GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF RADIOLOGICAL AND NUCLEAR DISASTERS

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This document provides an overview of the psychosocial consequences of radiological and nuclear disasters and outlines key considerations for MHPSS programming.
This guidance note is intended for Red Cross Red Crescent Movement components who may be responding to radiological and nuclear disasters in their country, or region. It includes guidance on:

- common reactions and behaviors in radiological and nuclear disasters
- communications considerations
- integration of MHPSS considerations into emergency responses
- links to existing relevant materials.

COMMON REACTIONS AND BEHAVIOURS IN RADIOLOGICAL AND NUCLEAR DISASTERS

Many of the psychological and social effects of a nuclear disaster are similar to those in other emergency situations. However, fear is even more likely to result when a nuclear threat is involved for several reasons:

- The nuclear radiation is invisible. People cannot rely on their own senses to determine physical exposure, and the effects of contamination may also persist for a long time after the event.
- Most health effects take at least 5 years to appear and fears regarding cancer and the development of children may persist. Therefore, psychosocial effects are likely to persist for some time after the acute crisis.
- The nuclear materials may contaminate the environment in various ways rendering it unsafe or unusable and this may necessitate evacuation. The perceptions of nuclear threat may also result in self-evacuation from areas of perceived danger in large numbers. Evacuation is an experience that is stressful and increases the risk of separation from social supports and breakdown of community support systems. This will have economical costs and psychosocial fallout. There is a high probability that people will never return or have access to affected areas.

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- Nuclear threats are rarely encountered. Uncertainty, misinformation or contradictory public information about health risks, actual level of exposure, unpredictable spread and the appropriate actions to take to mitigate risks may increase fear.
- Signs of autonomic arousal are common among frightened persons but may be misattributed as evidence of contamination and be expressed as medically unexplained symptoms. Frightened but physically healthy individuals may overwhelm the health care services constituting an epidemic of medically unexplained illness. Although, symptoms of radioactive contamination are quite unlike the signs of autonomic arousal these may co-exist and will necessitate triage.
- Persons wearing protective clothing, masks and respirators may experience distress due to the constraints imposed by this equipment on the senses, breathing, movement and communication.
- Seeing people in protective equipment can provoke fear, anxiety, stigma, and misinformation among others, as the equipment acts as a visual cue of danger, particularly when risks are poorly understood or communication is unclear. This can create safety risks for those wearing protection equipment.
- If the threat is perceived as a terrorist attack this is associated with a greater experience of threat to health and wellbeing.

However, despite high public fear and uncertainty historical evidence suggests that public panic is rare and is limited to situations when there is inadequate information or there is a perception of limited access to essential, life-saving health services. Most people can be expected to cope quite well.

INTEGRATION OF MHPSS CONSIDERATIONS IN RESPONSE AND RECOVERY

One important part of emergency planning for response and recovery to nuclear events is the acknowledgement that the public's reaction to a nuclear event may be rather rapid and linked to the immediate affective state evoked by the threat. Even those too far away to be affected may believe that they and their families are at risk.

Minimum actions for disaster/emergency teams:

- Disseminate key psychoeducation messages about common reactions linked with mental health and wellbeing during and after nuclear and radiological disasters their duration, when and where to seek additional help.
- Ensure frontline workers are briefed on sensitization messages relevant to the disaster so that they can provide correct information to the community. They should also be briefed about acute and complex reactions and who to manage them. This can increase calm, promote a sense of safety, and trust in disaster responders and their efficacy.

- Key messages on individual safety measures are needed in case of contamination, basics of safety during mass evacuations, psychoeducation and health awareness about signs of acute stress due to the life threatening event vs health implications of contamination.
- Prepare referral pathways while evacuating people with mental health conditions and people with physical disabilities.
- Train frontline workers and community leaders in basic psychosocial support skills, including dealing with difficult and aggressive behaviour.
- Add MHPSS assessment questions to ongoing assessments, ensuring to include age sensitive communication following the protection standards for children and people of older age.

Minimum actions for MHPSS teams:

- Support emergency response teams to develop, adapt, and distribute clear, relevant, and accurate information, education and communication materials that includes both physical and mental health information.
- Advocate for integration of MHPSS activities and for access to care for people with mental health conditions.
- Support emergency response teams to integrate key messages mental health and wellbeing impacts of disasters. Be equipped with accurate information about protection measures and ongoing status of potential contamination.
- Support emergency response teams to integrate MHPSS assessment questions to ongoing assessments.
- Support emergency response teams with analysis of assessment results and planning for MHPSS activities, as needed.
- With your HR function, ensure that staff and volunteers support activities are being implemented and if not, advocate to your HR department to implement staff and volunteer support including peer support.
- Deliver basic training in psychological first aid and supportive communication for volunteers, health, and community workers.
- Establish coordination mechanisms
- Update referral mapping and referral pathways.
- Assist with dealing with complex and severe reactions.

COMMUNICATIONS CONSIDERATIONS

It is extremely important to communicate in a clear and supportive way when visiting and talking to people affected by radiological and nuclear disasters. Staff and volunteers should be well briefed about the disaster, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication, and active listening

Public Information Campaigns

Public information campaigns must be directed at the unaffected portions of the community as well as those directly affected. This can diminish anxiety, promote effective response and decision-making and may directly reduce the overall psychosocial impact of the primary event as well as minimizing risk taking behaviours.

