

Coping

with crisis

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Focus: Migration

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Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

#Protecthumanity

Migrants are people who leave or flee their homes to seek opportunities, protection or safer and better lives. The movement may be voluntary or forced, and both involve a combination of choices and constraints. Migration is a growing phenomenon that affects every country. There has been a dramatic rise in people attempting the crossing from North Africa to Europe, and thousands have died doing this. Similar tragedies have unfolded in Southeast Asia and the Middle East, but this is not confined to the journeys people make by sea; many are at risk as they make their way across land borders.

Many migrants succeed in establishing themselves in their new communities, but others face difficulties. The IFRC is committed to addressing the needs and vulnerability of migrants in order to provide protection and assistance. We do all we can to support vulnerable migrants, regardless of their legal status, and to offer them humanitarian assistance.

#protecthumanity is a global campaign launched by the IFRC to turn the spotlight on migration. In this issue of Coping with Crisis, we narrow in on the psychosocial consequences of migration.

Definitions

The approach of the Red Cross Red Crescent Movement to migration is strictly humanitarian and based on the recognition of each migrant's individuality and aspirations. It focuses on the needs, vulnerabilities and potentials of migrants, irrespective of their legal status, type, or category.

In order to capture the full extent of humanitarian concerns related to migration, our description of migrants is deliberately broad:

Migrants are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. Migration can be voluntary or involuntary, but most of the time a combination of choices and constraints are involved.

Our use of the term 'migrant' thus includes:

- labour migrants
- stateless migrants
- migrants deemed irregular by public authorities
- migrants displaced within their own country
- refugees and asylum-seekers



Photo: Maija Tammi, Finnish Red Cross

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PSS on the move

Aerial photos of the seemingly endless Zaatari refugee camp in Jordan. Images of Syrian cities completely destroyed by bombs and fighting. News footage

of hundreds of people stranded at European borders and train stations. It makes a deep personal impression to see so many people in dire need. We can probably all imagine how terrible it must be to flee one's home, to embark on a deadly dangerous journey in the hope of reaching safety and a better life for one's children.

It is easy to reach the conclusion that most, if not all, the migrants need psychosocial support. How to meet the needs is a much more difficult question. How do you provide meaningful psychosocial support to someone who is on a long journey? How do you help parents support their children throughout the journey when they are stuck for days on a border with only their most basic needs covered and no idea about what tomorrow will bring? How do you provide community-based psychosocial support if communities are virtually non-existent or extremely temporary? And how do you overcome language barriers when providers and receivers of support have no common language.

Another challenge is what happens to the migrants once they reach their end destination. Receiving thousands upon thousands of people fleeing violence is not without consequences for the host country. Lebanon, Jordan and Turkey can attest to that, and so can an increasing number of European countries. We are seeing two trends in the receiving countries at the moment.

On one hand there is an increasing sense of worry and frustration that the situation is spinning out of control and that it poses a threat to the welfare and security of

the host communities. On the other hand, we see that the civil society all over Europe is coming together going to great lengths in words and deeds to welcome the refugees and help them to a good start in their new lives. Volunteers are on the beaches where they help people get out of the water, provide first aid and save lives. And sometimes all they can do is retrieve the bodies of those who did not survive the crossing. A large part of those volunteers are "spontaneous volunteers" who work on their own or in small loosely organized units. The spontaneous volunteers work hard and see and hear horrible things, but they rarely have access to organizational or psychosocial support.

Psychosocial support definitely has a role to play in ensuring that the migrants receive the help they need and to gain acceptance in their host communities – in close collaboration with the civil society in the host communities.

In this issue of *Coping with Crisis* we look at different aspects of migration, from the current crisis in the Mediterranean to the plight of returned migrant domestic workers in South East Asia and how to support migrant workers when their home country is struck by disaster.

Whatever the reason for migration it has consequences for people's psychosocial well-being. In a world with more people on the move than ever before, one of the challenges for the global humanitarian society is to collaborate to find a way to provide "Psychosocial Support on the Move"

Nana Wiedemann

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The story of a boat full of people

By **Melissa Tsimon, Cyprus Red Cross**

A boat landed on the shores of Cyprus in September 2014. On board were 345 men, women and children. They had fled the war in Syria and were hoping to sail to Italy and make their way to Northern Europe from there. Instead, bad weather turned the boat off course and they ended up in Cyprus with little hope of leaving the island.

The refugees were given temporary shelter in a camp near the capital of Cyprus, Nicosia. What followed for the refugees were months of insecurity about the future and what actions to take. Should they stay in Cyprus and apply for asylum, which would be an opportunity for legal re-unification with their families in war-torn Syria, but would also keep them in Cyprus instead of mainland Europe? Should they try to keep to the original plan and find their way to mainland Europe? And if so, what would be the best way to go about that: with the aid of smugglers, risking their lives and livelihoods on another dangerous boat trip on the Mediterranean; or wait in uncertainty, hoping that an alternative, legal way perhaps would present itself?

Strengthening community

Cyprus Red Cross was among the first agencies to respond to the plight of the refugees, providing basic necessities and psychosocial support. As the Cyprus Red Cross Psychosocial Support Officer, my role was to coordinate the psychosocial support activities in the camp. We designed and carried out activities aiming towards strengthening community bonds, actively supporting those in need, liaising with governmental services, mobilizing community members based on their capacities, working with children and their families and collaborating with local schools and other agencies to provide the best support, tailored to the population's needs. This is a story about a boatful of courageous people and dedicated volunteers.

After supporting the refugees in the camp for about five months, the government closed down all services, including police, asylum and social services, busses to the city centre and food distribution. Electricity and hot water were still being provided. Basic materials for cooking were being provided on a daily basis from an external source that the majority of refugees seemed to trust.

Instead of reacting to the closure of services with insecurity and hopelessness, the refugees actively began to organize themselves as a community. From what we had been told, they felt that the presence of governmental services in the camp impacted their sense of security and was felt as a stressful factor after a certain point. Being back in control of themselves gave them a sense of purpose and meaning.

Taking matters in their own hands

Now they took matters into their own hands and in accordance to their own culture and capacities, organized themselves into groups. One group was in charge of the security of the camp. One was in charge of cleaning and the last in charge of cooking. There were about 70 children still in the camp and they were also part of the three groups, involved alongside their caregivers in the betterment and sustainability of their community.

Red Cross volunteers continued going to the camp on a daily basis providing access to medical care, baby food and diapers. We had built strong relationships with the people and they let us know that they felt safe when we were there. In return, we felt very welcomed.



Photo: Cyprus Red Cross



Photo: Cyprus Red Cross

When we entered the camp, the children greeted us with smiles, eager to show how they were involved in their chosen tasks in the camp. The older boys constructed their own tent – or as they called it, their fortress and even decorated it with cobbled stones and greenery found in the area. This was their place – and no girls were allowed (except the Red Cross volunteers). The girls followed with their own tent, and this soon became the meeting place for all children to play, tell stories and even perform and sing together. The camp was filled with wonderful odours of home-cooked food, mothers and children sang to each other.

Weakened family dynamics and cultural roles were once again active. As is the cultural norm, the men reassumed their authoritative roles in the community. Adolescents who had become disrespectful towards their parents whose authority was weakened by their overwhelming sense of loss were again looking up to their parents. In turn, parents were active in providing for and protecting their children and thus family bonds became stronger. Through this, community bonds were also strengthened. For the Red Cross psychosocial support volunteers, this was a great sight and a powerful experience.

The camp closes

Four and a half months after the boat came to Cyprus, the government decided to definitively close the camp. Buses arrived to drive the refugees to different cities in Cyprus. Each family was given a certain amount of money and were told to use the money to sustain themselves and to find a place to live. They were also told to apply for a six months tourist visa and/or a six months work permit. Others finally decided to apply for asylum and were transported to Cyprus's reception centre.

