

# Coping

with crisis

ISSUE 2-2014



## The dangers of humanitarian work

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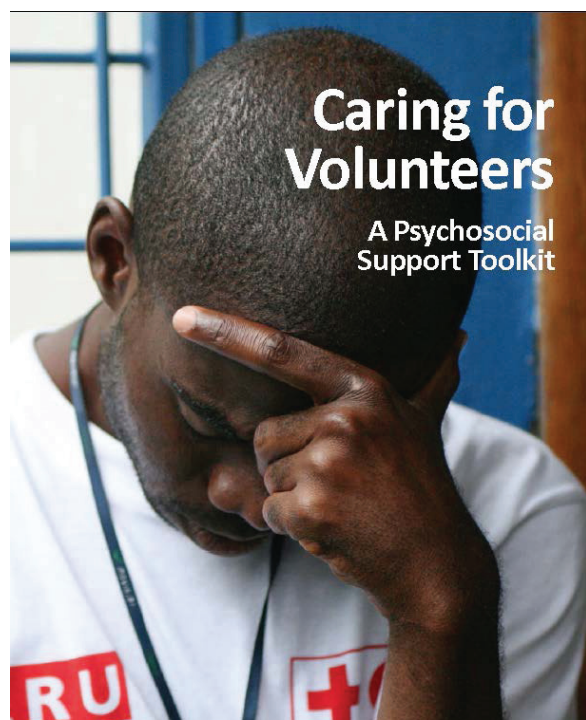
# Supporting volunteers in conflict situations

## Caring for Volunteers: A Psychosocial Toolkit

The PS Centre toolkit Caring for Volunteers is designed to help National Societies in assisting volunteers and staff before, during and after a crisis. The toolkit contains practical tools for preparing for and acting during crises, as well as for peer support and effective communication, and includes a chapter on monitoring and evaluation.

Whether you belong to a small or large National Society, whether you are often involved in emergencies or mainly work through social programmes, you can adapt the information in the toolkit to your own particular needs. The toolkit is available for free download in Arabic, English, French, Russian and Spanish at the PS Centre website [www.pscentre.org](http://www.pscentre.org). To order a hard copy, contact the PS Centre on [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org).

Two training modules in caring for volunteers are currently under development: a two-day basic training and a three-day training of trainers. The training was field tested in October 2014, in Amman, Jordan and Damascus, Syria with volunteers and managers from the National Societies of Iraq, Jordan, Lebanon and Syria.



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Cover: Syrian Arab Red Crescent (SARC) volunteers hold up the jacket of Mohammed Al-Khadra, a volunteer who died while on duty in an ambulance. © Ibrahim Malla, SARC.

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## Risking one's life to help others

What is it like to be sent into the field to work in places where there is armed conflict, infectious disease or other danger-

ous circumstances? How do we keep ourselves safe so that we can continue to help others in need? These are some of the very real challenges humanitarian workers face today when supporting people in dangerous situations.

Even under normal circumstances, the pressure on volunteers, staff and delegates to perform their duties and provide psychosocial support is enormous. In areas affected by conflict or disease, such as in Syria, Iraq, Lebanon, Gaza, South Sudan, the Central African Republic and Ukraine, as well as Liberia, Sierra Leone, and Guinea, which are struggling with the devastating Ebola epidemic, humanitarian workers face the added stress of working under dangerous conditions.

We are now facing a most unusual situation, where it has been difficult to find available and experienced Red Cross Red Crescent psychosocial delegates to respond to the Ebola crisis in West Africa. There is no denying that it is a huge decision to work in a country affected by Ebola. There are, however, basic and very concrete precautions that can reduce the risk of contamination to almost zero. Still, rumours and misinformation flourish not only

in the affected countries, but in media all over the world, so it is natural and understandable that making the decision to deploy is difficult for both the delegate and his or her family and loved ones.

Travelling delegates may be few in number, but there are large numbers of local staff and volunteers who live and work in dangerous contexts on a daily basis. It is therefore important that all humanitarian workers – both international and local – be prepared, well-informed and aware of the risks, as well as of the precautions that can be taken to avoid them.

This issue of the magazine examines some of the possible psychosocial consequences of working in dangerous situations, and how workers can protect themselves. It includes a briefing note on providing psychosocial support in epidemics, as well as recommendations for health care workers on how best to operate when offering psychosocial support in dangerous situations. We have also developed a briefing note for working with psychosocial support during the Ebola outbreak, available on the PS Centre website. It is our great hope that these materials will contribute to supporting and protecting humanitarian workers in the field, so that they can continue to help others in need.

With best regards,

*Nana Wiedemann*

Nana Wiedemann

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*wealldit*

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# 4 Psychosocial support around the world

Highlights from around the world on psychosocial support based on IFRC Appeals and Reports and contributions from National Societies, health and communication staff.

## BANGLADESH

Volunteers from the Bangladesh Red Crescent Society (BRCS) rushed to help when a ferry capsized on 4 August, half a kilometre from the riverbank of Padma in Bangladesh's Munshiganj district. In addition to providing emergency services, the Red Crescent team has also been providing psychosocial support to the families who are coming to report their loved ones missing. "Often people, such as the family I spoke to yesterday who lost seven members, are too devastated to provide details," says Shihab, head of the Youth section of the Munshiganj Red Crescent branch. "One mother actually swam from the opposite riverbank to come



and report her lost child." The Red Crescent provides names of the missing to the police, which are used in the process of identifying recovered bodies. Groups involved in the rescue effort have set up tents at Maowa jetty as search operations continue. Mahbub, a Red Crescent tracing officer is one of 40 volunteers who remained at Maowa jetty. "So far families of 130 people believed to have been on the ferry have reported them missing to us. We will continue this service for as long as the government authorities are working here."

Source: [www.ifrc.org](http://www.ifrc.org)

## CENTRAL AFRICAN REPUBLIC

Psychosocial Support delegate, Eliane Bonard, recently completed a three-month mission in Bangui, Central African Republic (CAR). The Psychosocial Support Delegate is responsible for providing the Central African Red Cross (CARC) Psychosocial Unit with managerial, organizational and technical support in the

planning and monitoring of its psychosocial programme (PSP). As PS Delegate, Eliane Bonard was responsible for the coordination of the IFRC/CARC PSP activities, which were planned in a participatory method and followed international guidelines for minimum standards for intervention and lessons-learned documents. PSP training was also provided to CARC volunteers to strengthen National Society's capacities, as well as listening sessions and leisure activities for the volunteers. In light of the continuing crisis in CAR, the recent escalation of violence (claiming lives of CARC volunteers) and the growing needs of the displaced and other conflict-affected populations, additional support is needed in areas of awareness-raising and psycho-education for community members, listening centres and hotlines, PS workshops for children, facilitation of support groups and community-based healing activities, among other areas.

Source: Eliane Bonard

## CHILE

Following forest fires in Valparaiso and earthquake in Iquique, the International Federation of Red Cross and Red Crescent Societies (IFRC) has for the first time mobilized its Regional Response Unit specializing in psychosocial support. Lina Villa, Health Delegate for Emergency for the Americas zone, said the unit would have immediate impact. "The goal is the coordination with the Chilean Red Cross in their planning and execution of activities to provide psychosocial support to affected people who are living in shelters and temporary accommodation because of the earthquake and fire," she said. The group is working in two teams to provide better coverage. One group headed to Valparaiso, while the other supports activities in northern Chile. Psychosocial support is essential during and after a crisis, and can make a significant difference for a person who has experienced a traumatic event. Sophie Briand, team leader in Iquique, said emotional scars can last a lifetime. "The material part – houses, goods and personal things – are recoverable, while the loss of a loved one or the experience of danger can cause long-lasting trauma."

Source: [www.ifrc.org](http://www.ifrc.org)

## COLOMBIA

From 4 to 7 November, Colombian Red Cross hosted the 2014 Global Community Resilience Forum in Cali, Colombia. The event brought together over 220 leaders and technical experts from 70 National Red Cross and Red Crescent Societies, the IFRC secretariat, government agencies, corporate partners and other key stakeholders such as UN agencies and inter-governmental bodies from across the globe. The main objective of the forum was to provide a platform for participants to discuss and agree on scaling up community resilience programming in line with the revised Framework for Community Resilience; strengthening advocacy and communication for community resilience; mobilizing resources and support to deliver community resilience programming; and improving necessary skills for resilience programming.

