

# Coping

with crisis

ISSUE 3/2011



Focus on: **Recovery**  
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Around the World



Norway after the tragedy

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A thousand words

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## Thank you for being there

A few months ago Norway was hit by a bomb

and a horrific massacre of young defenseless people at a summer camp. You might have read about the massacre in Utøya.

The event affected me deeply. Not only did I think about the shock and terror that all these young people must have experienced. I also identified with it, because it was so close to home, and thought that it could just as well have been my friends, family or relatives. I waited to hear if someone had been killed that I knew of.

And I realized how protected we are to live in a country, Denmark, with very little violence, crime and killings. That day I lost a very specific kind of innocence, when I realized that this could happen to us as well.

A Danish philosopher once said that there is a balance in everything, a ying and a yang. He used my home country as an example, saying that in Denmark we do not have any earthquakes, mafia-murders and rattlesnakes but then we have bad weather ten months of the year.

He could have added that we do not have any conflicts and coups, wars, massacre and bombs neither. In

Scandinavia we are awfully aware of insecure conditions existing in many countries, but do we fully understand the consequence of living in insecurity or the consequences of armed attacks and natural disasters, when we have never really experience them?

There is a lot to be shocked and terrified about with the events in Norway, but there is also a lot to learn and be impressed about. Not least the cooperation between the professionals and the volunteers helping the survivors, the relatives and all those affected, and the decision to continue the support for at least a year but also the very important role that the Red Cross Red Crescent can and should play.

In this issue you can read about how difficult it is to measure the impact of our work in a scientific way. Nevertheless, we are constantly trying to find new and better ways to do so. What keeps us going in the meantime are all the testimonials and appreciation from beneficiaries like the ones who put flowers in front of Norwegian Red Cross and the ones sending a note just saying "thank you for being there".

*Nana Wiedemann*

Nana Wiedemann

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*wealldit*

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**Some highlights on psychosocial support provided by National Societies, based on appeals, reports, feedback and current events. Many more National Societies continue to deliver and expand on their psychosocial activities.**

.....  
**Britain**

A unique online Masters degree course run by the University of East London, providing relief workers with a psychosocial understanding of their often harrowing working environments, is being hailed as a world first.

The MSc in International Humanitarian Psychosocial Consultation (IHPC) aims to promote awareness of psychosocial factors within the context of humanitarian work, both for the populations affected and the well-being of workers supporting them.

Many taking the course are studying distance-learning, while providing humanitarian aid in areas such as Haiti and Afghanistan.

Course leader Dr Sarah Davidson MBE, is the former Vice Chairman of the British Red Cross and currently the BRC's Psychosocial Advisor. She says: "The programme brings together international experts with a wealth of experience in the fields of international humanitarian aid, consultation and psychology. The students are encouraged to collaborate and share their experiences, which in turn helps to mitigate some of the isolation that aid workers in challenging environments face."

The course was advertised in Coping with Crisis 1/2011.

.....  
**Columbia**

Psychosocial focal points from 18 National Societies, ICRC and the Federation were together in Bogota for three days in September. The purpose was to further share knowledge and strengthen the regional reference group as most National Societies have

established national interventions teams for psychosocial support in emergencies.



.....  
**Europe**

British Red Cross will host the annual forum for the European Network on Psychosocial Support in October in York. The title for this year's forum is "Resilience in Practice: Exploring Links to Psychosocial Support", and both principles and practices of resilience will be discussed. The forum has invited external presenters as well the National Societies of Belgium, Georgia and Britain to discuss their experiences. Parallel seminars will include discussion on family support, receiving migrants and psychosocial support in disaster response. The Psychosocial Centre will also make a couple of presentations.

The network – EPNS – has existed more than 10 years and all 53 European National Societies are invited to participate.

.....  
**Italy**

The Italian Red Cross is expanding its psychosocial activities by creating a Psychosocial Service for beneficiaries, volunteers and staff. Already having Emergency Psychosocial Support Teams the new service will additionally help the Society to respond to critical

daily situations. The guidelines of the new Psychosocial Service are inspired by the definition of psychosocial support as an approach to victims of critical events in order to improve the resilience of individuals and communities, aiming to facilitate the resumption of normalcy and prevent potentially pathological consequences of traumatic situations

At the same time the new service will look at preserving the health and wellbeing of volunteers and staff through training and support.

.....  
**Israel and Palestine**

Six paramedics and supervisors from Magen David Adom in Israel (MDA) were invited to attend the International Trauma Life Support (ITLS) course, provided by instructors and doctors from the Palestine Red Crescent Society (PRCS).



While both organizations cooperate effectively around emergency ambulance services, this was the first time that PRCS staff served as instructors for MDA personnel. The course, which dealt with the advanced treatment of a trauma patient in the pre-hospital setting, was held in Sheik Jerakh quarter in Jerusalem and lasted four days. While proficient in many aspects of trauma treatment, MDA paramedics and supervisors benefited from learning the different approaches to



patient treatment practiced by PRCS. Dr. Djani, the medical director of the course, together with his team of instructors who came from east Jerusalem, Ramallah, Nablus and Kalkilia, lectured about different kinds of injuries, their inter-connection and the particularities of pre-hospital trauma patient management. The final two days of the course were dedicated to practical exercises.

### Japan

Psychological support Centres in Miyagi and Iwate Prefecture are still operational even 4 months after the disaster. As of 22 July a total of 543 staff members working within the PS programme have been deployed in the affected areas of Iwate, Miyagi and Fukushima Prefecture. 12,858 people have benefitted from the Japanese RC PSP teams.

