

Report: Analysis of national and European projects focusing on psychosocial support for disabled citizens in critical incidents and disaster



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1. Introduction

The last 10 years, the European Commission (EC) funded various projects, which aimed to develop and optimize quality standards and multidisciplinary guidelines (MG) in psychosocial crisis management (PSCM) as well as to foster networking of the involved institutions and professionals. Some of these projects considered the needs and demands of specific sections of the population, e.g. children, migrants, elder citizens or uniformed services.

This report gives an overview, if some guidelines focuses on the specific needs of people with blindness, visual impairment and deafness, hearing impairment, in the acute phase or in the mid- and long-term aftercare in larger incidents. The report tends to summarize previous and ongoing European and national projects focusing the assistance of citizens with these disabilities in cases of larger incidents.

2. Overview about the European projects and guidelines

First the report gives an overview about European projects and guidelines. In the field of Psychosocial Crisis Management in cases of disaster there exist four European projects, one of them is an ongoing project:

Psychosocial Support in Situations of Mass Emergency European Policy Paper (2001)

Ministry of Health, Belgium and European Experts

EU Exchange of Experts in Civil Protection (since 2002)

under the head of the German Federal Agency for Technical Relief (THW)

Working Together to Support Individuals in an Emergency or Disaster (2002 – 2004)

British Red Cross

Informed. Prepared. Together - IPT (2008-2009)

Under the coordination of the European Red Cross

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In the field of Psychosocial Crisis Management in cases of terrorist attacks, focusing on the needs and demands of victims, there are five projects, which were finished:

Citizens and Resilience (2005-2007)

Stichting Impact, the Netherlands

Sharing European Resources for Victims of Terrorism – EURESTE (2005-2006 and since 2007)

Red Cross, Belgium

Developing Standards for Victims of Terrorism (2006 – 2008)

Intervict University, Catholic University,

Victim Support

Forum for Restorative Justice, The Netherlands

Prevention of longlasting Disorders for Victims of Terrorist Attacks - PLOT (2005 – 2007)

University of Cologne, Centre for Psychotraumatology, City of Cologne, Germany

In Europe, also two projects were funded, which supported the development of victims associations:

V-Net I and V-Net II: Network for victims of terrorism initiated by the Asociación de Ayuda a las Víctimas del 11 M, Madrid/ Spain

SURVIVORS – Joint Response to Loss and Survival in Terrorism" (2007-2009)

European Network for Affected by Terrorism – ENAT

City of Cologne, Germany; City of Bologne, Italy; Asociación 11M - Afectados Terrorismo“, Madrid/Spain; Westminster Council, Social Services, London/UK

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In the field of Psychosocial Crisis Management there exist four European projects which focuses on professionals. The target groups are uniformed services and hospital staff:

Reinforce Rescuers' Resilience by Empowering a well-being Dimension – RED[®] (2007-2009)

Italian Red Cross, Regional Committee of Piedmont, Red Cross-France, Universities of Turin and Pavia, Regione Autonoma delle Valle d'Aosta, Fonda Formación Euskadi, Impact

Improve the Preparedness to give Psychological Help in Events of Crisis – IPPHC (2007–2009)

Ministry of Health, Hospital Camillo Forlanini, Italy, European Experts

Psychosocial support for civil protection forces coping with CBRN - CBRN Incidents and PSS (2011 – 2013)

German Federal Agency for Technical Relief (THW), Federal Office of Civil protection and Disaster Assistance (BBK), Centre for Psychotraumatology, Germany; Impact, The Netherlands; Dirección General de Protección Civil y Emergencias Ministerio del Interior Gobierno de España, Spain

One European Project focuses on building up a network:

European Network for Traumatic Stress – TENTS and TENTS-IP (since 2007)

The Netherlands, Germany, Portugal, United Kingdom, Finland, Sweden, Norway, Turkey, Spain, Croatia

There also exist European guidelines, which focuses on specific aspects, e.g. PTSD, early intervention, mid- and long term psychosocial aftercare, psychosocial support for uniformed services:

Nice-Guideline: Posttraumatic Stress disorder (PTSD). The management of PTSD in adults and children in primary and secondary care (2005)

The Tents Guidelines for psychosocial care following disasters and major incidents (2008)



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Dutch Guidelines - Psychosocial Support for Uniformed Rescue Workers (2010)

European Guideline for Targetgroup Oriented Psychosocial Aftercare in Cases of Disaster – EUTOPA and EUTOPA-IP (2007-2011)

Multidisciplinary Guideline for early psychosocial interventions after disasters, terrorism and other shocking events (2007)

There also exist three international guidelines:

NATO & OTAN: Psychosocial care for people affected by disasters and major incidents: A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism: Draft Nonbinding Guidance (2008)

ISAC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)

Psychological Support for survivors of disaster (2008).

2.1 Remarks

According to these international and European projects and guidelines, we summarize the following remarks:

1. The different projects advance psychosocial activities in the involved European countries. They enhance national, European and international networking.
2. The interconnectedness of involved professional groups, institutions and political authorities can only occur on a national level.
3. The developed guidelines can be used as a basis to implement PSCM in the European member states.

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4. The singular projects don't advance an overall European process and conceptual framework for PSCM. An integrative and consensual process is still missing.
5. The EU funded projects on psychosocial support and psychosocial crisis management (PSCM) offer recommendations on Early Intervention. A framework for the mid- and long term interventions is not well integrated.
6. The common terminology on measures and interventions of psychosocial crisis management has to be generated. Furthermore, measures of mid- and long-term psychosocial aftercare have to be integrated in the MG of the EC.

Following the overview and these remarks, we want to outline our main question:

To what extent the demands and needs of people with disabilities - especially visually and hearing impaired people - are regarded?

