



# Annual Meeting 2017

## Book of abstracts

Psychosocial Centre

## Introduction

Throughout the Red Cross Red Crescent Movement and the wider humanitarian community there is an increasing recognition of the need for building evidence to support mental health and psychosocial support (MHPSS) interventions. The 2017 Council of Delegates of the Red Cross Red Crescent Movement passed the resolution Addressing Mental Health and Psychosocial Needs, which urges the Movement to increase their efforts to better understand the needs and challenges, and to collect evidence on MHPSS interventions in humanitarian responses.

The Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support was established in June 2016 with the vision to provide effective humanitarian action through a strengthened evidence-base in the Red Cross Red Crescent Movement for MHPSS for beneficiaries, volunteers and staff. The research network is a space for collaboration and shared learning that brings together MHPSS researchers and practitioners affiliated with the Red Cross Red Crescent Movement. The research network is hosted by the IFRC Reference Centre for Psychosocial Support and driven by its members.

The 2017 Annual Meeting of the Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support brought together 32 people from 16 countries to share their research experience on two themes: mental health of refugees, migrants and asylum seekers and caring for staff and volunteers.

The book of abstracts includes the abstracts presented at the annual meeting. The range of abstracts reflect a growing interest for and experience with conducting research on MHPSS within the Red Cross Red Crescent Movement and we hope that other practitioners and researchers from within and outside the Movement will be inspired by and learn from the research presented in this book of abstract and that more people will join the research network in the coming years.

For more information, please visit: <http://pscentre.org/what-we-do/research-network/>

*Nana Wiedemann*

Nana Wiedemann  
*Head of Reference Centre for Psychosocial Support*  
International Federation of Red Cross and Red Crescent Societies

Suggested citation: IFRC Reference Centre for Psychosocial Support (2017): The Red Cross Red Crescent Research Network on mental health and psychosocial support. Annual Meeting 2017. Book of abstracts. Copenhagen, Denmark.

# Table of Contents

|   |    |
|---|----|
| Introduction.....   | 2  |
| Theme 1: Mental health of refugees, migrants and asylum seekers .....   | 4  |
| Mental Health of Newly Resettled Refugees an Asylum seekers in Sweden .....   | 5  |
| Cultural adaptation of scalable psychological interventions for use in low resource and humanitarian settings affected by adversity .....   | 7  |
| Mental health screening of asylum seekers: a pilot study.....   | 9  |
| Validation and clinical utility of PTSD and Complex PTSD for Syrian refugees in Lebanon .....   | 11 |
| Simplified psychological interventions for reducing psychological distress in migrants, refugees and asylum seekers: a systematic literature review. ....                             | 12 |
| Resilience and dysfunction among Iranian and Iraqi torture survivors in Finland and Sweden: Findings from two population-based studies .....  | 14 |
| Theme 2: Mental health and psychosocial wellbeing of humanitarian staff and volunteers.....   | 15 |
| The impact of a psychosocial intervention in addressing coping mechanisms of community care workers within a South African Red Cross Multi-Drug Resistance Tuberculosis Project ..... | 16 |
| Managerial Practices to ensure the wellbeing of humanitarian volunteers in post-conflicts. ....   | 18 |
| Caring for Carers. Psychosocial Support to Humanitarian Worker in Coping with Disaster: The Case of the Philippine Red Cross in the .....   | 20 |
| 2013 Typhoon Haiyan in Tacloban City .....  | 20 |
| Developing the Perceived Supervision Scale for CTC providers: A 7-country validation study .....  | 21 |
| 2017 Annual Meeting Programme .....   | 22 |

## Theme 1:

Mental health of refugees, migrants and asylum seekers

# Mental Health of Newly Resettled Refugees and Asylum seekers in Sweden

---

Petter Tinghög<sup>1,2,\*</sup>, Andreas Malm<sup>1,2,3</sup>, Charlotta Arwidson<sup>1</sup>, Erika Sigvardsson<sup>1</sup>, Andreas Lundin<sup>4</sup>, Saboonchi Fredrik<sup>1,2</sup>.

<sup>1</sup> Red Cross University College, Stockholm, Sweden

<sup>2</sup> Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

<sup>3</sup> The Swedish Red Cross Treatment Center for Persons Affected by War and Torture, Malmö, Sweden

<sup>4</sup> Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

\*Corresponding author: [Petter.Tinghog@ki.se](mailto:Petter.Tinghog@ki.se)

**Background:** To estimate the prevalence of, and associations between anxiety, depression, PTSD, potential pre (or peri)-migration traumas and post-migration stress among newly resettled refugees from Syria and asylum seekers from Syria, Eritrea and Somalia in Sweden.

