KEMENTERIAN KESIHATAN MALAYSIA

TRAINING MODULE ON MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) IN CRISIS & DISASTER

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KEMENTERIAN KESIHATAN MALAYSIA

NATIONAL CENTRE OF EXCELLENCE FOR MENTAL HEALTH (NCEMH),
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IN COLLABORATION WITH
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PREFACE

Director-General of Health
Ministry of Health, Malaysia
YBhg. Datuk Dr. Muhammad Radzi Bin Abu Hassan

The Ministry of Health Malaysia has issued this module which aims to streamline the planning, coordination, and training of relief workers in mental health and psychosocial response during disaster in Malaysia. This module was developed by Technical Working group for Psychosocial Empowerment and Crisis Education (TWG PEACE) who were trained by experts at Hyogo Institute of Traumatic Stress in Kansai, Japan as part of the Economic Partnership Program (EPP)-Look East Policy 2.0 (Psychosocial Response to Disasters) from year 2018-2019.

Disasters and crisis can cause immediate and long-term psychosocial sequelae on people affected by these events. In Malaysia, mental health and psychosocial support services for victims of disasters and relief workers come under the purview of the Ministry of Health, according to the National Security Council Directive Number 20. Relief workers responding in any disaster situation must be well equipped in knowledge and basic helping skills to provide optimum psychosocial support for those in need. Malaysia ratified the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 on 18 March 2015 where one of the priorities of action in this framework is disaster preparedness for effective response. Hence, strengthening Psychosocial Support and Mental Health Services to enhance recovery schemes plays an important role in achieving this.

I would like to congratulate NCEMH and TWG PEACE on their effort to deliver this comprehensive training module and I hope that this will be a step forward towards improving disaster preparedness for the Ministry of Health.

YBhg. Datuk Dr. Muhammad Radzi Bin Abu Hassan

PREFACE

Deputy Director-General of Health (Public Health)
Ministry of Health, Malaysia
YBhg. Datuk Dr. Norhayati Binti Rusli

We have experienced numerous natural and man-made disasters in Malaysia due to climate change and other factors. These disasters can have a significant impact on the mental health of victims and relief workers, the development of creating a ripple effect throughout affected communities. Therefore, the development of a module aimed at enhancing psychosocial response in disasters is crucial for effective disaster preparedness and response. Effective disaster preparedness has been shown to mitigate psychological distress and improve community resilience in times of crisis.

This Module on Mental Health and Psychosocial Support in Crisis and Disasters is essential for raising awareness and upskill of relief workers in psychosocial response approaches during disasters. The training component incorporated in this module empowers relief workers to provide psychological first aid and carry out practical psychosocial activities.

I would like to express my gratitude to NCEMH and TWG PEACE for their dedicated efforts in producing this important module, which will further strengthen mental health and psychosocial support activities in crisis and disaster situations.

YBhg. Datuk Dr. Norhayati Binti Rusli

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EXECUTIVE SUMMARY

This module is designed to facilitate trainer on the topic of Mental Health and Psychosocial Support (MHPSS) activities for people following a disaster or serious crisis event. There are six chapters covered in this module which are:

Chapter 1: Overview of Mental Health and Psychological Support Services MHPSS
Chapter 2: Psychological First Aid
Chapter 3: MHPSS for Relief Providers
Chapter 4: Psychosocial Activities
Chapter 5: Psychological Assessment
Chapter 6: Monitoring and Evaluation MHPSS

Each chapter comes with objectives, content, and slide presentation. In some of the chapters, there are a few recommended activities and tools that can be used by the trainers to support people affected by crisis or disaster.

This module serves as a guide for MHPSS services orientation and delivery, to which you can bring your own style, experience, and ideas as a facilitator.

FOREWORD

INTRODUCTION

Training modules on Mental Health and Psychosocial Support (MHPSS) in crisis and disaster management is a module developed to provide a guide on how to deliver psychosocial support for those in needs especially during crisis or disaster. This training module offers trainers; knowledge on mental health and psychosocial support in crisis or disaster and; skills and competencies in providing Psychological First Aid during disaster or crisis. It also consists of knowledge and skills on mental health preparedness for the trainer themselves. We hope with this training module, trainer will be able to identify initial distress experienced by people involved in disaster, provide some basic helping skills and intervention as well as able to link the appropriate channel for those who in need of further help or treatment.

OBJECTIVES

- To provide an information and overview on mental health and psychosocial support services during disaster or crisis particularly in Malaysia
- To educate trainers on Psychological First Aid, mental health preparedness for providers and psychological assessment that can be applied in crisis or disaster
- To enhance trainers' skills in identifying initial distress experienced by people involved in crisis or disaster
- To enhance trainers' skills on psychological first aid, basic helping and communication techniques to provide support for people involved in crisis or disaster.

TARGET GROUP

- Medical Officer
- Psychology Officer
- Social Worker
- Occupational Therapists
- Paramedics

***NOTE: Participants for each training is limit to 40 persons ONLY per session*

OUTCOME

At the end of this training module, trainer will be able to:

- Know and explain about mental health and psychosocial support services in crisis and disaster and how it can be applied in Malaysia context
- Identify initial distress experienced by people involved in crisis or disaster and able to refer those in need for further intervention or treatment
- Apply psychological first aid knowledge, basic helping skills and effective communication techniques to provide help and support for people involved in disaster or crisis

i. BASIC TRAINING REQUIREMENT

Room Layout

This training will be conducted in 3 different modes which are lecture, role-play session and activities. Therefore, it is suggested the tables are arranged in 2 different style which are shown at Figure 1.1:

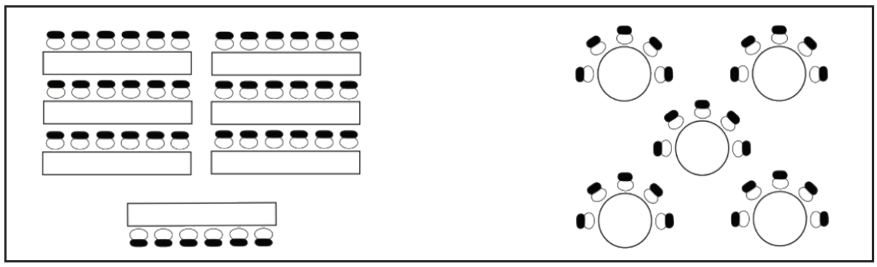


Figure i: Training seating suggestion

Based on the above figure, tables will be arranged based on classroom style for lecture session and cabaret style as for activities sessions. There should be enough space for role-play session and for moderators to move around.

Audio Visual Technical Requirement

- Laptop
- Audio Speaker
- Microphone (3) Cordless
- LCD Projector

There should be a technical expert person available to deal with all technical issues throughout the training.

Workshop Materials Checklist

- Flipchart/Whiteboard
- Multicolor Marker Pens
- Mahjong Papers (20)
- A4 papers
- Assessment Test (Pre & Post)
- Body Outline Worksheet
- The Different Part of Me Worksheet
- Blob Tree Worksheet
- Crossroads Self Exercise Worksheet

ii. DURATION OF TRAINING

Basic Training - 3 days duration

The 3 days training consists of both theoretical and practical information and activities. It provides a comprehensive explanation of MHPSS, techniques and skills in providing psychological first aid for the public.

Table i: Basic Course - 3 Days

DATE & TIME	TOPIC/AGENDA	RESPONSIBILITY
	DAY 1	
1400 – 1500	Registration and Pre-Test	
1500 – 1530	Introduction and Overview of the Course	Secretariat/Course Coordinator
1530 – 1700	• Overview of National Guideline for Mental Health and Psychosocial Support in Disaster • State/district experience in disaster management • Pre and Post deployment	NCD Officer/District Health Officer/Public Health Physician
1700 – 1900	Free Activities	
1900 – 2030	Dinner	
2030 – 2200	Impact of Disaster in Mental Health & Psychological Assessment: • Wooley/GAD 2 • PHQ9/GAD7 • Kessler 10	Psychiatrist/ FMS/ Public Health Physician
	DAY 2	
0700 – 0830	Breakfast	
0830 – 1030	Psychological First Aid	Psychiatrist/ FMS/ Public Health Physician
1030 – 1100	Morning Break	
1100 – 1300	• Basic Helping Skills • Simulation & Role Play 1	CP/ Counsellor
1300 – 1400	Lunch	
1400 – 1530	Simulation PFA	Facilitators
1530 – 1630	Crossroads	Facilitators
1630 – 1900	Free Activities	
1900 – 2000	Dinner	
2000 – 2230	Psychosocial activities: **Children –** Body Outlines, Hand washing, Bio energetic activities **Adolescents –** Different Parts of Me, The Chain of Love, Blob tree **Adults –** Simple Breathing technique, relaxation techniques, EFT	Facilitators
	DAY 3	
0700 – 0830	Breakfast	
0830 – 0930	Handling Group Sessions	CP/ Counsellor
0930 – 1000	Morning Break and Post Test	
1000 – 1300	Mental Health and Psychosocial Support for Relief Workers	Psychiatrist/ FMS/ Public Health Physician
1300 – 1400	Lunch and End of the Course	

***Tentative program only suggestion and please change accordingly with time and budget*

Advance Course - 1 day duration

The one-day training particularly focuses on the practical aspects of the training. It's appropriate for trainers who already have a background knowledge and experience in handling people reaction during disaster or crisis.

Table ii: Advance Course - 1 Days

DATE & TIME	TOPIC/AGENDA	RESPONSIBILITY
0700 – 0800	Breakfast	
0800 – 0830	Registration and Pre-Test	
0830 – 0900	Overview of National Guideline for Mental Health and Psychosocial Support in Disaster	Psychiatrist/ FMS/ Public Health Physician/CP/Counsellor
0900 – 1000	Impact of Disaster in Mental Health & Psychological Assessment: • Wooley/GAD 2 • PHQ9/GAD7 • Kessler 10	Psychiatrist/ FMS/ Public Health Physician/CP/Counsellor
1000 – 1030	Morning Break	
1030 – 1200	Psychological First Aid & Basic Helping Skills	Psychiatrist/ FMS/ Public Health Physician/CP/Counsellor
1200 – 1300	Mental Health Care of Relief Workers	
1300 – 1400	Lunch	
1400 – 1430	Post Test	
1430 – 1700	Psychosocial activities: **Children –** Body Outlines, Hand washing, Bio energetic activities **Adolescents –** Different Parts of Me, The Chain of Love, Blob tree **Adults –** Simple Breathing technique, relaxation techniques, EFT	Facilitators/Psychiatrist/ FMS/ Public Health Physician/CP/Counsellor
1700	End of the Course	

***Tentative program only suggestion and please change accordingly with time and budget*

CHAPTER 1: OVERVIEW OF NATIONAL GUIDELINE FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN DISASTER

LEARNING OBJECTIVES

- To understand the concept of psychosocial response in disaster management
- To understand the organization of services provided during disaster
- To understand the roles and responsibility of Mental Health and Psychosocial Support Services

INTRODUCTION

According to Directive (National Security Council Malaysia) (1), a disaster is defined as a sudden catastrophic events, sudden misfortune or calamity. It is complex in nature and results in injury or death in a large scale, destruction to property or environment and disruption towards daily activities. Disasters can be classified into natural and man-made.

On the other hand, crisis is a situation faced by an individual, group or organization, which they are unable to cope with by the use of normal routine procedures and resulting in stress reactions (2). Critical event, if not handled in an appropriate and timely manner, may turn into disaster.

Disaster management requires:

- Extensive utilization and coordination of resources, equipment and personnel from multiple agencies
- Detailed planning with complex strategies over extended period of time

Disasters and crisis can cause immediate and long-term psychosocial impact on affected people. According to the National Security Council Directive Number 20, Ministry of Health shall coordinate the mental health and psychosocial support services for survivors, family members, response workers and humanitarian aid volunteers.

Principles of Intervention

One of the important aspects in disaster management is to protect and improve people's mental health and psychosocial well-being. In disasters, people are affected in different ways and need different kinds of support (3). In organizing mental health and psychosocial support, it is important to develop a layered system that meets the needs of different groups.

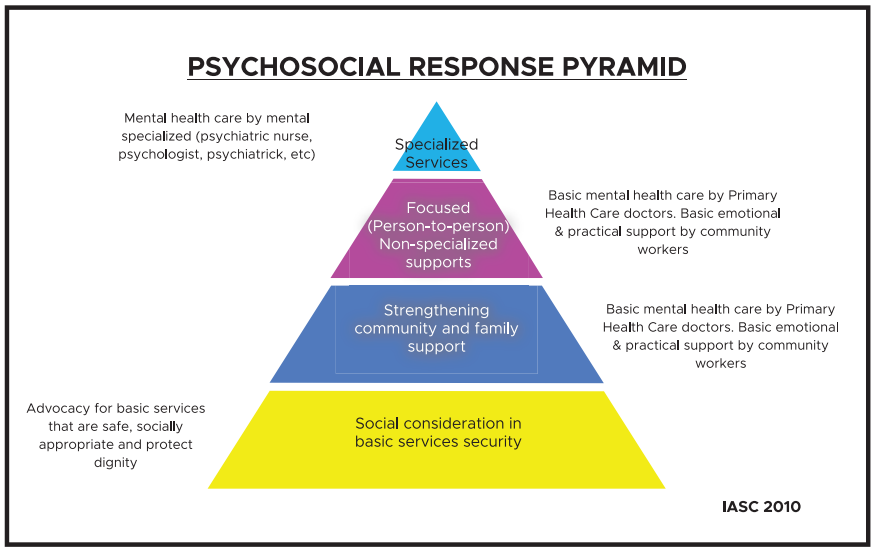


Figure 1.1: Psychosocial Response Pyramid

The first layer: Basic Services and security

The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs.

