

eCBHFA Volunteer manual

Module: Psychosocial support

Topic 1: Crisis events and psychosocial support

Learning objectives

At the completion of this topic, you will be able to:

- Describe basic concepts of crisis events and psychosocial support

Main learning points

Outline of activities

1. What is well-being and psychosocial support?
2. What is a crisis event?
3. What can be identified as risk and protective factors when facing adversity?

Crisis events and psychosocial support - introduction

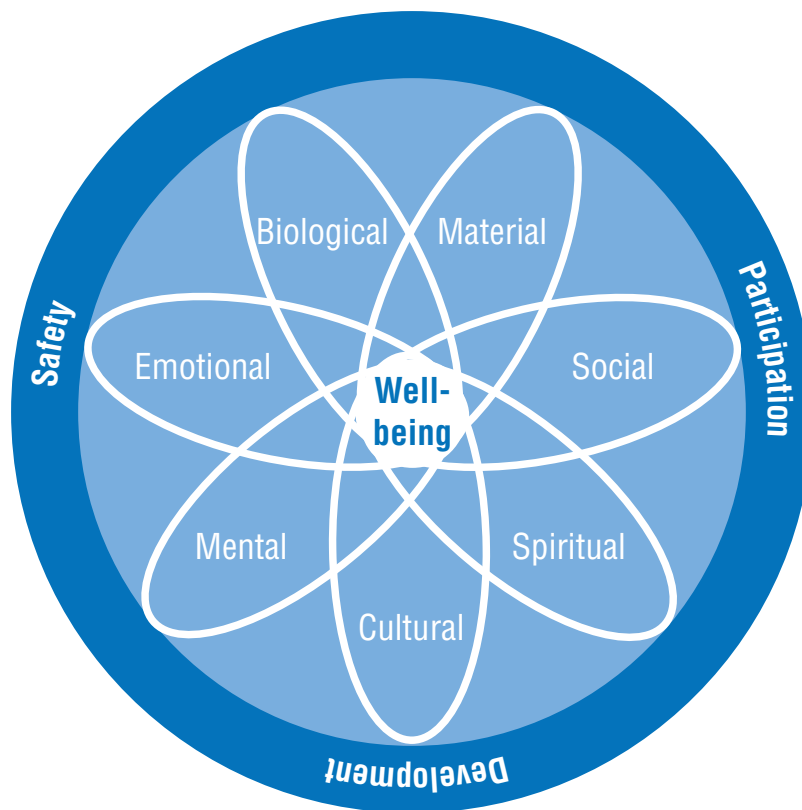
Red Cross and Red Crescent National Societies work to improve the lives of the most vulnerable. This means not only providing food, water, shelter and medical aid, but also attending to psychological and social needs during and after crisis events.

In the past decade hundreds of millions of people have been affected by natural disasters such as earthquakes and floods. Many more have been affected by conflicts, epidemics and other types of crises.

Well-being and psychosocial support

The term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the one influences the other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. It is important to remember that what happens in one of these areas will affect aspects of the others. How we are feeling internally affects how we relate to the environment around us. Similarly, our traditions, customs and community affect how we feel.

Well-being depends on many factors. The overlapping circles in the “well-being flower” below suggest that individual and collective well-being depends on what happens in a variety of areas, that meeting at least some minimum level of need in each of these areas is necessary and that the areas are interrelated.



Social: refers to friends, family, relatives, social activities, sports/leisure groups and clubs, as well as support groups. Human beings are social by nature and a denial of access to social activities and social interaction can increase a person's distress levels.

Emotional: refers to how we are feeling. Our feelings have an immense impact on our well-being, and if you have emotional distress it can be difficult to ensure well-being even though you have all other parts of the well-being flower covered. One must feel at ease in order to truly experience well-being.

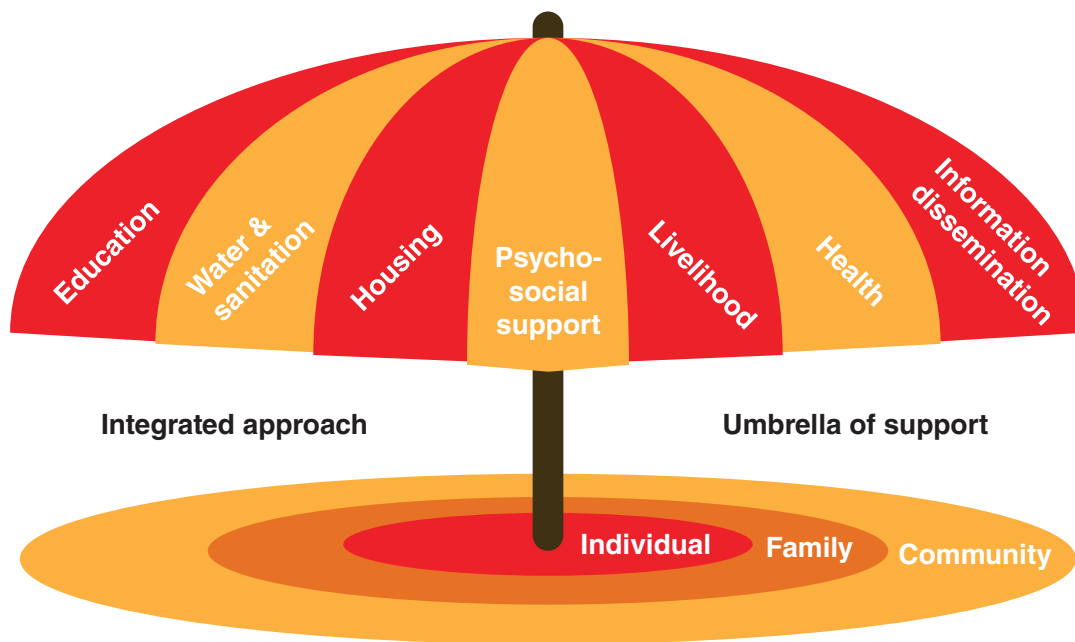
Spiritual: being free to practise one's religious or other spiritual practices is an important aspect of well-being.

Cultural: culture involves learnt patterns of belief, thought and behaviour. It defines how things are supposed to be for us. Culture makes life and its stages more predictable and enables a society to maintain itself. A culture also develops, adopts, or adapts the tools, types of shelter, transportation and other physical items needed to maintain itself. It defines standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotion. It defines what behaviour is considered normal or abnormal. A culture evolves and changes over time.

Mental/cognitive: refers to thoughts and other related functions of the mind, which include problem-solving, learning how to learn, how to acquire information and how to be able to use it.

Biological: refers to the living organism. It is the physical health and the biological aspects of mental health as well as the absence of disease/disorder.

Psychosocial support refers to the actions that address both the psychological and social needs of individuals, families and communities. Psychosocial support in the Red Cross and Red Crescent context is sometimes delivered through programmes specifically designed to address psychosocial issues. However, it is more common that psychosocial support is integrated within other activities and programmes, such as health programmes during emergency relief, assistance programmes to people living with HIV and AIDS and school support programmes in order to ensure a more holistic approach.



What is a crisis event?

A crisis event is a major event outside the range of ordinary everyday experience. It is experienced as extremely threatening to those involved, accompanied by feelings of powerlessness, horror or terror. Often it will cause a general sense of loss of the normal foundations of day-to-day activities. For example, an individual may experience a crisis when abrupt changes from the normal occur, such as the death of a loved one, the loss of one's job or good health, a sudden natural disaster, violence or conflict-related event. A number of characteristics can influence the psychosocial impact of a crisis event on an individual, family or community. This depends on the origin of the event and its scope and duration.

Personal characteristics and resilience of those affected will influence the psychosocial impact of a critical event. Crises where many people are affected may leave few survivors to help one another. However, large-scale crises do tend to result in a collective community response and an international demonstration of support, allowing people to grieve together. A crisis event of short duration will tend to have less emotional impact than one that lasts longer. Events that are frequent and intense will, however, just like those of longer duration, have higher impact.

Crisis events and challenges where psychosocial support is relevant

Everyday crisis situations

Most people encounter situations at different points in their lives where family members or friends experience crises, for example if someone loses their job, is involved in a car accident or someone they love dies. Everyday crisis situations can lead to a variety of feelings depending on what has happened, but common reactions to the examples given are shock, confusion, fear, sadness or anger which, if strong enough, can interfere with the person's ability to manage the situation.

Social challenges

Red Cross Red Crescent staff and volunteers support many individuals and groups of people who are marginalized and experience loneliness. Examples are homeless, elderly, people who live in institutions such as prisons, retirement and nursing homes or psychiatric hospitals. Social exclusion and loneliness can lead to feelings of not belonging and/or a sense of worthlessness, which if severe can lead a person to lose hope and the will to live, or lead to emotional breakdowns, risky or self-harming behaviour.

Health challenges

Red Cross Red Crescent National Societies in most countries around the world are involved in health-related activities, ranging from training and providing physical first aid, supporting people living with physical and mental disabilities, HIV and AIDS, cancer, neurological illnesses, Alzheimer's and dementia and responding to epidemics such as Ebola, cholera, etc.

Health challenges can be difficult, not only at the time of a diagnosis, but also during an illness, for example when the person who is ill experiences a crisis situation when attending treatment or going for a check-up. There can also be issues of guilt from the family related to not being able to take the illness away from their loved one, or other issues related to future insecurity, for example, fear of financial worries.

Natural disasters

Disasters such as earthquakes, floods and fires typically affect many people at the same time and often involve large-scale devastation and loss of homes and lives. Natural disasters are frightening and often become situations of chaos and panic. People affected by natural disasters risk being physically hurt, witnessing the injury or even death of others, fearing for their own safety and lives, being separated from their families and loved ones and temporary or permanent relocation. All these experiences can be difficult to deal with both in the moment and after the events.

