

Coping with Crisis

Federation Reference Centre for Psychosocial Support

Helping India's tsunami affected population

By Dr. Gauthamadas, director, The Academy for Disaster Management, Education Planning and Training

On Sunday 26 December 2004 the Asia-Pacific undersea tectonic plates were jostled around creating the worst tsunamis that mankind had experienced in documented history.

The earliest indication of what was to come was when the sea began to recede soon after the day dawned. Not knowing that this was just a harbinger of disaster (unlike some tribes in the Andaman Islands that retreated into the forest) the coastal populace flocked to the seashore to witness the strange phenomenon.

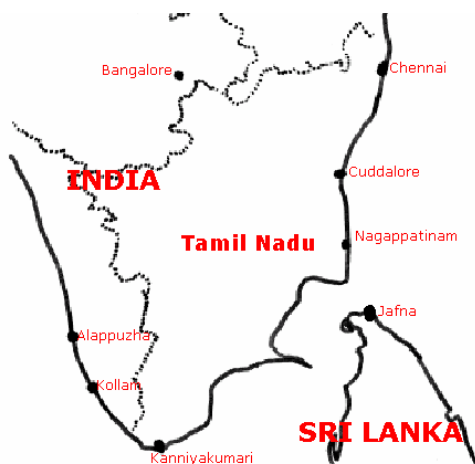
At Kanyakumari, at the southern tip of India, the sea floor was laid bare up to Vivekananda rock, a tourist attraction in the middle of the sea that was heretofore accessible only by boat. Suddenly, the waters began to swell and then in a trice a towering three storey high cliff of sea water smashed its way

almost two kilometres inland, flattening everything in its path. To the fishing community it seemed that the Mother, who had been nurturing them through the ages, had turned on them and was on a rampage.

When the fact finding team of the Academy for Disaster Management, Education Planning & Training (ADEPT) reached Cuddalore, they were confronted by human misery. Based on experience with previous earthquakes and cyclones, an expert disaster medical relief team was mobilized and flown in from the Christian Medical College in Ludhiana and set up camp on 6 January 2005 at Cuddalore, where almost 100,000 people had been unsettled. Within a few days however, it became evident that physical trauma was minimal – less than 5% of the unsettled population. Almost 100% of those unsettled however, were displaying symptoms of psychological trauma. The hurdles of dealing with such a vast population spread out over an area of over about 100 sq. kilometres were apparent.

Involving the local community

The greatest challenge was to meet the need for personnel to counsel the shattered community. The next was the accessibility to a geographically dispersed populace, spread out along a coastline 100 km long often with poorly accessible roads. Added to this was the



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The Academy for Disaster Management, Education Planning and Training (ADEPT) is a non-profit organization that aims to consolidate the knowledge in the field of disaster mental health and management, for the purpose of advocating and training disaster-management personnel for more effective functioning.

ADEPT was born out of the tsunami 26 December 2004. Since 1996, the National Lutheran Health and Medical Board (NLHMB) and the partners of ADEPT have been active in various disasters including the Andhra Pradesh cyclone 1996, the Orissa super cyclone 1999, and The Gujarat Earthquake 2001. The need for psychosocial intervention was first felt after the Gujarat earthquake. However, it was only when NLHMB's survey team reached the Tsunami affected Cuddalore coast on 28 December 2004 that the need for an organised approach to psychosocial intervention was felt.

Within a week, the NLHMB quickly mobilised a team led by Dr. Gauthamadas, psychiatrist and management expert, under the helmsmanship of Dr. Shyamprasad, Executive Director of NLHMB. A quick analysis revealed that there was little organised relief effort, with agencies duplicating efforts, and consequent wastage of resources and manpower. It was concluded that a mere short-term project would not serve the purpose and that a long-term initiative was necessary. Thus, the Academy for Disaster Management, Education Planning & Training was born. ADEPT is a secular organisation whose sole objective is to serve humanity.

