



# Coping with Crisis

Newsletter No. 4 2007

- Durable solutions in Montenegro
- Colombias displaced populations
  - Giving hope in Costa Rica
  - Disaster and depression



International Federation  
of Red Cross and Red Crescent Societies

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## Editorial

The International Federation  
Reference Centre for Psychosocial Support

# When forced to flee

- the struggle of externally and internally displaced Iraqis and other populations

**T**he best-known conflict but the least-known humanitarian crisis in the world. This is how the UN High Commissioner for Refugees describes the situation in Iraq where, according to latest UNHCR figures, there are now two million internally displaced people and 2.2 million refugees, mostly in neighbouring states. After a conflict which has lasted as long as the First World War, one in six Iraqis is displaced. Over eight million Iraqis are in need of humanitarian assistance.

**Human displacement** has severe socio-economic, physical and psychological consequences. Existing vulnerabilities tend to be exacerbated when people are forced to flee their homes. The events and continuous struggle of daily life can lead to intense psychological distress, involving anger and frustration, fear and a sense of hopelessness and helplessness. Behavioural and emotional difficulties such as sleep disturbance and other physical problems are a common and normal reaction to such extraordinary circumstances. Nevertheless, in times of adversity, people often demonstrate great resilience and show personal strength and resourcefulness and increased solidarity, social support and generosity. With the right type of support people are often able to overcome the mental health and psychosocial risks of living in extremely difficult circumstances.

**In this issue of *Coping with Crisis*** we look further into the challenges faced by displaced populations and the psychosocial response in Colombia and Montenegro. In these two countries, as in many others worldwide, the Red Cross and Red Crescent contributes to improve the lives of the most vulnerable, working with their emotional as well as their material needs.

**In Iraq**, the International Federation of the Red Cross and Red Crescent Societies is already involved in providing support and reducing the suffering of the large number of displaced citizens. *It is now highly relevant that a psychosocial support programme is put in place to alleviate the distress and hardship of the displaced population.*

As we produce this issue of *Coping with Crisis*, a meeting is being planned to address this. In November 2007, the psychosocial response to the displaced Iraqis will be the main topic of a multi-stakeholder meeting in Damascus, Syria, co-organised by the International Federation Zone Office for Middle East and North Africa and the

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Reference Centre for Psychosocial Support. In addition to the Red Cross and Red Crescent Societies of the region, other National Societies, the International Federation and ICRC, other key stakeholders include UNHRC and UNICEF.

We hope that the meeting will provide a good forum to share lessons learned and good practices of psychosocial support in the region in order to identify what has worked and where the gaps are. Based on this knowledge, we aim to develop a clear strategy accompanied by practical steps on how best to coordinate and respond to the psychosocial needs of the displaced population. We might not be able to reduce the scope of the conflict, but together we can reduce its impact on the Iraqi people and strengthen their ability to cope with their challenges!

Yours sincerely,

*Nana Wiedemann*

*Nana Wiedemann,*

*Head, International Federation Reference Centre for Psychosocial Support*

More information on the outcomes of the meeting and the future plans to support the displaced Iraqis will be available our web site: <http://psp.drk.dk>

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## News from the Centre

### Helping to heal

The Jamaican Red Cross has created *Helping to Heal*, an instructor's guidebook. It is divided into two parts: a trainer's manual designed to train new and existing Red Cross staff and volunteers, as well as mental health professionals, and a volunteer handbook which serves as an additional support to the training manual. Both publications deliver practical methodology for providing psychosocial care.

*Helping to Heal* is a valuable reference for fieldwork and a beneficial text for anyone looking to offer psychosocial support to victims in the face of disasters.

If you have any further questions or comments regarding this manual, please contact [pos-sro@caribbeanredcross.org](mailto:pos-sro@caribbeanredcross.org). More information can also be found on <http://psp.drk.dk>

### New Staff Member in the PS Centre

Pernille Hansen has been employed as project coordinator for the gathering of lessons learned from psychosocial interventions after the tsunami. The

project, funded by American Red Cross, will result in a compilation of relevant materials and knowledge about the psychosocial strategies and interventions implemented as part of the tsunami response.