The Red Cross was there and assured them that they were welcome to come to us and that we would help them with food, clothes and other items. Our volunteers were also able to help some find places to live in Nicosia. Others found temporary accommodation themselves and a group of 20 were given shelter in a church.

A few days later a group of 40 refugees came back and now had nowhere to stay. They had left two weeks before the closure of the camp with a smuggler hoping to reach main-land Europe. Instead they had been locked in a house for 17 days with no electricity, water

or toilets. They said that they had only eggs to eat every day. They were weak and had lost weight. Amongst them were children. Thankfully they had found shelter in the same church and were nursed back to health by a volunteer doctor and the people of the church. The Cyprus Red Cross still provides them with raw materials for cooking.



Photo: Cyprus Red Cross

One year on

It has almost been a year now. Some are still in the reception centre for asylum seekers waiting for their cases to be processed. Others have acquired the long wanted “refugee” status which will enable them to seek family reunification and even leave the country. A smaller group of people are residing in apartments in the city centre – at least until their funds run out, others have shown extreme resilience and have managed to find jobs and moved into their own apartments and a fourth group is still being accommodated in the church, frozen and unwilling to apply for asylum. The majority of the people however have fled the country, illegally- putting themselves and their children’s lives in unimaginable risk.

All groups continue to keep in close contact with each other since their sense of community had been continuously empowered throughout and all make an effort to see and meet each other. The Red Cross volunteers and other agencies, continue to be in contact with the families and most individuals through social media, phone and visits.

Yet we know that some will continue to try to embark on illegal and dangerous journeys, being convinced that other European countries will accept them under their chosen terms and provide them with all that they need. We can only hope that through their progressive integration in the Cypriot culture – given that the children do eventually go to school and that the adults find jobs and permanent shelter – they will eventually change their minds and prioritize their safety and well-being.

It was an honour working alongside the refugees witnessing them regaining resilience and control over their lives. Finally, to the volunteers who took part in all activities throughout the duration of the camp, who had also put their personal lives to a pause, we could not have done this without you.

Thank you.

Postcard from the field

Lesbos, 29 September 2015

Dear friends,

I don't know if you know how quickly the refugees are moving on Lesbos? Every day between 2.500 and 4.000 refugees arrive here. They mainly arrive on the Northern Coast line of Lesbos. Then they either walk or are transported by bus to the two collection points on the island: Oxy or Mandamados. Well, this is today. Tomorrow there may be other collection points. Things change very quickly here.

From the collection points the refugees are transported by bus (if busses are available, otherwise they walk) to the two registration camps, Kara Tepe (for Syrians) or Moria (for non-Syrians). Here they are quickly registered and can buy a ticket to any ferry or use one of the three dedicated refugee ferries with a capacity of 6.200 passengers every 24 hours going to Athens.

Well, at least they were running two days ago. This can also change with a days' notice. This means that a refugee can stay as little as 24 hours, in different locations, on the island. There are very few refugees applying for asylum on Lesbos. They all aim for Athens. I have even seen a father taking his sick child out of the hospital in Mytilini, against the doctor's recommendation, to be able to move on.

There is no doubt that there are "shell shocked" refugees arriving on Lesbos but the main initial emotion is relief and euphoria to be in Europe. Refugees carry, by the way, very little with them and will only pick up absolutely necessary items as they move along.

One thing most carry are mobile phones. A mobile phone is a lifeline. It's your connection to family and friends – wherever they may be. It's your source of news and information. It's your treasure chest of photographic mementos of happier times. It is even, quite literally, a source of light in the dark.

Having survived the passage over the sea, the first thing many of the refugees want to do is let their families know that they are safe in Europe. This requires charged batteries in the mobile phones.

Therefore, Hellenic Red Cross, with the support of Danish Red Cross have set up mobile phone charging stations in the reception camps. In the reception centres generators run 50 to 80 charging stations and mobile wifi hot spots are also being set up. The mobile charging stations will be complemented by volunteers trained in Restoring Family Links by ICRC and they will also provide telephone time for those who need it.

This is a snapshot of the situation today – who knows what it will look like tomorrow?

Best Regards, Eva*

*Eva Jordung Nicholson is a senior emergency management delegate for Danish Red Cross, deployed to support Hellenic Red Cross' efforts in Lesbos.



Photo: Eva Jordung Nicholson



Photo: Danish Red Cross

Migrants in southern Europe: Trapped in a perfect storm

By Keven E. Bermudez, Queen Margaret University,
Edinburgh, UK

Every day migrants arrive in Europe from poverty-ridden and war torn areas of Africa and the Middle East. In the first half of 2015 a record 137.000 were rescued from the Mediterranean Sea according to UNHCR.

A luggage of highly distressing experiences, uncertainty about one's legal status and future combined with poor access to basic social services imposes high demands on migrants' resilience. Migrants from Africa and the Middle East in Europe face a high risk of marginalization and associated problems. This warrants the attention of organizations supporting migrants towards creating the conditions that facilitate increased social connectedness as essential to support their resilience.

Recent research conducted with undocumented migrants and asylum seekers of African origin in Barcelona highlighted that most migrants attempting to reach Europe without entry visas have to make strenuous and prolonged efforts to survive their journeys.

Travel time: Ghana - Barcelona: Three years

Amara, a young Ghanaian, illustrates the kinds of experiences most have to endure to reach Europe. He travelled for three years before reaching Spain, forced to remain in intervening countries for months or even years needing money to pay high fees to human traffickers, smugglers and border guards, or after being robbed by roadside bandits. Without legal documents, he had to accept low paying jobs and work in exploitative and unsafe conditions. He slept in market areas and fed himself with unsold leftovers to live as cheaply as possible, knowing he would need most of his earnings for the road ahead.

Whether coming from Africa or the Middle East, most migrant routes cross geographically treacherous and politically unstable areas that raise the risk of injury or even death for those who travel along them. Furthermore, migrants may face arrest by border police and be kept in confinement for long periods in dangerous conditions before being deported.



Photo: Stephen Ryan, IFRC



Photo: John Engedal Nissen, IFRC

Most deportees keep trying until they succeed in what is being called a “revolving door” pattern. Those who manage to circumvent border police may suffer similar experiences at the hands of smugglers while waiting for sailing time in hideout places. In either case, reliable reports published by on-site humanitarian organisations reveal that many suffer numerous hardships, beatings, torture and sexual violence while kept in confinement in these secluded locations. If these experiences weren’t distressing enough, migrants who manage to progress still have to survive the worst part of their journey: crossing the Mediterranean Sea aboard fragile and overloaded dinghies that often break down and capsize. Countless don’t survive.

Struggle continues in Europe

By the time migrants reach the shores of Europe, many drag health conditions and injuries that have been poorly treated, if at all. Although they receive appropriate medical care provided by, among others, country-based Red Cross teams, the struggle to improve their lives does not end there for most. They still have to live in overcrowded and unsanitary detention facilities for

up to 60 days, while their legal status is being determined by the authorities. Some are deported, others are granted leave to remain in Europe. Of those, some obtain refugee status, while the majority are allowed to remain without the possibility of obtaining legal resident permits simply because it is impossible for various reasons to deport them. Without a legal resident permit they are effectively barred access to any type of public services or formal jobs. In these conditions, they must rely strongly on small, like-ethnic social networks that provide a source of collective efficacy to deal with practical and personal issues.

Economic crisis erodes social networks

During the research, however, I have noted an erosion of existing migrant social networks. There is an ongoing economic crisis in many European countries, particularly affecting Southern Europe. Unemployment is widespread affecting vulnerable groups in particular. A characteristic feature about migrant social networks is, precisely, that they depend on the availability of jobs to subsist. This factor proves critical to maintain their core function as a source of migrant solidarity. An increasing number of settled migrants and newcomers now face

destitution and further social isolation because they are losing this vital support and are not able to access public service because of their undocumented status.