For more information about ADEPT please see: <http://www.adept.org.in/>
The Disaster Psychosocial Response handbook can be downloaded from ADEPT's website

task of dealing with an area that was a melting pot of communal and cultural diversity with a language – Tamil - that had little in common with the rest of the country. The relief workers struggling with vast psychological trauma were trying to compensate, to the best of their ability, for the lack of physical measures such as boats, nets, food, shelter etc.

It was decided that the only way in which this situation could be dealt with was, to have counsellors from within the affected community to deal with the psychological trauma of their brethren. Thus, the concept of Community Counsellors was born i.e. to train personnel from within the affected community in the basics of disaster psychology and counselling, and to put them back in the field to counsel their fellows in suffering. A handbook for training was quickly put together and Master trainers underwent a crash course. Realizing that the success of implementation depended on the support of the local administration, support was sought from the District Collector. The District Administration readily agreed to send health inspectors, voluntary health

nurses, other health workers, and teachers for training, and the first course was launched on 11 January 2005. At the time of writing of this article, 14 weeks after the Tsunamis, almost 1,000 community counsellors have been trained.

The need for extending this service was evident from the requests from neighbouring Kancheepuram and Nagapattinam districts to extend the training to their area.

The success of the programme is based on selection of trainees, and structure and duration of the course. Every one of the trainees was a volunteer and received no monetary compensation for their services.

The training

Basic travel, board and lodging needs were met. All came from affected villages and were themselves affected. The course was for just a day and a half. It was interactive with little didactic lecturing, and the major input was from the participants who had to describe some of their experiences, discuss the application of concepts learned among themselves, and come up with individual

plans of action. Scientific jargon was avoided and the concepts were delivered in a simple manner, understandable by a lay person with basic high school education.



Almost 1000 primary school teachers, health nurses, health inspectors, college students, youth activists, field workers from other NGO's and members of women's development movements have been trained into provide psychosocial support to the tsunami-affected communities South-east India. Photo: Dr. Gauthamadas/ADEPT

Training was carried out in the local language (Tamil) by master trainers with the help of qualified resource persons. Trainees were selected from within the affected community. They included primary school teachers, health nurses, health inspectors, college students, youth activists, field workers from other NGOs, and members of women's development movements. The rationale was to select people who have already been serving the community, thereby breaking through entry barriers. No bias was shown towards any group. The focus of the training was on:

- handling the bereaved through supportive interaction
- handling the children through play, and interactive and creative activities, such as enacting plays, composing poems, singing songs, dancing and music etc. with the themes of "goodness of nature", "tsunami is transient", "we shall overcome" etc.
- public education and awareness of the nature of the tsunami
- problem-solving and supportive activities

Following the course, trainees were monitored in the field by random visits from

trainers, and were asked to submit a report on implementation of their individual action plans at a debriefing meeting held 2 weeks after the initial training. Everyone was given appropriate recognition (including inspection of their work by the District Collector and other officials and visiting dignitaries, and features in the local media).

The trainees formed local self-help groups in their community and provided counselling to their affected brethren. A blueprint for setting up a network of counselling clinics all along the Tsunami affected South Indian coast for long-term psychosocial intervention was drawn up. Selection of 50 educated, unemployed youths to man the clinics is in progress. They will be trained in the basics of community dynamics, psychosocial intervention, and administration and employed to manage the clinics and coordinate the community counsellors and self-help groups.

Need for long term assistance

However, it is now apparent that the psychological trauma is being complicated by disillusionment, discontent and communal jostling for benefits. Two months after the tsunami, the fishing community is still non-productive, in spite of material relief for resuming fishing being provided. There is therefore, a need for psychosocial reengineering for the tsunami affected fishing community to reconstruct itself and become productive. A plan for psychosocial reengineering of the tsunami affected fishing community in Southern India for improved community dynamics is being drawn up.