Source: [www.desaprender.org](http://www.desaprender.org)

## CYPRUS

On 25 September, a group of 345 Syrian refugees traveling on a vessel headed for Italy arrived in Cyprus following bad weather conditions. The refugees are temporarily sheltered in a refugee camp outside of the capital, Nicosia. Cyprus Red Cross (CRC) was among the first responders, implementing a series of actions focusing on covering the emergent needs of the people and providing psychosocial support through community based activities. Assessments showed that the refugee community felt they were not being heard either by the Cypriot Government or the International Community, and great concerns for the future were expressed including fears that their chances of reunifying with their families, providing their children with a normal, safe life and education were limited.

The PSS team organized an activity inviting the refugees to express their views by writing down their individual stories, which were then translated through the help of volunteers from the community. Children, the majority of whom are under the age of six, communicated their stories through play and drawing, while creative therapists helped facilitate the process. The stories express their individual experiences from the

war and their overwhelming sense of loss. This process has been instrumental in helping the refugee population to begin to come to terms with the traumatic events they have experienced, to find meaning, and to express their hopes and dreams and begin to look towards the future.

Source: Cyprus Red Cross

## HONDURAS

In July, 11 miners were trapped in a gold mine after a landslide cut off access to the mine. Volunteers and staff of the Honduran Red Cross provided vital first aid services to rescue workers and family members of trapped miners. Three of the miners were rescued, but after more than a week's effort to rescue the remaining eight miners, the operation was suspended. The Honduran Red Cross was on scene providing psychosocial first aid services. "We are the only organization with the training in this type of support, so we have been put in charge of supporting the families of the miners that are still trapped," said Aracely Ramos, Honduran Red Cross Communications Coordinator.

The Honduran Red Cross arrived in El Corpus and set up a mobile hospital in the lower area of the operations while technicians and rescue workers were in place with an ambulance in the upper level of the operation. "This enables us to be able to give support to the miners and rescue workers by providing oxygen and the necessary first aid as they enter and exit the mine," Ramos said.

The three rescued miners remained in a nearby hospital recovering from dehydration and exhaustion while the operation continued. According to Ramos, Honduran Red Cross staff and volunteers remained on scene providing first aid and psychosocial support until the authorities determined to suspend the operation.

Source: Enrique Jair Guevara, IFRC

## SOUTH SUDAN

The past seven months of conflict and natural disasters including flooding and a cholera outbreak have caused large numbers of people to be internally displaced and many have difficulty accessing health care.

The PS Centre held a training for South Sudan Red Cross (SSRC) in Juba in November, to build capacity among SSRC staff and volunteers in



both emergency response and recovery. 25 volunteers from the 10 states in South Sudan were trained in basic PSS, enabling them to plan and implement PSS activities in their respective branches.

## ST. VINCENT & THE GRENADINES

Severe flooding caused by torrential rains in December last year resulted in landslides, damage to property and loss of life. Affected areas included Pembroke, Vermont, Buccament Bay, South Rivers, Byera, Spring Village, Rose Bank and North Windward - Sandy Bay, Megum, Orange Hill and London, as well as the capital Kingstown. The St. Vincent and the Grenadines Red Cross Society (SVGRCS) mobilized 100 volunteers for assessments, distributions, communication, hygiene promotion and water and sanitation activities, as well as first aid and psychosocial support to people who had lost family members, and those who refused basic first aid due to shock. Community-based health activities included epidemic campaigns together with the Ministry of Health, and Community-based psychosocial and psychological support were provided to affected communities. Additional psychosocial activities were established for children. Participants stated that this support was needed for them to share their experiences. Moreover, weekly radio programmes covered various topics such as grief and loss, common reactions to stress, different types of stress, psychosocial support, crisis management, psychological first aid, supportive communication and children's reactions to physical abuse and violence. Source: www.ifrc.org

## TURKEY

Since July, an escalation in armed clashes around Kurdish-populated areas in the north-eastern part of Syria and Northern Iraq has caused further displacement of people seeking refuge closer to the Turkish borders and in Turkey. As of September 2014, the population

movement was registered at 140,000 entering into Turkey, which constitutes the largest surge since the start of the conflict in Syria. In addition to providing food through mobile kitchens, water and energy biscuits, distributing hygiene sites, baby diapers and other equipment, Red Cross Red Crescent and partners are reaching out to Syrian people living in urban areas of Turkey with comprehensive psychosocial support, including psychological counselling, social services orientation and child-friendly activities. Source: www.ifrc.org

## UKRAINE

As winter settles in there is serious humanitarian concern for the health and lives of the Ukrainian people affected by the on-going unrest and violence in some parts of the country. The staff and volunteers of the Ukrainian Red Cross Society (URCS) are fully engaged in assisting the displaced population in preparing for their first winter away from home. The National Society mobilised all its resources - including the warehouse stocks of emergency supplies - to support the most vulnerable people who live in shelters ill-prepared for winter conditions, or with relatives whose resources are depleted and cannot continue to provide their support without additional help.

"It is getting cold now and we have no heating in our room. My two-and-half years old daughter asks me why have we not packed her favourite bed when going to sleep," says Maria Sorokaum, a mother of two who fled her home in fear for the lives of her children. "All our hopes, the warmth and comfort of our home which we have been building little by little, with great love and care, everything is gone now. But staying was not an option. It was too dangerous," says Maria, who initially hoped she and her family would return home before long.

Yana Mosnitska, a 22-year-old Ukrainian Red Cross volunteer and a school teacher by profession took sweets and delivered other relief items to children and their families in the village of Nikolaevka, in the Donetsk region. She was part of a team of volunteers who, through the Regional Social Service, organized entertainment programmes for children. "I know that by entertaining kids we will hugely help them get better psychologically. When I see children laugh I know why I am doing this," she says talking about her motivation for volunteering.

Source: www.ifrc.org



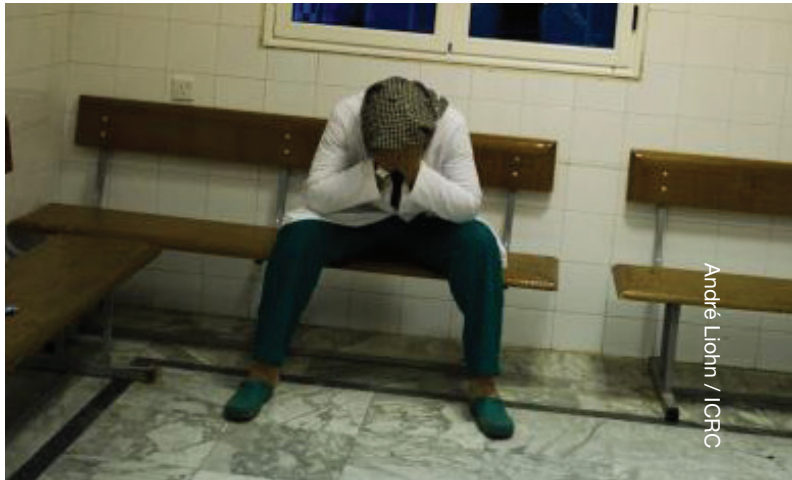
# No relief for relief workers?

By Alastair Ager, Professor at Mailman School of Public Health, Columbia University

Jacob has a drinking problem that is affecting his work but he is trying to hide it from his employers. Miriam has given birth to a child that she loves dearly, but she feels guilty that motherhood does not fulfil her in the way that travelling overseas for her work does. Ajai has problems concentrating at work and is frequently startled by sudden noises. From different contexts in different continents and facing different challenges, Jacob, Miriam and Ajai have one thing in common: they are all humanitarian workers whose lives have been changed through their experiences of working in crisis settings. There are many rewards associated with working in the humanitarian field, such as a sense of making a real contribution to people's lives. However, there is increasing evidence that humanitarian workers are at significant risk for mental health problems linked to their work. The good news is that there are steps that they and their employers can take to reduce this risk.

I worked with a number of colleagues for several years on a study investigating the experience of expatriate humanitarian workers deploying to crisis zones. The findings of this work were published in 2012. We surveyed over two hundred workers across 19 NGOs. Prior to deployment, approximately 4 percent reported symptoms of anxiety and 10 percent symptoms of depression. These figures are broadly in line with the prevalence of these disorders in the general population. Post-deployment, these rates jumped to 12 percent and 20 percent, respectively. Three to six months later, while there was some improvement in rates of anxiety—they fell to 8 percent—rates of depression remained at around 20 percent.

Increases in risks for mental health problems might be expected following deployment in situations of threat and adversity. However, the failure of some of these risks to reduce over time is of major concern. It appears that the experience of working in a humanitarian setting may have a long-term impact on health and the way that people view their lives. For example, our study showed that many



workers felt what they had witnessed had challenged their understanding of the world and basic ideas of justice.

