

Coping

with crisis

ISSUE 1/2013



www.ifrc.org
Saving lives, changing minds.

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

Contents: June 2013

4 Psychosocial Support Around the World 5



Highlights from around the world on psychosocial support provided by National Societies, based on IFRC reports, and on the impact of the health and humanitarian crisis. Many other National Societies are contributing to the relief efforts.

Algeria
The Algerian Red Crescent Society (ARCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ARCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Armenia
The Armenian Red Cross and Red Crescent Society (ARCC) has been providing psychosocial support to victims of the 2009 earthquake in the north-western region of the country. The ARCC has been providing support to victims of the earthquake, including providing them with information, counseling and support groups.

Brazil
The Brazilian Red Cross (Cruz Vermelha Brasileira) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Vermelha Brasileira has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Canada
The Canadian Red Cross Society (CRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The CRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Costa Rica
The Costa Rican Red Cross (Cruz Roja Costarricense) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Costarricense has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

China
The Chinese Red Cross Society (CRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The CRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

East Asia
The East Asian Red Cross and Red Crescent Societies (EARCC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The EARCC have been providing support to victims of the conflict, including providing them with information, counseling and support groups.

India
The Indian Red Cross Society (IRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The IRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Indonesia
The Indonesian Red Cross Society (IKRS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The IKRS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Italy
The Italian Red Cross (Cruz Roja Italiana) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Italiana has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Japan
The Japanese Red Cross Society (JRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The JRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Kenya
The Kenyan Red Cross Society (KRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The KRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Lebanon
The Lebanese Red Cross (Cruz Roja Libanés) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Libanés has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Malaysia
The Malaysian Red Cross Society (MRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The MRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Mexico
The Mexican Red Cross Society (Cruz Roja Mexicana) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Mexicana has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Netherlands
The Dutch Red Cross (Cruz Roja Neerlandés) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Neerlandés has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Nigeria
The Nigerian Red Cross Society (NRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The NRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Philippines
The Philippine Red Cross Society (PRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The PRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Russia
The Russian Red Cross Society (RRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The RRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

South Africa
The South African Red Cross Society (SARCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The SARCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Spain
The Spanish Red Cross Society (Cruz Roja Española) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Española has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Sweden
The Swedish Red Cross Society (Svartskorsförbundet) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Svartskorsförbundet has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Switzerland
The Swiss Red Cross Society (Cruz Roja Suiza) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Suiza has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Taiwan
The Taiwanese Red Cross Society (Cruz Roja Taiwanés) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Taiwanés has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Tanzania
The Tanzanian Red Cross Society (TRCS) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The TRCS has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Thailand
The Thai Red Cross Society (Cruz Roja Tailandés) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Tailandés has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Turkey
The Turkish Red Cross Society (Cruz Roja Turca) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Turca has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

USA
The American Red Cross (ARC) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ARC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Vietnam
The Vietnamese Red Cross Society (Cruz Roja Vietnamés) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Vietnamés has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Yemen
The Yemeni Red Cross Society (Cruz Roja Yemení) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The Cruz Roja Yemení has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Zimbabwe
The Zimbabwean Red Cross Society (ZRC) has been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ZRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

PS Around the World

6 Psychosocial Support in Swat 6



Drawing and stitching a way to psychosocial well-being in Swat

The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives. The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives.

Key findings
The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives. The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives.

Training context for the Swat Valley
The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives. The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives.

Psychosocial Support in Swat

10 Wild Fire 11



Working together to support the community

A major fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan. The fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan. The fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan.

By Shereen Khan, Assistant Head of Crisis and Early Psychosocial Care, Red Cross and Red Crescent

Affairs of the Swat Valley
The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives. The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, it had a period of intense conflict. Today, the valley is slowly recovering and the people are beginning to rebuild their lives.

Wild fire in Swat
A major fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan. The fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan. The fire is burning through a field of corn in the north-west of the Swat Valley region in Northern Pakistan.

Wild Fire

Human Caused Disasters 13



Disaster mental health response after violence

The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

By Joseph P. Powell, Head of Crisis and Early Psychosocial Care, Red Cross and Red Crescent

Disaster mental health response after violence
The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Human Caused Disasters

17



Address the stress website a first

The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

By Shereen Khan, Assistant Head of Crisis and Early Psychosocial Care, Red Cross and Red Crescent

Address the stress website a first
The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Address the stress

21



AFTERSHOCKS — a report from two years after the great east Japan earthquake

The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

By Leif Jonasson, Director, Centre for Psychosocial Support, IFRC

AFTERSHOCKS — a report from two years after the great east Japan earthquake
The Red Cross and Red Crescent Societies (ICRC) have been providing psychosocial support to victims of the 2011-2012 conflict in the north-eastern region of the country. The ICRC has been providing support to victims of the conflict, including providing them with information, counseling and support groups.

Aftershocks

Frontpage photo: Leif Jonasson

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

Editorial board: Nana Wiedemann and Louise Juul Hansen

Design and layout: Simone von Burgwald and Nina Krogh

Disclaimer: The opinions expressed are those of the contributors and not necessarily those of the IFRC Psychosocial Centre.



Among professionals working with psychosocial support, I often experience that counselling is thought of as a clinical, therapeutic form of intervention not compatible with psychosocial support.

Nevertheless, around the world volunteers support and guide victims of violence, refugees, vulnerable women, troubled teens, lonely people and many more face to face, in groups, via the telephone, or on internet-based helplines. They are lay-counsellors, and they do provide invaluable psychosocial support.

However, those who object to lay-counselling have a valid point: When counselling takes the form of psychotherapy, it should only be provided by trained professionals.

Out of these observations was born the idea of developing a generic training concept that clearly shows that lay-counselling is not about therapy and treatment, but about support, referral and assisting people in making their own informed decisions.

Together with three partners we decided to develop a set of training materials focusing on psychological first aid and supportive communication, and we are proud to present the material in this magazine.

An important strategic focus of the PS Centre is helping National Societies to build psychosocial support capacity and train staff and volunteers. A well prepared national society has the presence, the infrastructure, and the knowledge and understanding of local culture and traditions that enables them to provide quick and culturally appropriate responses.

In this issue we look at national societies providing psychosocial support when disaster strikes at home. In America and Canada we see how two close and well prepared partners can respond quickly to disasters and learn from each other. In New Zealand, the Red Cross embraced the media and the cultural references of youth in order to reach a vulnerable group after a series of serious earthquakes. And in Pakistan a community in the Swat valley deployed an unusual approach to help elderly men.

On a recent visit to Japan, I had the opportunity to see first-hand an example of this, where the ancient art of the tea ceremony is used to create a feeling of safety and belonging, which helps people to open up and talk about what is troubling them. Seeing this and reading about the other responses to domestic disasters has made a great impression on me. I hope you will also find these stories inspiring.

Nana Wiedemann

Want your own copy of Coping? A limited number of copies can be obtained by contacting the Psychosocial Centre at psychosocial.centre@ifrc.org

Find us on Twitter, YouTube and Facebook!
Join our online community and get updated on the latest news and events.



www.facebook.com/psychosocial.center



[IFRC_PS_Centre](https://twitter.com/IFRC_PS_Centre)



[psychosocialcentre](https://www.youtube.com/psychosocialcentre)

Want to contribute?

We welcome your ideas, letters and articles.

Send us an e-mail: psychosocial.centre@ifrc.org

To learn more about the Psychosocial Centre and our work, please go to: www.ifrc.org/psychosocial.

wealldit

WeAllEdit.com has generously granted us permission to use their online software to translate the magazine seamlessly.

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

Afghanistan

A Training of Trainers took place from 23-27 September 2012. A total of 25 Afghanistan Red Crescent Society (ARCS) staff from headquarters and regional branches participated in the training, including staff from health, community-based health and first aid, and volunteer management (ARCS annual report).

Americas

A Trainings of Trainers on Community-Based Psychosocial Support was organized in Panama with health and psychosocial focal points from 16 National Societies in the Americas zone. Following the training several National Societies expressed their interest in further integrating psychosocial support into their programmes (Reference Centre for psychosocial Support, Annual Report 2012).

Cameroon

A training of trainers workshop in community-based psychosocial support was organized in Cameroon, with participants from 11 National Societies from Sahel, Central and West Africa regions, as well as the regional Red Cross Red Crescent (IFRC) delegation. As a result of the training, the IFRC regional delegation has substantially improved its capacity to support National Societies in their psychosocial support interventions and national trainings (Reference Centre for Psychosocial Support, Annual Report 2012).

