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MOOC 1 – Unit 5:

Specific Targets in Early Psychological Intervention

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Chapter 2 – Different Settings

Introduction

A **Humanitarian Emergency** is an ongoing stress situation which emphasises the **complexity of interventions in the social context**, because of the disruptive impact on the society and the need for a multi-leveled approach.

Humanitarian Emergency interventions can be applied in different settings:

2.1. **Sanitary Emergency/Hospitals and other emergency units (Firefighters etc.)**

2.2. **Community**

2.3. **Refugee camps**

2.4. **Schools**

2.1. Sanitary Emergency/Hospitals and other emergency units (such as Covid-19)

Front-line health professionals, particularly those working in inpatient medical health settings, are increasingly exposed to psychological distress in a working environment overloaded by high-risk procedures. Furthermore, during the Covid-19 pandemic there were many fatalities among medical staff and patients, due to exposure and lack of personal protective equipment against a new virus. Potentially traumatic events for individuals, diagnosed with Covid-19, are not only threats to one's life and/or loss of loved ones, but also social isolation, economic difficulties and loss of the ability to work.

Most of the time staff is resilient and can cope with stressful avevent and/or situation. Though some of them may suffer from depression, anxiety or post-traumatic stress disorder (PTSD).

A psychological intervention during a high-stress situation, should focus on supporting, coping and fostering resilience. In this way, burnout and other mental health disorders can be reduced or prevented.

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2.1. Sanitary Emergency/Hospitals and other emergency units (firefighters etc.)

Structural and organizational changes occur during a crisis and/or a disaster. The concept of **Syndemic** involves the adverse interaction of diseases of all types with social systems, economy, and organizational structure. They are most likely to emerge under conditions of health inequality caused by poverty, stigmatization, stress, or structural violence. Syndemic increases the health burden of affected populations. Furthermore, this concept moves beyond common medical conceptualizations of comorbidity and multimorbidity.

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Ratner, A., Gandhi, N. 2020. Psychoanalysis in combatting mass non-adherence to medical advice. *The Lancet.* Vol. 396:1730.

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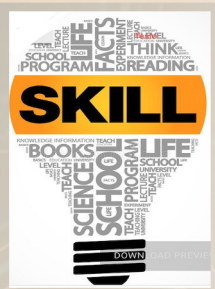


2.1. Sanitary Emergency/Hospitals and other emergency units (firefighters etc.)

You, as a health worker in an early psychological intervention at hospitals and other emergency units, should:

- Provide psychological support for staff members following organizational trauma exposure
- Ensure adequate self-care, food and hydration, rest and sleep
- The method of Reflective Practice Groups for Team Development encourages ‘reflection on action’, using a shared narrative and co-operative problem solving in the group as a safe container. Usually during weekly group, 90min sessions and over a long-term duration
- Provide training on the clinical skills required to deal with the emergency i.e. Covid-19
- Provide training on the potentially traumatic situations they might be exposed to
- Supply honest communication of the facts
- Enhance development of skills to cope with these stressful events
- Encourage social and peer support
- Increase staff’s awareness of potential mental health consequences due to trauma exposure
- Monitor these staff members and use extra support mechanisms, if needed

2.1. Sanitary Emergency/Hospitals and other emergency units (firefighters etc.)

- **You, as a health worker in an early psychological intervention at hospitals and other emergency units, should achieve, concerning staff members' needs:**
- Enhancement of self-esteem
- Development of self-awareness
- Development of self-understanding
- Monitoring potential signs for burnout
- Adequate self-care and the prevention of sleep and feeding disorders
- Decrease of guilt and psychological burden by informal support from peers
- Reinforcement of safety procedures and stress monitoring, creating 'buddy' systems, such as inexperienced/more experienced staff member
- Decrease of anxiety over potential threats
- Enhancement of support and development of social cohesion, providing opportunities for staff members to talk about their experience

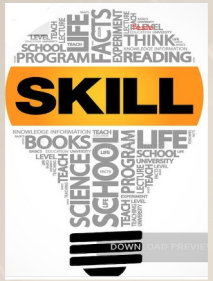
2.2. Community

In the community after a disaster, the majority of care occurs informally

In order to focus on building the capacity of the community, there is a need to **de-medicalise** the survivors' disaster response and **de-professionalise** the service delivery

There is a need for:

- Improving companionship and coping competence in the community in order to be prepared for a new emergency
- Avoiding displacement
- Fostering the family, cultural and religious rituals
- Providing factual information
- Educating teachers and parents
- Starting school in the disaster affected area



2.2. Community

You, as a health worker in an early psychological intervention should train local resources in simple non-specific community-based interventions such as:

- Structuring daily activities
- Group discussion
- Engaging the adult survivors in camp activities such as cooking, cleaning and assisting in relief work
- Initiating informal education
- Teaching simple sleep hygiene techniques
- Educating survivors about harmful effect of substance abuse/addiction
- Community-based group interventions such as: art therapy, group discussion, drama/psychodrama, storytelling, structuring their day, engagement in activities such as sport, yoga, spiritual activities, relaxation, games
- Engaging children in various informal education activities