Like the undocumented migrants and asylum seekers that took part in the study, many, regardless of legal status, have to sleep outdoors or in emergency shelters when beds become available, and rely on soup kitchens for free meals. There are more factors that aggravate the social isolation of the migrants such as increased animosity towards migrants because of the quick association that is often made between the country's economic problems and international migration. Furthermore, in an attempt to discourage further migrant entry, several countries have introduced heightened police surveillance on migrants.

How to reignite social connectedness?

Many migrants experience a growing sense of rejection, neglect, worthlessness and uncertainty. This can, potentially, breed emotional shutdown, reclusiveness, distrust and difficulties to rebuild essential social networks to continue thriving in the transnational context.

This begs the question: *What can migrant supporters do to reignite social connectedness?*

Evidently, in the crisis of confidence and trust they might find themselves in as a result of this situation, any support interventions that might help migrants and refugees rebuild confidence and trust must be considered.

Some possibilities to reflect upon could include mapping and strengthening existing support systems, no matter

how few and weak they might be; linking migrants with available community resources that offer them opportunities to explore their personal interests while interacting with others, and ensuring their successful utilisation; exploring meaningful social roles that members of these vulnerable groups can develop on the basis of their acquired competences, whether on a voluntary or remunerated basis; helping socially withdrawn migrants develop the same kinds of personal assets that socially connected migrants are using to catalyse social connection; define shared interests among community members and promote inclusive participation to achieve them; organise community-wide events that promote mutual understanding and tolerance, among other possible ideas.

Keven E. Bermudez is a PhD candidate at Queen Margaret University, Institute for International Health and Development, Edinburgh, UK. He is from Barcelona, Spain and is a mental health counsellor specializing in reintegration assistance for uprooted peoples in domestic (Barcelona) and international settings, mainly in Sub Saharan Africa and the Near East. In 2009, QMU awarded him a PhD bursary through the Santander Universities Scholarship fund to conduct research with undocumented migrants and asylum seekers residing at an emergency shelter in Barcelona, Spain. The title of his ongoing research is: Social connections and trust among destitute, undocumented African migrants in Barcelona, Spain. If you want to learn more, please write to kbermudez@qmu.ac.uk

A word from the Europe Region

By *Andreea Anca, IFRC, Europe Region*

Working with and for vulnerable migrants is a long-standing tradition rooted in the Fundamental Principles of the Red Cross and Red Crescent Movement, firmly advocating for a humanitarian approach to migration. Resolution n°3 of the 31st International Conference of the Red Cross and Red Crescent the Movement calls for respecting the dignity and the social inclusion of migrants in their host communities and for ensuring that people on the move have unhindered access to the right to protection, health care and access to information at any phase of their difficult journey. Psychosocial support is an integral part Red Cross Red Crescent assistance.

In Europe, The International Federation of the Red Cross Red Crescent (IFRC) provides support to National Societies who conduct operations along the migratory trails responding to the immediate needs of the migrants in the countries of transit and destination, and also to their long-term aspirations of being included in the communities that would ultimately host them.



Photo: Stephen Ryan, IFRC

Psychosocial support on the move

One major component of the Red Cross and Red Crescent response is the psychosocial support programme (PSS), which aims at improving the psychological condition of the migrants who endure harsh conditions and treatment along the way. In their flight from conflicts, persecution or extreme poverty back home, people experience further psychosocial trauma from displacement and often abuse from the human smugglers they entrust their lives to in their long and often treacherous journeys. Many walk for days through fields and forests before they reach their final destination with little food or water, and exposed to potential accidents on the rail tracks in their path.

The Red Cross and Red Crescent National Societies in the respective countries of transit and destination provide further emotional assistance to the migrants and their children, to help them cope with the quick changes of environment and to facilitate the process of integration. Currently, the Implementation Support Group of the Florence Call for Action signed by all participant National Societies across the region at the 9th European Regional Conference, is looking at the most effective ways to support these in carrying through all activities that relate to the commitments stemming from the Florence document, which focuses strongly on Migration.

Population movement

According to the latest UNHCR Global Trends Report, the overall number of displaced people in Europe was 6.7 million at the end of 2014, compared to 4.4 million at the end of 2013; the largest proportion of these are Syrians in Turkey and Ukrainians in the Russian Federation. An estimated 1.3 million people are displaced within Ukraine because of the tense situation in the eastern

part of the country. Another 800,000 had fled to other countries in the first half of this year, with Russia continuing to experience the biggest wave of population movement in the region. Similarly, the neighbouring Belarus has seen an increasing number of people fleeing the areas of conflict in the eastern part of Ukraine.

The number of people from countries across Africa and Middle East landing mostly in Italy and Greece via the Mediterranean Sea is estimated at approaching a quarter of a million so far this year, already exceeding number of 219,000 migrants who arrived during the whole of 2014 (source: IOM). There is an increase in the number of migrants taking the 'Western Balkan' route as they make their way to countries further north in the European Union via Macedonia, Bulgaria, Serbia and Hungary. According to an IOM report, the latest official Greek government figures are report 134,988 migrant arrivals from Turkey this year, while Hungary has already registered 110,000 asylum-seekers by 15 August, with numbers expected to rise.

The sheer scale of the crisis constitutes a major challenge for providing psychosocial support in itself. The fact that many people are on the move for months before reaching their final destination, seldom staying long in one place is another challenge. When people are staying only a very short time in one place there is limited opportunity to provide sophisticated PSS interventions, but psychological first aid and helping people stay connected through Restoring Family Links services, providing access to electricity and free wi-fi and providing trustworthy and accurate information about the situation, the road ahead and how to access basic necessities can go a long way towards improving the psychosocial well-being of people on the move.

Supporting returning domestic workers

By Jessica Salabank, IFRC, Leo Pattiasina, PMI and Louise Juul Hansen, PS Centre

“R” is a woman from West Java, Indonesia. As a way to escape poverty she agreed with her husband that she should do what millions of Indonesians do: Go abroad to seek employment in order to support the family back home. In 2013, “R” went to Oman and got a job as a domestic worker. After two months her male employer raped her three times. Hoping to end the sexual abuse, she told her female employer about the rapes, but instead of receiving help and support, she was punished: Her employers stopped paying her salary and abused her physically. In 2014, “R” managed to escape and return to Indonesia.

“R”’s story is sad, but not unique. “Many female domestic workers come from poor or remote areas,” says Leo Pattiasina, Head of Indonesian Red Cross (Palang Merah Indonesia – PMI) Social Services Sub Division. “Some come back with a success story, but many return with serious or chronic injuries, others are traumatized from physical or sexual abuse. It is often difficult for these women to access health and psychosocial support

services. We think the PMI expertise in psychosocial support can be put to good use in these situations”.

Another West Javanese woman has a similar story: In 2011, “A” said good bye to her husband and two children and went to Jordan to work, expecting to be able to send enough money home to support her family and secure her children’s future. But the reality that met her in her new job was very different from her expectations. For two and a half years she did not get a salary at all. She was subjected to physical abuse to such an extent that injuries to her hip and legs mean that she can no longer walk.

Problems continue after coming home

When returning home, many domestic workers carry a luggage of physical and mental wounds from the abuse and exploitation they have experienced abroad. But their problems often do not end when they are home again.

“From these two stories we can imagine the pressures experienced by the workers,” says Leo Pattiasina. “The women set off with high expectations. And these expectations do not only come from the women themselves or



Photo: Ashley Rose, <http://bit.ly/1Muoomr> (model photo)

their families; they also come from the neighbours who think they will return home rich. When the women come home with a story that is different from the expected success story, they often feel shame and find it difficult to face their families and community. As a result, they become more introvert and tend to withdraw from the community, which is not good for their psychosocial recovery”.

In 2013, in recognition of the growing need to address these problems, PMI signed a Memorandum of Understanding with the Indonesia's Department of Manpower. As one of the first steps to strengthen cooperation in migrant worker service, PMI and local authorities have started organising Support Group Sessions in which returnee domestic workers can share their experiences with other women and get support from PMI psychosocial support experts. “If we are going to strengthen the support for domestic workers when they return, then we need to hear from them what their needs are,” Pattiasina said.

