Volunteers in humanitarian settings

3\textsuperscript{rd} 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**
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.
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.
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.
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.
Mental health of volunteers

- Exposure to a humanitarian setting can have both short- and long-term 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).
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)
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 (Thorarinn et al., 2013)
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)
Predictors of mental health complaints in volunteers

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

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

Safety
Connectedness
Self and collective efficacy
Calm
Hope

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
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

- Social 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 an effect 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?
Coping after critical events (Juen, Fuhrmann 2015)

### Most used coping strategies after critical events N=248

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Talk to a colleague or a peer</td>
<td>30.47%</td>
</tr>
<tr>
<td>Take a break and move on to next task</td>
<td>13.82%</td>
</tr>
<tr>
<td>Talk to a friend</td>
<td>9.1%</td>
</tr>
<tr>
<td>Talk to a family member</td>
<td>9%</td>
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</tbody>
</table>
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).
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


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

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
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
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.

Thank you

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