

TALKING ABOUT MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES

Words and images matter when talking and portraying the mental health impact of emergencies. It makes a huge difference if someone affected is portrayed as a passive victim suffering from post-traumatic stress disorders, or as a survivor experiencing common emotional reactions to a highly stressful and dangerous situation. Journalists and others who communicate about a disaster can promote the process of bouncing back by portraying the emergency and the survivors respectfully and as empowered.

An important factor in being able to bounce back emotionally and practically from a disaster is the ability to be an active participant in the full healing and rebuilding process. Being perceived as an active survivor rather than a passive victim is also dignifying. In emergencies people may be going through the most difficult time of their lives. Depict them with warmth and compassion and avoid showing degrading situations or ways that could put them at risk of retribution or stigmatization. Even when reflecting the extreme severity of the situation, be careful not to represent them as dependent, instead maintain their dignity and support their agency.

AVOID TALKING ABOUT TRAUMATIZED POPULATIONS AND PTSD RIGHT AFTER A DISASTER

After a disaster, we often read and hear that all “victims of the disaster are deeply traumatized and suffer from post-traumatic stress disorder (PTSD)”. Using these technical terms may result in stigmatization and undermine the resilience and natural process of recovery most people would experience following a crisis that has enormous impact and consequences.

After a disaster, most will be very much affected as they have survived a dramatically and critically stressful event, but not everyone will be traumatized. At this early point talking about people suffering from PTSD does not make sense, since this is actually a condition that can only be diagnosed weeks and months later and may need treatment by professionals.



NATURAL REACTIONS AND COPING

Research has shown that only a smaller percentage of the affected population in an emergency will experience long-term mental health problems such as severe depression, anxiety disorders or PTSD that require care by mental health professionals. Most are able to deal with their reactions with the aid of their own inner resilience and the social supports from family and networks in the community. Mental health and psychosocial support efforts will further the natural healing processes. As most will experience a range of reactions it is important to understand that these reactions are natural reactions to highly stressful situations, and not necessarily a sign that they are suffering from a serious mental disorder or severe depression.

WHAT IS MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

The International Federation of Red Cross and Red Crescent Societies promotes a community-based mental health and psychosocial support approach that reaches a large number of people. This support includes psychological first aid, reuniting family members, structured activities for children, safe spaces for children, ensuring access to information about reactions to stressful events and good coping mechanisms and establishing support groups eg for the bereaved. The aim is to facilitate and promote the natural resilience within individuals, families and communities. It is also part of the support to refer to professional assistance for those with existing mental health problems or who develop serious complications after the disaster.

TALKING TO CHILDREN

After a major disaster, children can still be seen playing and laughing. This does not mean that children are not affected by the disaster; it only shows that children are coping differently from adults. When talking to children in emergency settings be mindful that children are particularly vulnerable both physically and emotionally.

- Obtain permission to talk to a child from their caregiver
- Do not pressure a child to talk about things the child may not want to share
- Treat a child with the same respect as if talking to an adult
- Consider children's right to privacy and whether it is necessary to use their names or photographs
- If coming across an unaccompanied child bring the child to a safe place where efforts to reunite it with caregivers or family will be made.