Support group sessions

The first PMI Support Group Session took place in the village of Cireunghas, in West Java Province in March 2014. In partnership with a local civil society group Women's Crisis Centre (WCC), 30 women were brought together for the first event of its kind in the area. A second support group met in June 2015 in Cilamaya Kulon, also in West Java.

“In Javanese culture, people are typically very closed and reluctant to share their feelings, especially when it comes to personal matters,” said Pattiasina. “Trauma and depression can go undetected, or manifest themselves in physical problems such as poor sleep or poor diet. It can also affect other members of the family.”

Support workers found that, as the day went on, the women became more confident about discussing their experiences. Alongside the team of PMI volunteers, two professional psychologists (also Red Cross volunteers) helped to assess the mental state of some of the participants and identify the types of services returning domestic workers would need.

“This is only the first exploratory step,” said Yuyu Marliah from the WCC. “But it's really important in poor villages like Cireunghas where we don't have access to health and psychosocial support services. It's a good idea for the PMI to contribute their resources and expertise, and to partner with frontline organisations like ours.”

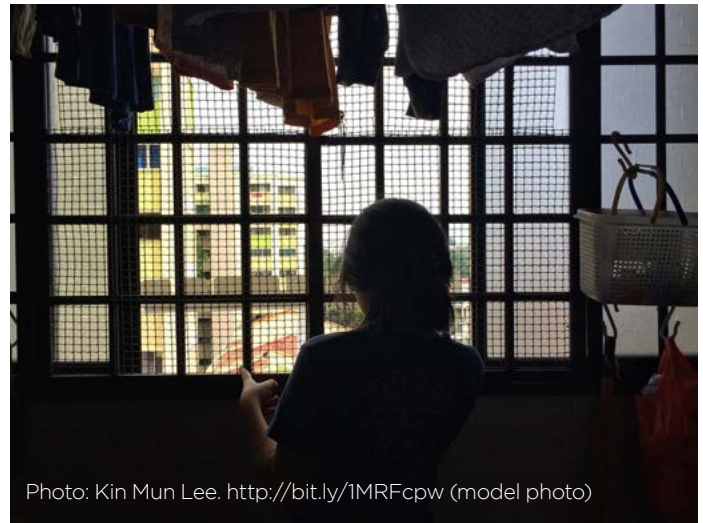


Photo: Kin Mun Lee. <http://bit.ly/1MRfcpw> (model photo)

Involving the families and communities

In cases where the domestic migrants faced severe psychological problems, PMI also provided psycho-education sessions for the families. “The support and understanding of family and community is vital to recovery when a person goes through difficult times – whether because of physical or mental problems. In a culture where feelings are not discussed openly and mental health problems are surrounded by stigma, it can be very difficult for friends and family to provide this much needed support, and to receive the support they may need. Psycho-education provides information about the importance of family and community support, how to help and where to seek additional help. It can also create a safe forum in which to discuss mental health problems and difficult feelings. Therefore psycho-education is an important component of a psychosocial intervention like the one PMI is providing to the returned domestic workers,” explains Louise Vinther-Larsen, the PS Centre's technical advisor for Asia Pacific.

As the number of returning domestic workers increases, PMI plans to extend the support group programme to other areas of Indonesia including East Java, Central Java and Nusa Tenggara Barat. “With our grassroots network and expertise in health and psychosocial support, we want to do more,” said Pattiasina. “But we also want to strengthen community involvement in providing support and make sure former domestic workers have the help they need to resume their lives with their families.”

Support away from home

By Anjee Naeem, Maldives Red Crescent Eliza Cheung, Hong Kong Red Cross Society of China and Louise Juul Hansen, PS Centre

When disaster strikes, not only the people in the disaster area are affected. Friends and family living elsewhere, perhaps even abroad, also feel the effects. They may not be able to contact their families and worry about their fate and safety. They may lose loved ones and property back home. And when you are far away, you often feel powerless to help.

In Nepal, many young people leave the country to work abroad. A 2011 census reported that one in four Nepali households had one of more absent family members. Most go to India, other Asian countries and the Middle East. When the earthquake hit Nepal on 25 April 2015, nearly two million Nepalese were abroad, far from home and anxious to get information about the fate of their families and homes.



In some of the countries hosting many Nepalese migrant workers, the National Societies saw a need for support among the Nepali migrant workers. Two of those National Societies were Hong Kong Red Cross-Branch of the Red Cross Society of China (HKRC) and Maldivian Red Crescent (MRC).

Psycho-education and workshops

Hong Kong is host to a large population of Nepalese migrant workers, and HKRC knew that they would be likely to feel worry and distress over the situation in Nepal. Contacting organizations working with Nepalese migrants confirmed this suspicion and the HKRC psychosocial support team quickly mobilized and provided support to 300 people in the coming weeks, providing psycho-education and distributing PSS leaflets in English and Nepalese at a public vigil, providing PSS training to Nepalese health workers and conducting psychosocial support workshops.

The initial assumption of HKRC – that many Nepalese would be worried and distressed by the situation at home – was proven correct when they conducted two workshops for Nepalese where they could share their ways of coping with stress reactions and gain mutual support from fellow participants.

“One quarter of the people who participated in our workshops told us that their homes in Nepal were damaged in the earthquake, some were completely demolished” said Dr. Eliza Cheung, clinical psychologist of Hong Kong Red Cross. “Connecting with family and loved ones is often a primary concern during crisis, and we know from research that connectedness is a key component in psychosocial well-being. This was also evident when talking to the participants. One woman was very worried, as the phone call to her son was disconnected during the second strong earthquake in mid-May. Some women were very anxious about the conditions of the family in Nepal who did not have enough food, shelter, and medication. Some even said that they felt that every time they spoke with their family in Nepal might be the last because of the situation there. They were constantly worried about losing contact with their family. Several of the women



Photo: Maldives Red Crescent

were in need of individual psychological support and follow-up”

“Most of the men expressed sadness and worry during the workshops. They seldom share feelings with their families, as they do not want to upset anyone, so in the workshop they had a chance to express themselves, to be listened to and being accepted as well as learn techniques to be a good listener themselves. We also saw that many of the Nepalese participating in the workshop turned their worry into action. They united to organize supporting or fundraising activities for Nepal. One of the participants said he would go to Nepal next week and bring back the relief items required. He was reminded to take good care of himself before taking

care of others. We also saw that several of the medical professionals we trained in psychosocial support a few days after the earthquake went back to Nepal to help in the recovery of their country”, recounts Dr. Cheung

Connecting loved ones

Wanting to connect with loved ones is one of the first concerns of most people surviving a disaster. You need to know that those you love are safe, and you need their support and to support them in turn. This is also true when you hear that something bad has happened to your loved ones and you are far away. In a society like Nepal where so many people are abroad, reconnecting people is thus not only a matter of people in the disaster affected area finding each other it is also



Photo: Hong Kong Red Cross Society of China

about connecting families that are thousands of miles apart.

Immediately after the earthquake struck, the ICRC launched its family links website, first in English, then in Nepalese. In less than two weeks, the page received more than 1.2 million visits. This electronic tool allows people to register names of persons with whom they have lost contact, names of those who wish to inform others that they are alive, and search through the list of missing or of those who have responded that they are alive.

Connecting the Nepalese residing in the Maldives with their families was also a major concern for the Maldivian Red Crescent (MRC). The MRC set up a tent in a public park in the capital Malé in the evenings. Here there were members of the psychosocial support team (and Nepali translators from Maldivian Medical Association) available to talk, and psychoeducation materials in Nepali were handed out. Knowing that many of the Nepali migrant workers would be anxious to re-connect with loved ones at home, the members of the team were given additional training using the PS Centre's Broken Links material and a computer was set up with access to the ICRC family links website and trained volunteers were ready to assist and support. A telephone hotline was also set up for those who were not able to come or did not want to seek support at the tent.