This combines psychological and social support methodologies which acknowledge that the individual must be supported and integrated within social support structures. It is aimed at empowering the community to actively engage in supporting each other by giving them knowledge and resources they need through self-help groups, in keeping with the culture and existing support structures within the community. The communal group is one of the most important sources of strength and coping in society in Tamil Nadu – working through self-help groups which replace communal groups is seen as the best way to engineer the larger community. ■

Building Psychosocial Disaster Response in India

By Joseph Prewitt, American Red Cross

Following the Gujarat Earthquake in 2001, the Indian Red Cross Society (IRCS) requested that the American Red Cross (ARC) provide technical assistance in the development of a community-based programme. The programme should provide immediate support to survivors and relief workers, and prepare for future disasters in schools and villages in selected states.

The American Red Cross International Services assigned a psychosocial delegate to develop a programme in India based on earlier assessment findings. It was a challenge to set up a Psychological Support programme in a country as culturally diverse and geographically spread out as India.

With eleven million volunteers nationwide, Indian Red Cross is ideally positioned to deliver community-based programmes. However, the lack of trained personnel in Disaster Mental Health at the national, state and local branch level, lack of appropriate material for preparedness activities in schools and villages were significant weaknesses, which had to be addressed. Psychological first aid was not integrated in already existing IRCS community-based first aid programmes. Therefore building capacity in ICRS and training of volunteers was a high priority.

The Indian Red Cross Society Disaster Mental Health/Psychosocial Care Programme

Based on the principles and best practice proposed in the literature, the experience of partner organizations in India and the identified community needs, the Indian Red Cross Society is implementing a Disaster Mental Health and Psychosocial Care programme (DMH/PC). The goal of this programme is to "Alleviate stress and psychological suffering resulting from disasters". The programme broadly focuses on four key areas namely:

1. Build capacity of National Head Quarters, state and local branches
2. Expand the capacity of trained community volunteers to offer psychological first aid
3. Develop 'Resilient Schools' through creative and expressive activities and crisis response planning
4. Recognize and enhance the resilience of communities through resilience building activities.

The biggest challenge was to develop culturally appropriate systems, methods and material that reflect the various regions of India, which is a country with a great cultural and linguistic diversity. Because of this great diversity, involving local volunteers has a great advantage. Local volunteers speak the local language and know about specific cultural sensitivities, which must be taken into account when developing material and when planning and carrying out psychosocial activities.

The programmes were first developed and implemented in the Gujarat and Orissa states which had experienced a devastating earthquake and a cyclone respectively. At the end of two years, the programme reached over two million direct beneficiaries, not only in the target states of Gujarat and Orissa, but also in Andhra Pradesh and Tamil Nadu.

Training as Capacity-building

A complex training programme was launched aiming to train volunteers, teachers, professionals and experts at different levels according to their training needs and according to the role they were going to play in the programme:

Operational Training

The operational training for Red Cross and community volunteers and teachers is a 12-18 hour workshop to help participants implement short order interventions (such as psychological first aid) and activities in the communities and schools.

Community Facilitators

The community facilitators training aims to enhance the skills of community leaders, volunteers and other members to carry out community based psychosocial support activities. The training and subsequent field supervision enhances skills such as participatory community assessments, promotional activities and organizing community resilience activities. The community facilitators are representatives from all groups in the community including the elderly, women, adolescents and men.

Teachers Training

The psychosocial support training for teachers is designed to prepare teachers to carry out creative and expressive activities within the curriculum to facilitate children to express their feelings after a disaster, crisis or emergency and to organize students, volunteers and teachers to prepare a school crisis response plan.

Crisis Intervention Technicians

The crisis intervention technicians are volunteers at the local branch of the Indian Red Cross Society. This group of individuals is trained at the state level and is responsible for developing preparedness, stress mitigation, and recovery activities in selected villages and schools. The participants are local branch IRCS volunteers, primary school teachers and others in the community with disaster response experience.