It appears to be quite common for people returning from deployment to feel overwhelmed by their experiences and the challenges of re-adjustment. It can be hard to share these feelings with friends and family. However, although experiencing life-threatening situations poses some specific mental health risks, it is the continual exposure to a challenging work environment that often poses the greatest threats. A lack of social support and a history of mental ill-health raise those risks further.

This study focused on the experience of expatriate humanitarian workers deploying to an overseas crisis context, a group that constitutes perhaps 10 percent of the humanitarian workforce. What of the experience of the vast majority of humanitarians who are national staff, working in their own communities? They face the impact of the humanitarian crisis themselves, while seeking to address the needs of others. To address this issue our research group conducted studies in Uganda, Jordan, and Sri Lanka.

Findings indicated a similar picture for these staff. Indeed, risks of anxiety and depression, in particular, were

generally even higher. In our survey in northern Uganda, for example, we interviewed 376 national staff working across 21 humanitarian aid agencies. Over half of those interviewed reported levels of anxiety and depression that would typically be associated with a diagnosed mental health condition. Around one-quarter reported symptoms that suggested high risk for post-traumatic stress disorder. Once more, some workers were at greater risk for mental ill-health than others, and those with weaker social support or higher levels of chronic stress were the most vulnerable. Studies in Jordan and Sri Lanka reflected local circumstances, but found broadly similar results.

These findings clearly raise concerns about the well-being of humanitarian workers, whether they are national staff or expatriate. However, our research also identified factors that significantly reduced the onset of mental health problems. If weak social support and high levels of chronic stress are predictors of greater vulnerability, it follows that measures to bolster social support and reduce chronic stressors will be protective. This includes, for example, providing regular access to phone and Internet links with family and friends. It also means developing a supportive work culture (e.g. through sports events and other forms of shared recreation). Improving physical work conditions and accommodation, and taking steps to improve workload management are also likely to be of benefit.

Our studies consistently showed how aspects of the working environment could reduce risk of mental ill-health and burnout for staff. Having a positive appraisal of how the organization looked after its staff was a major predictor of healthier outcomes. The experience of working with close colleagues was also found to be of major influence. Those reporting higher levels of team cohesion consistently reported better psychological well-being.

There are clear lessons here both for individuals working in the humanitarian sector and for the organizations that employ them. For individuals, cultivating strong social support and practising good self-care (e.g. taking due rest and recreation) is important. Being aware that the

challenges of humanitarian work can trigger mental health issues from earlier phases of one's life is important too. For organizations, good management practices – clear work assignments, effective team leadership, prompt conflict resolution – will serve to reduce many risks. The existence of an explicit policy on staff care – backed up by training and active monitoring – will also be of value.

Jacob, Miriam and Ajai all worked for organizations that were in the process of professionalizing their approach to staff care, which included confidential assessments that had revealed the challenges they were facing. Their organizations have copies of the *Managing stress in humanitarian workers: Guidelines for good practice* prepared by the Antares Foundation, and they are working through some of its recommendations. The guidelines have numerous case examples showing how agencies and their workers can define their own needs and set up a good staff care system. Humanitarian work will always be personally demanding but, with such practices in place, there is the promise of relief from some of the risks of burn-out and poor mental health.

The term “mental ill-health” is used here to keep focus on mental health or well-being and its protection. According to the World Health Organization: “Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO 2007). In cases where mental health is threatened or reduced, the term “ill-health” can be used.

The term “mental illness” has been avoided as it may convey some degree of stigma, and also because “mental illness” tends to suggest the experience and diagnosis of specific mental disorders, rather than on reports of symptoms, on which these studies are based. While some patients in the study may have displayed high levels of troubling symptoms (i.e. they were experiencing “poor mental health”), in most cases, they would not formally be diagnosed as “having a mental illness”.

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At left: a doctor in Libya weeping after learning of the deaths of four of his friends (a doctor, an ambulance driver and two nurses). Copyright: André Löhn / ICRC.

## Volunteering in conflict situations

*In Tyre in Southern Lebanon the wreck of an ambulance is the first thing one encounters at the entrance to the Lebanese Red Cross emergency station. The destroyed ambulance is a stark reminder that volunteering can be dangerous.*

By Ea Suzanne Akasha, Psychosocial delegate, Danish Red Cross

The Lebanese Red Cross's Emergency Medical Services (EMS) play an important role in providing first aid and transportation to sick and injured people. Given the highly volatile situation in Lebanon and surrounding countries, EMS personnel have currently been working in extreme conditions; too often they are called out to sites after bombing or fighting has occurred – sometimes even while the violence

is still going on. This not only makes the work of Lebanese Red Cross first responders stressful, but also dangerous.

Having worked as a psychosocial support delegate in Lebanon for more than a year, I have often heard about the courage of the EMS teams, and I have learned that, fortunately, peer support is taken very seriously among





the EMS volunteers. I wanted to know more about how peer support is practised among EMS volunteers because it is such an important aspect of health care in danger.

One sunny day in September, I drove down the Lebanese coast from Beirut to visit the EMS station in Tyre. Tyre is a coastal city in the south of the country, just over 30km from the border to Israel. The EMS station is situated alongside a Lebanese Red Cross health clinic in a building that has a splendid view of the dazzling Mediterranean.

I was met by Kassem, the head of Tyre EMS station, who explained the station's duties and what kind of stressors the EMS teams are currently facing. First of all, the station serves an increasing number of beneficiaries after the influx of refugees from the war in Syria, making the overall situation more challenging. Secondly, the teams note mounting resentment of the refugees by the locals. Thirdly, some missions are very frustrating and demoralising, because hospitals won't always accept refugee patients. One can only imagine the stress experienced by a team who has to take a critically ill patient – sometimes a child – on a round from hospital to hospital until they are admitted.

Kassem is vigilant with his team of volunteers. "As head of station it is my duty to ensure the well-being of volunteers. I need to know how they are coping, and if anyone is encountering problems. Of course volunteers have to be engaged in the Red Cross, but they must also be engaged in a life outside the station." Volunteer care and learning from experience is built into the daily structure: at the end of each 12-hour shift, team leader and team discuss the how the shift went in order to ensure learning as well as individual and team well-being. "Work as emergency responders is challenging, as one always has to be prepared for all sorts of situations. Therefore we need to be aware about how volunteers are doing after a difficult mission and if anyone needs extra care or support."

As I sat with a group of volunteers, the talk quickly drifted to experiences during the 2006 war when Israel invaded Lebanon. "The reason we could work then when it was really dangerous, was because we supported one another," said one. Another chimed in: "Every time we went on a mission, we hugged and looked each other in the eye, as we acknowledged this mission could be our last." The

ambulance outside is testimony to this: it received a direct hit by a helicopter while the volunteers were transferring a patient to another ambulance. The patient was seriously injured, the team had to wait two long hours for a second ambulance to arrive as UN and authorities forbade any movement.

What helped the volunteers through the war were such values as a sense of duty towards humanity, trust, and a strong moral obligation to support one another. "We knew we could count on one another 100 percent," said a volunteer. "And this kept us going." Asked about what else was important for volunteers working in danger, several mentioned that recognition and appreciation from the management of the National Society was crucial.

Probing into how volunteers deal with critical stress, it was said: "Lebanese are resilient, and we know how to enjoy life. This enables us to deal with stress and sometimes also to forget what we have seen and experienced." When gently questioned on the wisdom of always repressing memories, a volunteer spoke out: "It is right – when I visit the places where the most traumatic things happened, I am haunted by memories." We ended the meeting agreeing that knowing how to deal with critical stress and traumatic memories, as well as knowing how to go on and enjoy life are equally important.

Lebanon is a country deeply affected by the on-going crisis in Syria. By October 2014, the country of around four million inhabitants had over a million registered refugees. The great number of refugees – the highest per capita ration in the world – increases the pressure on public and private facilities and services. This also increases the burden on the services provided by the Lebanese Red Cross. The National Society is well-known for its completely free Emergency Medical Services (EMS). The EMS has 2,700 first responders in 46 EMS stations and four dispatch centres providing ambulance services to 230,000 persons annually. The Lebanese Red Cross has a volunteer base with more than 4,000 volunteers, and people of all faiths, age groups and walks of life work side by side.

# Easing the distress of Ebola-affected communities in West Africa

By Katherine Mueller, IFRC

“We were close. He was my staff. When they called us that he died, it was so painful. Since then, I’ve not been myself. I can’t sleep. I’m very uncomfortable. At the same time I said, okay, the glove I wore, was I well protected? Those are the types of thoughts going through my mind right now. I feel bad.”

