Volunteers in humanitarian settings

3rd MHPSS Workshop on Working with Volunteers in Emergency Settings

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Humanitarian volunteers

- Volunteers in humanitarian settings - very limited research

- Can be both a part of the core volunteer group or a non-core volunteer (spontaneous).

- Hold the key to community practices, traditions and knowledge – key source of information

- Volunteers in humanitarian settings do a wide variety of work from protection to rescue to medical assistance to food distribution and psychosocial support and even **host families**

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Challenges volunteers encounter

- Having idealistic/unrealistic expectations of what a volunteer can do to help others

- Feeling one has to solve all the problems for someone they are helping

- Feeling guilty at the death of someone they were helping

- Feeling guilty about paying attention to one's own need for rest or support

- Facing moral and ethical dilemmas.

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Challenges volunteers encounter

- Feeling unsupported by one's colleagues or supervisors

- Having difficult dynamics within a team

- Working with team members who are stressed or burned out.

- Performing physically difficult, exhausting and sometimes dangerous tasks, or being expected (or expecting themselves) to work long hours in difficult circumstances

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Challenges volunteers encounter

- Feeling guilty about having access to resources that family and/or friends may not have

- Becoming increasingly detached from their own family and home life

- Feeling inadequate to deal with the task, or overwhelmed by the needs of the people they are trying to help

- Being a witness to traumatic events – or hearing survivors' stories of trauma and loss.

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Challenges volunteers encounter

- Having an unclear or non-existent job description or unclear role on the team

- Being unprepared for facing the frustration and anger of beneficiaries who feel their needs are not being met

- Lack of information-sharing

- Being poorly prepared or briefed for the task

- Lacking boundaries between work and rest

- Organizational atmosphere where volunteer well-being is not valued and where their efforts are not being acknowledged or appreciated.

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Mental health of volunteers

- Exposure to a humanitarian setting can have both short- and longterm mental and physical consequences

- Volunteers in general show higher levels of mental health complaints than professionals (Thormar et al, 2010; Cetin et al., 2005; Dyregrov et al., 1996; Hagh-Shenas et al., 2005; Paton, 1994)

- Especially volunteers coming from the affected communities show high levels of complaints (Thormar et al, 2010)

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Predictors of mental health complaints in volunteers

- **Loss of resources are** related to higher distress rates (Benight et al., 1999; Hobfoll, 1991, Hobfoll et al., 2006; King et al., 1999; Sattler et al., 2006; Thormar et al., 2014)

- **Identification with victims is** related to
  - PTSD, especially intrusion, avoidance
    (Cetin et al., 2005; Ursano et al., 1999)
  - Somatization
    (Ursano et al., 1999)
  - Depression, both acutely and long-term
    (Ursano et al., 1999)

- **Being a non-core** (spontaneous) volunteer is related to higher levels of PTSD symptoms (Thormar et al., 2016)

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Predictors of mental health complaints in volunteers

- **Severity and/or length of exposure** related to PTSD symptoms, anxiety, depression, and anger (Long et al., 2007; Mitchell et al., 2004)

- Lack of **postdisaster social support** was related to PTSD, Depression and Anxiety (Dyregrov et al., 1996; Mitchell et al., 2004)

- **Lack of support from team leaders and organization** was related to PTSD, Depression and Anxiety (Thormar et al., 2013)

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Predictors of mental health complaints in volunteers

- Lack of **experience** with disaster work related to PTSD (Armagan et al., 2006)

- **Role confusion** or ambiguity about expectations related to PTSD (Dyregrov et al. 1996)

- Lack of **training and preparation**

- Lack of **organisational support**

- **Type of exposure** (PSS, Food distribution, Admin)

- Low quality of **sleeping conditions** related to PTSD, depression and anxiety as well as somatic complaints (Thormar et al, 2012, 2013)

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Predictors of mental health complaints in volunteers

- **Lack of acknowledgement** from organization and community predicts PTSD symptoms.

Thormar et al., 2016. Latent growth mixture model analysis of PTSD symptoms in disaster volunteers. The role of self- efficacy, social acknowledgement and tasks carried out. Journal of Traumatic stress, 29(1). DOI: 10.1002/jts.22073

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Hobfoll principles

Hobfoll et al 2007 have identified the following elements as effective when supporting after large crisis:

Safety

Connectedness

Self and collective efficacy

Calm

Hope

Hobfoll, S.E., et al. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. Psychiatry, 70 (4), 283–315.

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What does that mean in practice?

