

## TALKING AND WRITING ABOUT MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES



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### - for **media** and **emergency responders**

Words and images matter when talking about and portraying the mental health impact of emergencies. It makes a huge difference if someone affected is depicted 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 recovery process for individuals and communities by portraying the emergency and the survivors in a way that is respectful and empowering.

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. They should be depicted with warmth and compassion and not shown in 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 present them as dependent, instead maintain and promote their dignity.

## 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. We suggest using wording such as: “This event has been distressing for many survivors and although family and community support systems are strong, there is a need to provide psychosocial support to enhance recovery”, or “Emotional and physical losses are certainly huge and there will be a need for mental health and psychosocial support services in months to come.”

Furthermore, not everyone impacted by a disaster or critically stressful event will be ‘traumatized’ and reacting to stressful events such as a disaster is normal and healthy. 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 after one month onwards by professionals for those who are experiencing a number of symptoms.

## Normal reactions and natural coping

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

## 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 the promotion of 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 and reach a large number of people. It is also part of this 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. Talk to the child about what has happened in a language that is appropriate for their age and easy for them to understand. Do not assume that because they are young, that it is not important for them to have information about what happened.

- Obtain permission to talk to any child from a 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 you would an adult
- Consider children’s’ right to privacy and whether it is ok to use names or photograph children
- 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.

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### IFRC Reference Centre for Psychosocial Support

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