Pernille has a background in psychology and education. She has worked as a teacher, been a development worker for Skillshare International and a consultant for UNICEF. We look forward to having Pernille as a colleague and will present more about her work in a later issue of *Coping with Crisis*.

### Psychosocial lunch at the General Assembly

The current challenges of psychosocial support will be discussed in an informal lunch forum during the International Federation General Assembly in Geneva, 20-23 November. The exact time and place will be announced to all National Societies in advance. If you are coming to the General Assembly, we kindly invite you to join us for discussions and lunch, and if not we ask you to recommend this side event to your National Society delegation! The Reference Centre and its work will also be presented in the exhibition area of the General Assembly.

## Durable solutions in Montenegro

**I**t might be hard to believe, but in the most developed region of the world – Europe – we find a population with an average life expectancy of 47 years, where less than one-third are economically active and more than 60 per cent are illiterate throughout their entire life. We are talking about Europe’s Roma population.

*By Åsta Ytre, Communication Advisor, International Federation Reference Centre for Psychosocial Support.*

Roma is the largest minority group in Europe without its own territory, a group with poverty levels four times that of the general population. This can, among other issues, be attributed to the low education rate of the group. In Montenegro, through a programme with several psychosocial components, the Montenegro Red Cross (MRC) works with Roma children to improve their access to education and enhance their social inclusion.

Roma is a clearly defined ethnic group including a number of related sub-groups with diverse cultures embedded in their particular histories, languages, music and traditions. Discriminated, socially excluded and stereotyped, Roma often live on the side of society. Between seven and 12 million Roma reside in Europe, with the highest concentration of

Roma to be found in Southeastern Europe.

Estimating the exact numbers in different parts of Europe is hard, both because of their often nomadic lifestyle and because of the displacement and persecution sometimes resulting in rapid population movement.

### Strengthening education

In 1999, 4,000 Roma were displaced from Kosovo to Montenegro, where two refugee camps were established in the Konik area of the capital Podgorica to respond to the sudden need. Eight years later, 1,600 people still live in the two camps and another 1,000 in the surrounding area. Social exclusion, poverty and lack of education make them one of the most vulnerable in the country. According to UNDP, only 38 per cent of Roma children in Montenegro enrol in primary school, and only one in ten finish grade eight. This is mainly because of poverty, but can also be partly explained by the low understanding of the importance of pursuing an education among the children and their parents, as well as language obstacles as many of the children do not speak the Montenegrin language.

Supported by Danish Red Cross, MRC runs a kindergarten and pre-school programme in the Konik camps. The main aim of the programme is that the children get the basic skills required to pass the enrolment test for primary school and complete the eight grades required in Montenegro. In addition to the main focus on pre-school education, extra-curricular activities and literacy courses are available for teenagers who have dropped out of school but who are motivated to continue their educational process and finish primary school. Hygiene kits are also handed out regularly, and



“Roma” is used as an inclusive collective term and is not intended to exclude any related groups including (but not limited to) Sinti, Travelers, Ashkaelia, Egyptians, and others.



Heine Pedersen / Danish Red

children in primary school are given school kits.

### **Psychosocial elements**

Lene Christensen, advisor on technical support at the International Federation Reference Centre for Psychosocial Support, evaluated the programme in June 2007 and presented a series of recommendations for the future. She says there are several psychosocial elements in the programme.

“As the programme strives for inclusion of the Roma population into both the educational system and the Montenegrin society at large, it works to change existing stereotypes and social relations between Roma children and their parents and between Roma and non-Roma Montenegrins,” she says. “The Roma are in many ways excluded but sometimes also choose to exclude themselves. The only way to break this cycle is to change their social status, and improving their own self-perception will contribute to this. Hopefully the next generation of well-educated Roma will be able to achieve this”

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break**  
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Around 170 children are enrolled in the kindergarten and pre-school classes. The children meet for two-three hours every weekday. Classes are conducted by teams composed of certified pre-school teachers and qualified Roma assistants; the latter are essential for overcoming possible language and cultural barriers and maintaining communication between the two communities.

