expand as more courses are offered, and more agencies encourage their staff members to attend the training. This will enhance collaborative efforts to meet the needs of everyone impacted by disasters in the US.

The ARC is being asked to provide more and more support to other societies as well as the International Federation. The society believes that its training enhances the skills of those who elect to participate in international disaster responses.

Austrian Red Cross: Critical incident stress management and crisis intervention

Contact information

Mag. Cornel Binder-Krieglstein
Occupational Psychology Centre
Gesellschaft für Dienstleistungen des Wiener Roten Kreuzes GmbH
Nottendorfergasse 21
1031 Vienna
Austria
Tel.: +43 1 79 580 7300
Fax: +43 1 79 580 9300
E-mail: bk@w.redcross.or.at

Background/history

The Austrian Red Cross (ARC) is the largest non-profit organization in Austria, with some 30,000 staff and volunteers. The society runs a number of operations throughout the country such as ambulance, rescue, blood donor, health and social services and is present in post-disaster situations.

The ARC - at both leadership and staff/volunteer levels - felt that there was a need for a psychological support programme. In 1998, initial contact was made with the International Federation Reference Centre and since then, the ARC, in particular its Vienna branch, has become active in crisis intervention and endeavours to provide assistance to colleagues. Research was carried out to detect work-specific stress factors affecting health workers and home helpers in the course of their duties. The research findings led to the development of a training programme aimed at diminishing the problems encountered.

Some 60 staff and volunteers have attended the six-day critical incident stress management (CISM) training course for peer workers which have been held in various parts of the country. Other training activities for crisis intervention teams have also been undertaken.

Objectives

To broaden the medical and psychological support given to victims of crisis and disaster.

To provide training facilities and the necessary resources to prevent colleagues from developing acute stress syndrome or post-traumatic stress disorder (PTSD).

To train suitable trainers.

To agree on a uniform method for high-quality training that corresponds sufficiently to the situations encountered in practice. The society aims at creating a training module for the crisis

intervention team which can be offered throughout the Austrian Red Cross. The curriculum would include such topics as communication, crisis intervention, life events, working together in a team, etc.

Brief description of activities

Rescue workers are trained to have a good knowledge of physical first aid. But when confronted with critical situations, they need more than this. The rescue team members need a support system themselves, to relieve some of the pressures and stress they experience. It is essential for both the well-being and the performance of the teams. With the help of a group of experts in psychological support, the programme aims to provide throughout Austria:

Psychological first aid for victims of crisis and disaster: included in basic training for rescue workers, psychological first aid aims at helping them take a holistic approach to the victims they seek to assist: "treating the wounded, not only the wound".

Crisis intervention for relatives of victims: this entails support to people who have experienced a shocking, exceptional event (for example, the death of a close relative, sudden child death, conveying news of a death, etc.).

CISM for rescue workers: the programme is designed to provide psychological support to ARC rescue workers exposed to emergency situations and critical incidents. The aim is to reduce and eliminate work-related stress and prevent long-term effects of stress on mental health. It involves group counselling and reinforces the cohesiveness of the group: factors that contribute to the effective management of stress and trauma.

Main elements of the programme

As the psychological support systems are still being developed, it is not yet possible to speak of a fully established and functioning service. For the time being, ARC is bringing together a group of experts with experience in CISM or crisis intervention teams, who will assist in the development of uniform training in psychological support throughout the country.

In many parts of Austria, people are becoming more receptive to and aware of the importance of CISM. However, the development of crisis intervention teams will take some time and, in areas of the country where other institutions already provide mobile crisis intervention or psychosocial support, the ARC will not enter into competition with them.

Partnership and alliances

The ARC collaborates closely with its nine regional branches to make a uniform approach possible.

It also works with the professional organization of Austrian psychologists and other mental health professionals. This is essential in building up and maintaining the programme. Contacts exist with the European Commission Unit 5, the *Gesundes Österreich* foundation, the Vienna Municipal Rescue and Emergency Measures Executive, Vienna University, Innsbruck University and the German association SbE e.V. (CISM Deutschland).

Monitoring and evaluation

The research institute of the ARC's Vienna branch plans to monitor the CISM programme, assessing how satisfactory not only staff and volunteers, but also the people they have assisted, find the programme.

Evaluation measures are carried out routinely, since the Vienna branch of the ARC is subject to quality management standard ISO 9001.

The future

Work will continue on developing both training and awareness-raising activities throughout the ARC. It is hoped that within a few years, the CISM programme will be fully operational. It will then be possible to ensure the care of workers who have had particularly traumatic experiences and prevent the apparition of post-traumatic stress syndrome.

Psychological support services present new opportunities for the Red Cross, and will enable it to offer a quality service in the future. However, it is essential that the programme become an established service of the ARC so that the necessary financial resources are available.

Lessons learned

As the programme is not fully operational, it is premature to speak of "lessons learned".

Based on a CISM model developed by the American Critical Incident Stress Foundation for rescue workers, firemen and police officers, the SbEe.V. (CISM Deutschland) association has produced a programme more suited to European mentalities. The ARC has further modified this to better fit specific needs in Austria. The programme has been very well received in Austria.

ARC staff and volunteers have been instrumental in getting the CISM system and a crisis intervention team set up. However, deciding whether and to what extent such a system can really be developed and implemented in day-to-day activities will depend on the interest of people working at the grass-roots level in ARC branches.

Positive coverage about the CISM programme in the media has raised the awareness of the general population and ARC staff and volunteers. This is important as, to be successful, the programme needs to be accepted as a Red Cross service not only at the leadership and team levels, but also by staff and volunteers and people all over Austria.

Debriefing for relief workers reduces their level of stress and also has an important team-building effect.

Colombian Red Cross: "Building the country" mental health programme

Contact information

Colombian Red Cross
Av 68 # 66-31
Bogota, D.C.
Colombia
Tel.: + 571 437 6385
Fax: + 571 437 6384
E-mail: salud@andinet.com

Background/history

Over the past 20 years, Colombia has been affected by a number of natural disasters and armed conflict has been on the rise. The Colombian Red Cross (CRC)

has always been active in providing care for victims and in implementing projects aimed at prevention. The society is the only entity allowed access to communities in certain parts of the country where, for a number of reasons, the state does not go.

The CRC first became involved in mental health following the Armero disaster in 1985. Activities lasted about one year and were mainly intended to help volunteers who survived the disaster and to provide preventive care for staff who had been involved.

In 1997, the CRC set up the national mental health team made up of three mental health professionals. Based on the International Federation Reference Centre's psychological first aid programme and with the financial support of the French Red Cross, the team set up the "Building the country" programme to train relief workers, youth members and volunteers in stress management. Some 90 people were trained in the first courses organized in Sincelejo and Montería. The experience gained at these sessions led to some changes being made to the programme and, since then, training courses have been held in eight cities which have recently been affected by disaster.

Objectives

To help CRC staff cope better with the stress inherent in working in disaster situations and to prevent the appearance of post-traumatic stress syndrome.

To provide volunteers with basic training to enable them to help and counsel victims in the first instance and, if necessary, to refer them to health professionals.

To strengthen the national mental health team and set up departmental teams.

To publish a training kit for the basic mental health programme.

To build up local capacities so that local people can provide basic psychological support to victims in the immediate aftermath of disaster.

Brief description of activities

Training of CRC volunteers and staff in basic aspects of mental health. The "Building the country" programme aims in the short term to train at least 150 people and to provide further training for those who have completed first-level training.

Following up on the evolution of the programme by holding meetings twice a year with people involved to assess activities and establish plans of action.

Using radio programmes to reach a large number of people and to increase their awareness of stress-related problems in post-disaster situations.

Main elements of the programme

Response to the January 1999 earthquake in the Eje Cafetero area provided the opportunity to make the mental health programme operational for the first time. Both CRC staff and volunteers and community members were involved. Experience in this operation showed that the content of the "Building the country" training was correct and emphasized the importance of good communication, particularly the use of radio, with the communities affected. Using radio allows teams to reach a

wider population more easily, facilitating group work. Well-prepared broadcasts can be used to inform and to reassure the distressed population.

The "Building the country" team, in cooperation with Colombia's National University and National University Radio, prepared a series of 12 radio broadcasts on the topic of mental health and psychosocial care in situations of natural disaster. The project, which was completed in October 2000, provides public community radios with 30-minute broadcasts which talk about how people affected by disaster react and familiarize the community with the work of psychologists. The programmes are entitled:

What happened?
And now what is happening to us?
How do we react to what happened?
How are we confronting the situation?
I am overwhelmed by distress
I am on the verge of falling apart
It's all my fault (feelings of guilt)
Sadness and sorrow
Saying goodbye
For young people
For those who help
We're still alive

The programmes will be systematically reviewed and changed as necessary as the disaster situation evolves.

Partnership and alliances

The psychology department at the National University of Colombia advises on approach and gives technical support, and the Japanese Red Cross and the *Saldarriaga Concha* Foundation (a national private entity) provide financial support.

Monitoring and evaluation

The Colombian Red Cross General Health Directorate makes visits to assess and evaluate the activities carried out in the branches.

The branches where the programme is being implemented send a descriptive report on what was done at the end of each intervention.

The future

By the end of 2001, it is hoped that at least 50 per cent of CRC branches will have implemented the "Building the country" programme and appointed a coordinator.

Lessons learned

The original programme, initiated by the National Relief Directorate, intended to enable CRC staff to provide preliminary psychological support. After discussion with volunteers about the conditions they encountered working in disaster situations, the programme's objectives were altered to give a greater emphasis to preventive activities.

In the aftermath of disaster, CRC staff and volunteers work for long periods of time in often extremely difficult conditions. They experience tension and stress, which may affect their actions. They, and the public, often find this "frailty" difficult to accept, due to the myth of invulnerability which is part of the organizational

culture. CRC research has shown that volunteers and staff who have been involved in disaster or conflict zones suffer from a variety of symptoms: insomnia, irritability, withdrawal and absence from the society to avoid memories, poorly defined pain, outburst of tears and sadness, and post-traumatic stress. Prevention, therefore, must be a priority in any psychological support programme. It is also very important to train and assist staff and volunteers to face their anxiety and depression, and to make them feel that their services contribute in a positive way to the alleviation of suffering.

It is imperative to have mental health professionals working with the society. Psychiatrists, psychologists and social workers are necessary to provide counselling and support for people coming back from mission in disaster and conflict areas.