China

Nineteen clinical psychologists were deployed as volunteer psychosocial specialists to China's Sichuan province after a 7.0-magnitude earthquake hit on 20 April, 2013 in which 196 people were killed, 13,484 were injured, and 21 were reported missing. The volunteer psychologists concentrated primarily on school-based collective therapy for students

incorporating both physical and rhythmic activities. The IFRC reports that a total of 1,458 people were provided with psychosocial support after the earthquake. (www.icrc.org/) DRED Operation Update, China: Sichuan Earthquake).



Photo by China Red Cross Society

Costa Rica

After an earthquake measuring 7.6 on the Richter scale hit Costa Rica on 5 September 2012, Costa Rican Red Cross provided psychosocial support to 1,656 people. Special attention was given to children, whom it was determined suffered the most from fear and anguish and showed signs of uncertainty following the earthquake. The National Society employed the psychosocial support programme Return to Happiness to work with children and adolescents, as well as their adult guardians and teachers. One of the programme's main activities was a puppet show focusing on how to cope with stressful situations (DREF final report, Costa Rica: Earthquake).

East Asia

The First East Asia Regional Psychosocial Support Network meeting was organized in Beijing, China from 19 to 23 November 2012. The five-day meeting

was intended to develop National Society awareness and capacity building on psychosocial support in East Asia. Thirty participants from different Red Cross Red Crescent Societies from the region and four facilitators from the IFRC Psychosocial Centre participated and exchanged knowledge, experiences and lessons-learned in psychosocial support programmes. (East Asia regional delegation; Annual report)

Ecuador

Between the months of June and September 2012, over 2,900 wildfires have affected Ecuador, destroying some 15,500 hectares of land, many of which were in urban areas or affected subsistence crops. The ongoing also affected buffer zones around different national parks and ecological and wildlife reserves. Due to the amount of fires, rescue teams had to cover full shifts of 24 or 48 hours. The rescue team members working with extinction of the fires have been affected by smoke and injuries. The Ecuadorian Red Cross carried out first aid and psychosocial support activities for the affected families and people involved in the disaster's response efforts. Among the volunteers responding to the disaster were 36 volunteers specially trained to be part of psychosocial support teams and Re-establishment of family links teams (DREF report, September 2012 and IFRC Appeal, June 2013)

Israel

After the escalation of the conflict around the Gaza Strip from 14 to 21 November 2012, local authorities set up resilience centres to support the affected population, many of whom were feeling stressed and scared after the bombings. Volunteers and staff from Magen David Adom (MDA) took care of the people at the site of the bombings, until they were transported to the centres. As this task required the volunteers and staff to be calm and empathetic, MDA ensured that the teams were working under the best possible

conditions. Close family members of the staff and volunteers were given the chance to be evacuated to a safer location, and the management made sure that the volunteers were served regular warm meals and had the opportunity to rest in bomb shelters. (Magen David Adom, 23 December 2012)



Photo by Magen David Adom

Kenya

Floods, drought and civil unrest have affected the population in different parts of Kenya. In the Tana Delta, 47 schools were closed as a direct result of a violent inter-clan conflict. Reportedly both children and teachers fled the area. The last quarter of the year is critical for students in class 8 as they sit for the final Kenya National. Knowing this, the Kenyan Red Cross Society organized a tracing of the students within this age group and ensured that they prepared and sat for their exams. In addition, they organized child therapy sessions as part of the National Society's psychosocial support activities in order to help strengthen their resilience. Psychosocial support was integrated in the health activities in Tana Delta in general with various activities including group therapy and child therapy sessions (Emergency appeal operation update Kenya: Complex Emergency (Floods, Drought and Civil Unrest)).



Photo by Kenya Red Cross Society

Panama

On 25 November 2012, the Panamanian government declared a state of emergency for the regions of La Chorrera Capira (Panamá West) and Colón after severe rains caused floods, landslides and disruption of economic activities, livelihoods and communications. Five people died, 2,570 houses were damaged and 6,500 families were affected. The Red Cross Society of Panama (RCSP) initiated psychosocial activities aiming at helping the affected population and volunteers working in the area. A psychosocial support delegate was sent to the area of Colón to assist the affected personnel and a psychologist and specialist in stress management was hired to support the affected families and colleagues of the missing RCSP volunteers during the search process (DREF operation update Panama: Floods).

Somalia

In Somalia, thousands of people have been separated from their families due to decades of conflict. In order to reunite these families the International Committee of the Red Cross (ICRC) in Somalia has established a family links service in partnership with Somali Red Crescent Society and other Red Cross and Red Crescent societies around the world. Each week the ICRC provides 125 names of missing people to the BBC "Missing person radio program." Following the influx of Somali refugees in Kenya, Kenya Red Cross Society has established a mobile phone service for newly settled refugees in four different camps. These initiatives help restore family links, which is a significant way of providing psychosocial support to refugees (www.icrc.org).

Syria

More than three million people have fled their homes as a consequence of on-going armed conflict in Syria. Danish Red Cross is supporting eight Syrian Arab Red Crescent Society (SARC) branches with psychosocial support activities for internally displaced persons. Some of the conducted activities are games for children, musical gatherings, storytelling, handicraft activities and open days for children and their families.



Photo by Mari A. Mårtvedt/Norwegian Red Cross

To support the Syrian refugees, Qatar Red Crescent Society has established two psychosocial Centres in Zaatari camp in Jordan. The purpose of these centres is to keep the refugees engaged in creative and meaningful activities such as vocational courses and crafts for women, and play therapy and football for the youth.



Photo by Qatar Red Crescent Society

In Syria the SARC Aleppo branch has established a psychosocial support field team. During the month of March 2013, the team organized a helping of helpers' session with 40 volunteers. Some of the issues addressed included how to deal with stress among volunteers and staff and how to cope with it positively (www.ifrc.org; www.sarc.sy).



Photo by Qatar Red Crescent Society

Drawing and stitching a way to psychosocial well-being in Swat

The Swat Valley is a fertile valley surrounded by snow-capped mountains in Northern Pakistan. From 2007 to 2009, Swat was under a militant Islamic regime. Boys were abducted, teenage girls and women were forced to wear burkas, working women were threatened to resign, many schools were either closed or demolished, and there were curfews lasting for weeks. Each day people were hanged in the bazar for committing crimes against the rigid laws made up by the militant regime.

By **Amjad Hilal** and **Umar Hayat**,
Psychosocial support programme, Swat.



Photo by Miss Gulabo, Pakistan Red Crescent Society

In 2009 the Pakistani army moved in to restore power to the government. During the first year of intense fighting between militants and the army, millions were ordered to flee their home and became internally displaced. Many children still remember how they had half an hour to pack up their belongings. They had no idea where they were going or how long they would have to stay away or if their home would still be standing when they returned.

From July 2010 the Danish Red Cross supported a one year school-based psychosocial support programme for children and their families. It was a pilot programme aiming at helping children overcome their emotional scars after the conflict. The programme had a challenging start. When the newly-recruited staff was gathered for the first training, an enormous flood washed through the valley destroying houses, schools, roads and bridges. Despite this, the pilot programme went well and the programme is now extended until 2014, working in 14 schools (out of which 13 were demolished by militants or floods) and four community centres.

At the core of the programme are 20 guided sessions for 5th and 6th graders, celebration of four international days for all students, biannual parent-teacher meetings and four sessions for parents. The communities are also active with 56 local committees established, and the four community centres are functioning as meeting and learning spaces open to all. At these centres, non-school-aged children have the opportunity to participate in ten guided life skills workshops. The community centres also offer activities to members of the community such as learning new job skills, stress management and life skills.

The Psychosocial Support Programme Swat has a page on Facebook where we share pictures, stories and experiences. You can find us on Facebook.com by searching "Psychosocial Support Programme Swat."

A STEP FORWARD

Reported by Miss Gulabo and Miss Sitara

A woman who lost her husband during fighting between the Pakistani army and the Taliban shared her story on the condition of anonymity. She attends one of the psychosocial support community centres where she learns new stitching and sewing skills, as well as learning and practicing stress management exercises. This is an encouraging story about a brave woman who lives in a culture where women have to cross many obstacles in order to take a single step forward.