**Methods:** This is a cross-sectional and population-based questionnaire study based on known and complete sample frames. A random sample of 1215 individuals (response rate 30.4%) from Syria aged 18 to 64 that were granted residency in Sweden on grounds of asylum between 2011 and 2013, and 173 asylum seekers in the same age-span (response rate 47.4 %) from Syria, Eritrea Somalia participated in the study. The survey included multiple measures of mental ill health and factors of particular relevance for refugees. Weighted analyses were conducted to calculate representative prevalence rates and associations. Associations were investigated through a series of logistic regression analyses. All analyses were supplemented with robust 95% confidence intervals (95% CI). Anxiety, depression, PTSD were assessed through Hopkins Symptom Checklist and Harvard Trauma Questionnaire, using established cut-offs.

**Findings:** A majority of the study participants met the criteria for at least one of the studied types of mental ill health, and the comorbidity was high. Depression was the most common type among refugees from Syria with residence permits 40.2 % (95% CI 36.9-43.3), followed by anxiety 31.8 % (29.2-34.7), and PTSD 29.9 % (27.2-32.6). A similar pattern was also detected among asylum seekers, although all studied types of mental ill health appeared to be more common. Refugee related potentially traumatic events (PTEs) experienced before or during migration was common, as was substantial levels of post-migration stress. Most types of refugee related PTEs, especially being exposed to interpersonal violence, and post-migration stress were strongly associated with increased risks for anxiety, depression and PTSD.

**Conclusion and recommendations:** Mental ill health, in terms of anxiety, depression and PTSD, are highly elevated and comorbid among refugees from Syria.

Increased attention from multiple societal sectors, the governmental and health care sector in particular, to adequately support Syrian refugees' mental health needs, promote their recovery and reduce post-migration stress are needed. The results further indicate that health care workers should not only focus

on treatment related to previous PTEs, but also support refugees in their efforts to dampen the adverse effects of post-migration stress.

**Funding:** This study was supported by Swedish Research Council for Health, Working Life and Welfare (grant number 2016-07194) the Swedish Ministry of Employment, with additional financial support from the Swedish Red Cross and the Swedish Red Cross University College. The funders had no role in study design, data analysis, decision to publish or preparation of manuscript

# Cultural adaptation of scalable psychological interventions for use in low resource and humanitarian settings affected by adversity

---

Martha Bird<sup>1,\*</sup>, Pernille Hansen<sup>1</sup>, Sebastian Burchert<sup>2</sup>, Frederik Sten<sup>3</sup>, Anne de Graaff<sup>4</sup>, Michelle Engles<sup>5</sup>  
Sena Akbay<sup>6</sup>, Nikolai Kiselev<sup>7</sup>

<sup>1</sup>Danish Red Cross

<sup>2</sup>Freie Universität Berlin

<sup>3</sup>War Child Holland

<sup>4</sup>Vrije Universiteit Amsterdam

<sup>5</sup>International Medical Corps UK

<sup>6</sup>Istanbul Şehir Üniversitesi

<sup>7</sup>Universität Zürich

\*Corresponding author: [mabir@rodekors.dk](mailto:mabir@rodekors.dk)

**Background:** The Middle East, North Africa and Europe host millions of Syrian refugees who have fled violence and destruction. Many have lost their loved ones, homes and belongings and their journeys to escape the Syrian conflict have often been full of danger and hardship. Many refugees face serious emotional distress as a result of their experiences, but the refugee-hosting countries do not have the resources and capacity to provide sufficient mental health care. The STRENGTHS project aims to evaluate and scale-up evidence-based and cost-effective mental health interventions for Syrian refugees. The project includes a series of formative research activities, material translations and adaptations, and randomized controlled trials of four scalable psychological interventions developed by the World Health Organization (WHO). The activities are implemented in Switzerland, the Netherlands, Turkey, Lebanon, Jordan, Egypt, Germany, and Sweden. The IFRC PS Centre led the process of culturally adapting the four interventions to be used in this project: Problem Management+ (PM+) Individual, PM+ Group, Early Adolescent Skills for Emotion (EASE) and the eHealth version of the Step-by-step intervention. Cultural adaptation is the process of systematic modification of evidence based treatments or intervention protocols to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings and values.

**Methods:** The methods for culturally adapting the four interventions were based on a modified version of an unpublished adaptation protocol developed by WHO that includes seven steps: literature review, stakeholder engagement, rapid qualitative assessments, literal translations, cognitive interviews, adaptation workshops, and finalization of all materials.

**Findings:** The cultural adaptation revealed changes needed related to eight adaptation dimensions of interventions proposed by Bernal et al., (1995) in their ecological validity model: language, persons, metaphors, content, concepts, goals, methods, and context. Furthermore, this formative research showed that cultural adaptation did not have to be tailored to each of the eight intervention site, but could to a

large extent be combined to deliver adapted intervention that are applicable to Syrian refugees living in differing host cultures and contexts. All of the suggested changes have been carefully documented and changes are currently underway in the intervention manuals and training materials to train supervisors, trainers, and helpers.