The second layer: Community and family supports

Represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.

The third layer: Focused, non-specialized supports

Represents the supports necessary for smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialized care).

The top layer: Specialized services

Represents the additional support required for a small percentage of population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning.

Organization of Services

i. National Disaster Management Agency (NADMA) is the lead agency for disaster management. Responsible for:
   a. Coordinating the National Disaster Management
   b. Establishing and ensuring all policies and management mechanisms of the National Disaster followed and implemented at all levels of disaster management
ii. Ministry of Health (MOH)
iii. The lead agency to coordinate provision of mental health and psychosocial support services to the affected people and response personnel during disaster Crisis Preparedness and Response Centre (CPRC) under the Surveillance Section of the Disease Control Division, MOH Malaysia. Responsible for:
   a. Coordinating disaster response activities
   b. Compiling and monitoring all information on disasters response activities
   c. Coordinating inter- and intra-agencies co-operation
   d. Determining additional resources needed and coordinating its mobilization
   e. Updating and analyzing information/data
   f. Providing information to the public
   g. Preparing and disseminating of daily/report
   h. Preparing press release/statement
   i. Preparing information for the disaster Task Force
iv. Mental Health and Psychosocial Support Services (MHPSS)
   a. The composite term "Mental Health and Psychosocial Supports" (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders
   b. Support may include interventions in health, education or interventions that are community-based
   c. The term 'MHPSS Problems' covers social problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse and intellectual disability.
   d. Deployment of MHPSS:
      - Will be activated in response to disaster according to the SOP
      - Operational area for MHPSS is in the green zone of disaster site
      - Each district minimum of one team and each team operates in 6-7 hours shift
      - Comprises of:
         - Psychiatrist/Family Medicine Specialist/Public Health Physician
         - Medical Officer
         - Paramedics
         - Counsellor/Clinical Psychologist/Medical Social worker/other trained personnel where available
      - Function of MHPSS
         - To assess psychosocial needs and plan the response in disaster situation
         - To provide psychological first aid (PFA) to the target groups
         - To provide on-going psychological monitoring and intervention

1.1 INFORMATION FLOW

The workflow in response to disaster will depend on the level of disaster:

1.1.1 Level 1 Disaster

- A local incident that is controlled
- No potential to spread
- Not Complex and low probability to cause a loss of life or property
- Does not significantly impair the daily activities of local population

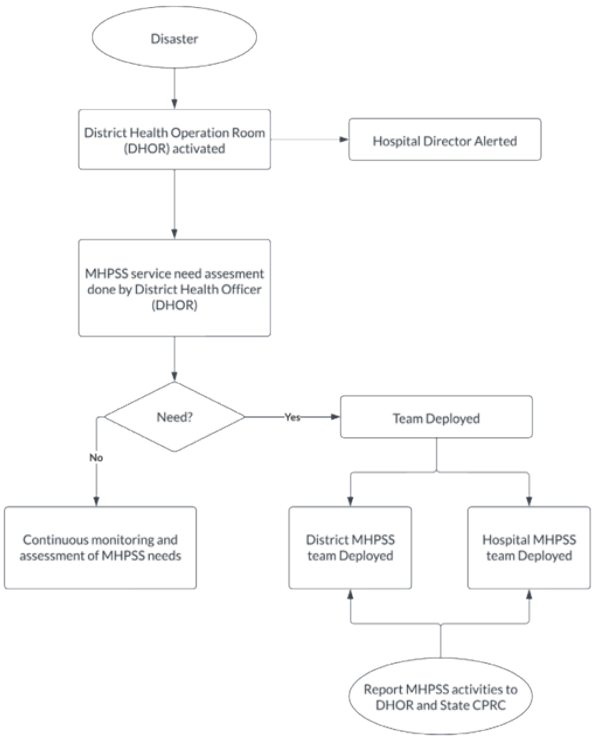


Figure 1.2: Flowchart Level 1 Disaster

a. Local authorities at the district level have the ability to control and handle the incident through their agencies with or without limited outside aid
b. Upon receiving notification of a situation, a needs assessment on MHPSS services is done
c. Deployment of MHPSS team to respective location
d. Deployment of MHPSS team to temporary shelters is based on request from Social Welfare Department
e. MHPSS activities are reported to state DHOR and CPRC

1.1.2 Level 2 Disaster

- A more serious incident involving a wider area or more than two districts and has potential to spread
- Likely to cause extensive loss of life or property, infrastructure and significantly impairs the daily activities of the local population
- More demanding in terms of search and rescue efforts
- Can and should be managed by the authorities at the state level with or without limited outside aid

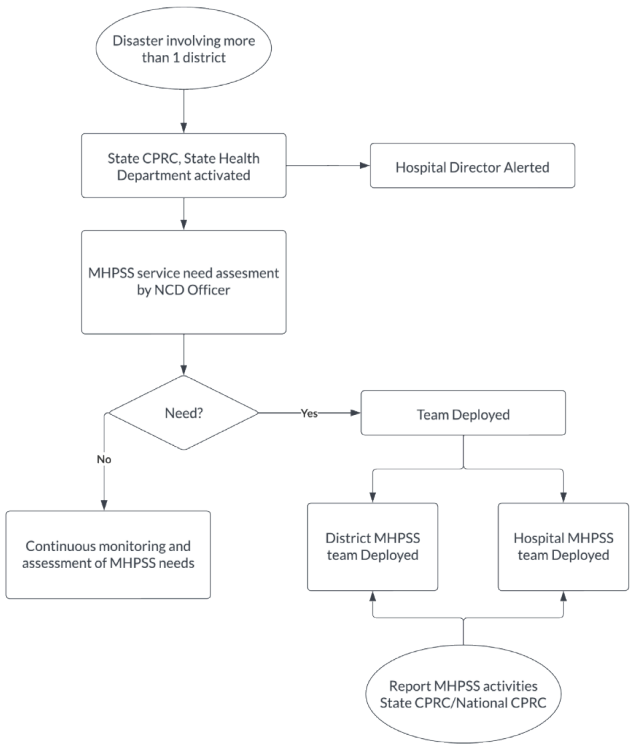


Figure 1.3: Flowchart Level 2 Disaster

a. Upon receiving notification of a situation DHOR, a needs assessment on MHPSS is done
b. Deployment of MHPSS to temporary shelters is based upon request from Social Welfare Department
c. MHPSS activities are reported to state DHOR and CPRC
d. State MHPSS coordinates and facilitates the deployment of state MHPSS resources to the various sites

1.1.3 Level 3 Disaster

- An incident that results from a Level 2 disaster
- More complex, involving a wider geographical region or more than two states
- Can and should be managed by the authorities at the central level or with foreign aid

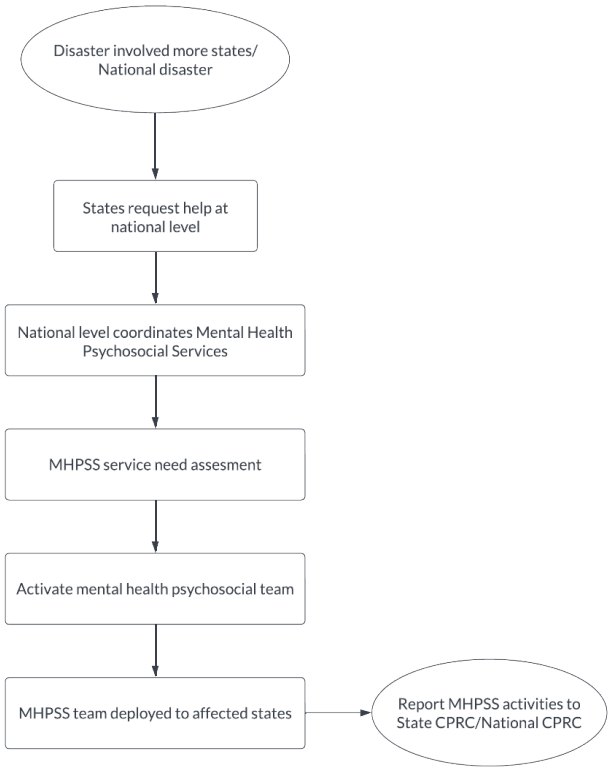


Figure 1.4: Flowchart Level 3 Disaster

a. Upon receiving notification of a situation from state MHPSS coordinator, a needs assessment on MHPSS is done
b. National CPRC will notify other state CPRC on the MHPSS requirement
c. If required, the National MHPSS coordinator will facilitate and coordinate the employment of resources/volunteers from other states or other countries/ international organization to the various center in the affected states
d. MHPSS activities are reported to State and National CPRC

1.2 RETURNS & DOCUMENTATION

a. Documentation of all activities and actions taken pertaining to disaster should be done and logged appropriately
b. Activities should be reported on daily basis to the commander of the DHOR at the District/State/National CPRC

1.3 IMPACT OF DISASTER IN MENTAL HEALTH

LEARNING OBJECTIVES

- Understanding and recognizing distress reactions in disaster
- Identifying symptoms and signs that need further intervention

1.3.1 Understanding Disaster on Mental Health

Disasters are not uncommon events

- No two same disasters are exactly alike
- No two survivors are the same
- No two disaster experiences are the same
- No two response and recovery experiences are the same
- Tend to be associated with specific reactions among survivors

Therefore, individuals' perception and responses to a shared event will differ

1.3.2 Impact of Disaster

i. Mental health
   - State of well-being in which individual realizes his or her own abilities
   - Can cope with normal stresses of life
   - Can work productively and fruitfully
   - Able to make a contribution to his or her community (WHO,2004)
   - Not just the absence of mental illness (such as - depression, anxiety, psychosis, etc.)

ii. Disaster impact Comprise
   - Physical - Death and injuries, property damage
   - Health - Injuries and later followed by outbreak of infection secondary to disturbances of clean water supply
   - Economic - Loss of property, infrastructure damage
   - Social change in family dynamic, community etc.
   - Psychological

     The aftermath may bring major life changes and uncertainty about future life, making everyday realities stressful. Most people do not develop serious mental health issues after emergencies, and with some basic support the majority of people would recover well. Among those who would be most vulnerable are the elderly, infants, the ill, the wounded and the handicapped. These groups may have substantial difficulty in coping with life after disaster and suffer from high levels of stress

     a. Psychological Trauma
        - Physical experience of disaster (shaking or sound of earthquake, flames or heat of fire, noisier blast of explosion)
        - Sufferings due to disaster (injury, death of loved ones, damage to home)
        - Witnessing of disaster (corpses, fires, collapsed building)

b. Grief, Loss, Anger, Guilt
   - Grief over bereavement, injury, loss of household
   - Guilt (survivor's guilt, unresolved business)
   - Anger towards surroundings (assistance delays, confusing information)
   - Anger towards organizations or persons seen as responsible for an accidental disaster

iii. Social and Lifestyle Stress
- Breakdown of life routines (school, work, neighborhood, care systems for children, elderly and handicapped)
- Burdens of new relationships and information
- Burden of receiving attentions as a survivor

1.3.3 Factor influencing the emotional impact of a disaster

i. Event Factors
- Physical proximity to event
- Emotional proximity to event
- Secondary effects
  - *does event cause disruption on on-going life?*

ii. Individual Factors
- Genetic vulnerabilities and capacities
- Prior History (consistent stress or one or more stressful life experience/s)
- History of psychiatric disorder
- Family history of psych illness
- Family and social support
- Age and developmental level
- Other: female, divorced or widowed, lower IQ, lower income, lower education level

1.3.4 Vulnerable Populations

Groups that may have more intense needs before, during, and after disaster, include;
- Children
- The elderly (particularly the frail elderly)
- People with serious mental illness
- People with physical disabilities
- People with substance dependency
- People living in poverty

1.3.5 Psychiatric Outcome of Disaster

i. Common Stress Reaction
- People affected by disasters will experience a range of early reactions (physical, psychological, emotional, behavioral) that may interfere with their ability to cope
- These reactions are normal and understandable given people's experiences (normal response to an abnormal event)

Table 1.1: Common Stress Reaction During DIsaster

Emotional Reactions	Cognitive Reactions	Physical Reactions	Social Reactions
• Shock/ Numbness • Fear/Anxiety • Helplessness/ Hopelessness • Survivor guilt • Anger • Anhedonia	• Loss of faith • Impaired concentration • Confusion/ disorientation • Intrusive thoughts • Dissociation/ denial • Impaired decision-making • Reduced confidence • Hypervigilance	• Insomnia • Hyperarousal • Headaches • Somatic complaints • Reduced appetite/libido/ energy	• Withdrawal • Irritability • Interpersonal conflict • Avoidance

ii. Acute Stress Disorder (ASD)
   - A transient disorder that develops in response to a traumatic event
   - It can manifest in many ways e.g.: an initial state of daze, agitation and over activity, withdrawal, anxiety, narrowing attention, disorientation, amnesia, distress and avoidance
   - Individuals with acute stress reaction are likely to develop PTSD which is a consequences of exposure to overwhelming event

iii. Post-Traumatic Stress Disorder (PTSD)
   - PTSD is a long-lasting anxiety response following a traumatic or catastrophic event, experiences or witnesses a traumatic event such as actual or threatened death, serious injury to oneself or others or a threat of the personal integrity to oneself or others
   - It is the most characteristic mental disorder arising from trauma
   - It is the only disorder with a stipulated cause
   - Among the key symptoms are intrusion, avoidance and hyperarousal
   - The onset and progression of PTSD can be affected by scale of traumatic experience