"I went through a very rough time when I lost my husband. He was killed in front of my eyes and I had no choice but to escape with my children to save their lives. For me, it was a huge betrayal to leave my dead husband behind without a proper burial. When I was in the camp for internally displaced people at Mardan, I realized that I wanted to learn some skills so I would not have to stand in a queue begging for food and clothes.

This psychosocial support community centre is now a ray of hope for me. I heard that there are a few sewing machines and volunteers who give free stitching lessons in the community centre. This is very exciting and I was determined to go and to learn some skills in order to feed my children without being financially dependent on relatives.

I am now coming regularly to the community centre. I have not only learnt sewing skills but something much more than that: I have learnt about stress management, some interesting exercises and most importantly how to deal with the children in a nice and decent way as well as coping in a difficult situation. When I am in the community centre I think that I do not have any worries, and I feel really happy and relaxed. It is really fun to do the exercises with my children at home."



Photo by Miss Gulabo, Pakistan Red Crescent Society

DRAWING CONTEST FOR ELDERLY MEN

Since the programme started, the PSP team has organised a series of recreational activities for all groups and strata of society. The community has very quickly embraced the programme and are fully participating in different recreational activities. In Kanju in the Swat Valley, the psychosocial support programme decided to organise a drawing competition for the male elders.

Before conducting the competition, the selection criteria were discussed with the community, who agreed that only men 60 years or older would be eligible to participate. In this stringent and traditional Pashtun society, drawing is considered an activity only for children, so such a competition was practically unheard of for elderly men. Nevertheless, the competition was a good experience for the participants.



Photo by Pakistan Red Crescent Society

Seventy-two year-old Mr. Shehzad participated in the competition and told us, *"It is really great fun to draw something from my personal experience. During the Taliban regime I lost my son in the shelling and it was very difficult for me to talk to anyone about my grief. Through this activity I had the opportunity for the first time to tell the story of my son through drawing. I am feeling very relaxed and feel that someone has taken a huge burden from my shoulders. Now I will start practicing this activity and I am sure it will bring back good memories of my son."*

Psychosocial support never gets old

In Portugal, 80-year-old Maria José provides emotional support to hospital patients. Seventy-year-old Tofic reunites families through the tracing services Red Crescent Society of Azerbaijan, and in Hungary, young people turn to elderly Red Cross volunteers for mentoring and emotional support. Across Europe elderly persons use their time, experience and wisdom to provide psychosocial support.

By IFRC Europe Zone Office



Photo by Rita Plotnikova, International Federation

Today, the population aged 60 years and over is the fastest growing of any age group, enlarging at a rate faster than any time in history. This great demographic shift is occurring all over the world, transforming our communities in dramatic ways.

Debates about the growing older population often revolve around the challenges society face in terms of the strain on our health and social systems because older people may require

more health care and because a diminishing work force must support a growing retired population.

But there is another perspective to the debate, which is often neglected: that older people also represent an invaluable resource. Older people can enhance their own quality of life, as well as the lives of others, by participating as volunteers, mentors, opinion-leaders and decision-makers in social, cultural and civic life. They have innumerable skills and experiences to share in their respective communities, and these skills are often used in providing psychosocial support.

A recently published report, “Years That Count: Report on Active Ageing and Intergenerational Solidarity,” from the IFRC Europe Zone Office explores the challenges and opportunities that the ageing population in Europe pose. *“Active ageing and intergenerational solidarity can help ensure that as we age, our communities transform for the better, appreciating the contribution to active citizenship*

by all ages and all individuals,” says Anitta Underlin, director of the IFRC Europe Zone.

This statement is beautifully underlined in the eight case stories featured in the report. From Azerbaijan to Sweden, elderly Red Cross Red Crescent volunteers make their contribution to society – a contribution that is made so much more valuable by the wisdom and life experience that come with having lived for a long time. Perhaps not surprisingly, psychosocial support in various forms is a recurring theme in many of the case stories.

CONNECTING FAMILIES AND GENERATIONS (AZERBAIJAN)

In Azerbaijan, the separation of families by crisis is a critical humanitarian concern. Tracing is one of the Red Cross Red Crescent’s leading activities, and an essential element to alleviating human suffering.

Tofic Bahramov was a beneficiary of the tracing services of the Red Crescent Society of Azerbaijan before he became a volunteer. Tofic’s family members went missing after their labour migration and he contacted the Red Crescent to help him locate his family. The support provided to him by the Red Crescent inspired him to volunteer and help others. At 70 years old, Tofic gathers the necessary information for the tracing process, delivers it to the tracing service department, and relays messages to family members.

The Red Crescent Society of Azerbaijan strengthens intergenerational solidarity by engaging younger and older people with each other. In the Azizbekov branch, older volunteers aid children with disabilities by visiting them at home and helping with their education. Retired teachers and nurses participate in summer camps for orphaned children hosted by Red Crescent, organizing educational and leisure activities. They also promote HIV and AIDS awareness among younger students, hosting events that include people living with HIV and AIDS and their families.

HELPING OTHERS NEVER GETS OLD (PORTUGAL)

Every day, hospitals throughout Lisbon provide primary health care services to thousands of people. Volunteers of the Portuguese Red Cross play an invaluable role in the provision of these services by helping to reduce suffering of patients undergoing care.

Maria José Santos Bicho began as a Red Cross volunteer when she was a young woman. During the Portuguese Colonial War from 1961 to 1975, Maria José volunteered in hospitals, providing emotional support to soldiers who came back from battle. She also supported the families who returned from the colonies at the end of the conflict.

Maria José continues to volunteer to this day. At 80 years old, she coordinates a group of hospital volunteers through the Red Cross Lisbon branch. With her leadership and experience, volunteers provide additional comfort and care that otherwise would not be available. When asked how she remains motivated over the last 50 years, Maria responds: "Volunteering is my way of life. I believe in a better world."

*"Volunteering is my way of life.
I believe in a better world."*

Maria José Santos Bicho, Portugal

OLDER GENERATIONS PROVIDE CARE TO PEOPLE OF ALL AGES (HUNGARY)

The Hungarian Red Cross runs programmes that address both practical and emotional needs of vulnerable populations. The Volunteer Hospital Helper Teams of the Hungarian Red Cross - Jász-Nagykun-Szolnok county branch, provide practical assistance, personal care, and emotional support to older people who are hospitalized or live in sheltered accommodations. All volunteer members receive theoretical and practical training, including classes on psychosocial and communication skills, and basic care skills for older people. The training addresses several closely-related aspects of ageing, including biological, social and emotional needs. Red Cross volunteers seek to reduce the vulnerabilities of older people recognizing different aspects of their well-being.

Younger people may also need support, requiring the guidance and wisdom of someone who may have a little more life experience. In the Civic Mentors Team, older volunteers counsel younger people, who may face challenges at school, or in their home life. Mentors help youngsters with their homework and develop their skills enhancing their self-confidence and self-esteem, and provide moral and emotional support. As a result, students participating in the programme had higher grades, spent more time in school, and had improved relations with family and friends. The work of this programme demonstrates the mutual benefits of intergenerational solidarity and cooperation.

ACTIVELY AGEING WITH THE CLUB OF GENERATIONS (ROMANIA)

"When I try to involve people in activities, the first answer is always no," said Eva Zsigmond, a volunteer with the Romanian Red Cross who has been involved for over 20 years. *"Come on, I'm way too old for that,' or 'No, that is not going to work.' So what I do is put them in a row and I add up their ages. I say: 'You see, here you have 562 years of experience. That's already more than enough.'"*

Eva is describing the initial hesitation of older people when hearing about the Club of Generations, an initiative that she started in her local branch in Harghita county, central Romania. The club is led by a group of individuals working together to improve the image and welfare of older people in their communities. It provides training opportunities to help overcome the persistent stereotype of older people as a burden to society, which older people themselves sometimes believe. The aim is to empower the older generation, to allow them to think of themselves as active citizens with a meaningful role to play in their communities, and as such, improve their own welfare while changing the perception of others.

Participants are encouraged to draw on the skills and experiences that they have accumulated over the years, including knowledge that seems undervalued, such as family recipes or medicinal uses for herbs. Many participants find that they have much more wisdom and knowledge than they give themselves credit for. *"They realize that younger people are interested in what they have to say,"* Eva explains. *"This is the inner change that we seek."*

*"They realize that younger people are interested in what they have to say," (...)
"This is the inner change that we seek."*

Eva Zsigmond, Romania

On average, the Club of Generations gathers 48 to 60 people: young and elderly, volunteers and non-volunteers. Everyone is welcome to join. Many older people who do not usually volunteer decide to do so after joining the club, taking on additional roles and responsibilities.



