

Risks Factors Associated With Psychological Distress Among Humanitarian Aid Workers

-A Need for Early, and Ongoing, Intervention

Tony Culnane – July, 2008, Singapore



Acknowledgement

- I have used as my presentation sequence that provided by Dr Colleen McFarlane of Monash University, Melbourne, Australia, in her journal article *Risks Associated with the Psychological Adjustment of Humanitarian Aid Workers*, The Australasian Journal of Disaster and Trauma Studies, ISSN: 1174-4707, Volume 2004-1.



McFarlane wrote:

“Contemporary humanitarian aid personnel increasingly work in complex environments where problems related to prolonged civil conflicts, poverty and disaster are rife. These conditions place humanitarian staff at risk of experiencing traumatic and daily cumulative stress.”



Staff Care / Wellbeing

World Vision International

The work of my colleague, Dr Michael Hegenauer, and myself over the past several years in World Vision International lends support to McFarlane's research findings.



Staff Care / Wellbeing

World Vision International

While we have not yet conducted formal research on our Staff Care/Wellbeing practices, in November 2007 at the conclusion of our three-year Asia Tsunami Response Program, we conducted a formal, end-of-program evaluation of our Staff Care/Wellbeing practices in that Program. That evaluation also supported McFarlane's research findings.



The Personal Safety and Health Consequences of Humanitarian Aid Work

1. Loss of life
2. Physical illness and injury
3. Psychological effects
 1. Mental health
 2. Psychosocial health



1. Loss of Life

- Violence
 - Random
 - Intentional with weaponry
- Traffic accidents
- Infectious disease
- National staff 3 times higher than international staff



2. Physical Illness and Injury

- Preventable infectious diseases
- Accidents
- Again, significantly higher among national staff



3. Psychological Effects

- International staff
 - PTSD, depression, anxiety, drugs/alcohol abuse, culture shock, “burnout”, compassion fatigue
- National staff
 - Fewer studies
 - Depression, anxiety
 - Issues of culture, language and context
 - Survivor - helper



Two types of Risk Factors

Situational Risk factors

Individual Risk factors



Situational Risk Factors **Associated with Psychological Distress**

- 7 Situational Risk Factors

1. Timing
2. Organizational preparation
3. Violence and threat to life
4. Cultural and physical context
5. Organizational support
6. Systemic role conflicts
7. Interpersonal relations



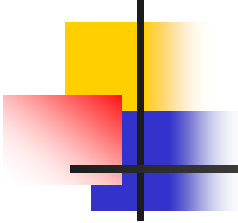
Risk Factor #1: **Timing**

- **International and National Staff**
 - **First assignment**
 - **Prior to departure and upon arrival**
 - **At end of the assignment**
 - **Upon return home**
 - **Multiple assignments in succession**
- **One third of deaths during first three months**



Timing – What we can do

- Pre-mission orientation
- Overlap between staff
- Buddy system
- Practice – “if you don’t know, it’s acceptable to ask”
- Significant time-off between missions
- During and Post- mission debriefings
 - Psychological, personal and operational
 - Follow-up and referral to a higher level service, if needed.



Risk Factor #2: Organizational Preparation

For International and National Staff

Lack of pre-departure orientation and training in:

- Stress management
- Conflict resolution
- Media practices
- Working across cultures
- Team building
- Briefing on current events
- TORs, JDs and role ambiguities
- Over reliance on brochures, reports and readings



Organizational Preparation

– What we can do

- Pre-mission orientation and training in:
 - Country, culture, language, context
 - Security
 - Medical care
 - Stress management
 - Team building
 - Peer briefings
- Do this face-to-face, as much as possible.



Risk Factor #3: Violence and Threat to life

International and National Staff

- Actual violence
 - Severity
 - Frequency / duration
- Perception
- Many times stress reactions appear post-mission
- Human-centered violence promotes greater risk for PTSD
- National staff more at risk



Violence and Threat to life

– What we can do

- Pre-mission orientation
- Personal and corporate security training
 - Clear security practices for national staff
- Psychological support (“Psychological First Aid”)
 - Practice – “It’s important to talk about this”
 - CISM services including Peer Support
 - Wellness in the workplace



Violence and Threat to life

– What we can do (cont.)

- During and Post- mission psychological [CISM interventions], personal and operational debriefings
- Culturally appropriate psychological services for local staff
- Follow-up and referral to higher level service, as needed.