Better information should be available to the volunteers' family and friends. They need to know about the projects and activities that the volunteers are involved in. This will help them to be more supportive and to respect the work volunteers carry out for the community.

Regular training sessions must be held for volunteers - one course alone is not enough to enable them to cope adequately with the difficulties they may have to face. Training also reinforces the International Red Cross and Red Crescent Movement's Fundamental Principles and the volunteers' esteem for themselves and the work they do.

Action speaks louder than words. Relief and support provided by the CRC have earned the respect of the communities they work with.

Well-prepared radio broadcasts about psychosocial issues in situations of crisis and disaster are very useful in getting reliable information to a large number of people across a wide geographical area. Knowing what is going on helps reassure the affected population.

Danish Red Cross: Psychological first aid and psychological support

Contact information

Nana Wiedemann
Psychological support programme
Danish Red Cross
Blegdamsvej 27
DK-2100 Copenhagen Ö
Denmark
Tel.: +45 35 25 93 97
Fax: +45 35 25 93 60
E-mail: nana-wiedemann@redcross.dk

Background/history

In April 1990, 29 Danish people died in the *Scandinavian Star* ferry-boat accident. This disastrous event made many people realize that psychological support is an indispensable part of disaster preparedness and response and led to the establishment of the Danish Red Cross's psychological support programme.

In parallel with the efforts of the Danish Red Cross, the Danish public system has increased its psychological support and emergency response services.

Objectives

To train volunteers in psychological first aid, so that they can train others and can offer psychological first aid services.

To make people realize how important it is to care for one another in times of personal crisis.

To provide simple tools to help victims suffering from loss and grief to retain their ability to cope.

Brief description of activities

In the last five or six years, a large number of volunteers have taken part in the Danish Red Cross's basic psychological first aid training course. This enables them to train others and to help people in need of psychological support. A group of psychologists not only trains the trainers, but are also available to support and back up volunteers if they are confronted with a difficult event.

Major elements of the programme

The first large disaster intervention carried out by Danish Red Cross (DRC) psychological first aid volunteers was at the Roskilde Music Festival 2000.[1] Below is a description of their activities.

[1] Based on the evaluation report, *From human being to human being - an evaluation of psychological first aid, provided by the Red Cross first aiders at the Roskilde Music Festival 2000* by Peter Berliner and Mirjam Höffding Refby, and the article, *Psychological first aid as part of disaster response* by Peter Berliner and Mette Sonniks.

Every year, some 80,000 to 90,000 people attend the music festival in Roskilde, Denmark. In 2000, a tragedy happened. Close to the scene, several people fell and the resulting confusion led to the death of nine individuals; many others were injured. The event had a great impact on all those affected: people at the festival, their families and the relief workers.

As a part of the immediate relief operation, 78 DRC volunteers provided for the first time psychological rather than physical first aid. They were deeply affected by the tragedy and many were in great need of debriefing after their intervention. The psychological first aid they provided had also to be monitored and evaluated.

Monitoring and evaluation

In the wake of the Roskilde festival, it was decided to evaluate the psychological first aid given by relief workers and the support they themselves received from the DRC's psychological network. A questionnaire was sent to all the relief workers involved; 30 of them (38 per cent) replied.

The results of the evaluation are as follows:

Some 90 per cent of the first-aiders provided psychological first aid during or after the disaster.

In total, approximately 1,500 people were given psychological first aid during and after the event by the volunteers present. (The figure of 1,500 is extrapolated from the numbers given in the returned questionnaires.)

In general, volunteers spent 15 minutes on psychological first aid with each victim.

The first aiders spent approximately one-quarter of their time on duty providing psychological first aid. This fraction is probably higher as a form of psychological first aid is a constituent part of physical first aid.

The first aiders felt that their knowledge of psychological first aid was good. However, they asked that more courses be organized, especially follow-up training with a practical content.

Sixty per cent of the first aiders experienced adverse psychological reactions in connection with the tasks they carried out, while 40 per cent had none. The reactions consisted mainly of either increased tension (anger, frustration, irritation, confusion, insomnia and restlessness) or intrusive thoughts and feelings (weeping, sense of guilt, fear, shock, shaking, unpleasant dreams, flashbacks and melancholy).

It appears that the need to give psychological first aid to a large number of people in a very short time frame added to the pressure on the relief workers and may have been a factor triggering the negative reactions they experienced.

A total of 67 per cent of the volunteers received some sort of psychological first aid after their involvement in the tragedy. On the whole, they were very satisfied with the support. Those most satisfied were relief workers who received help from the psychologists at the DRC's psychological network.

Lessons learned

By working with volunteers trained in psychological first aid, the DRC is able to provide psychological support to many people affected by a tragic event. One of the most important aspects of psychological support is to raise the awareness of the public at large of what constitutes normal reactions to abnormal events. DRC relief workers have been able to communicate this widely. Another positive factor of psychological first aid is that, by screening victims in the immediate aftermath of a disaster, those in need of more specialized treatment can rapidly be referred to health professionals working with public crisis-intervention services.

One important advantage that trained psychological first aid volunteers bring to a disaster situation is that they help victims to understand that they are not alone in their suffering and that their reactions are normal. Although some individuals may need further help, the majority benefit from the reinforced social support which is essential in preventing and handling psychological reactions to disasters.

The sort of psychological support given by the DRC volunteers to victims, and that they themselves receive from the psychological network, has proved highly efficient. However, the society needs to increase the possibilities for psychological support education and training for first aiders.

It is very important that, in disaster response situations, volunteers should be able to rapidly contact the support system, i.e., in the case of the DRC, the psychological network. This not only means having a telephone number, but also alternative ways of reaching the support system as, in major disasters, telephone systems often break down.

After a major disaster, it is important to take advantage of the fact that everyone is motivated and wants to learn more. It is, therefore, an ideal time to implement improvements in education, etc.

Finnish Red Cross: Psychosocial care programme

Contact information

Anu-Elina Jaakkola
Coordinator, Primary and Psychosocial Care
Finnish Red Cross
Tehtaankatu 1a
00140 Helsinki, Finland
Tel.: +358 9 129 3215
Mobile: +358 400 458 369
Fax: +358 9 129 3338
E-mail: anu-elina.jaakkola@redcross.fi

Background/history

At the 1993 general assembly of the Finnish Red Cross (FRC), a decision was adopted requesting that the society widen and diversify its psychological support activities to include helping people to cope with crises in their daily lives as well as in disaster situations.

Finland does not suffer from large-scale natural disasters and major accidents have not been common. In the early 1990s, however, a number of potentially serious incidents and car-ferry accidents took place in and around Finland. The sinking of the car ferry *Estonia* in the autumn of 1994 was the factor that finally made people - in Finland as well as in Sweden and Estonia - realize the importance of psychological support in everyday accidents and major disasters.

Three voluntary organizations (the FRC, the Finnish Association for Mental Health and the Mannerheim League for Child Welfare) formed a joint psychological support programme (PSP) which, from 1990 to 1995, developed training programmes, accumulated background knowledge and helped to expand the activities and establish them both as part of FRC's own activities and as a way of cooperating with other organizations and authorities.

From 1992 to 1995, the three organizations ran a project called "Psychological first aid in emergencies and crisis situations". At that time, the FRC had 40 psychologists working throughout Finland, who were divided into two groups: the stand-by group and the reserve. Their tasks have changed considerably over the years. To begin with, in the absence of sufficient preparedness on the part of the authorities, the team also had to respond to everyday emergency situations.

In the early 1990s, the programme produced a self-help brochure for disaster victims, entitled *You have experienced a shocking event...,* which has been translated into nine languages for immigrants and refugees.

Objectives

To increase respect for human dignity and humanitarian values.

To improve people's ability to cope with crisis.

To strengthen the capacity of vulnerable people to manage their daily lives.

To prevent and alleviate the after-effects of traumatic crises by

helping people to cope independently, ensuring that the assistance given to the victims of disasters and traumatic crises is a joint effort of authorities and volunteers, and raising awareness about the importance of and need for psychological support services.

Brief description of activities

In Finland, psychological support in the aftermath of disasters and emergencies is organized around two complementary structures: the professional crisis organization and the volunteer structure complementing and assisting it.

A network of local crisis groups, generally linked to public health centres, covers almost the entire country. People from a variety of organizations and professional backgrounds staff the crisis groups.

The FRC's role has been to increase psychological support skills among volunteers and professional disaster preparedness teams. The society has also supported activities at the local level, including providing resources when necessary.

In 1993, the FRC and the Finnish Association for Psychologists set up a joint emergency team of psychologists.

Once or twice a year, the FRC organizes training courses for team members which focus on coordination, leadership, consultation and cooperation with volunteers and the authorities on psychological work in disasters.

Major elements of the programme

The sinking of the *Estonia* ferry in September 1994 was the most important disaster in which the emergency team was involved. Some 900 passengers drowned and 137 survived. The rescue workers recovered about 100 unidentified bodies from the sea. Ten of the passengers were living in Finland, the others came from a number of different countries.

The following is a description of the psychological support provided by volunteers in this particular case:

The FRC organized accommodation, food and clothing for the survivors who were not hospitalized.

The society helped embassies to organize travel back to their home countries for the victims.

The victims suffered particularly from traumatic stress and Red Cross staff and volunteers gave immediate psychological first aid.

All survivors received information in Finnish, Swedish, Estonian, Russian, English and German.

An information sheet, *Could this have happened to me?,* was prepared and distributed to the general public describing the possible psychological reactions.

Information was given to the public through the media on common reactions to disasters, how to cope with them and what kind of services were available.

Debriefing groups as well as one-to-one sessions were available for those willing to discuss their experiences. In all, 250 debriefing

sessions were held by 50 psychologists.

A telephone help line at the Red Cross headquarters was established to provide psychological support for victims and relatives, general information to all affected and emergency tracing. Information to help identify those who were lost or dead was also received. The help line was in operation 24 hours a day for one and a half weeks. More than 200 calls were received by the 20 psychologists and 35 trained volunteers who ran the service.

The FRC came to the following conclusions about the operation:

Work was disrupted during the first couple of days by people phoning to offer their help and by media requesting interviews, although the positive attitude to journalists later proved useful.

The FRC tried at all times to protect the survivors from the media. Despite great pressure, the effort was successful. However, cooperation with the media did continue and a leading newspaper asked for psychological debriefing sessions for their own staff.

It was difficult at first to arrange psychological debriefing sessions for the crew of boats involved in the rescue operations. The number of crew members attending the sessions varied. Efforts were only successful when instant debriefing procedures were adapted to the working environment and shifts of the crews.

