Coping with crisis

ISSUE 1-2014

FOCUS ON:

Violence

Mental health gap

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Psychosocial Centre
International Federation
of Red Cross and Red Crescent Societies

New publication from the PS Centre

Strengthening Resilience: A global selection of psychosocial interventions

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

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

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Front page photo: Refugees from the conflict in CAR in Cameroon, Mirabelle Enaka, IFRC

This publication is produced by the IFRC Reference Centre for Psychosocial Support

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There is something we can do

When faced with unbearably grim situations such as the current conflict in Central African Republic (CAR), or the grief and damage caused by the Ebola virus, it is difficult not to feel overwhelmed and even helpless. One can be left wondering what we can possibly do to help people in such dire circumstances.

Yet there is something we can do. While we are unable to stop these tragic events from unfolding, we can still be present and offer support to survivors and others who are suffering. We can also provide support mechanisms and coping tools to the many hard-working volunteers who give their time to help others in need. This is the underlying principle for all psychosocial interventions.

As one psychosocial delegate reflected after a mission, there may be relatively little that one can do, but sometimes, just taking time to listen to another person's troubles, recognising and appreciating their efforts, and bringing messages of hope and positivity can make a difference. These actions can go a long way in helping people get through difficult times, so that they can try to put these events in perspective and focus on the future. We have seen that when psychosocial programmes are implemented – especially early on in a crisis situation – they can help to alleviate suffering and along the way, strengthen people's resilience. This is at the core of the principle of humanity and what we all in the Red Cross Red Crescent believe in.

You can read the above-mentioned reflections in this issue, which focuses on how psychosocial support has been implemented in situations of violence, as well as on challenges in the field of mental health care and what is being done to improve it. From armed conflicts in CAR, in Ukraine, in Syria and elsewhere, disease in West Africa, to natural disasters in the Philippines, the Balkans and in Tanzania, it has been a difficult time for many people around the world, and there is a great need for psychosocial support. We continue to strive toward making this support available whenever and wherever possible, and to as many people as possible.

With best regards,

Nana Wiedemann

Nana Wiedemann
Head of PS Centre

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4 Psychosocial Support Around the World

Highlights from the world on psychosocial support provided by National Societies, based on the IFRC Appeals and Reports and contributions from health and communication staff. Many other National Societies are continuously delivering and expanding their psychosocial support activities.

BALKANS (BOSNIA AND HERZEGOVINA, CROATIA, SERBIA)

As of 30 May, severe flooding across coastal areas of Serbia, Bosnia-Herzegovina and Croatia, has affected three million people. Fifty-three people have reportedly perished and tens of thousands have been displaced. The Red Cross branch from the Zenica municipality in Zenicko-Dobojski Canton (Bosnia and Herzegovina) has been seeing to the needs of the people who were evacuated to a nearby army barracks and a college, where volunteers are in charge of registration and provide


Serbia: Petar Sijan

people with ingredients for cooking three meals a day. 5,000 volunteers and 250 staff have been active in providing support for more than a week in 50 different locations, including psychosocial support to deal with the psychological repercussions of the disaster, which are many and varied. “Last week’s events make me have nightmares, that I am sinking and the earth is swallowing me up,” says Dervis, a villager who, with his wife, sought shelter following the floods.

The volunteers provide psychosocial support in part by listening to those who are in need of sharing their stories of trauma, loss and grief. “We are not hungry and we have our clothes,” says Mirnesa. The hardest thing, she says, is answering the repetitive question of her children: “Mummy, when do we go back home?

Source: http://reliefweb.int/report/bosnia-and-herzegovina/volunteers-provide-food-shelter-and-psychosocial-support-aftermath, and IFRC Newswire: Balkans floods: Facts and figures: Balkans floods, Geneva, 03/06/2014.

BELIZE

Belize Red Cross (BRC) focused on capacity building in early March by hosting a week-long training of trainers workshop, facilitated by a PS Centre Technical Advisor and BRC staff. The newly trained trainers will be eligible to train other volunteers, in an effort to integrate psychosocial support into all BRC actions in the future. One trainee described the weeklong training as “essential in the relationship we have with those people that we serve and help.”

BULGARIA

As a result of the unrest in Syria, Bulgaria has received a stream of Syrian refugees from neighbouring Turkey in recent months. Many of the refugees have reached Bulgaria after a difficult and dangerous journey on foot, often at the hands of human traffickers. Bulgarian Red Cross provides food to the asylum seekers and psychosocial support to the children and youth. Bulgarian Red Cross has also reunited several families, who were separated when they attempted to cross the border.

CHILE

Following the earthquake and fires in Chile, the International Federation has for the first time mobilized its Regional Response Unit specializing in psychosocial support. Bringing together expertise from the National Societies of Canada, Jamaica and Colombia, the unit will provide support for the emotional and psychological needs of those affected by the disasters in Valpariaso and Iquique. Team leader in Iquique, Sophie Briand, said emotional scars can last a lifetime. “The material part – houses, goods and personal things – are recoverable, while the loss of a loved one or the experience of danger can cause long-lasting trauma.”

Supported by the Canadian government, this response unit has established work activities targeting all ages and those affected by both the fires and/or the earthquake. “The idea is that, in addition to helping people affected by both emergencies, we can prepare our volunteers and technicians in psychosocial support in a way that helps build the capacity of the National Society,” says Maricela Huentemilla, National Health Director of the Chilean Red Cross.

DENMARK

In early December 2013, Denmark was hit by an unusually powerful storm, which caused severe flooding on some coastal lines. In one of the affected towns, Frederikssund, seawater flooded parts of the city and in some of the houses the water stood waist high. The chairman of the local Red Cross chapter, 69-year-old Carsten Pontoppidan, met with the local municipality, who appealed to the Red Cross to provide psychosocial support to those affected by the disaster. A collective effort by the local chapters of the Lions Club, the Scouts, the DaneAge Association and Red Cross handled 50 requests for help – they evacuated people, looked for missing pets, helped to procure new furniture, served hot meals and coffee, provided free assistance in insurance and legal matters, and conducted community meetings where a psychologist from the Danish Red Cross psychosocial support roster gave a talk and answered questions from the audience.

Denmark is one of the least disaster prone countries in the world and the flooding may appear inconsequential. “It may seem like a small thing in the grand scale, but for the people who are affected it is very serious, and many are very shocked and insecure about the future,” said


Uganda: Uganda Red Cross Society

Pontoppidan. *(Source: Danish Red Cross, www.rodekors.dk)*

MALDIVES

Maldives Red Crescent hosted a training in psychosocial support in Malé in March, with the aim of incorporating psychosocial support into their interventions and building the National Society's capacity.

SOUTH SUDAN / UGANDA

The escalating violence in the Republic of South Sudan has provoked a mass population displacement within South Sudan and into neighbouring countries. Uganda has accepted the bulk of the refugees, who have continued to cross the border since the beginning of the conflict in mid-December 2013. The increasing number of arrivals from South Sudan means that tens of thousands of people are in dire need of emergency medical care, shelter, food and water, and adequate sanitation facilities. In addition, hundreds of unaccompanied minors and displaced persons have lost touch with families back in South Sudan.

In addition to emergency health care, psychosocial support is being offered to refugee families in reception centres and camps in hopes of reaching the most traumatized individuals and families. To improve the psychosocial well-being of affected communities and emergency responders, 60 volunteers in psychosocial First Aid and first aid services are being identified and trained, while links are established to professional organizations and institutions for referral of individuals in need of more specialized support.

SYRIA

In the three years since the beginning of the crisis in Syria, the situation has developed into a humanitarian disaster of appalling dimensions. More than 9 million Syrians are in need of urgent assistance. A further 2.4 million people have fled Syria since January 2012, seeking refuge in Lebanon, Jordan, Turkey, Iraq and Egypt. Thousands more families have left for countries further away. Today, the situation continues to deteriorate rapidly in large parts of the country.

Syrian Arab Red Crescent, the International Federation and ICRC have teamed up to deliver a comprehensive communications pack to mark the third year of the on-going conflict. The pack includes a social engagement strategy, which all National Societies are encouraged to engage in to show support and solidarity with SARC's volunteers, as well as several photos and messages that can be used and adapted for local use.

TANZANIA

Following flash floods in Kilosa District in January, Tanzania Red Cross held a psychosocial training in March. Immediately after the training they carried out a PS assessment in the two camps for internally displaced persons (IDPs) at Magole and Mateteni, where the newly-trained volunteers circulated with a pre-tested questionnaire about refugees' psychosocial well-being after the disaster. A psychosocial delegate from Nigerian Red Cross, who was trained in Copenhagen in November 2013, was sent to support the process, and the PS Centre provided technical support. It is hoped that the responses to the questionnaire can help in developing improved living conditions for those temporarily housed at the IDP camps.

TURKEY

The Turkish Red Crescent (TRC) took immediate action following the coal mine explosion 17 May 2014, in Soma, Manisa in western Turkey, which claimed the lives of 301 mine workers. With disaster response teams, social services professionals and volunteers working round the clock, TRC responded in a wide range of areas – comprising search and rescue, health and security, food provision, and attending to the needs of the families of the miners, including accompanying family members of the deceased at the funerals.


Syria: Ea Suzanne Akasha, Danish Red Cross

TRC have made psychosocial support a priority by providing the affected families with tools for coping with trauma and loss, with special attention being given to children. TRC serves as coordinator for 20 different teams made up of professionals from the Turkish Psychiatry Association, Turkish Social Services Professionals Association, Psychologists Associations, Child Mental Health Association, and Turkish Psychological and Guidance Association. Each team is comprised of a psychologist, a social-services professional and a psychiatrist, and provides psychosocial support to families.


Guinea: IFRC

UKRAINE

The Ukrainian Red Cross Society (URCS) has been responding to the unrest since its onset in November 2013. Emergency response teams have been working around the clock for months, providing first aid to the wounded from both sides and transporting them to hospitals. Ukraine Red Cross Society also provides psychosocial support to the volunteers. In an effort to increase this support, URCS arranged for two psychosocial delegates from Belorussia to come for a month-long mission in March, with technical support from the PS Centre.