Official state curricula for kindergarten and pre-school respectively are used in the classes, encompassing language training, development of speech, basic mathematic concepts, getting to know the surroundings, Roma cultural awareness, recreational activities and art. The activities also contribute to improved hygiene-related habits, language and social skills, graphomotoric and physical skills.

In addition to providing a daily routine for the children, activities also include excursions, giving them an opportunity to experience different environments and events such as museums, birthday

celebrations and other similar recreational activities. Jelena Darmanovic, MRC project coordinator, says that, although the classes follow the curriculum, there is also plenty of room to play. “The kindergarten and pre-school classes give the children a break,” she says. “Most of them were born in the camps and have never lived anywhere else. During the classes they are allowed to be children in a different way, to learn and to play.”

### Working with the parents

When aiming to improve education, it is not enough to work only with the children. The parents are also extremely important in the process. Because few of the parents are educated, there is a tendency that they do not engage in, or even see the importance of, the education of their children, whether at kindergarten, pre-school or primary school level. Parent meetings and workshops are among the efforts made to involve the parents and to encourage them to support the education of their children. Providing the children with a healthy snack, mainly to ensure proper nutrition and strengthen learning abilities, also acts as an incentive for the parents to send their children to kindergarten and pre-school.

Jelena Darmanovic says it is evident that the programme has a positive effect. The children solve small conflicts in a better way and their parents become more supportive of the education processes. She says both parents and children are increasingly becoming more aware of the importance of education. “My feeling is that the greatest accomplishment is the heightened awareness among both parents and children about the importance of

education,” she says, and goes on to explain that one very visible result is the rising number of children enrolled in grades one to four in primary school in the camp.

### Good results so far

Lene Christensen from the Psychosocial Support Centre also points out the rising number of children in school as a clear success factor. In 2003, very few children were going to school at all, in 2005 104 children enrolled, the following year 240 and this year 280, with 260 children completing the year. In her evaluation of the programme, Christensen says “it seems evident that the project has fulfilled its aim of improving access and preparing children for school.”

However, Christensen goes on to say that the situation is complex and requires further attention. The issue of drop-out of Roma children prior to having completed primary school is well known. After having attended grade one to four at the satellite school in camp Konik, the children must go to the main school which lies a few kilometres away. The drop in enrolment rates at this point is drastic. The children who this year (2007) attend grade four in the in-camp school is the first batch to have attended kindergarten before enrolling in primary school. “The real litmus test of the education efforts in camp Konik is the school results at the end of this year and the continued enrolment of this group in the coming years,” Christensen says. “The lasting effects of the kindergartens in camp Konik will be seen in the coming years.”



## Colombia's displaced populations

**P**eople driven into internal displacement because of the armed conflict in Colombia are being helped by a psychosocial programme of the American Red Cross in association with the Colombian Red Cross. Through the Humanitarian Project, started in 2002, some of the basic needs of the displaced population in seven districts (Atlántico, Boyacá, Cauca, Tolima, Santa Marta, Sucre and Putumayo) are being supported. This article concentrates on a psychosocial intervention in 2006-2007.

*By Jéssica Fallas Hidalgo, Liaison Officer of the American Red Cross in Colombia*

Central to the programme is the social and community-based work used to strengthen the society in general and social networks in particular. The main aim of the project is to influence a change of attitude and develop the autonomy and leadership of the community. This also includes strategies for health promotion and disease prevention. An integral health approach is used to create a balance between mental and physical health, offering medical and dental attention as well as psychosocial support to the affected population.

### **Psychosocial characteristics of the displaced communities**

The displaced population is exposed to events that may lead to emotional stress and crisis. Before starting the response, an analysis of the psychosocial needs of the population was made.