Photo by Portuguese Red Cross

Working together to support the community

A woman sits in a slowly moving line of cars on the way out of her hometown in the Slave Lake region in Alberta, Canada. Outside, the heat from the wildfire is so strong that the windshield wipers are melting on the glass. She is unable to reach her son on the other side of town and she and her husband don't know whether the traffic will move quickly enough to get them to safety. When she returns home, all that she will find left of her house are ashes.

By **Valerie Cole**, American Red Cross, and
Emily Pietropaolo, Canadian Red Cross.



Photo by Canadian Red Cross

In May 2011, a series of wildfires devastated communities in the Slave Lake region of Northern Alberta, forcing the evacuation of more than 15,000 people, destroying more than 400 homes and causing an estimated \$1.8 billion in damage. Residents were evacuated with very little notice and spent three weeks in shelters before being allowed to return. For many, the evacuation was traumatic, as they feared for their lives and the lives of their loved ones.

CALLING ON THE EXPERTISE OF THE AMERICAN RED CROSS

A few months after the fire, it became apparent that the psychological impacts of the disaster and evacuation had not been fully resolved. Although everyone had been moved to adequate housing and the material needs of the community were being met, the community had not recovered emotionally. Teachers and administrators complained of misconduct in schools, families were experiencing conflict

and community leaders were unable to agree on the best way to support their citizens. In recognition of the long-term emotional toll that a devastating event can have on those impacted by disasters, the Canadian Red Cross (CRC) contacted the American Red Cross (ARC) for psychosocial support and guidance on how best to help the citizens of Slave Lake. CRC and ARC have had a long-standing friendship and tradition of supporting each other, particularly in the areas of disaster response and disaster mental health.

A STRONG BUT STRESSED COMMUNITY

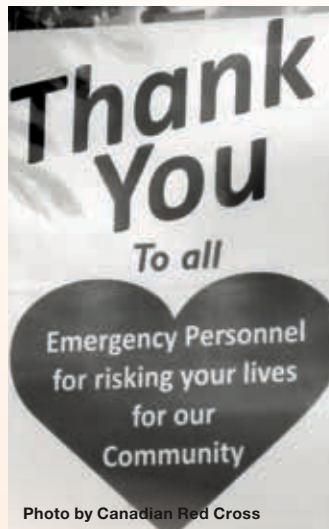
In February 2012, a team of Canadian Red Cross staff and American Red Cross staff and volunteers visited the community of Slave Lake, Alberta, to assess the mental health needs of the community and to develop a strategy to support the community as a whole. The two authors were part of that team. They met with numerous members of the community, including the Mayor and her team, provincial government staff, mental health providers, teachers, day-care providers, and others.

It was clear that the town and the surrounding area had much strength and had provided well for its citizens. The Sawridge First Nation indigenous community, the municipal district and the town had formed a council to address fire-related issues and recovery activities were well underway.

However, it was also clear that the community was tired and stressed. Government officials and civic leaders were having difficulty dealing with the emotional aftermath of the fire. They spent many hours every day addressing fire-related issues in addition to carrying out their normal responsibilities. Many people were living in temporary housing and wrangling with insurance companies, contractors and builders. The schools were especially hard-hit, and teachers and administrators were feeling the stress of trying to maintain a healthy work-life balance while trying themselves to recover from the fire. Their students were anxious or depressed, and struggling to readjust to a consistent routine after having a somewhat chaotic summer. Mental health services were available through the government health care system, but the stigma of admitting a psychological problem left many people to suffer in silence. The geographic remoteness of Slave Lake (3 hours north of a large urban centre) made it challenging for the provincial psychological association to provide additional psychologists (there were three located in the town itself). More than once, the team reassured beneficiaries that a negative emotional response was expected at this stage of the disaster response.

By the end of the week, the team had a sense of the community's needs. ARC, CRC and the provincial psychological association worked together to develop a strategy for providing psychosocial support and recovery services for the community. The plan was threefold: 1) support service providers whose personal resources had

been stretched thin; 2) support the community, especially schools; and 3) develop public messaging that would help the community understand the psychological phases of disaster recovery and long-term coping strategies.



STRATEGY FOR PROVIDING PSYCHOSOCIAL SUPPORT AND RECOVERY SERVICES FOR THE SLAVE LAKE COMMUNITY

- 1) Support service providers whose personal resources have been stretched thin;
- 2) Support the community, especially schools;
- 3) Develop public messaging to help the community understand the psychological phases of disaster recovery and long-term coping strategies.

BUILDING ON THE STRENGTH OF THE COMMUNITY

The three ARC members returned to Slave Lake a month later, in March 2012. In collaboration with the local CRC office, the ARC team facilitated a community psychological first aid programme (Coping in Today's World) to teach citizens to support each other. It was important to educate the community in typical emotional responses to disaster, and to provide tools and strategies that they could use to increase their resilience and that of their neighbours.

This approach was deemed to be better than referring them to the traditional mental health services used for illnesses like post-traumatic stress disorder. The ARC team wanted to encourage people to recognize and use their support systems and their strengths, and not to think of themselves as ill or weak.

The team conducted educational programmes with school staff and administrators. The purpose was to help teachers deal with their own stress and to learn how to work with students who were experiencing disaster-related stress. Part of the educational process was to develop a messaging campaign to be used in the schools about the upcoming anniversary of the disaster and possible emotional triggers.

In addition to the campaign aimed at school children, the team developed messaging for the general public in collaboration with community leaders and the CRC. The CRC public affairs team developed a brochure with coping tips as well as several public announcements.

CRC volunteers and staff involved in the response and recovery had also experienced stress related to the fire and the challenges posed by the size of the disaster. While CRC requires worker self-care training for all disaster response volunteers, this event was complex and responders faced many new challenges. The ARC team presented force health protection strategies and psychological first aid training, as well as provided private consultations and support for office staff as they continued to support the community. By the time the team left, there was no doubt that the relationship and bond between CRC and ARC had been strengthened.

In June, one member of the ARC team, Valerie Cole, returned to Slave Lake to conduct an evaluation of the ARC efforts and to provide training to community service providers. Several therapists and law enforcement personnel participated in a “train-the-trainer” version of Coping in Today’s World and a modified version of the ARC disaster mental health training.

LESSONS LEARNED

The collaboration between CRC and ARC benefited both societies. The ARC learned how to expand their disaster mental health services from the immediate response phase to the recovery phase. ARC easily adapted its community psychological first aid programme to different cultures, including the indigenous Sawridge First Nation group. The ARC team also expanded its school support for teachers and administrators in the recovery phase of a disaster.

CRC is currently developing a framework for recovery assistance. While a similar Disaster Mental Health programme does not exist within the CRC, a key section of this framework is focused on how to provide psychosocial support to beneficiaries and CRC personnel. This includes creating new and building on existing relationships with provincial mental health associations, as well as with the Canadian Psychological Association.

The most important lesson that all involved took away is that all Red Cross and Red Crescent Societies truly do share the same mission and that by working together, we are stronger than working alone.



WHAT WE DO

As we see in this issue of Coping with Crisis the American Red Cross Disaster Mental Health unit responds to large and small disasters on a regular basis both at home and in collaboration with the Canadian Red Cross.

One important component of their response is public messaging. The aim of the public messages is to provide the affected population with advice on how to cope and where to go to get further assistance.

The DMH also uses psychological triage and behavioural surveillance as part of their three-pronged approach. All DMH volunteers are equipped with credit-card-sized mental health triage system reminder cards. On one side of the card is a summary of psychological first aid key points, and on the other side there is a list of questions, which helps assess the mental state of a person and the level and urgency of help they need.