Sister Anthonia is from southeast Nigeria but has been on mission in Pendembu, Kailahun district, Sierra Leone for more than two years. She is now grieving the death of a colleague, a young lab technician of 24 years of age, who passed away after coming into contact with a relative suffering from Ebola.

Her grief is evident as we sit outside a small café in the mid-day heat in Kailahun, the epicentre of the Ebola outbreak in this country. “I feel traumatized,” says Anthonia. “He started having feverish conditions, so we were just

thinking it was malaria. We’ve been hearing of Ebola; it never crossed our minds that he may be having it.”

The young lab technician was at work attending to a patient when his symptoms started. “He was so meticulous about universal precautions, he was always on his gloves,” stresses Sister Anthonia. By the next morning, his condition had worsened. “He was weak. He had diarrhoea and was vomiting throughout the night.” Health care professionals took him for treatment. “He never came back,” says Anthonia quietly.

Since then, the soft spoken Sister has been trying to cope with the guilt she feels for not having made sure the young man received proper care immediately, and is worried about her own prognosis. “I need counselling. I’m not myself. They said I could not be tested until I start exhibiting any signs of Ebola. Until now I’ve not exhibited anything, but the fact is that mentally, I’m traumatized.”



Above: Osman Sesay, 37, who survived Ebola and was discharged from our Ebola treatment centre.

Emotional and mental anguish are two facets of the ongoing Ebola outbreak which the Sierra Leone Red Cross Society, with support from the International Federation of Red Cross and Red Crescent Societies, is trying to address. “There is a lot of fear surrounding Ebola, and fear causes stigma. While this strategy can protect the individual, it can also break a community,” says Ferdinand Garoff from the Finnish Red Cross, who spent weeks in Kailahun district, starting up a psychosocial support programme. “It is therefore vital that we consider every segment of society when offering psychosocial support, ensuring trust is built so that any support provided is effective.”

Time after time, reports have surfaced of Ebola victims, survivors and their families being ostracized by their neighbours. Misperceptions about how Ebola is spread result in many believing a survivor is still contagious. “I lost my grandmother and two young children to Ebola, and I too was positive,” says Wuyata Ngevao, a 20-year-old survivor from Masanta village. “When I was discharged from the treatment centre, my neighbours did not come near me, even though I had my papers proving that I no longer had Ebola.”

In Kailahun, 70 Red Cross volunteers are being trained on how to provide psychosocial support. Interventions differ from a natural disaster, where a simple touch or hug can mean so much. Here, touching is frowned upon, as it is through direct contact with the body fluids of an infected person that the highly contagious virus is passed. Through role playing, volunteers are trained to hone their listening skills, encouraging those they are helping to talk through their distress. Similar programmes will be rolled out in six other districts as the Red Cross scales up its response efforts.

In Sierra Leone, community members traditionally bury their own. It usually falls to the women to prepare the body for burial. Part of the practice includes hugging the body to ensure ancestral lines are continued. But it is at death that the Ebola virus is at its strongest. One of the surest ways to help stop the outbreak is to suspend traditional burials. “You’re asking people not to look after their own sick and dying people, which is the opposite

of what they do,” says Garoff. “It is not enough to simply tell people not to do something.”

“This is why, when we now enter a community to prepare a body for burial, and after talking with the elders, we invite the family to come and watch our proceedings,” says Daniel James, coordinator of the dead body management team for the Sierra Leone Red Cross Society. “It is safe for them to watch from the window. They see we are treating their loved one with respect and care; that we will stop for a prayer if they so wish. It is not the ideal situation, but it is a compromise. The family can still be involved and we find it helps dispel some of the rumours of what we are doing with the bodies.”

“Hierarchy is very important to respect, to get the permission of the leaders, who are held in high regard,” adds Garoff, who was instrumental in establishing the psychosocial support emergency response unit for the Red Cross globally. “Religious leaders are also quite strong and hold much influence. But we need to make sure we also reach out to those on the margins, such as biker groups who can reach the younger men who may not listen to their elders.”

When engaging communities, whether to help reduce the stigma against a family which has a loved one suffering from Ebola, or to help reintegrate a survivor, Garoff stresses that messaging needs to be simple and context specific. “People generally accept messages that convey positivity,” he says, “messages of hope and trust, that we are in this together, and that by working together we will weather this storm.”



Katherine Mueller



## Ebola's mind games

*Katherine Mueller, IFRC Communications Manager in Africa, writes about her deployment to Sierra Leone in support of the Red Cross response to the Ebola disease outbreak.*

I have never been so happy to see time pass by; 30,240 minutes, 504 hours, or 21 days to be exact. The incubation period of the Ebola virus disease. I am not a health care worker. I am not charged with caring for people who are infected with the deadly virus so the chances of me contracting the disease during my mission to the epicentre in Sierra Leone were extremely remote.

But Ebola, while it may look like cholera at the start, is far different from the water-borne disease which makes an annual appearance in Sierra Leone. For one thing, there is no cure. If you get Ebola and don't get treated fast, it is highly likely you will not survive. The early symptoms resemble cholera – headache, fever, diarrhoea, vomiting. Normal symptoms you would also experience with malaria or food poisoning. Ebola is insidious. It gets inside you, not just attacking your organs so that you bleed so profusely that you die. It also plays with your mind, so much so, that every time I had a headache in the 21 days after leaving Sierra Leone, the first thought that sprang to mind was, "Is this the first sign of Ebola?" Every time I had a bit of stomach issues, again that same thought, "Is this the first sign of Ebola?"

It was in my waking thoughts every day, for those 21 days. I purchased a thermometer. I started planning on where I could go if I thought I might have Ebola. I was home on holidays, enjoying a much needed break at the cottage. "If I go to the local small town hospital and say I was recently in Sierra Leone and ask them to test my blood," I thought, "they aren't going to touch me with a ten foot pole." I would be whisked off to a big city health care facility, suddenly scrutinized like never before. There would go my vacation, when in all likelihood I would be raising the alarm for nothing.

I can understand why some people in Ebola affected countries are still in denial about this highly contagious disease. I myself did not want to believe it, although I was fortunate enough to have had an educated upbringing in a developed country, and knew, logically, that I likely did not have it.



Katherine Mueller

This is why it is so critical that we look after not just the physical trauma a body endures when inflicted with Ebola. We also need to attend to the emotional and mental scars. For everyone concerned. People who have Ebola, people who don't have Ebola but are stigmatized because someone in their family does, those who survive and try to reintegrate into their communities, the Red Cross volunteers who are doing the very risky job of collecting and burying bodies, their colleagues who are banned from their communities when they try to raise awareness about the virus, and the national and international staff who tend to patients at the Red Cross Ebola treatment centre.

These brave souls are witnessing events they have never seen before. And once seen, they cannot be unseen. We cannot gloss over the kind of impact this can have on a person's psyche. We have to make sure the mind, body and soul are tended to. If we don't, Ebola will continue its reign of terror, long after the physical symptoms have disappeared.

# Providing Psychosocial Support During Epidemics

Briefing note for health care workers working with contagious diseases

In recent years, the International Federation of Red Cross and Red Crescent Societies have tripled the number of operations responding to epidemics worldwide. The cholera outbreak in Haiti in 2010 and the Ebola outbreak in West Africa in 2014 are serious reminders of the importance of raising awareness on the psychosocial effects of epidemics, particularly for individuals and communities with limited access to health and social services.

Epidemics are primarily addressed through public health campaigns and medical treatment; however, psychosocial support interventions also play an important role in the response efforts. This document is intended to provide information about the psychosocial consequences of epidemics and suggest psychosocial interventions that can be helpful when working with affected communities.

## Framing the issue

An epidemic is the proliferation of a communicable disease within a specific geographical area or population. Epidemics are often characterized by diseases that have the potential to spread rapidly, especially in poor, underserved communities which may lack access to fresh water or basic hygiene. Many

of these diseases can be transmitted through contaminated water or food, person-to-person contact, or through human contact with, or consumption of, infected animals or insects.

The risk of an epidemic increases during and after major disasters and complex emergency situations, where overcrowding of displaced persons, inadequate shelter, insufficient and unsafe water, and inadequate sanitation can put individuals at a greater risk of contracting a communicable disease. In conflict areas, for example, 60 to 90 percent of deaths have been attributed to communicable diseases such as acute respiratory infections, diarrhoea, measles and malaria.

## Making the case for psychosocial support activities during epidemics

People affected by epidemics may experience high levels of stress, which in extreme situations can be debilitating. High stress levels are often prevalent in communities where knowledge of the disease and how it is spread is limited, and where the risk for transmission is high. Not only those who have fallen ill, but also individuals who are associated with the disease – such as family members of an infected person, health care workers, or persons who have been cleared of the disease – may also be vulnerable to social stigma. This in turn may bring economic consequences and other losses that significantly disrupt a person's daily routines and sense of normalcy. In such situations psychosocial support may be useful or necessary in helping individuals recover.