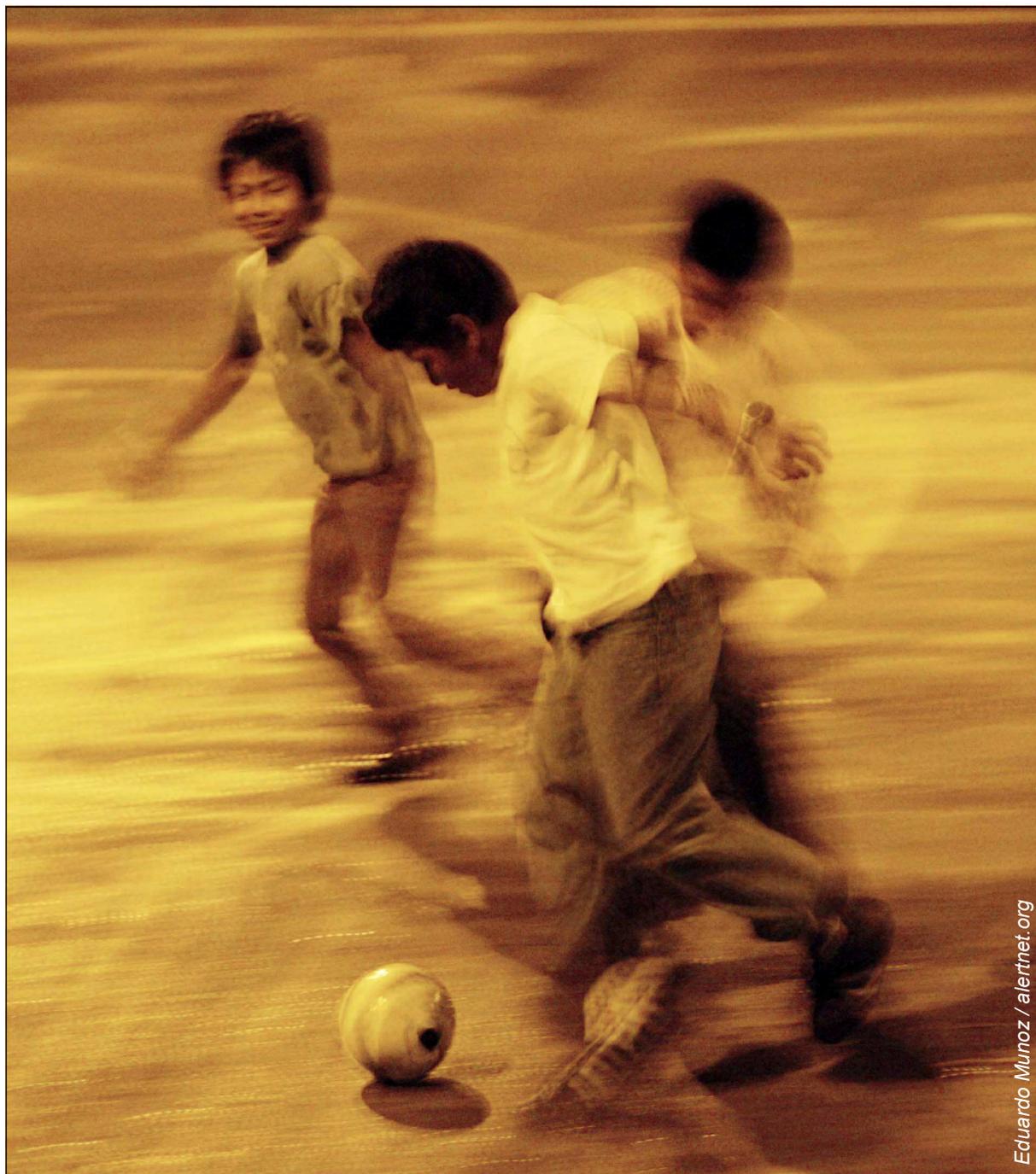
The people displaced by the armed conflict in

Colombia are experiencing frequent losses of family members and friends and unfortunately, the mourning processes are not always handled well. 10 to 20 per cent of the surveyed population has lost someone close to them in the last three months. To handle such critical events takes a certain set of skills. However, 30 per cent of the total population surveyed, and as many as 62 per cent in Atlántico, said they did not know what to do in such cases. While the needs of children and adolescents are a priority; 60 per cent of the population did not know how to identify signs of emotional stress in these age groups.

The losses, loneliness, anguish and uncertainty, as well as the economic situation, are difficult to manage and can lead to depression. 61 per cent of the population had symptoms of depression during the two weeks before the survey was done.