Man-made disasters

Disasters that result from human-related behaviours are varied, for example, fires started by humans, explosions in factories or mines, massive accidents involving transport vehicles, such as cars, boats, buses or planes, panic situations at festivals or sporting events when stages collapse, etc. Like natural disasters, man-made disasters are also frightening and can quickly lead to situations of panic and chaos. They can be as devastating in terms of losses as natural disasters, with the main difference being that the disaster was related to man-made things or human behaviour.

Violence

Many people witness or experience violence, such as in domestic conflict, sexual and gender-based violence, criminal violence, hate-crimes and stigma-based violence. This is violence against a person or group of people because of stereotyping and judging a person based on their characteristics, associations, religion, ethnicity, etc. Belonging to

a specific gender, age, ethnic group, living with a disability, being of a different sexual orientation or being an immigrant are examples of factors that can heighten someone's risk for experiencing violence. Violent experiences are frightening and usually lead to strong physical and emotional reactions. How people react to experiences of violence depends on a number of factors, such as how severe the violent act was and what the consequences were, the context of the violence, who the perpetrator was, how others reacted, what help was given, etc.

Armed conflict

Situations of armed conflict include acts of terror, war and other forms of violence that are between two or more states or armed factions. People affected often live in a continued state of fear and anxiety over their own and their loved ones' safety and well-being or with grief and bereavement. Living in a situation of armed conflict is dangerous and frightening and can lead to a variety of social and emotional reactions and challenges that are difficult to manage, such as feelings of fear, anger, confusion or sadness, inability to trust others, loss of solidarity and feelings of betrayal, aggressive behaviour, high rates of risk-taking behaviours, lack of self-protective behaviour, feelings of self-blame and guilt, social isolation etc.

Protective and risk factors

"Many people show resilience, that is the ability to cope relatively well in situations of adversity. There are numerous interacting social, psychological and biological factors that influence whether people develop psychological problems or exhibit resilience in the face of adversity."¹

The social, psychological and biological factors that keep people resilient are called protective factors. They reduce the likelihood of severe psychological effects when encountering hardship or suffering. Belonging to a caring family or community, maintaining traditions and cultures, and having religious beliefs or political ideology are all examples of protective factors. For children, stable emotional relationships with adults and social support, both within and from outside the family, are strong protective factors. Ability to maintain daily routines and to restore a sense of normality are also protective factors.

Certain groups of people may potentially be at increased risk of experiencing social and/or psychological difficulties. Children, elderly people, mentally or physically disabled persons, people living in poverty and persons with pre-existing health or mental problems have been shown to be at risk.

Check your understanding

1. What does "psychological" and "social" means in the term "psychosocial"?
2. List at least four elements in the well-being flower?
3. Explain what a crisis event is and give some examples of crisis events?
4. What influences the psychosocial impact of a crisis event?
5. What are protective factors and risk factors?

¹ Interagency Standing Committee (IASC) Guidelines 2007, page 3.

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Module: Psychosocial support

Topic 2: Stress and coping

Learning objectives

At the completion of this topic, you will be able to:

- Describe common reactions to stress and crisis events as well as coping strategies and how to support people in stress

Main learning points

- What is stress?
- Common reactions to stress and crisis events
- Coping with stress
- Complex reactions to crisis: complicated grief, depression, anxiety and post-traumatic stress disorder (PTSD)

What is stress?

People respond to crisis events in many different ways. This topic describes both common and more severe forms of stress reactions. Stress is a normal response to a physical or emotional challenge and occurs when demands are out of balance with resources for coping. There are different types of stress:

Day-to-day stress represents those challenges in life which keep us alert and on our toes.

Cumulative stress, however, occurs when the sources of stress continue over time and interfere with regular patterns of living. This can turn into burn-out if not managed in time.

Acute stress represents specific situations where individuals are unable to meet the demands made on them and suffer physical or psychological breakdown.

Stress reactions in dangerous situations

Reactions to stress may differ and depend upon the severity of the situation, as well as on an individual's characteristics and previous experiences. However, when extreme stress occurs, it interacts with the body's physical, psychological and social functioning. Stress reactions prepare the body for physical activity (fight, flight or freeze). The fight and flight response is activated when we think we can either outfight or outrun the perceived danger/attacker. The body is ready to react in a matter of seconds when adrenaline and other hormones are released that produce physical changes, such as increased heart rate and blood pressure, rapid breathing and sweating. In some respects, the fight/flight response can be seen as an energy conservation device. It allows you to go through your day, using a modest amount of energy for mundane tasks, while keeping a massive amount of energy always on reserve in case of emergency. Freeze is a mechanism that is activated when the body thinks the danger is too great to overcome and there is no escape. It happens in car accidents, to rape victims and to people who are robbed at gunpoint. Sometimes they pass out, freeze or mentally remove themselves from their bodies and do not necessarily feel the pain of the attack. When in a dangerous situation these mechanisms are vital for survival. However, sometimes the body reacts as if it was still in a dangerous situation even though the danger has passed. This can create anxiety and can be very unpleasant. Usually over time, the physical reactions will diminish and then pass. If after a month or so these physical reactions are still severe it might be necessary to receive support from specialized services.

Common reactions to crisis events

Most people experience stress in the course of being caught up in a crisis event. The section below describes common reactions immediately during and after an event, and in the days, weeks, months or even years after the event when reminded of the event or experiencing further development of the situation following the event. The following point is important to remember: people do not all react at the same time or in the same way to a crisis situation. Some people are calm and do not react strongly at the time of an event but have strong reactions later and vice versa.

During and immediately after

There are some crisis events that we can prepare for to a certain degree, such as when someone is dying of an incurable illness or is close to dying of old age. Crisis events like these are expected but still sad and unwanted. Reactions to events like this can still be overwhelming and difficult, but they are different from reactions to unexpected and sudden events.

During or immediately after a severe unexpected crisis event, many people react by going into what is commonly known as a state of shock, where time seems to stand still and everything feels numb and unreal. This can be accompanied by physical reactions of increased heartbeat, sweating, shaking, trembling, shortness of breath, dizziness or nausea. People may find it difficult to think clearly and do not know how to handle the situation. These reactions can last for minutes or hours during or after an event. They typically subside after a few hours, although some people may feel like this for longer.

Days and weeks after

Reactions after an initial state of shock vary greatly depending on the perceived severity of the event someone has experienced. If the event was traumatic and frightening, the person may feel relieved that they survived, but they may also feel guilty or angry if others were hurt or killed and they were unable to prevent this. There is often profound sadness and grief especially if lives were lost. Sometimes there can be fear that the frightening event will happen again, for example in the aftermath of an earthquake or in a situation of armed conflict. In this phase, it can be difficult to make decisions and to communicate clearly with others. This can lead to feelings of anxiety, confusion, and uncertainty about what to do next.

Many people have physical reactions in the first few days after a distressing event like aches and pains, and may lose their appetite or be unable to sleep. If a person's life has changed dramatically due to a distressing event, it may be difficult to carry out normal everyday activities and to focus on what the next steps of action should be. Some people may feel an enormous anger with other people and the world, while others experience a sense of emptiness and hopelessness about the future and lose interest in interacting with others or doing things they used to do. Withdrawal, disappointment, avoiding company and thinking no one really understands are also common reactions.

Weeks and months after

As weeks and months go by after a distressing event, reactions continue to change. Most people begin to accept the changes to their lives and start slowly to adapt and adjust to a different reality. This can still be very difficult, however, and even though most people are able to function and carry out daily activities, some people continue to have recurring moments where they feel fear or anxiety, anger and irritability or sadness and hopelessness.

Some people keep themselves excessively busy to try to avoid thinking about their experiences or losses, whilst others find it hard to get out of bed and be with other people. Some people become overly vigilant and nervous and may become over-protective of their loved ones. Some may continue to experience appetite changes and eat more or less than usual. Changes in sleeping patterns are also common, with some sleeping more than usual, and others finding it very difficult to fall and/or stay asleep. If the problems stay the same and are continuously severe, this is a sign that they are in need of further support. When someone has such strong reactions that they interfere with their normal daily functioning, then they may need referral for more specialized services and support.

Years after the event

Most people recover from crisis situations and difficult experiences and find ways to adapt to their changed lives. However, there can be situations and events that trigger strong reminders of the stress reactions and may make them recur, such as anniversary dates of the event or experiencing something similar.

Coping with stress

Just as there are many ways of reacting to crisis events, there are many ways of coping with the impact of these events. The objective of coping is to survive – to function physically, socially and psychologically through the course of a crisis and afterwards. Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems and seeking to minimize, reduce or tolerate stress or conflict.

Coping strategies

In psychological terms, people are seen to cope in two ways. They may adopt avoidance or approach strategies. Avoiding facing the situation can result in negative thoughts and emotions, depression, psychological and physical strain. Avoidance strategies include denial and disassociation. This may mean that confrontation is avoided or that the person decides that nothing can be done. Unhealthy coping behaviours include ignoring a threat or denying its effect, going into isolation, letting frustration out on others, self-medication including substance abuse, and taking other security and health risks. However, this is not set in stone. It may be that if a person has survived an extreme traumatic event, he or she may deny the event or may have no recollection of the event. In this instance, the brain makes sure that the person can still function despite the fact that something terrible has happened, and avoidance can sometimes be a useful mechanism, at least for a while.

However, people tend to function better when they adopt approach strategies. Facing their problems and trying to solve them often results in reduced levels of stress and makes it easier to move forward. Healthy coping behaviour includes reaching out to others for help, actively working to find a solution or eliminating the source of stress. Approach strategies also involve trying to find meaning in the situation, activating support systems and taking action to solve the problems. The positive coping strategies listed in the box shift the balance by reducing vulnerability and increasing resilience. Maintaining daily routines, for example, reinforces independence and counteracts a sense of helplessness in an unstable situation.