WEST AFRICA (GUINEA, LIBERIA, SIERRA LEONE, IVORY COAST, MALI, SENEGAL)

Since March, an outbreak of the deadly Ebola virus which originated in Guinea has spread to Liberia, and cases have also been reported in Sierra Leone. Through emergency appeals, awareness raising campaigns have been conducted in these countries on how to prevent the spread of Ebola and to help reduce some of the fear and stigma that is gripping communities not familiar with the disease. Since the outbreak, Ivory Coast, Mali, and Senegal have launched preparedness campaigns with the support of Disaster Relief Emergency Funds (DREF) to proactively raise awareness about Ebola, should the disease spread there. In Guinea, a man who contracted Ebola and survived is now working with the Red Cross to help share those messages.

Typhoon Haiyan:
Why responding to violence in times of disaster is important

By Amélie Doyon and Gurvinder Singh, ERU Violence Prevention Delegates
and Gwendolen Eamer, ERU Communication Delegate, Canadian Red Cross

Amélie Doyon/Canadian Red Cross

Very often, violence increases during and after disasters and emergencies. This is because in times of crisis, individuals, families and communities may lose, or have reduced access to, their regular coping mechanisms and support systems, and may experience high levels of stress, as well as have new pressures that are difficult to cope with. These tensions can lead to situations where people resort to violence directed towards others or themselves; this violence can also compound the psychological trauma caused by the initial emergency.

In the aftermath of Typhoon Haiyan that struck the Philippines in November 2013, assessments identified violence as a concern among public health risks to affected communities. Assessments by the Red Cross Movement, as well as other agencies, found that children were particularly vulnerable to violence, including sexual and physical violence. Women and children were also at increased risk of sex trafficking and transactional sex in order to survive or provide the basic necessities for their families.[1] The province of Leyte, where Typhoon Haiyan was particularly destructive, was already a hotspot for trafficking before the disaster,[2] and pre-existing violence – especially domestic violence[3] and child abuse – was at risk of increasing.

Prior to the typhoon, data from the Philippines National Demographic and Health Survey showed that 20 per cent of women aged 15 to 49 have experienced physical violence. These women reported that their current or former husband or partner was the person most

often committing the violence. Parents and other relatives were also commonly cited as perpetrators of violence against children.[4]

The three regions most affected by the typhoon – Western, Central and Eastern Visayas – had even higher rates of physical violence than the national average and higher-than-average-reported rates of sexual violence prior to the disaster. After the passage of Typhoon Hayian, the government and community mechanisms dedicated to stopping trafficking and gender-based violence were severely compromised, and needed further support.[5] Government offices had been damaged; staff who had lost family members, loved ones and belongings were often living in office spaces; and regular protection and violence prevention activities were not possible. This made it critical to integrate violence prevention, mitigation and response into the wider disaster response.

Mitigating the secondary emergency of rising post-typhoon violence was one role of the Canadian, Norwegian and Hong Kong Red Cross Health Emergency Response Unit (ERU) that was deployed in the Philippines. The health ERU is a tented hospital with surgical capacity – medical equipment as well as personnel. It was deployed to Ormoc, Leyte, in November 2013, to support the district hospital and allow it to rebuild. In collaboration with the Philippine Red Cross (PRC), the ERU's violence prevention delegate, psychosocial delegate and community health delegate rapidly undertook community assessments with neighbourhood leaders and health workers. These resulted in the design of action plans with the PRC to integrate violence prevention, mitigation and response into community outreach activities.

As a result of this collaboration, violence prevention was for the first time part of an ERU response to support communities affected by disaster. Violence prevention elements were also integrated into the systems and responses of the ERU hospital itself.

Within the field hospital, the daily patient-intake reports integrated categories to track injuries resulting from violence and connect them with appropriate psychosocial activities. Community health initiatives, within the hospital and in the surrounding communities, also addressed violence prevention, mitigation and response.

In the community, ERU violence prevention members worked in close collaboration with and trained PRC volunteers who were working in disaster-affected communities. This training helped them to provide psychosocial support, recognize the signs and symptoms of violence, and know where to refer individuals for either medical, psychological, legal or protection assistance.

The trainings for PRC volunteers, many of whom were youth, explored the different types of violence, the negative and long-lasting impact of violence on individuals and communities, and the role of the bystander in taking action and providing support to those who are affected by violence. It looked at the roles of men, women, boys and girls in addressing the problem, understanding that they may experience violence in their communities differently, and that all have a role to play in ending it.

Violence prevention messages were adapted from the new IFRC Community-Based Health and First Aid (CBHFA) module for violence prevention and translated into Tagalog. They included messages about physical, sexual and emotional violence and neglect; directed those affected to support resources; and reminded community members that Red Cross humanitarian assistance is free.

The Red Cross volunteers quickly put their new skills to work, integrating violence prevention messages, children's games and activities into PRC relief distributions of much-needed supplies in Ormoc, such as food and other relief items. In its first few days, the program reached 700 children and adults in Western Leyte with violence prevention messages, teaching stress coping mechanisms and other tools to combat the violence that can stem from disasters of this scope. These activities later expanded to the hard-hit city of Tacloban. Since then, thousands of people have been reached.

In Tacloban, the Social Service Team of the PRC continued to implement violence prevention strategies and messages as well as distributing information and referral services into their relief distributions, their activities with children, youth, parents, adults, and teachers and students returning to school after the disaster in early 2014.

The PRC has developed a strong culture of volunteerism across the country. Across cities, towns and villages, Red Cross volunteers are active not only when things go wrong, but in first aid training, disaster preparedness and health promotion. When a disaster like Typhoon Haiyan strikes, these teams are on the frontline of the Red Cross response. Now, by integrating violence prevention into assessment; relief distribution; community based health, first aid and hygiene promotion; and other critical services, PRC violence prevention volunteers will magnify the reach of their important message.

Further reading: IFRC and Canadian Red Cross advocacy report: "Predictable, Preventable: Best practices for addressing interpersonal and self-directed violence during and after disasters."

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1 Global Protection Cluster, Preventing Gender-Based Violence After Typhoon Yolanda; Responding to Survivors' Needs, p.1 http://mhpss.net/wp-content/uploads/group-documents/219/1389722741-PreventingGenderBasedViolenceAfterTyphoonYolanda.pdf

2 Philippines Humanitarian Country Team, Strategic Response Plan, P.13, http://reliefweb.int/sites/reliefweb.int/files/resources/Strategic%20Response%20Plan%20-%20Philippines%2010-Dec-2013.pdf

3-4 The 2008 Philippines National Demographic and Health Survey (NDHS), http://www.measuredhs.com/pubs/pdf/SR175/SR175.pdf

5 Philippines Humanitarian Country Team, Strategic Response Plan, p.13 http://reliefweb.int/sites/reliefweb.int/files/resources/Strategic%20Response%20Plan%20-%20Philippines%2010-Dec-2013.pdf

Disaster prone = Disaster prepared

Learning from experience in the Philippines

By Louise Juul Hansen, Communications Officer, PS Centre

Amélie Doyon/Canadian Red Cross

When meteorological services warned of a large typhoon's impending landfall in the wee hours of 8 November, the national headquarters of Philippine Red Cross immediately started activating volunteers, and everybody prepared to work around the clock. Despite all the precautions taken, no one was prepared for a disaster of this magnitude.

"In the first weeks, I hardly slept at all," recalls Zenaida Beltejar, Philippine Red Cross Social Services Manager and coordinator for the psychosocial support response. "We were back to basics. The main challenge in the beginning was to meet basic needs like food, medical aid, shelter and clothing. We had no working phones or internet. And even if you had a laptop, there was no power to charge the battery. We provided psychological first aid at the evacuation centres. Restoring Family Links and Tracing were done by using the satellite phone, and our trained volunteers on PSS and RFL had to walk several miles to trace missing persons."

Experienced National Society

Psychosocial support is not new to the Philippine Red Cross. In the highly disaster-prone country, psychosocial support has played an important part in disaster response for many years. Zenaida Beltejar is responsible for psychosocial support in the National Society and has been a member of the PS Centre's roster of psychosocial experts for more than fifteen years. All over the Philippines, volunteers have received training in psychosocial support using the PS Centre's Community-based Psychosocial Support training kit. It is important to the Philippine Red Cross that volunteers learn to implement psychosocial support within the context of the Philippine setting. In order to be able to communicate clearly with beneficiaries, the volunteers must understand psychosocial support in the specific cultural context as well as speak the local dialect.

Valuable preparation

Immediately after the typhoon struck, local trained volunteers were on site and providing psychological first aid to survivors, as well as to fellow volunteers involved in the relief work – despite the fact that they themselves were also affected by the storm. Within hours, additional volunteers were deployed from neighbouring chapters in non-affected areas. Looking back at those first weeks, Ms Beltejar points out the value of having trained volunteers scattered all over the country, which makes it possible to deploy skilled volunteers quickly and in relatively large numbers. However, an important lesson from the aftermath of the typhoon is that it is necessary to improve the logistics of volunteer deployment. The usual system of giving volunteers an allowance to buy food and other basic necessities did not work in this situation because there was nothing to buy. The volunteers became beneficiaries themselves, as they had to rely on the same emergency relief items that came in for the affected population. Finding accommodation for the volunteers was also a problem in the devastated areas. "I talked to some volunteers who had had to spend the night sleeping close to dead bodies, and they told me it was difficult afterwards to let go of the memory of the smell," Ms Beltejar recalls.

Supporting the volunteers a priority

A little more than three months after the typhoon, the PS Centre talked to Zenaida Beltejar for the purposes of this article. She had just returned from the field with her team where they had provided psychosocial support to more than 200 staff and volunteers in Tacloban, Ormoc and Cebu, and the next day she was off again to Eastern Samar for the same purpose.

"We gave them a break to relax, talk and manage their stress. We also taught techniques for group support and relaxation using the IFRC tools for caring for volunteers," explains Beltejar. "We have referral systems in place with the Ministry of Health for those who need more specialized help to cope with their reactions." The secretary general of the Philippine Red Cross, Gwendolyn Pang, strongly endorses extending psychosocial support to humanitarian staff and volunteers in order to help them prevent and manage stress.

