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Training of trainers on mental health and psychosocial support in emergencies, Africa

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This field report summarizes the general psychosocial training topics, describes two critical sessions and presents outcomes from a training of trainers conducted in Africa, with twenty-five psychosocial field practitioners from fifteen non-governmental organizations, on the Inter-Agency Standing Committee's Guidelines on Mental Health and Psychosocial Support in Emergency Settings. The training goals were to support a core group of resource persons for Africa on emergency psychosocial work, and offer a forum for explicit learning about and application of the recently published MHPSS guidelines in field work. Also included are highlights from the education and staff care sessions provided by the actual training facilitators. Finally, outcomes and feedback from participant evaluations are briefly presented.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, psychosocial, mental health, training, staff care, education, Africa

From the 22nd to the 26th of October 2007, twenty-five seasoned, field based psychosocial practitioners travelled from all over the African continent (from Somalia to Sierra Leone to South Africa)[1] to gather for a *Training of Trainers on Mental Health and Psychosocial Support (MHPSS) in Emergencies* held in Nairobi, Kenya. Fifteen different non-governmental organizations (NGOs) represented ten different African countries from the South, East, West and Central regions. The goals were to develop a core set of psychosocial trainers as resource persons to support psychosocial learning and to be available throughout Africa. In addition, the training was meant to provide opportunities to share experiences, improve our skills base, practice training, map activities and develop actions plans. This occurred while we also spent the week focused on the recently published *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* and how we might apply these within our own country context. Focused sessions were delivered by experts from the field that highlighted education, staff care, organizational ethics/standards and mental health as specific topics addressed in the training. However, such a selection of subjects was merely a sample of what the guidelines actually cover on psychosocial emergency response. Most importantly, how to grapple with the day to day challenges faced in the field naturally emerged as discussion points and represented a wide variety of contexts and conflicts across Africa.

In this article, we will review the overall training topics, provide a focused description of the '*education*' and '*staff care*' sessions and conclude with outcomes, insights and evaluation commentary by the participants themselves.

The agenda of the five day workshop (below) sets out the topics covered over the entire period by five training facilitators. For the purpose of this short review we will

highlight the education and staff care sessions in particular. A longer report is however available on the entire training programme and outcomes (Wheaton, 2007).

Agenda[2]

Day	Topic: Morning / Afternoon
Day 1	Objectives & Expectations / Introduction IASC MHPSS Guidelines & Country Presentations
Day 2	Psychosocial care and education / Ethics and Standards example of CCF (Child Protection Policy)
Day 3	Staff care issues and discussion / Introduction to Training Simulation
Day 4	Mental Health in the guidelines (MHPSS) / Presentation of Training Modules by Group
Day 5	Finalize Training Presentations & Self Evaluation / Action Planning, Agency Mapping & Evaluation

The contributions below are made by the training's co facilitators and focus on education and staff care by providing highlights, discussions and outcomes from these topics.

Session on Education

Today, emergency education is increasingly being recognized by the aid community as a *'fourth pillar'* of the emergency response along with food, shelter and health. (Sinclair, 2002; Nicolai & Triplehorn, 2003) Therefore, we need to look closely at the psychosocial strategies embedded in education service delivery. In emergencies, education is a key psychosocial intervention. (Pigozzi, 1999; de Jong, Ford & Kleber, 1999). The purpose of this session in the training focused on helping participants think about how educators, child protection officers, psychosocial workers (and others) could use the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* to help make the school environment and/or the education system psychosocially supportive to students in emergency settings. According to the guidelines education is considered a *'core mental health and psychosocial support domain'* and Action Sheet 7.1 outlines the steps practitioners can take in emergency situations.

The presentation began with a plenary session that reinforced how one can make education programmes psychosocially relevant and supportive for students in emergencies by reviewing steps from the guidelines. In summary, this included the need to strengthen the overall education system by promoting safe learning environments, making formal and non formal education more supportive for distressed children and increasing access to education. This also included the guiding of caregivers, teachers and other designated child protection workers in ways to support students' well-being, particularly for those most vulnerable.