### MENA

National Societies in the Middle East and Northern Africa have continued to provide psychosocial support during the unrest in several countries in the region. Not only to victims of violence and their relatives but also to staff and volunteers often working in extremely hazardous situations. For instance ambulance drivers and volunteer health workers have been targeted in both Libya and Syria. Libya Red Crescent and Syria Arab Red Crescent have both expanded on their psychosocial support with new programmes funded by the Danish Red Cross. The programme in Libya mainly concentrate on helping survivors in the areas where some of the toughest fighting took place whereas the programme in Syria is initially directed towards staff and volunteers in the areas of unrest.

### New Zealand

New Zealand Red Cross is moving from providing immediate distribution of aid and grants to longer-term recovery planning to assist those affected rebuild their lives and communities after three earthquakes hit Christchurch in Canterbury. A Recovery Working Group has been set up to steer this transition by developing and implementing a recovery framework to meet the medium and long term needs of those affected, build resilience and strengthen their capacity. Using global best practice and key lessons learn from other disasters such as Queensland floods and Japan earthquake and tsunami, the framework aims to bring the best possible recovery practice for Canterbury and ensure all New Zealanders are better prepared for future disasters.



One of the key needs identified from the framework is psychosocial support. Through respecting independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion. To support this process and better serve affected people, New Zealand Red Cross plans to train its volunteers and staff in basic psychosocial first aid and supportive communication. This will increase the service provided to affected people.

### Norway and Iceland

Both countries will host workshops and train participants in the use of the psychosocial component of the Emergency Response Unit on health. Norway and Canada are jointly organising one workshop whereas Iceland and Sweden cooperate on the second workshop. The ERU psychosocial component was first deployed during the earthquake in Haiti. A real time evaluation was done, and the component continues to develop. During the workshop there will also be participants from ICRC to create closer links between ERU delegates and colleagues dealing with restoring family links during disasters.

### Pakistan

During a monthly coordination meeting for agencies working in Sindh province after the floods, the secretary of the province, Mr. Kanwar Wasem, highlighted the psychosocial support programme in Dadu as extremely useful and successful. Mr. Wasem encouraged that psychosocial support should be integrated in all emergency responses in the future.

### Russia

The double-decker vessel "Bulgaria" was caught in a storm in Tatarstan on Sunday, 10 July 2011. Officials have confirmed rescuing at least 78 people. The local authorities confirmed the death toll at 63, but more than 60 people remained missing. Many survivors were in deep shock and in need of psychosocial support. Twenty volunteers will be trained to provide psychosocial support to at least 200 families.

# There were 2 sheep looking at *each* other in a *hostile* way...

**Francis Markus,  
IFRC communication  
manager for East Asia**

They jump around in warm-up exercises, they scope out fellow trainees with similar hobbies, they huddle around tables working together on drawings. For more than 20 teachers and several volunteers, this is the start of a two-day Red Cross Red Crescent psychosocial training.

It is three years this May since an 8-magnitude earthquake ripped through China's Sichuan province and surrounding areas, killing more than 87,000 people. With so much time having elapsed since the disaster, you could be forgiven for thinking that Psychosocial Support Programme work would be slowly fading from the scene.

But that is far from the case. During the tea break, one of the teachers, Liu Yi, who works in a local primary school, talks about how the methods learned in PSP trainings have helped her approach the issues her students face in their lives. She talks about a drawing that one child recently made.



Children in a primary school in Suining use visual arts to express their appreciation for all the help which they've received from parents, teachers and the state; it's seen as an integral part of the process of moving ahead with their lives after the disaster.

"There were two sheep looking at each other in a hostile way and standing some distance apart."

"When we talked to the child about his drawing, it turned out that the sheep represented his parents, who had quarrelled all the time and got divorced."

## Debt means separation

Sitting next to her was student volunteer Qin Sanxia. He said he had wanted to take

part in this training in order to help the children of migrant workers who are left in their grandparents' care. This is a problem that has become all the more prevalent, given the debts which families have to pay off after rebuilding their earthquake-shattered homes. But it is a phenomenon that extends to all of China.

"They need more attention because of all the prejudice they face," he said. The training they're receiving was originally



part of a psychosocial programme set up following the earthquake which devastated the province of Sichuan in May 2008.

## Useful experiences

But three years on from the disaster, the techniques and practices applied in the region's schools to deal with many shaken and traumatised children are now being mainstreamed into Red Cross Society of China programmes, where they have many applications addressing ongoing social issues

"We're seeing now that the tool kit that we produced after the earthquake is being used to help with a range of groups and issues," says Dr Jeyathesan Kulasingam, IFRC's Health and PSP Delegate in Sichuan.

In addition to the migrant workers' children, there are also earthquake orphans and communities of children from vulnerable, impoverished communities.

But the issue of how best to support local people's psychological recovery after the disaster, even as the outward landscape is transformed from a scene of destruction into a vista of new and spruce looking communities, remains the subject of some debate.

Even in informal discussions among Red Cross Red Crescent aid workers, some voice the opinion that "Chinese people don't need psychosocial support programmes, they are very strong." Others put forward arguments saying, "we shouldn't seek to impose western practices on the Chinese."

## People still break down

For Kulasingam, these responses are countered by what he sees on the ground. "It is not uncommon still to see people breaking down in tears. So it is not a question of trying to push anything on to people from outside."

Undoubtedly, the tone set by state media and authorities, as the country has passed the third anniversary of the disaster, encourages survivors to face the future with optimism and put the tragedy behind them.

In the Sichuan town of Beichuan, near the quake epicentre, where more than 15,000 people died in the earthquake, local government official Mu Guangzhou maintains a placid smile most of the time as he talks about the scenes of utter shock and devastation which flattened the town.