As social services manager, Ms Beltejar is responsible for the coordination of all psychosocial support interventions in Philippine Red Cross, both for the affected population, and for staff and volunteers. During a disaster of this magnitude, this is no easy job. There were several international psychosocial support delegates on the ground in the Philippines in the aftermath of the disaster, but especially two delegates made a difference to Zenaida Beltejar in her role as coordinator. "The first weeks were so hard. I hardly had any sleep and I really needed help. Then Elín and Zara came. Zara [Sejberg, South East Asia Regional PSS delegate] assisted in preparing an action plan and a long term plan so we could get help from the IFRC appeal. Elín [Jónasdóttir, Icelandic Red Cross] helped me support the staff and volunteers who were close to burnout at that time. Elín and I have known each other from the PS Centre's roster for many years. It was a great help to have Elín here because I know her both as a friend and as a professional."

Looking toward resilient communities

Three months after the disaster, the relief work had moved into recovery. In the recovery phase the Philippine Red Cross uses a holistic approach: those for whom shelter is provided are also the beneficiaries of health services, psychosocial support programmes and services, safer access for children, livelihood assistance, cash for work, and continuous tracing of missing family members. The National Society's long-term recovery plan focuses on building capacity in all the affected chapters, enabling staff and volunteers to implement psychosocial support by reducing stress, and restoring a sense of normality among the affected population. Thereafter, staff and volunteers will actively contribute to raising awareness on psychosocial support at the community level. "Filipinos in general are good at bouncing back after disasters. We are exposed to many different types of disasters, and we understand the value of supporting each other as friends, family, neighbours and communities. I expect that the long-term outcome of the typhoon is a resilient community who knows how to cope during disaster and crisis situations," concludes Zenaida Beltejar.

Haiyan's devastation

On 8 November, typhoon Haiyan hit the Visayas region in the Philippines. The typhoon was one of the most destructive typhoons in recorded history, killing more than 6000 people and displacing more than 4 million. Philippine Red Cross estimates that 16 million people across the region were directly affected by the disaster. The typhoon completely devastated the city of Tacloban and entire coastal areas across the Philippine islands. Relief efforts were particularly difficult due to the logistics of distributing essential medical aid, water, sanitation, food and shelter to the affected population spread out among the islands.

EBOLA:

Combatting fear and stigma to combat the disease

An outbreak of the deadly Ebola virus in West Africa has claimed numerous lives, instilling people with panic and fear of contagion and causing serious psychosocial consequences.

By Simone von Burgwald, Communications, PS Centre

Idrissa Soumare / IFRC

Jatu was a cleaner at a hospital in Foya, Liberia, when she contracted the Ebola virus. She had unknowingly been in contact with an infected patient. When Jatu became sick, her brother John took care of her, sending his family away to prevent them from being infected. "I even sold my mobile phone and the tin metal sheets I use to fix my roof in order to pay for Jatu's treatments," said John. "Unfortunately, my sister died, and I also had to find funds to pay for her burial."

After taking care of his sister, John was at risk of becoming infected, so he was placed in quarantine and put on the contact list of the Liberian Red Cross Society to receive psychosocial support. Nurse Walter Leung recounted this story after volunteering in Liberia as Emergency Health delegate with Hong Kong Red Cross. "When we first visited John, he was alone and broke, without any money for food or living expenses," Walter Leung reported. "He was socially isolated by his community."

John is not alone in his experience. By the end of June 2014, over 330 people in Guinea, Liberia and Sierra Leone have died from the disease, making the outbreak the worst of its kind ever. The virus has also created devastating and far-reaching psychosocial impacts.

Isolation and consequences

In order to prevent the spread of the disease, individuals who may be infected are quarantined for 21 days. In West Africa, family and community play an important role in providing practical, social and emotional support, so for many people such a long period of isolation has severe consequences. Being separated at length from one's community and family often leads to sadness and feelings of hopelessness. Isolated people may also feel guilty or ashamed if they feel they are endangering their family or are unable to work to support them. Ill and alone, they may lose the will to recover. According to one health worker's experience with quarantined Ebola patients, "In fact, isolation coincided too often with eventual death."[1]

Even for those who are cleared of the Ebola virus or eventually recover, the consequences of being in isolation can be enormous. Not only does it mean losing contact with family, friends and community for nearly a month, but it might also mean losing one's job and livelihood. Once declared free of Ebola and after returning home, many individuals experience difficulties reintegrating into their communities.

The story of Musu Dolo, a mother of five children in northern Liberia, is an example. Her husband, a health care worker, was infected after contact with an infected patient from Guinea.

1 Paglia, Eva: "Psychosocial support during an Ebola outbreak in the Democratic Rep of the Congo", 2007.

Deadly virus

Ebola is an extremely rare but devastating virus, which most often develops into Ebola hemorrhagic fever, for which there is no cure and which has a fatality rate of around 60% in the cases currently being monitored. It can cause organ damage and extreme pain, and internal and external bleeding. The Ebola virus was first transmitted to the human population when a human either consumed or came into close contact with the organs, blood or bodily fluids of an infected animal. In Africa, infection has been documented through the handling of infected animals such as fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest. This is the first time Ebola has been reported in West Africa and is the worst outbreak of its kind to date.

When he passed away, his family was left with no income. The family was quarantined and monitored by medical staff for the requisite 21 days, during which time the children were prohibited from going to school. Unable to reach out to her own family, Musu Dolo had no means of supporting her children. Even after the family had been declared disease-free, they were shunned by their community. Musu Dolo was turned away from the market, and though she asked members of her community to help her by purchasing food on her behalf, they refused, for fear of being contaminated.

Infection and spreading

The Ebola virus is highly contagious, transmitted through direct contact with the bodily fluids of an infected person or animal. The early symptoms resemble that of the flu, such as high fever, headache, stomach pain, followed by vomiting and diarrhoea. These symptoms can also be indicative of other illnesses such as cholera, hepatitis, malaria, meningitis or typhoid fever, so it is important to be examined by a doctor as early as possible.

Terrified of being rejected by their communities, however, many people try to hide their symptoms instead of seeking out medical attention. This serves to compound the problem, when isolation is vital to limiting the spreading of the virus. It may also mean that people who are infected with another illness with similar symptoms – cholera or malaria, for example – do not get proper treatment, and may be ostracized from their communities due to misinformation. Burial customs in the affected countries often entail mourners touching the body of the deceased, which can also contribute to the spreading of the disease.

Information is key

People's refusal to help others or to seek treatment, and the pervasive fear and stigmatisation of others all stem from the lack of knowledge about the Ebola virus. In some rural communities, people are in denial about the existence of Ebola, ignoring symptoms and warnings of the necessity of isolation. "The issue now is that we are not just fighting Ebola but also the denial among very remote communities," says Peter Schleicher, Ebola operations manager for the IFRC in Liberia.

Information and sensitization campaigns are of urgent importance to educate people on how to avoid contamination, and how and where to get treatment if infection is suspected. Along with Liberian Red Cross Society, National Societies in the affected countries have been active in combatting fear and stigma on a local level by leading campaigns to teach people about the disease and how it is spread. In Guinea, trained Red Cross volunteers have been identifying and tracking those who have come into contact with suspected cases, disinfecting the homes of patients, and raising awareness among communities on how to protect themselves from infection. During the campaigns, volunteers distribute flyers and use megaphones to get their messages across. One of the volunteers is a man who contracted Ebola and survived. He is now sharing his story, to give people both information and hope.

"Our major focus is to stem fear and stigma by helping people to avoid panicking. That's why we are stepping up our communication by providing communities lifesaving information so they better understand the disease and know how to protect themselves," says Panu Saaristo, coordinator of emergency health at IFRC and leader of the Field Assessment and Coordination Team deployed to Guinea.

Psychosocial support helps re-integration

Psychosocial support programmes are helping people like John regain their lives. "We gave him a survival kit and psychological counselling," says Walter Leung. "He was able to return to his community, where he was again accepted, but that only happened after Red Cross volunteers were able to raise awareness in the community about how Ebola is contracted."

After several visits by the Red Cross psychosocial support team, Musu Dolo and her children were gradually becoming open to more interactive sessions. "My sleeping has improved and I am now thinking of how to organize a befitting memorial service for my late husband," says Musu Dolo. Since then, she has been reintegrated into the community and, with community support, was able to hold that memorial service which was also attended by Red Cross volunteers.

Ebola in verse

The ravages caused by Ebola prompted Jeremiah M. B. K. Mbonda ("J.Boy") of Sierra leone to write a poem about the devastating psychosocial consequences of the virus. Take a moment to read this moving poem on www.pscentre.com.

Olivier Nyssens, Belgian Red Cross

Supporting volunteers in the midst of violent conflict

The recent violence in Central African Republic has taken its toll on the affected population, as well as on Central African Red Cross (CARC) volunteers; psychosocial support is urgently needed.

By Simone von Burgwald, Communications, PS Centre

Collecting and removing charred and mutilated corpses. Burying dismembered remains. Locating the families of the deceased and reuniting them with the remains of their loved ones. Providing urgent medical care and helping to evacuate the wounded. These are just some of the tasks that Red Cross volunteers in Central African Republic (CAR) have been carrying out the past many months.

When the conflict intensified in December of last year, volunteers collected corpses in the streets, making sure the remains were properly identified, reunited with family and finally buried. Volunteers also constructed latrines for camps for the internally displaced (IDP camps), distributed food, blankets and other non-food items, dispensed medicine and vaccinations, and arranged transportation for wounded civilians. Volunteers have further been involved in disseminating information including peace sensitization among the population and hygiene promotion in IDP camps, which now house up to a million persons who have been internally displaced by the conflict.

Looming fear

The atmosphere is tense, and incidents of violence are rampant. Bandits without any political agenda attack, pillage, wound and even murder simply because the situation is so volatile that it allows such acts of aggression to go unpunished. While the situation differs depending upon the area, in “contact zones” where the two factions are in contact with one another, an atmosphere of uncertainty pervades and the threat of violence breaking out at any moment looms heavily in the air. In other areas, however, it is calm; as in one all-too-rare example of a district of Bangui, where the two conflicting factions have made peace and now fraternize with one another. In some quarters the relative peace is owed to citizen patrol groups who keep watch over their neighbourhoods for any potential violence. While an effective method of keeping the peace, the presence of armed vigilantes can be unsettling for many, contributing to the tense atmosphere.

Need for psychosocial support

The conflict has created a pressing need for psychosocial support among Central Africans – both the general population

and volunteers alike. Among the several hundred active volunteers at CARC, many are themselves survivors of violence, having lost family members or friends in the conflict. Others are displaced, having been forced to flee or having seen their homes destroyed. Being a volunteer in the midst of a violent crisis means carrying out challenging duties and offering support to others in distress, even when the volunteer may themselves be experiencing turmoil.

