Promoting Staff Health & Wellbeing

Based on over 25 years of experience supporting the health & wellbeing of people working in some of the most difficult & dangerous parts of the world, what follows is our collection of learning and recommendations when thinking about staff care.

Prepare, sustain and support the health and wellbeing of your staff

Purpose

Since 1989 InterHealth has observed how staff health, wellbeing & safety, at all levels of an organisation, significantly impacts on the effectiveness of humanitarian, development and mission work where it matters most - in the field.

The recommendations contained within this document have emerged from over 25 years’ experience serving the physical and psychosocial health needs of such workers around the world, belonging to hundreds of organisations.

Included are recommendations on how to:

1. Assess, inform & equip staff with information & skills to prevent the preventable;
2. Sustain staff health & wellbeing during assignment and beyond;
3. Respond well in a crisis for continuity of programme and mission work; and
4. Recover effectively from disruptive incidents to guard the overall impact of the mission.

“The purpose of staff care is to create a healthy and productive workforce; to create wellbeing among staff and improve the quality of their work ... by promoting emotional, cognitive, spiritual, and physical health.”

InterHealth & People in Aid, 2009

InterHealth’s Approach

We are committed to the integrated care of staff which includes their physical, psychological, emotional and spiritual health. Safety and security issues affecting staff and their dependents are also of critical concern in this approach.

We believe in the continuity of care for staff from the time of recruitment through to the completion of an assignment, including the crucial period of international deployment, which is often neglected in standard travel medicine practice.

For more information about InterHealth and ways in which we can work together to meet your Duty of Care requirements:

- Please visit our website: https://www.interhealthworldwide.org/home/locations/
- Contact us at clientrelations@interhealth.org.uk
This document is intended to complement the following existing guidelines:

**Sphere Handbook: Core Standard 6: Aid worker performance**
- Humanitarian agencies provide appropriate management, supervisory and psychosocial support, enabling aid workers to have the knowledge, skills, behaviour and attitudes to plan and implement an effective humanitarian response with humanity and respect.

**Core Humanitarian Standard (CHS): Commitment 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers**
- Staff (including national, international, permanent or short-term employees, volunteers and consultants) are supported to do their job effectively, and are treated fairly and equitably.

**Antares Foundation: Managing stress in humanitarian workers - Guidelines for good practice**
- … intended to enable the agency to act in ways that reduce the risk of adverse consequences [of stress] for its staff members.

A more detailed reference list is at the end of this document.

**How is risk assessed?**

When determining the appropriate level of investment in the health and wellbeing of your staff, the following factors should be taken into consideration[^8]:

1. **Duration** - long-term assignments (lasting >12 months), or high frequency, short-term mission-critical trips are both considered to carry high health and wellbeing risks

2. **Demands** - consider both physical and psychological demands placed on staff on assignments

3. **Environment** - threats to health include exposure to diseases both infectious and non-infectious, unreliable health facilities, basic or congested/shared living conditions

4. **Age/Experience of employee** - those on their first assignment, and those who have deployed to more than five assignments, have been shown to be at greater risk of health and wellbeing problems during or after an assignment

These factors combined give a clearer indication of physical and psychological fitness and resilience required for a role to be fulfilled effectively.
Prepare >> Inform & Equip

1. Assess the applicant’s physical and psychological health from travel and occupational health perspectives in relation to job specifications including specific tasks, base location and any work-related travel.

2. Provide appropriate level of training, health care support and supplies to staff in the field, and at Head Quarters who are expected to manage and support staff in the field.

Recommendations:

Ensure that medical clearance takes into consideration the individual’s personal health and any risk factors associated with the proposed assignment. The examining medical practitioner needs the skills to perform an appropriate assessment and relate their findings to the requirements of the routine and emergency responsibilities of the individual’s prospective role. [5].

Psychological assessment can range in intensity, but ensure that it includes a reflective component for the applicant to become aware themselves of any personal resilience risk factors. There can be an agreed statement for communication to the sending organisation on resilience risk and protective factors. Psychological preparation includes training on stress and how to reduce its effects.

Include education on health risks expected to be encountered at the destination in travel preparation, as well as giving vaccinations and any required or recommended travel medicines and supplies.

Train field-based workers in First Aid and Security skills. This would be in accordance with organisational Codes of Conduct and Security policies aimed at protecting the personal health and safety of staff.

Appoint a Family Liaison and Psychological First Aid Officer (which may not be the same person) at Head Quarters and train them so that they are able to take the lead in a crisis situation. (These responsibilities can sit within a broader job description and need not be dedicated roles.)