## Common stress reactions

While it varies, for the majority of people affected by extreme stress, reactions are most intense immediately after a major event, but subside over time as the person gradually learns new ways to cope with the situation, and the reality of the event becomes part of the person's life and memory.

Emotional and mental reactions to stress can include anxiety, sadness, anger, guilt, difficulty concentrating or relating to others, and fear.



Joe Cropp / IFRC

## Psychosocial Centre

Fear is one of the most common and widespread reactions among affected populations during an epidemic and can arise for a variety of reasons. In many cases, fear stems from a lack of knowledge, or misinformation, about how the disease is spread, and therefore a lack of correct information about how to protect oneself from contamination. Inadequate information about possible outcomes, treatments and cures can also be a source of fear, as can superstitions that the disease is a curse or a conspiracy.

In epidemic situations people may also change the way they relate to others, by withdrawing or isolating themselves, experiencing conflicts with others or becoming easily upset. Affected populations may also be more likely to engage in risk-taking behaviours, arising from a need for distraction or escape, as well as from a loss of hope or inability to envision a positive future outcome.

A number of physical reactions can also materialise as a result of stress. These include sleeping problems, headaches and bodily pains, increased heart rate, nausea, fatigue, loss of appetite, exhaustion or worsening of existing physical conditions. Some people react to physical distress by increasing their intake of alcohol, medicine or drugs in an attempt to lessen their pain, which can lead to further social problems.

## Impacts of epidemics

Grief and loss are also prominent psychosocial characteristics of an epidemic. When communities are faced with communicable diseases with high mortality rates, the probability is greater that an individual will experience the death of a loved one, a close friend or a colleague. Other forms of loss that may be suffered as a result of an epidemic include the loss of normal routines,



José Manuel Jiménez

### Epidemics caused by contamination hazards

- Airborne diseases, such as flu, typhus, tuberculosis, measles, smallpox, measles, Severe Acute Respiratory Syndrome (SARS)
- Diseases conveyed by bodily fluids, such as polio, HIV, haemorrhagic fever and Ebola
- Waterborne diseases, such as cholera, e. coli, dysentery, leptospirosis and hepatitis A
- Foodborne diseases, such as salmonella, e. coli, listeria, hepatitis
- Soil-borne diseases, such as anthrax
- Vector-borne diseases, which are transmitted from animals to humans and include malaria, dengue and dengue haemorrhagic fever, yellow fever, and West Nile Fever.

loss of property, security, livelihood, social cohesion and hope. Given that grief is individual, and that people grieve in their own way and in their own time, situations of mass- or widespread loss can affect the future development of a community for years to come.

Stigma refers to shame or disgrace that is externally imposed on an individual or group for behaviours or conditions regarded as socially unacceptable by the surrounding community. During an epidemic, stigmatized individuals may be denied basic care, hindering processes of early detection and treatment, thereby furthering the spread of the disease. Infected individuals may be considered a threat to the rest of the community and may therefore be rejected by their family or community or forced into isolation. In some cases, affected persons may be harassed, molested or even killed. Those who are stigmatized, even though healthy, may be marginalised from their communities, may lose their jobs, homes, friends and family, leaving them destitute.

Shame or guilt may be commonly felt by those who have contracted the disease. These feelings can stem from numerous things including issues related to social stigma, one's inability to work and therefore contribute to the family, the fear of being a burden on society and the worry of contaminating others.

## Psychosocial support interventions

Psychosocial support is a critical component of preparedness activities and emergency response efforts in the context of an epidemic. The type of psychosocial activities that could be



carried out depends on many factors, including the time of the response, the severity of the disease and the way in which the disease is transmitted. Ongoing assessments and monitoring must take place in order to decide which activities are the most appropriate at any given time.

## Community mobilization

Building and strengthening relationships with the affected community is vital to improving their psychosocial well-being. In many instances, the majority of the population does not understand the origins of the disease, how it is transmitted or what the appropriate treatment is. People living in rural communities with limited access to media and basic services may not have accurate or up-to-date information about the epidemic. Misinformation, superstition and rumours can lead to distortions of risk, resulting in mass panic and disproportionate allocation of healthcare resources. Because of this, it is critical that community mobilization activities focus on the dissemination of unified key messages about the disease, raising awareness and reducing stigma. Community mobilization activities can include:

- Health promotion campaigns that focus on sensitizing information about the disease, particularly on the transmission and treatment components
- The use of SMS, smartphone technology and social media to relay accurate and up-to-date key messages about the epidemic
- Street theatre and radio drama to raise awareness about the epidemic and reduce stigma by dispelling rumours and encouraging people to ask questions
- Group discussions to encourage peer-to-peer learning, open dialogue and communication among community members that may be experiencing fear, loss and shame.
- Meeting with religious and community leaders in order to spread the right messages and provide adequate support for the affected people, including establishing safe and appropriate burial rituals.

## Services provided

Red Cross Red Crescent volunteers and staff provide a range of services during an epidemic. In some circumstances, volunteers may be involved in contact tracing and surveillance of the disease, disinfection of households or dead body management including burials. Volunteers can practice sensitization activities to reduce fears and dispel rumours and

superstitions. Providing accurate information is key. Providing comfort and ensuring the community that their reactions are normal and will most likely diminish over time is a helpful strategy.

When providing support to an affected community during an epidemic, Psychological First Aid (PFA) is a useful technique to employ, and there are a few key things to keep in mind:

- Provide clear and consistent information. When giving information, be aware that the helper can become a target of the fear, frustration and anger that people may feel. Try to remain calm and be understanding. Also, try to be aware of the more common rumours so that you are prepared to respond with reliable and accurate information.
- Link to appropriate services. People may need help addressing basic needs and accessing services. Try to find out what is most important to the person and help them work out what their priorities are. Ensure that people who are experiencing severe distress are kept safe and referred to more specialized services.
- Connect to loved ones and rebuild social supports. This task may prove challenging, due to the fact that many people lose their loved ones during an epidemic as well as due to the stigma often associated with having the disease. Volunteers can help affected people identify supports in their life and become reintegrated in the community.

## Cultural contexts and additional considerations

In some cases, local customs may be interrupted or adversely affected by an epidemic. For example, in cultures where it is customary to touch or kiss a deceased person as a symbol of final parting, such practices must not be allowed when the



Victor Laeken / IFRC

disease is transmittable after death. Similarly, certain burial rituals may have to be forgone in favour of safer disposal methods, which can cause anger, frustration or resentment among the affected population, as well as mistrust of public authorities. Dialogue with local community members and religious leaders about safer ways of honouring the dead can therefore be critical to containing the disease.

By understanding a community's cultural context and perceptions of the epidemic, psychosocial support volunteers can build confidence and trust between the affected population and humanitarian actors. For example, during the cholera outbreak in Haiti, Red Cross volunteers reached out to non-traditional actors such as Voodoo priests to help combat some of the fear associated with the disease.

Other epidemics need to be understood in the context of a variety of factors. Tuberculosis (TB), which is rampant in impoverished areas of Europe, Africa and Asia, is more likely to affect individuals with weakened immune systems. Because of this, the treatment of and education about the disease should be integrated with other diseases such as HIV, hepatitis, diabetes and cancer.

Where the use of personal protective equipment (PPE), such as face masks, goggles and gowns is required, it can be especially difficult to establish a rapport with affected populations. Where possible, staff and volunteers are recommended to use photo identification, like a disposable name badge, so that patients know who is caring for them and feel more comfortable with the volunteer. Providing telephones exclusively for patients' use is also a way to support well-being by allowing individuals in treatment centres or in isolation units to stay connected with their family and loved ones.

### Support for volunteers and staff

Volunteers and staff working in emergency situations face a unique set of stressors that can adversely affect their psychosocial well-being, such as being exposed to death and listening to stories of loss and grief. When working in epidemics, volunteers may also face the risk of being contaminated by the disease, as well as possible alienation from their own families and social networks due to this risk. Volunteers in various epidemic contexts have reported being threatened, insulted and accused by beneficiaries of not providing the necessary tools to protect people.

**Before** working in the context of an epidemic, local staff and volunteers should receive accurate and up-to-date information about the disease outbreak; about the cultural context they

will be working in; what their tasks will be; how to cope with emotional reactions to difficult circumstances; and how to protect themselves from infection.