PsySTART™ Mental Health Triage System		
DANGER TO SELF OR OTHERS?		<input type="checkbox"/> Y
FELT/EXPRESSED EXTREME PANIC or FEAR?		<input type="checkbox"/> Y
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?		<input type="checkbox"/> Y
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?		<input type="checkbox"/> Y
DEATH OF PARENT, CHILD or FAMILY MEMBER?		<input type="checkbox"/> Y
DEATH OF PET?		<input type="checkbox"/> Y
SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER?		<input type="checkbox"/> Y
TRAPPED or DELAYED EVACUATION?		<input type="checkbox"/> Y
FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR?		<input type="checkbox"/> Y
UNACCOMPANIED CHILD?		<input type="checkbox"/> Y
HOME NOT LIVABLE?		<input type="checkbox"/> Y
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?		<input type="checkbox"/> Y
PRIOR HISTORY OF MENTAL HEALTH CARE?		<input type="checkbox"/> Y
PRIOR HISTORY OF DISASTER EXPERIENCE?		<input type="checkbox"/> Y
NO TRIAGE FACTORS IDENTIFIED		
If yes, immediately contact site supervisor and DMH or call 911.		
If yes, contact DMH as soon as possible.		
Contact DMH at the end of your shift for all other risk factors.		
© 2001-2012 Merrit D. Schreiber, Ph.D.		
201048		

Disaster mental health response after violence

For the American Red Cross's Disaster Mental Health (DMH), the last year has been a busy one with shootings and other violent events. In the summer of 2012, there were fatal shootings in a movie theatre in Aurora, Colorado and in a Sikh temple in Oak Creek, Wisconsin. Just before Christmas last year, a gunman killed twenty children and four teachers in an elementary school in Newtown, Connecticut, and in April this year, three people were killed by bombs at the Boston Marathon. A few days later a fertilizer plant explosion in West, Texas took 15 lives and destroyed much of the town. American Red Cross Disaster Mental Health teams responded to all these disasters.

By **Joseph O. Prewitt Diaz**, PhD, Center for Psychosocial Support in Disaster, and **Valerie Cole**, PhD, American Red Cross



Photo by Virginia Hart, American Red Cross

The Disaster Mental Health unit provides support to community members directly. Normally after a natural disaster, we attend to the emotional needs of the volunteers and paid staff, and assist the community in beginning its journey toward recovery. We use a three-pronged approach to our work, beginning with psychological triage and behavioural surveillance (see textbox on XXXside). We also promote coping and resilience in the community and when needed, use crisis intervention and referral to community resources.

We have learned from difficult experiences that when an event involves death and injuries as a result of human-caused disasters or transportation disasters, DMH services become primary.

THE SANDY HOOK SCHOOL SHOOTINGS IN NEWTOWN, CONNECTICUT

Two weeks before Christmas, a young man forced his way into an elementary school, and within five minutes gunned down 20 five

14 Human Caused Disasters

and six-year-old children and four teachers. The local American Red Cross (ARC) chapter immediately began providing services to the emergency personnel at the crime scene and DMH was called in to begin to help the families and the town make sense of this senseless tragedy and begin to move on.

We accompanied local officials as they notified the families about the death of their innocent children. We not only supported the grieving families; we supported the officials that had this gruesome task. When President Obama visited the families, we were present to witness and to support. The operation went on for several weeks and we were there to work with school personnel, the families in the town and the Red Cross responders who were also affected by the event.

THE BOSTON MARATHON BOMBING AND ITS AFTERMATH

For the American Red Cross, the 2013 Boston Marathon began as a typical mass care operation. There were between 400 and 500 volunteers along the 26-mile route of the Boston Marathon. They were working, having fun, and getting a first-hand view of the race, in water stations and rest tents along the route.

Almost four hours after the marathon had started a bomb exploded and several seconds later a second bomb exploded. The volunteers shifted from a mass care operation to a disaster response operation. The Chapter activated its Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Response Plan and immediately began to account for volunteers, referring them to pre-determined safe locations, and the response activities were activated. They all wore Red Cross vests, but now the mass care volunteers were joined by disaster mental health volunteers.

By Thursday 18 April, the FBI had shared pictures of the two alleged perpetrators. That evening, Sean Collier, a police officer from the Massachusetts Institute of Technology responded to a report of a disturbance. Gunshots ensued, and he was hit. He passed away that evening. During the manhunt, one of the perpetrators was shot and the younger one got away. The DMH personnel provided for the emotional needs of the officer's family at their home, during the wake and at the funeral. We also provided support during a high profile memorial service attended by the President of the United States.

As luck would have it, Friday 19 April was probably the worst day of the week. Police had begun a search for the second suspect in a location called Watertown. The communities were on lockdown and the ARC personnel were told to stay put in their hotel while the search was going on and until the threat ended. Tara Hughes, the DMH Chief for the operation put it this way: *"Not only did this make service delivery impossible for the day, but the emotional toll of the workforce was palpable."*

The bombings deeply affected Boston and so ARC developed a set of mental health tips that enhanced resilience and will certainly improve the well-being of the population. We worked with public affairs to create flyers and posted them wherever we could. They focused on non-verbal and short messaging on how to take care of self and family. By 19 April there were large posters placed on train cars and buses. Not only did these so-called "car cards" provide tips, but we also collaborated with a federal agency that runs a 24-hour helpline for emotional support. Over the next month, millions of public transport riders will see the messaging developed by ARC, supported by the Transportation Authority and paid by the Boston Foundation. This is an example of the many ways that, by reaching out to the partners, the disaster-affected society greatly benefitted.



Tara Hughes, DMH Chief of operation describes disaster mental health and the new campaign in which over the next month millions of riders will see the messaging developed by ARC, supported by the Transportation Authority and paid by the Boston Foundation. Photo by Clara Barton, American Red Cross, East Massachusetts

THE WEST, TEXAS PLANT EXPLOSION

In the small town of West, Texas, as they settled down after their evening meal, a community of 2800 people was rocked by a blast from a local fertilizer plant. Fire-fighters who responded to the blaze at the plant quickly realized the potential for a deadly event and began evacuating a nearby retirement home and other residences. The blast killed 15 people including five volunteer fire fighters, injured hundreds and devastated the town.

The local Red Cross chapter did not have a disaster mental health team, and volunteers from nearby Austin quickly arrived to begin working with the community. More DMH volunteers were deployed as the extent of the emotional damage was revealed. We stayed until all of the families were contacted and had begun to recover, referring those who needed more support to the local community mental health agency.

PUBLIC MESSAGING

In all three events, DMH worked with public affairs to develop coping tips specific to the events. In Boston, we had the opportunity to distribute those tips on subways and buses. We provided interviews and guidance for chapters who might have contact with people returning from the marathon. We then adapted those tips for the community in Texas.

FAMILY ASSISTANCE CENTRES

In both Newtown and Boston, DMH was instrumental in organizing the Family Assistance Center. It is a place where many different service agencies, from Office of Victims Assistance to massage therapy programmes, can gather. Families need only go to one site to get the services they need to recover. In West, Texas, a slightly different model was used, called the Joint Assistance Center. In all cases, we tried to make it as easy as possible for families to get both material and emotional support.

RELATIONSHIPS WITH GOVERNMENTAL AND NON-GOVERNMENTAL PARTNERS

Relationships with our partners were key in ensuring that families received the services they needed in all three events. In Newtown, we worked closely with local officials as families were notified and the family assistance centre was opened. In Boston, DMH made contact with the Massachusetts Department of Motor Vehicles to provide new identification cards for runners and others whose belongings were confiscated as part of the crime scene. The Heart of Texas Mental Health Mental Retardation Center has been instrumental in providing services to the families of West, Texas and will continue to provide services after the Red Cross DMH visiting responders have left. In all three events, information was shared among several Federal Behavioural Health organizations, including the United States Public Health Service and the Medical Reserve Corps.

FINAL COMMENTS AND LESSONS LEARNED

As the Disaster Response begins to wind down, the acute phase has been completed, and cases have been transitioned to the Chapter. The personnel in the Chapter will continue to provide referrals and psycho-education for disaster-affected people. "Coping in Today's World," a psychological first aid and resilience training programme for communities, will be offered to give neighbours a way to help each other and for the community to build resilience in the face of a long-term recovery.

The relationships with government and non-governmental partners have been strengthened because of these events. As Rob Yin, Manager for Disaster Mental Health, pointed out, *"We worked in collaboration with the United States Public Health Team, and used the same behavioural health surveillance tool, assuring that we were all watching for the same risk factors, speaking the same language and identifying community needs for longer term follow-up."*

At the Family Assistance Center in Boston, we worked with both state and federal agencies that provided victim assistance services. We also collaborated with spiritual care personnel to cover events and plan the vigils and memorial services. Even though DMH services are crucial during mass casualty events, we do not work alone. The Red Cross Safe and Well website for use during domestic disasters was overloaded as family members tried to connect with each other. It requires everyone in the Red Cross organization to provide the services needed by families affected by these awful tragedies. DMH supports the responders in addition to the communities. We hope that we are able to help the community and ourselves become more resilient if another tragedy occurs in the future.