**Conclusion and recommendations:** Cultural adaptation of evidence-based interventions is a robust method of ensuring appropriateness, relevance, and acceptability of interventions to different populations. It is recommended that the protocol is developed into and published as a concise yet comprehensive tool box guiding researches and practitioners on cultural and contextual adaptations. A shorter and less extensive version, which guides uses such as smaller non-governmental organisations, low resourced institutions or organisations with limited research capacity to conduct a good-enough cultural and contextual adaptations in lieu of no or poor ones by implementing a set of minimum steps for cultural and contextual adaptations should also be developed. Finally, the use of mock sessions - abridged run-throughs of intervention sessions conducted by a group of psychologists with strong field experience - as part of the protocol should be investigated further as they are potentially cost effective yet very powerful tools for cultural adaptation.

**Funding:** This study is part of the STRENGTHS project, which has received funding from the European Union's Horizon 2020 Research and Innovation programme Societal Challenges under Grant Agreement No 733337.



## Mental health screening of asylum seekers: a pilot study

---

Helena Bakic<sup>1,4,\*</sup>, Nikolina Stankovic<sup>2</sup>, Christos Lionis<sup>3</sup>, Dean Ajdukovic<sup>4</sup>

<sup>1</sup>Office for Human Rights and Rights of National Minorities, Croatia

<sup>2</sup>Croatian Red Cross

<sup>3</sup>Medical Faculty, University of Crete, Greece

<sup>4</sup>University of Zagreb, Croatia

\*Corresponding author: [hbakic@ffzg.hr](mailto:hbakic@ffzg.hr)

**Background:** In addition to experiencing and witnessing traumatic events in their country of origin, many refugees face continuous difficulties during and after resettlement such as health problems, poor accommodation and nutrition, financial problems, separation from family members, language and cultural barriers and discrimination. These factors contribute to heightened risk of developing posttraumatic stress disorder (PTSD), anxiety and depression in refugees and asylum seekers. Given that refugees and asylum seekers are less likely to seek and to be referred to mental health services, it is important to establish procedures that would allow identifying and providing help to those who are in need. The aim of the present study was to develop and pilot a mental health screening procedure for adult asylum seekers.

**Methods:** The study was conducted in the reception centre for international protection seekers in Zagreb, Croatia in July 2016. From the total number of 200 adult asylum seekers who were residing at the centre, 122 participated. The screening was conducted as an interview by graduate psychology students assisted by interpreters. Prior to conducting the study, interviewers and interpreters took joint half-day training. The study was approved by University of Zagreb ethical committee and referral pathways for participants who screened positive were established through a general practitioner that serves a local community health clinic and a Croatian Red Cross social worker. Refugee Health Screener 13 (RHS-13) was used as the screening questionnaire. The questionnaire was specifically designed for and validated with newly arrived refugees, has been translated into several languages and can be administered in relatively short time, while it is easily understandable for people of different educational levels. Furthermore, the cut-off score of 11 has been found to be valid as a quick assessment of the probable risk of having PTSD, severe anxiety or depression.

**Findings:** Participants were primarily male (86%), single (61%), between 18 and 50 years of age (29.1 years on average), mostly with secondary education and originally from Iraq, Afghanistan or Syria. Results on the RHS-13 show that 80% of the asylum seekers screened positive, indicating the need for follow up and more comprehensive MH assessment. Half of the positively screened asylum seekers accepted referral to the medical general practitioner and/or Croatian Red Cross social worker. The reasons for refusing referral included distrust and fear of being stigmatized for MH issues. On the other hand, there were individuals who found the interview and screening themselves beneficial.

**Conclusion and recommendations:** The piloting experience indicated that MH screening of refugees can be conducted by trained non-specialist staff and volunteers. The RHS-13 screener proved to be acceptable, easily understood, culturally appropriate and time efficient instrument. However, studies using both RHS-13 and clinical interviews are needed to establish the validity of the proposed cut-off for different European contexts. Key recommendations for conducting MH screening with refugees and asylum seekers include: training the staff, volunteers and interpreters prior to implementing the procedure on topics such as psychological trauma, legal framework, benefits of screening, referral procedures, and working with interpreters; clarifying privacy and ethical issues prior to the screening (including access to the results), and establishing reliable referral pathways prior to the screening for the individuals whose score indicates the high probability of developing MH condition.

**Funding:** This study is part of the project '717319/EUR-HUMAN' which has received funding from the European Union's Health Programme (2014-2020).