Crisis Intervention Specialists (CIS)

The Crisis Intervention Specialists are the managers of crisis intervention activities in schools and communities during a disaster or crisis. It is a 15 day residential certified training programme designed to enhance skills of the trainees to plan, design and implement interventions in schools and communities that recognize and enhance resilience. Each trained CIS is required to serve 300 volunteer hours of psychosocial support and training in order to complete the course.

Crisis Intervention Professionals

The crisis intervention professionals are individuals who have a background in mental health or disaster preparedness, response, or management. They will be assigned to the National Society, and will commit 500

hours of volunteer time after completing the programme of study. The role of the professionals is to advise the psychosocial support team on programme planning and implementation before, during and after a disaster, conduct or coordinate rapid needs assessment in the affected geographical area, call out other mental health professionals, organize DMH teams and coordinate teams in the field in order to provide timely service to the affected geographical area and also develop and conduct training activities.

Resilient Schools And Resilient Communities Programme

The Resilient school programme is aimed at enhancing the skills of teachers, students and volunteers to prepare for and respond to disasters, crises and emergencies through training, crisis response planning and creative and expressive activities. The crisis response planning is a process that facilitates the participation of the school community in taking proactive measures to take action in the event of a disaster. It involves formation of four teams namely, evacuation, damage assessment, psychological first aid and physical first aid.



A big challenge was to develop culturally appropriate systems, methods and material that reflect the various regions of India, which is a country with a great cultural and linguistic diversity. Because of this great diversity, involving local volunteers has a great advantage.

Photo: American Red Cross

Creative and expressive activities for children is the crucial aspect of the resilient school programme which involves engaging teachers in a process wherein they are able to understand the causes of stress in children and the most common reactions that are seen in class as well as at home. The use of creative and expressive activities to

facilitate children to express their feelings after a crisis or a difficult experience helps to create a non-threatening environment and encourages children to talk.

The primary focus of the resilient community programme is to recognize and enhance the existing resilience of the community. This involves constant dialogue and focus group discussions with the community members in order to assess and understand the existing coping mechanisms and traditional methods of healing and community cohesion.

Disaster Responses

In June 2004 a terrible fire in a primary school in Kumbhakonam, Bhuj left 94 children dead and 18 children severely injured. The Joint Secretary of the Indian Red Cross sought technical assistance from the American Red Cross to provide psychological support to the affected children and their families.

A team of two people from the IRCS Bhuj programme accompanied by the ARC technical assistance person was mobilized to begin training a group of community volunteers in Psychological First Aid and Rapid Needs Assessment.



Photo: American Red Cross

The community volunteers began working with families in five communities in providing psychological first aid and organizing community based interventions to facilitate the expression of feelings and conducting creative and expressive activities with children.

These volunteers have been working since the tsunami struck in December 2004 pro-

viding psychosocial support to the survivors in Tamil Nadu, India.

Taking the Experience To The Maldives

Also the small island nation of the Maldives was hit by the 26 December 2004 tsunami, which caused widespread devastation in coastal areas in the Indian Ocean. The Maldives has a population of 300,000 living on about 200 islands. The islands had not been prone to natural disasters before and had no disaster preparedness plan. Neither does the Maldives have a National Red Cross or Red Crescent Society.

A federation Field Assessment and Coordination Team (FACT) was quickly deployed to the Maldives. The FACT identified psychological needs of the affected population and requested that the American Red Cross Asia regional delegation, based in India, send teams for immediate response to the psychological needs of the community.

Subsequently, a Psychosocial Support Programme was designed to train counsellors in community-based approaches such as Psychological First Aid to facilitate:

1. Rapid Intervention
2. The development of local capacity
3. Culturally and linguistically appropriate intervention

Since about half the population in The Maldives consists of children, and all children of school-going age attend school, it was natural to involve school teachers in the training. Six teachers were trained under the supervision of the American Red Cross to provide training in the local language to other teachers. The training module for the immediate phase was culturally adapted with the help of local teachers. Thus, teachers in all atolls (provinces) were trained to work with children to alleviate stress and to prevent severe psychological problems.