He lost his wife and several other family members and is currently living in makeshift accommodation before moving to a new home.

The old town of Beichuan, with its caved-in buildings and debris is being kept as a memorial to those who died.

It is almost as if it is to serve as a repository for the painful feelings.

"The smiles disappear from people's faces when they go to the old town. People don't want to go back there," explains Yang Liming, Red Cross Vice-President from the nearby city of Mianyang.

*A number of schools in Sichuan have started using the PSP toolkit developed by IFRC and Red Cross Society of China to address the emotional issues which many of their students face. The materials have been translated into Chinese.*

**12-year-old Huo Qingdong is one of the millions of Chinese children who are left in the care of their grandparents, while their parents work as migrant labourers in far away provinces. His grandmother Ran Shuzhen looks after him. But it's not easy for either of them.**



# Being there

May Myat Swe, Reporting Officer,  
Myanmar Red Cross and Lasse  
Norgaard, PS Centre

**“Mom! Are we there yet? After we arrive, can I eat a full plate of fried noodle.....?” my baby son asked me and I replied “Hold on, my son! I promise it will be the first thing we do when we get to the shore.”**

San San Lwin recalls her last sentence to her son vividly. It was the stormy night of May 2 more than three years ago when a Cyclone named Nargis hit the Ayerawady Delta in Myanmar with ferocious force. More than 130,000 people died or are still missing, among them San San Lwin's husband and son.

She survived.

The following weeks she searched many villages and every noticeboard for news about her family. One day at the Myanmar Red Cross relief distribution point in Labutta, the hub-manager San San Maw spotted the grieving mother in agony and invited her to talk about what had happened. What followed were minutes of heartbreaking grief and agony, while San San Lwin told her story about that horrific night. This first encounter was caught on camera and did not leave a single viewer unaffected, even when not able to understand what San San Lwin was saying, as she was crying and talking the same time.

**Play sing laugh and talk**

The Red Cross hub-manager did not leave the grieving San San Lwin after that. She

invited her to come to the office and help with different small tasks, taking her mind of constantly searching and crying. She stayed close to her and invited her to participate in the comprehensive psychosocial support programme, which Myanmar Red Cross implemented after the disaster, supported by the IFRC.

This programme targeted thousands of beneficiaries in hundreds of village, organizing events for students and communities as well as individual talks to survivors, who had lost family members. The programme took its toll on the volunteers and staff, who were very often among those affected as well, but it also became a success in terms of people expressing their appreciation of being able to play, sing, laugh and talk again. After a few months, the Myanmar Red Cross had requests from monks, local civil servants and school teacher to participate in psychosocial training as they were all faced with having to help survivors healing deep mental scars after the cyclone.

**Someone to share with**

San San Lwin too became a volunteer for the Red Cross, gradually beginning to feel



Myanmar Red Cross



Myanmar Red Cross





San San Lwin lost her husband and one child during cyclone Nargis. She has struggled to get back to a life where she looks to the future and not only to the past. She became good personal friends with the local Red Cross manager, and the two have had many talks.

better. She would still burst into tears when seeing pictures or movies with children the same age as her son, and it would take away her appetite and leave her sleepless for nights on end, but overall she would be able to manage more and more on her own.

One day she came across a fisherman who had lost his wife and children during the cyclone, and the two understood each other's pain well. The couple began to see more of each other and eventually moved in together. Supported by the livelihood programme also organized by the Red Cross, the new couple received a fishing boat to begin a new working life. While San San Lwin helps her new husband with the fishing, she also runs a small farm with pigs, earning some extra money.

### A long way to go

More than three years after they met the first time, the two women continue to stay in touch. San San Maw is still in Labutta and has been in charge of helping thousands of survivors in the town and surroundings, but she has a special bond with her "almost-name-sake". San San Lwin often expresses how grateful she is, but she has not forgotten her family or the horrors of that night in May 2008. However, she has long ago decided to move on.

"I try not to grieve the death of my son. It does not help me to be sad. I see there is a long way to go, but I still have parents to take care of and my own life to live", she says.



# Be strong and feel no **pain**

## Interview with Dr Jeyathesan Kulasingam

**By: Francis Markus, regional communication manager, Beijing**

**Q:** In your opinion what is the greatest achievement of the Psychosocial Support Programme in Sichuan?

That we have been able to reach out to about 30,000 students in 20 schools, helping them to adjust to the situation after the disaster. And that the teachers we trained have incorporated the tools into the routine curriculum. Also, the capacity built up among Chinese Red Cross staff and volunteers will allow the National Society to include psychosocial support activities in any future response.

**Q:** How confident are you that local people have really taken ownership, and that the programme will continue to live on?

The only threat to the programme having a long term effect is the way in which local branches tend to be dependent on outside

Dr Jeyathesan Kulasingam with children in Shifang, Sichuan, in November 2008, during a psychosocial training, conducted in temporary prefabricated classrooms. The schools have all been rebuilt now, but the PSP toolkit has been increasingly mainstreamed into the curriculum.

funding. But the local teachers and programme volunteers have indicated to us many times that they would take initiatives to continue without even funding from Red Cross Society of China; they will incorporate it into their normal school programmes and get funding from authorities or other donors.

**Q:** There's a lot of emphasis from the authorities on the students putting the disaster behind them and on appreciation or gratitude in China – what effect does that have on children's state of mind?

This is similar to the overall aim of the psychosocial support programme: To allow children to re-adjust to the changing situation. In the current programme, we include a module where teachers and students carry out these appreciation activities focused on teachers, parents, school and nation.