Active participation followed and helped underscore the importance of education as the majority of participants[3] worked through educationally oriented programmes to provide psychosocial support to war affected populations. Dialogue during this plenary session led participants to collectively define how education can restore a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities to help rehabilitate children who have experienced violence, war, displacement or other life changing events.

The participants were then organized into small groups. Each group addressed three

areas within focused discussion that framed the remainder of the discussion through group presentations: what are the key psychosocial aspects of education programmes; how do we make education systems and/or learning environments more supportive? and which strategies can we employ in emergency settings to improve students' psychosocial wellbeing? Common themes that emerged during the group presentations were that simple daily *routine* of planned and scheduled classes, activities or sports events can help to restore a consistency, sense of normalcy, dignity and hope for those adversely affected by war and/or disaster. *Supervision* by caring adults during this time of emergency are critical to monitor the most vulnerable students and help rehabilitate and/or refer children who have extreme difficulty coping with their experiences of conflict, disaster or loss. Adaptation of *curricula* to meet the pace and needs of those children recently affected by an emergency is necessary. Finally, strategies such as *continuous review* of programming,due to rapid changes in the context following an emergency, is important. Also, as a result, having sufficient *flexibility* built-in to education programming to make it more effective, from a psychosocial perspective. Finally, the loss of education is always among the greatest stressors for children and their families and restoring *access* to some form of learning offers immeasurable support in emergencies.

Challenges noted by participants and discussed in plenary were a lack of awareness among government education authorities of psychosocial issues. The nature of emergencies, be it man-made or natural, alters the fundamental strength of the education system overall thus, presents an additional challenge to urge a focus on psychosocial aspects of learning among educators. Multi-sectoral needs present serious funding challenges for education to address essential nutrition, water, sanitation, and protection in emergency programming – all of which have a psychosocial impact on students. Barriers to sufficient financial support in emergencies for education and psychosocial support activities remain a challenge.

In conclusion, the need to actively raise awareness on the important psychosocial aspects and explicit strategies to improve education programmes in emergencies within the education sector is paramount. The guidelines, with their wide endorsement, were seen as a critical tool to take back to one's respective country and begin the process of applying the methods through combined training, awareness and direct application of principles in their programming.

Session on staff care

In times of emergency, focus is always on the victims' safety and recovery, as expected. Rarely do people think about humanitarian workers that are involved in the rescue and relief response activities. Yet, at such times, human resource persons become very important and both their psychological and physical fitness is crucial for correct judgment, fast movement and stamina to work long hours. Recognizing this, the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* include a section on staff care under the Human Resource domain.

At the guidelines training, staff care was prominently presented, describing the need, the essence, the problems staff encounter and some of the different forms of psychosocial support and care that enhances staff resilience and coping. The presentation specifically concentrated on Action sheets 4.3 and 4.4; how to organize orientation and training of aid workers in mental health and psychosocial support, as well as prevent

and manage problems in mental health and psychosocial well being among staff and volunteers.

During the discussion following the presentation, participants began to explore ways in which aid workers suffer stress that affects their mental alertness and interest in work. While the guidelines themselves do not directly address this, some participants raised the issue of posttraumatic stress disorder (PTSD). Rather than the term '*disorder*', an emphasis was given to posttraumatic stress '*reactions*' following an emergency and how one identifies and manages these reactions. It is well known that such reactions result from exposure to the injured, agony and pain of others, threats and insecurity and, in some places, secondary stress results from hearing the stories of tragedy continuously. The presentation endeavoured to inform participants how the body reacts to these stressors and stressful environments, and how that can result in illness.