In order to reach as many people in the Nepali community, MRC printed flyers in Nepalese and with the assistance of the authorities they also contacted employers of Nepalese migrant workers to ask them to pass on the

message about where to get assistance. This resulted in a request for the MRC psychosocial team to go to an island in Laamu atoll which is in the south of Maldives to carry out psychosocial activities for some 135 Nepalese working there.

The Nepalese working there were touched and pleasantly surprised that people from Maldives cared enough about them to travel to a remote island for their well-being (although they were not in Nepal and therefore not physically affected). At the initial assessment the team found out that one lady had lost her 14 year old son who had gone to visit his paternal aunt living in Lapthang near Tatopani a few days before the first earthquake. Later when her husband went to get his son from that village, it was empty; there was no one there in the village. He has not heard or seen his son or sister's family since then. The PSS team told her about the ICRC Restoring Family Links website and how it works. Upon her request, the team registered both the lady and her son in the system. Similarly, there were many others who had lost several family members and their homes and were devastated. Most of them felt guilty about having food to eat and a place to live, when their loved ones back home were in such a dire situation.

Sharing and coping

The team conducted sharing sessions in support groups and took sessions on coping strategies, grief and loss, self-care and peer support using the PS centre materials. In addition, the PSS team provided training in psychological first aid to management staff and some leading Nepali workers so they can continue to support them. The biggest challenge was the language barrier. Using a translator was not effective as the PSS team were unable to gauge if the information passed on and received was accurate. However this issue was solved very creatively as the team found a person who spoke Hindi which both PSS team and most Nepalese understood. There were people from countries other than Nepal working there and they wanted to take part in the sharing sessions. They all prayed together for Nepal by holding hands even though there were people of different faith. It was amazing to see how a little act of humanity help them bond. MRC realizes the importance of psychological wellbeing in the community and providing psychosocial support and psychoeducation and have included it in the strategic plan for year 2016 - 2019.

Resources for psychosocial support on the move

Supporting migrants and other vulnerable people requires knowledge and training. The PS Centre recommends that all staff and volunteers participating in psychosocial support activities have skills and knowledge at least matching the foundation course “Community-based psychosocial support” (www.pscentre.org/trainings-topics/community-based-psychosocial-support-trainings). To build on the skills acquired in the foundation training a range of more specialised trainings have been developed. The following trainings could be of particular interest to staff and volunteers supporting migrants on the move:

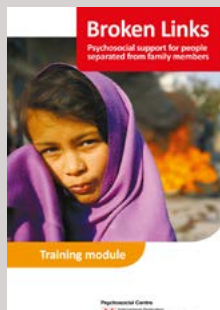


Restoring family links and psychosocial support: Online course

Experience has shown that beneficiaries who approach the Red Cross Red Crescent looking for family members are often in need of PSS. Similarly, those accessing PSS may also have tracing needs.

However, RFL and PSS practitioners sometimes fail to identify beneficiaries’ secondary needs, either due to a lack of awareness or simply as a result of a narrow focus on what they perceive to be the priority “task at hand.”

Find the two-hour long course at www.ifrc.org/learning-platform



Broken links: Psychosocial support to people separated from family members

Circumstances surrounding conflict, crisis or disaster can cause families to become separated from their loved ones. Experience has shown that beneficiaries who approach the Red Cross Red Crescent looking for family members are often in need of psychosocial support; likewise, those seeking psychosocial support may also have tracing needs.

www.pscentre.org/topics/caring-for-volunteers/

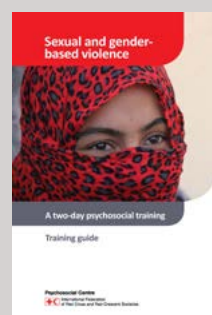


Caring for volunteers - training manual and tool kit

Caring for Volunteers: Training Manual complements the PS Centre’s 2012 publication Caring for Volunteers: A Psychosocial Support Toolkit, which focuses on the well-being of volunteers in situations of crisis or catastrophe.

The training manual was developed with the goal of better training and preparing volunteers in helping beneficiaries, and to help volunteers learn to recognize signs of stress and take better care of themselves and each other.

www.pscentre.org/topics/caring-for-volunteers-training/



Sexual and gender-based violence – two-day training

Sexual and gender-based violence is one of the greatest humanitarian challenges today. It takes various forms and occurs in diverse situations and contexts across the world. In the course of their work, Red Cross and Red Crescent staff and volunteers are often confronted with SGBV. Helpers may even be the first ones to hear a survivor’s story. To support Red Cross Red Crescent staff and volunteers in their encounters with survivors of SGBV, this training provides a basic introduction to understanding sexual and gender-based violence in a psychosocial context.

www.pscentre.org/topics/sgbv-training/

You can provide food, But not an appetite

Six month after the earthquake in Nepal psychosocial interventions have reached more than 30,000 affected people. And the efforts continue.

By Lasse Norgaard

Whereas the first earthquake on 25 April 2015 obviously caused an enormous amount of death, destruction and devastation, it was the second quake on 12 May, which made people fear that the earth would never stop shaking. People were running out of volatile houses and makeshift shelters in panic, some screaming, shouting and crying while being out in the open with no danger of buildings collapsing on them.

Already thin nerves were tested - and decimated. The long anticipated major earthquake in the Kathmandu

Valley had happened, and naturally the inhabitants of the affected areas began to fear that more would follow. It did. More than 100 aftershocks created fear and unease, so calling the 12 May earthquake “the second earthquake” is not entirely correct. However measuring 7.2 on the Richter scale, the 12 May aftershock constituted a major earthquake in itself, killing more people, destroying more houses, fields and road, and making people wonder if the shaking would ever cease, and if they could ever rebuild their lives and live in safety.

“We had already begun serious psychosocial work a few days after the first earthquake,” tells Programme Officer Sushil Raj Regmi, the psychosocial support focal point from the Nepali Red Cross.



Photo: LI-BIRD/N. Pudasalni, <http://bit.ly/1MRHgOy> t



Photo: IFRC

“Since we have some capacity in the National Society, we were quickly able to dispatch staff and volunteers to the worst affected district. Many of them came from the Hateymalo project, which is a Restoring Family Links programme with psychosocial support integrated, we have been running together with ICRC in former conflict-areas for a decade. We also quickly went to the open spaces in Kathmandu, where people were sleeping, helping as much as we could, combining relief – or information about relief with psychosocial support”, he says.

Regmi gives one example from an open ground in Kathmandu, where mainly people with different disabilities were staying. “After sessions with the entire group, our volunteers were approached by some women, who needed personal hygiene items, which they were not prepared to ask for in front of the men. But getting these improved both their physical and mental well-being”.

Strong reactions

To supplement the efforts of the National Society, the IFRC sent the PS-ERU, and four sister Societies sent health ERUs with PS-delegates included.

“All this meant that we were able to conduct two further trainings and have volunteers work in the 23 most affected districts within a short time. Each district has a

team of three trainers in psychological first aid, and they have been able to train volunteers, teachers and others”.

In some districts more than 90 percent of population reported reactions of fear in the months following the quakes and aftershocks. A majority also reported other signs of psychological and emotional distress, including loss of function. Some individuals who lost significant others developed severe psychological disorders and were referred to hospitals or other service providers.

“Access to medicine for patients, who already had mental problems, became difficult after the earthquake as roads were blocked and clinics destroyed, so delivering this was one of the tasks of the volunteers”, says Sushil Raj Regmi.

“The PS-teams were very well received because they reached areas, where nobody had been. Naturally villagers first asked for relief, and that was organized. Later the teams faced a challenge in some places, where people had got cash to rebuild their houses, but where they spent some of the money on too large quantities of alcohol. I lost my house, I lost my family, why should I not drink, some people asked. Abuse – and survivors guilt – are not abnormal reactions to disasters, but gradually

the abuse diminished and we were able to support the psychosocial rehabilitation”.