The area where the efforts were least successful was supporting the relatives of Finnish survivors and missing victims. This was because of difficulties in obtaining information and getting in touch with relatives.

Partnerships and alliances

The FRC cooperates with the church, mental health associations and local crisis organizations run by the health authorities.

The society aims at keeping up with the latest research in psychological support and developing its services in Finland. It is also interested in information about evaluations of practical experiences and activities that have been carried out elsewhere.

Joint operational capacity in major disasters and in everyday accidents will be further developed in cooperation with local social and health authorities. The aim is to improve and expand activities at the local level and to create operational models with the victims' needs in mind. Key cooperation issues are planning and developing preparedness as well as training and exercises.

Monitoring and evaluation

An internal evaluation takes place immediately after each operation. All staff and volunteers who have been involved talk about their experiences and feelings.

In 2000, an evaluation carried out in all FRC districts confirmed that most of the objectives set out in 1995 have been achieved. It considered that the basic structure (number of trainers, basic courses and training of trainers) and the plans for the future extension of the programme are sound.

The future

To increase the number of psychological support courses.

To include psychological support aspects in all assistance activities run by the FRC.

To increase the awareness of, and practical skills in, psychological support in various FRC programmes.

To collaborate closely with other organizations and other National Societies.

Lessons learned

The demand for psychological support is ever increasing. As the authorities often lack the knowledge and resources to do the work, the psychologists who are part of the FRC's emergency team are called upon to deal with difficult cases as well as working with volunteers.

Emphasis is put on increasing the awareness and the capacity of the public to cope with traumatic situations. It is essential that the training courses are well conceived, so that highly qualified trainers and volunteers can inform the general public where assistance is available and help them to give support to their families, friends, colleagues and others.

The FRC's psychological support volunteers have been successful in operating in crisis situations and accidents. This has led to more demands for support. The society has been asked to organize debriefings and to hold consultations in schools, hospitals and other institutions.

The "assistance-through-volunteers" system is based upon cooperation with local authorities. The Finnish social and health authorities can directly contact a group of volunteers, asking them to work on a particular project. The FRC has its own activities, but whenever possible it works in close collaboration with the authorities. The problem is having enough trained volunteers. At the present time, there are sufficient volunteers to respond quickly to requests for help. The FRC trains all its volunteers, and is increasing the number of basic psychological support courses. This has the added value of not only preparing highly trained volunteers, but also increasing the awareness and knowledge of the general public as regards psychological support. The greatest strength of FRC's volunteers is that they are flexible and multi-skilled.

The FRC considers that it has achieved the programme's original goals. It is, however, an ongoing project and constant evaluation is necessary, as is the setting of new objectives. Feedback from training courses and from actual and practice operations is important.

The more people understand psychological support, the more willing they are to seek help and to accept the help that is given. But a greater understanding of the effects of traumatic events and a willingness to get assistance means that there are more requests for psychological assistance and that ever-more trained volunteers are needed.

French Red Cross: Croix-Rouge Écoute psychological support activity

Contact information

Dr. Alain Chiapello / Ms. Odile Brociner / Ms. Caroline Thibaudeau
Croix-Rouge Écoute
French Red Cross
1 Place Henry Dunant
75008 Paris, France
Tel.: +33 1 56 43 51 50
Fax: +33 1 44 43 13 35
E-mail: cr-ecoute@croix-rouge.fr

Background/history

In the French Red Cross (FRC), psychological support is defined as the means and attitudes that enable volunteers to assist people with psychological difficulties before referring them, if necessary, for more specialized medical care.

Psychological support is to mental health what first aid is to physical health. It should, however, be an integral part of all Red Cross activities and aid operations.

For more than 12 years, the French Red Cross has been implementing the *Croix-Rouge Écoute* ("Red Cross Listens") psychological support programme which applies especially to people with psychological difficulties.

In October 1986, the minister of health organized a national drug-prevention campaign. He asked the French Red Cross to study and introduce a free telephone number that young people could call for advice and information. This was the first time that a toll-free number had been used in France for the public at large. In January 1987, the ministry of health assessed the operation; results showed that a great many calls had been received from young people. They had asked questions not only about drugs, but also about how they wanted to feel supported, listened to and recognized.

In March 1988, the FRC set up a toll-free, nationwide telephone service that people could call to talk anonymously about their difficulties. The service was particularly aimed at preventing troubled relations between parents and children before they arise. The lines were to be operated by volunteers, trained and supported by salaried psychiatrists and psychologists.

Objectives

To set up a free, non-specialist telephone service. Callers are guaranteed anonymity and an attentive listener with whom they can talk about their distress, whether family conflicts, dependency, loneliness, violence or any other problems.

To train volunteers to become sympathetic listeners, who are more interested in people than in their symptoms.

Brief description of activities

The FRC's activities aim to prevent social exclusion in whatever form and the work of *Croix-Rouge Écoute* is consistent with this approach. It is also an integral part of the FRC's health promotion activities.

Although the volunteers are trained in psychological issues, they are not necessarily specialists in, for example, mental health or drug addiction, so the emphasis is on active listening to whatever the caller has to say. It is so much easier to talk about problems and difficulties to an anonymous interlocutor on the telephone, out of sight. Anonymity between the caller and the listener is guaranteed, no matter what kind of problem is discussed. The dialogue may be developed in a single or in several calls.

Major elements of the programme

The national *Croix-Rouge Écoute* service today comprises a team of some 40 volunteer listeners and staff or volunteer mental health professionals. Each listener receives initial training of about 150 hours and on-the-job training. Volunteers and professionals work as a team and everyone is bound by professional secrecy.

By active listening, guaranteeing neutrality, anonymity and confidentiality, it is possible to break through isolation by renewing dialogue, to persuade callers to say the words that relieve tensions and to help them find comfort. Putting problems into words enables people to distance themselves from the situation and helps them to find individualized "solutions". Whatever is said, whether aggressive, manipulative, a joke or an insult, is regarded by *Croix-Rouge Écoute* as an attempt to communicate by a person who is excluded in some way or another.

There is an ever-increasing demand for more help and *Croix-Rouge Écoute* works in partnership with the other social institutions and help line services to create new networks.

From the outset, the service has kept statistics on the number of calls, the subjects and difficulties mentioned, and the characteristics of callers (age, sex, socio-professional status, geographical origin, etc). It has also assessed the public's awareness of the service.

In 1999, *Croix-Rouge Écoute* received almost 20,000 calls. It has doubled the number of calls since 1995 and increased them tenfold in ten years. Silent or brief calls account for about 20 per cent of the total, but are usually less than the number registered by other listening services. Young people under the age of 18 make some 9 per cent of the callers. The remainder is divided about equally between men and women. More than a third of calls come from callers for whom a single conversation is not enough. Most callers are unemployed.

The service targets in particular parent-child relationships. Calls from young people have at times accounted for up to 80 per cent of the total. Between 1995 and 1997, the proportion of calls concerning difficulties with relationships (especially within the family), including various forms of violence, was relatively constant. Under-18s called mainly to talk about difficulties in their relationships with parents, friends, etc., love-life problems and sexuality. This was also a constant theme for those under 13, who usually raised sexual and emotional matters in the form of jokes, games, etc.

Since 1996, so-called "psychological or psychiatric" calls have increased, especially repeated calls from people being treated for depression or various psychiatric conditions. Unemployment, uncertainty and exclusion are increasingly present in today's environment. *Croix-Rouge Écoute* can direct callers to competent social and medical services, but very often the callers are already in their care. Despite this, their suffering is too great and/or insufficiently recognized. Talking to someone anonymously can help them to reduce their anxiety level, to understand the situation better and to learn to live with their difficulties.

The increase in repeated calls of a psychiatric nature and from sexual deviants also corresponds to the changes in the treatment of these kinds of illness and the way the psychiatric hospital system has developed. Many people who were formerly hospitalized are now being treated as outpatients, and continue to live in, or on the edge of, society. Health professionals treat them, but they often complain of the inadequacy or lack of continuity of the care they are given. Despite the progress achieved through various psychotropic drugs, these patients are often in a state of anxiety or great mental suffering. Occasionally, *Croix-Rouge Écoute* will draw up individual strategies for some callers.

To provide a quality service, volunteer listeners need specific back-up and training. They are guided and supported by mental health professionals. They also run the initial training which every volunteer receives. The training consists of:

- basic active listening training (about 150 hours);
- focus group meetings. Focus groups are made up of five to eight volunteers and a trainer, who discusses certain calls in greater detail and helps volunteers learn to cope with the effect some calls may have on them personally;
- simulated call exercises; and
- team meetings.

Teamwork is extremely important and, after initial training, volunteers continue to work with a team. In the *Croix-Rouge Écoute* programme, teamwork is based on:

- the principle of shared calls through dual listening;
- absolute professional secrecy;
- participation in focus group meetings to study particular cases;
- supervision of volunteers; and
- participation in team meetings.

Partnerships and alliances

The FRC funds *Croix-Rouge Écoute* from its own resources. The society has signed a number of agreements with state authorities and assists in humanitarian activities. Partners include the Ministry of Social Affairs (Department of Social Activities), the Ministry of Justice (Department of Prison Administration), prefectures, associations such as the National Union of Family Associations, *Association AstrØe* and institutions such as the Mont-Blanc Motorways and Tunnel Company.

Croix-Rouge Écoute cooperates with other departments within the French Red Cross, such as the youth delegation (health education programmes), relief and emergencies delegation (psychological support action and training programmes), department of communication and partnership, department of international operations (projects to help in the establishment of telephone help line services in sister societies).

Monitoring and evaluation

For four years, *Croix-Rouge Écoute* participants have met in an annual one-day seminar to discuss their work with the aid of outside contributors. This also enables the service to develop its practices.

In 1998 a comparative study of the various social telephone services receiving state subsidies was undertaken. Although it is not subsidized, *Croix-Rouge Écoute* was included in the study. *Croix-Rouge Écoute* was praised in the report for being non-specialized and for its contribution to the overall care and prevention system.

The future

A help line for prisoners, an experimental pilot project, was launched in 1999. By targeting prisoners, *Croix-Rouge Écoute* will be able to help people who are especially isolated and excluded from society, and whose family and social ties are broken. The project also aims at preventing suicides in detention, reducing conflict and violence and encouraging rehabilitation of prisoners. A team of 12 experienced volunteers were trained for this project.