The management of Central African Red Cross understands this very well, and identified psychosocial support training as vital to the staff and volunteers capacity to effectively support the general population and their fellow staff and volunteers.

Psychosocial support training for volunteers

Mental health resources in the country are limited – there is currently only one certified psychologist in the whole of CAR, a single psychiatrist and several psychiatric nurses at Bangui hospital, plus one psychosocial humanitarian worker (with International Organisation for Migration). Despite this, a number of volunteers have been trained in psychosocial support. During consultancies for various NGOs in and outside of Bangui, the local psychiatrist was able to provide PS training to a number of volunteers. His approach to psychosocial support includes a strong personal relationship component involving listening skills, empathy, and a supportive attitude. He also worked together with psychologist Mr Sylvain Gomossa, who is a WHO expert, to devise a psychosocial support project for WHO. They have also recently begun transmitting psychosocial information by radio, in hopes of reaching more people.

Director of the Health Department of CARC, Dr Fernand Gbagba, and CARC staff member Judith Guenefe were both trained in Community-based psychosocial support in Yaoundé, Cameroon in 2012, at a training of trainers arranged by the PS Centre. As a direct result of the plan he devised at the end of the ToT, Dr Gbagba was able to train 281 CARC volunteers in psychosocial support. The training, which took place in November 2013, focused on Modules 1 & 2 of the Federation manual. So when the violence broke out on 5 December, a great deal of volunteers already had some background in psychosocial support.

In January, Olivier Nyssens of Belgian Red Cross was deployed to CAR to assist Dr Gbagba in formulating a plan of action for providing psychosocial support to those most severely affected by the crisis. Upon his arrival in Bangui, an initial training for 250 volunteers was held, conveying basic information on how to provide psychosocial support.

CARC volunteers responded positively to the training. A number of them reported that it was a useful tool in helping support individuals affected by the conflict, while others commented that the PS training was helpful to them personally in dealing with their own reactions to the turbulent conditions. “After receiving psychosocial training,” said one volunteer, “I have learned to manage my own stress.”

Improving working conditions

Another of Olivier Nyssens’ objectives was to develop a set of recommendations for improving volunteers’ working conditions. It was important that volunteers be able talk openly with the psychosocial delegate and feel their concerns were being heard. Through discussions with Olivier, volunteers were able to identify deficiencies in the working structure and their most pressing needs. These needs were wide-ranging and included, among other things: a lack of appropriate gear – including clothing and masks – for collecting the wounded, corpses and corporal remains; the difficulty of spending long periods of time in a non-climate-controlled morgue when working with the interment of corpses; fears of illness contamination; and danger to volunteers’ personal safety when appearing at intervention sites. A number of volunteers reported being threatened by members of the fighting factions when out collecting remains, as they were perceived as having a connection to “the enemy.”

Volunteers also expressed concerns about the monotony and meagreness of daily food rations, which vary in portion size from day to day. At times, food is scarce in Bangui and when the Red Cross compound houses large numbers of refugees, the menu of rice and sardines can be stretched quite thin. Though it is not uncommon in the country’s current dire situation to eat just one meal a day, the physically and emotionally demanding tasks that volunteers carry out make the small portions seem even more paltry.

Long-standing conflict

Central African Republic has for decades been mired in a series of armed conflicts. The current conflict stretches back to December 2012, when rebel forces, known as Séléka (“alliance” in the local Sango language) descended on Bangui from the north, eventually overthrowing the Bozizé government in March 2013. Although the Séléka coalition officially disbanded in September, fighting again broke out in the final months of 2013, between former Séléka adherents and civilian vigilante militias, known as the Anti-Balaka (meaning “anti-machete”). What began as a political movement to oust the president Bozizé, rapidly evolved into a religious conflict, pitting Christian against Muslim. Violent clashes between the two factions culminated in attacks on civilians, arbitrary killing, mutilation and looting. By March 2014 Around 800 deaths have been recorded. The situation has escalated into a colossal crisis which global leaders and humanitarian organisations worldwide fear could further deteriorate into genocide, not unlike Rwanda two decades ago.

The majority of the volunteers have children, but owing to the long working hours, they have little opportunity to visit their families – many of whom are temporarily re-settled in IDP camps. This causes enormous stress in an already taut situation, when one parent devotes so much time to volunteering away from the family. In response to this, Dr Gbagba has been trying to develop a work plan that allows volunteers some time off to visit their close relatives. Where possible, CARC staff makes transport arrangements so that at the end of the day, volunteers can spend time with their families at home or at the IDP camps where they reside.

Life at the CARC compound

CARC volunteers are both men and women, ranging in age from 17 to 60, with various degrees of training and education. A large number of them have been living together at the CARC compound since last December, sleeping on the concrete floor at night. Some of them have no home to return to, while others seek refuge from the violence around their homes in the relative safety of the compound. In the morning, the volunteers gather for a breakfast of coffee and a piece of bread. They do exercises, chat and laugh together, and before leaving to perform their duties, participate in a ten-minute briefing arranged by Dr Gbagba. There is generally no midday meal; only water – though clean water is increasingly difficult to come by, as the violence has paralysed many aspects of the country's infrastructure. The volunteers' workday ends around 15:30, but may be longer if there is no available transportation home. In the evenings, volunteers who reside at the CARC centre have the opportunity to take a shower, after which they share a meal of rice and sardines. Dr Gbagba mingles among the volunteers, talking and laughing with them before everyone goes to bed. All of the volunteers are free to express themselves and to find a space where they feel they are a valued part of the group.

Resilience among volunteers

Olivier Nyssens observed how CARC volunteers have demonstrated amazing resilience and devotion. "I was amazed to see the work these volunteers were able to accomplish under extremely difficult conditions," he said. "The volunteers' resilience is impressive – even more so, as they appear serene in their determination to continue."

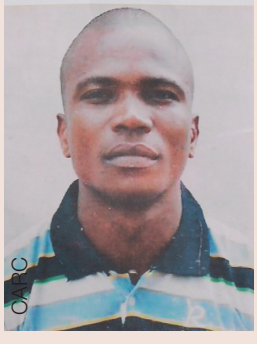
The responsibilities that CARC volunteers willingly take on are physically and emotionally challenging, and one wonders what motivates them. "I am committed to helping the population," said one volunteer. "When I'm busy here, I don't think about the rest," reported another. "When I am troubled, I can rise above it; if that person dies – why should I not be next? In that case, it may be my destiny and I try not to dwell on the problem of seeing bodies in pieces."

The conflict has left psychological scars on all, including volunteers. Before the outbreak of violence in December 2013, CARC had an active member base of 600 people in Bangui, but by March 2014 this number was halved. Some volunteers were forced to flee the town with their families for safety reasons; others were driven by economic need to find more lucrative work in order to survive. Still others became physically or psychologically exhausted, so deeply affected by what they had witnessed in their volunteer tasks that, despite their determination, they found it too difficult to continue.

There is a long road ahead to the end of the conflict. "Help us to help our people," said Antoine Mbao Bogo, President of the Central African Red Cross. "We have the responsibility to restore the lost dignity of Central Africans; we wish to build a better future for our children."

Patrick Matede, a volunteer with Central African Red Cross was murdered the night of 9 March 2014, in his parents' home. A volunteer for five years, Pat was a devoted first-aid worker, active in responding to distress calls from the affected population since the start of the conflict. An open and sensitive person, he earned the nickname the "father of orphans" from the other volunteers as he was always read to give advice to young people.

"Patrick was a brave volunteer, who loved serving others and working long hours without ever expressing any complaint, " said Mounouyeda Michel, President of the Red Cross local committee to which Patrick belonged.



Patrick left behind his wife Huguette and their two-year old son. His death is one of the many senseless deaths in a lawless and bloody conflict. The tragic episode has had psychosocial repercussions for the other volunteers, who are realising that the Red Cross Red Crescent emblem is not enough to protect them.

"When we heard about Patrick's death, I immediately thought about my own fate. What happened to Patrick could happen to any volunteer. Our safety is not guaranteed," one CARC volunteer said. "Despite all the efforts to raise awareness about the emblem among the population and recalling Red Cross activities, there is still a lot of work to be done at this level. So we focus on the principles on which the Red Cross movement is based, especially those of neutrality and impartiality."

A psychosocial delegate's reflections

By Olivier Nyssens, Belgian Red Cross

People often ask me what a psychosocial delegate can do to provide support to volunteers and staff when on mission in another country. In fact, there may be relatively little that one can do, rather I see it in terms of what one can experience, through forming close and rich relationships with staff and volunteers.

Sometimes the mere presence of a foreign visitor, bringing encouragement and acknowledgement for a job well done is enough to momentarily lift the heavy burden that goes with being a volunteer. Sharing sentiments of solidarity from fellow Red Cross volunteers in Belgium, as well as the personal support I received from family and friends all contributed to a positive atmosphere during my time in CAR.

One approach to psychosocial support is just to listen to individuals and groups in order to understand what they have gone through. In this case, the goal is less about finding facts than it is about getting people to open up. Sharing genuine personal experiences allows us to communicate on an emotional level, and brings us closer to understanding the psychological and emotional impact that recent events have had on an individual. Whether for services rendered, dedication shown, or the commitment maintained in dangerous and high-risk situations, expressing appreciation to volunteers and staff is of paramount importance as it contributes to reinforcing their internal resources and personal strengths. Various factors may have tested their abilities, demanded extra effort, or made them feel that they were not adequately supported in their job. Paying attention to obstacles which staff and volunteers may encounter is therefore also an important factor in supporting them. Here it is important to give equal attention to both the actual, factual events as well as to how those events were perceived by the individual, in order to fully appreciate the individual's experience.


Olivier Nyssens, Belgian Red Cross

Another way of providing support is to pay special attention to the strange mental and physical reactions that most people experience after having been close to "critical events." Experience has shown that affected individuals tend to hide behavioural changes and mental reactions (including nightmares, recurring disturbing images, feelings of loneliness, etc.), which are in fact all part of a "normal" reaction to "abnormal" events. Explaining in simple terms how common these reactions are, and that they are most often a healthy sign that the body and mind are handling severe stress in a positive way: mental adjustment mechanisms, for example, tend to relieve anxiety. I witnessed this in CAR. Other coping mechanisms – both pre-existing and newly invented – are used in many communities. Within the Central African Red Cross, I witnessed several of these mechanisms, like the considerate way volunteers and staff exchange greetings at the beginning of the day, and improvised singing, where an individual calls to mind special moments of the day in a solo song supported by a choir of colleagues. Each of these components deserves appreciation and reinforcement.