Table 1.2: ASD vs PTSD

Acute Stress Disorder	Post Traumatic Stress Disorder
• A transient disorder that develops in response to a traumatic event • Minimum of 2 days and maximum of 4 weeks • Initial state of daze, agitation, over-activity, withdrawal, anxiety, reduce attention, disorientation, amnesia, distress, avoidance • More likely to develop PTSD	• Long lasting anxiety response following traumatic event • Key symptoms: persistent re-experience of trauma, persistent avoidance and persistent symptoms of hyperarousal • Duration of symptoms: more than one month

iv. Grief

- Grief is universal for people with close emotional bounds to their friends and families when they experience a "loss"
- It is a natural reaction to loss and not a mental illness
- In disaster, there are many types of loss:
  - Loss of safety and security
  - Loss of property
  - Loss of community
  - Loss of status
  - Loss of health
  - Loss of loved one(s)
- Many trauma victims' psychological, physiological and interpersonal symptoms diminish over a period of days and weeks
- Healing process will take time and gradual
- Usually taper off in 4 to 6 weeks but recurs during anniversaries
- People cope with grief differently - very personal and individual - some reach out for support from others and find comfort in good memories; some throw themselves in activities; some become depressed; some would talk to others about the loss etc.
- Grief can manifest as below
  - Depressed mood
  - Thinking about the loss (emotion towards the loss)
  - Guilt feeling
  - Loss of interest (Anhedonia)
  - Hopelessness
  - Persistent guilt feeling
  - Insomnia
  - Loss of appetite
  - Loss of weight
  - Psychomotor retardation
  - Emotion towards own self
- A grief variant in which acute grief persists and known as 'Complicated Grief'

Table 1.3: Kubler-Ross Phases of Grief

Kubler-Ross Phases of Grief	
Shock & Denial "No, not me!!"	• Shock • Unbelievable • Denial: "Maybe everybody else, but not me!!"
Anger "Why me??"	• Frustration • Anger. may be specific or diffuse: anger at God, friends, superior, etc • Difficult to comfort
Bargaining "Yes me, but"	• Bargaining • Hope for a 'miracle' to happen
Depression "Yes, me"	When in becomes clear that bargaining will not change the inevitable, depression may set in
Acceptance "Yes, me, and I'm ready"	• The stage of acceptance may be reached at some point • Recover from depression and continue to live

v. Adjustment Disorders
    - Adjustment disorders can be characterized by emotional or behavioural symptoms in response to identifiable stressors
    - Within 3 months of the onset of stressors, it can manifest as
        - Marked distress
        - Significant impairment in social or occupational (academic) functioning

vi. Anxiety Related Issues
    a. Generalized Anxiety Disorder
        - Chronic exaggerated worry about everyday routine life events and activities
        - Duration at least 6 months
        - Significant distress or impairment in function 3 or more typical symptoms
            - Restlessness
            - Easily fatigue
            - Difficulty in concentrating or mind going blank
            - Muscle tension — sleep disturbances
            - Irritability
    b. Panic Disorder
        - Panic attack, sudden feelings of terror that strike repeatedly and without warning
        - Duration at least 1 month, 4 or more symptoms:
            - Chest pain
            - Choking sensation
            - Chills or flushes
            - Dizziness, faintness
            - Fear of death
            - Feeling loss of control or going crazy
            - Palpitation
            - Paresthesia
            - Nausea or abdominal problems
            - Sweating, trembling or shaking
    c. Phobia
        - Extreme disabling and irrational fear of something that really poses little or no actual danger
        - The fear leads to avoidance of objects or situations and can cause people to limit their lives
    d. Depressive Disorders
        - Can be manifest in the following ways
            - Depressed mood
            - Lassitude or fatigue
            - Reduce concentration
            - Loss of interest or pleasure
            - Appetite disturbances
            - Sleep disturbances
            - Pessimism/worthlessness/guilt
            - Thoughts of death or suicide

- Major Depressive Disorder presented with 5 or more of the following symptoms have been manifested during the same 2 week period; either depressed mood or loss of interest or pleasure:
  - Depressed mood most of the day, nearly everyday
  - Markedly diminished interest or pleasure in all or most activities
  - Significant weight loss (5% of body weight in a month)
  - Decrease or increase in appetite
  - Insomnia or hypersomnia
  - Psychomotor retardation or agitation
  - Fatigue or loss of energy
  - Feeling or worthlessness or excessive of inappropriate guilt feeling
  - Diminished ability to think or concentrate
  - Recurrent thought of deaths
- Many responses to trauma are expected, but some require extra attention and concern
  - Disorientation (dazed, memory loss, unable to give date/time or recall recent events)
  - Severe Depression (Continuous feeling of hopelessness & despair, isolation etc.)
  - Severe Anxiety (constantly on edge, restless etc.)
  - Psychotic symptoms (hearing voices, seeing visions, delusional thinking)
  - Inability to care for self (not eating, bathing, changing clothing or handling daily life)
  - Suicidal or homicidal thoughts or plans
  - Problematic use of alcohol or drugs
  - Domestic violence, child abuse or elder abuse

1.3.6 Psychological Effects of Disaster Response Worker

- Stress specific symptomatology
- Identification victim
- Helplessness and guilt
- Fear of the unknown
- Hyperarousal, hypervigilance

Positive Impact of Disaster

- Awareness
- Altruism
- Conflict Resolution
- Friendship building
- Leadership qualities
- Empathy, morality, respecting nature
- Spiritual development

CHAPTER 2: PSYCHOLOGICAL FIRST AID (PFA)

2.1 PRINCIPLE OF PSYCHOLOGICAL FIRST AID (PFA)

LEARNING OBJECTIVES

- To provide knowledge to participants on Psychological First Aid in the immediate aftermath of disaster or crisis events

2.1.1 What is Psychological First Aid?

- PFA is an evidence-based module approach to assist in the immediate aftermath of disaster or crisis events
- PFA can be given to survivors and affected individuals experiencing acute stress reactions and at risk of mental health problem

2.1.2 Objectives of PFA

- To reduce initial distress
- To assist with basics needs (for example food and water, information)
- To promote adaptive functioning by providing practical care and support

2.1.3 Concepts of PFA

- Who provides PFA?
  a. Mental Health Workers
  b. Disaster response workers who provide early assistance during disaster
  c. Health & allied health professionals
  d. Volunteers
  e. Other faith-based organization
  f. Other trained responders from community organization

- Who is the target group?
  For children, adolescents, families and adults exposed to disaster or crisis:
  a. Individuals experiencing acute stress reactions or who appear to be at risk for significant functional impairment
  b. Survivors
  c. First responder's/Disaster relief workers

- When should PFA be provided?
  Upon first contact with very distressed people, usually immediately after disaster or crisis, or sometimes a few days or weeks after.

- Where can we provide PFA?
  a. Wherever is safe enough for you to be there in any emergency situation, such as at the scene of an accident, or places where distressed people are served, such as health centers, shelters or camps or other types of health.
  b. Ideally PFA should be given with some privacy to ensure confidentiality and to respect the person's dignity, in crisis events such as sexual violence.

- **How to apply PFA**
  The three basic action principles of PFA are **Look, Listen and Link**. These action principles will help to guide providers to apply PFA in affected people (see the table below)

Table 2.1: PFA Action Principles

PFA ACTION PRINCIPLES		
3L	What to Do?	8 Core Actions of PFA
LOOK	• Observe for safety • Observe for people with obvious urgent basic needs • Observe for people with serious distress reactions	• Contact and Engagement • Safety and Comfort
LISTEN	• Make contact with people who may need support • Ask about people's needs and concerns • Listen to people and help them feel calm	• Stabilization • Information gathering
LINK	• Help people address basic needs and access services • Help people cope with problems • Give information • Connect people with loved ones and social support	• Practical assistance • Connection with social support • Information on coping • Link with other collaborative services
Reference	PFA: Guide for field workers WHO 2011	PFA: Field operation Guide: 2nd National Child Traumatic Stress Network 2006

2.1.4 Eight Core Actions of Psychological First Aid

i. Contact and Engagement

- The aim is to establish a connection with the victims in a non-intrusive manner by:
  - Introduce yourself and explain your role
  - Ask for permission to talk
  - Listen empathically an reassure
  - Ask about the immediate basic needs and i.e., water, food and other needs i.e., religious/spiritual needs

Example 1:

"Hello. My name is . I work with . I'm checking in with people to see how they are doing, and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Mrs., before we talk, is there something right now, that you need, like some water or fruit juice?"

Example 2:

"Hi , I'm, and I'm here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes".

ii. Safety and Comfort

This principle enhancing immediate and ongoing and safety as well as provides physical and emotional support. Steps in providing safety and comfort:

- Ensure immediate physical safety for own and victim (threats, firearm, broken glass, sharp objects, furniture, spilled liquid; children have a safe area where they are adequately supervised)
- Provide information to the victims, survivors or family about disaster response activities
- Offer physical comfort including basic needs e.g., provide blanket, safe environment, assist the needs for elderly or disabled: ask about eye glasses, hearing aids, walkers
- Encourage social engagement e.g., place children near adults/peers who are calm and assist in contacting available relatives

iii. Stabilization

Stabilization is to calm and oriented emotionally - overwhelmed and distraught survivors. Signs of a person who are not stable:

- Fidgety at times
- Irritable, agitated
- Exhibiting strong emotional responses
- Looking fearful
- Frantic behavior

Steps towards stabilization

1. Give the person a few minutes/moments (of privacy), Say "you are available if they need you..."
2. Remain calm and quiet. Just remain available
3. Offer support and help him/her
   - focus on specific manageable goals
4. Enlist support from family and friends
5. Teach the person breathing techniques
6. Get the person oriented to the surroundings by providing him/her information (Grounding)

Grounding is to get individuals orientated to the surrounding. Ask the person to:

- Listen to and look at you
- Talk about hopeful or positive situation
- Breathe in and out slowly and deeply
- Name 5 non-distressing things he/she can see/hear/feel

For younger children, ask them to identify colors that they see around them, example, color of the shirt they are wearing.

Stabilize emotionally overwhelmed survivors - For children and adolescents

- Is he/she with parents?
- Is the adult stable?
- Empower parents in their role to calm their children
- Do not take over and undermine parents' authority

For extremely agitated, anxious, extreme panic, psychotic states, dangerous to self or others:

- Remove to safe place
- Communicate with physician/psychiatrist available
- May need medication to calm down

iv. Information Gathering

Information gathering is about to identifying immediate needs and concerns, gathering additional information and knowing what are major areas of concerns such as:

- Nature and severity of experiences e.g., how bad is the exposure
- Death of a loved one
- Concerns about post-disaster
- Concerns about safety of loves one
- Physical illness, mental health condition and need for medication
- Loss of property

Why we need information gathering?

- Need for immediate referral
- Need for additional service
- Offering for a follow-up meeting

For survivors who may be anxious to talk about their experiences

- Emphasize that what is most helpful is for them to give basic information that can help with current needs
- Tell them they can discuss their experiences in a proper setting

v. Practical Assistance

Practical assistance is being offered to help victims/survivors in addressing immediate needs and concerns

- Identify the most immediate need(s)
- Discuss and action response
- Act to address the need
- Know what services are available
- Inform those affected about what they can realistically be expert in terms of potential resources and support
- Help victims to set achievable goals

vi. Connection with Social Support

The connection with social support is important to establish ongoing contacts with primary support persons or other support sources including family members, friends and community helping resources. Social support is related to emotional well-being and recovery following a disaster.

vii. Information on Coping

The goal is to provide information about stress reactions and coping to reduce distress and promote adaptive functioning. Coping skills is beneficial to recovery in disaster:

- Provide information on stress reactions and basic information on ways of coping
- Teach
  - Simple relaxation technique — breathing exercises
  - Anger management
    - Handling negative emotions: Anxiety, anger
    - Handling sleep disturbances
- How to handle alcohol and substance abuse?
- Discuss coping with families

Basic Coping Methods

- Talking to another person
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities
- Maintain normal schedule as far as possible
- Natural to be upset - telling yourself
- Spending time with others

viii. Linkage with Collaborative Services

Link survivors with available services needed at the time or in the future

Reconnect survivors to agencies that provided them services:

- Mental Health Services
- Medical Services
- Spiritual Services
- Welfare Services
- Traditional and Complimentary Medicine Services
- Relevant Support Groups

When to refer to mental health professional?

Reconnect survivors to agencies that provided them services:

- Inability to perform necessary everyday functions
- Inability to make simple decisions
- Disorientation to time and place
- Significant disturbance of memory
- Abuse of alcohol and/or drugs
- Suicidal or homicidal talk or actions
- Serious withdrawal
- Hallucinations
- Regression to an earlier stage of development

What to do if referral to Mental Health Care is refused?