Risk Factor #4: Cultural and Physical Context

- International Staff
 - Cultural, language and geographical information/education
 - Lack of contact with family and friends
 - Food
 - “Can’t go out anywhere!”
- National Staff
 - Can also be outsiders
 - Lack of contact with family and friends



Cultural and Physical Context

– What we can do

■ International and National Staff

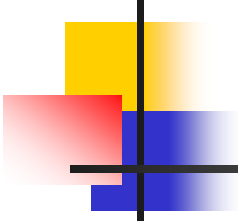
- Pre-mission cultural orientation
- On arrival cultural orientation by local staff and international staff already there.
- Between missions staff development
 - Cross-culture training



Cultural and Physical Context

– What we can do (cont.)

- Social support
 - Encourage increased communication with family and loved ones
- Set up living quarters to promote “R&R” during off hours
 - Food
 - Time alone
 - One person in a bedroom
 - Entertainment and exercise equipment
- “Buddy” system



Risk Factor #5: Organizational Support

■ International Staff

- Distance of the headquarters office to the in-country office
 - Difficulties in communication (across time zones)
 - Responding to critical incidents
 - Don't have skills to do their job

■ National Staff

- Different work styles from international staff
- Language barriers
- Don't have skills to do their job
- Worry about losing their job
- Socioeconomic differences (salary, lifestyles)
- Local practices of mental health, wellness / healing and faith are not taken into account



Organizational Support

– What we can do

- International Staff
 - Management support offices nearby
 - Consultative Leadership is practised
 - On-site formal and informal training
 - “Face to face” meetings
- National Staff
 - Head Quarters staff intentionally learn about local culture and context
 - On-site formal and informal training
 - Allow for local health practices to be covered
 - Give staff on-going forums to discuss their issues



Risk Factor #6. Systemic Role Conflicts

International and National Staff

- Conflicting goals and actions by:
 - Local and international governments
 - Local power brokers
 - Beneficiaries
 - Local militias
 - Media



Systemic Role Conflicts

-What we can do

- Pre-mission orientation.
- On-going briefings to staff.
- Official / designated spokespersons and negotiators for agency.



Risk Factor #7: Interpersonal Relationships

- International staff
 - Families left behind
 - Living and working very closely with co-workers
 - International and national
 - Working with traumatized local community groups
- National staff
 - Status with international staff
 - Different cultural norms
 - **Age and job position**
 - **Responding to disagreements**
 - **Getting angry**



Interpersonal Relations

-What we can do

International and National Staff

- Increase opportunities for staff to communicate with loved ones and friends
- On-site R&R activities
- Informal cultural orientation training
- Informal training in understanding stress and stress reactions in work relationships



Individual Risk Factors

1. Prior Psychological Adjustment
2. Expectations of Humanitarianism
3. Risk taking and poor judgment
4. The practice of self-care



Individual Risk Factor #1: **Prior Psychological Adjustment**

- Prior psychological adjustment related to:
 - Handling stress in their current job
 - Development of PTSD following later traumatic stressors



Prior Psychological Adjustment

– What we can do

- Ask more direct questions about psychological and psychosocial health
 - With new staff
 - With staff being redeployed
- During and post- mission psychological debriefings



Individual Risk Factor #2.

Expectation of Humanitarianism

- International (new) staff
 - Idealistic expectations lead to frustration and anger
- National / local staff
 - Need good paying job
 - More likely to take risks and overwork to keep their job.



Expectation of Humanitarianism

-What we can do

- International staff
 - Improve pre-employment orientation

- National / local staff
 - Improve pre-employment orientation
 - TORs & JD
 - Clear work expectations given by bosses



Individual Risk Factor #3. Risk Taking and Poor Judgment

International and National Staff

- Prevalent among aid workers
- Especially when there are no safety and security standards or training
 - Travelling in unsafe areas
 - Driving too fast
 - Helmets and seatbelts not worn
 - Sexual behaviour
 - Lack of cultural sensitivities



Risk taking and judgment

-What we can do

- International and national staff
 - Safety and security standards and training in place.
 - They are enforced.



Individual Risk Factor #4. The Practice of Self-Care

- International Staff

- Don't have the time; too busy
- Too tired.
- Unsafe environments.
- Not endorsed or practiced by leadership

- National Staff

- Survivor-helpers: don't feel entitled.



The Practice of Self-Care

-What we can do

- International and National Staff

- Staff Care policy and standards in place
- Management endorses and role models
- Proper resources and budgets committed
- Assist staff to implement self-care practices
- It is expected that all staff, including management will practice self-care activities



References

- McFarlane (2004)
 - Amad (2002)
 - Danieli (2002)
 - Holtz et al. (2002)
 - Moresky (2001)
 - Shiek et al. (2000)
 - Van Gelder et al. (2002)
 - www.psychosocial.org



Any Questions?

Thank you!