Olivier Nyssens, Belgian Red Cross

Simultaneously, one must analyse the operation, taking account of the environment, volunteers' duties and responsibilities, organisational and material needs, and be prepared to make significant adjustments in any of these areas if necessary. As the tasks performed by Red Cross staff and volunteers are critical to the well-being of their fellow citizens, it is essential to develop a sustainable workplace, where there is room for each volunteer's unique contribution to flourish.

Supporting SURVIVORS of sexual & gender-based VIOLENCE

By Barbara Niklas, Psychosocial consultant

"The girl they took was 16… They had uniforms – they were all dressed the same. They covered their eyes so she didn't know who they were. They had guns. They didn't hit her, but they ruined her." *– Maimouna, 24, Mali*

The core of the problem

Sexual and gender-based violence is one of the most rampant human rights violations and one of today's biggest challenges. According to recent estimates, one in three women world-wide has experienced physical or sexual violence once in her life. Most victims are women and girls, but especially in times of conflict, men and boys are also affected by sexual violence. They are mostly unrepresented in the public image and often forgotten by the international response.

Sexual violence occurs in different contexts and forms. During conflicts, rape is used as a strategy of warfare to destroy the enemy emotionally and demoralize families and communities. After natural disasters and during displacement, a lack of community structure and protection mechanisms increases the risk for sexual violence. Nevertheless, most often sexual and gender-based violence occurs in homes by acquaintances.

Psychosocial impact for survivors

Gender-based violence leaves deep psychological wounds on survivors, their families and communities, and can have a far-reaching social impact. It hinders individuals in developing the confidence and independence they need to regain control over their lives. Emotional reactions like anxiety, hopelessness, guilt and shame may make it difficult for survivors to share their experiences with others, as well as the very real fear of social isolation and stigmatization: all too often, survivors are rejected by their partners, families and communities as a result of gender-based violence.

Challenge for helpers

While attention to and awareness of gender-based violence has increased globally in recent years –evidenced not least by the Global Summit to End Sexual Violence in Conflict in London at the beginning of June this year – concrete knowledge and information about best practices in the response to sexual violence are often missing.

In the course of their work in post-disaster and post-conflict areas, Red Cross and Red Crescent staff and volunteers are often confronted with cases of sexual and gender-based violence. While this confrontation might occur directly, by listening to a survivor's story, staff and volunteers need to be sensitive to the fact that gender-based violence occurs frequently in these settings and that there are many more cases than are reported or expressed. More often than not, people affected by sexual violence choose not to disclose their story because they fear stigmatization and rejection by their loved ones and communities.

WHAT IS SEXUAL AND GENDER-BASED VIOLENCE?

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It includes sexual violence, sex trafficking, forced prostitution, spousal abuse, emotional and psychological abuse, female genital mutilation, forced marriage, infanticide of female children, and discriminatory practices based on gender.

Dealing with sexual violence in the community can be very challenging for helpers, as many feel helpless and insecure about appropriate ways to react to this highly sensitive topic. Staff and volunteers may fear they will make things worse by reacting in the "wrong" way, and may encounter difficulties in referring individuals to a specialist. In many cases, the lacking infrastructure makes referral to a local psychologist problematic, if not impossible.

"Only a small percentage of the people working in the field actually have enough knowledge to deal with the problem of sexual and gender-based violence in the communities. The majority don't know how to talk to people who have experienced sexual violence or abuse. They don't know how to refer, if there is anywhere to refer to, and they fear possible repercussions of their actions. We need more awareness for trainings in this area."

– Ea Suzanne Akasha, Psychosocial Delegate in Lebanon

Increased awareness and knowledge about gender-based violence is needed in humanitarian programmes; staff and volunteers need to be provided with basic recommendations in psychosocial support for survivors of sexual violence. With this realisation, the PS Centre is currently focusing on the topic and gathering information on psychosocial support for survivors of gender-based violence.

How to support survivors?

Gender-based violence affects the lives of survivors on many levels and causes a great deal of distress both in the short- and long-term. Survivors may currently be in crisis, or may have been for a long time already.

In working with survivors, it is best to use general techniques recommended for working with people in crisis, like supportive communication and psychological first aid (see PS Centre resources). Apart from these fundamental practices of psychosocial support, some basic tools for working with people that might be affected by sexual violence should be taken into consideration. One of these core concepts is the survivor-centred approach (see box). This approach puts the survivor at the centre of all humanitarian actions and highlights respect for his/her individual situation and cultural context. This might sound like an essential principle for all humanitarian actions, but in the context of sexual violence it is even more important. Because gender-based violence is characterised by misuse of power, survivors should not be placed in a situation of further disempowerment, but must achieve a position of exercising control over their lives again.


Christopher Jackson

In many cases it will also be necessary to make referrals to other service providers like the appropriate health care professional, including mental health, as well as legal support and practical assistance. Staff and volunteers need to be skilled in how to make referrals and must be aware of special considerations, such as, for example, the availability of female staff for female survivors.

Self-care for volunteers

Working with survivors of sexual and gender-based violence and hearing their stories can be emotionally demanding for helpers. Staff and volunteers need to know how to care for themselves and their colleagues. Resources on this subject, such as "Caring for Volunteers" are available through the PS Centre.

If you have questions or would like to contribute to the PS Centre's information-gathering on sexual and gender-based violence, you are welcome to contact Barbara Niklas on: banik@rodekors.dk.

SURVIVOR-CENTRED APPROACH

SAFETY
It is important to ensure the safety of the survivor and survivor's family. Survivors may be frightened and need assurance of safety. He/she may be at risk of further violence. It is crucial to make sure not to ask questions or perform services that could threaten a survivor's safety.

CONFIDENTIALITY
In order to protect a survivor from social rejection, isolation and stigmatisation maintain confidentiality at all times. This includes that all information about participants must be stored securely. If information needs to be shared with another organisation, always obtain the written consent of the survivor or of a parent or guardian if the survivor is a child. Information about survivors should never be shared if it includes the individual's identifying details. Efforts should also be made to minimize stigmatization in programming; this could be the case if the community can identify a survivor as victim of SGBV because he/she is visiting a specific counselling centre. For this reason avoid specific targeting. Design inclusive general programs that address the special needs of survivors, but avoid exclusive programmes for gender-based violence survivors.

RESPECT
Wishes, rights, and dignity of the survivor must always be respected. The survivor has to be recognizes as the primary actor. The role of helpers is to offer assistance, facilitate recovery and provide resources for problem-solving. This can be especially difficult if he/she decides to go back into violent homes. A lack of respect can increase survivors' feelings of helplessness and shame; it can hinder them to have a sense of control over their own lives. In that way disrespect can reduce the effectiveness of our interventions, and may even cause them further harm.

NON-DISCRIMINATION
All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

Bridging the MENTAL HEALTH GAP

Between evidence and practice in general health care

By Mark van Ommeren, Emmanuel Streel, Rasha Rahman, World Health Organisation

The story takes place inside a modest health center. A man, obviously anxious, with blood splattered on his shirt, is brought in by another man. A male nurse approaches them, and invites the victim into the examination room. The nurse introduces himself and asks, in a kind voice, the name of the man. His name is Waleed. With a hesitant voice, Waleed explains that he was robbed and that someone stabbed him in the arm. Then, with further trepidation, Waleed says, “One of them was trying to kill me.” The nurse acknowledges the frightening nature of the attack and maintains an empathic manner while beginning to look at the wound. He then says to Waleed that he will not only take care of the wounds, but that he will also talk with him and see how he is doing generally.

Soon after his arrival, the wound, a deep cut, is stitched up by a doctor, and the nurse, who has remained present all the time, continues to talk to Waleed. His first words after the doctor leaves the room seem to fill the gap between them. “How are you feeling now? I am here to listen to you if you wish to talk.” Waleed, who already seems a little less anxious, explains, “My heart is still pounding and my nerves are shaking on the inside. I never saw this coming. It happened so fast.” The nurse replies that these reactions are understandable. He further explains that, “These sorts of feelings often occur after a horrible experience of this kind. They typically settle in a few days.” Then the nurse continues and says: “Could you tell me, of all the things that have happened to you, what concerns you the most right now?”

From an external point of view, it is obvious that something has happened in that room. The initial anxiety has decreased and left some opportunity to create a mutual trust and respect between the nurse and Waleed. He may already have taken some distance from the event, and progressively thinks about the near future from a practical perspective. Now he is worried about getting home safely, but the people who attacked him also took his money and telephone. He cannot call a friend or a brother to come and get him safely home. In a reassuring tone the nurse tells him that he can use the clinic phone. Sometime later during that day, Waleed returns back home safely with one of his brothers.

Behind the stories: Evidence-based guidelines and practical clinical modules

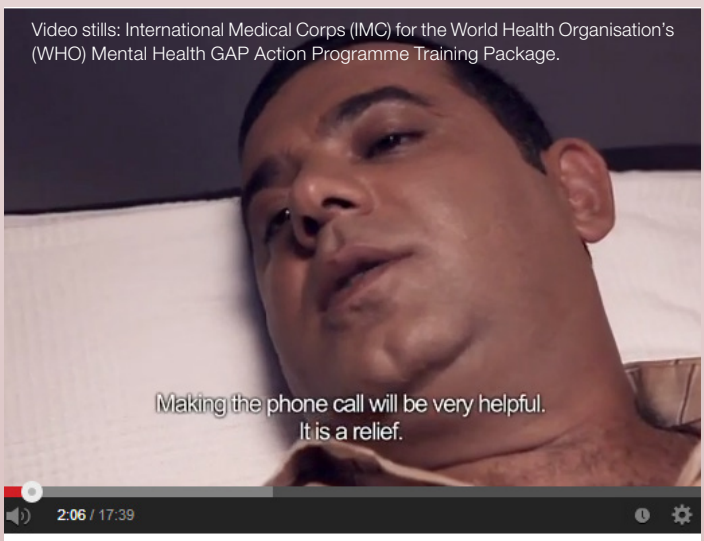
This scene could take place anywhere in the world, in any region, any country. A similar story is most probably happening somewhere as you are reading this article. One difference is that this particular story is the transcript of a video made to complement a recent WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide module by WHO and UNHCR focusing on conditions specifically related to stress. While the video demonstrates a form of support (psychological first aid) that should be made available to anybody in Waleed’s

situation, the module also gives guidance to help those for whom psychological first aid is not enough.