In disaster response operations, *Croix-Rouge Écoute* now works in association with the FRC's national emergency and relief department. It has also helped other institutions in disaster situations. *Croix-Rouge Écoute* listeners were particularly active after the fire in the Mont-Blanc tunnel (April 1999) and after storms and floods hit France in December 1999 and January 2000.

The programme also helps FRC local, departmental or regional units establish help lines and has received a number of requests from other institutions. The FRC's governing board has outlined a policy to increase the capacity of *Croix-Rouge Écoute* to train volunteers and set up new help lines, at the same time ensuring that the training and service remain uniform throughout the country.

Lessons learned

The use of trained volunteers is the greatest strength of *Croix-Rouge Écoute*. The programme has proved that psychological support is not a matter for specialists only. A good listener can go a long way to help those in distress. Another reason for the success of the programme is the total anonymity of the telephone.

Thanks to a nationwide, toll-free number, a *Croix-Rouge Écoute* listener is always nearby no matter where a person calls from. A non-specialist, the listener could be a sympathetic neighbour, someone with whom it is easy to talk.

In modern society in the developed world, social bonds are becoming weaker. The distressed and the excluded very often have no family or friends to turn to for help. But, more than ever, they need someone to listen to them, to help them to understand what is happening to them and to find their own solutions.

The successes of psychological support services are rarely visible. But they are always there, ready to reach out and help anyone who is in need of assistance.

Icelandic Red Cross: Psychological first aid and psychological support

Contact information

Elin Jónasdóttir
Programme Officer, Psychological First Aid
Icelandic Red Cross
Efstaleiti 9
103 Reykjavik, Iceland
Tel.: + 354 570 4000
Fax: + 354 570 4010
E-mail: elinj@redcross.is

Background/history

An island democracy in the North Atlantic, Iceland has a population of approximately 280,000 inhabitants, most of whom live in the capital, Reykjavik. The people of Iceland generally benefit from a high standard of living.

The island is geologically young and both volcanic eruptions and earthquakes are quite common. During the long, harsh winters, avalanches are frequent.

Two major earthquakes, measuring 6.5 on the Richter scale, struck RangÆrvallasýsla county on 17 and 20 June 1999. Scientists had been expecting

major quakes in the southern part of the island as seismic tension had been building up over the last 100 years; not all the tension was released in the 1999 earthquakes, however, so further quakes are anticipated within the next 20 years. The inhabitants of Iceland are therefore prepared for earthquakes to hit their island and building regulations require that all constructions be built to withstand them.

Although disasters in Iceland generally result in a small number of victims with physical injuries, the Icelandic Red Cross (IRC) realized that far greater numbers of people suffered from the psychological distress caused by disaster. The IRC therefore decided to offer psychological first aid (PFA) and psychological support (PS) to disaster victims. A working group of psychological first aid instructors was formed to give courses in PFA/PS around the country.

Objectives

To offer effective PFA/PS to victims of disaster in Iceland.

To train a sufficient number of PFA instructors who can then instruct volunteers throughout Iceland.

Brief description of activities

In addition to the group of PFA instructors, the IRC set up in 1999 a cross-professional, volunteer psychological support team of 25 experts. Experienced psychologists, priests, nurses and other professionals, all of whom have worked with children and teenagers, make up the team.

The team's primary objective was to give psychological support to children and teenagers. Although they work primarily with this age group, they may be asked by IRC to assist in other PFA/PS activities. The team is managed by the IRC's psychological first aid programme officer.

Main elements of the programme

The IRC's PFA/PS team was very active in the aftermath of the June 1999 earthquakes which hit RangÆrvallasýsla county (about 100 km east of Reykjavik). RangÆrvallasýsla is an area of farms and small villages with some 3,200 inhabitants. A total of 250 homes were damaged, of which 18 were totally destroyed, and a few people suffered minor physical injuries.

RangÆrvallasýsla's civil defence asked the IRC to provide PFA support. The day after the first tremor, 18 June, the PFA team was in place and an initial assessment of the situation was made in cooperation with the local authorities. It was decided to set up a Red Cross care shelter in the local school in the village of Hella and the PS team and PFA instructors began work immediately. Most psychological support for victims was carried out from 18 to 27 June, during which period team members worked, on average, for half a day each, although many worked for much longer periods.

The care shelter stayed open from early in the morning until late at night to support traumatized inhabitants. When the second earthquake struck during the night of 20 June, the shelter opened immediately to deal with the crowds of people in need of PFA.

Various services were provided, at first in Hella and a little later in other towns and rural areas. Educational meetings were set up, booklets distributed, debriefings held and care and guidance provided for individuals and families. The IRC's PFA programme officer and the local priest held meetings for the local population and for people who work with children and teenagers, explaining what are normal reactions to abnormal situations.

Debriefing and educational sessions were also held for the children, again with the local priest participating. The children later distributed IRC booklets about trauma and psychological first aid to every house in their villages.

It was important in all of these meetings to work closely with the local priest, who knew the villagers and their children personally. It was evident from the reactions of the local inhabitants that they appreciated the participation of someone they knew.

The IRC also held special meetings, in their own language, to inform and support immigrants living in the area, mainly Chileans and Poles. It is especially important to be proactive in reaching out to minority groups, as they may not seek help on their own.

In all, about 100 formal sessions on care and guidance were given to 162 people and several were held over the phone. Some 120 people took part in debriefings and 690 attended local educational meetings. Further support was given to those in need of more than psychological first aid. IRC also organized debriefings for PFA/PS volunteers with psychologists who are not part of the IRC's team.

In Iceland, most psychological services are situated in and around Reykjavík. After the earthquakes, the IRC felt it would be useful to offer follow-up services in the affected area. One of the psychologists who was part of the emergency operations now holds weekly sessions at the Hella medical clinic. Although people were at first a little ill at ease, their reluctance has gradually diminished and many now use the service.

The public's awareness of the services offered by the PFA/PS teams increased enormously after the earthquakes, and the team has since received a number of requests for assistance, for example after accidents.

Monitoring and evaluation

IRC's psychological support and psychological first aid programmes are still "under construction". It was therefore considered important to evaluate what the beneficiaries thought of the earthquake operation. A survey was carried out two months after the events and 83.3 per cent of the people to whom questionnaires were sent replied.

The vast majority of the participants (88 per cent) agreed with the IRC being involved in disaster recovery and were satisfied with its assistance in general during and after the earthquakes. Another 97 per cent said that the assistance offered by the Red Cross did them good (3 per cent said it did not make a difference).

The survey also aimed at measuring the degree of possible psychological distress people suffered from after the earthquakes. To evaluate coping styles (intrusive and avoidance thoughts), questions from the *Impact of Event Scale* questionnaire developed by Horowitz et al.(1979) was used. Intrusions include unwelcome thoughts and images and troubled dreams. Avoidance responses include constricted ideas, denial of meanings and consequences of the event.

People were asked if they had felt any psychological distress after the earthquakes. The results showed that 72 per cent of the people who participated in the survey had intrusive thoughts about the earthquakes (i.e., dreams about them). Only 29 per cent of the participants had avoidance thoughts about the earthquakes. In both cases, the percentage of women replying positively to the questions was significantly higher than men.

Lessons learned

As rapid a response as possible to an event makes it easier to reach people and helps them feel at ease with the whole PFA/PS process. In the case of the earthquakes, the teams were present the day after the first earthquake and immediately set up meetings, distributed booklets, held debriefings, provided care and guidance for individuals and families and, if necessary, provided follow-up support.

There was a close and continuous cooperation between the IRC, the local authorities and beneficiaries. This helped to build a bridge of trust and improved efficiency.

It proved to be of great importance that the PFA programme officer was on the spot and able to assess the situation continuously and, at the same time, to keep in contact with headquarters in Reykjavík and get feedback and back up from them.

Also extremely important was the excellent cooperation with the local priest, who participated actively in the process, and with the numerous local IRC volunteers who gave their time and effort. This collaboration will be very useful for future activities in the region.

The survey of the operations confirmed the need for a long-term commitment to psychological support. The survey also showed that women constitute a vulnerable group in the aftermath of disaster.

Children affected by armed conflict (CABAC)

Contact information

Ulla Nerenst, Danish Red Cross representative
c/o International Federation of Red Cross and Red Crescent Societies
Semina 21
11000 Belgrade
Yugoslavia
Mobile tel.: +381 63 279 549
E-mail: ulla-nerenst@redcross.dk

Background/history

The Republic of Bosnia and Herzegovina was one of the six republics of the former Federal Republic of Yugoslavia. In 1992, the country became involved in a violent and relentless war, in which over 200,000 people died and another 20,000 are still missing. In addition, a massive population movement took place.

In November 1995, the war ended with the signing of the Dayton Peace Agreement. As a consequence, the country is now divided into two entities: the Federation of Bosnia and Herzegovina (BiH) and the Republika Srpska. The agreement confirms the right of people to return to pre-war homes. This has resulted in another population movement, which has only just begun and is expected to continue for the next few years.

The first CABAC (Children affected by armed conflict) project was implemented in Banja Luka, the most highly populated area of the Republika Srpska. Some 50 per cent of the region’s population is made up of refugees and internally displaced persons (IDPs) from all parts of BiH and Croatia. At least one member of most of the region’s families served in the armed forces during the war, so a large percentage of the population have been in a state of prolonged, chronic stress for years. Children, too, suffer from the psychological consequences of armed

conflicts and it is widely accepted that this may lead to a decreased quality of life and learning difficulties.

CABAC programmes have been supported in Bosnia and Herzegovina by the Danish Red Cross (DRC) since 1996. A pilot project in nine schools in Banja Luka targeted vulnerable primary-school children, and the programme has expanded to cover 17 schools and some 1,600 children in the area. In 1997, the DRC set up a similar programme (targeting eight schools and 600 children) in BiH's Bihac municipality and is now preparing to hand the running of the project over to the local Red Cross. Also in BiH, the DRC and the local, Bosanska Krupa branch of the Red Cross launched a new project in September 2000 to work in six schools.

Two other CABAC projects began in August 2000 in the Federal Republic of Yugoslavia and in Kosovo, involving eight and 11 schools respectively.

Objectives

To improve the living conditions and the learning ability of children who are psychologically traumatized by their experiences during the war and its aftermath.

To help the children to build a new life and regain trust and hope in the future.

To help the children interact with friends and teachers in a more positive way through conflict-solving skills and peaceful coexistence.