The children have to be able to move ahead and 'recover' by re-adjusting to the new situation. This sort of recovery path will allow them to build up more resilience, making the young people stronger and able to manage future challengers better.



**Q:** Do you think enough is being done for Red Cross staff and volunteers and teachers in terms of addressing their own psychosocial needs?

Not yet, because psychosocial support and the mindset behind it is still evolving in China – as in many other places. Part of the challenge in China is that the general discourse in the country tends to emphasise not losing face and “being strong and not feeling pain.” So it is more difficult to have a holistic approach and psychosocial support faces an uphill trek as government policy is more supportive to clinical psychology. On the positive side, the Chinese government has for the first time recognised mental health as an area for insurance coverage as of 2011, so that is definitely a step forward. However, psychosocial support still needs more advocacy.

**Q:** You’ve been involved in eight different earthquake operations all around Asia– in various different capacities – are you

disappointed that people still continue to argue about whether psychosocial support is really needed?

Yes, but the problem is that results are not easily measurable like the number of tents. Psychosocial support is not visible like a building, but it is more important than a strong building. If a fisherman loses his boat and everything he owns in a disaster, then psychosocial support is part of the recovery he needs. It is not enough to give him a boat and say, “when he is hungry he will fish”. He needs the mental strength to recover, to start fishing again, to build a new life and to believe in the future.

*Dr Jeyathesan Kulasingam is a medical doctor from Malaysia who was deployed to Sichuan after the earthquake as a health and*

## The work will continue after Nargis

Interview with Dr. Hla Pe, Honorary Secretary of Myanmar Red Cross

**By: Daw Shwe Cin Myint, Head of communication, Myanmar Red Cross**

**Q:** How would you rate the effects of the psychosocial programme?

I would like to highlight two things: Psychosocial support is one of the response activities which is very effective and impressive. For longer term, the Myanmar Red Cross needs to build capacity of volunteers especially in the disaster prone areas.

**Q:** How about the feedback from the communities?

Unbelievable! The communities have welcomed the psychosocial programme and engaged and participated from the beginning.

**Q:** Could you please elaborate on the ongoing psychosocial support in the Cyclone Nargis affected areas?

Currently, we provide support to the children, youth and middle-aged population who were traumatized due to Cyclone Nargis. We have been helping children to play and study; organizing some community activities to occupy people and make them communicate with each other as how it was before Cyclone Nargis hit. Although we want to extend Red Cross psychosocial support to elderly, we have not succeeded yet and need to overcome some challenges.

**Q:** How about the continuation of psychosocial activities after Cyclone Nargis operation is now winding down?

The Myanmar Red Cross will continue psychosocial support programmes throughout the country as we have seen it is a necessary and integrated part of assisting survivors after a disaster or crisis.







# Despair and Dignity

*“If one man can cause this much pain - imagine the amount of love we can create together”. The wise words of an 18-year old Norwegian girl Helle Gannestad after the double tragedy that hit Norway on July 22. The words epitomized the dignified response of a nation coming together to mourn the deaths of the bomb blast and the shooting on Utøya island. Volunteers from Norwegian Red Cross helped rescue fleeing survivors and later participated in search of dead bodies. 40 psychosocial volunteers worked near the island to help survivors and relatives and local branches were mobilized around the country to provide support to those returning and others affected. The efforts of the volunteers were appreciated by the Crown Princess and the Minister of Health as well as by citizens who placed flowers in front the the headquarter. The rose, formerly a political party symbol, became a national symbol of a country responding with grief , solidarity and dignity.*



# We will continue to

The support to the survivors, the relatives and others affected by the bomb and shooting in Norway continues. The Norwegian Red Cross has played a vital role in the relief work, and now it is time to look at the lessons learned and focus on the changing needs for the people affected, including for the Red Cross volunteers and staff.

**By Ayo Degett**  
**IFRC Psychosocial Center**

After the bombing in the center of Oslo and the shooting at Utøya on July 22, staff and volunteers from Norwegian Red Cross were immediately deployed to assist in both places. Red Cross search and rescue teams used their boats to transport people from the island to Sundvollen Hotel on the mainland, where volunteers received and comforted the survivors and their relatives. In the following days Red Cross teams plied the waters to look for the bodily remains of those who had been killed while trying to flee from the gunman.

Whereas impact is always difficult to measure, the Norwegian Red Cross focal point for psychosocial support Ms. Merete Mihle has no doubt, that the staff and volunteers played an important role. "This was unprecedented and everybody was deeply shocked

and moved, but we could see that the staff and volunteers made a huge impact. Not all of them had received training in psychological first aid beforehand, but they have some core skills and knowledge from their time in Red Cross which enabled them to provide important lay-counseling", she says and adds:

"Definitely these events have proved to us, that preparation is important. This includes training in psychological first aid, which will not only enable staff and volunteers to provide important support but also help them deal with their own reactions and spot who among themselves have problems".

Norwegian Red Cross now considers to include psychological first aid as a part of the obligatory first aid training for all staff and volunteers. This is based on experiences that everyone employed in relief work will need tools for communicating with

people who have been affected by an emergency and to acknowledge that most early reactions are healthy ones although they may seem strange and unfamiliar. They might be normal reactions to abnormal situations. Moreover the need for holding a hand or listening to survivors and relatives are in some emergencies larger than performing ordinary first aid.

## Changing needs

The assistance provided by the Norwegian Red Cross had been appreciated publicly by both by the royal family, by the Minister of Health as well as many people affected by the events. And the assistance did not stop at the hotel. Many Red Cross houses all over the country opened their doors for survivors and relatives when they returned home, or other people that felt a need for a place to gather and share their experiences and thoughts. Red Cross Volunteers



# help

were asked by the authorities to pair up with the survivors and the berieved when they visited the island one month after the shootings on Utøya.