Furthermore, at least 31 per cent knew someone who





had expressed a desire to die, and between 72 and 84 per cent of those did not know how to handle this kind of situation. As the supportive network of family and community are fundamental in such cases, this lack of knowledge increases the chances that the suicidal persons actually go through with their intentions.

The survey also showed that at least 60 per cent of

the people did not know how to calm down and control aggressive behaviour. When not controlled, such behaviour can lead to physical, psychological or sexual violence. Psychological violence, characterised by insults, disrespect or offences within the family was identified in at least 45 per cent of the population, while 14 per cent said they had suffered from physical aggression, 12 per cent said that sexual aggression was present in their

families and 31 per cent had relationship problems. Often related to the aggressive behaviour is alcoholism or drug addiction, and at least one of these problems were identified in the families of 20 per cent of the cases.

The constant exposure to violence and loss can provoke post-traumatic stress symptoms. 37 per cent of the population experienced constant thoughts or dreams that recreated the displacement in their minds; 35 per cent were avoiding places, odours or sounds that might remind them of what happened and 28 per cent had sleeping problems caused by thoughts or images related to their situation. The symptoms were present in a larger part of the population in Atlantico. This community has been displaced for a shorter time than some of the others, so the problems observed might not be symptoms of post-traumatic stress. However, the symptoms they did have might generate major psychosocial problems such as stress, anxiety, frustration and mood changes if not properly treated.

Based on the findings of the survey, strategies for crisis management and prevention were developed, aiming to improving the quality of life of the

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depression ”**

displaced population.

#### **Areas of intervention**

The psychosocial activities developed through the *Humanitarian Project* are based on a combination of a community-based approach and clinical psychology. The community-based approach promotes a positive change in the individual and its community based on an analysis of the social systems and using interventions aiming to prevent psychosocial problems and promote human development. Clinical

psychology, on the other hand, deals with the promotion, prevention, evaluation, diagnosis and treatment of the psychosocial problems as well as the identification of mental and general health risk factors.

The activities of the programme were implemented at three levels; group assistance, individual assistance and community education. Interventions aimed at making individuals, families and communities able to understand their own feelings and reactions and to detect behavioural warning signs that will lead them to consult mental health professionals when required.

## Why have millions of Colombians fled home?

More than four decades of conflict have turned Colombia into one of the world's worst humanitarian hotspots, with millions caught up in the crossfire between soldiers, leftist rebels, cocaine smugglers and far-right paramilitary militias.

- **About 3 million displaced**
- **Landmine casualties among worst in the world**
- **Centre of world cocaine production**
- **Latin America's oldest guerrilla**
- **Land cultivated with coca: 13 %**

Hundreds of Colombians arrive every week in cities along the Caribbean coast, pushed north by this country's cocaine-fueled guerrilla war. Left vulnerable by a government too weak to protect them, displaced families are greeted by poverty and growing exploitation that the United Nations says is compounding the world's worst ongoing humanitarian crisis outside Africa.

**Group assistance** aims to offer formative learning to the communities to encourage the development of tools to assist the community members in the difficult situations they face. The composition of the groups was based on various characteristics such as age, type of challenges and other similarities. Focus was placed on family groups in need of assistance.

To find the best approach when working with children, their families and communities, thus reducing the negative impact of the traumatic events they have been exposed to, two programmes, PACO and PISOTON, joined forces. PACO is a recreational programme of the Colombian Red Cross that uses methodologies promoting peace and coexistence among children, and PISOTON is a programme based on the Evolution Theory of Erick Ericsson and developed by the Universidad del Norte of Barranquilla to promote the integral health approach through appropriate management within families.

**Individual assistance** was given by using various techniques depending on the characteristics of each case and the judgement of the psychologist in charge of the intervention. The aim is to stabilise the emotions of the individual and to decide whether referral to further consultations and treatment is needed.

**Community education**, fundamental to developing the capacities of the population to deal with the challenges they might face, was also emphasized. Topics included health and integral health promotion, how to handle grief and depression, and psychological first aid.