Maldives Onwards

After the completion of the immediate phase, an assessment will indicate the needs for a long-term programme. The long-term programme will address both the needs of the children, as well as those of the adults and elderly.

The programme will therefore involve the schools (Resilient Schools Programme)

through the Ministry of Education and involve organizations in the community (Resilient Community Programme) through the Ministry of Gender, Family Development and Social Security. These programmes will be developed in phases in the atolls according to the needs. The objective of these programmes will be to enhance resilience in the target groups. The teachers trained in the immediate phase in the Operational Tsunami Teachers training will receive further training in the Resilient School teachers training and volunteers selected from the community will be trained as Community Facilitators.

The Social Support and Counselling Services (SSCS) of the National Disaster Management Centre (NDMC), which has played a pivotal role in the immediate phase of the psychosocial programme, or a similar body, would be used as the Emergency Response Unit of the country for the development of Psychosocial programmes in the future. This

unit will have people from various emergency departments of the country.

Capacity will be developed at all levels, on the islands, at the atoll centres and in the national capital, to develop, implement and monitor psychosocial programmes in the future. An efficient unit to develop material will be set up and the entire process will be documented.

Steps are also being taken by IFRC to form a National Society in the Maldives.

The ARC is currently operating psychosocial programmes based on the India model in the Southern Provinces of Sri Lanka, and in Indonesia, in close coordination with the Danish Red Cross, the Turkish Red Crescent and the PMI (Indonesia Red Cross).■

Experiences from the Niigatachuetsu earthquake

By Jun Maeda, Associate Professor, Muroran Institute of Technology

Stephen Regel, Director, Centre for Trauma Studies & Traumatic Stress Service, Nottinghamshire Healthcare NHS Trust

Kazuki Saitoh, Associate Professor, Japanese Red Cross College of Akita

Dr. Toshiharu Makishima, Japanese Red Cross Society

In the last two years, the Japanese Red Cross Society (JRCS) and the IFRC Reference Centre for Psychosocial Support has conducted four "Psychosocial Training of Trainers" workshops. The aim of the training was to educate JRCS staff in providing psychosocial support and to enable them to pass their new knowledge on to their colleagues in their home branches. By 2005 120 JRCS staff members had been trained to become psychosocial trainers.

Most of the new trainers are nurses from JRCS hospitals (1), but also medical doctors, psychologists, administrator and one speech therapist participated in the training. All 48 local Red Cross branches from the 48 prefectures in Japan were represented at the training workshops, as well as six staff

members from the JRCS head office. The new trainers are expected to pass their new knowledge on to colleagues in their home branches, so that the whole branch is better equipped to provide psychosocial support in times of disaster. Since 2003, when the first workshop was held until the time of writing this article Japan has been hit by typhoons, floods and earthquakes. When such disasters happened the local branch would send a psychosocial support trainer along with the medical team to the affected area. The response to the earthquake in Niigatachuetsu in October 2004 was the first, which included personnel trained in psychosocial support from branches other than the affected one.

Coordination of the trainers in Niigatachuetsu earthquake

To provide psychosocial support to the sur-



From 2003 to 2005 Japanese Red Cross has conducted psychosocial training workshops for nurses and other health professionals from Japanese Red Cross. 120 persons have received training in psychosocial support in emergencies and are expected to pass on their new knowledge to their colleagues in their home branches.

Photo: Dr. Toshiharu Makishima

vivors of the Niigatacuetsu earthquake, the JRCS sent 55 PS trainers and 71 nurses, who had also received psychosocial training, to shelters in three cities affected by the disaster over the course of four weeks. Psychosocial centres were set up in two cities – one in the Nagaoka Hospital and one in connection with the emergency basic health clinic in Ojiya City. The Ojiya City PS Centre was organized and managed by PS staff from other branches. In the first week they worked as part of the medical team, and from the second week they worked independently.