*Disclaimer: The content of this abstract represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.*

# Validation and clinical utility of PTSD and Complex PTSD for Syrian refugees in Lebanon

---

Philip Hyland<sup>1,2,\*</sup>, Frédérique Vallières<sup>2</sup>

1 National College of Ireland, Dublin, Ireland

2 Centre for Global Health, Trinity College Dublin, Dublin, Ireland

\* Corresponding author: [Philip.Hyland@ncirl.ie](mailto:Philip.Hyland@ncirl.ie)

**Background:** The upcoming 11<sup>th</sup> version of the World Health Organization's International Classification of Diseases (ICD-11) proposes a redefinition of posttraumatic stress disorder (PTSD) and the addition of a separate Complex PTSD category. The current study first examines the construct validity and prevalence of PTSD and CPTSD using a disorder-specific measure (the International Trauma Questionnaire) among a sample of help-seeking Syrian refugees in Lebanon. Second, this study assesses the clinical utility of the ICD-11 proposals among psychotherapists working with Syrian refugees in Lebanon.

**Methods:** Participants were 112 Syrian refugees currently settled in Lebanon (80.2% female, mean age = 33.02, SD = 8.94). Prevalence rates for PTSD and CPTSD were calculated and the factorial validity of the PTSD/CPTSD symptoms was assessed using confirmatory factor analysis (CFA). The clinical utility of ICD-11 PTSD and CPTSD were assessed through the use of semi-structured interviews with six psychotherapists working with International Medical Corps Lebanon.

**Findings:** PTSD (25.2%) and CPTSD (36.1%) were commonly observed. CFA results provided support for the validity of the ICD-11 proposals regarding PTSD and CPTSD. Qualitative findings among psychotherapists suggest that the ICD-11 proposals for PTSD and CPTSD are positively regarded however, some limitations were noted in this context.

**Conclusion and recommendations:** This is the first study to support the ICD-11 proposals for PTSD and CPTSD among refugees residing in the Middle East. Psychotherapists working in this context reported that the ICD-11 diagnoses of PTSD and CPTSD, as assessed by the International Trauma Questionnaire, were clinically useful. Findings support the validity of these diagnoses internationally and within humanitarian crisis situations. The International Trauma Questionnaire appears to be a valid and useful assessment tool in this context.

**Partners and Funding:** This study is the result of a partnership between International Medical Corps Lebanon and the Centre for Global Health, Trinity College Dublin. Funding was kindly provided by Trinity College Dublin through their Pathfinder Fund.

# Simplified psychological interventions for reducing psychological distress in migrants, refugees and asylum seekers: a systematic literature review.

---

Camila Perera<sup>1\*</sup>, Tiziano Scott<sup>1</sup>, Rikke Holm Bramsen<sup>2</sup>, Maj Hansen<sup>2</sup>, Cecilie Dinesen<sup>3</sup>, Nana Wiedemann<sup>3</sup>,  
Frédérique Vallières<sup>1</sup>

<sup>1</sup>Centre for Global Health, Trinity College Dublin,

<sup>2</sup>University of Southern Denmark,

<sup>3</sup>The IFRC Reference Centre for Psychosocial Support, Danish Red Cross

\*Corresponding author: [pererac@tcd.ie](mailto:pererac@tcd.ie)

**Background:** Simplified and lay facilitator delivered psychological interventions may contribute to reducing mental health disparities and coping with human resources shortages. Low-intensity or scalable psychological interventions may represent an innovative way of meeting an increasing demand of mental health care from forcibly displaced migrants.

**Methods:** This review presents evidence on the effectiveness of scalable psychological interventions aiming to reduce psychological distress among forcibly displaced migrants. The review also compiled the barriers and facilitators to the implementation of these interventions that were identified in the included studies. Quantitative studies were screened from Medline, Embase, Scopus and specialist databases PsychINFO and CINAHL. The reference lists from the selected studies and relevant systematic reviews were also screened. Narrative synthesis using NVivo 11 was conducted to analyse the results.

**Findings:** Out of 2,766 studies, 13 articles met the inclusion and exclusion criteria. The reviewers found high quality evidence on the effectiveness of Narrative Exposure Therapy on reducing PTSD symptoms when administered by lay facilitators with no previous formal training on mental health to children and adults. Medium-high quality evidence was found on the effectiveness of Parenting skills interventions on reducing children's emotional and behavioural problems and on interventions with components of Cognitive Behavioural Therapy on reducing psychological distress. High-quality evidence was found on the effectiveness of Inter-personal Group Therapy in reducing depression symptoms among girls but not on boys. We found medium to high quality evidence showing no effect of psycho-education alone in reducing psychological distress. Cultural adaptation and the training of non-specialists were discussed as both barriers and facilitators to the implementation of these interventions.

**Conclusion and recommendations:** There is little but good quality evidence on the effectiveness of low-intensity psychological interventions for forcibly displaced migrants. Further research on the effectiveness of these interventions on adults is needed. Future research should carefully describe the adaptation of the material and the supervision and training received by non-specialists to assess fidelity and allow future replications. Implementation research assessing whether these interventions are successfully adopted in community settings is also recommended.