Reconnect survivors to agencies that provided them services:

- Suggest an evaluation rather than treatment
- Normalize the idea of treatment
- Involve the person's spouse or partner in the discussion
- Follow-up on the issue

Table 2.2: Do's and Don'ts In Delivering Psychological First Aid

DO's	DON'Ts
• Observe • Ask simple respectful questions • Speak calmly and slowly, without jargon • Be, patient, responsive and sensitive • Acknowledge the victim's strengths	• Long lasting anxiety response following traumatic event • Key symptoms: persistent re-experience of trauma, persistent avoidance and persistent symptoms of hyperarousal • Duration of symptoms: more than one month

Table 2.3: Things to Say and Not to Say In Delivering Psychological First Aid

Things to Say	Things Not to Say
• What they are experiencing is understandable and expectable • Use the deceased person's name (They will be most likely continuing to experience periods of sadness, loneliness or anger)	• Don't tell them someone else's story • Don't talk about your own troubles • Assume everyone will be traumatized • Don't give false promises false reassurances • Label reactions as "symptoms" • Speak in terms of diagnosis

- TAKE HOME MESSAGE -
PFA is

- NOT psychological debriefing
- NOT obtaining details of traumatic experiences
- NOT treating
- NOT labelling or diagnosing
- NOT counselling
- NOT something that only professionals can do

2.2 PRINCIPLES PSYCHOLOGICAL FIRST AID-PFA: GUIDE FOR FIELD WORKERS WORLD HEALTH ORGANIZATION (WHO) 2011 PFA-WHO

The three basic action principles of PFA are look, listen and link. These action principles will help to guide provider to apply PFA in affected people (refer Table 2.4).

Table 2.4: Principle of PFA

3L	What to Do?
Prepare	• Learn about the crisis event • Learn about available services and supports • Learn about safety and security concerns
LOOK	• Observe for safety • Observe for people with obvious urgent basic needs • Observe for people with serious distress reactions
LISTEN	• Make contact with people who may need support • Ask about people's needs and concerns • Listen to people and help them feel calm
LINK	• Help people address basic needs and access services • Help people cope with problems • Give information • Connect people with loved ones and social support
Reference	PFA: Guide for field workers WHO 2011

2.2.1 Prepare

The aim:

- Learn about the crisis event
- Learn about available services and supports
- Learn about safety and security concerns

Before entering a crisis site, learn about the following:

3 Important Questions:

a. The Crisis Events
   - What happened?
   - When and where did it take a place?
   - How many people are likely to be affected and who are they?

b. Available services and supports
   - Who is providing for basic needs like emergency medical care, food, water, shelter or tracing family members?
   - Where and how can people access those services?
   - Who else is helping?
   - Are community members involved in responding?

c. Safety and Security Concerns
   - Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict?
   - What dangers may be in the environment, such as rebels, landmines or damaged infrastructure?
   - Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?

These important preparation question can help you to understand the situation you are entering, to offer PFA more effectively and to be more aware of your safety.

2.2.2 Three action Principles of PFA - Look, Listen and Link

- The three basic action principles of PFA are Look, Listen and Link
- These action principles will help guide how you view and safely enter a crisis situation, approach affected people and understand their needs, and link them with practical support and information

i. Look

Crisis situations can change rapidly. What you find at the scene may be different from what you learned before entering the crisis situation.

Therefore, it is important to take time-even a few moments - to “look” around you before offering help. If you suddenly find yourself in a crisis situation without time to prepare, this may be just a quick scan. These moments will give you a chance to be calm, be safe and think before you act.

See the following table for questions to consider and important messages as you “look” around you.

Table 2.5: Look Principle

LOOK	Questions	Important Message
Safety	• What dangers can you see in the environment, such as active conflict, damaged roads, unstable buildings, fire or flooding • Can you be there without likely harm to yourself or others?	• If you are not certain about • the safety of the crisis site, then do not go. • Try to get help for people in need. If possible, communicate with people in distress from a safe distance.
People with obvious urgent basic needs	• Does anyone appear to be • critically injured and in need of emergency medical help? • Does anyone seem to need rescuing, such as people trapped or in immediate danger? • Does anyone have obvious urgent basic needs, such as protection from the weather, torn clothing? • Which people may need help in terms of accessing basic services and special attention to be protected from discrimination and violence? • Who else is available around me to help?	• Know your role and try to get help for people who need special assistance or who have obvious urgent basic needs. • Refer critically injured people to medical personnel or others trained in physical first aid.
People with serious distress reactions	• Are there people who appear extremely upset, not able to move on their own, not responding to others, or in shock? • Where and who are the most distressed people?	Consider who may benefit from PFA and how you can best help

People may react in various ways to a crisis. Some examples of distress responses to crisis are listed below:

- Physical symptoms (for example, shaking, headaches, feeling very tired, loss of appetite, aches and pains)
- Crying, sadness, depressed mood, grief
- Anxiety, fear
- Being “on guard” or “jumpy”
- Worry that something really bad is going to happen
- Insomnia, nightmares
- Irritability, anger
- Guilt, shame (for example, for having survived, or for not helping or saving others)
- Confused, emotionally numb, or feeling unreal or in a daze
- Appearing withdrawn or very still (not moving)
- Not responding to others, not speaking at all
- Disorientation (for example, not knowing their own name, where they are from, or what happened)
- Not being able to care for themselves or their children (for example, not eating or drinking, not able to make simple decisions)

People who are likely to need Special Attention in a crisis:

- Children — including adolescents — especially those separated from their caregivers, may need protection from abuse and exploitation. They will also likely need care from those around them and help to meet their basic needs
- People with health conditions or physical and mental disabilities may need special help to get to a safe place, to be protected from abuse and to access medical care and other services. This may include frail elderly people, pregnant women, people with severe mental disorders, or people with visual or hearing difficulties.
- People at risk of discrimination or violence, such as women or people of certain ethnic groups, may need special protection to be safe in the crisis setting and support to access available help.

ii. Listen

a. Approach people who may need support:
   - Approach people respectfully and according to their culture
   - Introduce yourself by name and organization
   - Ask if you can provide help
   - If possible, find a safe and quiet place to talk
   - Help the person feel comfortable; for example, offer water if you can
   - Try to keep the person safe
   - Remove the person from immediate danger, if it is safe to do so
   - Try to protect the person from exposure to the media for their privacy and dignity
   - If the person is very distressed, try to make sure they are not alone

b. Ask about people's needs and concerns:
   - Although some needs may be obvious, such as blanket or covering for someone whose clothing is torn, always ask what people need and what their concerns are
   - Find out what is most important to them at this moment, and help them work out what their priorities are

c. Listen to people and help them to feel calm
   - Stay close to the person
   - Do not pressure the person to talk
   - Listen in case they want to talk about what happened. Learn to listen with your:
     - Eyes: giving the person your undivided attention
     - Ears: Truly hearing their concerns
     - Heart: with caring and showing respect
     - If they are very distressed, help them to feel calm and try to make sure they are not alone

- d. Help people to feel calm

  The following are some techniques to help very distressed people to feel calm in their mind and body:

  - Keep you tone of voice calm and soft
  - If culturally appropriate, try to maintain some eye contact with the person as you talk with them
  - Remind the person that you are there to help them. Remind them that they are safe, if it is true.
  - If someone feels unreal or disconnected from their surroundings, it may help them to make contact with their current environment and themselves.

  You can do this by asking them to:

  - Place and feel their feet on the floor
  - Tap their fingers or hands on their laps
  - Notice some non-distressing things in their environment, such as things they can see, hear or feel. Have them tell you what they see and hear.
  - Encourage the person to focus on their breathing, and to breathe slowly.

- iii. Link
  - Although each crisis situation is unique, people who are affected often need the thing listed in the following box. Frequent needs:
    - Basic needs, such as shelter, food, water and sanitation
    - Health services for injuries or help with chronic (long-term) medical conditions
    - Understandable and correct information about the event, loved ones and available services
    - Being able to contact loved ones, friends and other social supports
    - Access to specific support related to one's culture or religion
    - Being consulted and involved in important decisions
  - Help people address basic needs and access service
    - In helping people to address basic needs, consider the following
    - Immediately after a crisis event, try to help the person in distress to meet the basic needs they request, such as food, water, shelter and sanitation.
    - Learn what specific needs people have - such as health care, slothing or items for feeding small children (cups and bottles) - and try to link them to the help available
    - Make sure vulnerable or marginalized people are not overlooked
    - Follow up with people if you promise to do so
  - Help people cope with problems. Remember to:
    - Help people identify supports in their life, such as friends or family, who can help them in the current situation
    - Give practical suggestions for people to meet their own needs (for example, explain how the person can register to receive food aid or material assistance)
    - Ask the person to consider how they coped with difficult situations in the past, and affirm their ability to cope with the current situation
    - Ask the person what helps them to feel better. Encourage them to use positive coping strategies and avoid negative coping strategies.

Table 2.6: Positive and Negative Coping Strategies

Encourage Positive Coping Strategies	Discourage Negative Coping Strategies
• Get enough rest • Eat as regularly as possible and drink water • Talk and spend time with family and friends • Discuss problems with someone you trust • Do activities that help you relax (walk, sing, pray, play with children) • Do physical exercise • Find safe ways to help others in the crisis and get involved in community activities	• Don't take drugs, smoke or drink alcohol • Don't sleep all day • Don't work all the time without any rest or relaxation • Don't isolate yourself from friends and loved ones • Don't neglect basic personal hygiene • Don't be violent

- Give Information

  People affected by a crisis event will want accurate information about:
  - The event
  - Loved ones or others who are impacted
  - Their safety
  - Their rights
  - How to access the services and things they need

  You may not have all the answers in any given moment, but wherever possible:
  - Find out where to get correct information, and when and where to get updates
  - Try to get as much information as you can before you approach people to offer support
  - Try to keep updated about the state of the crisis, safety issues, available services and the whereabouts condition of missing or injured people
  - Make sure people are told what is happening and about any plans
  - If services are available (health services, family tracing, shelter, food distribution), make sure people know about them and can access them
  - Provide people contact details for services, or refer them directly
  - Make sure vulnerable people also know about existing services

  In giving information to affected people:
  - Explain the source of the information you are providing and how reliable it is
  - Only say what you know - do not make up information or give false reassurance
  - Keep messages simple and accurate, and repeat the messages to be sure people hear and understand the information
  - It may be useful to give information to groups of affected people, so that everyone hears the same message
  - Let people know if you will keep them updated on new developments, including where and when

- Connect with loved ones and social support
  - Help keeps families together, and keep children with their parents and loved ones
  - Help people to contact friends and relatives so they can get support, for example, provide a way for them to call loved ones
  - If a person lets you know that prayer, religious practice or support from religious leaders might be helpful for them, try to connect them with their spiritual community.
  - Help bring affected people together to help each other. For example, asl people to help care for the elderly, or link individuals without family to other community members

2.3 PSYCHOLOGICAL FIRST AID SIMULATION

INTRODUCTION

Psychological first aid (PFA) is a set of tools designed to help responders address stress- related reactions among survivors immediately after a disaster or traumatic event. Helping survivors feel safe, reducing stress-related symptoms, and fostering positive coping strategies enable responders to better meet survivors' basic needs and ensure their linkage to critical resources and social support. These are important steps in initiating the recovery process. Addressing survivors' immediate needs is also important because prolonged stress in the aftermath of a disaster or traumatic event may lead to longer-term mental health problems such as post-traumatic stress disorder, depression and substance use. Early intervention after a disaster may be important to prevent these long-term sequelae.

2.3.1 Objectives of PFA Case Simulation

- To give participants an opportunity to practice the PFA elements they learned in the training that they're expected to take before this in person session
- To build up participant confident by using PFA Model when dealing with Crisis and Disaster Incident

2.3.2 The rules of PFA Case Simulation

- Participants will work in group around 8-10 members, some participant will be acting as Helper, Client and Observer.
- The exercise itself will take 30 minutes, including 15 minutes per scenario and 10 minutes to discuss the experience in the group
- It will also take a few minutes to get people started including forming groups and distributing materials
- Each group will have different scenario simulations. All you have to do is study the scenario and then discuss how to resolve it based on the PFA you learned

Preparing Materials

- Before the training, read through the scenario provided and ask the group leader to select the scenario, this scenario is a real scenario happened in Malaysia
- For each group, print one copy of each selected scenario and the PFA Observer Worksheet to all participants
- Having the materials collected in advance by group will help you hand them out most efficiently. The elements listed on the Observer Worksheet Sheet are consistent with most PFA models

Instructing Participants:

- As a facilitator, present the instructions verbally before distributing the handouts - otherwise, people tend to start reading the scenarios and tune out the guidelines
- Please remind them that there will be a discussion with the entire group at the end so they should be sure to note any questions or points they'd like to discuss

The Client/Victim

- Client should read the scenario description to the group before beginning the exercise so everyone understands the situation
- Clients should get into character, read a statement, and then allow the Helper to respond. Clients can go-off script, but should try to cover the main suggested points and stay in role
- They should act appropriately distressed (which sometimes takes the form of numbness or flattened emotions) but not so emotional that it's impossible for the Helper to be effective

Psychosocial Respond Team/Helpers

- Helpers refer to the Observer Worksheet as a reminder of PFA elements they might try to use
- Sometimes people get so distracted by thinking about what they should say next that they stop really listening, so encourage Helper to stay in the moment and concentrate on the discussion
- They should try to use whatever PFA elements are relevant to the scenario, recognizing that some won't apply to a particular situation

Observers

- Observers will take notes on the worksheet, noting what elements were used effectively, what might be improved, etc. (These notes are just referencing for their discussion, not to be handed in.)
- The Observer will also act as timekeeper, allowing 10 minutes for the PFA intervention followed by 5 minutes for discussion within the small group, focusing on what the Client found helpful (or not) and what the Observer noticed about the exchange

Follow-Up Discussion

- After all scenarios have been practiced, the entire group will reconvene to discuss the exercise for 15 minutes, led by the Facilitator. This discussion should focus on the process of practicing PFA.
- Facilitator can ask question for example:
  - While acting as Helper, did participants feel comfortable and competent? What was particularly challenging? If they said something that didn't seem helpful, how did they recover? How were their own emotions activated by trying to help someone in distress?
  - While acting as Client, what was helpful and what wasn't? How would they like to be treated in that situation?
  - What did observers note in terms of body language and other non-verbal cues? What was a particularly positive interaction they saw?