### **Results and lessons learned**

In many of the communities involved in the project, limited economic capacities restricted the access to mental and physical health services. The access to mental health services was difficult because of the belief that this service is only for persons characterised as “crazy”. This belief generates fear and embarrassment in the population and causes

them to avoid consulting mental health professionals. The access to psychosocial services has given those exposed to traumatic situations such as forced displacement a safe place to express their experiences, beliefs, difficulties and fears, and in this way initiate a recovery process guided by professionals.

During the Humanitarian Project programme period of 2006-2007, 849 individual sessions and 110 group sessions were carried out. 5,130 persons participated in the community educations and 3,596 children were assisted through specially targeted programmes. Through these interventions, the main psychosocial problems identified were within the family setting. The family development is strongly influenced by the changes, transitions and stress of the individuals that make up the unit. This might lead to problems in the communication within the family and in the way the parents raise the children. These challenges might be worsened by depressions and post-traumatic stress. The same types of problems were identified both in group and individual sessions.

65 per cent of the assistance was given to women and 35 per cent to men. 52 per cent of the beneficiaries were below 20 years, and of those, 46 per cent were younger than 15 years. It is important to continue focusing on the adolescent group (above 12) as the work with children aged 3-12 is well-covered through the implementation of PACO and PISOTON. To ensure sustainability, it is necessary to involve the parents more actively in the support of the children, so that the support can continue inside the family units to facilitate coexistence and development. ■

## Giving hope in Costa Rica

**C**osta Rica is located in a disaster-prone area of Central America. Hurricanes and tropical storms hit the country regularly, creating floods and landslides that cause physical as well as emotional damage at the community level. In 2001, the Costa Rican Red Cross broadened its response to include not only material and physical needs, but also the emotional needs of those affected.

*By Ileana Gabriela Monge Torres, Psychologist*

The psychosocial support unit of the Costa Rican Red Cross is located at the headquarters in San José and has a workforce of 20 voluntary psychologists. Together, they have developed a psychosocial strategy focusing on emotional support. Central in the strategy is the importance of informing those affected by a crisis about the support available. At the moment of crisis, it is good to know that the psychosocial response is emphasised and that emotional support will be given. The teams offer psychological first aid as well as individual and group attention as required, allowing those affected by crisis to share their emotions and experiences.

Realising the positive relation between psychological support and physical health, the volunteer psychologists work in the shelters and during food distribution, offer information on the

emotional, cognitive and physical health effects of crisis. Successful psychological interventions not only reduce the risk of mental health problems but also strengthen the physical health of those supported.

Most of the work of the unit involves providing psychosocial support to the communities affected by disasters, using different techniques depending on the age and situation of those supported.

The relief work with the adults is made either individually or in groups, using empathetic listening techniques to allow them to process their grief. Through conversations about the event, their feelings are validated and a grieving process allows them to mourn their physical, material and emotional loss.



*Ileana Gabriela Monge Torres*



Ileana Gabriela Monge Torres

When working with children, more individual attention is required. Creative techniques like drawing, singing, playing games and writing letters are used to help the children process what has happened and to see that there is hope in spite of the difficult situation.

The majority of the work of the psychologists is centred on the psychosocial support in these affected communities, working with the children who need more individualized attention. It is there the psychological strategies of relief consider how to allow the catharsis through creative techniques like drawings, songs, games and letters where there is hope in spite of the circumstances.

In addition to working with the affected populations, the unit also provides psychological first aid and crisis therapy to the Red Cross staff and volunteers to help them deal with their own stress after responding to a critical event.

The psychosocial support unit not only responds after a critical event. As a part of disaster

preparedness, the unit is building capacity among the Red Cross volunteers to give psychological first aid and to inform them about related topics. This means that the volunteers become equipped with the necessary tools to offer psychosocial support to people affected by crisis in the communities as well as to detect symptoms of stress and trauma in a person and make the referral to mental health professionals.



## Disaster and depression

**D**isasters often lead to a rise in depressive symptoms. In this review we examine the link between disaster and depression, and call for more attention to this connection.