The mhGAP Intervention Guide – released in 2010 by WHO – presents an integrated outline of management for various conditions using clear, straightforward protocols for clinical decision-making. The main target audience of the guide comprises non-specialized health care providers working at first and second level health-care facilities, such as general physicians, clinical officers, and nurses. It is also directed towards non-mental health specialists such as pediatricians, obstetricians, and other professionals who regularly help people who have mental health conditions in their day to day work. The guide includes modules on depression, psychosis, developmental disorders, and alcohol use disorders, among others. Each of the practical clinical modules is based on WHO guidelines that have been developed on the basis of review of the evidence (see mhGAP Evidence Resource Centre link below.) However, the 2010 guidelines and clinical modules did not cover conditions specifically related to stress.

One step further: Guidelines for the management of conditions specifically related to stress

To bridge the gap in evidence-based knowledge in the management of problems specifically related to stress, new guidelines were needed. These were developed with the participation of a team of international experts and have formed the basis of the new clinical module. The content of the guidelines and module cover symptoms of acute stress in the first month after a potentially traumatic event, posttraumatic stress disorder (PTSD), and bereavement in the absence of a mental disorder. An interesting aspect of the guidelines is the distinction made between recommendations for children, adolescents and adults – a pragmatic element that enhances the translation of recommendations into practice. The new module should always be used together with the other modules of the mhGAP Intervention Guide, as people exposed to extreme stressors are not only at risk of PTSD but also of most other mental health conditions. These modules highlight that it is not only important but also possible to carefully consider the needs of people suffering from mental health problems - giving clear directions and pragmatic steps to be considered.



Video stills: International Medical Corps (IMC) for the World Health Organisation's (WHO) Mental Health GAP Action Programme Training Package.

Online mhGAP implementation tools

As a complement to these documents, in a time where the mental health community is increasingly using virtual means, readers who contact mhGAP via email (mhgap-info@who.int) may request access to an online platform with additional resources. These resources assist with capacity building and the delivery of the care through a specific mhGAP Training Package and a manual for programme planners. A guide for adaptation of the modules to one's local context, a situation analysis tool, and a monitoring and evaluation toolkit among other materials are also made available upon request. The provision of additional online implementation tools will hopefully bolster the efforts already being made by non-specialised health providers in scaling up the care they deliver.

The endeavors described above and associated publications all point to one common goal: to give emphasis to the fact that people suffering from mental health problems should not be ignored by general health services. It is our hope that general health care services – whether offered by government agencies, nongovernmental agencies or the Red Cross and Red Crescent Movement – will better address mental health issues for those in need.

After all, there is no health without mental health.

References available online:

mhGAP Evidence Resource Centre

mhGAP Intervention Guide

mhGAP module on Conditions Specifically Related to Stress

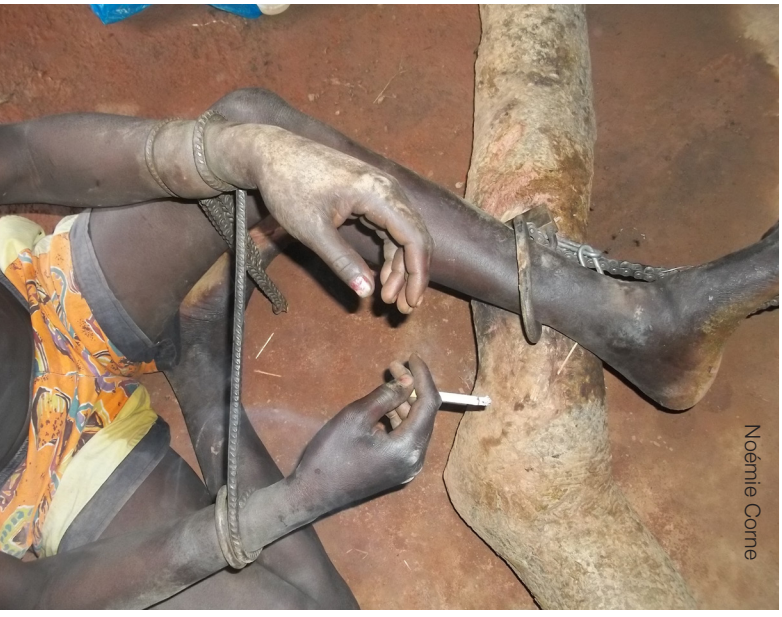
mhGAP training videos

See: http://www.who.int/mental_health/mhgap/en/

Living with mental disorder in Burkina Faso

During a psychosocial programme in Burkina Faso, French Red Cross became acutely aware of the severe lack of care and the harsh living conditions of the mentally ill, and expanded the project to include mental health.

By Cecilie Alessandri and Keiko Cornale, French Red Cross


Noémie Corne

The mental health assistant in charge of the psychiatric unit of Dori hospital indicates a small pile of chains and handcuffs he has collected, having removed them from the wrists and ankles of mentally ill patients. In Burkina Faso, people suffering from mental disorders are often chained to trees or inside houses, sometimes for years. The families of the afflicted are responsible for this, though most often with the best of intentions. Due to stigma and fear in the local culture, people with psychiatric disorders are frequently associated with madness and are often considered dangerous, or even bewitched. Families sometimes chain or bind their loved ones intending to protect them.

People with mental disorders in many African countries often live in deplorable conditions. Frequently due to cultural prejudices or a misunderstanding of the illness coupled with limited access to adequate medical treatment, those with mental disorders are deprived of specialised help and even basic care.

There is not a single psychiatrist in the entire northern region of Burkina Faso, where French Red Cross (FRC) recently carried out a psychosocial mission. Patients suffering from mental disorders are instead referred to mental health assistants in the cities of Dori and Djibo – registered nurses with two years' training in mental disorders. According to the mental health assistant in charge of the psychiatric unit at Dori hospital, very few patients come to the psychiatric unit despite the fact that there are many cases of mental health disorders in the surrounding communities. Some are not aware that the mental health care unit exists, while others don't believe it can help. In any case, those individuals who would benefit most from specialized support do not make use of the unit, and those who do come often drop out of treatment and relapse to their previous situation.

> "During an individual listening session, a woman said: "I chained my son so he won't harm us or others." After the session, she agreed, with the support of the family, to refer her son, who has suffered from this disorder since childhood. During the first home visit, the woman gave us a warm welcome. We observed that she was more attentive, and willing to get more information and advice to better help her son. That really impressed me because this was my greatest success. I feel I helped a family out of an impasse."
>
> - Volunteer

These issues are compounded by the fact that it has been difficult for the government to clearly understand mental health and to identify and measure specific needs, as well as by the fact that the Burkinabe government does not have sufficient funding to allocate appropriate means to mental health care in the area. As a result, human resources are severely lacking in the north of the country, most notably psychiatrists and more highly-trained mental health assistants. Insufficiently trained mental health assistants are not always able to properly

diagnose and select treatment for the various mental disorders; they are not always aware of potential side effects of certain medications or specialised treatments for children. There is also a lack of equipment in psychiatric units, and insufficient resources for home visits and follow-up, as well as for medicine.

Due to limited knowledge about mental disorders and because of cultural practices, many families first seek help from traditional practitioners, who can be a hindrance to hospital referrals. Fear, shame, ignorance and beliefs can also be barriers for families, making it difficult for them to seek medical treatment or to believe in its efficacy. The absence of psychologists and the lack of understanding of the importance of clinical therapy in alleviating psychological troubles, means that pharmaceuticals are frequently chosen as the only course of therapy, even if medication may not be appropriate or necessary.

> "I met a boy suffering from epilepsy when his brother attended an awareness session. He understood that medication could help. Up to now, the sick brother had been rejected from family meals and even isolated most of the time. During a home visit to check if the patient was correctly taking his medicine, I saw him playing normally with other children and I felt very happy."
>
> - Volunteer

French Red Cross intervention

Starting in May 2013, FRC implemented a six-month psychosocial programme in the Sahel region of northern Burkina Faso to support Malian refugees. Both group and individual activities were carried out, with the goal of helping refugees cope with traumatic experiences as well as to facilitate peaceful coexistence with their host community. During the programme, FRC became aware of the dire living conditions and lack of available care for people with mental disorders, and the need for a specialised project to help the situation of these people and their families was identified.

The FRC received funding from UNHCR (Office of the United Nations High Commissioner for Refugees) for a three-month project aimed at improving care for people suffering from mental disorders. The project's goals were to strengthen human resources (in terms of quantity, skills and competences), to refurbish and equip the mental health facilities, and to engage in community awareness activities. The short duration of the project did not allow a very large action. However, it was decided to establish two levels of response: one at the health services level, to develop the capacity to properly receive and care for patients; the other at the community level, to inform the population about mental disorders and help in identifying individuals who might require care.

Improve patient access and care

The first step in ensuring better care for patients suffering from mental health disorders was to reinforce staff competencies in the areas of diagnosis and treatment. Training in these areas started with mental health assistants, but also included nurses in the health centres in the Sahel region, and health delegates working in refugee camps in the north of the country. The trainings aimed at improving health workers' skills in identifying different mental health disorders, in assigning the most appropriate treatment, and in informing the families about home-based treatment. At the same time, work was done to improve the mental health unit facilities, including the capacity for receiving and checking-in patients.

Reduce discrimination

Having identified cultural stigma as a major obstacle to the well-being of those living with mental health disorders, French Red Cross trained psychosocial support volunteers in handling this and other issues related to mental health disorders. This was to enable volunteers to better sensitize the community and to support families. Training families in home care was also a component.

The trained volunteers then organized community events such as conferences and debates, in order to enhance general awareness related to mental health issues and to reinforce knowledge about their possible causes and treatments. Volunteers also used this opportunity to inform the general population about the referral system, including different health services where patients can receive support.