**During** the response activities, it is important to remember that the needs of volunteers and staff are often similar to the individuals they are supporting. Necessary transportation, food, protective equipment and incentives should be available to staff and volunteers. Visibility materials should also be on hand at all times for distribution to affected populations, in the form of posters, leaflets and pocket information. Volunteers should also have access to supervision and peer support systems.

**After** the response is over, volunteers need recognition and appraisal of their work. Reflection with a supervisor and peers can help volunteers understand and process their experiences. Volunteers are likely to have experienced significant loss during the epidemic, so grief and bereavement support may be helpful. Volunteers should be followed-up with over time to assess their support needs.

#### Recommended reading

- *Caring for Volunteers: A psychosocial support toolkit*. International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support: <http://www.pscentre.org/library>.
- *Strengthening Resilience: A global selection of psychosocial interventions*. International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support: <http://www.pscentre.org/library>.
- *The epidemic divide*. International Federation of Red Cross and Red Crescent Societies, Geneva, 2009.
- *The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response*. PracticalAction Publishing, United Kingdom, 2011.
- *Public awareness and public education for disaster risk reduction: key messages*. International Federation of Red Cross and Red Crescent Societies Health and Care Department, Geneva, 2013.

# Recovering through play



Ibrahim Malla

When children experience natural disasters and armed conflicts, they lose their sense of security and the stability of the world they knew. They also lose their playgrounds and toys – either to destruction or because they have to leave them behind, fleeing to safety.

It may seem insignificant to lose playgrounds and toys, but play is much more important than one initially might think. It is through play that humans learn, develop and relate to one another. Psychosocial support encourages the rebuilding of the social fabric, and this involves encouraging children to

play by providing play materials and safe spaces to use them. Through the medium of play children create, collaborate and interact – skills used for the rebuilding of their community. In a disaster or protracted crisis, the ability to cope with circumstances and adapt to a new life situation are vital to the recovery process. Play supports this process.

Around the world, toys are implemented in psychosocial support interventions in a variety of ways. Here are a few examples.



### Building resilience with bricks

In Syria, the LEGO foundation has donated a large amount of LEGO bricks to the psychosocial support programme run by Syrian Arab Red Crescent, supported by Danish Red Cross. The LEGO bricks can be used in a variety of ways, from simple, unstructured playing to exercises designed at building social skills, motor skills, communication skills and much more. Some of the games are specifically made for LEGO bricks but many can also be played using other types of bricks. A catalogue of games is being developed and field tested in Syria in autumn 2014.

### Communication skills exercise

**Who:** Age six years and upwards, working in pairs

**Time:** 5-10 minutes

**Materials:** LEGO bricks or other building blocks, one set for each participant. (Depending on the age of the participants, a set can consist of five or more blocks. The more blocks, the harder the exercise.) The sets must be identical for each age group.

**Purpose:** Fosters communication and cooperation between participants

**Procedure:** Participants sit in pairs back to back so they cannot see what their partner is doing. Person “A” builds a model and then explains what the model looks like to their partner. Person “B” then tries to build the same structure according to “A”’s instructions. The participants switch so person “B” builds a new model and person “A” tries to replicate it.

**Variations:** To make it more challenging, there can be more building blocks or extra rules, such as not allowing person B to ask questions, or allowing person A to answer only with “yes” or “no”.

**Reflections and learning points:** Participants can reflect on whether it was easy or difficult to explain and listen. Did they misunderstand each other? How did they solve misunderstandings? Do they sometimes experience misunderstandings when being with friends, family, caregivers? The exercises can also serve as a good icebreaker between two people who may find it hard to communicate with each other.

### The psychosocial support bag

Bulgarian Red Cross Youth provides psychosocial support to children and young people living in temporary asylum camps. All the volunteers are equipped with a red shoulder bag with the logo of the Bulgarian Red Cross – the PSS bag, containing eight carefully selected items:

**A soft toy:** Comforting and distracting, stuffed animals, cloth dolls and the like can help children open up and share feelings about difficult things. It can be easier for a child to talk to a plush dragon than to a grown-up.

**Tissues:** A pack of tissues is a practical measure to ensure that tears can be wiped away, but the gesture in itself is a way of displaying compassion for the person who is crying, and sends the signal that tears are acceptable and to be expected.

**A block of white paper:** For drawing on, folding, crumpling or tearing apart, - white paper’s uses are only limited by the imagination. Using the hands can be helpful in processing emotions.

**Coloured pencils and pastels:** Drawing is a creative outlet which most children enjoy. It can help the children process and express emotions or simply divert their attention temporarily. Don’t forget the pencil sharpener.





**Modelling clay:** Modelling with clay is another creative activity which gives children the opportunity to create using their hands; it is suitable for children of different ages and abilities.

**Two bottles of water:** One for the volunteer and one for someone else who might need it.

**Notebook:** During the training, volunteers make notes in a notebook. Taking it to the field means that the volunteers have access to the things they learned in the training and a place to make new notes of what they learned in the field.

## GO ON

In the psychosocial support module of the Emergency Response Unit (ERU) designed and used by the International Federation of Red Cross and Red Crescent Societies, toys and other recreational materials play an important part. One of the elements of the ERU psychosocial kit is the GO ON game. GO ON is played on a big, colourful, weather-proof board (three metres by three metres) by up to 28 players of all ages. Players must move the brightly coloured horses around on the game board, but in order to do so they must solve tasks together by miming and guessing emotions, animals and concepts. The game helps players learn about co-operation and body language, talk about emotions and strengthen their sense of community – while having fun at the same time.

Earlier this year, GO ON was used in Chile after the Iquique earthquake in April. After having used the game in four different communities, the psychosocial support team commented that it was very good for bringing families together and for attracting adults.

Members of the RRU PSS in Chile, Iquique in 2014, commented: “Initially, the game attracted kids mainly because of the bright colours and the accessories. We told them to bring their parents or guardians if they wanted to play. We also sometimes created one group composed

of different families to allow more people to play. This was a good strategy for bringing people together who normally never share or talk, and allowing them to get to know each other. It did a great deal of good in one of the communities that had experienced discrimination against immigrants. At the end of the game, people talked about how good it was to laugh again, how good it was to express their feelings, how good it was to share with the neighbours. Words like “solidarity” and “sharing” were used many times by the beneficiaries.”

## Kids Cross

In response to the Great East Japan earthquake and Pacific tsunami of 2011, the Japanese Red Cross Society implemented the Kids Cross project for children affected by the disaster. Children ages three to 12, together with their mothers, constructed houses, towers, bicycles – or whatever objects they wanted – using round cardboard discs called “builder cards”. The cardboard discs come in two sizes – 25 cm and 10 cm in diameter – and can be assembled in many different ways. The builder cards were successful in improving the children’s self-efficacy as well as in enhancing their sense of social belonging and bonding with their mothers. One mother said: “I also enjoyed creating things with my daughter and I was surprised that she is so creative.”





# Supporting health-care staff and volunteers in danger

*Reflections from Health Care in Danger expert workshops*

By Louise McCosker, Health Care in Danger Project, International Committee of the Red Cross (ICRC)

Working as health-care providers, either as staff or volunteers in national or international contexts in armed conflict and other emergencies can be extremely stressful. In a recent survey,<sup>1</sup> some first responders said that violence or the threat of violence around and/or against them had made them consider giving up their role, particularly if they had experienced the loss of colleagues or were under pressure from their families.

## PSS a high priority

It comes as no surprise then, that in the context of the Health Care in Danger project (see box), the need to provide adequate psychosocial support for staff and volunteers was seen as a priority. Participants attending the expert workshops held in Oslo, Tehran, Cairo, London and Mexico<sup>2</sup> heard first hand from various National Societies about the acute stress first-line responders' experience not just in carrying out their work but also in the aftermath of traumatic situations. While National Societies recognised the importance of providing psychosocial support, a number commented on the difficulty of doing so when operating in highly volatile and critical situations. Moreover, not all ambulances drivers, paramedics, nurses or doctors, are psychologically prepared for the scenarios they have to face if or when armed conflict or national emergencies break out. But still, they are expected to respond to the best of their ability, and often have unrealistically high expectations of themselves.

<sup>1</sup> ICRC, Our World. Views from the Field: Summary Report, ICRC, Geneva 2010, p.72.

<sup>2</sup> Please visit: <https://www.icrc.org/eng/what-we-do/safeguarding-health-care/solution/2013-04-26-hcid-expert-consultations.htm> for more information on the expert consultations.