*Peter Berliner, Associate Professor, Department of Psychology, and Head of the Centre for Multi-Ethnic Trauma Research, University of Copenhagen.*

*Sara Korngut, MA Psychology and Research Assistant at the Centre for Multi-Ethnic Trauma Research, University of Copenhagen.*

*Stephen Regel, Co-Director & Principal Behavioural Psychotherapist, Centre for Trauma Resilience and Growth, Nottinghamshire Healthcare and Special Lecturer, Nottingham University.*

Depression is one of the most widespread mental illnesses and can be considered a significant problem in a global context. Research by Kleinman (1988) has shown that the symptoms and explanations for depression differ depending on culture. Dwairy (1997) and Streit *et al.* (1998) have demonstrated that integrating cultural explanations for depression is essential when it comes to support and treatment for vulnerable groups. There is strong evidence to suggest that the impact of stressful living conditions is a significant risk factor for depression. Brown and Harris (1978) demonstrated that stressful life-events causing hopelessness can lead to a generalised feeling of pessimism which can then often result in depression. Thus, social vulnerability can lead to psychological problems such as depression. Culbertson (1997) reviewed seven studies on depression and gender and concluded that the ratio of women to men for depression is about 2:1 in developed countries, but for developing countries no such difference in ratios was found.

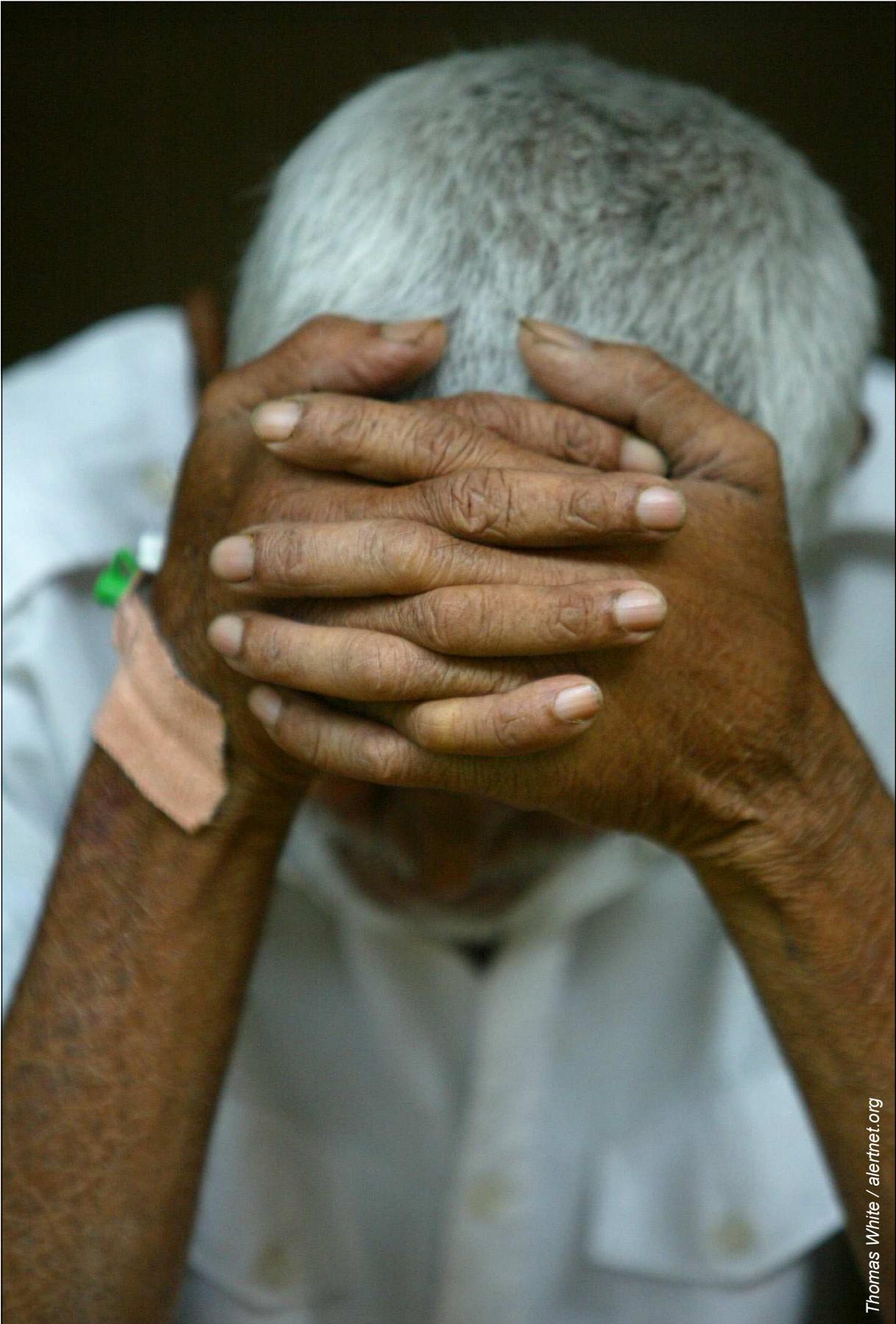
A recent study on Tibetan refugees in India demonstrated that in this population the destruction of religious symbols was a major stressor. If culturally defined stressors are not heeded, the amount of stress experienced would be evaluated lower than it actually was. Feelings of guilt are often common symptoms of depression. However, the same group of workers also noted that some symptoms common to trauma survivors