This relatively large system of delegation was managed by the JRCS head office. There were however, some practical difficulties for the psychosocial staff in the field, especially in Ojiya. There is no JRCS hospital in Ojiya, the psychosocial team had to set up their own centre without the logistic assistance a JRCS hospital could have provided. The centre was managed by PS staff members who alternated. This caused frequent changes in the management, which impeded the coordination and decision-making processes significantly. In hindsight, we have no doubt that psychosocial activities are important and relevant as part of a disaster response, but it is necessary to learn from the experiences of the Niigatachuetsu earthquake and develop clearer guidelines for the administration and management of the psychosocial disaster response.

Report from the field

Kazuki Saito, a clinical psychologist, who had participated in one of the workshops, was sent to the PRCS psychosocial centre established in Ojiya City as a response to the Niigatachuetsu earthquake. He reported:

I was sent to the JRCS psychosocial centre from 8 to 12 November, three weeks after the earthquake. While I was in Okiya there were several aftershocks every day, which caused anxiety among the people in the shelters and homes. We walked around in the area for several hours every day and talked to many women who had gathered at the road side because they were afraid of the aftershocks. The aftershocks were a constant reminder of the horrible night of 23 October.

I cannot forget a mother who had three children. She and her daughter, who is an elementary school pupil, were at home at the time of the earthquake. They were rescued from their house by the neighbours in the dark of night. The woman was unable to contact her husband and two sons (who go to the junior high and high school) until the next day. The daughter would no longer go to the bathroom by herself because she feared the darkness. Her youngest son became incontinent and her eldest son responded in an abrupt manner to other people and was always irritated. The mother was worried about her children and wept silently.



The psychosocial staff spent several hours every day going around in Ojiya City to talk to the survivors of the earthquake.

Photo: Japanese Red Cross

She told us that before she met us, she had not been able to cry. I told her that the

symptoms of her children were normal responses to abnormal events and that it was difficult to say exactly when the symptoms would subside as the aftershocks kept adding to the stress. This helped to set the mother's mind at rest.

The Psychosocial Support Centre (PS Centre) was located next to the Domestic Basic Health Care Emergency Response Unit (dERU), which served as an emergency clinic. Having the PS Centre so close to the clinic was very convenient as psychological and physical problems are two sides of the same coin. It gave the psychosocial staff the possibility to provide counselling to the people who came to the clinic to be treated for their physical injuries. The psychosocial staff always tried to ask how the affected people coped with their troubles. "What helps you when you feel anxious?", "How do you cope with your stress?" were some of the questions. The questions helped the people realize that they themselves were somehow active in trying to cope with their own stress. Thus, questions of this kind can empower people affected by disaster. Empowerment and promotion of self-help is an important basic idea in psychosocial support.

The future of psychosocial activities in the Japanese Red Cross Society

JRCS conducts annual disaster relief training activities in all regions of Japan. In 2005 all regions were required to include four points in the training: utilizing dERU; psychosocial work; delegation of liaison administrator for relief activities, including more branches than the one affected, and using volunteers. This is a valuable opportunity to strengthen psychosocial work by sharing experiences with each other.

Moreover, it is also very important to cooperate with other organisations and agencies that respond to disasters. When a disaster happens several different organisations gather in the affected area, and the better the responding organisations can cooperate, the more efficient the response will be. We believe that JRCS is in a position to contribute to this cooperation in a relevant manner, as there is already a great deal of accumulated experience in providing psychosocial support in disasters within JRCS. ■

1) The Japanese Red Cross runs 92 hospitals all over the country

Review of Psychosocial Program in Sri Lanka

By Margriet Blaauw, IFRC Reference Centre for Psychosocial Support

“People believe that rocks falling off the moon to the sea cause a tsunami and then it floods the land. Therefore people find it difficult to sleep at night, and most of them stay up at night staring at the moon or the sea” (1)

More than two decades of civil war in the North East of Sri Lanka between the Government and the Liberation Tigers of Tamil Eelam (LTTE) has resulted in the death of more than 60,000 people. Approximately 800,000 people have been displaced, sometimes several times.(2) The consequences of the conflict include damage to the infrastructure and homes, restricted mobility, disruption of community and institutional networks, disruption of educational facilities, deterioration of health services and psychological trauma.(3) The tsunami of 26

December 2004 has further affected the well-being of the population in this region.