Friendly spaces

Sushil Raj Regmi says, that one of the greatest successes of the psychosocial interventions so far has been the establishment of so-called CFS – child friendly spaces.

“Schools were closed for a month or longer, and parents were confused about what to do with their children, while they were rebuilding their homes. Altogether we have established 14 CFS so far, some of them in cooperation with the health ERUs from sister National Societies”.

In child friendly spaces there are organized and free activities. The material from the “Childrens’ Resilience Programme” published by the IFRC PS Centre and Save the Children, Denmark, has come in handy with the vast scope of relevant activities, while in other places it has just been the free space, which has paid dividend. For example 10 years old Sudar Khadka. Sudar has trouble walking and doesn’t speak, but every day in the weeks following the quake, his father carried him on a three hours trek to a new Red Cross-clinic in Singati, where the father worked. Every day for hours Sudar laughed and smiled, the perfect innocence of childhood, watching Nepali cartoons on the French nurse’s laptop and playing badminton with a Red Cross volunteer. At 6pm, his father would carry him back up the mountain.

Both blanket and sleep

The ERU dispatched by the Hong Kong-branch of the Red Cross Society of China included an experienced psychosocial delegate, Eliza Cheung, who recently worked in Liberia after the Ebola outbreak.

“There are similarities between the two situations” she said.

“Both experiences are incredibly stressful. And one thing I have heard over and over is, ‘I don’t believe this is real’. One mother in Melamchi told me, ‘One moment I am feeding my child and 30 seconds later, he is dead in my arms.’ She feels the same trauma every morning when she wakes up.”

Eliza Cheung underlines why the psychosocial support is necessary as a supplement to the more physical relief items. “You can give someone food but you can’t give them an appetite. You can give them shelter, but not a sense of home. You can give them a blanket, but not sleep.”



Photo: EU/ECHO/Pierre Prakash. <http://bit.ly/1lf6f22>

The psychosocial support programme in Nepal continues for the next 18 months. Studies have shown that psychological effects such as poor ability to adapt and negative belief of the effects of disasters can continue with people and communities for 15 years unless efforts are made to mitigate the effects. Whereas a disaster can bring people closer together, it can also result in poorer public service as facilities are destroyed and public servants themselves are killed or affected and need to take care of the family.

The Nepali Red Cross focus is on both children and communities – and on the volunteers, many of whom themselves have been effected. Special focus is on vulnerable groups such as disabled and orphans, and groups who have experienced separation or displacement, or where pre-existing difficulties such as social stigma or mental health disorders may contribute to cumulative stress and psychological distress.

“So far – almost half a year after the big earthquake - we have reached more than 30,000 children and adults with our psychosocial interventions, but we will continue our work”, says Sushil Raj Regmi.

(extracts of stories published on www.ifrc.org and the concept note for PS interventions are used in this article)

Learning to support survivors of sexual and gender-based violence

Sexual and gender-based violence (SGBV) is one of the greatest humanitarian challenges today. It takes various forms and occurs in diverse situations and contexts across the world.

In conflict-affected states, for example, rape is often used as a strategy of warfare to undermine the enemy and to demoralize and destabilize communities. Acts of SGBV during and in the aftermath of armed conflict and disaster are widespread and have serious impacts on individuals, their families and society as a whole. During these emergencies, the collapse of protection systems, negative reactions to stress and shifting gender and social norms all contribute to increases in SGBV.

SGBV is not only a problem linked to disasters and conflict. Intimate partner violence is one of the most common types of SGBV, with assaults, threats, neglect and rape occurring within homes and other places where people should be safe. Trafficking, early marriages and forced prostitution are also forms of SGBV. Just like other types of SGBV, they are associated with disaster and emergencies but are not directly linked and may occur at any time or in any place.

Deep wounds

SGBV leaves deep wounds on survivors, families and communities, as well as on secondary survivors. (Secondary survivors are those who are impacted by the experience of SGBV inflicted upon another person. This may include family members or others close to the survivor). It is a widespread problem with serious emotional and social consequences, delaying recovery and leading to long-term distress, health complications, disability or even death.

In the course of their work, Red Cross and Red Crescent staff and volunteers are often confronted with SGBV. Helpers may even be the first ones to hear a survivor's story. However staff and volunteers often feel anxious about the appropriate way to handle these disclosures.

Two-day training

To support Red Cross and Red Crescent staff and volunteers in their encounters with survivors of SGBV, the PS Centre, in collaboration with the Syrian Arab Red Crescent, Jordan National Red Crescent Society and Lebanese Red Cross has developed a two day training.

Sexual and gender-based violence



A two-day psychosocial training

Training guide

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

This training is a basic introduction to understanding sexual and gender-based violence in a psychosocial context. It is our hope that this training will provide staff and volunteers with the skills and confidence to better respond to the needs of people affected by SGBV.

The training guide is available online in English on www.pscentre.org. As always, we greatly appreciate any feedback you may have about our materials.

VIOLENCE IN GAZA

THE CONFLICT IN NUMBERS

(7 July to 26 August, 2014)



20% of the population is in need of long-term mental health care.



2251
Palestinians killed

25%
Children



13%
Women



1500+

Palestinian children were orphaned.



18.000

housing units were destroyed in whole or part, alongside 73 medical facilities and many ambulances.



Source: www.gaza.ochaopt.org

50 days of violence in Gaza

Between 7 July and 26 August 2014, the Gaza Strip witnessed the deadliest escalation in hostilities since 1967.

Thousands of lives were lost, and the damage to homes and infrastructure were enormous. The war in 2014 was the third, and deadliest, of its kind in just six years.

Shortly after the ceasefire in August last year, Dr. Francesco Rocca, vice president of the International Federation of Red Cross and Red Crescent Societies visited the Palestine Red Crescent Society (PRCS) in Gaza.

Amid the ruins, Dr Rocca said to www.ifrc.org that the suffering of children in the region was a real cause for concern. "We have met many children severely injured and traumatized," he said. "We need to focus our efforts on providing comfort and ensuring a better future." During a visit to the Red Crescent's psychosocial support centre, Dr Rocca read stories and letters written by children with the help of volunteers. Their common dream was to return home, clear the dust from their homes and play with their toys.

Psychosocial support remains a cornerstone in the work of Palestine Red Crescent Society, running six psychosocial support centres in the West Bank and Gaza. During the war, PRCS staff and volunteers provided PSS and PFA in the psychosocial support centres and in temporary evacuation shelters.

The PRCS has a large base of very well trained volunteers as well as mental health professionals to provide support to the population. But with the needs in the population being so great, the capacity of the National Society is stretched to its limit.

On the next page, you can read the story of Um Ahmad, a PRCS volunteer, who has found great support and purpose in volunteering and helping other vulnerable women and children in Gaza.

Portrait of a Volunteer

My name is Um Ahmad Shamlakh. I live in a village called Al-Shiekh Ejleen in the Gaza strip. I am a mother of five grown children and a widow. I am also a volunteer in Palestine Red Crescent Society (PRCS). I am a member of the PRCS Community Awareness Committees (CAC) and volunteer the PRCS Primary Health Care Clinic in my village.



My story of volunteering with PRCS began when I joined the safe motherhood committee at PRCS' Khalil Alwazeer clinic in 2002.

After my husband's death, I faced many challenges and I needed guidance and support, so I went to talk to the social worker at the PRCS primary health clinic. I ended up getting much more than that, because I started volunteering and received training in first aid and psychosocial support.

At that time, it was difficult for any woman to challenge the region's social habits which impose the traditional reproductive role as housewife only on women. For that reason I felt a responsibility towards women in my area and the need to change these old traditions and ideas and to advocate for women's participation through community awareness. Slowly we expanded our work from our village to include surrounding villages and areas.