**Funding:** The research project is funded under The CONTEXT Programme: The COllaborative Network for Training and EXcellence in psychoTraumatology and is funded by the European Union's Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie grant agreement No 722523. The research project is carried out as a collaboration between Centre for Global Health, Trinity College Dublin (TCD), The University of Southern Denmark (SDU), and the International Federation of Red Cross and Red Crescent national Societies Reference Centre for Psychosocial Support (IFRC PS Centre)

# Resilience and dysfunction among Iranian and Iraqi torture survivors in Finland and Sweden: Findings from two population-based studies

---

Ferdinand Garoff, University of Helsinki

[ferdinand.garoff@gmail.com](mailto:ferdinand.garoff@gmail.com)

**Background:** Even after many years, past torture is significantly associated with emotional distress. Previous trauma, lower education, as well as post-migratory factors such as few social contacts and no occupation predict emotional distress and/or a lower health-related quality of life (Carlsson, Mortensen, & Kastrup, 2006). This study compares the health and well-being, as well as health service utilization and the social and economic situation of torture and trauma survivors with non-survivors in Finland and Sweden.

**Methods:** This presentation addresses findings from two population based studies conducted with immigrants resident in Finland (2010-2012) and Sweden (2005). In the data sets men of Iranian and Iraqi origin were selected for additional study as their reports indicated a significant prevalence of torture experiences (20-25%) and other potentially traumatic events (PTEs). Both studies included the Hopkins Symptom Checklist-25 (Derogatis, Lipman, Rickels, & Covi, 1974) and other measures of health and well-being. Other variables assessed in both studies included demographic data, employment status, economic situation, language proficiency in Finnish/Swedish and experiences of discrimination.

**Findings:** Participants in this study that reported PTEs and torture in particular were doing significantly worse on many indicators, compared to those not reporting any PTEs. It must be noted however, that employment status was not impacted by past PTEs. Loss of interpersonal trust was evident in that confidence and trust in authorities and public service providers was significantly lower among torture survivors. This may in turn impact help seeking. Torture survivors also reported more discrimination by authorities and in daily life.

**Conclusion and recommendations:** The findings of this study support previous evidence that torture and other PTEs are prevalent in refugee and migrant populations and that they create a wide-ranging and long-term vulnerability to resource loss that impacts social functioning, health and quality of life. Effective screening, continuous trust building and flexible service provision is necessary to address the multiple needs of migrants and refugees with experiences of severe PTEs, such as torture.

## Theme 2:

Mental health and psychosocial wellbeing of humanitarian staff and volunteers

# The impact of a psychosocial intervention in addressing coping mechanisms of community care workers within a South African Red Cross Multi-Drug Resistance Tuberculosis Project

---

Ruth Mufalali-van Rooyen<sup>1,\*</sup> and Akhona Williams<sup>2</sup>

<sup>1</sup>The South African Red Cross Society

<sup>2</sup> The South African Red Cross Society volunteer intern and Rhodes University

\* corresponding author: [rmufalali@gmail.com](mailto:rmufalali@gmail.com)

**Background:** Tuberculosis (TB) is one of the leading causes of death for people in South Africa, this with patients being constantly faced with stigma and discrimination impedes promotion of treatment adherence and can be frustrating for the community care workers that support these patients.

Working within a TB program comes with challenges and even with adequate training, CCW's tend to feel they lack the adequate knowledge and coping strategies in effectively handling TB patients. Since 2009 South African Red Cross Society has worked in the Eastern Cape to address the problem of multi-drug resistant tuberculosis (MDR-TB) in vulnerable populations through a community based programme that aims to provide care, support and directly observed therapy (DOT) to people with MDR-TB and to increase community knowledge about TB, MDR-TB and TB/HIV through health education and awareness.

In 2015, the MDR-TB project introduced monthly debriefing sessions for CCW's that were facilitated by students studying masters in psychology at the Nelson Mandela University. These sessions were to create a platform for CCW's to share their experiences, learn best practices from each other and devise coping strategies to better tackle the challenges they face in the field.

**Methods:** A community based qualitative study was conducted on 21 CCW's within the MDR-TB project from the Nelson Mandela Metro District, Eastern Cape Province, South Africa over the month of June 2017. Data collection was done using a questionnaire and a 26-Item Cope Inventory. CCW's had already been sensitized to the debriefing sessions since 2015.

**Findings:** The inclusion of debriefing sessions within the MDR-TB programme allowed CCW's to share concepts of patient-centered care and communication skills to improve patient management at a personal and community level with CCW's developing and improving coping strategies to better tackle internal and external stressors.