To help to develop reconciliation and thus to prevent new conflicts.

To enable the children to develop and learn as "normal" children.

To assist the region's Red Cross societies to develop and implement, through their local branches, psychosocial support projects in the future.

Brief description of activities

The programme targets primary-school children affected by war: children who have lost one or both parents or other close relatives; who have witnessed or experienced atrocities; who, being refugees, IDPs or returnees, have lost their social network; children from disrupted homes; and those who have experienced loss of values, cultural uprooting and ethnic enmities.

The main characteristic of the programme's concept is that it is built upon an existing and recognized institution - the school system - and on a respected profession - teachers.

The programme consists of three components: psychosocial workshops; nutritional support; and hygiene instruction.

Major elements of the programme

Psychosocial support workshops: The workshops consist of group-based and creative activities which allow the children to express their emotions and concerns in their own language. The creative activities include: music and dancing; arts and crafts; literature and storytelling; and sports activities. Group-based work seeks to develop group resources from individual helplessness.

Nutritional support: The children are served with food of a high nutritional value during the workshops. Eating highly nutritional food together forms part of

the children's social activities.

Hygiene instruction: The children are supplied with their own personal hygiene kits (toothbrush, toothpaste, soap, etc.) to help teach them the basic rules of hygiene.

In cooperation with representatives from the national ministry of education, the local Red Cross and school directors, schools are selected for programme activities. Teachers are invited to conduct the day-to-day work with the children on a volunteer basis and are given regular support and input by the local Red Cross. Two annual three-day seminars, follow-up seminars and monthly meetings, facilitated by specialists in psychosocial group support activities, are organized for teachers in the programme.

The schools selected have a large number of vulnerable children suffering from the traumatic effects of war, i.e., children who are often more aggressive, lack concentration and the ability to learn, feel isolated, and/or show other kinds of distress. The programme emphasizes the importance of vulnerable children being integrated in classes with others of their age; segregation would be detrimental to their recovery. Integrated classes are part of the healing process, helping the children to re-establish their networks and to encourage reconciliation. It also means that all the children will benefit from acquiring peaceful conflict-solving skills and learn to coexist in peace with others.

The Danish Red Cross supplies all materials used in the programme, compensates schools for the use of utilities and pays a monthly allowance to volunteer teachers.

Once a year, local Red Cross volunteers develop a plan of action for the year's activities in collaboration with professional facilitators. In each school, there are generally three workshops a week, lasting two hours each. The creative and active workshops aim to:

- encourage the children to talk about themselves and their concerns;
- share experiences by observing and listening to others;
- enhance their self-esteem and increase their confidence in other children and in adults;
- give the children the opportunity to work through their individual problems at their own pace in a comfortable atmosphere; and
- help them to develop an attitude of peaceful conflict resolution and coexistence.

Children with special needs are recommended for professional help.

Partnerships and alliances

The Danish Red Cross's CABAC programmes are implemented with the support of the International Federation and in partnership with the national Red Cross society. The National Society should eventually be able to take over the running of the programme.

Approval from the national ministry of education is obtained before the start of any project.

The programme coordinators work in close collaboration with psychologists and teachers specialized in working with traumatized individuals, who are employed by local nongovernmental organizations. Their support is of particular importance as some local school authorities prefer to avoid a "foreign" influence in their

schools.

Monitoring and evaluation

To evaluate social behaviour, a method covering nine characteristics related to post-traumatic stress was produced. [1] Children are evaluated by their teacher at the beginning and the end of the school year. The information thus collected allows the programme to be adjusted to take into account the needs of the most vulnerable children and helps assess the overall result of the group during the school year. However, it is a quantitative assessment and the programme is developing a more qualitative method of evaluating the impact on individual children.

[1] *Psihosociljalna Pomoc u Skoli.* Petrovic, V. et al. 1996.

The quality of meals and efficiency of food distribution are also continuously monitored. A Red Cross coordinator monitors the performance of teachers involved in the programme and any programme adjustments/corrections can be made at monthly follow-up meetings.

The project was evaluated in 1998 by Allan Staehr of the International Federation Reference Centre for Psychological Support.

The future

Professionals generally agree that psychosocial support for the region's inhabitants will be needed for another five to ten years.

Individuals are facing a number of new stress factors: eviction from temporary housing, as refugees return; huge unemployment; and lack of social security.

In 1999, a programme for parents was introduced, as children generally do well if their parents are coping, if a safe and normal environment can be created for them, and if they can express their feelings and receive support.

Lessons learned

The main strength of CABAC's programmes is that they are integrated into existing structures (schools), are implemented by respected and familiar figures in society (teachers), and work with the group rather than the individual.

Integration in schools. Schools represent an important part of most children's lives, and symbolize continuity and stability, especially in post-conflict areas when the life of the community is often characterized by chaos and instability. Schools try to give children a positive orientation towards the future, by teaching them the knowledge and abilities they will need in their lives. It can also be the place to communicate society's norms and values and emphasize non-violent ways of solving conflicts and teaching mutual respect. Schools can help overcome the "lack of hope" that often is a consequence of traumatic experiences.

Working through teachers. A teacher's role is often significant in post-conflict situations, especially for a child whose parents have been affected by the war. The teacher, by providing information and knowledge, helps his/her pupils to feel more secure and can help lessen the child's impression of living in an unpredictable world. The teacher can also support the children emotionally by being understanding and encouraging them to share their stories.

Working with groups. To provide a supportive atmosphere and help develop a social network, it is important to work with groups of children who are of the same age and have similar experiences and backgrounds. Although some children may find it difficult to express their feelings, they will benefit from being with others who

have lived through similar experiences: a feeling of shared fate may lessen their alienation and help them develop a more positive self-image. Working with groups of children therefore probably helps diminish their feeling of isolation, increases their social competence and strengthens relationships. [2]

[2] *Krigsramte børn - en helhedsorienteret anskulse af deres oplevelser, rektioner og mestring.* Gurli Jensen. Psykologisk Skriftserie, Aarhus Universitet. Vol. 22, No.2, 1997.

Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) psychosocial support service

Contact information

Slava Otchik
14, Mayakovskogo str.,
Minsk 220006
Belarus
Tel.: +375 17 2216361 / +375 17 2217237 / +375 17 2213446
Fax: +375 17 2219060
E-mail: otchik@ifrc.minsk.by

Background/history

In April 1986, the fourth reactor of the Chernobyl Nuclear Power Plant in Ukraine exploded, producing the world's worst nuclear accident and contaminating huge areas in what is now Belarus, Ukraine and the Russian Federation.

The consequences of the Chernobyl catastrophe affected more than 4 million people. Many are still traumatized by the stressful events following the disaster. Although some 400,000 people have been relocated, many still live in the zone contaminated with radio nuclides in areas with a high radiation level.

The breakdown of the former Soviet Union caused a further deterioration of living standards and a reduction in health and social welfare programmes. Because of the scarcity of resources, initial interventions were confined to the provision of basic medical care and rehabilitation, and psychological needs were neglected.

The absence of well-functioning basic health services, forced displacement or relocation and the perceived threat of radioactive contamination are among the psychological problems faced by the region's inhabitants. Other problems frequently encountered include depression, hopelessness, anxiety, lack of self confidence, social and psychological apathy, mistrust in communities, indifference to the danger of radiation and other risk behaviour.

The National Societies of the three affected republics requested assistance and, in January 1990, an initial needs-assessment mission recommended that a psychological support module be included in the assistance programme to the affected communities. At that time, however, the programme could not be implemented because of both the need for more accurate information on the actual effects of health and the lack of adequate resources. In February 1996, the second external evaluation mission highlighted mental health needs as a priority. Although there were very few real psychiatric illnesses, including post-traumatic stress disorder (PTSD), the people interviewed had repeatedly expressed their anxiety about their health and that of their children, and complained of many physical aches and pains.

The Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) was launched in 1990. Six mobile diagnostic laboratories, CHARP's operational core, work in remote areas affected by the Chernobyl disaster in Belarus, Ukraine and

Russia. In 1997, a psychosocial support service (PSS) was included in the programme and, since 1999, in other programmes run by these National Societies (for example, the visiting nurses and population movement programmes).

Objectives

To decrease stress and stress-related diseases in the affected populations.

To restore the communities' self-confidence.

To build the capacity of the National Societies of Belarus, the Russian Federation and Ukraine to respond to the psychosocial needs of their populations.

To train Red Cross staff and volunteers in psychological support.

To organize psychological services in the affected communities.

To teach the affected people self-help techniques in stress management.

To collect and distribute reliable, clear information on the consequences of the Chernobyl disaster.

To organize regular supervision and guidance on PSS for Red Cross staff.

To incorporate PSS in the local programmes run by other National Societies.

Brief description of activities

More than 14 years after the Chernobyl disaster, people are still affected by its consequences. Psychological support and reliable information on the effects of radiation help the region's inhabitants to reduce their anxiety and to cope with stress.

Trained Red Cross staff and volunteers work at the community level to raise the population's awareness and understanding of the causes of stress and mental trauma and to help communities to overcome them. The programme also uses local community doctors, teachers and social workers to disseminate as widely as possible information on psychosocial support and radiation.

In all, the programme involves more than 200 Red Cross staff and volunteers, who work in the visiting nurses and mobile diagnostic laboratory (MDL) teams, at medico-social centres (run by local health authorities or the Red Cross) or in Red Cross city and district committees. At the local level, volunteers trained in psychological support help integrate the programme in the communities. The National Societies' capacity to cope with the consequences of Chernobyl has improved in seven regions of the three countries.

About 200,000 people are targeted by the programme; priority is given to children and adolescents with pathologies induced by radiation; Chernobyl migrants; lonely, elderly people; and the unemployed.

From 1997 to 2000, according to CHARP's statistics, the 200 Red Cross staff and volunteers trained in psychosocial support assisted about 32,000 people living in contaminated areas of Belarus, Ukraine and the Russian Federation. Another 20,000 have been informed or educated on topics related to reducing stress and anxiety.

Major elements of the programme

To assist National Societies to provide the affected communities with psychosocial support. A core group of trainers is set up who can then train their Red Cross co-workers and volunteers on how to respond to the psychological needs of the affected population. The second step involves holding one-day workshops to teach Red Cross staff, nurses and community social workers to use the psychological support tools available to them in their daily activities. This should enable them to provide adequate support to their target population.