The main goal of this discussion is to validate their recognition that practicing PFA is challenging, and to build confidence in their ability.

2.3.3 PFA Cases Simulation

CASE SCENARIO 1: FIRE IN KAMPUNG TANJUNG BATU KERAMAT LAUT

Living in a single place. This is an accurate picture of the lives of 149 families living in Kampung Tanjung Batu Keramat Laut, Tawau, Sabah after all their homes were extinguished by a recent fire. Without shelter, clothes, and basic necessities, they could only garner sympathy for neighbors and relatives to find shelter. There are also residents who have to live in public halls and small cottages, which are built with ease, enough to shelter from the rain and scorching heat.

ASSIGNMENT: As a Psychosocial Response Team, you will be required to go to the evacuation center at the school to provide PFA to the victim affected by the fire. The situation there was irregular, the level of hygiene was unsatisfactory and many children and the elderly began to suffer. How far can you help them? Please specify and perform/role play the scene.

Discuss and perform the roleplay as Victims, PFA Trainer and Observer.

CASE SCENARIO 2: BUS ACCIDENT AT GENTING HIGHLANDS, 37 DEAD, 16 INJURED

A bus crash in Genting Highland has claimed the lives of at least 37 passengers so far after the bus plunged into a ravine. The crash happened yesterday afternoon while descending the hills. According to Deputy Director-General of Fire, Datuk Sulaiman Jahid, to date, only 17 bodies have been released. A total of 16 passengers were rescued and sent to Kuala Lumpur Hospital and Selayang Hospital.

The bus was believed to carry 53 passengers. The accident occurred at 2.46 pm. Search and rescue operations are having a hard time when there is no road linking the vehicle to get to the ravine, forcing firefighters to use cranes to carry out rescue operations.

ASSIGNMENT: As a member of PFA Trained, how do you help:

a. family members who came to the scene (green zone)

b. In a tent or place where a family member/heir resides, there are many who are crying, screaming, wailing and cursing. How do you place them and comfort the immediate family?

Perform the role play as Victims, PFA Trainer and Observer.

CASE SCENARIO 3: EXPRESS BUS CRASHED — THE VICTIMS FAMILY GATHERED IN HKL

Sadness and grief swept through the Kuala a Lumpur Hospital (HKL) morgue today as the victim's family of the tragic bus crash in Genting Highlands gathered yesterday to identify and bring the victims home. HKL spokesman said that as of 11 am, an autopsy had been carried out on 30 bodies and 17 bodies had been identified. The process of identification is still ongoing as family members carry out the task of claiming the bodies of their loved ones.

The atmosphere around the morgue gets busier by midday as more families arrive to help with the process of identifying the bodies. Some of the victim's families were waiting anxiously and grievingly.

ASSIGNMENT: You are a health worker in charge of HKL. Your team is made up of Forensic Specialists, Investigating Police, Psychiatrists, Psychologists, Counsellors, Public Relation Officers, Medical Officers and Nurses. How can you use the skills you learned about PFA in helping family member who are waiting anxiously at the Forensic Department?
Perform the role play as Victims, PFA Trainer and Observer.

CASE SCENARIO 4: MUDDY FLOODS AND LANDSLIDES

On October 23, peace in Cameron Highlands was disrupted when mud and landslides flooded the Bertam Valley, Cameron Highland claimed the lives of three people, one missing while 20 people were injured and 80 homes and 100 vehicles destroyed. The incident happened after Tenaga Nasional Berhad (TNB) as the hydraulic operator of the Sultan Abu Bakar dam in Ringlet, had to release water to prevent the dam from collapsing following heavy rains since Oct 22.

Cameron Highlands District Police Chief DSP Mohd Zahari Wan Busu said the first release of dams was made at 12 am followed by 1 am and then 2.45 am, causing a sudden surge in Sungai Bertam and flash floods.

ASSIGNMENT: Your PFA group is at Cameron Highland Community Centre where all the victims are located. As a rescue team trained to handle the PFA, how can your team help them?

CASE SCENARIO 5: AIRCRAFT CRASH TRAGEDY

Immediately after the announcement of the Prime Minister, the cries and moans of the families of MH passengers filled up the air of Hotel Everly Putrajaya where they were placed. The media has gathered at the hotel grounds. Some family members fainted and were forced out by paramedics in addition to a fight when some of the grieving relatives tried to prevent photographer from taking their picture.

"Stop shooting. Stop it now!" a man shouted at the group of media and tried to stop them before being stopped by security guards. However, the family members were briefed by airlines official before hearing the Prime Minister's announcement of the plane crash.

ASSIGNMENT: As a trained member of the PFA, how do you handle traumatized family members and restlessness waiting for news of their affected family members.

Perform the role play of your roles in the situation.

CASE SCENARIO 6: THE TRAGEDY OF BOAT COLLAPSED

The boat wreck on the Sarawak Rejang River on May 28 during the festive season of Gawai Day was an event that touched the hearts and feelings of the people when the express boat was loaded with over 100 passenger. 10 passengers were killed, while the rest were rescued as they swam to the riverbank and rescued by the longhouse residents near the scene after a boat which had engine problems, was hit by a floating log and collapsed while crossing the Rejang River, Sarawak near Jeram Giam.

ASSIGNMENT: You are assigned to the community center to see the situation there. When your team arrives, the family members are depressed and angry. Please act on how you handled the situation.

CASE SCENARIO 7: MH17 WAS SHOT DOWN

On Thursday, The MH17 flight carrying 298 passengers from Amsterdam to Kuala Lumpur was crashed near the Russian-Ukraine border after being shot down by rebels. It is understood that at least 10 families of MH17 passengers have been placed in the hotel and their emotional state is stable. They accepted the fate because the answer is already clear. There were 3 family members who could not accept the facts of the incident.

ASSIGNMENT: As one of the trained members of the PFA, how do you deal with traumatized, restlessness, depressed, sad. angry and frustrated family members.

2.4 BASIC HELPING SKILLS

OVERVIEW

Constructive helping is a collaborative process through which an experienced helper empowers a person seeking help (client) to define, strategize and implement meaningful change. The Helper-Client relationship is grounded in trust and respect.

There are a number of basic helping skills that a helper must practice and master in order to build rapport, foster trust and facilitate constructive collaboration.

THE OBJECTIVE OF HELPING SKILLS

- Learn about the helping process to establish a foundation
- Learn about and practice basic helping skills
- Learn about the importance of basic helping skills when dealing with unexpected event such as disaster, loss etc.

2.4.1 What is Helping

A process whereby someone who needs help is being helped by someone who is able to help. Professional helping is different from normal everyday helping. Professional helping is one-way process unlike friendship.

Professional helping requires someone seeking help someone willing to give help who is trained to help and in a setting that permits help to be received and given in privacy (Hackney & Cormier, 1996).

The helper assists help to explore feelings and reactions, gaining insight and make positive changes in his/her life.

2.4.2 The Quality of Helper

- Keeping Confidentiality
- Empathy
- Positive Regard
- Respect for Other
- Warmth
- Being Genuine
- Being non-judgmental

2.4.3 Three Types of Helper

- Non-professional
- Para-professional
- Professional

Figure 2.1: Three Types of Helper

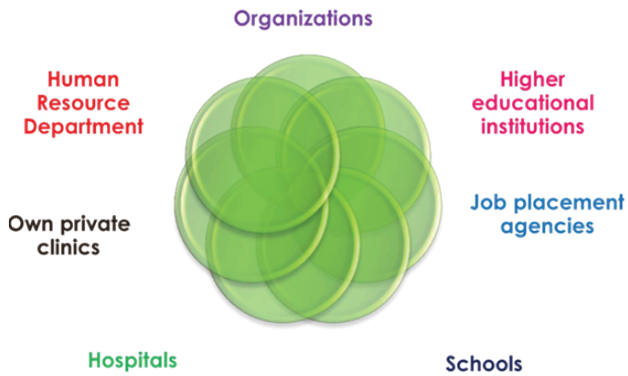


Figure 2.2: Setting Where Professional Helpers Work

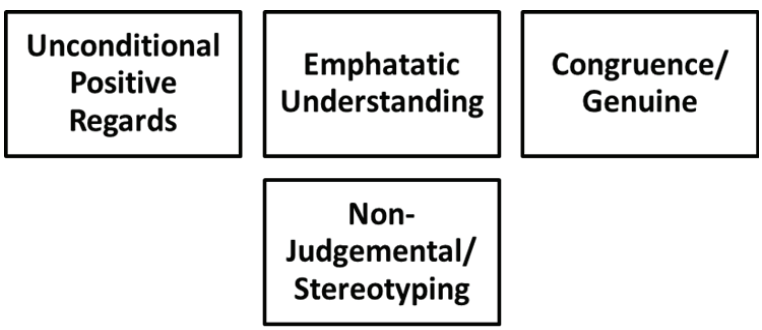


Figure 2.3: Ethics Need to be Apply by a Helper

2.5 COMMUNICATION SKILLS

2.5.1 Attending Behavior

Attending is the ability to be physically present for the client. It means giving them your undivided attention and making appropriate eye contact, mirroring body language, and nodding. These attending behaviors show your client that you care. In fact, according to Kevin J. Drab, approximately 80% of communication takes place non-verbally.

a. Visual/Eye Contact
   - Maintain eye contact appropriately
   - Vocal qualities
   - Be aware of your pitch, volume and speed

b. Verbal Tacking
   - Avoid interrupting
   - Go along with what client wishes to talk about, unless the topic has sensitive content that makes you uncomfortablE

c. Body Language
   - Be authentic and attentive
   - Appropriate facial expressions & body gestures
   - Be genuine and sensitive to cultural differences
   - Physical boundaries (distance, space, touch)

2.5.2 Questioning Skills

Questions are helpful in the therapeutic environment because they allow you to learn more about your client. The type of questions that you ask will set the tone of the session and the entire helping process. Questions occur in two forms.

a. Open Questions
   - To encourage to talk freely and openly
   - To elaborates on a point

Examples:
   - "Tell me..."
   - "What do you think/feel...?"
   - "I'm interested in knowing more about..."
   - "What have you done...?"
   - "Give me an example...?"

b. Closed Questions
   - To provide specific information

2.5.3 Active Listening Skills

Active listening occurs when you are listening with all of you senses. According to the Perinatal Mental Health Project External Link, active listening involves listening with your body, heart, ears, eyes and mouth.

2.5.4 Observation Skills

- Verbal behaviour
  - Language (keywords, frequently used words, etc.)
- Non-verbal behaviour
- Facial Expression
- Body Language
- Silent skills

2.5.5 Reflecting Feeling Skills

a. Identifying feelings
   - Recognize the key emotional words expressed by client
   - Make (implicit/hidden) emotions explicit

b. Reflecting Feelings
   - Use stems such as “It sounds like...”, “I hear you say you feel...”, “I sense that...”

Examples:
   - “It appears that you are hurting from the unpleasant episode.”
   - “You’re worried that the situation may worsen.”
   - “Right now, you are angry.”

2.5.6 Information giving

- Providing important information to educate and empower the client.
  Hints:
  - First, listen to determine what information is known and what is needed
  - Avoid jargon without explaining
  - Present all relevant facts
  - Do not “overload” with information
  - Get the reaction to the information

2.5.7 Encouraging, Paraphrasing and Summarizing Skills

a. Encouraging
   Verbal and non-verbal means to encourage the client to talk
   - Head nods, appropriate smiles, ‘I see’, ‘uh-huh’

b. Paraphrasing
   Feedback to student the essence of what has just been said. Repeat back the essence of what the client is communicating.

Examples:
   - “I hear you saying...”
   - “Am I right to say...”
   - “It sounds like...”
   - “It seems as though...”
   - “I get the idea that...”
   - “You’re saying...”

c. Clarifying

Ask the client to be clearer or elaborate on a vague, ambiguous or implied statement

Examples:

- "It sounds like..."
- "It seems as though..."

d. Summarizing

Can be used to end a discussion, transit to a new topic or clarify complex issues .

Examples:

- "Can I sum up by identifying the key points we just discussed?"
- "In summary, the issues are..."