Since January 2005, the Danish Red Cross and the Sri Lankan Red Cross have collaborated on a psychosocial programme in the North East of Sri Lanka. The programme is funded by ECHO. The IFRC Reference Centre for Psychosocial Support was asked, as an external consultant, to review the first months of the programme and to establish baseline data for monitoring and evaluation.

The review team visited the districts of Ampara, Batticaloa and Trincomalee to evaluate the progress of the psychosocial programme. The team consisted of a local consultant and a consultant from the IFRC Reference Centre for Psychosocial Support. The team was accompanied by a psychosocial officer from the Danish Red Cross. Inter-

views were conducted with key informants. The local consultant facilitated Focus Group Discussions with the affected population and with the volunteers working in the programme in order to get an impression on how people function and cope under the circumstances. Visits were paid to several activities. In general people were very willing to share their stories and ideas. Even after the discussions ended people sometimes stayed and continued sharing stories about their experiences of the tsunami. The volunteers have a contagious enthusiasm when they talk about their activities.

Sri Lanka has achieved relatively high standards in social and health development.(4) The knowledge about treatment and support to people affected by war and violence is growing, however, due to security reasons this knowledge hardly reaches the regions mostly in need.(5) The Red Cross has unique access to those most in need in the population through its volunteers. Offering opportunities for cultural, recreational and



*Psychosocial delegate Rikke Gormsen meets with women who are part of the psychosocial program in Ampara, Sri Lanka
Photo: Danish Red Cross*

leisure activities through a psychosocial programme, can contribute to the well-being of the affected population. Active dissemination of information on the causes of the tsunami, on normal reactions to abnormal events and on relief efforts can play an important part in the reduction of the concerns people face in their daily lives. Results of the interviews and discussions are incorporated in a report provided to the Danish Red Cross and the Sri Lankan Red Cross Society. The report is available from the IFRC Reference Centre for Psychosocial Support on request. ■

- 1) *Result from discussion with volunteers working in the psychosocial programme*
- 2) *UNICEF. At a glance: Sri Lanka. The Big Picture. <http://www.unicef.org/infobycountry/srilanka.html>*
- 3) *WHO Country Cooperation Strategy 2002-2005 Sri Lanka and Its Application in the Development of WHO RB 2004-2005 Strategic Plan. WHO Colombo Office, Sri Lanka*
- 4) *WHO Country Cooperation Strategy 2002-2005 Sri Lanka and Its Application in the Development of WHO RB 2004-2005 Strategic Plan. WHO Colombo Office, Sri Lanka*
- 5) *Médicins Sans Frontières. Kaz de Jong, Maureen Mulhern, Alison Swan, Saskia van der Kam. Assessing Trauma in Sri Lanka. Psycho-Social Questionnaire Vavaniya, Survey Outcomes. MSF The Netherlands, 31 May, 2001.*

The review in Sri Lanka was carried out by a team consisting of a staff member from the IFRC Reference Centre for Psychosocial Support and a local consultant on the request of the Danish Red Cross. The main role of the centre is to assist National Societies with needs assessments; help with setting up psychosocial support programmes or integrating psychosocial support in already existing programmes; conduct community-based psychosocial support training to volunteers and staff; evaluate programmes or programme proposals and in other ways act as a sparring partner for National Societies. If your National Society is interested in collaborating with our Centre, please visit our website at <http://psp.drk.dk> or contact us directly at psp-referencecentre@drk.dk

News from the Psychosocial Support Centre

As of 1 May Mrs **Anni Harris** started as administrative assistant in the Psychosocial Centre.