To provide the affected population with psychosocial services. Follow-up training is given to Red Cross staff and volunteers to help them develop PSS at Red Cross centres, MDLs, etc. With the necessary training equipment and materials, they will be able to improve the service given to communities, for example by setting up self-help groups. The programme also aims at better informing the local population about available PSS. Trained staff and volunteers contact the target population through Red Cross and ambulatory centres or visit people in their homes, and provide support through simple methods like active listening, conversation and presence. They also organize lectures, discussions and stress-management workshops, and distribute leaflets.

Monitoring and expanding psychosocial services. The complexity and changeable nature of psychological conditions and the needs of the affected people means that helpers should be offered ongoing training in new psychological subjects. Monitoring is necessary to ensure that the training is appropriate and the support given to the local communities is adapted to their needs.

Partnerships and alliances

From the beginning, the International Federation Reference Centre for Psychological Support and the Danish Red Cross have supported the programme with funds and human resources. The German, Icelandic and the Netherlands Red Cross Societies funded psychological support services from 1997 to 1999, as did ECHO.

Training sessions organized by the United Nations' Chernobyl Programme (UNESCO-Chernobyl Project N 64) were held for Belarus Red Cross staff.

In Belarus, the Dutch foundation *Helpt Slachtoffers van Chernobyl Helpen* trained more than 100 local schoolteachers, psychologists and Red Cross workers in stress management.

Monitoring and evaluation

Experts from the International Federation and its Reference Centre have evaluated the programme.

In May 1998, an assessment mission re-examined the technical aspects of the psychosocial support service pilot project. The mission assessed the programme as sufficiently developed. and recommended that it be expanded to affected regions of Ukraine and the Russian Federation.

In January 1999, an evaluation was carried out by the International Federation. The results were generally positive. It concluded that the programme addresses real needs, has been able to mobilize resources both inside and outside the National Society, and has initiated and developed new skills at community level.

The future

The future goal of the psychosocial support service is a geographical extension to the other affected regions of Belarus, Ukraine and the Russian Federation, as

well as further development within the National Societies. The Red Cross Societies of Belarus and Ukraine drafted projects on PSS as separate programmes for the period 2001-2002. They plan to develop PSS for the population affected by natural and man-made disasters.

Incorporating PSS into other Red Cross programmes will continue by increasing the activities aimed at rehabilitating victims and preventing physical and mental disease.

Lessons learned

Chernobyl. Within a few days in April 1986, the name of this small Ukrainian town became a synonym for a major catastrophe. More than 14 years later, it still inspires fear to many people. Not all the lessons have yet been learnt from Chernobyl, including its psychological consequences.

Setting up a culturally acceptable programme was a major challenge. Mental health was associated with neuro-psychiatry and many people were afraid of anything beginning with "psy...". The psychosocial support programme relies heavily on the community network and a few basic principles. Among these, the dissemination of clear, simple, consistent and easily understandable information to the community by a group of trained volunteers was the most important. Identification and training of these volunteers became the first task, with a view to creating a "critical mass" that could significantly influence other community members.

In order to establish programme credibility, trustful relationships must be developed, the most important one being between beneficiaries and the people carrying out the programme. Staff and volunteers come from the affected communities themselves and therefore understand its objective of improving the situation of the local population. It is also important to develop links with the relevant international organizations to get recognition and support for the programme.

Keeping abreast of and disseminating the most up-to-date information available has been of paramount importance since the beginning of the programme and remains important in the rehabilitation stage.

Although the initial needs-assessment mission mentioned psychological needs as area of interest, the first psychosocial support pilot project started in Belarus only in February 1997. Four years on, the programme is facing several major challenges. To sustain it, both financial and human resources need to be assured. There are many demands from local communities and other affected countries to extend the programme. With sufficient resources, this would be possible.

Psychological support programmes differ from material assistance in several ways. First, since they do not deliver goods, they have a much lower visibility. Second, their pace is much slower: they must organize the training of volunteers, strengthen local capacity and diffuse their message verbally. Therefore, it is of the utmost importance to get the full commitment of the organization’s senior management to ensure proper funding and long-term sustainability. [1]

[1] *Meeting Psychological Needs after Chernobyl, the Red Cross Experience.* Dr. Jean-Pierre Revel. Paper prepared for the conference, "Operational Impact of Psychological Casualties from Weapons of Mass Destruction", Washington DC, USA, 25-27 July 2000.

Kenya Red Cross Society: Crisis mental health assistance

Contact information

Marion Weigel
Former Social Welfare Coordinator, Bomb-Blast Support Programme
Kenya Red Cross Society
Regional Office Nairobi
Chaka Road (off Argwings Kodhek)
P.O. Box 41275
Nairobi
Kenya
E-mail: ifrcke01@ifrc.org

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 programme [1]

[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.

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.

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.

The psychosocial programme in Kosovo

Contact information

Kris Hurlburt
Psychosocial programme coordinator
Kralja Nikole 8
Pristina 38000
Kosovo
Tel.: +381 38 28 400, ext. 283
Mobile: +99 377 44 15 15 28
E-mail: hurlburt@ifrc.org

Background/history

People living in the Balkans have experienced a decade of extreme difficulties and hardships. The horrifying events of 1998-1999 added another chapter for those living in Kosovo. Traumatic stress specialists worldwide have determined that people physically, emotionally and cognitively closest to critical events are

more at risk from physical and psychological problems, impaired mental functioning, antisocial behaviour, and debilitating psychological and psychiatric disorders. During the crisis in Bosnia, research with refugees identified the five most frequently reported traumatic events as: being present during shelling or grenade attacks; hiding from snipers; hiding outdoors; being confined to home; and being present while one's home was searched. All of these incidents have been prevalent in the recent crisis in Kosovo.

Most of the population experienced multiple traumatic incidents over a short period of time in 1999. Then came the effects of accumulated stress (living in crowded conditions, security restrictions on travel, struggling to meet basic needs, etc.). Hence hundreds of thousands of people are suffering the psychological and physical consequences of the conflict, a situation that taxes all aspects of personal and professional life in Kosovo as well as stretching weak socio-economic, mental health and physical health care systems. Ongoing therapeutic and social support will be needed for some time and long after the humanitarian community has moved on.

The psychosocial programme (PSP) in Kosovo began on 1 September 1999. Six months later, five psychosocial centres and mobile outreach teams had been established in collaboration with local Red Cross structures with the primary objective of reducing the long-term psychological effects and supporting capacity building in the Red Cross.

Objectives

To reduce the impact of traumatic and accumulated stress on urban and rural populations in Kosovo.

To deliver sustainable and dynamic psychosocial services.

To strengthen organizational and human resource capacity in the local Red Cross.

To develop a comprehensive information and referral system within the Red Cross.

To participate in community development of psychosocial services.

To organize and/or facilitate beneficiary participation in job skills development.

To cooordinate Red Cross psychosocial activities in Kosovo by providing technical and consultative services to other National Societies and the ICRC.

Brief description of activities

A total of six regional PSP teams are deployed throughout Kosovo. Each team is made up of four members and is divided into the centre team and the mobile outreach team (MOT), both consisting of a male and a female counsellor. Expatriate mental health professionals provide managerial support and clinical supervision. There are 21 support staff members (interpreters, drivers, etc.).

Centre activities focus on support groups, social activities and recreation for all ages. Support groups are provided for ex-detainees, widows and widowers, single parents with young children, and other groups as necessary. Children are engaged in activities such as excursions, acting and craft groups, and singing and dancing troupes. Sporting events and community service activities involve teenagers. Individual support is regularly provided. All activities are voluntary. Beneficiaries can walk in or make appointments.

MOTs visit both rural and urban home-bound individuals. The teams have assisted many extremely vulnerable people who are incapacitated due to the traumatic events and their meagre socio-economic situation. Support groups are also held in rural areas. The MOTs provide other assistance ranging from transporting beneficiaries to medical facilities and taking family members to visit loved ones in other areas.

The programme also provides some job-skill training, although it is difficult to determine what skills will result in employment due to the uncertainty surrounding the economic future of Kosovo. However, a number of beneficiaries are receiving lessons in English, computers and sewing. On average, the PSP teams assist some 2,000 people a month and have been able to identify gaps in humanitarian aid for some of the most traumatized families in Kosovo. The programme has also been able to assist the local Red Cross in its capacity building and development.

Major elements of the programme

The PSP's intervention and support methods aim at being culturally adapted and practical to apply. Under the supervision of PSP professionals, these techniques are used by a specially trained team of 20 paraprofessionals, which was established to help improve family/community functioning and relationships, and accelerate the healing process.

The PSP's activities and support, that must be flexible, creative and ethnically adapted, take a therapeutic approach to healing. This does not mean that staff are conducting psychological therapy, but it puts the focus on an outcome of improved psychological and social functioning. Supportive and active listening, compassion and empowerment are critical. Education of stress management, psychological health and its connections to physical health have proved valuable in a population that expresses many emotions through physical symptoms. Coupled with the impact of stress, disorders such as headaches, heart conditions, gastrointestinal disorders, fainting spells and complications with diabetes are common.

Support groups are held, for example, for widows with young children and no job skills and for ex-detainees, to share common problems and concerns, and try to find positive solutions. Group activities are also organized in centres and by MOTs such as traditional crafts, sewing courses, teenage sports clubs, children's acting groups, etc.

The suicide rate and acceptance that suicide does exist in Kosovo have concurrently increased. PSP staff are trained in initial suicide assessment and prevention, and a referral system is in place to deal with people requiring more specialized care.

Excursions are organized and are popular with the beneficiaries. It gives them something to look forward to and new memories to talk about. The PSP teams also use creative activities (for example, various arts and craft techniques, poetry, singing, dancing and acting) to get beneficiaries to express their thoughts and feelings, which may then be discussed and which can help the healing process. The most traumatized are often those who have lost the most basic resources (homes, jobs, livestock, etc.); they are also the least likely to have the capacity to seek out resources. The PSP has played a very important role in identifying the most vulnerable and isolated throughout the areas covered by the programme.

"Helping people help themselves" is a motto adopted by the programme. Simply getting the correct information out to both urban and rural populations helps them help themselves, reduces confusion and rumours, and reduces the drain on service providers. The PSP also makes appropriate referrals to other services both within the Red Cross and externally. Coupled with information sharing, this is an important, sustainable and inexpensive function that the Red Cross can

easily offer the community.