According to Sara Johansson, who has a master degree in trauma psychology and now works at the IFRC reference centre for psychosocial support, this was a good initiative:

“Personal contact in long term support and follow up is often the weak link. People often experience that once the headlines are gone –so is the support. Telling your story over and over again can also be very distressing, which is why offering a long term contact with the same volunteer can be an excellent initiative”, she says.

## Good Initiative

Sara Johansson was among those requested to assist Norwegian Red Cross set up the long term support. Many survivors returned to their home-towns and local Red Cross branches were asked to continue the psychosocial support if and when needed:

“One of the challenges is how pro-active should you be? Are you actually supporting or are you disturbing those affected if you reach out and contact them if they do not contact you? And how do you find the balance, how often you should do it?” she says. Using her experiences from the relief work after a discotheque fire in her hometown Gothenburg and from the Indian Ocean tsunami where many Swedes were killed - as well as her academic knowledge

- Sara Johansson shared some of the lessons learned in a telephone conference with local branches:

“It is important to have a dialogue with survivors, families and helpers. What are their needs now? And it is important to adapt to the changing needs. The support should not place people in the identity of being “the survivor” for the rest of their

lives. A sense of normalcy and social cohesion is very important and at the same time often closely connected with promoting both a sense of dignity and hope”.

## Helping the helpers

A Norwegian psychologist expressed it in a slightly different way to one international news station, saying that the event will never disappear from the memory of those who were there, but given the right support the psychological reactions to the event can be reduced over time.

Although main focus is on helping those who survived and were affected by the violent events, Norwegian Red Cross is also very focused on the well-being of the helpers involved in the relief work. All of the 560 staff and volunteers involved will go through a one year follow-up program, where support groups will be offered as a platform to discuss their experiences and feeling and where they themselves will be offered psychosocial support. Norwegian Red Cross is also sharing their experiences with other National Societies who have been in similar situations.



Ståle Wig/Norcross



Olav A. Saltholm/Norcross

Kine Eilertsen (left) and Ellen Marie Røed are among the hundreds of Red Cross volunteers who helped in the first hours, days and weeks after the shooting and killing of young people at a summer camp outside Norway's capital Oslo.

By: Maureen Mooney

# Covering the *gaps* after the earthquakes

What works now – and what is the priority in six months? The mental scars in Christchurch after the repeated earthquakes are moderate to severe, but the authorities, agencies are trying to address them, and learn from their work to build up

From September 4 2010 to June 2011 the town of Christchurch and the surrounding Canterbury region of New Zealand experienced three major earthquakes and numerous after-shocks. The second big quake in February killed 181 and has been followed by 15 after-shock earthquakes measuring over five on the Richter scale, and the shocks still continue. This on-going disaster is the second most deadly in New Zealand's history and by far the costliest natural disaster ever.

The New Zealand Red Cross and many other organisations were quickly on the spot to help the injured and the survivors. However, as often occurs, dealing with loss, injuries, sorrow and grief over long period also affected the helpers. This was acknowledged and support for them was organised.

At Massey University, Wellington, the Disaster Research Centre established a psychosocial advisory group, made-up of experienced academics, who could reflect on strategy and signpost relevant evidence-informed research findings to be shared with the Ministries and local Councils. Findings were also shared with grass-root groups operating in the field.

The idea was to be available, flexible and provide evidence informed material to all who needed input, and the advisory group contributed to both strategy, training and monitoring materials.

## What are the costs?

The Ministries leading the recovery and local responders asked: What works? What is the priority right now - and in six months? What are the costs of psychosocial and mental health interventions or, what would the cost be if these activities were not budgeted?

The questions were legitimate and serious as they had consequences for an affected population in distress and an entire region's well-being. So, how did we respond? We worked together to bring the strands of our knowledge and study into a holistic response to provide interventions that reflected what had been shown to be the most effective.

To this day, the group discusses relevant research literature, from the viewpoint that psychosocial recovery involves easing psychological difficulties for individuals, families and communities - as well as





building and bolstering social and psychological wellbeing. We have produced documents and inputs on national and local strategies.

## Initiatives must evolve

Our standpoint is that all psychosocial recovery is situated in the context of many interconnected dimensions of recovery that include cultural, psychological, social, economic, ecological and physical dimensions – all of which are part of community regeneration.

As the psychosocial recovery processes develops over time, initial psychosocial initiatives should evolve with needs and cover any gaps in the response structure. For example, local support centres had mushroomed but the staff needed added training to give the necessary multi-dimensioned psychosocial support to families and individuals dealing with ongoing issues.

It became clear that managers needed ongoing support and respite as they had additional demands to deal with, longer hours and difficult working conditions; children at risk had often been forced to relocate and it was vital that agencies could follow-up and support them.

To cater for this, planning needs to be long-term, including ongoing support and appropriate job design in all the teams, groups and local human resources.

## Most can cope

Often resources are initially overwhelmed and then under-budgeted for the long-term effort that recovery demands. The advisory group is working to ensure that these long-term needs are acknowledged and will be met by agencies as evidence does show that most of an affected population will manage to cope if some support and practical help is on hand. Also community empowerment through participation in the recovery process needs to be continually supported as it is a vital aspect of recovery design on all levels.

This immediate support and help needs to be effective, organized and budgeted. Raphael as far back as 1986 defined this immediate support as being: 'Basic, non-intrusive pragmatic care with a focus on listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but not forcing company from significant others; and protecting from further harm.'

Although most of an affected population will recover over time, a percentage will need specialized follow-up. This too needs to be organized in the recovery effort.