The main challenge experienced was the emotional and financial burden of having to work months on end as there were delays in the CCW's stipend pay-outs which ultimately played a negative roll on their work ethic especially for those that had no other source of income and were bread winners.



**Conclusion and recommendations:** Inclusion of psychosocial support addresses the mental and social aspects which ultimately have a direct impact on the work ethic of CCW's. Better understanding how best to cope enhances their psychosocial wellbeing and ultimately improves their efforts to attain treatment adherence for their patients.

Efforts to ensure patient treatment adherence needs to be combined with efforts to address the psychosocial wellbeing of CCW's as the CCW's form an integral part in the optimum delivery of care for TB patients.

# Managerial Practices to ensure the wellbeing of humanitarian volunteers in post-conflicts.

---

Kinan Aldamman<sup>1\*</sup>, Rikke Holm Bramsen<sup>2</sup>, Maj Hansen<sup>2</sup>, Nana Wiedemann<sup>3</sup>, Frédérique Vallières<sup>1</sup>

<sup>1</sup>Centre for Global Health, Trinity College Dublin,

<sup>2</sup>University of Southern Denmark,

<sup>3</sup>The IFRC Reference Centre for Psychosocial Support, Danish Red Cross

\*Corresponding author: [KALDAMMA@tcd.ie](mailto:KALDAMMA@tcd.ie)

**Background:** Research on humanitarian workers' mental health highlights the importance of organisational and managerial factors in raising volunteers' wellbeing. Nevertheless, there is a dearth of evidence about the impact of implementing support programmes on the wellbeing of volunteers who experience significant psychological morbidity. Furthermore, it is widely recognized that dealing with such programmes which work in complex setting requires explaining how and why they work considering that programmes work differently in different contexts

**Methods:** Through the partnership between Trinity College Dublin and IFRC PS Centre who is supporting *Caring for Volunteers* programmes, this research aims to investigate the underlying mechanisms by which managerial practices for that programme influence the wellbeing of Red Cross Red Crescent volunteers. This will be achieved through conducting a three-phase study in the context of one RCRC national society in a post-conflict situation.

## Phase 1:

By using a non-equivalent group design (NEGD), this phase aims to investigate the impact of *Caring for Volunteers' Programme* on the volunteer's psychological wellbeing. Two groups of volunteers will be surveyed twice, with the estimated period between assessments set at approximately 5 months. The *Caring for Volunteers Programme* will be implemented with the first group, while the second group will act as a control. Each group will be comprised of at least n=80 volunteers.

## Phase2:

Aiming to test the relevant organisational theories on a volunteer context, a cross-sectional survey design will be used to examine the relationship between organisational variables (Perceived Organisational Support, Perceived Supervision, and teamwork and other volunteers support, and Perceived Stress) with the psychological morbidity and wellbeing of volunteers. Through the partnership with the selected National Society, all volunteers will be invited to participate in an online survey.

## Phase 3:

Using a Realist Evaluation method to explain how the programme work, why, and in which context. Starting from formulating initial programme theories in light of the results generated as part of i) the associations found in Phase 2, ii) reviewing the programme documentation, iii) reviewing the relevant literature, iv) interviewing the programme designers. This initial programme theory will then be tested through qualitative interviews and focus group discussions. Between 4-6 FGDs and 10-15 Key informant interviews will take place in the selected national society targeting managers at different managerial levels, volunteers' team leaders, and volunteers. Careful attention will be given to ensure that different ages, sex, and districts are represented. The analysis will be conducted according to the contexts(C), mechanisms (M), and outcomes (O). In a later stage, the CMO configurations will lead to refining the programme theory.

**Conclusion and recommendations:** This research will contribute to the knowledge by highlighting the underlying mechanisms by which the programme work to enhance wellbeing as well as to the practice by helping the National Societies in improving the implementation of the *Caring for Volunteer* programmes

**Funding:** The research project is funded under The CONTEXT Programme: The Collaborative Network for Training and EXcellence in psychoTraumatology and is funded by the European Union's Horizon 2020 research and innovation programme, under the Marie Skłodowska-Curie grant agreement No 722523. The research project is carried out as a collaboration between Centre for Global Health, Trinity College Dublin (TCD), The University of Southern Denmark (SDU), and the International Federation of Red Cross and Red Crescent national Societies Reference Centre for Psychosocial Support (IFRC PS Centre)

# Caring for Carers. Psychosocial Support to Humanitarian Worker in Coping with Disaster: The Case of the Philippine Red Cross in the 2013 Typhoon Haiyan in Tacloban City

---

Zenaida Paez-Beltejar, Philippines Red Cross

[zenaida.beltejar@redcross.org.ph](mailto:zenaida.beltejar@redcross.org.ph)

**Background:** This descriptive study was conducted to better understand the difficult experiences and stressors encountered by humanitarian workers in disaster operations, as well as shedding light on the coping systems. Using the case of the PRC humanitarian workers, the study looked at the capability of an organization in providing psychosocial support programs and services, and ultimately the policies that can be accessed by humanitarian workers.

