

Conference Paper

# Disaster Responses: Psychosocial Support not Optional!

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## Abstract

Whenever there are disasters, conflicts and health emergencies, Psychosocial Support (PS) becomes a core component of humanitarian response. Disaster is described as a disruptive and/or destructed event causing loss of life, property, injuries and damage to communities. The purpose of this article is to raise awareness about disaster preparedness, response and recovery including the best practice in PS following disasters and traumatic events. The World Health Organization and International Federation of Red Cross and Red Crescent Societies have increasingly recognized the important dimension for immediate and long-term disaster response. Since 1993, the International Federation Reference Centre has worked to improve the psychological well-being of beneficiaries, staff and volunteers. The psychosocial support is a proven approach to help affected people during and after the crisis based on the principle of “DO NO Harm”. It builds people capacity to recover by helping them identify their immediate needs, own strengths and abilities to cope with crisis. The literature shows that people who believe in their abilities to cope can predict the outcomes. Furthermore, people who received PS experienced sense of hope, feeling, safe, calm, self-confident and socially connected.

**Keywords:** Disaster, Psychosocial support, Humanitarian, Psychological First Aid

- Theme: Health
- Subtheme: Health Management after Crisis (Earthquakes/ War)

## 1. Introduction

On August 23rd year 2000, Gulf Air Airbus A320 an evening flight from Cairo to Manama-Bahrain, crashed into the Arabian Gulf. In aim to rescue as many as possible; Bahrain Official authorities asked the American Navy helicopters to help scan the Gulf water and search for survivals. As rescuers searched for survivals, relatives of

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passengers pleaded with police officers who put a security ring around the airport. Many did reach the airport, and cries and screams echoed in its halls. Dozens of men and women with reddened eyes wept loudly. Some comforted one another, while others screamed out for their loved ones.

Unfortunately, the catastrophic event resulted in the death of all 143 people on board including 8 crew members. As a response, measures were taken by Gulf Air to ease the communication with victims' families, they urged worried relatives to call the information hot line to address their concerns. As well as arranging for a special flight from Cairo to Bahrain later that day to take families of the deceased to the crash site and similar arrangements were made for other families (1).

None of these measures involved emotional or mental health support for the victims' families at that point or later in time. This unfortunate sudden event that happened in Bahrain is an example of a possible situation that requires a ready team to provide support to the victims' families, relatives and friend. This brings us to the question, ARE WE READY?

Many countries worldwide are at risk of multiple natural hazards, including earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, heat waves and droughts, as well as human-caused hazards. Every year natural disasters kill around 90,000 people and affect close to 160 million people worldwide. These events have twofold impact on health systems directly and indirectly. Directly, through damage of the infrastructure and health facilities and the consequent interruption of services at a time when they are most needed, and indirectly, by potentially causing an unexpected number of casualties, injuries, and illnesses in affected communities (2).

The international organizations such as International Federation of Red Cross and Red Crescent Societies (IFRC), World Health Organization (WHO) and United Nations High Commissioner for Refugees (UNHCR), responses are based not only on the traditional needs that are necessary after any disaster like shelters, food distribution and basic health care, but further extends to provide mental health and psychosocial support. This helps individuals and communities to cope with the crisis appropriately and change people's attitude from passive victims into active survivors.

The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it. Psychosocial support can be described as "a process of facilitating resilience within individuals, families

and communities. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure” (3)

Most who are affected by emergency crisis /disaster will experience some level of mental distress. Usually the mental health professionals communicate with the psychosocial support team after an emergency happens. Therefore, mental health professionals and psychosocial support team need to be prepared and ready to respond before the disaster takes place. This will reduce the number of mental health and psychosocial problems such as post-traumatic stress disorder (PTSD) and many other mental health and psychosocial problems happened in emergencies. (4)

The ability of individuals to cope in the aftermath of a disaster depends largely on their resources and capacities. The immediate impact on human lives often results in the destruction of the affected people physical, mental and social life, thereby having a longer-term impact on their health, well-being and survival. (5)

This paper addresses the importance of psychosocial support in enhancing individual, family and community wellbeing, in addition to reducing physical, psychological and social consequences of a disaster. It discusses the methods of applying psychosocial support in various stages of the disaster. It emphasizes on ways to help people to overcome overwhelming changes that occurred in their health and daily function that affected their wellbeing on the short and long term. In addition, it will elaborate on the importance of providing psychosocial support as early as possible to help people return to their normal wellbeing by positively adapting to a changed reality.