## Relocate with participation

The advisory group underlined and supported the five effective elements from Hobfoll et al (see article p. 18). However, it is necessary not only to promote these elements, once the immediate response phase has passed, but to establish monitoring and evaluation of what works. Likewise, it is necessary to anchor ongoing activities in local ownership to enhance sustainability in the response.

The way that practical issues such as post-disaster financial problems, housing and schooling are addressed can have real impact on recovery. Because some suburbs had been built on swamp land which has now liquefied, schools, neighbourhoods, businesses, must now relocate and land use is a core question. A central body has been set up to re-plan areas of the city and a real attempt at community participation is underway- at the moment, several community workshops are taking place where the "new Christchurch town" plan is open to suggestions from the local population.

## Explaining is not enough

A holistic approach to recovery requires that leading agencies work together across many levels of expertise: economic, construction, environmental, education, health and infrastructure engineering. Psychosocial recovery would benefit from the above domains taking into consideration the community and individual factors existing in their fields of intervention.

In Christchurch civil engineers have realised that explaining that a house, a street, a local school is unsafe is not enough. They have also to listen and consult with the people living in these buildings and locations before relocation can really move on. This is happening in some parts of the region. One innovative council in Kaipoi co-ordinates engineers, employment agencies, school principals and psychosocial support in open consultation meetings with the local population to re-plan their suburb.

## Taking time

So some of the lessons learned are that we still need to plan long-term as opposed to only responding well in the immediate phase, we need to really put into practice how to enact the empowering, collaborative approach of active community participation in the recovery, and we need to budget for the recovery of people's mental well-being and all that entails, not just the construction of their shelters and hardware.

Also, needs in disasters are sometimes overwhelming and conflicts of interests should be managed by a mediating governing/co-ordinating body that can work alongside a population in a creative way.

The recovery in Christchurch and Canterbury continues and so does the work of monitoring, adjusting, providing supportive literature and facilitating meetings and training. Part of this work is to take the essential time, so often left aside, to see what is working, what worked and how could we improve for the next time adversity strikes.

*Maureen Mooney is a psychologist who has worked with psychosocial support in French Red Cross and internationally for 10 years. During a sabbatical in her home country New Zealand, she was asked to help analyse which psychosocial interventions works and how to plan for future disasters.*

# 18 Recovery: to do or not to do

With no scientific proof of how psychosocial interventions work, should we **do nothing** to be sure we avoid doing any harm? Or should we **do something** based on needs and according to our humanitarian principle? **That is the:**



Leslie Otte Grebst

**By Ferdinand Garoff**

The evidence that any particular psychosocial intervention directed at everyone shortly after a traumatic event can reduce mental health symptoms is inconclusive. Nobody has ever scientifically proved the effects of any particular intervention after a disaster or massive violent event.

So should we do nothing?

If we interpret our “Do No Harm” principle strictly, we should not intervene in ways that lack sound scientific evidence as

we cannot be sure that we will not cause harm. But most experts agree that doing nothing risks promoting a sense of lack of social support, which in turn could lead to negative psychosocial effects.

So doing something is necessary, despite the lack of scientific evidence of the effects. Doing something is also in accordance with the humanitarian imperative, the right to receive and give assistance. So how do we deal with the situation of not

knowing exactly what works and why, but knowing that doing something is better than doing nothing?

There is clear evidence that people have psychosocial needs after disasters and situations of mass casualty, and there is growing recognition in the RCRC movement that we need to respond to these needs. Although psychopathology can be expected to decline significantly in the general population over time, a number



of groups remain highly vulnerable and bear the brunt of the negative psychosocial effects and their social and economic consequences.

The factors that determine if someone will have a worse outcome are quite complex and are difficult to summarize and even more so to measure or predict. They relate to the particular event, how people are affected, secondary losses resulting from the event, societal response, resources available for recovery, personal history, meanings ascribed to the event etc. People are affected in many ways and for many reasons and therefore have different needs – therefore one intervention or model doesn't fit all situations.

## Gold standard

The aim of previous research has been to establish a psychosocial intervention “gold standard” that is universally applicable and leads to improved mental health for everyone. However, previous candidates for this standard have proven insufficient, both with regard to universal applicability and the lack of evidence for positive mental health effects.

The mental health effects have not been reliably improved and the interventions have proved to be sensitive to the influence of factors related to the disaster setting and affected groups. In addition, particular interventions may require a high level of expertise from the providers, thus limiting their applicability on a broad base.

It has also been recognized that various related situations and socio-demographic factors, such as the amount of traumatic exposure or previous traumatic experiences may influence the mental health outcomes of particular individuals and populations.

This implies that the psychosocial needs may vary a great deal and the appropriate intervention varies accordingly. One solution to this problem is the idea of a graded response as described in the intervention pyramid presented in, for example, the Inter-agency standing committee's guidelines for mental health and psychosocial support (IASC, 2007). The pyramid takes into account that different groups react in different ways, and that individuals within each group reacts in different ways. The bottom level of the pyramid constitutes the basic services and security provided to everybody affected by a crisis, while next level is community and family support. On top of that is the level of focussed, non-specialized support to those more severely affected while the top level is the special service to the small percentage who need referral for professional treatment and care for severe psychological disorders.



Leslie Otte Crebst

## Reduce initial stress

So returning to the question and dilemma could we conclude that the search for a universally applicable intervention for everyone has proven futile? With regard to evidence for positive mental health effects this may indeed be the case as establishing the causal relation between an event and a particular mental health symptom can be difficult and even more so: to establish the link between an intervention and a particular positive mental health effect. Another approach is to think of psychosocial needs in other terms than just mental health.