Positive coping strategies

- Maintaining or resuming daily routines
- Seeking help
- Offering help to others
- Talking about one's experiences and trying to make sense of what has happened
- Seeking information about the welfare of loved ones
- Beginning the repair of homes and community structures
- Engaging in religious ceremonies
- Setting goals and making plans to accomplish them and to solve problems
- Using the body in sports and gymnastics, dancing and other ways of engaging in creative and cultural activities

Assisted coping

Some people will need help in the immediate aftermath of a crisis event. The longer a person remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible. This section describes ways in which people may be assisted in the early stages of coping.

- **Keep a primary focus on physical care and protection:**
In the immediate aftermath of a crisis, people may be unaware of safety threats because of shock. It is good to establish contact with individuals and offer assistance. If possible, remove them from the stressful situation and limit exposure to sights, sounds and smells. Protect individuals in shock from bystanders. Provide warmth, food and clothing, and treatment of injuries, if possible. These actions prevent further harm and establish the basis for further assistance.
- **Provide comfort and reassurance:**
Ask people about their situation and allow them to talk about their experiences, concerns and feelings, but do not force anyone to talk. Reassure them that their reactions are normal and explain to the affected people what reactions they might expect in the aftermath of a crisis event. Do not give false assurances but remain honest and realistic. This type of support assures those affected of the helper's good intentions and reminds them they are not alone. It also helps individuals understand their situation and is a first step towards coping.
- **Provide information:**
People have an urgent need for information in a crisis. "What has happened to my loved ones?" and "where can I find them?" are questions most frequently asked. It is very helpful to know precisely what has happened and why, and what is likely to happen next. This can be done person to person, but staff and volunteers can also organize information dissemination in a more systematic way. For example, community meetings can be planned and run, written or pictorial information distributed and, most importantly, updated information should be easily accessible. People need to have clear information in order to react, seek support and adapt. They need to be able to take informed decisions about their situation. People in crisis only take in limited information, so there needs to be frequent repetition and clarification of the information.
- **Help people to do activities and maintain a daily routine:**
Help people to do any practical activity that seems appealing to them – whether it is playing music, sowing, repairing a wall or watching a film. Activities help people let go of difficult thoughts and give some respite from the difficulties that may lie ahead. It is important to try to maintain daily routines and day-to-day activities, such as reading a bedtime story to children, keeping proper mealtimes, etc. Support people to identify how this can still be done, even in a crisis situation where daily life has been interrupted.

Complex reactions and situations

Sometimes people have reactions to distressing events that are more complex than the ones described previously. There are certain factors that increase the risk of developing stronger and more complex reactions. Examples of these are if a person has had previous traumatic experiences; has an underlying mental condition; was exposed to events where the horror element was high; thought he or she was going to die; experienced traumatic bereavement and/or was separated from his or her family.

When assessing the psychosocial needs of a population in the aftermath of a crisis, one should keep in mind that those who were potentially at risk prior to the event (for example children and adolescents, the elderly, and people with physical or mental disabilities) are under greater risk of suffering from strong reactions. Some people may also become overwhelmed if the stressful situation lasts for longer periods. This might, for example, be the case if people have become homeless, lost their livelihood or live in conflict areas. In such cases recovery is even more complicated.

There are many different complex reactions that can be observed over time. Some of the most typical ones connected to experiences of distressing events are panic attacks, anxiety, depression and post-traumatic stress disorder (PTSD). People who have complex reactions often need additional specialized help besides assisted coping and should be referred for professional mental health support if possible. Examples of referral services are local counselling services, clinics or hospitals with mental health trained staff, non-governmental organizations that offer psychosocial support and support groups. In some communities, counselling is offered by religious leaders or lay counsellors.

Anxiety and panic attacks

Anxiety is generally a very unpleasant emotional state characterized by high levels of distress, uneasiness and nervousness. It can include panic attacks, excessive worry as well as obsessive and catastrophic thinking. Anxiety is frequently distinguished from fear by being without a focus as fear assumes a specific feared object.

Any distressing event can lead to a panic attack, but they are most common after accidents or situations that are frightening. A panic attack is a distinct episode of anxiety during which a person feels fear and apprehension. The anxiety reaches its peak within 10 to 15 minutes. During the panic attack, the person can have multiple somatic (physical) symptoms such as a faster heartbeat, shortness of breath, chest discomfort, profuse sweating, dizziness, light-headedness or nausea. Many people also feel very afraid, for example of dying, losing control and/or of fainting. The first step in assisting someone with a panic attack is helping them to feel calm. See volunteer material Topic 4, Psychosocial first aid (PFA) for an example on how to make someone feel calmer through quiet and focused breathing exercises. If the physical reactions persist then it is necessary to call for medical help.

Depression

Depression is characterized by a prolonged feeling of a sad mood, diminished interest in activities that used to be pleasurable, weight gain or loss, agitation, fatigue, inappropriate guilt, difficulties concentrating and sometimes, recurrent thoughts of death. Depression is more than a "bad day": it is a medical condition that can seriously affect a person's life and their ability to function. People can develop depression if they have complicated reactions that are left untreated, such as complicated grief that persists for a long time, or ongoing sleep problems. People showing signs or symptoms that they may be experiencing depression should be referred for mental health support if available.

PTSD

Some people who experience traumatic events, such as a natural disaster, armed conflict, physical assault and/or abuse or an accident may develop post-traumatic stress disorder (PTSD). This is a disorder that can only be diagnosed at least one month after the experience of a traumatic event and is characterized by the persistence of the following three types of symptoms throughout the month: i) re-experiencing the event, ii) avoidance of reminders of the event and iii) symptoms of increased arousal such as nervousness, sleep-related problems, stomach problems and difficulties concentrating. The condition includes recurrent thoughts and images of the event, psychological numbness and reduced involvement with surroundings. Post-traumatic stress disorder can have debilitating effect on a person's life, and the person will most often need mental health treatment and support. If a PFA helpers suspects a person has PTSD, connect the person with mental health services for assessment and treatment, if available.

Support to people with complex reactions

Many people experience unpleasant feelings and reactions such as grief, anxiety or depression after a crisis event and they may re-experience the event in their minds. Usually, these reactions fade gradually and eventually disappear. However, some people may find that these reactions persist over a longer period and even worsen. This may lead to the development of serious psychological problems and then professional help is needed. The conditions listed above share some of the same symptoms, but the focus of treatment varies. This material does not cover these disorders in detail. Further longer-term training is required along with supervision to provide the specialized services needed (see also topic 5 for information on referrals). The Red Cross Red Crescent works to support the local health services of a given country. Our work is community-based, grounded in volunteerism. As a result, assisted coping and psychosocial support provided by staff and volunteers and community resources go hand in hand with professional assistance, thereby reducing the isolation and stigma of persons with mental health conditions and their caregivers.

Check your understanding

1. Describe fight, flight and freeze reactions.
 2. List five common reactions to crisis events.
 3. What is assisted coping?
 4. Mention at least three complex reactions to crisis events.
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Module: Psychosocial support

Topic 3: Loss and grief

Learning objectives

At the completion of this topic, you will be able to:

- Outline the meaning of loss and grief, the impact they have on individuals and families and how to support grieving persons

Main learning points

- Different types of losses
- Common reactions and grief processes
- Expected and sudden loss
- Complicated grief processes
- How to support a grieving person

What is loss?

Everyone will experience loss and feel grief at some point in life. Loss is common, particularly in crisis settings. There are many types of losses: the death of a significant other, destruction of property, loss of livelihood, the ending of an important relationship, physical injury, loss of security and social networks.

All kinds of losses are unpleasant, but some losses can be devastating. This topic focuses largely on loss of life, which often has an immense impact on survivors' lives.

It can be very painful to lose someone. The pain may seem unbearable. The sense of connection to the person is broken and it is difficult to find one's own place in life again. Close encounters with death may evoke a fear of dying oneself. For a family, one member has gone. The death of that person may lead to secondary losses of income, home and social status. In these circumstances, it can take a while for the family to reorganize.

Sometimes death may come as a natural part of life without evoking unbearable pain. For example, when a person is ill for a long period of time, there may be time to adjust to the thought that that person will die. Sometimes, the end might even feel like a relief. When an old person dies an expected death, it may not be a catastrophe, but feelings of grief are still likely to be released.

Grief response to loss

The death of a significant other can throw those affected into a changed world. People often lose direction and feel that nothing really matters anymore. Plans and activities which were important the week before suddenly seem trivial now. Priorities are changed. Death may challenge religious beliefs and values, raising questions about existence and meaning in the world.

Grief is a natural but painful process that is intended to release the affected person from what has been lost. It is a necessary and unavoidable process of adjustment. It might be said that grief is a prolongation of the love the bereaved individual feels for the person who has died.

In the beginning of a grief process, the bereaved person may think about the lost friend or relative all the time, and recall important situations and moments spent with the person. In addition to sadness and sorrow, feelings of anger and resentment may occur during this period, as it can be difficult to accept the reality of the situation.

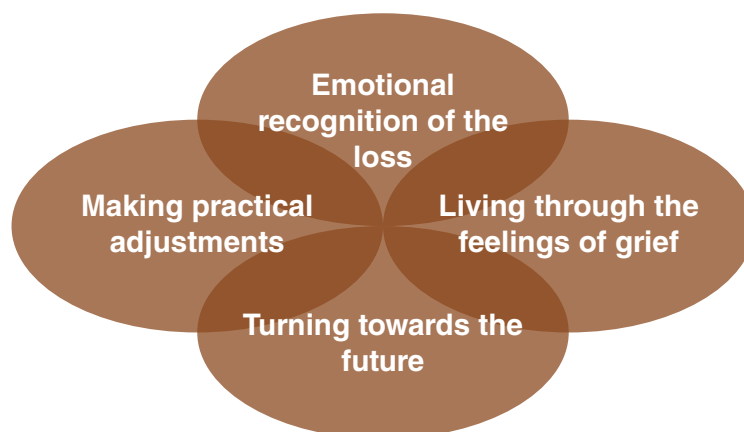
Grief might make people seek isolation and shut others out. This may be helpful as a coping strategy for a while, but it should not go on. It is important for the bereaved to go on living and create room for other people in his or her life. It is also important that the bereaved understands that it is fine to be happy and to laugh, that life can also be good for moments or hours in the midst of despair and sorrow. Grief is a long and difficult emotional process – both in time and substance.