Alvaro Ybarra Zavala / Getty Images / ICRC

*Above: North Kivu, Democratic Republic of the Congo. This doctor has been working as surgeon in Walikale since 2006, in the only hospital in the region. Trained in war surgery by the ICRC, he worked relentlessly to help the sick and wounded during an armed group's takeover of the town despite risks to his own security.*

This reinforces the long term impact of violent attacks on those who seek to provide assistance; often these staff and volunteers experience long term trauma which has a devastating impact on them and their families, and also on the future resource capacity of their National Society.

## Preparation is a key

The majority of recommendations from the expert workshops focused on prevention and training, reinforcing



the message that preparation is key to managing psychosocial support for staff and volunteers. Two recommendations that resonated strongly with many workshop participants were the need for National Red Cross and Red Crescent Societies to have in place stress-management strategies, with procedures for preparing volunteers and staff for the stressful conditions under which they may have to do their work. Procedures should also be in place to mitigate the stress they may experience after traumatic situations, and these should include personal and operational de-briefing sessions. Finally, a strong desire to share good practice on existing psychosocial support programs between National Societies was emphasised as important by the workshop participants.

Participants at the expert workshop in Mexico on Ambulance and Pre Hospital Care heard from the PS Centre what constitutes good practice when providing psychosocial support for staff and volunteers. As outlined in the publication *Ambulance and Pre Hospital Care in Risk Situations*<sup>3</sup>, written by Norwegian Red Cross, psychosocial support is generally given in three stages: before, during and after assignments. In order to deal with the stressful conditions, health-care providers should be aware of how to recognize and deal with volunteers and staff in all three stages. There should be procedures in place that prepare volunteers and staff for the stressful conditions they may face when carrying out their work, as well as procedures to mitigate the stress they may experience in the aftermath of traumatic situations. In addition, the following aspects also contribute to the psychological status of the responders:

- Adequate training – both initial and continuous - that reflects the realities the trainees will or could face in the field;
- An effective security management system that the responders are aware of, understand and comply with easily;
- An adequate briefing of the situation, the needs, the roles/tasks and responsibilities, the other players, the security rules, etc.;
- Minimum comfort (food, drinks, shelter, boots, equipment, etc.);
- Supervision and some support (recognition, reward, etc.);

- An emergency plan to rescue injured or sick responders; and
- Insurance coverage or a guarantee that a support will be given in case of an injury or a sickness, and to the family in case of a death.

The issue of safe access to health care in armed conflict and other emergencies is central to the mission of the Movement and to its history of protecting and assisting wounded and sick people. The recommendations from the expert workshops provide fertile ground for National Societies when they reflect on what further action they can take to ensure that this mission can continue and what steps can be taken to mitigate the stress that their staff and volunteers experience.

For more information on the HCiD project visit <https://www.icrc.org/eng/what-we-do/safeguarding-health-care/index.jsp>

To join the community of concern online platform email Chiara Zanette at: [czanette@icrc.org](mailto:czanette@icrc.org)

In 2011, the International Conference of the Red Cross and Red Crescent adopted a resolution calling on the ICRC to enhance public understanding of the issue of violence against health care. The resolution required the ICRC to consult with States, components of the International Red Cross and Red Crescent Movement, and other persons and groups concerned with a view to making practical recommendations for increasing the safety of health care delivery. To this end, the ICRC and components of the Movement launched the Health Care in Danger (HCiD) initiative. Over the past two and a half years, expert consultations have been conducted with a range of stakeholders including National Societies, the health care community, armed actors, hospital administrators, states and civil society. A wide range of recommendations and concrete measures for better access to and safer delivery of health care have emerged from this consultation process. The focus of the HCiD initiative is now on discussing with stakeholders what actions they can take to mitigate violence against personnel and facilities involved in providing health care. The outcomes of these efforts will be reported to the 32nd Red Cross Red Crescent International Conference in 2015.

<sup>3</sup> Ambulance and Pre-Hospital Services in Risk Situations, ICRC November 2013. Available at <https://www.icrc.org/eng/resources/documents/event/2013/05-23-mexico-workshop-health-care-in-danger.htm>

# Health Care in Danger

## Psychosocial support recommendations for health care personnel working in dangerous contexts

By Anjana Dayal De Prewitt, Senior Advisor for Community Mobilization, American Red Cross



Homam Azam / SARCO

Serving the health and psychosocial needs of all parties in a conflict is of paramount importance in the humanitarian assistance world. Health care providers who work in high-risk situations are vulnerable to experiencing trauma and stress. These workers include physicians, nurses and nurse practitioners, psychiatrists and psychologists, social workers, paramedics, ambulance drivers and other staff that support hospitals, laboratories, clinics, first aid posts, blood transfusion centres and medical and pharmaceuticals stores in conflict affected areas.

These recommendations, which focus on issues pertaining to psychosocial support issues in context of health care in risk situations, were established by the Red Cross and Red Crescent Movement's Healthcare in Danger (HCiD) project, together with the International Federation Reference Centre for Psychosocial Support (the PS Centre). HCiD (see box) emphasizes that psychosocial support must be provided to the workforce both pre- and post-mission; the recommendations are therefore divided into two categories:

- 1) Recommendations for the prevention of stress
- 2) Recommendations for the management of stress.

## Background

With increased complexity and frequency in armed conflicts amongst many and diverse groups in the world, it is extremely important to consider the possibly harmful impact of such conflicts on the health care personnel who assist those affected, and to take measures to protect and support their physical, psychological, social and spiritual well-being.

In most cases, a limited number of health care personnel provide services to all parties in conflict areas. In addition to the health-care related demands of their job, workers in health facilities often find themselves torn between the conflicting parties demanding for their services; management of expectations from relatives of beneficiaries; and providing accurate and timely information to the media.

Not all people react to the same event in the same manner. Some people may react immediately, while others may take time to process events and demonstrate delayed stress symptoms. Therefore, regular assessment of the workforce and their needs is recommended so that timely support can be provided to them. In addition, different people have different coping mechanisms based on their cultural background, belief system, age and/or gender, so in order to be effective, the interventions need to be both contextual and flexible.

## Common reactions to stress

Common reactions to stress include decreased alertness and performance, psychosomatic problems such as backaches, lethargy, decrease or increase in appetite and sleep, poor judgment and personal consequences in terms of health and family. Burnout<sup>1</sup> is another common effect for those who work in stressful situations for a long time without practicing self-care. It is an emotional state due to long term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, reduced work efficiency, diminished sense of personal accomplishment, pessimism and cynicism.

<sup>1</sup> Meichenbaum, D. (2006). Resilience and posttraumatic growth: A constructive narrative perspective. In L.G. Calhoun & R.G. Tedeschi (Eds). Handbook of posttraumatic growth: Research and practice. (pp. 355-368). Mahwah, NJ: Lawrence Erlbaum Associates.

## Challenges to administering assistance to care workers

When dealing with issues of life and death and beneficiaries' immediate needs, psychological needs do not usually get enough attention. Since stress may be viewed as a mental health issue in many cultures it can become taboo. Furthermore, few staff and supervisors are trained in psychosocial support techniques, which make recognising the need for psychosocial support difficult, as is administering support once it is deemed necessary or helpful.

## Recommendations for the prevention of stress

Traumatic experiences and stress are unavoidable in health care work in conflict settings, but stress can be prevented – or at the very least mitigated – for health care workers if proper measures are taken to diminish stressors. As security concerns are one of the biggest causes for stress among hospital staff, minimal precautions can be taken by management to ensure that workers can operate under safer conditions. Recommendations for prevention of stress are mainly for the leadership/management:

**Create perimeter walls:** Establishing perimeter walls around the facilities is helpful in marking the boundaries and separating the facility from the rest of the area.

**Establish a safe area for staff, patients and families:** Separate safe areas must be clearly marked for the staff, patients and waiting family members will help in organizing those who visit the facility according to their roles and requirements.

**Ensure proper lighting:** Proper lighting inside and outside the facility will help the workers to be aware of any unwanted movement in the premises.

**Develop a psychosocial support system for the workers:** It is further recommended that leadership/management develop a psychosocial support system including providing support for prevention of stress among staff. Below are some simple tips for leadership, teams and individuals that can help in dealing with stress reactions:

- Develop protocols for screening and orientation of all workers before the mission.



- Provide support during and after the mission.
- Make available adequate training and provide clear guidelines for peer support and self-care for the duration of the project.
- Provide guidance and support to team members before, during and after a mission.
- Conduct pre-mission screenings and post-mission evaluations of the workforce.
- Respect confidentiality so that people feel safe admitting stress and seeking help.
- Emphasize self-care.
- Ensure workers take adequate breaks between difficult missions.
- Create a peer-support system for workers to share experiences.
- Provide skill development to the workforce on psychological first aid and self-care.