2.5.8 Good Example Listening Skills

- Beware your own feeling and the way that you are responding
- Try to find quiet place, private for support
- Sit still and look interested
- Wait for the person to speak after you have given a short introduction
- Give a person an opportunity to tell her in her own way
- Don't interrupt the person while she is talking
- Show through your body that you are listening
- Feel relaxed with appropriate silent
- Let the people know that you are willing to listen further
- Ask a few questions - ask question if you need more information to understand the situation
- Make sure that the way you understand the situation is correct

2.5.9 Bad Example Listening Skills

- Talking about yourself and your own experiences
- Being over sympathies
- Talking with other people, answering the phone
- Feeling sorry for the person and then trying to false give hope
- Promising to everything
- Breaking confidentiality
- Interrupting the person
- Looking irritated or bored and yawning
- Concentrating only on the fact and asking a lot of question
- Preaching and judging
- Giving inappropriate advice
- Not believing what the person saying
- Feeling uncomfortable with someone else feeling

2.5.10 Benefits of Clients Through Basic Helping Skills

- Client being more responsible to their own self and not blaming others
- Client able to change their negative image to positive
- Client will become more comfortable and adaptable with the surroundings
- Client turns to behavior modification
- Client turns to be more productive to make a change
- Client will be aware about their strengths and weaknesses
- Client able to be a right decision maker
- Client able to be a problem solver to their own problem

Conclusion

Basic helping skills are associated with important communication either verbal or non-verbal in human life. In overall, basic helping skills can be learned, but need practices to feel the benefits.

2.6 HANDLING GROUP SESSION

INTRODUCTION

Group session is a commonly seen post disaster intervention to facilitate recovery process and function restoration from a disaster aftermath. The session aims for victims to communicate the event and distress from multitude issues in a supportive manner. Victims may learn, build and implement constructive coping mechanism with local resources to reduce the impact of disaster. MHPSS team may empower victim to equip with basic skills in order to reduce adverse mental health aftermath and enhance the psychological wellbeing of individuals and communities.

LEARNING OBJECTIVES

At the end of chapter, participant will be able to:

- Build knowledge in group handling
- Expose to techniques and importance concepts of handling group session
- Handle group session and manage group-based activities

2.6.1 Group Session Setup

Target Participants and Duration

Group session may conduct to victims of all age groups from the similar disaster or crisis event. Voluntary participation is highly recommended while in-depth screening is unessential for PFA delivery. Each group may conduct for 60-120 minutes, vary by agenda and activities. It could serve as one-off session or with continuous sessions depend on needs.

Benefits of Group Setting and Its Function

Group session provide a social atmosphere that is similar to the real setting in a community. It provides opportunity for social learning, enhance interpersonal skills, and share on new ideas or knowledge to help members in the group. It is a time- and cost-effective method to promote commonality so that members are more aware of the perception and impact of their view toward the aftermath of disaster or crisis event.

Group Structure and Its Implementation

Group session may conduct in either an open setting or close setting. Open group commonly focuses on general topic or issue mainly to build awareness and train on basic skills. Whereas, close group emphasizes on focused discussion that allow a more in-depth closure to process psychological distress and build coping mechanism.

Facilitators

Each group may have 1-2 facilitators depending on the size of group. Facilitator should equip with a few essential skills. This include be able to clarify concerns, interpret information appropriately, provide suggestion, facilitate and link members together, act as role model, able to summarize and filter information, as well as able to terminate session aptly. A co-facilitator may provide individual attention, model communication and conflict resolution in a diverse manner.

2.6.2 Staging of Group Formation

Stage 1: Orientation/Forming Stage

This stage refers to initial group formation that allow members to know each other and gradually explore on individual role in group. Facilitators may model and initiate the discussion while allow the trust within group to steadily build. Group rules and norms should be discussed in this stage.

Stage 2: Transition/Storming Stage

In this stage, members may act tentatively and experimentally. They may test and seek for greater sense of power and degree of self-disclosure. Therefore, conflict is common and facilitators may continue to model the discussion with appropriate and genuine self-disclosure.

Stage 3: Cohesiveness/Norming Stage

Members at this stage are more emotionally attach to each other. Therefore, they could be more sensitive and responsive to one another yet set at a proper level of expectation.

Stage 4: Working/Performing Stage

At this stage, members are more independent and work together toward possible goals. Simultaneously, facilitators become less active and promote active participation between members.

Stage 5: Adjourning/Terminating Stage

Disengagement usually being a few sessions before coming to the final stage. At this stage, self-disclosure and risk taking would taper off. Therefore, members may experience grief and loss that could associate with ambivalence feeling toward termination. Facilitators shall reinforce the growth of group and enhance this among members. Extended referrals are optional by need basis.

CHAPTER 3: MHPSS FOR RELIEF PROVIDERS

3.1 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR RELIEF PROVIDERS LEARNING

OBJECTIVES

- To share criteria and categories of relief workers
- To provide basic knowledge on Mental Health and Psychosocial responses to disaster.
- To train relief providers with basic disaster response skills

INTRODUCTION

Disasters caused by climate change and other natural and manmade disasters have increased in numbers over the years. When disaster happens, it may affect anyone in the population either directly or indirectly. There would be a considerable change in daily life and activities. This change can lead to various mental effects. It has been shown that disaster poses an unexpected large psychological burden to individuals, community and also for relief providers such as fire fighters, medical staff, police and local government.

It is considerably easy to identify the physical sufferings endured by survivors of disaster. However, it is not so easy to identify psychological problems among them as any psychological changes in the survivors are normal reaction towards an abnormal situation and most survivors will recover from the psychological and emotional impact due to the disaster. This psychological change can also happen to relief providers. Therefore, there is a need to identify and provide mental health services and psychosocial support not only to the survivors but also to relief providers.

In Malaysia one of the most unforgettable incidences was the collapse of the Highland Towers that resulted in 48 deaths in December 1993 with thousands more injured. This was probably the first disaster that was studied from a mental health response perspective in Malaysia. CH Lim (1994) studied 71 fire fighters who were involved in this disaster. He found significant emotional and behavioral symptoms that persisted 5-7 months after the event among the fire fighters.

The greater level of symptoms was found in the workers who had longer exposure to the disaster site, those who were more severely affected emotionally during their duties and those who felt they were not able to cope. The study informs us that workers should not spend too long a time at a disaster site, they should be emotionally stable and prepared and should be debriefed.

3.1.1 Definition

- Relief work: a service provides to the individuals in need especially in an emergency context such as disaster.
- Relief worker/ the service provider: anyone with or without experience involving in a disaster but preferably someone with specific training or knowledge.

3.1.2 Disaster Relief Workers Criteria

Disaster relief work can be a once-in-a-lifetime opportunity to help people in need. However, there will be challenges working in disaster area. Therefore, volunteers should:

- Able to understand the increasing level of stress.
- Able to cope with stress.
- Able to ensure loved ones can accept that she/he will be away and may risk harm to self.
- Willing to undergo training, briefing and debriefing session on their return.
- Able to care and are empathetic towards those who are suffering.
- Able to work as a team member and accept views and opinions of others.
- Able to express his or her own emotional issues freely.
- Not trying to achieve an unrealistic wish through volunteering.
- Not carrying too much 'baggage'-physical and emotional!
- Able to feel satisfied with small successes.
- Equipped with the knowledge and skills appropriate for the community he or she serving.

3.1.3 Categories of Volunteers

- Fire fighters, Rescue and emergency workers.
- Medical Doctors and paramedics.
- Mental Health Professionals.
- Police Officers.
- Local Government Officers / Private Sectors.
- Soldiers.
- Volunteers from different background

NGO's and volunteers

- NGOs should ensure that their volunteers are appropriately trained in mental health and psychosocial support before they are deployed.
- NGOs offering mental health and psychosocial support services should report to District Mental Health and Psychosocial support coordinator for co ordination of deployment.
- It is the responsibility of the NGOs to ensure that their volunteers are physically and mentally fit to assume their roles e.g., that they do not have any illnesses that may jeopardize their own safety or the safety of others during disaster relief work.

3.1.4 Effective Volunteers

Volunteers working in disasters site are faced with situations which generates more stress. This happens in context in which usual support from family members and close friends are absent.

To be effective, volunteers should:

- Willingness to undergo training
- Good coping skills e.g., maintain sense of humor, ability to relax and detach when off duty and knowing personal limitations
- Good communication skills e.g., diplomacy/ tactfulness, good social skill
- Able to care and are empathetic towards those who are suffering.
- Able to work as a team member and accept the views and opinions of others.
- Able to follow instructions from higher management
- Able to express his or her own emotional issues freely.
- Able to withstand difficulties
- Not trying to achieve an unrealistic wish
- Able to feel satisfied with small successes
- Equipped with the knowledge and skills appropriate for the community he or she is serving.

3.1.5 Mental Health Care of Relief Worker

Disaster relief workers are usually exposed to long hours of works working under difficult and unpleasant surrounding. They need to be readily prepared in terms of physical and mental well- being prior to deployment.

Stressors associated with disaster work:

- Exposure to dead bodies.
- Fatigue.
- Exposure to toxic agents.
- Physically unfit.
- Unfamiliar surroundings and working environment.
- Group stressors.
- Loss of loved ones.
- Experiencing stress related physical symptoms such as headaches, upset stomach, poor concentration etc.
- Feeling of tired of the disaster and prefer not to talk or think associated to the disaster during time off.
- Feeling of frustration or guilt for not be able to meet the families and are unavailable to them physically and emotionally.
- Feeling of frustration with family and friends when contacted them because they may not be able to understand the disaster experience especially if the family members or friends become irritated.

3.1.6 Minimizing Stress During Disaster Operation

In disaster situation, stress is a common reaction in an abnormal situation. The following are some ways to minimize stress during a disaster operation:

- As much as possible, living accommodations should be personal and comfortable. Mementos from home may help RELIEF workers to keep in touch psychologically.
- Regular exercise consistent with the present physical condition and relaxation with some activity away from the disaster scene may help
- Getting enough sleep and trying to eat regular meals even if the workers are not hungry. Avoid foods high in sugar, fat and sodium. Taking vitamin and mineral supplements may help the body to continue to get the nutrients.
- Excessive use of alcohol and coffee should be avoided. Caffeine should be used in moderation
- Time alone on long disasters operations is important but they should also spend time with coworkers. Experienced and new relief workers should spend rest time away from the disaster scene and talking about normal things

3.2 PRE, DURING & POST DEPLOYMENT

INTRODUCTION

Natural disasters have occurred throughout history and at times causing mass casualties. This in turn, would warrant the rapid deployment of both government and non-government relief workers to the areas involved. Each has their own roles and need to be clearly stated as to prevent overlapping and overcrowding.

Working as a relief worker in a disaster situation can greatly affect the mental well-being of both responders and their families. Each relief worker needs to understand and acknowledge their own emotional and behavior challenges throughout the deployment process. This will help reduce the stresses that come with it.

As a start, we will describe the stages of deployment. These stages are divided into three phases:

- Pre-deployment
- Deployment
- Post deployment

Each stage is characterized by a time frame and specific emotional challenges; thus, the relief worker needs to master the coping strategies to pass through all the deployment stages.

Subsequently, a relief worker who is not adequately trained and has lack of experience will be harmful to the population they seek to assist.

LEARNING OBJECTIVE

- To understand the stages of deployment.
- To know and assess the common issues that could affect the mental health of disaster responders (rescue workers, healthcare, NGOs, Volunteers and their families.
- To be able to perform mental health and psychosocial support (including PFA) to disaster response workers.
- To plan a coordinated care and support to the responders and their families

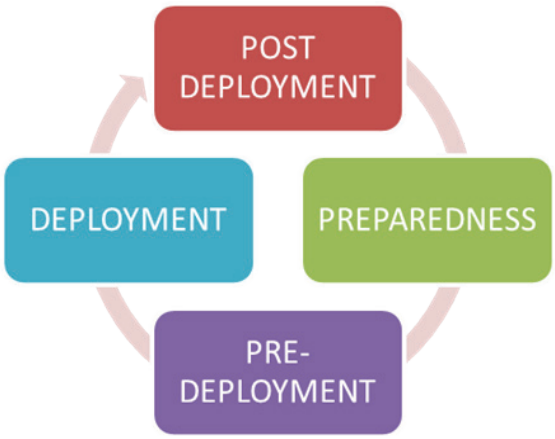


Figure 3.1: Stages of Deployment

3.2.1 Preparedness

Preparedness Program before disaster / crisis event

- Inter-agency coordination meeting to be held earliest between MOH with other agencies.
- All responders preferably should undergo Psychological First Aid training.
- All agencies need to be registered and provided with Mental Health kit.