The grief process

In the grief process four areas of adjustment have to take place in order for those who have been bereaved to get on with their lives. These include:

- Emotional recognition of the loss - "My daughter is never coming back".
- Living through the feelings of grief - sadness, anger, despair.
- Making practical adjustments such as seeking help from neighbours for the first time after the person has died, finding a new place to live if necessary, taking on new responsibilities e.g. financial responsibilities or house chores (if that was something the deceased person usually managed).
- Turning towards the future and learning how to live with the memory of the lost person (re-engaging in life and activities, activating social networks).

The Four Areas of Adjustment



Funeral rituals

Funeral services are rituals that allow people to grieve, and that mark the crossing from one stage to another, accepting the death and grieving. If a proper funeral cannot take place, the family may feel guilty and grieving may be delayed. Such rituals give religious or spiritual meaning and provide comfort for the bereaved.

Ceremonies can also be a public acknowledgement of the deceased. If, for example, the town mayor participates in a ceremony for those affected by a large train accident, this may provide some comfort to relatives and show that their family members have not been forgotten. Ceremonies also create a common experience for family and friends and can be a starting point for conversations about the deceased afterwards.

If the body of a missing person has not been found, the family may not be able to believe and understand that the person is really dead. They may cling to the hope that the person has survived. In disasters and violent conflicts, survivors search for those they have lost for a long time. Families may be unable to accept their loss and begin the process of grieving, if the death is not confirmed, the body has not been recovered or if the body is available, but the family is unable to see it. Tracing missing persons and restoring family links, which are activities carried out by the ICRC and by Red Cross Red Crescent National Societies, are important to help people accept reality.

Complicated grief

Complicated grief is also known as unresolved grief. This is when the person who has lost a loved one finds it hard to accept the loss and difficult to adapt to life without them. Complicated grief can impair a person's normal functioning and their relationships with others. Examples of symptoms of complicated grief are extreme focus on the loss and reminders of the loved one, intense longing and pining for the deceased, continued feelings of anger about the death, isolation from others, feelings of hopelessness, and suffering physical symptoms similar to those experienced by the deceased in his/her final illness. Complicated grief can be seen as soon as six months after the person has lost their loved one(s). Persons experiencing complicated grief should be referred to mental health services if available. Factors that can possibly complicate a grieving process are described below.

Grieving after sudden death

If death is sudden or unexpected, shock reactions usually follow. If these reactions continue for a considerable period, as the person tries to adjust to a new life situation, support may be needed.

When the loss of life is sudden, in a car accident, a violent assault or an earthquake, for example, then the response is often intensified. There is little or no opportunity to prepare for the loss, to say good-bye, and to prepare for bereavement. Shock, denial, anger, guilt, despair, hopelessness and depressive feelings are common reactions when death comes unexpectedly.

If someone survives a disaster where others have died this can complicate the grieving process. Especially in the case of sudden loss, survivors may find that memories of the event dominate their minds. They may suffer from survivor guilt, wondering why they survived, when others died. They believe that they could have or should have done more to prevent the tragedy. Parents may accuse themselves of not being able to protect and save their children. While people process their reactions to loss in different ways, for many people it is important to talk about feelings of guilt or shame, to prevent those feelings from growing and becoming unbearable.

When a person dies under extremely distressing circumstances, thoughts of that person's suffering and pain may dominate in those left behind. A traumatic event of this kind can disrupt the grieving process. Images or memories of the death may cause so much distress that remembering the person who died is actively avoided. This should not lead others to think that the person does not care about the deceased.

The grieving process after a sudden or unexpected death is often very different to the process after one which was anticipated. A feeling that the death was unacceptable and unfair may remain, especially when living conditions become harsh for the survivors. This is often the case for widows or orphans. If the bereaved person or family has to face additional losses and problems, such as having to move to a refugee camp, flee military activities or face periods of lack of food and shelter, the grieving may be postponed or disturbed by overwhelming feelings of fear, vulnerability and helplessness. Loss and grief may be amplified by harsh living circumstances for survivors, with multiple losses, lack of food and shelter, lack of privacy, lack of opportunities to meet religious and spiritual needs, or a feeling of not being safe.

Grieving over multiple losses

If an individual or a family loses more than one person, the grief process can become complicated. Feelings for different individuals will never be the same and therefore feelings regarding the loss of each person will be different. Those who are bereaved might feel confused or guilty about not grieving enough over some individuals compared to others. Here it might help to make it clear to the bereaved that it is normal to have different feelings. A good way to think about it is to relate to each of the lost persons separately. It might sound strange that it is necessary to put grief aside for one person, while one relates to the grief over the other, but it might not be possible to process grief over two persons at the same time.

Grieving after suicide

Suicide is one of the most unbearable types of sudden loss that a family can endure, and one of the most difficult ones to process. There are a number of reasons for this. Firstly, it is by its very nature an intentional act caused by human hand. Secondly, the reasons for committing suicide are often hidden. As a result, apart from sadness and sorrow, those left behind might feel anger towards the person who committed suicide. They may also feel guilty about not having realized the seriousness of the situation, or for not having done enough to prevent the suicide. This type of death can result in shame, anger and guilt, if family members blame themselves, or are blamed by others for the death. In times of disaster or in the aftermath of large accidents, more people commit suicide than under secure circumstances.

Social support - an essential part of the healing process

Often, small things like letting somebody cry, making a phone call to the bereaved or expressing sympathy can make a big difference. Social support from family and friends plays an important role in preventing complicated grief. It is essential to help people to continue with life after almost unbearable losses.

Social support is a strong positive factor in the adjustment process. Depression is less likely to develop among people experiencing loss when they receive a high level of social support in comparison to those who receive a low level of support.

Other people's expressions of sympathy and support generally improve the ability of affected individuals and families to cope with loss and grief. People provide important practical support by, for example, bringing food to the family, participating in funerals and other grieving ceremonies or rituals and being with the family during difficult times.

If the appropriate ceremonies take place, if the social network is supportive and if the bereaved has time for grieving, gradually the bereaved is able to engage in family life, social relationships and work again. How long this adjustment process takes depends on the circumstances of the loss, the type of relationship to the deceased person and the amount and type of support received.

How to help

Listen actively: It is important to accept the bereaved person's interpretation of the events and acknowledge and respect the person's feelings. Give the bereaved time to talk about their loss, if and when they wish. Often a person needs to tell the story over and over again as a way to process the experience. The bereaved person will probably feel a need to talk about practical things like the funeral, change of residence, maybe economic problems, in between grieving over the loss. Help the bereaved through the necessary big decisions in the immediate aftermath, but remember that it is usually a good idea, if possible, to delay any major decisions until the person, as well as the situation, has been somewhat stabilized. Decisions taken in haste can easily be regretted later.

Provide general care and practical help: A grieving person or family may feel so overwhelmed by their loss that they may not know how to ask for help or what to ask for. Help can be given by preparing meals, helping with childcare, answering the phone, running errands, helping to make memorial arrangements or offering to contact friends or family to stay with the bereaved. When offering practical help, follow the wishes of the affected person and avoid taking over more responsibility for the situation than the individuals actually say they need.

Take initiatives to arrange ceremonies for the deceased: Help a family or community to organize and plan a memorial service - to honour those who have died, or create a memorial bulletin board of letters, poems and pictures. Write sympathy and support notes to those affected by the loss. In memory of the deceased, plant a tree or flowers in the garden, light candles or create webpages. Over time it helps to pay attention to the days that might be difficult for them, such as anniversaries, holidays, the birthday or the death date of the deceased etc. People like to know that others still remember their significant others.

Offer to accompany the bereaved person to a support group: Some people might find comfort in participating in a support group with other people who have also experienced loss. This can give people an opportunity to share their concerns and worries, and encourage them to support and help each other. Members with the same issues can come together to share coping strategies, to feel more empowered and for a sense of community. Support groups help people in the same situation to feel less alone and more understood

Check your understanding

1. What are some common reactions to loss?
 2. What are the four areas of adjustments that often takes place in a grief process?
 3. What characterizes complicated grief?
 4. What type of support is a very positive factor in the grieving process?
 5. List four different ways you can support a grieving person?
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Module: Psychosocial support

Topic 4: Psychological first aid

Learning objectives

At the completion of this topic, you will be able to explain the principles of psychological first aid (PFA) as well as how to provide PFA to people in distress.

Main learning points

1. The volunteer will learn what PFA is.
2. The volunteer will learn who provides PFA and who needs it, as well as when and where PFA should be provided.
3. The volunteer will learn the principles of PFA (Look, Listen, Link).
4. The volunteer will understand the importance of self-care when working with people in distress.

What is PFA?

Psychological first aid is an approach to helping people in distress so they feel calm and supported to cope better with their specific challenges. It is a humane way of assisting someone to manage their situation and make informed decisions.

Psychological first aid aims to help reduce someone's experience of distress whilst also focusing on practical needs. It is a method of helping that often involves linking people with assistance they need from others or elsewhere.

Psychological first aid skills involve knowing how to assess a situation, how to approach someone in distress appropriately and how to provide emotional support and practical help.

PFA is...

- comforting someone who is in distress and helping them feel safe and calm
- assessing needs and concerns
- protecting people from further harm
- providing emotional support
- helping to address immediate basic needs, such as food and water, a blanket or a temporary place to stay
- listening to people but not pressuring them to talk
- helping people access information, services and social supports

PFA is not...

- something only professionals do
- professional counselling or therapy
- encouraging a detailed discussion of the event that has caused the distress
- asking someone to analyse what has happened to them
- pressing someone for details on what happened
- pressuring people to share their feelings and reactions to an event

→ Reflection

Think of a time when you went through a difficult situation. What was helpful for you at that time? What did other people do that made you feel supported and cared for?