Disaster mental health staffers heading to the Massachusetts Institute of Technology to support first responders attending the memorial service of Officer Sean Collier, who was killed in a gun fight with one of the alleged bombers.
Photo by Clara Barton, American Red Cross, East Massachusetts

Dr Prewitt Diaz is the CEO of the Center for Psychosocial Support in Disaster, and a volunteer of the Capital Region Chapter of ARC and the IFRC Psychosocial Support Centre in Copenhagen.

Dr Cole is the Senior Associate in the Disaster Mental Health activity at the American Red Cross, she is also the disaster mental health liaison with the International Services Department.

Anjana Dayal de Prewitt conducted the interviews and research for the chapter about the Boston Marathon bombings.

New disaster mental health handbook

American Red Cross Disaster Services is happy to announce the publication of the newly revised and updated The new handbook presents approved interventions used to provide Disaster Mental Health (DMH) support both at local or regional Red Cross chapters, and on national disaster relief operations. It includes administrative procedures for providing DMH services, staff mental health strategies, and background and content related to disaster mental health.

This edition of the Handbook reflects the growing field of research devoted to disaster mental health. There are sections on force health protection, cross-cultural issues and working with vulnerable populations, including immigrants, children, and the elderly. The three-element approach to mental health interventions (identification of mental health needs through psychological triage and mental health surveillance, promotion of resilience and coping, and provision of targeted interventions) is described in detail.

This major update to the Disaster Mental Health Handbook was released in October 2012, the 20th anniversary of the creation of the Red Cross Disaster Mental Health activity. This update reflects the Red Cross commitment to providing evidence-informed, cutting edge mental health support to people and communities throughout the whole disaster cycle, during preparedness, response and recovery.

For more informaton, please contact
Valerie Cole, valerie.cole@redcross.org
The handbook is available on the
PS Centres website: www.pscentre.org



LAY COUNSELLING – A new training manual

Lay counsellors around the world provide an important service to vulnerable people.

Lay counselling – psychosocial support provided by staff or volunteers who do not have a mental health background or formal degree in counselling – is often used to assist people in need. Lay counsellors provide valuable psychosocial support in many different circumstances, such as manning telephone helplines, assisting people after an emergency, or giving focused support to refugees or other vulnerable groups. The lay counsellors themselves, however, have to be well prepared for the task in order to provide adequate support.

The PS Centre has developed a training manual for lay counsellors in collaboration with University of Innsbruck, Danish Cancer Society, and War Trauma Foundation. “Lay counselling: A Trainer’s Manual” will equip trainers who train the lay-counsellors and aims to give participants an understanding of what lay counselling is and the skills required. It sets out the role and responsibilities of lay counsellors and the organisation within which they work. The manual outlines a two-day training curriculum and consists of a variety of didactic methods. Specific themes covered are referrals and reporting, supportive communication, assisting decision-making, structure of a counselling conversation, life events, stress and coping, psychological first aid and self-care.

The manual is supplemented by a PowerPoint presentation, hand-outs and additional activities, and the total material developed therefore provides

the necessary tools for conducting a two-day training in lay counselling. The curriculum has a generic structure which should be adapted to each specific context and can be integrated as a supplement to existing trainings, or implemented as an independent training for lay counsellors within a wide variety of settings. The materials are therefore useful in trainings in all National Societies contributing to capacity building of Red Cross Red Crescent staff and volunteers.

The project has been funded with support from the European Commission, Lifelong Learning Programme.

The manual has been translated from English into Danish, German and French, and can be downloaded for free at the Psychosocial Centre web page www.ifrc.org/psychosocial.

Hard copies of the training manual in English are also available and can be ordered through the Psychosocial Centre (psychosocial.centre@ifrc.org).



Address the stress website a hit

In September 2010, an earthquake hit the city of Christchurch and the surrounding Canterbury region in New Zealand. This was the first of three major earthquakes and numerous aftershocks, which continued into 2012.

By **Angela Pyke**,
New Zealand Red Cross

The most damaging of the earthquakes occurred in February 2011, very near the city of Christchurch. Having killed 181 people, it is the second-most deadly natural disaster in New Zealand's history, and by far the costliest.

A disaster of this magnitude makes recovery difficult. In itself, one earthquake is a serious disaster, causing suffering and stress. But the series of Canterbury earthquakes and aftershocks over an extended period of time caused on-going fear, suffering and stress. New Zealand Red Cross has been providing psychosocial support and practical assistance to the community since the first earthquake.



Local superhero Flat Man explains what inspires him to be "a bruv and share the love" at www.addressthestress.co.nz/videos/flatman
Photo by New Zealand Red Cross

Address the stress

In October 2012, New Zealand Red Cross launched a website to help young people deal with the stress caused by the Canterbury earthquakes.

The website "Address the stress" (www.addressthestress.co.nz) provides video mes-

sages from some of New Zealand's top sports heroes, musicians, comedians and actors as well as young Cantabrians and experts in trauma recovery.



"Hang out with friends" is the sage advice from comedians, and good mates, Jono and Ben who share useful tips for dealing with stress at www.addressthestress.co.nz/videos/ben-and-jono
Photo by New Zealand Red Cross

New Zealand Red Cross says it saw a gap with regard to young people accessing trauma recovery resources. The site aims to give Canterbury teenagers the coping skills to get them through uncertain times.

"Address the Stress' reassures young people that what they are feeling is normal. This is a responsive site where young people can leave advice for their peers on how to cope with tough times and see what music choices celebrities use to get them through. There is nothing similar in the digital landscape at this time," said New Zealand Red Cross Chief Executive John Ware.

To attract young people to the website, a competition for an iPhone with celebrity messages recorded on it was held before Christmas and drew a huge response from teens in the region. The iPhone was won by 14-year-old Jayden Crofts from Halswell for his winning tip to other teens on how to cope with stress. In March, 14-year-old



Nola thinks it's "really cool" that her new phone has been used by Cliff Curtis and Jono and Ben. Her tip for getting through tough times is "thinking of people in worse situations than yourself."
Photo by New Zealand Red Cross

Nola Smart from Beckenham won a second iPhone for her contribution to the website.

A third iPhone is now up for grabs. To enter the competition young people must provide a tip on how they deal with 'tough times.' More than 800 tips have been received over the three competitions.

"Address the Stress" has enjoyed massive support from many high profile New Zealanders such as All Black Dan Carter, Olympic gold medallist Mahe Drysdale and Canterbury cult figure Flat Man, all of whom have provided messages on the site for free.

"While it is for young people dealing with the Canterbury quakes, the advice contained on it can be applied to any natural disaster," said Mr Ware.

Red Cross has promoted the site at stalls in Christchurch malls, at the Canterbury A&P show and at a number of local events and festivals. See the website on: www.addressthestress.co.nz

Psychosocial support abroad: Help in a foreign country

By **Dr Claire Scanlan**, British Red Cross Psychosocial Support Officer, and
Dr Sarah Davidson, British Red Cross Psychosocial Advisor

“When you’re in a foreign country and something like this happens, you do feel... quite isolated... a bit like a fish out of water in a way.”

So says Pam, a British citizen who was caught in the middle of terrorist attacks in Mumbai, India in 2008.

When people find themselves in the midst of a major disaster on foreign ground, they often receive some sort of assistance from their home country. Sometimes part of that assistance is psychosocial support.

But does it work? And where is there room for improvement? These were some of the questions that British Red Cross asked people who had received help abroad from the British Red Cross psychosocial teams as part of the assistance from the British Government’s Rapid Deployment Teams.

EXPERIENCES RELATED TO THE EVENT

All participants spoke to some extent about their experiences of being involved in a major incident. They talked about the event itself, the reaction to the event and their needs following it, describing the experience of being involved in a major incident as unique, as well as talking about the fact that it occurred in a foreign country.