- Safety
  - Trustful climate

- Calm
  - Psychoeducation for reducing stress

- Self-/ Collective efficacy
  - Understand mission, enable to cope with reactions

- Connectedness
  - Enhance group cohesion and social support

- Hope
  - Positive feedback, positive ending, making sense

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Hobfoll elements translated to volunteer support

- **Safety**
  Safe framework before, during and after missions-good material, training, prevention, safety measures, briefing, information-on scene support, aftercare

- **Connectedness**
  Team cohesion, colleague and team support

- **Calm**
  Good Framework during and after mission-breaks, rest, accommodation,on scene support, psychoeducation

- **Self and collective efficacy**
  To understand mission as a whole, to be able to see one´s own contribution (operational debriefing), structured end of mission (demobilisation), positive feedback, regaining control

- **Hope**
  Positive feedback by leaders, organisation and public, positive emotions and feeling better prepared for future missions

Social support effects in Responders

- **S**ocial support related to **lower PTSD**
  (Brewin et al., 2000; Flannery, 1990; Ozer et al., 2003, Cook and Bickman, 1990, Everly, Mitchell, 2013)

- Social support is positively related to **Posttraumatic growth (PTG)**
  (Karanci, 2005; Paton, 2005)

Consequences of not paying attention to the psychosocial well-being of volunteers

- Research shows that it has affect on their mental health especially anxiety, depression, somatic complaints and PTSD symptoms.

- Increased general health complaints

- High levels of absence and volunteer turnover

- Lack of motivation and poor performance

- Lack of commitment to the organization

- Increased conflicts within the volunteer group

- Increased accidents and incident reports.

How to support volunteer in the best possible way?

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Coping after critical events
(Juen, Fuhrmann 2015)

Most used coping strategies after critical events N=248	
Talk to a colleague or a peer	30,47%
Take a break and move on to next task	13,82%
Talk to a friend	9,1%
Talk to a family member	9%

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Organized peer support systems

Aims

- Provides a low level social support system for volunteers

- Builds resilience, lowers mental health complaints

- Enables better and faster referral to mental health professionals if needed

Principles

- Trained peers in close cooperation with field experienced mental health professionals

- Has to be accepted by leadership (is part of an organisational support system).

Good practice in bigger events

- Informal defusings in the everyday context – no confrontative interventions in the acute phase.

- No single interventions but **flexible combination of interventions** that are adapted to the context and the needs of the target groups (oriented upon Hobfoll principles)

- A cognitive or operational debriefing but not emotional debriefing

References

- Rose S, Bisson J, Churchill R, Wessely S. Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews 2002, Issue 2. Art. No.: CD000560. DOI: 10.1002/14651858.CD000560.

- Burger, N. (2012). Guidelines psychosocial support for uniformed workers. Extensive summary and recommendations, **pp. 27-32**. Available at http://www.mvcr.cz/mvcren/file/guidelines-psychosocial-support-for-uniformed-workers.aspx

- Volunteering in the aftermath of disasters. PhD thesis. Thormar, S.B. https://pure.uva.nl/ws/files/2505895/161527_GEDRUKT_207778_L_bw_Thormar_complete_met_colofon.pdf

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Why not single interventions?

- Single interventions like debriefing do not have significant effects

- Well structured and organized programmes that include **prevention, preparation, mission support and aftercare** have positive effects

(Cochrane reports, Rose, Bisson et al, 2002, 2007; Regel, Joseph, Dyregrov, 2007, Everly, Mitchel, 2013).

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What is needed from leadership?

- Insight and understanding of the importance of support.

- Positive feedback and visible care by leaders and organization, e.g. field visit, public acknowledgement.

- Visible acceptance of support system by leadership.

- Health promoting and safe environment.

References

Thormar, S.; Gersons, B; Juen, B.; Djakababa,N.; Karlsson, Th & Olff, M (2014) Organizational factors and mental health in community volunteers. The role of exposure, preparation, training, tasks assigned, and support, Anxiety, Stress and Coping: 624-642

Schönherr, Juen, Brauchle, Beck, Kratzer (2005) Belastungen und Stressverarbeitung bei Einsatzkräften

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What is needed from leadership?

- Good leadership structure before during and after missions – focal points

- Good trainings

- Briefings

- Breaks

- Rest and sleeping conditions

- Quality of accommodation

- Feedback before and at the end of mission

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Peer support system that provides group PFA

- A peer system does not substitute good leadership

- A peer system does not substitute other forms of social support

- **A peer system shall fill the gaps in the system!**

- A recent study has shown that Group PFA may be a good approach for volunteers in humanitarian settings.
  Corey et al., 2021. *International Journal of Environmental Research and Public Health*, *18*(4),1452; **https://doi.org/10.3390/ijerph18041452**

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Thank you

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