APS Statement on the Role of Psychologists in International Emergencies

The aim of this statement is to orient psychologists to effective disaster response contributions in international emergencies. It is based on international guidelines for psychosocial intervention, and on guidance from APS’s Disaster Preparedness and Response Reference Group, and Psychology in the Public Interest.

The Australian Psychological Society (APS) endorses the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). The IASC was set up by the United Nations to facilitate inter-agency decision-making in response to complex emergencies and natural disasters.

These guidelines were developed over several years by hundreds of mental health professionals around the world. The guidelines have been endorsed by United Nations agencies and international and local non-governmental organisations involved in international humanitarian relief. The IASC Guidelines offer essential advice on how to facilitate an integrated approach to the most urgent mental health and psychosocial issues in emergency situations. Psychologists or other mental health professionals who wish to consult or respond in international emergency situations need to be familiar with these guidelines.

The guidelines outline key considerations for mental health professionals wanting to assist in an emergency.

- Coordination of mental health and psychosocial support in emergency settings is critical. Mental health workers offering care should do so through an established humanitarian organisation already working in the country as part of a coordinated response.
- Mental health workers wanting to assist should meet the following criteria:
  a. They have previously worked in emergency settings
  b. They have previously worked outside their own socio-cultural setting
  c. They have basic competence in some of the interventions covered in the guidelines
  d. They have an understanding of either community psychology or public health principles
  e. They have a written invitation from a nation or established international organisation to work in the country
  f. They are invited to work as part of an organisation that is likely to maintain a sustained community presence in the emergency area
  g. They do not focus their work on implementing interventions (e.g. clinical work) but rather provide support to programs on a general level, including the transfer of skills to local staff, so that interventions and supports are implemented by local staff (IASC, 2007, pp 74-75).
The core principles of the Guidelines are to:
• Promote the human rights and equity of all affected people without discrimination
• Maximise the participation of local affected populations
• Do no harm
• Build on available resources and capacities
• Integrate activities and programs with other services
• Develop a layered system of complementary supports that meets the needs of different groups.

Roles for psychologists internationally and in Australia
Psychologists interested in mental health and psychosocial support in emergencies may find roles both abroad by going to the international/disaster affected regions, as well as back in Australia by providing services to those affected by the disaster who have returned, or are family members of people affected by an international emergency, or to people who have been affected by a disaster within Australia.

**International** roles are likely to include:
• Consultation with humanitarian organisations
• Training of international colleagues
• Research partnerships with psychologists abroad.

**Domestic** roles are likely to also include:
• Direct service provision

**APS recommendations**
(i) Psychologists responding to disaster outside of Australia (Inter-Country)
The APS recommends that APS psychologists:
Inform themselves about international psychosocial interventions, guidelines and standards
• Familiarise themselves with the APS Guidelines on co-ordinated disaster response, pro bono, or voluntary services
• Only provide direct services in foreign countries to disaster-affected communities if they meet the criteria outlined above in the IASC guidelines
• Work through humanitarian organisations that are part of a coordinated mental health and psychosocial support response
• Recognise the importance of cultural competence and inform themselves about key aspects of the culture within which they intend to work
• Promote an understanding of cultural differences in responses to traumatic events, as well as cultural differences in effective interventions and strategies for psychological support.
• Prepare for this work by undertaking professional development in disaster mental health and cultural competence.

(ii) Psychologists responding to disaster within Australia (Intra-Country).
• The APS recommends that APS psychologists:
• Prepare for this work by undertaking professional development in disaster mental health and cultural competence
• Familiarise themselves with the APS Guidelines on co-ordinated disaster response, pro bono, or voluntary services
• Familiarise themselves with the process of community recovery
• Provide services that support the system as a whole, as part of a coordinated mental health and psychosocial support response, recognising that this may mean being prepared to take a different role from what they normally do
• Familiarise themselves with the common responses after a disaster, recognising that most of the people affected are previously “normally” functioning people and will recover well without the need for clinical services
• Familiarise themselves with Psychological First Aid as a best practice initial form of psychological support for people affected by an emergency
• Learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems
• Ensure that proper clinical assessment has been done before treatment with evidence-based interventions for people with significant mental health problems
• Recognise the importance of facilitating community self-help and social support, and provide access to information about positive coping methods, not just the provision of clinical services
• Recognise the importance of self-care to manage the stress of working in disasters, and to assist them to reflect on their own emotional state and motivation for helping, in order to make effective decisions about what help is most appropriate.

Reference