Expert opinion is now converging around Psychological First Aid (PFA) as the “acute intervention of choice”. PFA is designed to help in the immediate aftermath of disaster or major armed attacks, but rather than tackling the complex problem of mental health effects focus has shifted to reducing the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning and coping. PFA is described as an evidence informed approach in that development of many of the components has been guided by research and there is consensus among experts that these components provide effective ways to help survivors.

## Universal guidelines

However, PFA is only an acute intervention and as time passes after a disaster we are again faced by the contradiction between the humanitarian imperative to address psychosocial needs and the Do No Harm principle to do nothing for the lack of evidence. In 2007 Stevan Hobfoll, Professor and Chairperson of the Department



of Behavioral Sciences of Rush Medical College, and colleagues concluded that it is unlikely that the scientific evidence will suddenly be able to find the suitable intervention to cover the diversity of disaster and mass violence circumstances and that it is unlikely that we will see this problem go away anytime soon.

To circumvent this problem Hobfoll and colleagues decided to assemble a worldwide panel of experts to extrapolate evidence from related fields of research and to gain consensus on principles to guide interventions.

### Five points to promote

The group identified five empirically supported and evidence informed intervention principles that should be used to guide and inform intervention and prevention efforts at the early to mid-term stages (a few hours to several months) after disaster and mass violence circumstances.

These are promoting:

- a sense of safety
- calming
- a sense of self- and community efficacy
- connectedness and
- hope

These principles have the advantage of being easily comprehensible and therefore they can serve as guiding principles for planning and conducting psychosocial interventions.

The emphasis is more on resilience and recovery and less on pathology, thus encouraging empowerment and efficacy rather than medicalization or interventionism. To some extent we can avoid the potentially harmful trap of non-intervention for fear of causing harm by following a set of evidence informed principles – something to guide us in a complex field lacking comprehensive evidence.

Sticking to these principles also allows us to converge around principled consensus and avoid the heated debate surrounding particular interventions or models. The role of the professional psychosocial supporter can also be clarified in this way..

*Ferdinand Garoff is a Finnish psychologist who has worked as the training coordinator for the IFRC Reference Centre for psychosocial support. He is now writing his Ph.D. but continues to work as a consultant for the Centre.*



# A big change for a small boy

**By: Ea Suzanne Akasha,  
Psychosocial delegate, Pakistan**

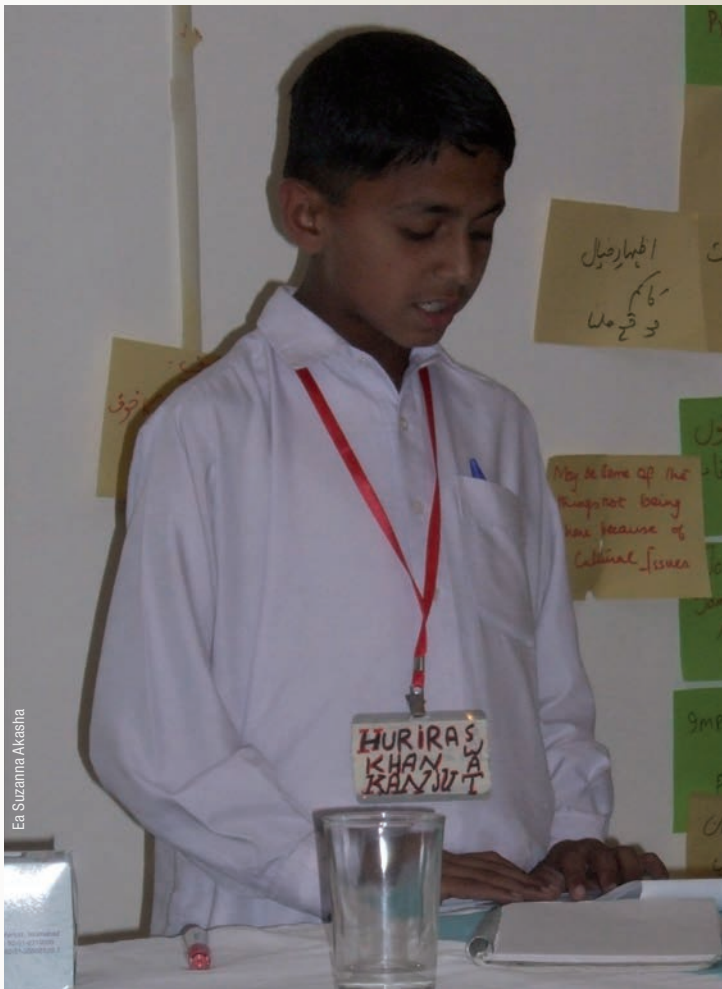
Ilyas Khan the Secretary General of Pakistan Red Crescent Society, PRCS, hands a certificate to Huriras Khan to appreciate his participation. Mr. Khan is about to pat the 12 year old Huriras on the head, when the boy signals. He wishes to make an address to the assembled officials, community leaders, school children, teachers, volunteers and programme staff.

Huriras is small of stature but his voice carries across the room: "Before I participated in the programme, I heard sounds of machine guns inside my head. Night and day, the noise continued without any pause. Now I am free to play. Before the programme I could not speak my mind to my parents, relatives or teachers. Now I feel confident and can talk freely. All this is because of the programme."

Huriras stands in front of all participants in the Lessons Learned workshop organized by the Danish Red Cross. His statement touches all deeply, and the Secretary General is left speechless for a second or two. He is amazed – and so am I – that a programme of 20 sessions in schools can have such a profound impact on the lives of school children, parents and teachers.