Related Guidance

CHS[3]: “Managers must make aid workers aware of the risks and protect them from exposure to unnecessary threats to their physical and emotional health. Measures that can be adopted include … preventative health advice … access to psychological support when required.”

Antares[4]: The agency systematically screens and / or assesses the capacity of staff to respond to and cope with the anticipated stresses of a position or contract … A more thorough assessment, aimed at designing appropriate training, making appropriate assignments, and planning for individual support needs, should be carried out prior to assignment to a specific job or project.

Case 1: Amy T. is a 36 year old water and sanitation engineer who is preparing for her 3rd deployment to the field. This will be her first time in South Sudan, and the post is for 2 years. She has a history of an eating disorder in her teens, and currently experiences some pain due to endometriosis. During her medical examination, the doctor suggested putting her on appropriate medication to control her symptoms of pain and created a contingency plan in the event of complications related to her medical condition. During her psychological clearance, Amy had the opportunity to reflect on some of her old thinking patterns when she was suffering from anorexia which had re-emerged during her first assignment, and to agree some healthy lifestyle measures to maintain resilience during the proposed deployment. She was grateful to have had time with a travel health nurse to learn more about how to stay healthy in South Sudan, get her vaccinations boosted and ask questions about her new medication and possible interactions with the antimalarials.
Sustain >> Health, Wellbeing & Engagement

1. For both national and international staff, provide appropriate access to ongoing health care and emotional support to manage existing and emerging health issues and stress.

2. Encourage creative, low-cost, innovative ways of including exercise, reflection and team building activities into the working week.

Recommendations:

Make reliable medical support and guidance available and accessible to staff (expats and nationals). When staff are located in remote or isolated locations, they have access to standby treatment for common illnesses and minor injuries to facilitate prompt care. Expert medical advice is preferably delivered by medical professionals who have been involved in the pre-assignment preparation.

Ensure that stress and resilience training and support services are available to staff. Ensure that such services can be accessed confidentially, and encourage and enable staff at all levels to attend the training.

Offer routine medical check-ups when staff are on breaks from assignment. Often issues such as nutrition and exercise are overlooked by people working in the field, and a consultation with a medical practitioner can help people think more proactively about caring for themselves in the field.

In the case of staff who travel internationally on a regular basis, periodic medical check-ups are scheduled at least every 2 years, as well as pre-travel health advice before each trip.

Offer relevant and regular field based training to keep new and long-term expat and national staff up to date with essential knowledge and skills required of their role in both routine and emergency situations. For example, First Aid training, Psychological First Aid training etc.

Related Guidance:

CHS[^1]: An agency’s duty of care to its workers includes actions to promote well-being and avoid long-term exhaustion, burnout, injury or illness.

Antares[^4]: Principle 5 - The agency provides training and support on an ongoing basis to help its staff deal with their daily stresses.

Case 2: Derek is a 42 year old mission worker who has moved with his wife and two teenage children to Chiang Mai, Thailand for a 5 year mission post. He is teaching in a local school, but Abigail, his wife, gave up full-time work to travel with her family. The children are struggling to settle in to their new lifestyle and Abigail is feeling isolated, lonely and resentful of Derek’s work. When the family were on R&R in Singapore, Abigail contacted InterHealth for a one-off general psychological consultation via telephone. It was agreed with the psychological health professional that they would set up 6 sessions of remote/online counselling once back in Chiang Mai. During the course of therapy, Abigail was able to discover her passion for writing and storytelling and was able to engage her children in writing the stories of community members they were serving to help with the fundraising their church back in the UK was involved in for them.
Sustain >> Responding in a Crisis

1. Provide access to timely and appropriate support and guidance when traumatic events occur during an assignment - both physical and psychological.

2. Maintain trained staff at Head Quarters or management level to act as Family Liaison and Psychological First Aid Officers to those affected by the crisis.

Recommendations:

Critical incidents are an immediate felt-need for agencies, teams and individuals. Prepare ahead of critical incidents with appropriate training for relevant staff that will be responsible for managing a situation if/when it occurs.

Provide clear lines of communication to access external support for those requiring it in the immediate aftermath. This includes the availability of phone numbers, budget codes and other practical information to enable access to support.

What kinds of Crisis?

- Individual eg. sexual assault; major illness or injury
- Team or Organisation wide eg. kidnapping; death in the team
- Community or International incident eg. natural disaster; act of terrorism

Ensure that all line managers in the field are all trained in Psychological First Aid.

Line managers trained in psychological first aid should be able to support staff well in the immediate aftermath of a crisis. Subsequently ensure that suitably trained psychological health professionals are available as required to provide remote psychological support.