Participants spoke about experiencing a range of reactions following the major incident, which included feeling as though they were in a “blur” and not really knowing what



was going on. They also talked about going into survival mode, feeling confused and lost, blocking out feelings, finding it hard to deal with events, and wanting to leave the country they were in:

“When you’re hit with something so shocking... you’re not quite aware of who’s who, who’s saying what, who said what and where you’re going.” (Rachel)

Participants described having a number of different needs following the incident. Initially they were not really aware of what they needed but many talked about needing support as well as more specific assistance such as information:

“I just needed someone there, really. I

was very isolated... you need that help to feel comfortable when you’re in that sort of situation.” (Jamal)

THE RESPONSE

When we asked about the response they received from the psychosocial support team, participants pointed out several aspects. This included the psychosocial support team being “clued up”, which related to participants’ previous knowledge of the Red Cross and included being surprised at their presence, not necessarily knowing who they were being supported by, in addition to the value of the psychosocial support team’s prior knowledge and experience:

“They understood the different issues with things happening abroad... they

obviously knew their stuff... which avenues to use and they did it fantastically. (Rachel)

The value of the psychosocial support team's physical presence in the country in which the incident had occurred was described as being both important and reassuring, and helped participants feel that they were not forgotten.

Participants experienced the response as being holistic, that is that the psychosocial support team considered the wider context, and offered both practical and psychosocial help:

"The members of the Red Cross showed their genuine interest and concern and wanted to help everybody... they really were concerned about us but also concerned about the bigger picture as well, our neighbourhood and also the extended neighbourhood, extended families." (Cathy)

"She was very helpful... we had a good talk and... it helped me to get out a lot of... sadness that I had that I did not understand." (Rose)

"My children have said that they felt that Red Cross was the point, somebody they could contact... to get the absolute truth." (Pam)

Participants described the different qualities of the psychosocial support team members, which included: genuine, good listeners,



Photo by Anthony Kitchener

comforting, considerate, very kind, very sensitive, understanding and very helpful.

CONSEQUENCES OF THE RESPONSE

In addition to talking about their experiences of the event and the subsequent response, participants also spoke about consequences of the response. This related to the follow-up that participants received from the psychosocial support team following their initial contact with them:

"It wasn't just one visit and forgotten... there was a follow-up, which I think was very important... there was a working through it, you know, and I think that made it all so authentic and sincere." (Cathy)

Participants also spoke about their recovery, both in relation to when they were still abroad, which was more focused around physical recovery, as well as their recovery in the present day and since returning home, which related more to emotional recovery:

"My main concern was my recovery and what it would be like and whether I'd walk with a limp or be walking. It was so much pain – that was obviously my main concern." (Jamal)

"The first few months were difficult nightmares...but then I guess the last six months...I kind of got over it, if you like, although still to this day if there is a shake somewhere...I'm on a bit of a short fuse and I will probably always be like that." (Simon)

Participants talked about the psychosocial support team's role in their recovery and their awareness that recovery isn't necessarily a linear process:

"I realised that I was sad, every now and then I used to cry...I didn't understand it was the earthquake that did that to me...[it wasn't] until I spoke to her that I understood why I felt this way." (Rose)

PARTICIPANTS:

Rachel, Dhow capsized, Bahrain, 2006

Pam and Jamal, Terrorist attacks, Mumbai, 2008

Cathy, Rose, Mary and Simon, Earthquake, Haiti, 2010

Peter and Eva, floods/mudslides, Madeira, 2010

(The names have been changed to protect confidentiality)

Participants also described regaining their independence, that is, a sense of agency and control, following the incident and receiving support from the psychosocial support team. There were numerous aspects to this process, including wanting to say thank you or give something back to the British Red Cross as well as the difficulties associated with ending the contact:

"When I came home and we told people about it, being able to say that the disaster team had been there is like saying I'm not making this up...I'm not making a huge thing out of something that was actually quite trivial." (Eva)

RECOMMENDATIONS

While discussing their experiences, participants talked about a number of recommendations or improvements which they felt could be made to the service and would have made a difference to them.

Some participants felt that the psychosocial support team could have been there sooner:

"I guess a more immediate response could've probably helped... had it been more immediate it would've helped deal with the stress." (Simon)

Others felt more support in dealing with the media would have been useful, both whilst abroad and following their return home:

"That was the only thing I didn't [have support with], I did at the time in Bahrain from the Red Cross, they were fantastic, but once I'd got home, I didn't." (Rachel)

20 Help in a foreign country

Some participants did not realise they were being supported by the British Red Cross and felt that knowing this would have made a difference:

“I didn’t realise they were the British Red Cross....and so I didn’t realise they were sort of medical... [knowing] would’ve been more of an invitation to tell them [how I was feeling.]” (Eva)

Other participants talked more about practical issues:

“It would’ve been nice...if they could’ve given you a little [toiletries] pack, just because we had nothing... it just would’ve made us feel a little bit more human perhaps.” (Pam)

“If the Red Cross had maybe had some sort of representative at the airport... ticking off names or offering you know advice or help on what to do.” (Simon)

Other recommendations made by participants related to the continuation of support following the psychosocial support team’s involvement:

“The British Red Cross have had their role so far, but there needs to be someone to work with them... there are certain things I need and I need advice on and I don’t know who to go to and I can’t just knock on some random [person]’s door... it’s knowing who do I



Photo by Foreign and Commonwealth Office, United Kingdom

contact for certain things... there needs to be a tie on the somewhere along the line.” (Jamal)

This also included being signposted to non-UK based support for those who live abroad:

“Maybe having offered regional help centres, you know, not offering UK sort of base...it would’ve been helpful to have known there was a Red Cross in Jamaica and a contact person’s name there.” (Simon)

As well as tying in with other organisations, such as with the victims of the London terrorist attacks, and the potential usefulness of this:

“I think that would’ve been very useful...for guidance and support because they’ve obviously gone through it...and they’ve had dealings and experienced it.” (Jamal)

CONCLUSIONS

Overall, participants were very positive about the service they received from the psychosocial support team, both in terms of the support they received and their overall experience. In addition, there was a high level of consensus between participants in terms of their experiences and the aspects they found to be particularly useful.

The needs which participants described following the event were undoubtedly psychosocial in nature and varied according to their situation. The support provided by the psychosocial support team was reported to reflect these individual needs and served to emphasise the importance of tailoring their response to the individuals with whom they are working.

A number of recommendations for improving practice were made from the findings from this study:

1) Provide participants with information and support regarding dealing with the media both while abroad and once they are home;

- 2) Repeat introductions to those receiving support to ensure the beneficiaries know by whom they are being supported;
- 3) Provide people with the required practical resources, e.g. toiletries;
- 4) Signpost people to a point of contact and/or additional support services which they can access following the end of the psychosocial support team’s support.

In addition, it was felt to be important that the psychosocial support team keep doing what they are doing, as the findings from this study suggest that they are being effective in providing psychosocial support to individuals following their involvement in a major incident abroad. It was recommended that the service continue to be developed in line with the latest guidelines and evidence, whether this is practice- or research-based.

For more information about the study, please contact Claire Scanlan (CScanlan@redcross.org.uk) or Sarah Davidson (SDavidson@redcross.org.uk)

METHODOLOGY

We aimed to explore: How those who had received support from the psychosocial support team experienced the service. What aspects they felt were particularly useful/not useful. Was there anything else (that they had not been offered) that they felt would have been useful to them?

Forty-one letters and emails were sent to people who had received support from the Psychosocial Support Team from seven different major incidents, inviting them to participate in the study. Ten people from four different incidents responded, nine of whom became participants.

Semi-structured interviews were carried out with participants either face-to-face or over the phone. Interviews were transcribed and analysed using a qualitative research approach called Grounded Theory, whereby codes and categories are used to describe what was found in the data. The major categories identified related to: people’s experience of the events, the response, and consequences.

AFTERSHOCKS — a report from Japan two years after the great east Japan earthquake

When Reiko Takeda leaves her home for work in the morning she always makes sure the tank of her car is at least half full. Since the Great East Japan Earthquake on 11 March 2011, followed by a tsunami and the worst nuclear accident since Chernobyl, many Japanese still have a sense of anxiety and uncertainty that won't go away. A key experience for many affected Japanese was that a full tank of fuel is essential to escape a dangerous situation under chaotic circumstances.