## 2. Mental Health and Psychosocial Support

World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR) (6) and International Federation of Red Cross Red Crescent Societies (IFRC) share the concept of integrating the mental health and psychosocial support activities in any humanitarian response, and as such are recognized as requirements of humanitarian response across a range of contexts and scenarios.

Although the two terms—mental health and psychosocial support—are closely related and can overlap to many health professionals; they reflect different, yet complementary approaches. Hence, agencies outside the health sector tend to speak of “supporting psychosocial well-being,” whereas people working in the health sector tend to speak of “mental health.” Exact definitions of these terms can vary slightly between and within aid organizations and countries (4).

Mental health is not simply the absence of mental disorder. The World Health Organization (WHO) defines mental health as a state of wellbeing in which every individual realizes his or her own potential, is able to cope with normal stresses of life, can work productively and fruitfully and is able to contribute to their community (7).

Many of National Societies realizes that when a disaster happen it could lead to not only physical, but also mental issues in the affected population. Therefore, the IFRC in the early 1990s founded the Psychological Support Programme. As a result, the Psychosocial Support (PS Centre) was established in 1993 as a “Centre of Excellence” to support National Societies in promoting and enabling the psychosocial well-being of beneficiaries (3).

Currently focus is going towards community-based approaches, which enhances the resiliency of children and families as a unit (3). Humanitarian responses now include programming for mental health and psychosocial support (MHPSS). This often includes interventions in wide range of thematic areas such as health, education, community-based protection, sexual and gender-based violence, and child protection. There is growing awareness that all staff involved in the humanitarian response should know the basics of MHPSS and understand how their own actions can influence mental health and psychosocial wellbeing (8).

### 3. The Implication of Psychosocial Support on Different Stages of Disaster

To understand the methods of applying psychosocial support to real situations, it is vital to understand the various stages of the disaster. As each stage has its own specific needs which must be taken into consideration.

According to Academy for Disaster Management Education, Planning and Training (2005) (9) the disaster stages are:

- 1. Preparation and planning:**

when the disaster is anticipated with varying degrees of accuracy. The government plans adaptive strategy, educating and public training through disaster exercises, the psychosocial support team response requires planning and building relationships with community members before the disaster. This will increase the individual's and the community's capacity to respond appropriately, to recognize and deal with stress effects.

- 2. Threat and warning:**

refer to the time before a disaster when there may be either a general recognition that such a disaster could occur (threat) or a specific warning that a disaster is approaching (warning). Accurate information is helpful to people. It should cover what to expect and what to do.

### 3. **Impact:**

the focus on relief efforts that generally include life-saving activities, emergency care and rescue, and ensuring the immediate needs of impacted populations such as food, shelter, water, sanitation, and psychological support. Most people respond appropriately during the impact of a disaster and react to safeguard their own lives and others, especially children, elderly and family members. On the other hand, some people react in shock, helplessness and powerlessness stunned or apathetic and may not be able to respond appropriately to protect themselves. The early PS intervention following disasters, especially when the disaster is associated with high prevalence of trauma in the form of injuries, threat to life, and loss of life will reduce the impact to disaster (10).

### 4. **Immediate post -disaster period:**

This is the phase where there is recoil from the impact and the initial rescue activities takes place. The psychosocial problems start to appear such as people may suffer from confusion or anxiety. During this phase people start to build up a picture about what happened and try to re - establish contact with family and community. It is also a time to assess the likely short and longer-term effects of the disaster and to start to make provision for the basic Psychosocial support services that are in readily accessible places for the community. Psychological first aid that should be available to sustain life, promote safety and survival, comfort and reassure, and provide protection. It does not involve probing those affected for their reaction but rather provides a calm, caring and supportive environment to set the scene for psychological recovery.

### 5. **Recovery:**

This phase is the extended period that takes the community and individual to adjust and reach equilibrium state. It commences as rescue is completed and individuals and communities face the task of bringing their lives and activities back to normal. This period is often called the phase of disappointment, it becomes imbedded and severe, the post -disaster of disaster. Recovery will certainly take time and things will never be quite the same again as before the disaster. Psychosocial services have to be available during this phase of disaster. The provider

should be aware of emotional reactions and psychosomatic symptoms, e.g. Sleep disturbance, indigestion, fatigue, as well as social effects such as relationship or work difficulties.