### Recommendations for management of stress

Most workers will be able to recover from an adverse event with basic support such as psychological first aid. Family, peer and community support combined with self-care may be sufficient to facilitate healing, but some cases may need more focused and specialized support

that may require referring the worker to mental health professionals and social workers. Leaders and designated worker care staff should provide emotional, informational and instrumental support to address fear, stress and anxiety, manage expectations and to help bring the person back to a healthy state of being. For example:

### Leadership

- Acknowledge the stress and added demands.
- Provide stress management tips and training in adaptive coping.
- Set up a staff hotline or phone number for information and support in dealing with stress and anxiety.
- Establish a buddy system so staff can watch out for one another.
- Ensure clear, honest and frequent communication.
- Provide written guidance indicating care strategies for the workforce.
- Facilitate communication sessions where staff has the opportunity to ask questions, offer suggestions and be part of the process.
- Ensure proper and timely follow-up when staff raise questions and suggestions.
- Ensure staff members are equipped with the proper information or have links/access to information.



- Develop a system by which staff can maintain contact with loved ones.
- Address staff's physical needs (e.g., food, transportation, child-/elder-/pet- care, medication, equipment).
- Establish respite space/centres for staff with healthy snacks, telephone and computer access, especially for long shifts.

## Teams

There are many benefits in developing peer support systems. For example, support is provided by someone who knows the situation and assistance can be provided in a short period of time. Peer support helps people to develop their personal coping skills. Teaming of peers helps in forming supportive groups that pool their knowledge, perspectives, and experiences for the benefit of each other. A group of peers can provide:

- A formal framework to discuss work and problem-solve together
- Space to talk to someone with whom you feel at ease, describe your thoughts and feelings
- Opportunity to listen to others and share insights with them - what do they say and think about the event?
- Opportunity to encourage and support your co-workers and be available in a non-intrusive way
- Confidentiality – this is the cornerstone of all support
- Follow up in a non-intrusive way and identify red flags in colleagues and refer (for example if a person expresses a desire to harm him/herself or someone else).

## Individuals

Workers have a major role in dealing with their own stress. Often people do not pay attention to their psychological reactions to stressful situations because of lack of time or knowledge. It is recommended that individuals are trained on basic self-care. Here are some tips for individuals:

- Take special care of yourself, eat well, limit alcohol and tobacco and stay fit.
- Do not self-medicate.
- Continue to work on routine tasks.

- Look for a healthy outlet.
- Seek professional advice.
- Openly talk and share your problems without fearing the consequences.
- Take a break when you feel your tolerance diminishing.
- Stay in touch with family and friends.
- Avoid perfectionist expectations; they often lead to disappointment and conflict.

## Summary

Health Care providers who work in conflict situations are vulnerable to experience trauma and stress. They require appropriate psychological and social support. The PS Centre<sup>2</sup> has been providing technical support to National Red Cross and Red Crescent Societies to develop and implement psychosocial support programs in different contexts including support for workers and volunteers. These programmes aim to facilitate the process of resilience by strengthening internal and external resources. Support systems for the workforce must be a combination of basic and professional support.

### Health Care in Danger (HCiD)

“HCiD is an ICRC-led project of the Red Cross and Red Crescent Movement scheduled to run from 2012 to 2015 and aimed at improving the efficiency and delivery of effective and impartial health care in armed conflict and other emergencies. This is accomplished by mobilizing experts to develop practical measures that can be implemented in the field by decision-makers, humanitarian organizations and health professionals. HCiD emphasizes that psychosocial support must be provided to the workforce both pre- and post-mission. These recommendations were developed at meetings in Pretoria, South Africa in 2014 by local (national) and expatriate health-related personnel, based on best practices shared by directors and medical doctors working in hospitals in different contexts, such as Iraq, Somalia, Egypt and Mali.”

*At left: Kailahun town Sierra Leone, July 2014. As part of the Red Cross response to the Ebola virus disease outbreak, volunteers with the Sierra Leone Red Cross are being trained on providing psychosocial support to those affected by the outbreak.*

<sup>2</sup> IFRC PS Centre. www.pscentre.org

# Neutrality crucial amidst political controversies

By Eliza Cheung, Hong Kong Red Cross

The recent protest in Hong Kong, coined “the Umbrella Movement” by local and international media and formally named the “Occupy Central movement,” was triggered when protesters against the authorities’ stance on the future election of Hong Kong’s Chief Executive assembled outside the government headquarters. Police actions attempting to disperse the gathering, which spread to occupy several major highways, further incited tens of thousands of citizens to flood to the areas around the government headquarters

and caused similar protests to erupt in several other busy commercial hubs in the city.

Since the Hong Kong Red Cross (HKRC) headquarters is situated right next to the government headquarters, HKRC has been providing first aid and psychological support services to those in need since 27 September. The following day, chaos broke out when the police attempted to disperse protestors by using, among other methods, pepper spray and tear gas bombs. People fled in panic, and many injured people rushed into the HKRC building for asylum. The tear gas also spread into the HKRC building, prompting all aid workers to put on goggles, masks and gloves when helping the injured. While our first aiders handled the physical injuries of those rushing in, volunteers in the Psychological Support Service (PSS) team comforted those who demonstrated various psychological reactions, including fear, anger, and disbelief. Some of the injured, mostly students participating in the protests, were hesitant to contact their families about their injuries. Some even initially refused to be sent to the hospital for fear of being arrested by police.

Along with the distressed protestors, our first aiders who were on duty and witnessed the confrontation were also affected by the tear gas bombs and were also shocked. In response, PSS volunteers provided psychological first aid by accompanying those scared and injured, offering comfort, facilitating their coping with stress, and helping them with contacting the necessary support networks. It proved to be a good integration of PSS with first aid services to provide holistic support to the injured and distressed.

The onsite psychological support service lasted for over ten days, during which the PSS team was engaged for 134 consecutive hours. An additional psychological support hotline was set up from 29 September for anyone in the public who felt distressed by the incident. The hotline service was





launched together with the assistance of the Hong Kong Psychological Society, operated by their volunteer clinical psychologists and the HKRC PSS volunteers. While the PSS volunteers established the initial support with the callers and provided psychological first aid, more distressed callers were referred to the volunteer clinical psychologists.

In contrast to our previous PSS operations, many callers to the hotline were emotionally disturbed or suffering from interpersonal problems due to the increasingly sharp contrast in political views – both regarding the election models and the handling of the protest. Families and friends reported having heated arguments that led to the abrupt end of personal relationships. Verbal warfare between the opposing views spread like wildfire in social media, which negatively impacted many people's psychosocial well-being. When calling in, a lot of callers also insisted on knowing the PSS responder's own personal views on the political situation. Our volunteers upheld the principles of impartiality and neutrality and provided support to whomever in distress. Over half of the callers who sought support from the hotline also suffered from various stress reactions after seeing news reports of the violence from various media channels. HKRC volunteers offered them with appropriate psychosocial support in response.

In two weeks' time, up to 12 October, a total of 608 beneficiaries received psychosocial support onsite at the first aid



station in HKRC headquarters or through the hotline. Out of the 439 callers to the hotline, 135 were referred to our clinical psychologists. At the time of this report, how the situation will develop is still unknown. But it is certain that HKRC is always ready to serve those in need, and hopefully people will continue to turn to HKRC for safeguarding of the principles of humanity and neutrality, and not merely because our building is located right at the core of the eye of storm.



*At left: Protestors gathered right in front of the premises of the Hong Kong Red Cross Headquarters. Top right: Volunteers of the Psychological Support team provided psychological first aid to the injured and scared, including through telephone hotline services. The Psychological Support team worked around the clock, partnering with the first aid team, pictured above. All Photos: Hong Kong Red Cross.*

## Strengthening Resilience: A global selection of psychosocial interventions

**Strengthening Resilience: A global selection of psychosocial interventions** was developed in answer to the growing demand for guidance on how to implement psychosocial support programmes. It is designed to provide the practitioner with a range of possibilities when planning psychosocial support activities. Drawing on case studies and programme descriptions from psychosocial interventions around the world, the book presents fundamental methods of providing psychosocial support, including concrete examples of interventions, ideas for activities, and how to modify them to suit specific contexts and groups. Strengthening Resilience: A global selection of psychosocial interventions provides guidelines for how best to implement psychosocial interventions, and illustrates how broad and diverse the field of psychosocial support is.

This publication can be downloaded free of charge from [www.pscentre.org](http://www.pscentre.org), and is also available in hard copy from the PS Centre (write to: [psychosocial.centre@ifrc.org](mailto:psychosocial.centre@ifrc.org)).



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