2.2. Community

Improved coping capacity helps affected population to organize and be prepared in the case the harm is not finished (for example a lasting volcanic eruption or earthquake)

- Organizing services, first aid staff and population in order to be prepared for a new emergency
- Reinforcing the capacity of the community as a whole to cope with the situation
- Avoiding harmful thinking about the situation by providing factual informations
- Reducing insecurity, helplessness, feelings of abandonement and hopelessness
- Reinforcing safety by allowing cultural and religious rituals to families
- Enhancing confidence by the involvement of teachers and parents in the restoring processes
- Regaining moments of joy and companionship for children by keeping the daily school programme

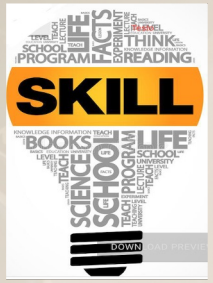
2.3. Refugee camps

Refugees, asylum seekers, internally displaced persons have been forced to leave their home. Such stressors may lead to mental health problems over time. The experience of migration may include traumatic events before departure, during travel and transit, and after arrival, making the adaptation process complex and stressful. Some problems include language barriers, lack of information about the health care system in the host country, different attitudes to medical and psychological treatments.

In **relief camp,** during post-disaster phase, it is necessary to identify and treat not only moderate-to-severe cases.
Employ non-specific community-based interventions (see Community).

The psychosocial counselor

- provides information on available activities in the camp and clarification about rehabilitation programs
- aims to build a social support system for the individual, with family and neighbours' support
- conducts outreach visits to families and provides them with tools to deal with the ensuing difficulties



2.3. Refugee Camps

Eight key priority action areas are identified for consideration regarding mental health of **refugees and migrants:**

- promoting mental health through social integration
- clarifying and sharing information on entitlements to care
- mapping outreach services (or setting up new services if required)
- making interpreting services and/or cultural mediation services available
- working towards integration of mental, physical and social care
- ensuring that the mental health workforce is trained to work with migrants
- investing in long-term follow-up research and service evaluations for service planning and provision
- sharing principles of good practices across countries

(WHO Mental health promotion and mental health care in refugees and migrants. Technical Guidance. 2018)

2.3. Refugee Camps

- Prevention of long-term effect due to trauma experience
- Reducing stressful situations related to threat to life, loss of close, beloved people and values
- Reconstructing survivors' normal life, and restoring their connection with the surrounding normal environment
- Regaining the ability to plan the future, as well as relieving the fear of the unknown and helplessness
- Improvement of quality of life of the refugees, sustaining an independent and productive daily life
- Promoting social integration
- Overcoming barriers to access for mental health care if needed
- Facilitating engagement with care

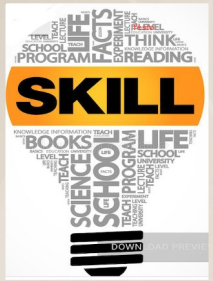
2.4. Schools

After a major disaster, a large proportion of children in the affected community will develop short- and long-term effects on the psychological functioning, emotional adjustment, health, and developmental trajectory.

Health care providers can cooperate with local schools to assist in recovery attempts for students. After a large-scale traumatic event, schools are likely to monitor negative effects on learning and adjustment among their students. Therefore, staff may find it difficult to teach or manage their classes, unless adequate support is provided, immediately after the disaster and maintained until recovery has been completed.

Schools can serve as an effective means to reach the broad population of children and families affected by the disaster and a cost effective and accessible site for the delivery of basic and supportive services by professionals already familiar to the students and trusted by the families.

Schools are also sites that are suitable for psychoeducation, psychological first-aid and group supportive services, particularly well-suited to monitoring children's adjustment over time and can be used to provide additional mental health services or referral to community service.



2.4. Schools

The aim of the School and Staff members is to build resilience in the school community, mitigate distress and assess the need for continued care:

- Provide basic public health interventions, such as psycho-education and social support
- Help effectively by using Psychological First Aid
- Have well-established guidelines for crisis response and well-trained crisis response teams
- Help foster a range of coping skills, so that children have strategies they can use to address distress and troubled feelings
- Organize supportive services to accelerate the natural healing process and promote effective coping strategies
- Offer classroom-based interventions
- Provide structured activities and games
- Help students identify practical actions they can take to aid others in need in the school or in the broader community
- Offer school-based group treatment

2.4. Schools

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- Schools are also sites that are suitable for psychoeducation, psychological first-aid and group supportive services particularly well-suited to monitoring children's adjustment over time, and can be used to provide additional mental health services or referral to community service. *Repeated from slide 22*
- Modify expectations for children's classroom performance and behavior, until their adjustment difficulties no longer interfere with their cognitive, emotional, and social functioning.