I am in a hotel in Islamabad having participated in a two day workshop for the Children Affected by Armed Conflict (CABAC), run by Pakistan Red Crescent and Danish Red Cross in the Swat-region in northern Pakistan. Swat was under an extremely violent rule for more than two years, leaving the entire society in the grip of fear. The children were badly affected by the harsh rule and the fighting, schooling was suspended and most Swatis had to flee due to abduction, extortion and threats. Many spent several months as internally displaced, when the fighting was most intense.

This workshop is designed to bring all stakeholders together to look at the successes, challenges and outcomes of the programme. One unexpected outcome is that a great number of student now have enrolled in the seven schools included. This has turned into a major challenge for all, as there are now more than 50 students in one class making it difficult to conduct the sessions. Another challenge – but also an opportunity - is that the elder members of the communities have asked the programme to extend the schooling to include them.



Ea Suzanne Akasha

## The Power of Caring

Paying tribute to the more than 1000 volunteers providing care and emotional support the South African Red Cross has launched a book and a DVD profiling some of these volunteers, their thoughts and their impact.

Reaching more than 45,000 beneficiaries affected by loss, disease, violence, natural and man-made disasters, the volunteers from around the country tell what drives them and how they feel they make a difference.

"You are the true embodiment of today's event and theme, "The Power of Caring", because of the many sacrifices you make in caring for others, in the true spirit of Humanity. You are indeed the face and body of the first Fundamental Principle of Humanity – Ubuntu, Botho – alleviating human suffering in all its forms", said SARCS Vice President, Advocate Mothibedi Panyane at the launch.



Erdem Copten

By **Petek Akman, psychologist,**  
**Turkish Red Crescent**

I have been conducting psychosocial activities in the camps sheltering Syrians, who fled to Turkey, for two months now and I feel that a strong bond has been established between me and the camp residents. This relationship built on trust and love probably stems from their perceptions about me. From the very first day neither children nor adults have seen me as a stranger but treated me as part of their family. That made it easier to share their stories and helped me better understand what they really have been going through.

I spend each day with camp residents in different camps. The moment I step into a camp, I am surrounded by children. They all know me now and always want to play and paint. The women invite me to their tents and offer me coffee. They also invite me to

# Fun in the land of uncer- tainty

Syria and tell me how they'll host me when everything goes back to normal at home.

## A new language

Every time I meet my Syrian friends, we show every effort to get over the language barrier. We try to express ourselves using means of body language, I say a couple of Arabic words while they say some



Turkish words. It takes a little while especially for children to realize that I really do not understand them. Yet, the motivation to communicate with someone who they believe cares for them and can solve their problems somehow destroys the language barrier. Women find other ways of communicating like giving me a hug or a kiss and I feel that no word can better express love and gratitude.

I guess children find it a little bit funny how I speak and act since I act differently than the adults they see around them. However, they instantly understand how I care for them and there is always a race going among the children to shake or hold my hand.

### A new place

I think it is easier for children to adapt to the new environment. They play with their friends, run around and make jokes. As their parents worry about their future, they see the new place just as a new place to be explored and they are happy spending all their time in the playground. I remember how amazed a new boy just arriving in the camp was with the playground. He kept staring at it while walking to the tent. At that moment, he was probably not thinking of leaving home and coming to a place full of tents and strangers and his only worry was when he would get the chance to play.

The psychosocial activities act as an instrument to normalize new living conditions especially for children. Therefore, many activities such as painting, handicrafts, drama, reading and writing, which help children to express their feelings, are organized. Home is the main theme pictured and mentioned, and especially older children express their longing for home and their wish to go back. We carry out psychosocial activities for each age group and for people with special needs aiming not only to encourage them to spend time more efficiently, but also to enable them to acquire new skills and to enhance their knowledge. Livelihood activities such as courses in

sowing, handicrafts and English as well as sport matches, writing groups and trainings on hygiene and stress are organized for youngsters and adults. Stress management training provides a secure atmosphere to freely share feelings and thoughts, and the adults needing psychological help are referred to psychologists and psychiatrists. Besides, the group activities help to establish new group bonds or strengthen already existing relationships.

### A new daily routine

In the first month, the camp residents were trying to adapt to the new living conditions.

together to have coffee or watch movies in open-air cinemas.

### Longing for home

In the camps all physical and psychological needs are almost immediately met and besides meals, milk, baby food and many items such as hygiene kits, clothes and toys are regularly distributed. All essential facilities such as clinics, kindergartens, schools, laundries, barber shops are functioning and the facilities like psychosocial tents, playgrounds, basketball and football fields to make the camp residents' lives a little more comfortable are also present.



Erdem Coplen

Yet, as the camp residents get more used to living in the camps, we encouraged them to take more active role and certain responsibilities in camp management and psychosocial activities since community participation make the camp residents feel they have some control over their lives again and allow them spend their time in a useful way. The camps have their own daily routines now. After breakfast, while women do cleaning, the girls go to sowing course, children join drama activities, boys play football and men watch TV or talk under a tree. After dinner, the camp residents gather

Yet, we know that the camps can never be like home and the camp residents express their longing for home every time I talk to them. For instance, the main stressors mentioned in the stress management training are the climate as it's really hot at this time of year, worrying about their loved ones that they had to leave in Syria, and what the future will bring, and most of all longing for home. The camp residents try to get used to living in the camps but the feelings associated with home and thoughts of going back are making it very difficult to endure the uncertainty.

## NEXT ISSUE:

# VOLUNTEERS IN EMERGENCIES – CAN THEY COPE? CAN WE COPE?



Eko Sulhadi/Indonesian Red Cross Society

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