Training for paraprofessionals includes: information about the International Red Cross and Red Crescent Movement, professional ethics, suicide assessment and prevention, intentional interviewing and active listening, self-care, first aid, relaxation techniques, therapeutic arts and crafts, team building, defusing and debriefing, child abuse and neglect. Several of the PSP training modules have been incorporated into a one-year university course in Kosovo. The International Federation was subsequently able to hire counsellors who had taken this course.

Partnerships and alliances

The PSP has major partnerships and alliances with many organizations. Apart from the local Red Cross and members of the International Federation, the team has worked closely with, for example, the World Health Organization, UNICEF, the International Organization for Migration, the University of Pristina, the Institute for Mental Health and Recovery for Kosova, MØdecins du Monde, UNMIK Civil Administration and KFOR, as well as with small indigenous NGOs.

Monitoring and evaluation

Evaluation and internal review is an ongoing process among the PSP teams. An independent evaluation involving beneficiaries, participating National Societies and a mental health specialist will be conducted in 2001, both to improve programming and to retain institutional memory for future International Federation psychosocial work.

Monthly, quarterly and annual reports are regularly submitted. Success, in part, is measured through beneficiary feedback, requests for information regarding repatriation from host governments, referrals from beneficiaries, the mental health community, ICRC protection officers, the police, etc.

An internal audit was conducted in early 2000.

The future

The foundations laid by the PSP will be instrumental in the future for further development of the indigenous Red Cross staff and volunteers. The local Red Cross has gained a strong understanding of the value of psychosocial services and the role of the Red Cross in both disaster situations and normal times. During 2001, the PSP will begin a slow decrease in direct services while increasing training and support of the staff and volunteers now established in Kosovo.

Lessons learned

A number of indicators reveal the effectiveness of PSP activities in Kosovo:

- Beneficiary satisfaction as indicated by unsolicited referrals to other families in need.
- Some beneficiaries being able to take responsibility for their own future.
- Referrals from both local and international organizations operating psychosocial programmes, and from the police, civil administration, etc.
- Requests from governments regarding information on return of refugees with complex psychological or psychiatric disorders.

Low staff turnover (in spite of earning 50 per cent less than in some other organizations).

Ethical soundness is a priority of the PSP. Expatriate mental health professionals first taught local staff about the Movement, in particular its Fundamental Principles, and professional ethics (e.g., confidentiality, right to privacy, informed consent, etc.). All staff were required to sign a code of conduct which supports the Fundamental Principles and beneficiary rights.

Beneficiary lists are not distributed and are later destroyed. Information sharing on a need-to-know basis for the benefit of the individual is considered necessary and therefore acceptable. However, every precaution is taken to ensure ethical soundness and respect for individual rights.

Almost the entire population of Kosovo suffered in one way or another from traumatic and/or accumulated stress; they required programmes that help in healing and recovery. The need was even greater than in many other places given the lack of indigenous mental health professionals, a collapsed infrastructure and weak health and social care systems. The PSP was designed first to help people in need and to evolve into a more sustainable model that the Red Cross could continue in the future. However, the slow implementation of mental health and social welfare systems has resulted in an increasing demand for the programme's services through referrals from other Red Cross and Red Crescent partners, UN bodies, police, health care professionals, etc.

The PSP is a constantly evolving programme, and as such parts of it are not sustainable over the long term. However, there are critical elements that can be incorporated into Red Cross programming at little cost. This involves building sustainability through human resource development, such as new techniques for recruiting and training volunteers, and raising awareness about suicide, psychosis, violence, etc. The people of Kosovo will need mental health and social care for a long time. The Red Cross therefore needs new skills to provide valuable and relevant services to their communities if they are to retain the trust of the most vulnerable.

The International Federation is focusing on the development of local Red Cross structures. Assistance in both management and governance help strengthen the organization.

Little literature exists regarding beneficiary dependence on psychosocial programmes. While a dependency has not been identified as a general trend, the concern exists and the PSP must ensure that people are motivated and able to pursue their own self-care.

The PSP has been successful in keeping its staff, an important point not only for the wellbeing of beneficiaries but also in financial terms. In 16 months, only three staff members out of 23 have left. Although staff are not expected to remain with the programme in the long run, their value to the community will be increased through their PSP training and experience. Many will probably retain their loyalty to the Red Cross by becoming donors and volunteers in the future.

Former Yugoslav Republic of Macedonia: Social welfare programme

Contact information

Suzana Tuneva-Paunovska
Senior Programme Officer/NS Liaison
The Red Cross of the Former Yugoslav Republic of Macedonia
Bul. "Koco Racin" No. 13
91000 Skopje
Macedonia
Tel.: +389 (0) 91 232-558
Fax: +389 (0) 91 115-240
E-mail: infock@mol.com.mk

Background/history

The Former Yugoslav Republic of Macedonia (FYROM), with a population of 2 million people, has struggled economically since its withdrawal from the Federal Republic of Yugoslavia in 1991. High labour and social costs have combined to make the few viable state-run industries non-competitive, and the result is that unemployment is high, underemployment even higher, and most large state-run industries are bankrupt. The situation has been exacerbated by the 1991-95 Balkan conflicts and the hostilities in Kosovo in 1999, both of which provoked a massive flow of refugees into the country. At the end of 1999, an estimated 15,000 to 20,000 refugees remained in FYROM, mostly from Kosovo, but also including refugee minorities of Serbs and Roma.

In the early 1990s, the Red Cross of the FYROM initiated a social welfare programme (SWP) to assist the refugees from the conflicts in Bosnia. The war in Kosovo resulted in a new influx of refugees and the Red Cross was compelled to increase its services to help beneficiaries living with host families and in refugee camps. When the return of refugees to Kosovo commenced, the local Red Cross again needed to adapt its services to continue helping Bosnian refugees, who arrived with the first wave in early 1990s, as well as providing support to Serbian and Roma minorities, who had left Kosovo.

Objectives

- To assist both refugees and the most vulnerable people among the local population.
- To help beneficiaries recover from the psychological trauma caused by the war.
- To empower and assist them in meeting their basic needs (for example, food, housing and medical care).
- To help them cope with reduced welfare assistance.

Brief description of activities

The SWP has been operational since 1993. It was set up to serve the needs of refugees from Bosnia and other areas of the former Yugoslavia, as well as vulnerable people in the local population. The beneficiaries of the programme are still the same today, although the origin of some of the refugees has changed.

The SWP works in close cooperation with its local Red Cross counterparts, so that they will be able to take over activities in the future. It organizes social and community group activities, particularly focusing on women and children, and supports the involvement of volunteers in social welfare activities such as home

visits and leisure activities.

The programme's staff interview beneficiaries and assess their needs. They are given counselling and information and, if necessary, are referred for specialized treatment. Another important SWP activity is to identify individuals whose skills may be of use to the community as a whole, and to ensure that everyone has access to the community's resources.

Major elements of the programme

The SWP's approach is one of "light" therapy; group activities and prevention aim at helping vulnerable people better support the difficulties of everyday life. Social and occupational activities are provided, and psychosocial support is available for those who need it.

At the Red Cross information centre in Skopje, the capital of FYROM, the SWP team assesses the problems and the needs of vulnerable people and explores ways to assist them. Sometimes their needs are minor; simply to be told where to go and what to do. On other occasions, individuals are referred to psychologists, social workers and/or Red Cross volunteers for psychological support and counselling. The centre also arranges for people to receive necessary items, whether monthly bus tickets, relief items, education kits or medical care. It also offers a telephone service, so that refugees can contact members of their family in other countries. Education is important, and courses include vocational training, mine awareness and self-care for adults. Special courses are arranged for children and youth and recreational activities are also provided.

The information centre provides a valuable service guiding refugees and local people through "the system". In some cases, when a beneficiary's needs cannot be met through normal channels, the SWP may be able to offer punctual financial assistance.

About 1,400 people a month contact the Skopje information centre. Refugees and vulnerable local people think very highly of the centre, which they consider "the" place to seek help and support.

The SWP is also active in the refugee centres of Shutka and Dare Bombol. The programme helps refugees to live a more "normal" life in the centres by organizing occupational activities and setting up group activities. Individual sessions are also held for those who need more specific therapeutic care.

Partnerships and alliances

The SWP in FYROM is run in collaboration with the local Red Cross and the International Federation. With support from the International Federation's delegation in Skopje, the Red Cross of the FYROM is responsible for the ongoing monitoring and implementation of the programme, which is funded by the delegation.

From the start of the Balkan crisis, the local Red Cross, together with the International Federation, has cooperated closely with the ICRC, government ministries, the United Nations High Commissioner for Refugees, the World Food Programme and other United Nations' agencies, ECHO (the European Community's Humanitarian Office) and international and non-governmental organizations.

Monitoring and evaluation

Local Red Cross branches and headquarters will be responsible for the ongoing monitoring of the SWP, with support from the International Federation's delegation in Skopje. UNHCR monitors the relief programme and has funded observers who will interview recipients of SWP services. At the end of the year, a joint evaluation of the programme will be performed by the Red Cross of the

FYROM and the International Federation delegation; key issues will be the number of people served and types of services provided.

The future

The local Red Cross values the SWP and its achievements, and would like to turn it into a long-term programme. However, the FYROM's financial situation makes this a difficult plan to carry out. The programme still depends on external funding.

At the present time, the SWP targets refugees and vulnerable Macedonians but, using the knowledge the programme has accumulated over the last eight years, the local Red Cross would like to extend the programme to include asylum-seekers.

Lessons learned

The SWP has been operational since 1993, and is generally perceived as being very successful both in FYROM and in the International Federation's Secretariat. Its main assets are the recruitment of local staff, their high level of commitment and local knowledge, and the programme's relevance and cost-effectiveness.

The keys to the programme's success seem to be:

- the stability and limited turnover of staff;
- employing local staff who have a background in the Red Cross;
- good working relations with other programmes run by the Red Cross;
- a feeling of local "ownership" of the programme;
- a greater emphasis on social rather than psychological aspects;
- solid local knowledge and good alliances with relevant power structures and authorities;
- that the programme is closely linked to the relief programme for refugees. The parallel provision of both psychosocial and material support is most likely to result in a stronger long-term impact;
- provision of basic information to beneficiaries. This service helps people to solve many problems before they become too overwhelming. The biggest need that refugees, host families or local vulnerable people have, is getting the right information;
- that the programme builds on the beneficiaries' previous and existing coping strategies: given the importance of the extended families, helping families to communicate and keep in contact through the telephone service is a simple, but important way of helping them cope;
- its flexibility: the programme has proved flexible enough to withstand influxes of new refugees and changes in the beneficiaries' needs. The SWP, already well-established in areas to which the refugees fled, became the place where they made their first,

all-important contact in a new country. The programme was able to assess the needs of vulnerable people and was flexible enough to respond to many of them. It has also emphasized the necessity of building good relations with the people it works for, and has been able to make them realize that "SWP is here for you".