- A reliable flow of credible information should be made available to the public. There must be no conflicting information. The representatives delivering information to the media must have high credibility with the public.
- Communication should follow the principles of effective risk communication, e.g. providing timely, uncomplicated and empathic information.
- Communication should include information about the nature of the risk and the exact recommended prevention methods of reducing risk, the availability of medical evaluation and treatment and other assistance and how and where to obtain them, and the information on the relief efforts.
- All public information must be delivered in a culturally sensitive way, including appropriate language, reading level, and respect for local traditions. Appropriate public information can be a critical link in community recovery.

Epidemics of medically unexplained illness may occur as a result of the fears of contamination and is best managed using a coordinated public health effort involving different sectors. Results of tests to determine contamination need to be communicated carefully, good news should be emphasized. Symptoms should be validated as genuine and it is important to convey that medically unexplained symptoms are common in disaster settings and that most people tend to improve rapidly.

When interacting with affected people consider and acknowledge the needs of every person and group:

- age, as children need things explained in simpler language.
- gender e.g. women may prefer to talk to women and men to men.
- culture e.g. some groups may prefer not to hold eye contact.

- faith e.g. when people need to pray or what they can eat.
- needs and disabilities where assistance may be required.

Key psychosocial phrases conveying interest and empathy:

- I hear your concerns …
- You have the right to be (sad, angry …) ….
- I hear what you are saying …
- I am hearing that you are worried …
- In this situation, your reaction is to be expected …
- Maybe we can discuss possible solutions …
- What we can offer is …
- I am concerned about you …
- With your consent, we would like to …

COORDINATION OF MHPSS ACTIONS & MHPSS ASSESSMENT

Effective MHPSS programming requires close **coordination** among all aspects of the emergency response. It is recommended that MHPSS teams ensure they are coordinating with stakeholders inside their National Society as well as with external partners. In health emergencies, external partners may be different to organisation partnered with in other types of disasters. During nuclear or radiological disaster response, it is important to collaborate with communication teams so that public messaging includes MHPSS considerations.

In terms of MHPSS **assessment,** it is important to assess needs to guide planning for potential MHPSS activities. MHPSS assessments should be coordinated. This may include with other departments within the National Society, with partner National Societies, the IFRC, the ICRC and/ or with external stakeholders.

The following are suggested assessment questions that can be used to determine MHPSS needs and capacities:

- How have the consequences of the disaster affected communities' ability to cope post disaster (considering the pre disaster context)?

  - What are the prior/existing stressors and/or traumatic events? What are the prior/existing stressors and/or traumatic events?
  - Existence of poverty, conflict, climate risks, inequality, and dis- crimination etc.
  - Communities' freedom to act.

- Are there sufficient and appropriate MHPSS resources to cope with the demand for MHPSS support?
  - Are there sufficient MHPSS responses being provided/or planned (by any actor, nationally or internationally)?
  - Does the current NS have the capacity to respond to MHPSS needs?

- What is the severity of the disaster's impact on people's mental health and ability to cope?
  - Since the event, what changes have you noticed in yourself and others?
  - Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond?
  - In the community, how is mental health perceived, do people support each other (how?) and what resources are there?

REFERENCES

- Mental Health of Populations Exposed to Biological and Chemical Weapons (2005) Mark van Ommeren, Shekhar Saxena, WHO, Geneva.
- CBRN Psychosocial Response Guideline (2008) Beverley Raphael, Garry Stevens, SCIMHA Unit, Medical School, University of Western Sydney.
- Lessons Learned from Three Mile Island and Chernobyl Reactor Accidents (2001) Frances E. Winslow in Handbook of crisis and emergency management, ed. Ali Farazmand, Public administration and Public policy/93, Marcel Dekker, Inc.: 481- 490.
- The Psychological Consequences of the Chernobyl Accident - Findings from the International Atomic Energy Agency Study (1993) Harold M. Ginzburg, MD, JD, MPH, Public Health Reports, 106 (2): 189.
- Meeting psychological needs after Chernobyl: the Red Cross experience (2001) JP Revel , Military Medicine, 166 (12 Suppl): 19-20.
- The Chernobyl accident 20 years on: an assessment of the health consequences and the international response (2006) Keith Baverstock, Dillwyn Williams, Environment Health Perspective, 114:1312 - 1317.

RELEVANT MATERIALS

Caring for staff and volunteers

- Caring for staff and volunteers (video), IFRC Psychosocial Centre
- Caring for Volunteers: A Psychosocial Support Toolkit, IFRC Psychosocial Centre
- Guidelines for Caring for Staff and Volunteers in Crises, IFRC Psychosocial Centre

Integrating MHPSS

- An engagement tool for introducing MHPSS, Working Group 1 of the MHPSS Roadmap
- Key messages to support the integration of MHPSS across 4 specific sectors, Working Group 1 of the MHPSS Roadmap

Basic PSS and PFA

- Mapping of basic psychosocial support courses, Working Group 1 of the MHPSS Roadmap
- A Short Introduction to Psychological First Aid, IFRC Psychosocial Centre

Psychoeducation

- Psychological Coping during a Disease Outbreak For families, friends, colleagues of those in quarantine or self-isolation, Hong Kong Red Cross and Japanese Red Cross

MHPSS assessment

- Rapid Assessment for Psychosocial Support and Violence Prevention, International Federation of Red Cross and Canadian Red Cross
- Lessons learnt: MHPSS Assessments, Working Group 4 of the MHPSS Roadmap
- Assessment Monitoring Tools and Preparedness Plan for MHPSS, Working Group 1 of the MHPSS Roadmap
- Multi-sectoral MHPSS Needs and Resources Assessments Toolkit, IASC MHPSS Reference Group

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