**Methods:** This study was done by conducting a survey among 75 humanitarian workers involved during the emergency phase as a result of the disaster wrought by 2013 Typhoon Haiyan in Tacloban Leyte. It also delved into the cases of PRC personnel who were deeply involved in the humanitarian response.

**Findings:** This study concludes that there are more female humanitarian workers between the ages of 22-30 and more male aid workers ages 36 years old and above. Higher educational attainment levels are required of humanitarian workers as they move up in the career ladder. The research respondents experienced great difficulty as a result of being repeatedly exposed to gruesome scenes, dangerous situations, and difficult and physically demanding working conditions. They are cognizant of the limitations of their working conditions and are able to handle and cope with the pressures and stress in their jobs on a daily basis. The responsive ways of coping ranges from strong sense of spirituality, peer support, asking help from family, socialization and self-care. The PRC has moderate capability to provide Psychosocial Support Programs, Services and Policies to its aid workers, and the PRC humanitarian workers are seldom able to access PRC Psychosocial Support Programs and Services. Such inferences led the researcher to offer policy recommendations to improve the working conditions of humanitarian personnel and enhance the delivery of responsive disaster management. One major recommendation is the adoption and full implementation by the PRC of the IFRC policy on psychosocial support a reform and redirection of the current PRC policy on psychosocial support.

**Conclusion and recommendations:** A proposed course of action is the adoption and implementation of the UN IASC Guidelines on Mental Health or the MHPSS and indigenize its operationalization to suit the context of Filipino culture. It is also recommended to allocate sufficient funds and manpower resources for the operationalization of the psychosocial support policies and forging of enhanced partnership within the Red Cross and Red Crescent Movement, LGUs and academe for mutual support, knowledge sharing and expansion of resources.

# Developing the Perceived Supervision Scale for CTC providers: A 7-country validation study

---

Frédérique Vallières<sup>1,\*</sup> and Philip Hyland<sup>1,2</sup>

<sup>1</sup>Centre for Global Health, Trinity College Dublin, Dublin, Ireland

<sup>2</sup>National College of Ireland, Dublin, Ireland

\*Corresponding author: FVALLIER@tcd.ie

**Background:** Supervisory experiences among close-to-community (CTC) health care providers are a key factor in the successful implementation of health programmes. The current study sought to develop and validate the first self-report measure that directly assesses the supervisory experience from the perspective of CTC providers.

**Methods:** Phase 1 of the study was carried out in Sierra Leone (n = 327) and focused on the development of the Perceived Supervision Scale (PSS). Phase 2 (n = 741) assessed the factorial validity, predictive validity, and internal reliability of the PSS in six countries (Bangladesh, Ethiopia, Indonesia, Kenya, Malawi, Mozambique), at three time-points, over an 8-month period.

**Findings:** Phase 1 yielded a 6-item unidimensional measure of perceived supervision. Confirmatory factor analytic results during Phase 2 supported the unidimensional structure of the PSS in each country, at three time points. Structural equation modelling results found that PSS scores at baseline positively and significantly predicted a range of performance-related outcomes, 8 months later.

**Conclusion and recommendations:** Simple and quick to administer, and currently available in 11 languages, the 6-item PSS allows for the subjective measurement of CTC provider supervision, as an important determinant of CHW programme sustainability and effectiveness.

As a human resource for health management tool, the PSS (6-item) can be used across different cultural contexts to monitor the experiences of supervision from the perspective of the supervisee. The PSS should be further validated in high-income, non-health sector settings.

**Funding:** Phase 1 was funded by Irish Aid through World Vision Ireland's Access to Infant and Maternal (AIM-Health) programme, as well as the Department for International Development and the United Kingdom through their Programmes Partnership Agreement. Phase 2 of this research was nested within REACHOUT, funded by the European Union FP7 grant (number 306090).