> "The majority of participants believed the devil or Satan to be the cause of mental illness. When we started to raise awareness about the real causes and signs of mental disorders (epilepsy, schizophrenia, etc.) there was total silence and concentration. At the end, one of them went to pick up one of her neighbours who had epilepsy. There was a discussion with the patient, and he was reassured. I felt I had given my contribution in raising more people's awareness – among both refugees and host communities."
>
> - Volunteer

Government involvement

The FRC intervention on mental health was implemented in close collaboration with the National Plan for Mental Health (PNSM), in line with Burkina Faso's Ministry of Health's new

strategic plan for mental health. At the time the FRC project was implemented, the government's new strategic plan was about to be piloted in five regions, which did not include the northern area. FRC was able to include this region in the pilot, thereby filling a gap in terms of geographical coverage. As key members of PNSM staff were directly involved in the project – including the facilitator for the trainings – they were also able to observe and learn from the project.

> "What impressed me most in the past three weeks is when we went with the team to support the youth group in charge of organizing a community debate related to mental health."
>
> - Volunteer

Raising awareness

By participating in the different training sessions, healthcare providers were able to improve their capacity to better identify various mental disorders, enabling them to provide more appropriate care, whether this might involve listening to an individual, short term "soft" treatment, or referral to a psychiatric unit for more specialised care. Their participation also contributed to strengthening case management in the camps and system referral.

Impact of the programme

The limited duration of the project makes it difficult to have a clear view of its overall impact. We were, nonetheless, able to observe an increased number of referrals of mental health patients to health centres and hospitals. In addition to more people seeking health care, the community awareness activities appeared to have a positive effect among families and the general population, in spite of the short time frame. Positive behavioural and attitude changes towards people suffering from mental health disorders were observed among some participants; there appeared to be less fear and discrimination. Both the refugee- and host populations expressed a strong interest in learning about mental health disorders. Participants in awareness-raising activities were surprised to learn, for example, that treatments do exist and that mental health disorders could be linked to medical issues and not a curse or other superstition.

Finally, the training in mental health for health providers appeared to be particularly relevant due to the need for capacity building.

Lessons learned and perspectives

In order to ensure implementation and sustainability of this project, close collaboration with the government is essential. Since the project involves both medical and psychological treatment, as well as the administering of pharmaceuticals, close monitoring and follow-up is needed. This is a service which the local National Society is in a better position to offer than French Red Cross. An increase in national funding to support home visits by the mental health staff would also be an effective way to improve case management of patients with mental health disorders.

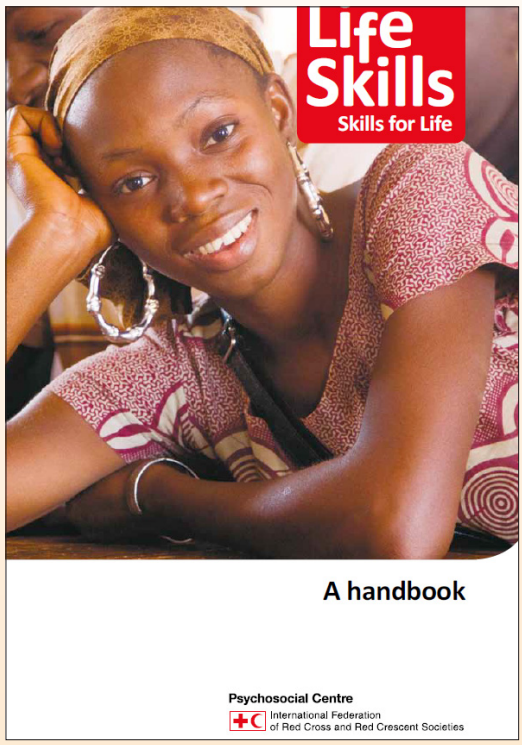
The positive feedback we've had from the various project actors and beneficiaries strengthened our position in relation to the relevance and justification of our intervention, even though it was a very short-term project. Based on the visible results, it is expected that a longer-term project would help raise awareness and increase knowledge on a broader scale, which would serve to reduce fear of and discrimination against individuals living with mental health disorders, thereby improving their living conditions. With the proper resources, a long-term programme could also allow for better coordination, a stronger mechanism for referral and counter-referral, increased volunteer involvement in regular sensitization, expanded support to families of the afflicted, and reinforced mental health capacity among stakeholders at all levels.

French Red Cross /Burkina Faso

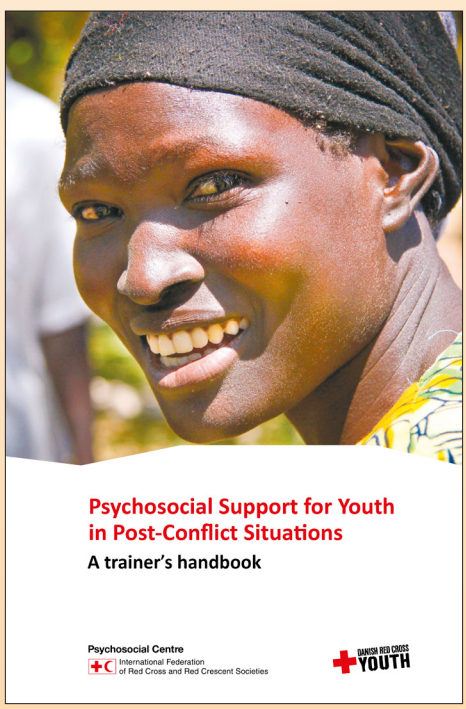
NEW PUBLICATIONS FROM THE PS CENTRE

Life Skills – Skills for Life

This handbook was developed for staff, volunteers and programme coordinators working in developmental and emergency settings. Including practical tools to tailor activities to specific target groups, it takes the reader through the process of assessing needs, planning, implementing and monitoring and evaluating a life skills programme. Drawing on examples of life skills programmes from around the world, Life Skills – Skills for Life explains how life skills can enable people to cope with life and its challenges.



Psychosocial Support for Youth in Post-Conflict Situation: A trainer's handbook



Over the years, Red Cross and Red Crescent staff and volunteers have provided support to young people in post-conflict situations through psychosocial activities. Providing this kind of assistance to vulnerable people can take many forms and requires trained staff and volunteers.

Psychosocial Support for Youth in Post-Conflict Situations: A trainer's handbook is a joint initiative of the International Federation of the Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (the PS Centre) and Danish Red Cross Youth. It uniquely combines a training programme in community-based psychosocial support for youth in post-conflict situations together with modules on facilitating training. The materials have been designed to develop staff and volunteers' skills, either as a basic training in psychosocial support or as a training of trainers in psychosocial support.

The handbook contains modules on consequences of armed conflicts and psychosocial support; planning and facilitating trainings; supportive communication, supporting volunteers, and more.

The Beginning of a Journey

YABC: Youth as Agents of Behavioural Change in Palestine

The struggle for statehood, peace, security, self-determination and dignity is an integrated part of being young in Palestine.

By Muhanned Saleem & Mahdi Al-Jamal, Palestine Red Crescent Society, Nelima Lassen, Danish Red Cross, and Kleio Iakovidi, PS Centre

Palestine Red Crescent Society

The long-standing occupation of the West Bank and Gaza has had a negative impact on all aspects of the life of Palestinian youth – economically, socially and psychologically. Palestinian youth grow up witnessing violence, injustice, war and death and many young Palestinians feel frustrated and disillusioned – and some resort to destructive and violent behaviour to deal with the situation.

Many young Palestinians experience that their situation and possibilities are limited and that their rights and dignity are continuously violated. At the same time, Palestinian youth also show resilience, commitment and determination. "The YABC tools and way of thinking help young people accept the differences and diversity and practice non-violence communication," says Muhanned Saleem, a youth volunteer from Ramallah. He participated in the first-ever YABC training in Palestine in September 2012, held by Palestine Red Crescent Society (PRCS), with the support of the Danish Red Cross and the International Federation. "It was the beginning of the journey for me," says Muhanned.

The training was facilitated by YABC trainers from French Red Cross and the International Federation. For many of the Red Crescent youth volunteers the non-cognitive and experiential learning methodology of YABC was a new and inspiring way to learn and engage in the promotion of humanitarian principles and values. "It was a bit strange how our trainers used the role plays, activities and discussion to promote the concepts and values of culture of non-violence and peace," Muhanned recalls. Muhanned has since been trained as a YABC-trainer and has co-facilitated three YABC peer-educator trainings for youth volunteers in Palestine.

Agents of change

Through the YABC programme PRCS provides young Palestinians with concrete tools and an enabling environment where they can develop and exercise ethical leadership and act as agents of change. Through engagement in their local branches, the young people are able to meaningfully participate in building their own communities as well as their confidence.

The active involvement of young people as decision makers and problem solvers is a key element in the process of youth development. By building confidence among youth and empowering them to engage actively and constructively in civil society, PRCS addresses the problems and risks of disempowerment and destructive behaviour among youth, caused by limited future perspectives and opportunities.

Promoting a culture of non-violence and peace

Two years after the first training, more than 80 youth volunteers have undergone the comprehensive YABC training to be qualified peer-educators. The participants' ability to engage in YABC peer-education has been effectively developed and they are motivated to act as positive thinkers and role-models in building and promoting a culture of non-violence and peace in their communities.

Most of the peer-educators are still involved and implementing activities in their local branch. Like in the branch of Qalqilia – a city in the West Bank isolated by the separation barrier from three sides. Peer-educators noticed that the children in the schools displayed violent behaviour. Two YABC peer-educators agreed with teachers from their local school to begin facilitating weekly sessions on non-violence and peace with the children, using the YABC toolkit. "The evaluation showed huge progress in the students' behaviour," says Muhanned. "The teachers were satisfied and asked our volunteers to keep working in the school, also with other ages."

The YABC journey continues

Hundreds of children and youth in the West Bank and Gaza have been involved in local YABC community activities, camps and workshops organised by Red Crescent YABC peer-educators. And PRCS continues to raise the bar of their ambitions, now also reaching out to Palestinian refugees living in neighbouring countries, Jordan and Lebanon.

It has been a long, challenging and inspiring journey for PRCS and Danish Red Cross. Six Palestine Red Crescent Society peer-educators have been trained and coached as so-called 'YABC trainers.' With three qualified trainers in West Bank and three trainers in Gaza, PRCS are set and prepared to continue educating youth as agents of behavioural change in Palestine. In this way, Palestine Red Crescent Society will no longer depend on international trainers, which makes the programme much more sustainable.