I felt a positive change in the way people behaved towards me and treated me. I became a well-known woman in the area where I live. I had a real entity. When the clinic was closed, people would come to me to have their blood pressure taken, and I could provide health messages and recommendations about issues relating to marital, social and psychological problems for both women and children. I felt responsible as a volunteer for improving my community and changing many unhealthy behaviors.

During the latest three brutal wars on Gaza, my colleagues and I had vital role in alleviating the people's suffering. The last war was the most difficult and longest, and many lives were lost. In order to reduce human and material loss as much as possible, we created community awareness messages such as

- Prepare a first aid bag and keep it in a safe and accessible place.
- If members of the family need medication, prepare it and keep it in a bag that can be carried easily.
- Alleviate children's fear through playing games, drawings etc. especially during continues bombing.
- Disseminate very important messages about First Aid related to the situation among people and families.
- Make sure everyone knows how to evacuate safely

During the last war, Israeli rockets attacked the Khalil al-Wazir mosque and the primary health clinic, which is located near our home. During the attack we were about 33 people inside the home. When we heard the warning rockets, we moved to a safer place – even if no place is really safe during a bombardment. The children started to scream and cry. My colleagues and I tried to reduce the worries of adults and to play and talk with kids to let them feel safe.

Lack of water was the biggest problem that we faced during the war, but we managed this issue by providing the adults with information about water protection and re-using it again for the purpose of cleaning and how to sterilize water.

I went to the shelter centre, where the situation was very bad because of the high numbers of displaced people and too few bathrooms. To resolve this problem we organized a rotation plan for using and cleaning the bathrooms among the families in cooperation with the centre administration.

In addition to that, we raised the awareness about the risks of some communicable diseases as a result of lack of hygiene and PRCS provided us with cleaning materials and publications about how to get rid of accumulated waste.

After the war we provided psychological support sessions for both women and children. In addition we divided children into groups and corners for activities such as drawing, stories, games. Despite the fact that the children had access to coloured crayons, most of them made drawings in grey pencils describing the destruction of the war.

Finally, we made home visits to injured people and families who had lost loved ones in my area to check their **safety and provide the psychological and community support.**

Art therapy as a means of alleviating stress of volunteers during emergencies

by Elvis Posada Quiroga

“In any creative act, we destroy and rebuild the world, and yet we inevitably rebuild and reform ourselves” (Rollo May, 1985)

The Villarrica volcano in southern Chile is one of the most active volcanoes in South America and the National Geology and Mining Service categorizes it as the most dangerous volcano in the country.

On 23 March, 2015 3:00 a.m. the Villarrica volcano erupted causing a stir among the inhabitants of Pucon. Relief agencies responded quickly to the emergency relocating families most at risk of being affected by volcanic lava.

Emergency shelters in safe areas were set up and received the evacuees. Many of the families that arrived were emotionally impacted by the situation and community-volunteers from the Chilean Red Cross responded rapidly.

The humanitarian response from volunteers involved provision of emotional support through Psychological First Aid, among other activities. For several days and nights the volunteers were providing support using to the utmost their emotional capacity, but the signs

of exhaustion began to show among the volunteers. Volunteers were slowly burning out from the hours dedicated to the humanitarian relief work resulting in worry, fatigue, hopelessness, intrusive thoughts, guilt from feeling that they had neglected their own families, and in conclusion: stress.

Addressing the stress with art

The Chilean Red Cross volunteers were experiencing a great deal of emotional hardship. In order to address and reduce the stress that had been accumulating, it was decided to allocate a full workday for stress management. On this day, art therapy was used as the intervention approach to support the volunteers. In addition to a strictly discursive approach, this could enable persons to express and elaborate on the hardships that they might not be able to express verbally. The session was conducted by three volunteer psychologists from the Chilean Red Cross and the group of participants consisted of 15 volunteers who had been active in the emergency response.

Art materials were distributed on a table. Among the materials were: drawings, markers of different types and colors, crayons, sheets of paper, pencils, colors, etc.

Each participant was encouraged to portray their current emotional, physical or mental state through colors, drawings or collages. It was by no means necessary to know how to draw, but rather be influenced by the colors, textures and combinations of the materials. To facilitate the creative process, they were told that it was fine to be abstract as the main objective was to



Photos: Elvis Posada

utilize the symbolism of colors to express their psychological state, rather than to create a structured figurative drawing.

Guided relaxation

Subsequently, a relaxation activity was conducted through a guided process with emphasis on consciousness of the breath. The desired outcome of the activity was to achieve a sense of self-awareness and an identification of the tensions in each body part as to the negative emotions and worries that were occupying their thoughts. They were asked to visualize in their minds one or two colors that make them feel calm, tranquility, control, harmony and security.

While participants were at rest with their eyes closed, they were asked to imagine that these colors would go to the part of the body where their tension was located and generate tranquility. The negative emotions and worries would in this sense be absorbed within the colors and transported through a drawing.

Then, with their eyes open they were asked to once again use the colors on a new piece of paper to express their emotional state after the relaxation exercise. Again, the importance was not on the drawing being figurative, but rather to create a spontaneous relationship between the strokes, colors, and the texture.

They finished their creations and hung them on the wall. The drawings created before the relaxation activity, were hung on the left side of the wall and the drawings from after the exercise, on the right. The group observed the artistic creations and discussed the process and products in plenum.

Not alone

Participants said that the activity had allowed them to recognize how they were not alone in feeling stressed, because they realized that many of the drawings seemed to have almost the same expression. Other participants added that the activity had allowed them to express and transform their emotional burdens into something that gave them peace and tranquility.

One participant said that, what was most emotionally overwhelming and tiring had been the constant worrying. But working with the colors had made her realize how to view her worries from a new perspective, de-dramatize the anxiety, and had helped her understand her worries more clearly.



Photo; Elvis Posada

The use of art showed to be a suitable approach for this group, because they said that it made them feel emotionally recharged, in a less invasive manner than if they had worked with their emotions in a discussion group. Within the group, the participants all agreed on the importance of carrying out similar artistic activities whenever they would feel future signs of exhaustion from their humanitarian work in the field.

Although the art activity session, supporting the mental exhaustion of the volunteers, was only implemented once, it seems that the effects of incorporating artistic meditation has a valid strength and may show to be a beneficial addition to future PSS activities.

In conclusion, this experience of working with art demonstrates a potential new approach of how to understand and think about psychosocial wellbeing of volunteers in emergencies, opening the door to facilitate the expression of emotions in a non-invasive manner that does not risk reinforcing discomfort. Hereby, the invitation to explore this further is open, and the colors are just in the waiting to be used.

Long-term consequences of disaster



Photo: Mikko Vähäniitty, Finnish Red Cross

By Dean Ajdukovic and Helena Bakic, University of Zagreb

Most of our knowledge about psychosocial consequences of disasters comes from the studies conducted within one year after the event. Data on the longer-term effects, however, are scarce.

In a large European research project, coordinated by the PS Centre, researchers from the University of Zagreb shed light on how much the psychosocial consequences of disasters change over time (or if they change at all). It uncovers what can be expected in terms of psychosocial functioning in the long-term with regard to the individual, societal and cultural consequences. Based on this new knowledge the OPSIC project is able to provide practical recommendations to inform disaster management practice.

Systematic review

To achieve the objective, a systematic review of disaster research was conducted. A systematic review is an

overview of primary studies that provided an explicit statement of objectives, materials, and methods and that have been conducted according to explicit and reproducible methodology.

The most conclusive results are based on mental health status of affected populations. They show that the affected communities are characterized by worse mental health in comparison to non-affected communities or compared to a pre-disaster period. These effects of disasters remain stable in the long-term period. Even in the longest time period studied (on average 15 years post-disaster) about 16% of the affected adult population suffered from post-traumatic stress disorder (PTSD) and 13% had depression diagnoses. When compared to the 12-months PTSD and depression prevalence in the WHO world mental health survey, where PTSD prevalence was below 3.5% and depression prevalence below 5.5%, the severity of effects of disasters in the long-term period are dramatic.