PFA in the Red Cross Red Crescent

Psychological first aid is a psychosocial support activity. Psychosocial support refers to the actions that address both the emotional and social needs of individuals, with the aim of helping people use their resources and enhancing positive coping. Psychological first aid can be a stand-alone intervention in a crisis situation, or a component in a psychosocial support programme that includes other activities.

Although PFA is a psychosocial support activity, the use of PFA skills and knowledge is not restricted to psychosocial responses or programmes. All Red Cross Red Crescent staff and volunteers can use their PFA skills and knowledge in other aspects of their work and in their personal lives. Volunteers and staff can use their PFA skills in different contexts such as responding in national disaster or conflict situations, working in programmes that address social challenges, or responding to other crisis situations such as violent attacks, fire and other human-made disaster (traffic accidents, aviation disasters, explosions at factories and mines etc.). All first aid responders should be able to provide PFA, as emotional and practical support is essential in providing effective first aid assistance.

When do you provide PFA

Simply explained, when someone is in acute distress and needs help. Psychological first aid can help during or in the immediate aftermath of a stressful event. However, PFA can also be helpful days, weeks, months or even years after an event has taken place, when the situation develops further or memories of what has happened triggers reactions. Some people have acute stress reactions during or just after an event, while others have strong reactions much later. In some situations, the long-term impact of an event may be more distressing than the actual moment of the event. For example, when someone who has suffered from a long, debilitating illness dies, it may lead to feelings of relief at the time of the death because the loved one is out of pain and suffering, and loved ones may only feel distress months later when trying to cope with the finality of the loss.

Who can provide PFA?

Psychological first aid does not have to be provided by a mental health specialist or a professional. Most people who respond to an emergency or encounter people in distress in other areas of their work are able to provide psychological first aid. These include:

- volunteers
- first responders
- members of the general public

Who will need PFA in a crisis situation?

- PFA is for people who are distressed after a crisis event.
- Not everybody who experiences distressing events will need or want PFA and it is important not to force PFA on someone who does not want it.
- Some people will also need more specialized mental health support than PFA. Identifying who needs this kind of help is an important part of PFA, as well as knowing how and to whom to refer the affected person.

Where should you provide PFA?

Psychological first aid can be provided in any setting where it is safe for the helper and person in need of help. This could be:

- at the scene of an accident
- anywhere! But it is best to provide psychological first aid in a quiet and calm environment where the affected person feels safe and comfortable

Reflection

Case study: you and another volunteer witness a car crash. Two cars hit each other and one of the cars is badly damaged. In this car there are two young men. One of the men is badly injured and unconscious. Your colleague is supporting the unconscious man and provides him with first aid. The friend of the unconscious man is in a state of shock, screaming and crying.

- How would you react in this situation?
- What difficulties would you have?
- What would you do to calm the friend and help him?

Principles of PFA: LOOK, LISTEN, LINK

The action principles “Look”, “Listen” and “Link” will now be explained. Whilst it might seem to make sense to follow the presented order of the action principles, in reality these actions are likely to take place in different ways and sequences, depending on the situation. At times some actions will take place simultaneously or may have to be repeated several times. It depends on the situation and needs of the affected persons.

The action principle **LOOK** refers to assessing

- information on what has happened, and is happening
- who needs help
- safety and security risks
- physical injuries
- observe/identify immediate basic and practical needs
- emotional reactions

LISTEN refers to how the helper

- approaches someone
- introduces themselves
- pays attention and listens actively
- accepts others’ feelings
- calms the person
- asks about needs and concerns
- helps people find solutions for their immediate concerns and needs

Active listening is key in PFA

There are a number of simple things one can do to pay full attention to someone in distress. For example, minimize distractions as much as possible, look directly at the person, do not use a phone whilst talking to someone, face the person and focus on what they say and how they behave. Try to be at the same physical level as the other person. For example, if the person is sitting on the ground, kneel down to be at the same level.

Active listening is more than just hearing what someone says. It is a communication skill that is both verbal and nonverbal. Nonverbal listening is demonstrated through body language, nodding encouraging, eye contact, the space between yourself and the other person, body positioning and focus on the other person. Verbal skills are about asking clarifying questions, re-stating and summarizing what you hear to ensure you have understood the person correctly.

Helping people to feel calm

When people are in shock or crisis, they often have strong physical and psychological reactions. They may feel confused or overwhelmed, and may have physical reactions like shaking or trembling, difficulty breathing or increased heart rate.

There are different ways of calming a person who is in distress. Some examples are:

- keeping one's tone of voice calm and soft
- trying to stay calm as that will have a calming effect on the person in distress
- if culturally appropriate, trying to maintain eye contact (without staring) with the person while talking with them and maybe put a gentle arm around the person or do gentle strokes on the back (only if it feels appropriate in the situation)
- reminding the person of the intent to help, and that they are safe, if it is true
- encouraging the person to breathe in through the nose, and feel the breath fill up the tummy slowly, and then to breathe out slowly through the mouth

LINK refers to helping the person in distress

- access information
- tackle practical problems
- connect with loved ones and social support
- access services and other help

Psycho-education as part of psychological first aid

Psycho-education is providing people with information that helps them understand their own behaviour and feelings better, as well as those of people around them. An important psychological first aid skill is having knowledge of common reactions to stressful events and the ability to explain these reactions to someone who is in distress. This can help to reassure the person that what they are feeling is normal and is not a sign of mental illness. Providing information on stress and coping can also help people prepare for possible reactions that may follow in days or weeks to come.

Case study

Susi was hit by a car while crossing the street. The driver was turning and did not see her until the last second. He managed to brake but he still could not avoid Susi completely. Susi lost her balance and fell to the ground. The car just continued without stopping. Jodi, a Red Cross volunteer trained in psychological first aid saw the accident happen as she was walking on the pavement next to the road.

Susi did not seem badly hurt, besides a few scratches, and was able to get up. But when she stood up, she felt sick, her heart was pounding and she was trembling violently. She felt dizzy and confused about what had happened and where she was.

Look:

Jodi recognized that Susi had gone into a state of shock. She went over to her and spoke to her very calmly: "Can I help get you off the road?" Susi nodded her head. Jodi gently took her arm and guided her to safety. She asked, "Have you been injured?" Susi said she did not think she was hurt badly.

Listen:

Jodi got a chair from a shop for Susi to sit down for a rest and to clear her mind. "How are you feeling?" she asked. Susi said that she felt a bit confused and that everything had happened so fast. Jodi said: "What you experienced was very frightening. It is understandable you feel confused". She asked if there was anything immediate that she could help with. Susi replied that she needed help to collect her daughter from school, as that was where she was heading.

Link:

"Do you have a phone in your bag?" Jodi asked. "Is there anyone we can call to collect your daughter?" Susi could not remember if there was a phone in her bag. "Can I have a look?" Jodi asked. She found the phone and handed it to Susi, who then called her mother to collect her daughter and herself. "Is there anyone else we should call?" Jodi asked. Susi remembered to call the school to explain the new arrangement.

Listen and link:

Jodi went back to the shop to get a glass of water for Susi and stayed with her until her mother came to pick her up. When the mother arrived the three of them talked a bit and decided that it might be a good idea if Susi had a medical check-up just in case, and that the mother would take Susi to see a doctor. They also discussed that the police should be notified and Jodi agreed to call the police and them what she experienced. Susi accepted that Jodi could provide her contact details to the police, so they could contact her in case of further investigations.

Reflection

Take a minute and think about what you can do to take care of yourself as PFA provider and first aid responder?

Check your understanding

1. What are the three action principles of psychological first aid?
2. What are the first thing you should do if you encounter a person in need of PFA?
3. What are some important considerations when practising active listening?
4. What are some common reactions to distress?
5. How do you help a person in distress to calm down?

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Module: Psychosocial support

Topic 5: Psychosocial support activities and referrals

Learning objectives

At the completion of this topic, you will be able to:

- Explain how to implement psychosocial support activities using a community-based approach

Main learning points

- What constitutes a community and vulnerable groups
- Promoting psychosocial well-being in the communities
- Community-based support and activities
- Referral systems
- Self-care

Introduction

All aspects of people's lives are affected by the social and cultural norms and practices of their community. The effects of crisis events, ways of dealing with loss and grief and modes of coping therefore vary across cultures. This topic seeks to explain the importance of social and cultural factors. It gives suggestions on how to conduct community-based psychosocial activities, which does not only mean that they are carried out in a community. It is about the way that psychosocial support activities are developed and enacted, and how they are connected to community life.

The Red Cross Red Crescent Movement works to promote psychosocial well-being with and through communities. Community self-help counteracts the negative consequences of a disaster or other crisis event. Communities can be supported to address problems faced by individuals or groups within that community. Many countries do not have large-scale mental health systems. Working through local communities mobilizing volunteers is therefore a cost effective and useful way of providing Mental Health and Psychosocial Support (MHPSS) services to affected populations. It is a great advantage for the Movement that it is able to work in a community-based manner through its global network of local volunteers.

Psychosocial support helps people recover after a crisis has disrupted their lives. Red Cross and Red Crescent National Societies implement community-based psychosocial support interventions which concentrate on strengthening the social bonds of people in affected communities, by improving the psychosocial well-being of individuals and of communities as whole entities. This approach is based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future.

Examples of psychosocial support

Psychosocial support activities are organized to help people regain a sense of normality, restoring hope and dignity. Working with community groups rather than individuals is often the most efficient way to support the largest number of people. In this way, psychosocial support reinforces social networks, helps people learn how to protect themselves and others from further stress and engages people in their own recovery. It promotes self-confidence in helping others to come to terms with their loss and rebuild their lives.