Creators of their future: A psychosocial programme for the earthquake area in Turkey

Contact information

Caroline Schlar, Psychosocial Delegate
International Federation's Turkey Delegation, Istanbul Office
Nüzhetiye Caddesi
Deryadil Sokak No.1
Besiktas, Istanbul 80690
Turkey
Tel.: +90 212 236 79 01
Fax: +90 212 236 77 11
Mobile: +90 532 508 69 09
E-mail: ifrctr28@ifrc.org

Background/history

North-western Turkey was struck by two strong earthquakes in 1999: the first, 7.4 on the Richter scale, occurred on 17 August, and the second, on 12 November, rated 7.2. The quakes left several million people homeless or otherwise affected, and official government figures put the number of deaths at 17,255 and 44,000 injured.

The earthquakes' socio-economic impact will be felt in Turkey for years to come. The country's infrastructure was severely damaged and the disasters have had a devastating effect on the lives of the affected population, who still face problems such as unemployment, physical disabilities and psychological trauma.

In the aftermath of large disasters, a majority of the affected population suffers from psychological reactions for longer than one month, which is the time span generally admitted as a normal period to recover from a traumatic event. Research has shown that, among populations who have lived through disasters, approximately 10 per cent of the affected individuals need specialized psychiatric or psychological treatment; 40 per cent have several serious symptoms interfering in their daily life; and 50 per cent seem capable of coping with the situation. However, the psychological effects of traumatic events may emerge months or even years after the person has been exposed to the disaster.

Turkish mental health specialists carried out an initial psychological support programme (PSP) assessment mission in November 1999, which showed that a majority of the affected population were suffering from trauma-related symptoms such as sleep disorders, nightmares, irritability, hyper-alertness, anxiety, acting and feeling as if the events were happening again, depressive moods and psychosomatic disorders. In August 2000, a survey of 21,000 people living in Avcilar, the area in Istanbul most affected by the first earthquake, confirmed that many people were still experiencing symptoms of post-traumatic stress disorder (PTSD) as well as depression, panic attacks, feelings of guilt, incoherent behaviour and excessive devotion to religious beliefs.

Following the November 1999 assessment mission, the International Federation and the Turkish Red Crescent Society (TRCS) agreed to set up and implement a broad community-based PSP, covering earthquake-affected areas in north-western Turkey.

A pilot PSP project was established in Avcilar in April 2000 and a PSP centre was opened there in August 2000. Another centre opened in Izmit in January 2001 and a third, in Düzce, will open in February 2001. These three areas were chosen as either no other psychosocial programmes exist there or the programme complements other national or international projects.

Objectives

To promote psychological well-being within the communities affected by the 1999 earthquakes in north-western Turkey.

To provide psychosocial support to the affected population either individually and/or collectively.

To strengthen the existing resources of the individuals and their communities in the quake zones.

To design new and original training programmes on psychosocial issues for motivated caregivers and volunteers.

To prevent mental health problems by promoting a participatory approach, i.e., volunteers and professionals themselves will define the psychosocial needs and activities in their communities.

To encourage the communities in the quake zones to be the creators of their own future.

To develop PSP in cooperation with the TRCS.

Brief description of activities

The programme aimed at establishing four PSP centres in communities of the affected areas. Two have already been opened and one will do so in February 2001. The centres are to be focal points in providing community-based psychological support to the earthquake victims on an individual level as well as for different social groups.

Each centre will employ three professional PSP staff: a social worker and a psychologist recommended by the programme's coordination committee, and a public relations employee from the community, recommended by the local branch of the TRCS.

The social workers and psychologists organize and coordinate psychosocial activities with PSP volunteers. The public relations employee helps coordinate the activities of the centre as well as answering applicants' questions and other enquiries. The centres will concentrate on social, training and dissemination activities, rather than on counselling.

Major elements of the programme

Some individual counselling is given. People are offered three counselling sessions which aim to assess their needs and, where possible, to refer them to support groups and other activities taking place in the centres. Setting up support groups for people with common problems is extremely important. A successful example was the establishment of a support group for isolated women. A number of women without any social contacts were identified through the counselling service and then met regularly as a group at the centre. They now meet frequently in private, as is the custom in Turkey, and have thus been able to re-create a traditional support structure. They still visit the centre if they need help or information on other matters.

Volunteers identify specific needs within the communities, and these form the basis of the centres' social activities. Examples include:

- a group to prevent domestic violence and abuse (after the earthquakes, violence increased in the temporary settlements);
- training to teach rescue techniques through practical experience, such as mountain climbing;
- information about safe building techniques and legal issues;
- first-aid courses;
- youth groups; and
- groups for parents of adolescents.

Training courses are conducted by members of *Appartenances* (a Swiss non-governmental organization (NGO) experienced in community psychology) and the Turkish Psychologists Association, which was very active immediately after the earthquakes. Subjects covered in the training courses are prevention of mental trauma, psychological issues in disaster management and primary psychosocial intervention in the community. Emphasis is on building a participatory approach which allows participants to identify the psychosocial needs and concerns in the communities they live and work in, and to set up relevant activities to help deal with them. Participants also learn how to pass on their skills to the community's various social groups and how to use networks and referral.

Trained PSP staff and volunteers help community members become aware of the resources of their own community. They can also teach them self-help strategies that help them support each other in difficult situations and thus increase the community's coping systems.

The PSP also aims at teaching caregivers how to take care of themselves when working with their traumatized communities. This is particularly important to prevent caregivers suffering from "burn out" and vicarious traumatization.

Partnerships and alliances

A coordinating committee, charged with organizing the training programme and monitoring the centres and their staff, meets monthly. The committee is made up of members of the Turkish Society for Protection and Social Services for Children, the Turkish Psychologists Association and the TRCS.

The International Federation's PSP delegate maintains a close contact with participating National Societies operating in Turkey, particularly the German Red Cross which is currently implementing a psychological support programme in Yenikÿ/Izmit. Organizations such as the United Nations Development Programme and UNICEF have been contacted in order to coordinate efforts and to make sure that the International Federation's programme is complementary to others.

When planning to establish a centre, the programme contacts local authorities and local NGOs active in humanitarian, psychosocial and health issues. This is important as it reinforces local networks, encourages exchanges and helps acquaint local communities with the objectives of the PSP.

Monitoring and evaluation

The International Federation's psychosocial delegate supervises the management of the centres, with the coordinating committee providing additional support and supervision.

The PSP team and trainees hold meetings twice a month to discuss individual and group psychosocial projects. A monthly report on the number of people visiting the centre and why, and the number and type of activities offered is available in every PSP centre. Annual reports will also be prepared. Participants will be asked to complete a written evaluation of their basic training once completed. So far, two training modules have been held in Avcilar, and the verbal evaluations of participants have been very positive.

An external evaluation of the impact of the programme has been scheduled once the four PSP centres have been established.

The future

Since the beginning of the project, the PSP has stressed the importance of handing over the four PSP centres to the TRCS after three years of International Federation support. The centres will by then have a well-functioning infrastructure to ensure sustainability and their positive impact in the communities will demonstrate the necessity and benefit of PSP centres.

In December 2000, a programme agreement between the International Federation and TRCS was signed. The agreement clearly outlines the modalities of handing over the management of the four centres and their personnel to the TRCS. Discussions are under way to merge the International Federation's PSP team and its social welfare programme as they carry out similar activities in Turkey. They are working on an innovative joint pilot programme for psychological and social support. Had this collaboration been set up at an earlier stage, a better use of resources would probably have resulted.

Lessons learned

In Turkey, social services generally worked only with children and the elderly. Psychological care and psychotherapies have only recently become available, are expensive and are found mainly in the cities of western Turkey. It is important, therefore, that any project be designed with this reality in mind and be adapted to existing resources and available personnel. PSP in Turkey, therefore, concentrates more on counselling and preventive psychosocial activities within the community than on psychological treatment, which requires highly specialized personnel. This does not mean, however, that experts on disaster-related trauma cannot be found in Turkey and it was considered important that specialists from the Turkish Association of Psychologists train the volunteers. The association was invited to collaborate in the basic training with the Swiss NGO *Appartenances*. As mental health prevention within the community is a new approach, it would have been useful to work more closely with the Turkish Association of Psychologists when preparing the training to elaborate a common training programme and methodology more suited to local professionals.

In working with community volunteers, the interactive learning process of the participatory approach was very important. The PSP took as a basic assumption that community members knew what they wanted to do to improve their quality of life. Therefore, training local volunteers, who are familiar with the mentality and the culture of the communities, made it easier for the programme to identify the real needs of the local population.

In both Avcilar and Izmit, some volunteers dropped out of the project after having completed their training. Research around the world has shown that this is the case for some 30 per cent of trained volunteers. The programme should have taken account of this fact from the outset. To offset the departure of some volunteers, fully trained PSP members active in the programme since the beginning are considered "core" volunteers and the programme is now studying the possibility of a shorter training period for new volunteers who would then work with the "core" members. This should make it possible to have a more flexible pool of trained volunteers available.

In working with local volunteers, the programme realized it had to go out and meet people where they are and present the programme to them in a way they could understand. People newly involved in psychosocial activities need time to learn and should not be pushed to progress too far, too quickly. It takes a while to change one's attitudes in order to be better equipped to help others.

At first, the programme considered using prefabricated buildings for the PSP centres. But the temporary appearance of this sort of construction reminded people too much of the instability following the earthquakes, and did not convey the idea that the centre was a long-term operation. Also, many people were still terrified of going into any building in the months after the quakes. To set these fears to rest, the centres were set up in buildings that had withstood the earthquakes and were checked for safety. These aspects should be taken into consideration when establishing centres in earthquake-devastated zones, but it has to be remembered that it is not always easy to find safe buildings in these areas.

Since the earthquake, it has been widely admitted that many people suffer from psychological problems in Turkey. The disaster was an "eye-opener" on this issue. Without underestimating the devastating effects of such an event, it has to be remembered that many other factors may have a cumulative effect on psychological problems in Turkey and elsewhere. Such factors include the considerable challenges faced by these countries in their health, education and social services.

Back cover

The *International Federation of Red Cross and Red Crescent Societies* promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.