Related Guidance:

CHS[^3]: Psychosocial support should be immediately available to workers who have experienced or witnessed extremely distressing events.

Antares[^4]: Principle 6 - The agency provides staff with specific and culturally appropriate support in the wake of critical or traumatic incidents and other unusual and unexpected sources of severe stress.

Case 1 - Amy in South Sudan: Five months into her assignment, Amy witnesses a bomb blast that killed one of her national colleagues. She was injured in the blast, and her superficial wounds were contaminated with someone else’s blood when she applied first aid. Her line manager called InterHealth for an initial Trauma Assessment Consultation in which he was reassured, and was reminded of the Psychological First Aid skills he had recently been trained in. Amy was advised to start Post Exposure Prophylaxis for HIV without delay and to complete the course under the supervision of one of the InterHealth doctors in Nairobi. In the immediate aftermath, the Family Liaison Officer at Head Quarters in London was able to contact Amy’s family to let them know the updates as details became clear. Amy chose not to be repatriated, but took two weeks recovery in Nairobi where she had 3 sessions of counselling with an InterHealth psychologist, was seen by one of the doctors and could have her dressings changed by a nurse in the same visit. When she returned to South Sudan, Amy started back on light, office-based duties before feeling ready to go back to the field one month later. Six weeks after returning to South Sudan, Amy had a check-in consultation when InterHealth was in Juba.
**Aftercare >> Recover Effectively**

1. Provide medical assessment to check, diagnose and manage any health conditions or infectious diseases that may have emerged during an assignment.

2. Offer a psychological review (debrief) to identify and address stress related issues, and to provide a sense of closure.

**Recommendations:**

Provide post-assignment health review including diagnostics and treatment in cases where a health issue has emerged while on assignment. Medical practitioners need the knowledge and skills to assess potential exposure to diseases and other health risks that may require screening prior to symptoms emerging.

Offer a psychological review routinely to those who have returned from assignment early due to a traumatic incident.

Offer confidential reviews to those returning permanently or in-between assignments. Many people move on to other agencies to continue working in the humanitarian, development and mission sector, so where there is consistency in offering appropriate recovery and closure after an assignment, there is less risk of issues emerging unexpectedly during subsequent deployments.

**Related Guidance**

**Sphere Handbook:** The incidence of aid workers’ illness, injury and stress-related health issues remains stable, or decreases over the course of the disaster response (ie. *Appropriate monitoring and evaluation of health outcomes are documented and regularly assessed***).

**Antares:** Principle 7 - The agency provides practical, emotional and culturally-appropriate support for staff at the end of an assignment or contract.

**Antares:** Principle 8 - The agency has clear written policies with respect to the ongoing support it will offer to staff who have been adversely impacted by exposure to stress and trauma during their assignment.

**Case 2:** Returning from Thailand at the end of their 5 year assignment, Derek and Abigail faced the challenge of settling themselves and their children back into life in the UK. During their post-assignment medicals, it was found that all four of the family had intestinal parasite infections which required treatment. During their confidential reviews, the children were able to discuss the difficulty they were having relating to young people their age who had not travelled internationally. Derek and Abigail were given the space to face their fears about finding meaning and motivation for work and relationships. The whole family was given support for “reverse culture shock” and connected with other families who had returned following long-term international assignments. The family was also guided through a grieving process for the loss of relationships, purpose in Chiang Mai and for what they had missed while they were living away from the UK. One year after returning, the family have assimilated back into the UK culture while maintaining appropriate relationships with their friends in Thailand.
References

1. The SPHERE Handbook (Sphere) - common principles and universal minimum standards for operational work in humanitarian response. The Core Standards are relevant to all operational work.
   http://www.spherehandbook.org/

2. People in Aid Code of Good Practice (PIA) - improving support and management of staff and volunteers with good human resources policies and procedures

3. Core Humanitarian Standard on Quality and Accountability (CHS) - key actions and organisational responsibilities for those involved in planning, managing or implementing a humanitarian response.
   http://www.corehumanitarianstandard.org/the-standard

4. Antares, Managing Stress in Humanitarian Workers, Guidelines for Good Practice (Antares Foundation) - helping organisations define their own needs in relation to stress management and develop their own staff care systems.
   https://www.antaresfoundation.org/FileLibrary/file6782.pdf

5. Guidelines on the medical examination of seafarers (ILO) - assisting medical practitioners, shipowners, seafarers’ representatives, seafarers and other relevant persons with the conduct of medical fitness examinations of serving seafarers and seafarer candidates.

6. The Yellow Book: CDC Health Information for International Travel 2012 (updated yearly)
   Chapter 8: Long term Travelers & Expatriates; Centres for Disease prevention and Control


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