When people engage in activities they take the first step towards becoming active in their own recovery. Activities that provide psychosocial support are many and varied:

- psychological first aid
- lay counselling
- peer support
- support groups and self-help groups
- life skills
- psycho-education
- making referrals
- advocacy and awareness-raising activities related to psychosocial support issues
- recreational and creative activities
- sports and physical activities
- restoring family links
- child friendly spaces
- community committees
- supporting memorials and traditional burials

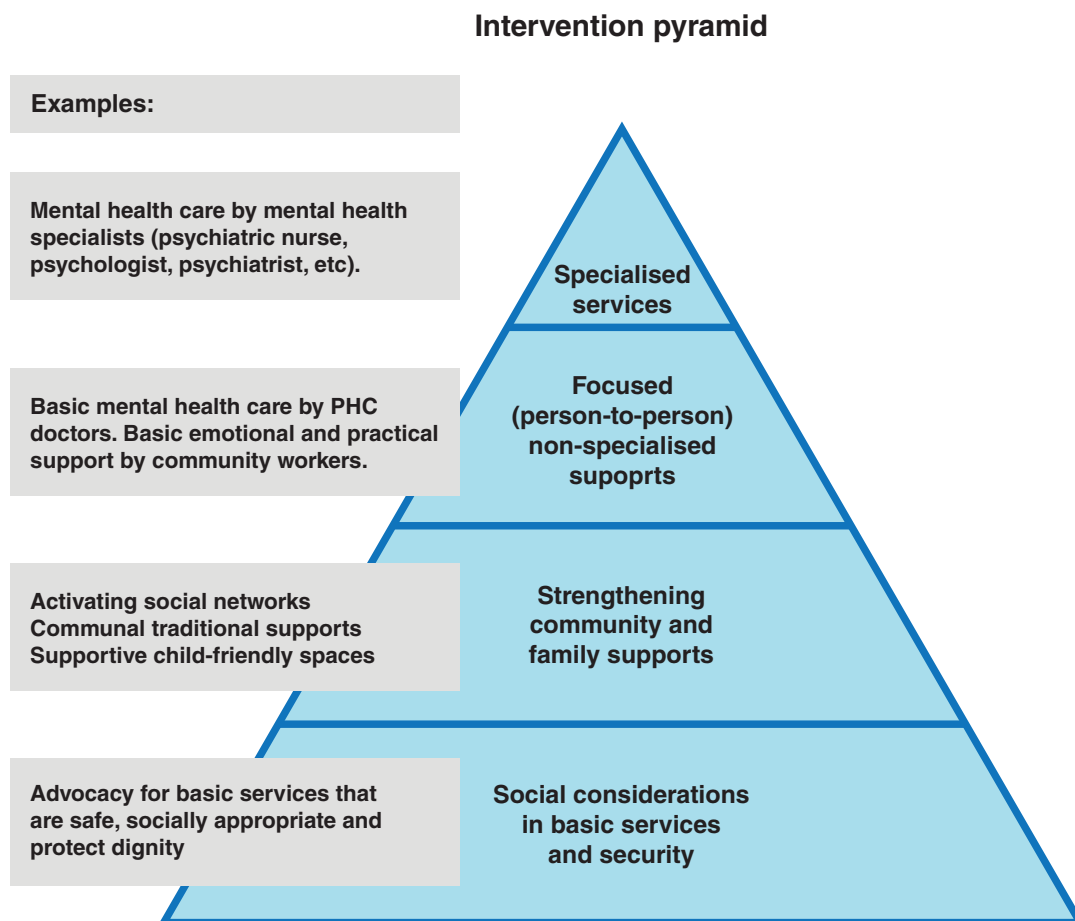
When activities are arranged, it is essential that those affected by the crisis take an active role in the design, implementation and evaluation of those activities. This level of participation will ensure empowerment and ownership and is “good” humanitarian programming. It will also ensure that the activities are relevant to the affected population and implemented according to their culture and context. It is always important to ensure that the activities build on local resources and existing systems.

Psychosocial support activities can involve efforts to protect women, children and others, particularly those at risk from violence and exploitation. In these types of activities, establishing safety, providing access to schooling and opportunities to practise appropriate religious rituals, for example burials in the community, are all relevant. The affected populations’ needs will vary from situation to situation, depending on the circumstances of the crisis event, local customs and traditions and the resources available.

Interagency Standing Committee (IASC) MHPSS intervention pyramid

In practice there has been a wide range of approaches and activities undertaken in the name of “psychosocial support”. The IASC guidelines have helped to bridge the gap between mental health and psychosocial support and encourage a shared understanding. The guidelines set out a framework that outlines steps to be taken before emergencies occur, describes minimum responses during the acute phase and then suggests comprehensive responses to be undertaken during early reconstruction phases of an emergency, or during a protracted crisis.

For the Red Cross Red Crescent, this means the IASC guidelines are relevant for large-scale crises, when we work together with other international organizations. But the intervention pyramid can also be used as a framework for the ongoing situations handled day to day by our National Societies to ensure a multi layered approach of different interventions and thus ensuring complementary supports. The layers represent the different kinds of supports people may need, whether at times of crisis, at an early stage of reconstruction or in the ongoing situations of distress experienced by people over many years and contexts.



Intervention pyramid for mental health and psychosocial support
(IASC Reference Group MHPSS, 2010)

Supports offered at these four levels are as follows:

1. Social considerations in basic services and security

The first (bottom) layer includes the way basic services and security – necessary for the survival and well-being of all persons – are implemented. Psychosocial support includes help to ensure basic services and security are implemented in safe, dignified and socio-culturally appropriate ways. This can include sensitizing other sectors (e.g. shelter, water and sanitation) to psychosocial support approaches.

2. Community and family supports

The second layer – community and family supports – includes strengthening community support and helping people to mobilize their support networks. Interventions may include activation of networks, such as women’s groups and youth clubs, recreational activities aimed at enhancing psychosocial well-being and psychosocial activities within safe spaces. Other examples include psychosocial support in restoring family links (RFL) services, facilitating communal mourning and healing after a disaster, or providing communities with psycho-education on stress and coping.

3. Focused (person to person) non-specialized support

A smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. The third layer includes family or group psychosocial interventions by trained or supervised staff and volunteers. This may include psychological first aid, lay counselling or focused support groups.

4. Specialized services

At the top level of the pyramid are specialized services by mental health professionals (e.g., psychiatric nurses, counsellors, psychologists, psychiatrists) and traditional healers that only a minor part of the affected population will require. Staff and volunteers may refer beneficiaries in need of specialized support to the appropriate resources in the community.

Promotion of psychosocial well-being in the community

Protective factors in life increase resilience and therefore reduce the likelihood of negative psychological effects when faced with hardship or suffering (see Topic 1). We can help strengthen these protective factors by empowering people, giving them a sense of control over their lives. This is primarily done by setting up structures that allow people to participate more fully in community activities. People have a natural desire to belong and contribute to a larger social group, whether it is their family or community. Activities people do together, such as attending religious ceremonies and social gatherings, meeting over tea, playing games or simply exchanging news serve as important ways of coping with a crisis. Engagement, whether in daily activities, recreational or educational activities, helps promote psychosocial well-being. In this way, people regain a feeling of control over some aspects of life, a feeling of belonging and of being useful. They are free from tension and gain much needed energy through being active.

Beliefs and values in the community

To support coping strategies in a community, it is important to know about its beliefs and values. Communities differ from one another in many ways, and when facilitating psychosocial support, it is important not to make assumptions. For example, people differ in what they believe and understand about life and death. There can also be differences in how feelings are expressed and how people deal with feelings that cannot be directly expressed. Community norms and views about mental health in general and psychological reactions also vary greatly across cultures. Understanding how people experience psychosocial difficulties and how they articulate them is therefore central to assisting them. Cultural understandings and practices that seem self-evident in one particular community may be viewed very differently in another.

Pay attention to vulnerable groups

Depending on the context, particular groups of people are at increased risk of experiencing social and/or psychological problems. Some groups have often been found to be more vulnerable - children and adolescents, older persons, persons with physical or mental disabilities and people living with other health challenges, people living in poverty; unemployed, women and particular ethnic or linguistic minorities. Some groups may be at risk of more than one issue. For example, an unemployed woman who is living with HIV and AIDS may be particularly vulnerable. The more vulnerable a person is the greater the impact and consequences of a crisis. However, no assumptions should be made. Some individuals within an at-risk group may actually do fairly well in a crisis. Others may be marginalized and difficult to reach, such as older women, widows and those with poor mental health. In planning a response, it is vital to make an assessment, taking account of risk factors as well as the social, economic and religious resources, which are available and accessible to people. Some examples of the resources that are helpful in supporting psychosocial well-being and community recovery after a crisis event are:

- individual skills such as problem-solving and negotiation
- supportive and strong family relationships
- community leaders, local government officers, traditional healers
- land, savings, crops, animals and livelihood
- schools, teachers, health clinics and staff
- religious leaders, practices of prayer and worship, burial rites

Where psychosocial support activities are planned, it is important to make sure that all relevant groups have access to and are included in the activities. This may require some advocacy work to ensure that community members are aware that a particular group is entitled to support.

Community-based support

When there are disruptions in family and community networks due to loss, displacement, family separation, community fear or distrust, it is important to engage with communities in ways that will aid recovery and promote psychosocial well-being. Community-based activities in the aftermath of a crisis event often start rapidly and without time for much planning, but longer-term community-focused activities can be more carefully planned.

Here are some points to consider at the planning stage. The way people deal with issues varies according to religious and cultural understandings. The loss of family members, the possibility of permanent disability or dealing with critical stress, for example, are all likely to be interpreted in a wide variety of ways. Any intervention that does not take such variations into account is likely to fail.

When new interventions are planned, the starting point is talking to key members of the community to find out what is already going on and to understand social structures and networks in the community. Teachers, local community leaders, religious leaders and community workers are often good sources of information. Finding answers to the following questions might ease the process, if you are working in a cross-cultural setting:

- What are culturally appropriate ways of helping people in distress?
- To whom do people traditionally turn for support and help?
- How can those people and structures be supported?