By **Leif Jonasson**, journalist, volunteer for the PS Centre

Arriving at her destination, Mrs. Takeda forgets to worry about the fuel level of her car. She is a specialist, working for the Japanese Red Cross Society's Fukushima Chapter, organizing psychosocial activities for survivors of the tsunami and for displaced people. In this region, fear and uncertainty remains a daily challenge while authorities and the Japanese Red Cross Society (JRCS), alongside other humanitarian organizations, struggle to bring back a sense of security and safety. Full body scans for radioactivity are available to citizens who want to make sure that their bodies have not been contaminated by radiation. In a few towns, people can bring fruit, vegetables and other foodstuffs to check if the contamination level makes their food unsafe to consume.

DISTRUST AND RUMOURS CAUSE STRESS

While some inhabitants of the affected areas are afraid that the government is not telling the full truth about the danger of radiation, and worry that they might become victims of long term consequences like cancer, others believe that the authorities are deliberately exaggerating the danger to keep them from moving back to the restricted areas swiftly. At the same time, many have also watched TV-reports disclosing improper decontamination work within the affected areas. Rumours say that contaminated soil has been dumped in unauthorized places. What remains is anxiety.

International experts, however, agree that the psychosocial impact of the Fukushima nuclear disaster is likely to cause more suffering than the radiation itself. Psychological stress, depression and increased consumption of tobacco, alcohol and unhealthy fast food are among the well-known problems in the aftermath of events of this magnitude.

"The atmosphere in the areas with high levels of radiation was downright depressive for months after the incident," Professor Shunichi Yamashita from Nagasaki University told German news

magazine Der Spiegel. Scientists have evidence that stressed individuals are more vulnerable to even small doses of radiation than healthy people. *"Stress is obviously weakening your immune system,"* Professor Yamashita said.

TRADITIONS BREAK UP THE SILENCE

A common worry among psychologists and other healthcare officials is that many survivors may be going through severe emotional distress in silence and without asking anyone for help. Japanese culture is such that many affected people worry that they would be considered weak if they were to ask for psychological help or care.

In Fukushima City, where prefabricated temporary housing has been erected in a dusty industrial suburban zone, representatives of the PS Centre were invited to join a traditional Japanese tea ceremony offered to the residents by Japanese Red Cross Society volunteers. This is one of the most widespread psychosocial activities in the area, along with Nordic walking (a form of exercise involving walking with two long walking sticks, so as to activate the upper body as well), massage, and traditional relaxation techniques.



Photo by Leif Jonasson

Watching a few of the mostly elderly women taking part in the event, it is obvious that the tea ceremony provides a sense of social normality and tradition. It makes them open their minds, talk to each other, and express a little of their private opinions and emotions – even to strangers, like the visitors from Copenhagen, Denmark.

NORDIC WALKING IN JAPANESE

Moving on to another tsunami-affected part of north-eastern Japan, two years after the earthquake, you might get the impression that life is somehow getting back to normal. Until you realize that the big empty plain with only a couple of giant piles of debris in front of you was part of coastal Rikuzentakata City, until it was washed away by the tsunami. While nearly all the buildings that were damaged have since been disposed of, the psychosocial aftermath of the disaster is only in an early stage of development.

In Rikuzentakata we saw how a physical activity like Nordic Walking is used as a psychosocial activity, the benefit for the participant's physical health immeasurable. And once again most of the participants were elderly women, enjoying a well-deserved break.

“The exercise itself leads to a sense of proximity and confidentiality that makes it possible to cope with your mental crisis,” says psychologist Jun Maeda of the Japanese Red Cross Society. It is not only the elderly who are in need of psychosocial support. British newspaper The Guardian reported recently that the number of young couples getting divorced is rising in the Fukushima area.

“The on-going uncertainty is a heavy burden for many younger couples,” Professor Noriko Kubota, a clinical psychologist at the University of Iwaki, told the newspaper.

“People are living with constant low-level anxiety. They don't have the emotional strength to mend their relationships when cracks appear,” she explains.



Photo by Leif Jonasson

A NEED FOR LONG-TERM ASSISTANCE

Many experts we met agree that while the “disaster honeymoon period” (where the majority of people are reaching out to help each other) is over, long term psychological trauma is setting in. The scale of devastation of the earthquake and tsunami has resulted in a reconstruction plan that will take at least five more years to fully accomplish. Psychosocial care might be necessary for an even longer period of time.

“Psychologists and other staff of the Japanese Red Cross Society, including many volunteers, have made an unprecedented effort to provide psychosocial support under difficult circumstances,” says Nana Wiedemann, head of the IFRC Reference Centre for Psychosocial Support. *“We are very impressed to learn about their swift response to the disaster in 2011, as well as the numerous on-going activities, and we are looking forward to sharing the valuable experience of our Japanese friends with colleagues worldwide.”*



Photo by Leif Jonasson

The Great East Japan Earthquake of 2011 lasted only a little less time than it takes to boil an egg. For 3 minutes and 30 seconds the earth was shaking from one of the strongest quakes ever recorded.

Only half an hour later, a tsunami hit the Japanese coast killing at least 20,000 persons immediately and demolishing housing for hundreds of thousands. And finally, the nuclear power plant of Fukushima was flooded and damaged, causing the world's worst nuclear accident since Chernobyl.

Creativity improves childrens self-efficacy



Photo by Hisashi Hasegawa / Japanese Red Cross Society

When the tsunami hit Japan in March 2011, many children witnessed their homes being destroyed and the death of relatives and friends. Many are still living in temporary housing, and various reports indicate that while most of the children are putting the dramatic events behind them, new psychological health issues among children keep emerging.

The Japanese Red Cross Society (JRCS) continues efforts to provide long-term psychosocial support for children. A very successful support programme has been launched under the Kids Cross Project, aiming at the general improvement of children's emotional well-being. In Kamaishi, Iwate Prefecture, children aged 3 to 12 have participated in semi-guided creative art workshops.

"The children took part in creative activities such as painting, making badges and building houses, towers or other objects with round cardboards called Builder



Photo by Hisashi Hasegawa / Japanese Red Cross Society

Cards," says Reo Morimitsu, a clinical psychologist who is also serving as technical advisor of the programme for psychosocial support at the JRCS.

"Most of the kids seemed active, happy and more self-confident through the creative activities," Mr Morimitsu says.

"It is fair to say that the round Builder Cards have proven to be efficient and effective tools for the psychosocial workshops targeting children. A set of cards consists of two sizes of cards, 25 cm and 10 cm in diameter. The bigger cards have

radial slits around their circumference and children are easily instructed how to use the cards for building various structures. Some play alone while others interact and start building in groups. And this activity only requires minor training for facilitators," Reo Morimitsu recounts.



Photo by Hisashi Hasegawa / Japanese Red Cross Society

Assistant programme coordinator Masako Kataoka of the JRCS says, *"The collaboration between three organizations, The Chiba Prefectural Arts Museum, The Kamaishi Board of Education and the JRCS was integral to the project's success."* And Reo Morimitsu adds: *"The programme not only improves children's self-efficacy, but enhances their sense of social belongingness and bonding to their mothers. The workshop provided a chance to get special attention and acceptance from adults through their work."*

The JRCS has decided to move on and expand this psychosocial activity to other areas, such as Fukushima. JRCS is also supporting the establishment of a centre on caring for children who are suffering from the emotional impact of the disaster. The centre will be located at Iwate Medical University in the town of Morioka.

COPING WITH CRISIS, ISSUE 1/2013

Activity Bank Online. www.activitybank.net

Organising psychosocial activities for children in and out of school is easy with the Children's Resilience Programme. It consists of four booklets and an activity bank.

The Activity Bank is now also available online on www.activitybank.net. With the online activity bank it is now even easier to plan your own workshops and activities. Here you will find electronic versions of all activities in the books as well as many more suggestions. With a template – and a search function – you can also easily create your own activities.

Please note that the Activity Bank is a beta-version. We greatly appreciate any comments and suggestions for improvement and further development on psychosocial.centre@ifrc.org

All the booklets are now also available in French in hardcopy. Hardcopies can be requested from the PS Centre



Psychosocial Centre

 International Federation of Red Cross and Red Crescent Societies

The Psychosocial Centre of the International Federation of Red Cross Red Crescent Societies
c/o Danish Red Cross
Blegdamsvej 27
PO. BOX 2600
2100 Østerbro
Copenhagen
Denmark

Tel: +45 3525 9200
E-mail: psychosocial.centre@ifrc.org
Internet: <http://www.ifrc.org/psychosocial>

Research partners



And supported by



Hosted and supported by