Indicators of population (un)wellness

Furthermore, the affected experienced more limitations in usual role activities because of emotional problems, had poorer psychological adaptation in terms of overall quality of life, and held more negative beliefs about the effects of disasters. It is also likely that in the long-term period, experience of disaster can lead to higher job absenteeism, especially when it comes to helpers who were deployed in post-disaster operations.

It is important not to view these results as clinical indicators, but rather as indicators of population (un)wellness. These findings were not obtained on clinical populations, but on very large community samples. They are a sound basis for disaster policy planning and crisis management because they serve as epidemiological indicators of the state of the affected populations.

Moreover, population wellness and resilience can be viewed as a result of functioning of disaster management systems – if these systems effectively protect lives, reduce injuries, minimise damage to public utilities, and connect community members to necessary services, the population should remain well. Therefore, monitoring population wellness over time is a practical tool that enables crisis managers and policy decision makers to periodically assess the needs of the affected population and arrange appropriate response and services.

Draining community resources

We can further say that the long-term disaster affects drain community resources. Regarding psychosocial adaptation effects, we have shown previously that social ties in the community could be severed, especially when relocation is mandatory. Also, people from the affected community reported more desire and expectancy to move from the community, and lower quality of environment years after a disaster. Finally, it is possible that the functioning of community services can be altered, as was the case with community oriented policing. These can be viewed as community resources which, when adversely affected by a disaster, could be connected with long-term lower population wellness. It is also important to note, that some indicators showed no adverse effects of disasters on the affected community, which can be seen as results of community adaptation. For example, no adverse effect of disasters was noted regarding interpersonal sensitivity, fear, risk perception, hostility, self-esteem and neuroticism. Furthermore, it seems that cognitive functioning, as a performance indicator, remains the same in the long-time post-disaster period. Also,

some possible community resources seem to remain intact in the long-term. For example this was true for divorce rates and quality of social relationships among psychosocial indicators, as well as economic functioning of the community (unemployment rate and poverty levels), and crime rate as community level indicators. A special note should be given to results on perceived social support. It seems that the affected and non-affected communities do not differ in levels of perceived social support. However, this does not mean that people in these communities really do receive equal levels of support, just that there is no difference in perception. Special consideration should be given to this distinction in further research, especially when considering that previously mentioned results on social embeddedness show a decline in the post-disaster period.

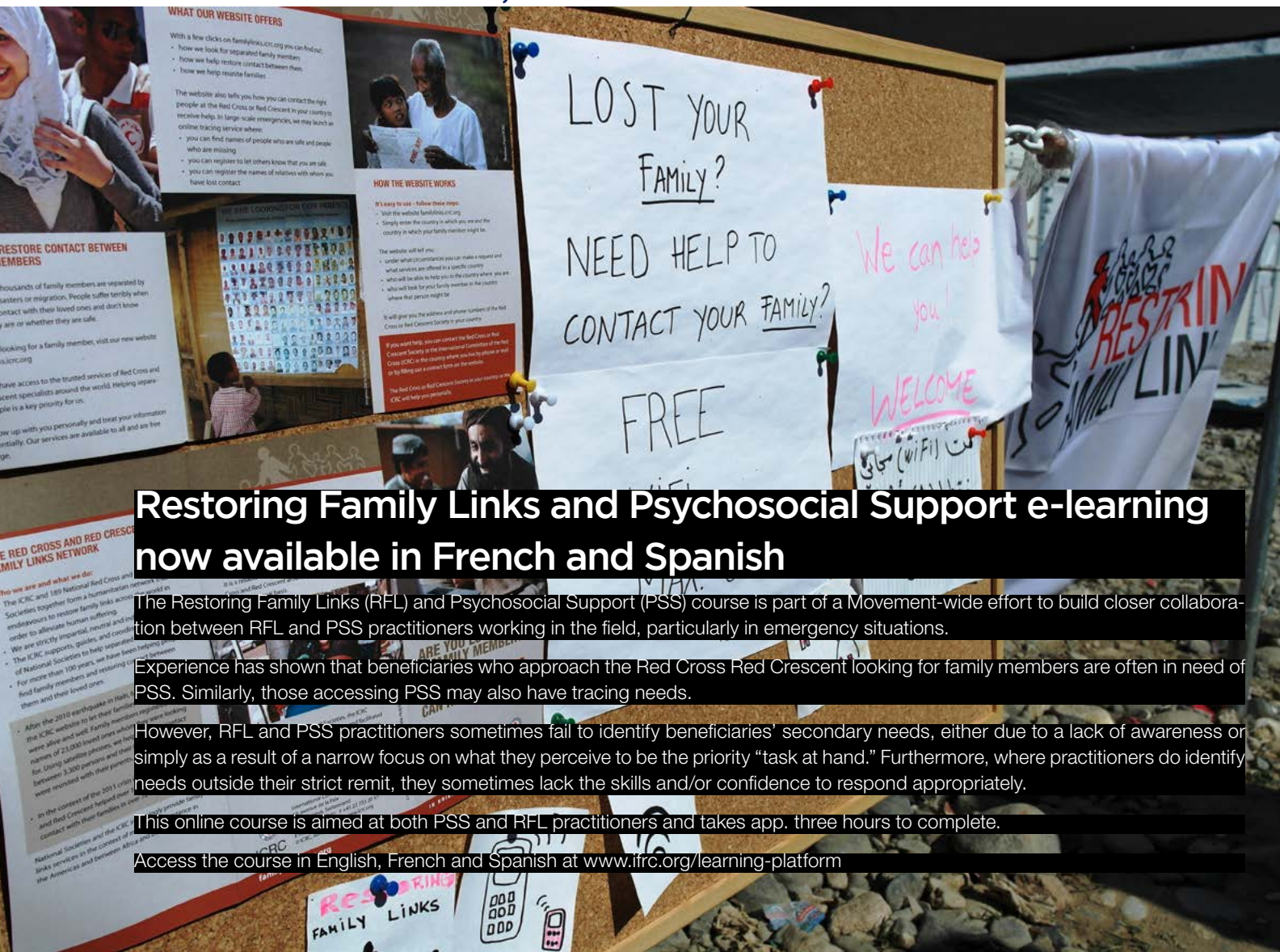
Operationalising psychosocial support (OPSIC) and COMPASS

As a next step in enhancing the quality of psychosocial programming in the context of disasters and emergencies, the OPSIC project saw the need to develop an easy-to-use, comprehensive guideline for decision-makers, crisis managers and mental health professionals for planning high quality psychosocial programming. This MHPSS comprehensive guideline points users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response and in all types of disasters and with all possible target groups.

The OPSIC Project has reviewed existing guidelines and best practice studies in order to match methods and tools to all relevant target groups, types and phases of emergencies. The project is also developing an IT-based system, COMPASS, that will function as the access point for resources needed to plan, conduct and evaluate a psychosocial support intervention. Read more on the project website: www.opsic.eu

The project has received funding from the European Union's Seventh Framework Programme for research, technological development and research under grant agreement no. 312783





Restoring Family Links and Psychosocial Support e-learning now available in French and Spanish

The Restoring Family Links (RFL) and Psychosocial Support (PSS) course is part of a Movement-wide effort to build closer collaboration between RFL and PSS practitioners working in the field, particularly in emergency situations.


Experience has shown that beneficiaries who approach the Red Cross Red Crescent looking for family members are often in need of PSS. Similarly, those accessing PSS may also have tracing needs.

However, RFL and PSS practitioners sometimes fail to identify beneficiaries' secondary needs, either due to a lack of awareness or simply as a result of a narrow focus on what they perceive to be the priority "task at hand." Furthermore, where practitioners do identify needs outside their strict remit, they sometimes lack the skills and/or confidence to respond appropriately.

This online course is aimed at both PSS and RFL practitioners and takes approx. three hours to complete.

Access the course in English, French and Spanish at www.ifrc.org/learning-platform

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