The World Health Organization (WHO) estimates that between 7 and 10 percent of the world's population live with disabilities. People with disabilities are often literally and programmatically "invisible" in different assistance programs. In Europe in 2015 estimated 17,5% of the population are older than 65 and 4,7% older than 80 years old. The prevalence of hearing and visually impairment increases exponentially with ages.

Most of the surveys on guidelines cited in this report show a lack of specialized concepts for practical care, health care and psychosocial support and counseling services for people with disabilities in disaster situations. In the field surveys there were only few specialized doctors, no specialist therapy and a lack of specialized medicines and treatments. Moreover, there were generally no referrals to specialist services.

Therefore, it is necessary to take in account the statements on vulnerability:

- Populations at risk include people who have substantial pre-existing healthcare problems and needs, e.g. people who have sensory impairments.

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- Evidence shows that people in these groups are more vulnerable than the general population to suffering the welfare, psychosocial and mental health effects of catastrophes.
- Blind and visually impaired individuals are particularly vulnerable during the preparedness and response phases to disasters.
- Factors that mediate or moderate children's recovery after critical incidents include disabilities.

2.2 What we have to do? Demands

A disaster plan should also consider and plan for the needs of special groups, such as those with sensory impairments, cognitive or physical impairment, those who are mentally ill, and frail elderly people.

This requires planning and rehearsal, and the use of tools such as targeted mapping of local populations so that special groups may be accommodated within universal major incident plans.

The key to respond to special populations lies predominantly in being aware of them and their particular needs.

It is important to provide information to the affected population on the emergency, relief efforts and their legal rights.

The wide occurrence of special populations – including people with disabilities and elderly people - emphasizes the importance of:

- planning and coordination to meet the needs of special populations,
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- understanding the cultural, ethnic and socio-economic factors involved in working with special populations,
- training professionals from diverse fields, community workers, uniformed services and healthcare staff,
- promoting public health activities and prevention measures,
- taking active steps to promote coping within communities,
- being aware of cultural expression, rituals and ceremonies,
- designing services of adequate duration,
- planning adequate rehabilitation services,
- and to collect, verify and spread information with respect to the persons involved in the event.

3. The IBM Guideline

At this point, this report focuses on the IBM guideline. The IBM guideline wants to encourage disaster workers to be attuned to the needs of disabled individuals and to understand their unique needs and circumstances. The guideline lines out sensory, physical, cognitive, and psychiatric disabilities. Defined problems are eg. isolation and dependence on others/helpers, loss of expensive assistive technology, difficulty accessing necessary medical care (including medications, medical devices and assistive technology). One demand is to communicate with special needs populations about the trauma they experienced in the context of their special needs. The effects of a traumatic event are often complicated by communication difficulties (e.g. lack of sign language interpreter for deaf individuals).

3.1 Defined problems

3.1.1 Visually impaired and blind individuals

Information is often disseminated in a written form. Written communication is generally not useful unless there are versions in Braille and large-print versions.

Blind individuals need help in orienting themselves to their location in adapting to new surroundings.

The loss of assistive technology can be particularly difficult. Instruments are extremely expensive and might include computers and peripheral devices, Braille machines and portable electronics.

3.1.2 Hearing impaired and deaf individuals

Deaf and hearing-impaired individuals may be “invisible,” since their disability is not readily perceptible by others. These misunderstandings often lead to frustration and anger on both parts.

The absence of an interpreter for individuals who rely on sign language can leave them feeling lonely and isolated. It is important to ensure that individuals have access to an sign language interpreter to help them communicate

3.2 Recommendations for action

The following points take in regard recommendations for action for professional helpers:

- To promote safety and comfort for survivors who are elderly or disabled, you can help make the physical environment safer (for example, try to insure adequate lighting, and protect against slipping, tripping and falling).
- Ask specifically about his/her needs for eyeglasses, hearing aids, wheelchairs, walker, cane or other devices. Try to insure that all essential aids are kept with the person.

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- Ask whether the survivor needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication. Ask if he/she has a list of current medications or where this information can be obtained, and make sure he/she has a readable copy of this information to keep during the post-disaster period.
- Consider keeping a list of survivors with special needs so that they can be checked on more frequently.

3.3 Working with Survivors with Disabilities

The following aspects point out key points regarding psychosocial skills in a disaster situation with impaired people:

- When needed, try to provide assistance in an area with little noise or other stimulation.
- Address the person directly, rather than the caretaker, unless direct communication is difficult.
- If communication (hearing, memory, speech) seems impaired, speak simply and slowly.
- Take the word of a person who claims to have a disability—even if the disability is not obvious or familiar to you.
- When you are unsure of how to help, ask, “What can I do to help?” and trust what the person tells you.
- When possible, enable the person to be self-sufficient.
- Offer a blind or visually impaired person your arm to help him/her move about in unfamiliar surroundings.
- If needed, offer to write down information and make arrangements for the person to receive written announcements.
- Keep essential aids (such as medications, oxygen tank, respiratory equipment, and wheelchair) with the person. (IBM Guideline, 2008)

4. Results and Outlook

We conclude that there are specific questions, which leads to further aspects regarding the demands of special needs of visually and hearing impaired people in big damage situations:

- Are there special needs of visually and hearing impaired people in big damage situations?
- Are there specific risk factors for the development of trauma related disorders?
- Are there specific resilience factors in the community of deaf and blind people?
- Which are the groups that have no access to media due to disability (e.g. people with visual or hearing impairments)?
- What methods may need to be developed for dissemination of information to reach out to such people?

There is a need of further research in this field. It would be a big step further on if international and European projects should be aware of the specific needs and demands of impaired people. This would optimize the implementation and preparation of EU human rights-related assistance programmes for disabled survivors of disasters based on the UN Convention on the Rights of Persons with Disabilities.

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