## 2017 Annual Meeting Programme

| Day 1: 22 November 2017 |   |   |
|-------------------------|---|---|
| Time                    | Topic   | Speaker   |
| 8.30-9.00               | <b>Registration and coffee</b>  |   |
| 9.00-10.15              | <b>Welcome and introduction</b><br>Review of 2016-2017 activities in the Research network   | Nana Wiedemann, IFRC PS Centre<br>Sarah Davidson, BRC,<br>Cecilie Dinesen, IFRC PS Centre |
| 10.15-10.50             | <b>Key note speaker 1: Research on mental health and psychosocial support in humanitarian settings</b>  | Wietse Tol, Johns Hopkins University  |
| 10.50-11.10             | <b>Coffee break</b>   |   |
|                         | <b>Theme 1: Mental health of refugees, migrants and asylum seekers</b>  |   |
| 11.10-11.50             | <b>Key note speaker 2: Mental Health of Newly Resettled Refugees and Asylum seekers in Sweden</b>   | Petter Tinghög, Karolinska Institutet   |
| 11.50-12.10             | <b>Mental health screening of asylum seekers: a pilot study</b>   | Helena Bakic, University of Zagreb  |
| 12.10-12.30             | <b>Validation and clinical utility of Complex PTSD diagnosis for Syrian refugees in Lebanon</b>   | Philip Hyland, National College of Ireland  |
| 12.30-13.30             | <b>Lunch</b>  |   |
|                         | <b>Theme 1: Mental health of refugees, migrants and asylum seekers continued</b>  |   |
| 13.30-14.10             | <b>Cultural adaptation of psychological interventions for Syrian refugees</b>   | Martha Bird and Pernille Hansen, IFRC PS Centre   |
| 14.10-14.30             | <b>Scalable psychological interventions for reducing psychological distress in migrants, refugees and asylum seekers: a systematic literature review.</b> | Camila Perera, Trinity College Dublin   |
| 14.30-14.50             | <b>Resilience and dysfunction among Iranian and Iraqi torture survivors in Finland and Sweden: Findings from two population-based studies</b>             | Ferdinand Garoff, University of Tampere   |
| 14.50-15.10             | <b>Theme 1: Q&amp;A</b>   | Stephen Regel, University of Nottingham/Nottinghamshire Healthcare NHS Foundation Trust   |
| 15.10-15.30             | <b>Break</b>  |   |
| 15.30-16.45             | <b>Workshop 1 part 1: Research priority setting exercise</b>  | Wietse Tol, Johns Hopkins University and Cecilie Dinesen, PS Centre                       |
| 16.45-17.00             | Wrap up the day   | Sarah Davidson, BRC,<br>Cecilie Dinesen, IFRC PS Centre                                   |

| <b>Day 2: 23 November 2017</b> |  |  |
|--------------------------------|--|--|
| 9.00-9.15                      | <b>Welcome back and recap of day 1</b>   | Sarah Davidson, BRC, Cecilie Dinesen, IFRC PS Centre                     |
| 9.15-10:15                     | <b>Workshop 2: Research on people in acute crisis</b>  | Sarah Davidson, BRC, and Ferdinand Garoff, University of Tampere         |
| 10.15-10.30                    | <b>Coffee break</b>  |  |
|                                | <b>Theme 2. Mental health and psychosocial wellbeing of humanitarian staff and volunteers</b>  |  |
| 10.30-11:10                    | <b>The psychological strain of responding to West Africa's Ebola outbreak Findings from Guinea, Liberia and Sierra Leone</b>   | Sigridur B. Thormar, Icelandic Red Cross and Reykjavik University        |
| 11.10-11.30                    | <b>The impact of a psychosocial intervention in addressing coping mechanisms of community care workers within a South African Red Cross Multi-Drug Resistance Tuberculosis Project</b> | Ruth Mufalali, South African Red Cross Society                           |
| 11.30-11.50                    | <b>Managerial Practices to Ensure Wellbeing of Humanitarian Volunteers</b>   | Kinan Aldamman, Trinity College Dublin                                   |
| 11.50-12.45                    | <b>Lunch</b>   |  |
|                                | <b>Theme 2. Mental health and psychosocial wellbeing of humanitarian staff and volunteers continued</b>  |  |
| 12.45-13.05                    | <b>Caring for Carers. Psychosocial Support to Humanitarian Workers in Coping with Disaster: The Case of the Philippine Red Cross in the 2013 Typhoon Haiyan in Tacloban City</b>       | Zenaida Paez- Beltejar, Philippine Red Cross                             |
| 13.05-13.25                    | <b>Validation of the Perceived Supervision Scale to measure supervision of community health workers</b>  | Frédérique Vallières, Trinity College Dublin                             |
| 13.25-13:45                    | <b>Theme 2: Q&amp;A</b>  | Ferdinand Garoff, University of Tampere                                  |
| 13:45-14:30                    | <b>Workshop 1 part 2: Research priority setting exercise</b>   | Wietse Tol, Johns Hopkins University and Cecilie Dinesen, IFRC PS Centre |
| 14:30-14:45                    | <b>Coffee break</b>  |  |
| 14:45 -15.15                   | <b>Way forward for the RCRC Research Network on MHPSS</b><br>- Discuss and agree on 2018 work plan and priorities<br>- Selection of coordination group                                 | Sarah Davidson, BRC, Cecilie Dinesen, IFRC PS Centre                     |
| 15.15-15.30                    | <b>Wrap up and goodbye</b>   | Sarah Davidson, BRC, Cecilie Dinesen, IFRC PS Centre                     |