A community-based approach involves the participation of community members. People working together in groups with helpers supporting the group's values, needs and aspirations are empowered and respected. It is best if the community is involved from the very beginning in identifying problems, discussing solutions and deciding on which concrete activities to carry out. Using the community's knowledge, values and practices, psychosocial responses are more likely to be meaningful and effective. A greater level of accountability and ownership may also be achieved. Ownership gives people a stronger feeling of self-worth, importance and influence.

When choosing which activities to implement, give priority to those that have a potential for fostering family and community support and increasing social bonds between people, such as activities that promote non-violent conflict resolution through discussions in community meetings, drama and songs, joint activities by members of opposing sides or supporting parents in raising their children. Projects such as building a house, cleaning a hospital compound, organizing a soccer tournament, a music competition, puppet theatre and traditional dance, all provide the opportunity for a wide cross section of a community to be involved. People are able to contribute to their community and get a chance to appreciate the resources and value of others. A community-based approach seeks to reintegrate individuals and families within their communities and to support and restore natural community networks and coping strategies.

Psychosocial support activities – some examples

Community-based psychosocial support focuses on creating common experiences and seeks to create a shared understanding among group members. Sharing personal stories may be part of this, either as a direct focus of the activity or as a natural outcome of meeting together as a group.

Support groups

Support groups are a very common activity in community-based psychosocial support responses, when there is a group of people sharing similar concerns and challenges. Support groups are usually arranged for natural groupings such as affected people, relatives, caretakers, spouses, children of similar ages or older people. An important factor of the support group is that everyone is valued and feels comfortable and safe about sharing and asking questions. Support groups are used to provide people with psycho-education, to make aware and update people with important information relevant to their situation, to give participants an opportunity to share their concerns and worries, and to encourage them to support and help each other. A support group usually has a facilitator moderating the discussion, who does not necessarily have the same challenges as the participants. In some cases, it might be useful if the group has two facilitators, for example if sensitive topics are discussed and one or more group members need additional or individual support. Red Cross Red Crescent staff or volunteers, who have been trained in facilitation skills, can facilitate these groups.

Self-help groups are fully organized and managed by their members and usually focus on "self-help", which means the group has the intention and commitment to change something in their lives for the better and they will support each other in making positive life changes. Members with the same issues can come together to share coping strategies, to feel more empowered and to achieve an increased sense of community. The help may take the form of providing relevant information to each other, relating personal experiences, listening to and accepting other members' experiences and feelings, providing understanding and establishing social networks. A self-help group can sometimes be a continuation of a more structured support group, if the group members wish to continue their meetings after finalizing the course of the support group sessions. Self-help groups can also be independently organized by community members. Self-help groups may exist separately or as part of a larger programme. They may operate informally or according to a format or fixed structure. The groups usually meet locally, in members' homes or in community rooms in schools, churches or other community centres. Examples of self-help groups include mother-baby groups, groups for people with physical disabilities or mental disorders and youth groups.

Peer support is based on the principles that others who are in a similar situation or have similar challenges are best able to understand and support. Peer support is an active process of support, where time together is spent specifically talking about reactions and feelings and problem-solving. Peer support can be between two or more peers.

Examples of peer support activities include:

- informal buddy system for people or families affected by noncommunicable diseases
- creating a buddy system, where trained peer supporters are linked up with a buddy who has not been trained (mentoring system)
- support group meetings for peers (see self-help groups above)

Benefits of (peer) support groups and self-help groups:

- Support groups do not cost much to run - advertising for the group and maybe some refreshments are all you will probably need to pay for. Another cost might be meeting space, but you can usually get someone to donate it or find a place in a community or health centre. Transportation costs for people to attend the group might be an issue that needs to be taken into consideration when deciding to run a support group as this can be a barrier for people to attend.
- When someone does not know many - or any - other people going through the same thing, he/she can feel isolated and stigmatized. Support groups help people with a problem or illness feel less alone and more understood.
- Support groups empower people to work to solve their own problems.
- Members act as role models to each other. Seeing others contending with the same adversity and making progress in their lives is inspiring and encouraging.
- A support group is a safe place for someone who needs to talk about personal issues, experiences, struggles and thoughts. Talking to others in support groups reduces anxiety, improves self-esteem and improves members' sense of well-being overall.
- Among people experiencing similar problems, there is a unique emotional identification that is different from the type of support provided by professionals.
- Talking to a counsellor or doctor can be very intimidating for some people, because those relationships tend to place more power with the professional. In a support group, members are equals. This can make people feel much more comfortable opening up about their problems.

Challenges of (peer) support groups and self-help groups:

- Transport costs to attend group meetings.
- Ensuring that the time, dates and locations of meetings are suitable for participants (e.g. in the evening or early morning for men who have jobs/livelihoods, during the day for parents, so they can leave their infants with a carer whilst attending sessions etc.).
- Commitment to the group and willingness to come on a weekly or fortnightly basis to meetings.
- Trust and a non-judgmental atmosphere needs to be built up among group members in order for people to feel safe and secure to share their experiences. This atmosphere can be challenging to create in some conservative societies or in conflict-based emergencies where there may still be underlying tensions.
- Ensuring that everyone is heard and has time to speak in the group.
- Dealing with difficult emotions such as grief, anger and sadness can be challenging and rather overwhelming if you are not experienced in facilitating support groups.

Creative and physical activities

A wide range of activities can be helpful in promoting psychosocial well-being, including music, dance, drama, handicrafts, relaxation, yoga, physical exercises, sports and games. Mental health and psychosocial well-being are closely linked to physical health and can be improved by physical activities. The stress, anxiety and depression, for example, that is often felt in and after crisis situations can be seen in physical symptoms, like muscle tension, headaches, stomach aches, lack of energy and sleeping problems. In most cases, even moderate physical activity can help reduce physical complaints and at the same time improve overall physical health and psychosocial well-being.

Physical exercise helps keep hearts and lungs healthy, keeping our bodies and muscles strong, promoting good sleep patterns and healthy appetites. Physical activities also help to reduce physical feelings of stress and anxiety. They can reduce incidents of violence by giving people an alternative physical outlet for pent-up frustration. Exercise also has social and psychological benefits. Physical health and strength make people feel good about their bodies, promoting self-confidence, self-discipline, body awareness and self-esteem. It has been shown that doing exercise has a positive impact on one's mood. Participating in physical activities with others encourages social interaction. Team sports in particular promote communication and cooperation with others and help to encourage trust, mutual respect and understanding between team members. Being part of a team also boosts one's social identity and feeling of belonging. Most sports also help to develop cognitive skills, such as discipline, concentration, problem-solving and creativity. Choosing which physical activities to encourage and support should be done by consulting the affected population and finding out what they feel comfortable with, both individually and in groups.

Activities for children

In emergencies and crisis situations children have different needs than adults. Emergencies and crisis events not only threaten children's well-being, but also increase their risk of neglect, exploitation and other types of harm. Their physical, emotional and social development make them dependent on others for care and protection. How children cope in difficult circumstances and how resilient they are depend on a wide range of factors, including their family and life circumstances, their sense of belonging and acceptance within a community, as well as their gender and age.

These are all things to consider when planning psychosocial activities for children. Activities can vary from play, sports, theatre, workshops, homework help, helping parents and caregivers, supporting schools, etc. Psychosocial activities with children can help them resume everyday activities and strengthen their ability to cope, helping to prevent negative long-term consequences of difficult experiences. Although the primary target group in programmes for children are the children themselves, many programmes also include activities for parents and caregivers and other community members that influence the children's lives and well-being. As normal roles and daily routines can be lost after crisis events, establishing structure and daily routines becomes important. Community-based work with children can be used to improve children's feeling of security, knowledge of health issues and their well-being. It promotes their participation in community life and builds collective skills.

Children are just as active as adults in influencing and changing their everyday life and parents usually feel better if their children are happy and safe. School and pre-school settings play an important role in restoring security and trust after crises. Often, children find it even more difficult than adults to express their feelings verbally. Activities such as puppet theatres and games allow children to put their thoughts and feelings into words more easily.

Structured physical and creative activities can help children:

- resume normal, routine activities in the aftermath of or even during crisis situations
- experience less stress
- be physically and emotionally strong and healthy
- be playful and happy
- feel good about themselves and confident in their own abilities
- make good and safe choices
- be more sociable
- trust others and feel comfortable about sharing feelings
- seek help from other peers and adults
- cope better with everyday challenges
- solve problems peacefully

Psycho-education

Psycho-education usually covers common reactions to difficult situations, as well as indicating coping mechanisms, skills and resources. The more people understand about themselves, the greater the possibility they have to address the difficulties they face.

Psycho-education is a key activity that helps to educate both the affected population and staff and volunteers on common reactions to abnormal events. It also indicates how to provide support in situations where people are experiencing psychosocial distress and are not suffering from psychological disorders. Psycho-education involves providing information to affected persons and groups, as well as discussing the nature of stress, post-traumatic stress and other reactions, and what to do about them. It empowers people by encouraging them to share experiences and knowledge, enabling them to deal with challenges and better care for themselves and their loved ones. Psycho-education can be helpful before possible exposure to stressful situations or after exposure. Common psycho-education activities include the development and distribution of informational and educational materials, public awareness campaigns, lectures, discussion forums, scheduled talks with question and answer sessions and training of staff and volunteers. They can be planned as part of formal programmes but can also take place at more informal and unstructured events like support groups or patient groups.

Well-being walk

This activity aims to increase awareness of the well-being of a population within an emergency setting/emergency response operation. It provides guidance on how to identify, support and provide protection to vulnerable and highly distressed people with the aim of identifying needs. The well-being walk can be adapted to most emergency settings with small and large groups of people for initial assessment and response and/or regular monitoring. A well-being walk is a non-formal psychosocial activity that aims to improve protection and psychosocial support for highly distressed and vulnerable populations through outreach. The walk involves a psychosocial responder physically accessing populations on foot, to carry out psychosocial triage and identify signs of distress and protection needs of vulnerable populations.