Dealing with emotional reactions

In YABC training, the participants work intensively on their inner strengths and vulnerabilities, their psychosocial identity and overall approach to life. Participants learn through effective and experiential methods, reformulating beliefs and attitudes that will eventually lead to positive behaviour changes. These methods can be challenging and the process sometimes leads to strong emotional reactions, tensions and impulses. The PS Centre participated in the latest training in Ramallah in order to develop psychosocial support guidelines describing how the young learners can be better prepared to tackle such emotional reactions and challenging moments. The guidelines also include a section with recommendations for YABC training programme developers and facilitators taking into account psychosocial support elements.

The user of the guidelines will find tools to respond to critical moments and to strengthen the resilience of the participants. Resilience is a key concept in psychosocial support and relies on the mobilization of internal and external resources. Hence, building personal and group resilience amongst YABC training participants is the main suggestion of the guidelines.

Psychological First Aid (PFA), as a caring support when a person experiences distressing and challenging situations, is another method described in the guidelines. PFA and supportive communication builds on interpersonal skills and the ability to empathize, listen actively, accepting feelings and showing human care and warmth, among others.

Additionally, guiding notes, practical tips and psychosocial support related considerations for facilitators are integrated in the guidelines in order to better plan, tailor and deliver YABC trainings for peer educators.

What is YABC?

Youth as Agents of Behavioural Change (YABC) is the International Federation flagship initiative on the promotion of a culture of non-violence and peace. Created in 2008, the programme seeks to empower individuals to take up an ethical leadership role in their community. It does so by triggering a process of self-transformation amongst participants that result in positive and lasting changes of mind-sets, attitudes and behaviours, including behaviour designed to generate change in others in harmony with the Fundamental Principles.

Relying on peer education and an affective, experiential learning approach, YABC uses games, role-plays, simulation and visualisation exercises for participating individuals to:

1. better understand and develop their own perspective and positioning on issues like respect for diversity, intercultural dialogue, social inclusion, gender equality, violence prevention and international humanitarian law;

2. develop intra- and inter-personal skills such as active listening, empathy, critical thinking, non-judgement, non-violent communication, mediation, personal resilience and inner peace, to walk their talk and thus become inspiring role-models.

For further information about the initiative, its related toolkit and impact study, please visit the YABC webpage: http://www.ifrc.org/en/what-we-do/principles-and-values/youth-as-agents-of-behavioural-change-yabc/

A Beacon of Light and Life

Results of the global impact study

By Katrien Beckmann and Charlotte Tocchio, Principles and Values Department, International Federation

"In this country, […] young generations have a limited consciousness of either past or future; they live in a limbo […]. Youth grow up without a perspective for the future, and ambitions or opportunities for change are almost always frustrated by the external environment, […] with little space for structured hope in the present and in the future. In a place where people have been interiorizing the prevailing architecture of a complex system of control on their lives, YABC is a beacon of light and life."

- Former Head of International Federation country delegation

In 2008-2012, a global impact study of the YABC programme was carried out by independent researchers. Ismael Velasco, research fellow in sustainable development at Brighton University, writes: "YABC has fulfilled its fundamental goal and function […] and has achieved this on a scale and with a depth that establishes it as a globally outstanding example of best practice, and a worthy benchmark for behaviour change interventions inside and outside the Red Cross and Red Crescent Movement."

By October 2012 the programme had reached an estimated 120,000 people, and so far, tallied at the beginning of this year, there are 882 peer educators in the network. Organisational culture and cohesion (e.g., between volunteers of different branches within a National Society) are improved, while motivation to work for Red Cross and Red Crescent is strongly enhanced. This in turn has a positive impact on the quality of the Red Cross Red Crescent service delivery.

YABC is also shown to have an impact on the personal level for the YABC trainees. They learn more effective communication strategies, adopt healthier life choices and report better personal well-being. Trainees show significant and lasting attitude and behaviour changes. This affects their relationships, breaking established patterns in a positive way, and stimulates similar change in others within their families, professional and/or social networks.

For instance, it has been found that YABC-trained personnel often volunteered longer hours, worked better and for longer periods in more stressful or risky situations, thus increasing their personal productivity and resilience. A former National Society coordinator of relief operations during civil unrest adds: "Thanks to YABC, volunteers and staff learn to verbalize their problems and maintain healthier social relationships, which also reduces the work constraints in situations of emergency."

The global YABC impact study report highlights that, "the Red Cross Red Crescent would greatly benefit from full mainstreamed integration of YABC across all Red Cross Red Crescent programmes as a mechanism for staff and volunteer training, motivation and development, including at the highest leadership levels. Doing so would be highly likely to raise motivation, productivity, unity and alignment with the Fundamental Principles across the movement, as well as enrich the community engagement tools at the disposal of every programme."

In light of these recommendations, the International Federation Principles and Values department will continue exploring synergies and furthering collaboration with external partners and Red Cross Red Crescent colleagues.

A concrete example is the first edition of the So(u)lferino Academy – organized together with the Italian Red Cross – which is planned to take place from 19 to 21 June this year in Solferino, Italy. On this occasion, leaders, programme managers, staff and volunteers will be provided with the opportunity to further build their capacity with regards to applying and living the Fundamental Principles in their daily work. The programme of the event will include in-depth workshops on the "7 Skills 4 7 Principles" approach, the YABC initiative as well as mainstreaming of gender, diversity and violence prevention into RCRC operations.

Palestine Red Crescent Society

Blogging
on www.pscentre.org

Gordon Dodge on staff care...

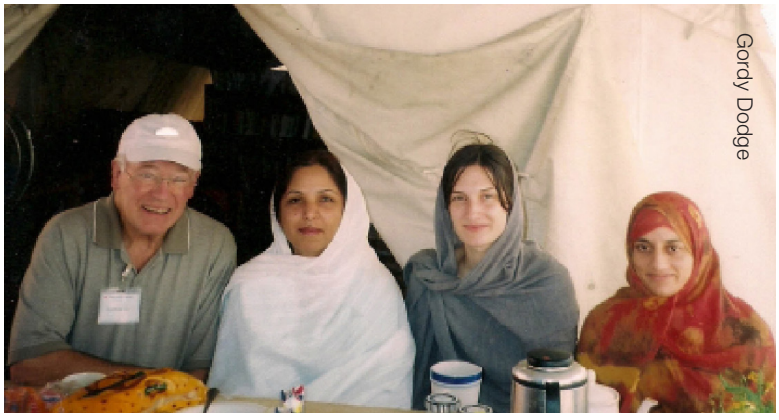
"When I somewhat naively asked a Croatian social worker if thoughts and memories about assaults, killings, burning of homes, and shellings that she and her acquaintances had experienced were what mainly debilitated her, she said those took their toll, but being on assignment by herself for months, not having sufficient supplies or administrative support, power outages, and no hot showers for weeks wore her out much more."

The above is an excerpt from the 1994 Balkans journal of long-time psychosocial roster member Gordon "Gordy" Dodge, Ph.D., LP. The PS Centre has asked Dr Dodge to share his reflections, observations, and recommendations from 25 years of experience in domestic and international disaster work by blogging on the PS Centre's website: http://pscentre.org/category/news-media/blog/

"Through caring for others and by observing myself, I know people whose careers lie in humanitarian work are likely to have some residual damage to their relationships and psyche. The key is to find peace and satisfaction with work done, good friends and rich memories, and restoring and maintaining a warm and satisfying world of one's own. Then it has all been worthwhile. I am 73 years old but still of sound mind and body, and look forward to a few more assignments before my days are done."

As part of his professional work in disaster psychology through the years, Gordy Dodge has learned, unlearned, and relearned much about what is really important in staff care. He has also written articles and books, conducted trainings, developed agency protocols, and lectured extensively on the topic. For purposes of the blog and its diverse but experienced readership, Dr Dodge offers brief conclusions that he has reached and suggestions on the most important aspects of staff care. A few personal reflections from his journals will be interspersed to ground the material.

The responsibility of staff care lies at every level of the organization. As individuals it is our responsibility to only accept assignments we are ready and capable to perform. As colleagues it is our responsibility to watch out for each other. As supervisors we have a responsibility to foster good self-care among staff. And as administrators we need to ensure meaningful staff-care policies, procedures and resources,


Gordy Dodge

and the best possible team composition. Good staff care on all levels help ameliorate the effects of critical incident, cumulative and organisational stressors. Ex-patriot staff face particular challenges, as ex-pats are far away from their supportive networks of family and friends. Returning from an intense humanitarian crisis can make home life seem shallow and unrewarding. Conducting comprehensive personal exit interviews is one way to help staff ease back into home life. In an interview based on mutual trust, the staff member can share their needs for further support as well as provide feedback to the organization about what did and did not work well while on assignment.

Gordy Dodge has selected four aspects of staff care that he finds the most essential:

- Individual, peer, supervisory, and organizational responsibilities
- Ex-patriot versus local and national staff needs
- Critical incident, cumulative, and organizational stressors
- Selection, monitoring, and exit protocols.

Follow the blog on www.pscentre.org. We will publish a new post every three weeks over the summer and autumn.

If you are interested in becoming a PS Centre guest blogger, please contact communications officer Louise Juul Hansen at luhan@rodekors.dk and share your ideas.

NEW PUBLICATIONS FROM THE PS CENTRE

The PS Centre has just released two new publications with valuable information on providing psychosocial support for people who have been separated from family members. These materials – a field guide and a one-day training module – were developed to support staff and volunteers in a wide range of settings who may be in contact with families who have been separated from their loved ones.

Broken Links: A field guide, and ***Broken Links: Training module*** are useful resources for those working with missing persons and family reunification in various contexts. The field guide outlines some causes of separation, discusses the psychosocial impact of being separated, and provides guidelines on how to support those who have been separated from family members - including delivering difficult news to loved ones, basic helping skills, interviews, and reunification. There is also a chapter on self-care for staff and volunteers. The one-day training module provides activities and discussion points, giving volunteers and staff a solid foundation in supporting people who have been separated, as well as offering concrete guidance on self-care.

Both the field guide and the training module can be downloaded free of charge from www.pscentre.org. For easy use in the field, *Broken Links: A field guide* is also available for purchase in hard copy from the PS Centre.

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