#### 4. Why Psychosocial Support Action Plan for Emergencies is Needed?

Mental health and psychosocial support components should be part of any national health sector emergency plan. Each country should set a plan of actions that includes guidelines for mental health and psychosocial support in case of any disaster or emergency. It is important to involve interdisciplinary, multi-sector working groups, and volunteers from national organizations in designing and implementing the methodology. Certain principles should be followed when designing the action plan, these principles include, the principle of **DO NO HARM**, protect human rights, community involvement and flexibility and adjustment to local circumstances.

The goals of the setting an action plan is to:

- Eliminate the suffering of psychosocial injury
- Prevent and control wide range of social problems raised during the disaster
- Treat occurred mental disorder and its consequence after the crises.
- Providing psychosocial care for members of the response team
- Ensure the psychosocial recovery of the affected population by the disaster

This is in order to protect, promote, and offer an appropriate response to the mental and psychosocial needs of the affected population.

According to Mental Health and Psychosocial Support in Disaster Situation in the Caribbean (2), Inter-Agency Standing Committee Guidelines on Mental (4) and WHO (11) which includes:

1. **Prior preparedness actions:**

which include planning and organization of the response and training staff.

2. **Assessment:**

Assessment of damage and mental health needs after a disaster using a tool or a guide for rapid assessment is considered the high-priority response. The assessment of mental health problems amongst emergency-affected populations needs to use instruments that are culturally validated for the local population.

4,12. In order to identify the priorities and evaluate the available resources related to psychosocial support, the assessment needs to review of existing mental and psychosocial problems faced by the population. This includes general humanitarian assessments and reports by non-governmental organizations. 12 Assessment reports should include data about the perceived physical, social and psychological needs in the affected population. The final assessment report should be shared with relevant agencies and stakeholder and disseminate recommendation for action.

### 3. **Coordination:**

Coordination is essential part to be done between different humanitarian sectors and agencies in order to fill the gaps, avoid duplication and get the best outcomes. Coordination can also help to ensure that various aspects of the humanitarian response are implemented to promote mental health and psychosocial wellbeing and ensuring that specific mental health and psychosocial interventions and mechanisms are included in the humanitarian response 4. As well as the coordination between groups can serve as referral system to different local and international agencies. In Jordan, for example, the Mental Health Psychosocial Support coordination group has developed a common referral form for mental health problems including consent to refer and provide essential information, which was then used by many different agencies (13,14).

### 4. **Psychological first aid by unspecialized personnel:**

Humanitarian aid workers, volunteers, search and rescue personnel and community agents are the "first responders" following an emergency, they have direct contact with the population. Psychological consequences of the lack of access to social support tend to manifest in different ways with a broad range of reactions, impacting not only on the individual but also extending to deeper layers of the general population. These reactions are not necessarily pathological in nature and should not be regarded as precursors to subsequent mental disorders. Adequate provision of support and access to services will result in normalcy, fostering the healing process and resilience of affected populations (15).

### 5. **Specialized care:**

Carried out by psychiatrist, such advanced care should be reserved for cases with more complex mental disorders. Special care of referrals to therapy of those with developed psychiatric symptoms and chronically psychiatrically ill. This assistance should include psychological or psychiatric supports for people with severe

mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems require referral to specialized services if exist. Also, another aspect of providing special care involves caring for more vulnerable risk groups. like children, women, elderly and people of special needs (2).

**6. Training on mental health and psychosocial support, including crisis intervention and psychological first aid:**

Training primary health workers who will first contact with victims and survivors in different areas that are found to be needed. Training should focus on the recognition of various cultural presentation of symptoms as well on the available range of service for survivals in the communities (16).

**7. Health education for the population:**

Health education to bring public awareness about normal emotional responses and its psychosocial manifestations to an adverse event and train people on some simple measures to cope with these situations.

**8. Social communication:**

is essential to promote calmness and reduce fear and suffering experienced during the emergency event among population. Although fear is common reaction to any disaster, it is even more common in cases when chemical or biological agents are present (11).