She has a solid background in administration and coordination of training activities from a large consulting company in Denmark. Having lived in South Africa most of

her life, she is fluent in English. We are confident that she has the experience and personal skills to make a valuable contribution to our team. ■

Anni Harris can be contacted by e-mail: anh@drk.dk

Health & Care Forum 2005: psychosocial support prominently on the agenda

By Janet Rodenburg, director, IFRC Reference Centre for Psychosocial Support

From 11 -13 May the annual Health and Care Forum was held at the Federation Secretariat in Geneva. In contrast to the earlier forums that gathered regional health coordinators, PNS and staff from the Federation Health and Care Department, in addition 35 National Societies had been invited.

This provided a platform to profile the National Societies' achievements, lessons learnt and new developments in their national health and care programs in the communities. The main focus of the Forum was on community health and social mobilization, with special attention to HIV/AIDS issues.

In his opening address, David Nabarro, Representative of the WHO Director-General for Health Action in Crises, mentioned mental health and psychosocial support as one of the key challenges in crises situations. He emphasised that psychosocial and mental

health concerns should complement humanitarian work starting in the first days and weeks of the relief, but should continue and be translated into substantial interventions through the phase of rehabilitation.

Also Dr. Pierre Duplessis, Secretary General of the Canadian Red Cross, stressed that once the casualties have been taken care of or when people are temporarily relocated, immediate efforts should be concentrated on, among others, psychosocial assistance (including family assistance and tracing). "We often underestimate the importance of psychosocial support and trade it for more visible, more short-term assistance. It should not be the case."

But as put forward by some National Societies, psychosocial support is also relevant in outbreaks and epidemics. Thus, the Congo Brazzaville Red Cross provides psychosocial assistance to people affected by ebola. Also the Philippine Red Cross has psychosocial support built into the ongoing health care services, targeting both beneficiaries and volunteers. ■

Inter-agency guidelines on mental health and psychosocial support in crises

By Janet Rodenburg, director, IFRC Reference Centre for Psychosocial Support

The field of mental health and psychosocial support in emergencies is becoming a major area of concern for all providers of humanitarian assistance. Consensus on good practice is starting to emerge on how better services can be provided if inter-agency collaboration is improved.

On 22 April the World Health Organisation (WHO) hosted an inter-agency meeting on Mental Health and Psychosocial Support in Crises. Participants included representatives from UNICEF, UNFPA, UNHCR, International Organisation for Migration (IOM), World Food Programme (WFP), WHO, ICRC, and IFRC. The group agreed to propose to the Inter-

Agency Standing Committee (IASC) Working Group the setting up of a task force in order to develop guidelines on mental health and psychosocial support in emergency settings. The IASC is the right mechanism for developing inter-agency guidelines, as it operates on different levels, helping a wide variety of humanitarian stakeholders to work more efficiently. The next step will be a two-day workshop in September to start drafting practical guidelines to enable a wide variety of stakeholders in humanitarian action to deliver the *minimum* required multi-sectoral response to be provided even in the midst of an emergency. It is hoped that within 12 months a guidance document for field testing (in 3 languages and on CD-ROM) will be available. ■

Upcoming events 2005

Building Resilience: Improving care through Psychosocial Support

23 - 25 September, Budapest, Hungary

Organized by the European RedCross/RedCrescent Network for Psychological Support ENPS

For further information, please contact Maureen Mooney: maureen.mooney@croix-rouge.fr

The 28th Congress of the World Federation for Mental Health: Equity and Mental Health

4-8 September 2005, Cairo, Egypt

Organized by The World Federation for Mental Health

For further information, registration and abstract submission:
<http://www.wfmh2005.com/HomePage.html>

Living with HIV Partnership

9-13 October 2005, Lima Peru

The 12th International Conference for People Living with HIV/AIDS and the 7th International Conference on Home and Community Care for People Living with HIV/AIDS.

Organized by The Global Network of People Living with HIV/AIDS

For further information, please contact: info@living2005.org or visit:
<http://www.vivir2005.org>

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