Participants were trained in the different ways of managing stress, not only as an ongoing staff care and support component of an organization, but also as a response to an emergency situation. There also was an emphasis placed on providing support to staff who experienced or witnessed extreme critical events that are potentially traumatic. The guidelines caution against Critical Incident Stress Management (CISM) and recommend the use of psychological first aid in the immediate aftermath of conflict (National Child Traumatic Stress Network and National Center for PTSD, 2006). Stress relief emerged as a topic of discussion and debate among participants. The presenter introduced the model of J.T. Mitchell and G.S. Everly and explained in detail how this intervention is meant to alleviate traumatic stress by an early debriefing for those who directly experienced stress. Its aim is to prevent later psychological complications (Mitchell, et al., 2003). There was also a discussion and dispute on the effectiveness of Critical Incident Stress Debriefing (CISD). Those against the intervention argued that reliving the incident traumatizes victims further, and that during an emergency situation what a person needs is immediate basic psychological first aid, that includes an assessment of essential basic needs and concerns, and how to address them. The argument for CISD intervention was that it helps the stressed person to open up and release their feelings and, if administered at the right time (post crisis 1-10 days; 3-4 weeks for mass disasters), that it could be beneficial. From the presenter's perspective, describing the events of a critical incident can help to put into words the different aspects of one's experience rather than keeping it inside. Also, this process can help someone tell the story and get the facts from others, as well as help to understand the reactions of people who are working with the manifesting behaviour, and guide what to do to cope. In the end there was no conclusive stand on this issue. There was a small activity, acting out different critical incident events and scenarios by participants to demonstrate how people act during a typical critical event, and the reactions that come with it.

Finally, there was lively discussion on the merits and fears surrounding the use of traditional medicine and the sharing of experiences from a variety of country specific perspectives. Participants recounted examples from their individual countries on the ways in which traditional healers work, and the potential pitfalls associated with this method of healing.

The participants echoed the need for staff care and support. They shared experiences of critical incidents they had witnessed or survived how they reacted and behaved and

other resultant effects on their lives. The session was lively, as it elicited questions and contributions from all participants. Furthermore, there was evidence of insufficient, or near lack of, staff care and psychosocial support in their organizations. In the end there was clear commitment to inform, teach and advocate for staff care and psychosocial support in their organizations.

Conclusions

Throughout the week we worked together to build a core team of trainers for Africa. Everyone in the group became aware of who was doing what and where, which debates are ongoing and how we can effectively begin to use the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* as they delineate practical steps toward good practice in emergency psychosocial work. The various backgrounds of the participants led to rich discussions and the *'psychosocial'* language in the guidelines was found to be a useful common language for the group to communicate with one another. At the beginning of the training, some participants felt overwhelmed and unable to address all of the issues raised. However, very quickly, the group understood that the guidelines themselves were comprehensive, but full implementation clearly demanded inter-agency collaboration at field level. This put the group at ease, and allowed for calm reflection time.

The activity mapping by programme helped to present the range of activities and commonalities among participants' work. In particular, the final action planning by country prompted each participant to closely consider what he or she could realistically achieve on returning to his or her respective countries. Overall, important evaluative comments were offered that will improve future trainings, such as doing a live *'training simulation'* with a group of psychosocial workers. To conclude, one participant captured a particularly important aspect of the training in their evaluation; *'the knowledge, stories and personal experiences that came out in the individual presentations were wonderful teaching tools that gave me more of an in depth understanding of MHPSS'.*

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[1] Training participants came from Uganda, Rwanda, Burundi, Somalia, Tanzania, Democratic Republic of Congo, Ethiopia, South Africa, Liberia, and Sierra Leone.

[2] Field Report, Training of Trainers Africa on Mental Health and Psychosocial Support in Emergencies Guidelines, IASC, TPO/UNICEF.

[3] Participants covered the following professional areas; training manager, team leader, child protection officer, NGO executive Director, project officer for ICC/reintegration, assistant program manager, clinical psychologist, medical director, training officer, project officer, project coordinator, supervisor, head of training department, chairperson, psychosocial project coordinator, psychosocial facilitator, project officer and lecturer.

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