Target responders

- Minister of Health
- Other agencies: JKM, PBT, Firefighters, APM, ATM, PDRM, AKRAB
- NGO: Mercy Malaysia, Tzu Chi Foundation, Imaret

Content of Training

- Psychological First Aid (PFA)
- Pre, During & Post Deployment SOP
- Basic Helping Skills
- Mental Health impact of disaster
- Managing loss and grief
- Simulation & Role play
- Psychosocial activities & Psychological assessment

Recruitment of Mental Health and Psychosocial Support Team

- Representatives from zones and districts
- Screening volunteers for readiness
- Those who have undergone training

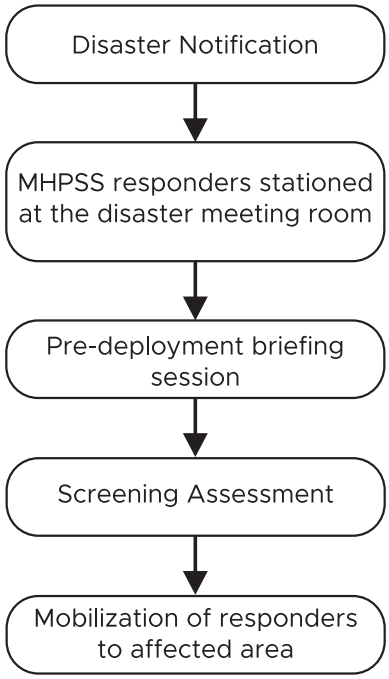


Figure 3.2: Pre-Deployment Flowchart

3.2.2 Pre-Deployment Phase

The pre deployment phase is intended to establish preparedness of responders prior to their deployment to crisis/ disaster area. As our delegation personnel was assembled from a relatively heterogeneous background, thus, optimal personnel recruitment in the mission phase while still in the homeland is the initial and necessary step in achieving the mission goals. In this phase all the responders should have baseline parameters such as physical health, emotional wellbeing and immunization status is taken to interpret their health status. Briefing the appointed personnel while in the homeland alleviates stress and clears uncertainties which may hamper personnel functionality.

Pre-deployment activities

- Team leader will activate their teams and instructed all providers to be stationed at the designated disaster meeting point.
- Agencies involved will identify responders and baseline health parameters taken to assess their physical and emotional well-being prior deployment.
- Pre- deployment briefing will be conducted by the team leader.
- Selected members who pass the screening assessment will be mobilize for duty to the affected areas/region/ country.
- Upon arrival to the designated disaster point, all must report back to the individual agencies coordinator

Screening

Pre deployment screening will be included mental and physical health screen

- Vital Signs
  - BP/ Pulse
  - Weight
  - Temperature
  - CVS - Respiratory examination
- PHQ-9/GAD-7/SKMM
- Need for additional vaccinations and prophylactic treatment (if necessary)

Details of Briefing session

- Disaster: issue, site situation (Map), damage details, time, number of victims, teams, logistics, available resources and services, safety and security concerns.
- Deployment duration / schedule
- List of MHPSS Providers or volunteers
- Next of kin of MHPSS Providers
- Psychological First Aid (PFA) form ("reten") content:
  - Number of existing teams
  - Number of teams mobilized
  - Number of workers/ volunteers and categories
  - Number of clients received individual session (staff / public)
  - Number of clients received group session (staff / public)
  - Numbers referred to specialist (staff / public)
- Main contact details
- Medical institution information
- Transfer method information

Preparation for Team Leaders

- Enhance the unit support system
- Increase the field training
- Promoting the unit cohesion
- Give clear explanation about the mission/ disaster & its duration
- Establish a family support group for deployed spouses and families
- Ensure PFA training for all responders

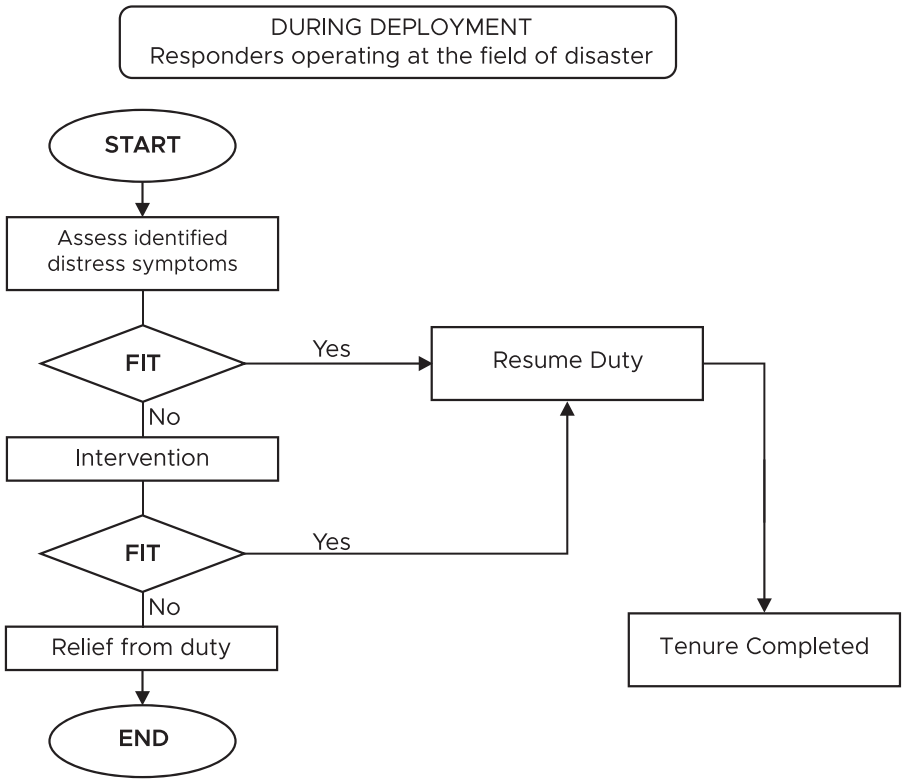


Figure 3.3: Flowchart During Deployment

3.2.3 During Deployment

A thorough understanding of roles and responsibilities during disaster recovery missions can not only reduce the stress level of volunteers, staff, and members, but can help save lives.

Understand your mission:

- Be clear of your role
- What do you have to do?
- What is the achievable target?
- How do you measure and assess?
- How do you collaborate with other responders?
- How do you work with your team mates?

Action at the field:

- Report to the commander at site / person in charge at site
- Obtain the Mobile number of the District Coordinator
- Undergo briefing by the District MPHSS Coordinator
- Equip yourself with proper PPE-mask, gown, glove
- Follow strictly the instruction by Head of Commander
- Do not leave the working site unless there are specific instructions to do so.
- Report back to the District MHPSS Coordinator after completing shift for de-briefing session

Delegation at the field

- Observe situation carefully
- Identify important areas
- Delegate task among teams' members
- Record Observation, pictures if necessary and fill up clerking sheets/ return
- Record all "reten" at the format provided
- Returns to be submitted by each team after shift to cprc.jknj@gmail.com and ncd.jknj@yahoo.com
- Written report for specific cases

Mental Health and Psychosocial Activities during Deployment

Mental health and psychological support services will be provided based on the 8-core action principle of PFA

MHPSS responders

Provide psychological support through regular ventilation, relaxation and sharing session to ensure responders not exhausted or suffer burnout

- Basic organization issues: routine schedule, sleeping and eating arrangements are important to emphasize. Responders should be briefed on daily routines, as these tend to reduce uncertainty and create a sense of stability. Team leaders should display flexibility and urge responders to suggest necessary adjustment to the initial plan as the mission progress.
- Social support networks emphasis - well established social support networks were found to be beneficial. Recognition of this need, by both the individuals and the team leaders, is essential. Providing the measures and encouraging responders to reach out to these networks back home (friends, family) or to bond and form new networks while in deployment should be emphasized.
- For disaster responders with psychological distress, they will be assessed and given psychological intervention. However, if they are deemed unfit by the clinician to continue his or her duty, they will be relieved from duty. This will be documented in the psychological assessment form

3.2.4 Post Deployment

- Post deployment phase are initiatives taken in response to a disaster with a purpose to achieve early recovery and rehabilitation of responders in helping them return to their daily routine.
- The purpose of this phase is to inform responders on the signs and symptoms they may experience in the first weeks after returning from the crisis/disaster area. Health assessment will also be conducted in making sure the responders are mentally and physically stable.
- The responders will be advised on things and matters need to be taken care of which may include the following:
  - Maintaining a healthy diet, routine exercise, adequate rest/sleep.
  - Spending time with family and friends
  - Paying attention to health concerns
  - Meeting neglected daily personal tasks (e.g., paying bills, mow loan, shop for groceries)

- Reflecting upon what the experience has meant personally and professionally
- Getting involved in personal and family preparedness

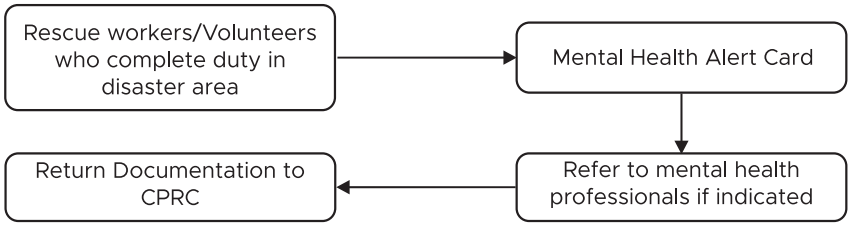


Figure 3.4: Flowchart Post-Deployment

Table 3.1: Post-Deployment Procedure

No.	Procedure	Activities	PIC
1.	Post Deployment session location and logistic	During this session, health assessment session will be conducted Tools: • K10 (appendix) • PHQ-9/GAD-7 Debriefing session will be conducted if necessary	CPRC/NCD/PKD/ Individual Agency Coordinator
2.	MH Alert Cards (appendix)	Mental health alert card will be given to all responders involved	CPRC/NCD/PKD/ Individual Agency Coordinator
3.	Refer to MH professional	During assessment, Responders identified to have psychological issues will be referred to mental health professionals such as medical officer, counsellors, clinical psychologists or psychiatrist for referral or follow up	MH professional
4.	Return documentation To CPRC	All documentations on data and MHPSS activities will be reported to CPRC for record purposes (example of return and report; see Appendix	NCD officer/ PKD

Table 3.2: Checklist Kits PFA for Health Workers

No.	Items	Yes/No
1.	Borang Saringan Status Kesihatan Mental • Whooley /GAD 2/PHQ-9/GAD 7/ Kessler10	
2.	Action Card	
3.	Pamphlet- deep breathing exercise, how to handle stress	
4.	Mental Health Alert Card	
5.	Whiteboard	
6.	Artline	
7.	Tape/vest	
8.	Tissue	
9.	Pencil/pen	
10.	Mineral water	
11.	Hand sanitizer	

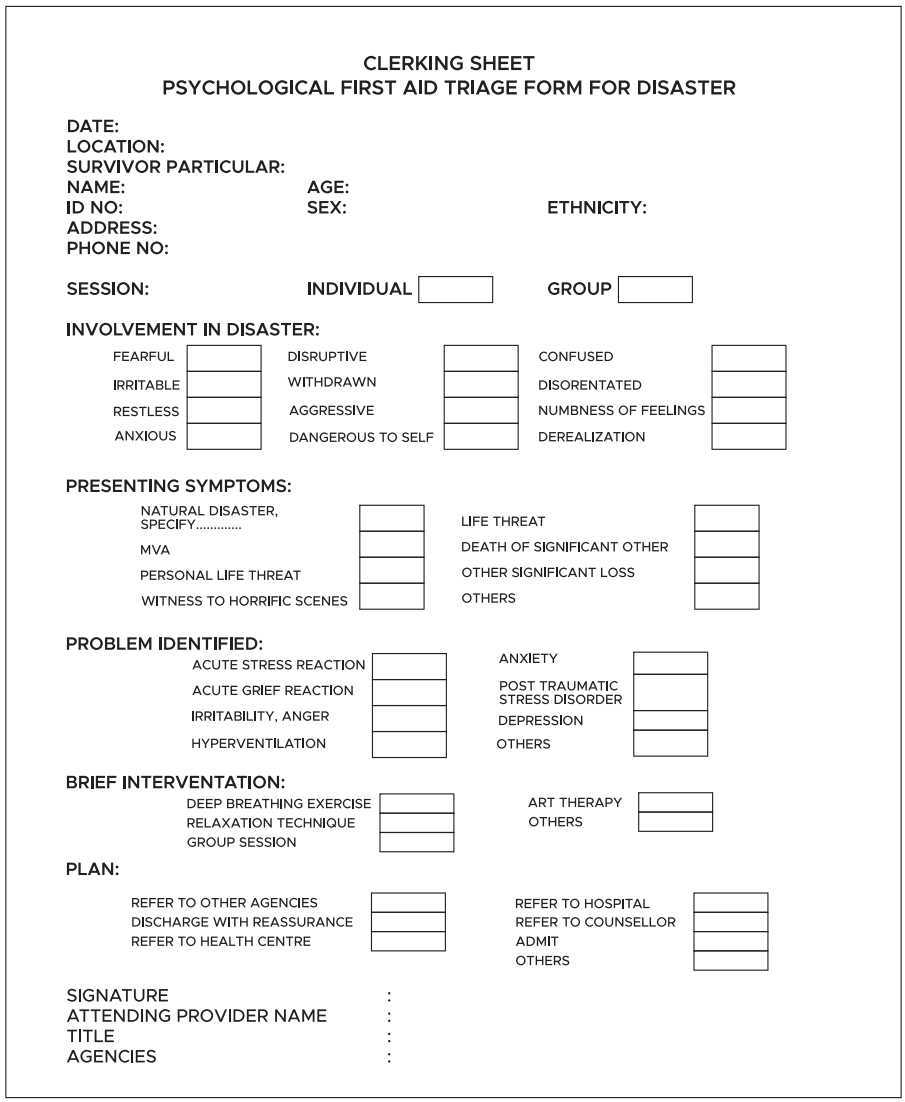
Table 3.3: Checklist Kits PFA for Victims at Centre

No.	Items	Yes/No
1.	Art theraphy (Crayon, Drawing paper, A4 Paper, Material for art theraphy)	
2.	Cross road	
3.	Hand sanitizer	