Well-being walk aims to:

Increase access - providing direct outreach in populations improves Red Cross Red Crescent visibility and access. Access is a two-way route. Improving access means that psychosocial delegates/volunteers can access the populations most in need and the most vulnerable populations have access to those delegates/volunteers and supportive services.

Improve protection - establishing trust and creating a protective and supportive environment through outreach is especially relevant in gaining access to protection cases such as domestic violence and human trafficking where many people do not seek assistance out of fear or emotional and social isolation. Building rapport can develop the trust that is necessary to provide effective assistance to people that may need supportive assistance and/or protection.

Reduce distress and strengthen resilience - providing short-term psychosocial interventions and supportive assistance such as psychological first aid and dissemination of information can greatly reduce critical stress/shock in emergency situations and can empower people to cope with the issues they are facing.

Some of the support that can be provided through a well-being walk is practical assistance that addresses people's basic needs. It can include a range of responses and can depend on the particular needs of a person, timeframe and resources that are available to the psychosocial responder including services and referral systems. The following points highlight practical supportive assistance that can address the needs of vulnerable and highly distressed populations that are most relevant to the well-being walk.

Psychological first aid (PFA) - support and stabilize highly distressed individuals and vulnerable populations through the provision of PFA before providing additional supportive services. PFA is an effective way to assess needs while supporting well-being. Incorporate breathing techniques when needed, particularly for anxiety.

Restoring family links (RFL) - support separated family members and provide access to a phone, sim card or connect to RFL services.

Safe spaces - provide populations with supportive and protective environments through establishing safe spaces, particularly for women, child play areas and child-friendly spaces.

Basic needs - people experiencing distress in an emergency situation may not be able to take care of themselves or others. Assist people in addressing their basic needs and remind them to sit down, drink water, eat food and get some rest. Psycho-educate on normal stress reactions to an emergency response and self-care.

Advocacy and awareness-raising activities for MHPSS

Advocacy is lobbying to raise awareness on mental health and psychosocial support issues. This can be done in many ways and on many levels e.g. political lobbying for the development of psychosocial support and mental health national policies. Advocacy should also be done to ensure meaningful access to services for all groups and raising awareness to other sectors about the importance of including psychosocial support in their work.

Mental health and awareness-raising activities on mental health and psychosocial support are very important in order to normalize people to abnormal events, to reduce stigma and discrimination and to raise awareness of people's needs and rights.

Examples of awareness-raising activities are:

- campaigns on certain days like World Mental Health day, International Children's Day and International Day of People with Disabilities
- producing educational and informational material (radio spots, posters, storyboards, cartoons with children, songs, leaflets distributed with non-food item kits)
- anti-discrimination and anti-stigma for awareness-raising, in terms of people's views of MHPSS problems and the community's view of people suffering with MHPSS conditions such as those suffering from grief, anxiety or depression
- supporting people with MHPSS problems to access services and support that they may otherwise not do because of stigma

Referrals

Making referrals is part of the action principle "Link". Referrals to other professionals or services are made when an assessment has been made that the person in distress needs more help, or other help than assisted coping and psychological first aid. A referral can be made to a variety of services for example:

- health services
- psychosocial activities
- protection services
- legal counselling
- material or financial assistance
- physical rehabilitation services
- community centres
- social service agency
- religious institutions

Referral to professional help

When possible, it is best to work together with the person in distress to prioritize which referrals should be done first, and which later. If a person has been hurt physically, referral for medical assistance is always a first action.

When to refer

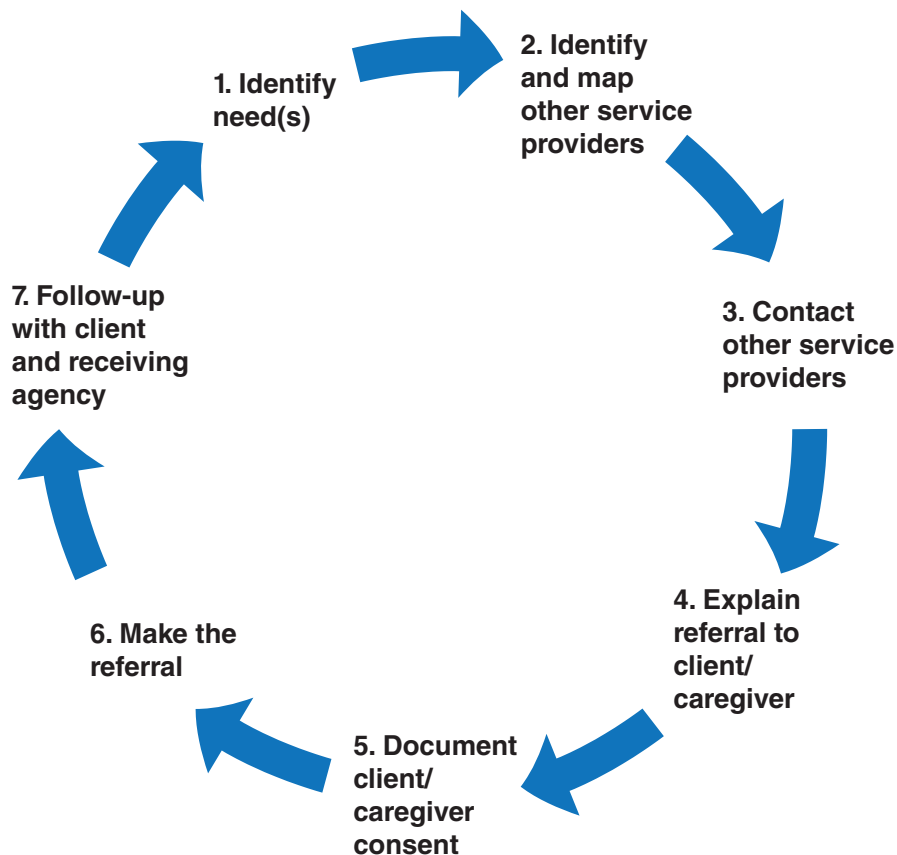
It is important to be clear about the limitations of the help you are able to provide and know to whom to call for help or when to refer to specialized services. You should consider referral if someone is affected by complex reactions. Referral should furthermore be considered when the person:

- has not been able to sleep for the last week or more and is confused and disorientated
- is so distressed that they are unable to function normally and care for themselves by, for example, not eating or keeping clean despite food and washrooms available
- loses control over their behaviour and behaves in an unpredictable or destructive manner
- threatens harm to themselves or others
- starts excessive and out-of-the-ordinary use of drugs or alcohol.
- shows persistent signs over time that they are suffering from a complex reaction such as PTSD, depression or complicated grief

How to refer

Knowing how to refer is important when providing psychological first aid. The principles of making referrals are universal. Referring means linking a person in distress with help they need from someone or somewhere else, by either contacting the other service directly or giving the affected person(s) contact details.

Some of the most common steps in referral are:



Remember when referring to:

- always prioritize the confidentiality and security of the person in distress
- inform the person what the different options are, if relevant, and help the person make informed decisions about the way forward
- get their informed consent on the plan of action before proceeding
- follow the procedures and requirements of the service referred to. Procedures will in most instances involve consultation with and approval by the helper's line manager or supervisor

To whom to refer

Examples of services that can be referred to are provision of basic needs, medical help, social support, family tracing, financial support, or legal advice and last but not least, mental health and psychosocial support. Referral procedures differ in each context according to the services available and local referral measures. Referral systems are different in every country and community. It is important to contact your line manager to get updated information about available services in your specific context.

→ Reflection

Contact your volunteer manager and discuss with him or her, what referral procedures exist and how to access them. Think of examples of places you can call or contact in the area where you live or work.

Volunteer self-care

Helping responsibly also includes taking care of one's own health and well-being. Helpers can be affected by supporting others in crisis situations or by their own distress. Helpers need to take good care of themselves, so they can best care for others. When working in a team it is good to be aware of others' wellbeing as well.

Providing psychosocial support can be difficult both physically and emotionally. It is not easy interacting with people who are in distress and can lead to feelings of guilt and frustration if the helper feels they did not do enough. Psychological first aid has limitations, just like physical first aid. It is help that can reduce immediate stressful and life-threatening reactions, but psychological first aid on its own is unlikely to be able to address or "fix" all of the person's challenges. This is why linking to other sources of help is such an important psychological first aid skill.

It is important that psychological first aid providers have a supervisor to talk to if they begin to feel overwhelmed or if their work helping others starts to affect them negatively. Being aware of signs of stress and being proactive about self-care are two important ways of keeping healthy

Self-care

There are many good self-care strategies that can be used when working in stressful situations. Some examples are given below:

Communicate with others

Talking to others about experiences and feelings can be very helpful, both to process feelings and to get someone else's perspective on challenges. It is also helpful to listen to other people's stories and to hear how they have coped with similar challenges. They may share useful insights.

Take care of yourself

Take care of your own body and mind. Exercise to relieve tension, eat healthy foods and keep regular meal times. Limit your intake of alcohol and tobacco. Get enough rest and sleep. If you have sleep difficulties or feel anxious, avoid caffeine, especially before bedtime.

Manage your stress level

Focus on routine tasks, if you feel overwhelmed by the situation or your duties. Ask your manager to support you in prioritizing your tasks. Understand your own stress symptoms and use them to guide you in activating your self-care strategies.

Relax and have fun

Consciously try to relax through activities like meditation or yoga, sports, cooking, gardening, reading, drawing, painting, writing, listening to music, spending time with friends and having fun.

Check your understanding

1. Can you list some of the key activities of psychosocial support activities?
2. Outline three important considerations when undertaking community-based work.
3. What are the steps to make a referral?
4. What are some possible self-care strategies?

Please contact the Psychosocial Centre for additional and more detailed resources on planning, implementing, monitoring and evaluation on psychosocial support interventions: <http://pscentre.org/>