such as guilt were displayed far less than would be expected, explained by the fact that the word *guilt* does not even have a Tibetan equivalent. A further illustration can be seen in the above study within a religious context. Buddhism implies that 'hopelessness lies in the nature of the world'. Therefore, a good Buddhist would present generalised feelings of hopelessness similar to depression. The acknowledgement of the all-pervasive presence of suffering in the world is almost 'endorsed' by Buddhism. A 'non-disorder' frame of reference for 'depressive' symptoms is therefore present within Buddhist cultures (Terheggen, *et al.*, 2001).

Disasters have the potential to increase stressors and impair availability and access to social support – because of multiple losses e.g. destruction of infrastructure, means of support and survival, uprooting of families and communities. In a study on the consequences of the 1993 Midwest Floods the US, Ginexi *et al.* (2000) documented that the disaster

led to a rise in report of depressive symptoms. The increase in symptoms was slightly greater among respondents with the lowest incomes. A recent review of empirical evidence examining responses to disasters provides a basis for suggesting that depression is the second most common psychiatric disorder to emerge in adolescents after disasters (Jackson & Lurie, 2006). Walser *et al.* (2004) provides an updated overview of research on the

**“Stressful living conditions is a risk factor for depression”**



Thomas White / alertnet.org

psychological responses following disaster. They summarise Rubonis and Bickman (1991) study, documenting that the most severe and widespread psychological effects tend to occur as a result of disasters causing (1) widespread property damage; (2) serious financial problems; (3) considerable loss of life – and including a component of human intent. Walser *et al.* (2004) cite research on the impact of the September 11, 2001 attack in New York. This research by Galea *et al.* (2002) examined several environmental factors in relation to depression. Depression was more than twice as likely to be diagnosed among respondents reporting low versus high levels of social support; depression was also more than twice as likely to be diagnosed among respondents who had a friend or relative killed in the attacks; and depression was roughly three times more likely to be diagnosed among respondents who lost their job versus those, who did not lose their job as a result of the disaster. After the 1988 earthquake in Armenia, Armenian *et al.* (2002) found that 52% of a population sample of 1,785 persons met the criteria for major depression. Several of the cases involved females from the city of Gumri, which suffered some of the worst destruction. The importance of social support during and after the disaster as a protective mechanism against depression, as well as the general risk for developing depression, increased with the amount of loss the family sustained as a result of the earthquake. In summary, risk factors for depression during and after disaster are loss of life, lack of social support, and loss of property, poverty and harsh living conditions. Gender may also be an important risk factor as well, at least in some cultural settings. Culturally defined stressors, contexts and dimensions also need careful consideration ■

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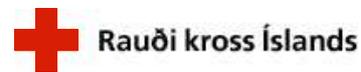
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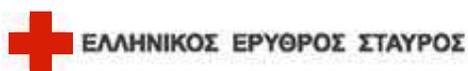
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