**9. System for registering information, indicators, and follow-up:**

are important issues to start a scheme of recording all relevant information about people's experiences, mental health and psychosocial problems in the emergency and the available resources to deal with these problems (2).

## 5. Psychosocial Support Ethics

It is crucial to understand that, providing this type of services is not charity or pity, rather, it is an essential aspect of the human rights of the survivors to live with dignity in any disaster situations. The main ethical principles that need to be followed are maintaining confidentiality all the time, do not make false promises, avoid being biased and keep smiling. (9)

## 6. Community-Based Psychosocial Work

With a greater involvement, people become more hopeful, more able to cope and more active in rebuilding their own lives and communities. Community mobilization and support are critical to care for people with mental distress and disorders. According to UNCHR (17) the key actions to include communities are listed below:

- Avoid doing what local people can do for themselves and instead build on what local people are already doing to help themselves, including using internal community resources, knowledge, individual skills and talents.
- Support community initiatives and encourage additional ones to promote family and community support for all emergency-affected community members.
- Use multifunctional teams in United Nations and Non-Governmental Organizations (NGOs) in emergency sittings.
- Use participatory and community-based approaches.
- Advocates within and beyond the community on behalf of severely mental disorder people.
- Address human right abuses in sensitive and culturally competent way, and address stigmatizing or abusive practices (18).

## 7. Psychosocial Support for Workers

The responders and humanitarian workers carry a higher personal risk than others. Generally, the high expectations from staff workers and volunteers often leave them with a feeling of not having done enough, that contributes as an additional stressor on them.

A 21 years old medical volunteer named Razan Alnajjar, was shot in Gaza June 2018 while treating the wounded on the Israel-Gaza border. In one of her interviews she stated that “with all pride I want to continue helping others till the last day” she was aware of the risky nature of her act, yet she felt obligated to help others as long as she can.

First-response rescue workers are a potentially vulnerable group for psychological dysfunction. On a study conducted to assess psychiatric disorders in firefighters after approximately 34 months of the Oklahoma City bombing, indicated a 13% prevalence rate of PTSD specifically related to the event (16). This greater exposure to stressful contexts as they continue to help people through a post-disaster adaptation period.

This can lead to harmful use of alcohol or psychoactive drugs. Risk increased in situations where team cohesion or social support are lacking (3).

It is acknowledged that volunteers and staff workers are exposed to emotional stressors and can enter a state of crisis as a result of their work. It is important to understand that they would respond to stress differently, depending on their personality, coping styles and social support network. The psychological wellbeing of staff and volunteers is highly critical; therefore, they need to seek help whenever the pressure of work or dealing with human suffering become overwhelming, in order to do self-care and prevent burnout.

These are two statements gathered from a WHO psychological assessment survey taken by more than 200 Syrian health workers. "I feel depressed because of the traumatic experiences of the people I help" and "I find it difficult to separate my personal life from my life as a helper". The survey measures burnout, defined as "work-related hopelessness and feelings of inefficacy", as well as the effects of secondary exposure to extremely stressful events – for example, seeing images of the victims of an attack. (19)

Supportive measures for volunteers and staff workers to minimize stress: (According to Reference Center for Psychological Support- Community Based Psychosocial Support), (2009)

- Taking some preventive actions to enable them to cope with stress such as sharing difficulties with persons who are very trustable, exercise, and other relaxation techniques for stress reduction and to maintain the homeostasis of the body.
- Staff must take responsibilities to treat each other with compassion and respect, this is called care for carers.
- An organizational culture where people can talk openly and share problems without fearing consequences. And maintain confidentiality.
- A work culture that getting together after a critical event is the norm, for example, peer support system.
- Accessible guidance and support from managers and peer.

## 8. Conclusion

As has been noted, the impact of a disaster or emergency crisis on mental health has shown consistency across wide range of age groups and population and applying

psychosocial support during this crucial time has been shown to reduce the short- and long-term traumatic effect of the disaster. It can help victims, staff workers and volunteers to deal with their psychosocial reactions during and after the emergency event. In addition, it facilitates community participation to support each other using the available resource's in a proper culturally accepted manner.

A comprehensive disaster preparedness plan should include mental health and psychosocial support component. Each country has to have a prepared plan that targets its own population, taking into consideration meeting mental health and psychosocial needs assessment. Being ready before the crises takes place puts us a few steps ahead and optimize our survival rates.

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