PSYCHOLOGICAL ASSESSMENT AT FIELD SITE				
A.BIODATA CLIENT (Victim/Family Member/Worker)				
Name:	Age:	Sex: Male Female	Maritus Status: Single Divorced Married	
Occupation(position)/Place of work:				
Years of Service:	0-9 years	10-14years	15-19years	>20
Contact Number:	1)	2)	3)	
B.PRESENTING COMPLAINT				
C.ASSESSMENT				
D.IMPRESSION				
E.PLAN				
NAME OF ASSESSOR:	DESIGNATION:		DATE&STAMP	

NOTE: This form is a property of The State Health Department and all the information contained is strictly confidential

Figure 3.5: Psychological Assessment at Field SIte



CLERKING SHEET
PSYCHOLOGICAL FIRST AID TRIAGE FORM FOR DISASTER

DATE:
LOCATION:
SURVIVOR PARTICULAR:
NAME: AGE:
ID NO: SEX: ETHNICITY:
ADDRESS:
PHONE NO:

SESSION: INDIVIDUAL ☐ GROUP ☐

INVOLVEMENT IN DISASTER:

FEARFUL	☐	DISRUPTIVE	☐	CONFUSED	☐
IRRITABLE	☐	WITHDRAWN	☐	DISORENTATED	☐
RESTLESS	☐	AGGRESSIVE	☐	NUMBNESS OF FEELINGS	☐
ANXIOUS	☐	DANGEROUS TO SELF	☐	DEREALIZATION	☐

PRESENTING SYMPTOMS:

NATURAL DISASTER, SPECIFY.....	☐	LIFE THREAT	☐
MVA	☐	DEATH OF SIGNIFICANT OTHER	☐
PERSONAL LIFE THREAT	☐	OTHER SIGNIFICANT LOSS	☐
WITNESS TO HORRIFIC SCENES	☐	OTHERS	☐

PROBLEM IDENTIFIED:

ACUTE STRESS REACTION	☐	ANXIETY	☐
ACUTE GRIEF REACTION	☐	POST TRAUMATIC STRESS DISORDER	☐
IRRITABILITY, ANGER	☐	DEPRESSION	☐
HYPERVENTILATION	☐	OTHERS	☐

BRIEF INTERVENTATION:

DEEP BREATHING EXERCISE	☐	ART THERAPY	☐
RELAXATION TECHNIQUE	☐	OTHERS	☐
GROUP SESSION	☐		

PLAN:

REFER TO OTHER AGENCIES	☐	REFER TO HOSPITAL	☐
DISCHARGE WITH REASSURANCE	☐	REFER TO COUNSELLOR	☐
REFER TO HEALTH CENTRE	☐	ADMIT	☐
		OTHERS	☐

SIGNATURE :
ATTENDING PROVIDER NAME :
TITLE :
AGENCIES :

Figure 3.6: Clerking Sheet Psychological First Aid

3.3 MENTAL HEALTH CARD

INTRODUCTION

Disaster relief workers are at risk of experiencing mental health issues once they return to their own workplace and hometown. The relief work itself can cause a great deal of stress and do not necessary ends when the aid mission at the disaster site has been completed.

Mental Health Alert Card is designed to help our relief workers to identify symptoms related to their abnormal levels of stress. It is designed so that it is easily portable and as a quick reference for our relief workers.

LEARNING OBJECTIVE

- To help relief workers to self-monitor their level of stress and mental health status post deployment.
- To create awareness and understanding in relief workers regarding mental health issues post deployment.
- To guide relief workers in finding help in a crisis situation.
- To provide useful health tips to reduce stress levels

Military researchers have reported that nearly one in five of the more than two million U.S. service members who have been deployed to either Iraq or Afghanistan have returned with an array of signs and symptoms that are now being called post-deployment syndrome (or PDS). It can also affect friends, family members, employers, communities, and even the very health care workers who are desperately trying to help them.

These symptoms range from sleep problems (insomnia), difficulty concentrating, headaches, emotional disturbances, poor dietary habits and psychological stresses. (refer topic Impact of Disaster on Mental Health)

Looking at the possibility of our relief workers having high risk of having these mental health issues, we are then required to provide education, screening, assessment, and access to care for a wide variety of questions and concerns that our relief workers may have about their health.

Relief workers should be made aware that they would experience an adjustment period into their normal daily routine once they returned from any post disaster work. They need to make personal reintegration as their priority for a while.

The first step is understanding their body's symptoms. Learning about and understanding the background and causes of post-deployment syndrome is a key to beginning the recovery process.

Another important tip is to “Take Care of Yourself” after returning home from any relief work:

- Exercise and eat well (stay away from junk food).
- Get enough sleep by keeping a regular sleep schedule and avoiding vigorous exercise before bed.
- Stay away from alcohol, tobacco, and caffeine.

Next is to “Pay Attention to Your Feelings”:

- Think about the things you like to do, and make time to do them.
- You may expect to feel nothing but happiness when your family member comes home, but post-deployment stress can bring up other feelings, too, like anger and frustration. It is natural to have a mix of feelings while you and your family adjust to post deployment life.
- Set realistic goals and don’t take on more than you can handle. If you find it hard to tackle large problems, break them into smaller ones. Then start with the small tasks that are most important.
- Try to find a time soon after your family member returns home when the two of you can spend time alone together. Manage your anger by walking away from situations that make you angry or talking things over with people who have made you angry. Exercise can also help.

All this information is summarized in the Mental Health Alert Card that should be distributed to our relief workers once they return home as a way for them to self-assess their mental health status from time to time. Health clinics and hospitals should be made aware of the presence of this Mental Health Alert Card. This will help our relief workers to get fast accessible help when they required it.

CHAPTER 4: PSYCHOSOCIAL ACTIVITIES

4.1 PSYCHOSOCIAL ACTIVITIES

INTRODUCTION

- Psychological First Aid (PFA) is an approach to help individuals affected by a crisis, disaster or traumatic event.
- PFA is based on an understanding that people affected would be experiencing a range of early reactions of different degrees of distress (physical, psychological, emotional, behavioral).
- These reactions are normal and understandable given people's experiences.
- Most people would recover well on their own or with the initial support
- Not everyone who experience crisis or emergency will need PFA

OBJECTIVE OF THE ACTIVITIES

The objective of the plan is to introduce and develop the mental health and psychosocial, component of health care during emergencies, as well as to offer an appropriate response to the mental and psychosocial needs of the population. Implicit in this central objective are the following goals:

- To eliminate or reduce the risk of suffering psychosocial injury;
- To reduce distress among the population;
- To contribute to prevention and control of the range of social problems arising among the population, especially among those most affected;
- To prevent, treat, and rehabilitate the mental disorders occurring as a direct or indirect consequence of the disaster or emergency;
- To provide support and psychosocial care for the members of the response teams;
- To ensure the psychosocial recovery of the population affected by the disaster after the acute phase.

Suggested Activities to Achieve Objective Of PFA

- Suggestion done according to age group – children, adolescent, adult, elderly, special needs & foreigners
- Some activities need training
- Some (simple and basic) based on material/guide given – description about activities also given
- Materials needed for activities

Table 4.1: Psychosocial Activities for Children

Activities	Materials	Skills Required
Hand Hygiene	Soap, water, container modelling	Yes
Art Activities • Body outlines	Crayon/color pencils, paper	Yes
Movement activities • Blow • Archery activity	Feather/cotton ball/Modelling/Straw	Yes

Table 4.2: Psychosocial Activities for Adolescent

Activities	Materials	Skills Required
The Different Parts of me	The different part of me worksheet	Yes
The Chain of Love	2 ropes	Yes
Blob Tree	Blob tree worksheet	Yes

Table 4.3: Psychosocial Activities for Adult

Activities	Materials	Skills Required
Basic breathe technique	CD Audio/Modelling	Yes
Alternate Nostril Breathing	CD Audio/Modelling	Yes
Progressive Muscle Relaxation (PMR)	CD Audio/Modelling	Yes
Emotional Freedom Technique	Paper Handout	Yes

4.2 PSYCHOSOCIAL ACTIVITIES FOR CHILDREN

INTRODUCTION

Children represent a quarter of our population. Children were definitely dependent to many systems in their lives for their survival such as parents, family relatives, communities and other parties. They will build their personality and characters through their observation and learning as well. They are also strong and resilient in the face of disasters, adapting to stresses that come out from adults and need to survive even they are didn't know the way.

4.2.1 Children with Disaster

Disaster involved a lot of traumatic events. Shocked, Fear, Sad, Mad and Numb are the normal reaction towards anyone who are facing trauma including children. They may feel upset or have other strong emotions with the disasters. Children who face trauma because of some unexpected event like disasters must be geared to their developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Some of them react right away, while others may show signs of difficulty much later. The way children react and the symptoms of stress they showed can vary from one another due to their range of ages, past experiences, parenting styles and communities' support. It is because they will imitate their surroundings' reaction especially their parents, caregivers and adults around them. If their surroundings deal with a disaster calmly and confidently, children may feel safe and trust by their surroundings.

4.2.2 Issues face by Children

Children population will definitely tend to have issues if their stress were not tackled. For example, the amount of damage caused from a disaster can be overwhelming. Children saw the destruction of homes, the damages of road everywhere, school need to be close immediately and many mores event that they were unexpected. Starting from that event, they need to separate from school, family, and friends and it will lead them to create a great amount of stress and anxiety.

The emotional impact of an emergency on a child depends on a child's characteristics and experiences, the social and economic circumstances of the family and community, and the availability of local resources. Not all children respond in the same ways. Some might have more severe, longer-lasting reactions. The following specific factors may affect a child's emotional response and finally create issues:

- Direct involvement with the emergency
- Previous traumatic or stressful event
- Belief that the child or a loved one may die
- Loss of a family member, close friend, or pet

- Separation from caregivers
- Physical injury
- How parents and caregivers respond
- Family resources
- Relationships and communication among family members
- Repeated exposure to mass media coverage of the emergency and aftermath
- Ongoing stress due to the change in familiar routines and living conditions
- Cultural differences
- Community resilience

Children who were directly exposed to a disaster can become upset again. Their behavior will be related to the event and may return if they see or hear reminders of what happened. For instance, when children see the repeated images of disaster in the social media, they will become more distressed and anxious. Below are the common reactions of children and adults need to understand all these in order to help children tackled their issues during facing disasters:

For infants to 2-year-old
Infants may become crankier. They may cry more than usual or want to be held and cuddled more.

For 3- to 6-year-old
Preschool and kindergarten children may return to behaviors they have outgrown. For example, toileting accidents, bed-wetting, or being frightened of separated from their parents/ caregivers. They may also have tantrums or a hard time sleeping.

For 7 to 10-year-old
Older children may feel sad, mad, or afraid that the event will happen again. Peers may share false information. However, parents or caregivers can correct the misinformation. Older children may focus on details of the event and want to talk about it all the time or not want to talk about it at all. They may have trouble concentrating.

For preteens and teenagers
Some preteens and teenagers respond to trauma by acting out. This could include reckless driving, and alcohol or drug use. Others may become afraid to leave the home. They may cut back on how much time they spend with their friends. They can feel overwhelmed by their intense emotions and feel unable to talk about them. Their emotions may lead to increased arguing and even fighting with siblings, parents/caregivers or other adults.

For special needs children

Children, who need continuous use of a breathing machine or are confined to a wheelchair or bed, may have stronger reactions to a threatened or actual disaster. They might have more intense distress, worry or anger than children without special needs because they have less control over day-to- day well-being than other people. The same is true for children with other physical, emotional, or intellectual limitations. Children with special needs may need extra words of reassurance, more explanations about the event, and more comfort and other positive physical contact such as hugs from loved ones.

It is important to recognize that all children are unique in their understanding of disasters and trauma. This understanding to control issues they are facing depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with disasters or traumatic events.

The following tips can help parents, caregivers, helpers, and teachers to tackle children's issues and reduce their stress before, during, and after a disaster or traumatic event.

Before

- Talk to your children so that they know you are prepared to keep them safe.
- Review safety plans before a disaster or emergency happens. Having a plan will increase your children's confidence and help give them a sense of control.

During

- Stay calm and reassure your children.
- Talk to children about what is happening in a way that they can understand. Keep it simple and appropriate for each child's age.

After

- Provide children with opportunities to talk about what they went through or what they think about it. Encourage them to share concerns and ask questions.
- You can help your children feel a sense of control and manage their feelings by encouraging them to take action directly related to the disaster. For example, children can help others after a disaster, including volunteering to help community or family members in a safe environment. Children should NOT participate in disaster clean- up activities for health and safety reasons.
- It is difficult to predict how some children will respond to disasters and traumatic events. Because parents, teachers, and other adults see children in different situations, it is important for them to work together to share information about how each child is coping after a traumatic event.

4.2.3 The important/objectives of psychosocial activities for children

Psychosocial activities for children can be called as knowledge that can educate children to care and aware about their feeling and emotion at anywhere, with anyone and even alone by practicing when they are facing disasters. It may help children to aware the reaction shows during disaster and the essential of learning the mechanism of disaster. Other than that, psychosocial activities can be defined as learning method for parents, caregivers, helpers, and teachers to educate the children regarding the way of coping with disaster on what to do and how to react.

Objectives of Psychosocial Activities

- To give opportunity or capacity of children to make something which can help and save their own self when facing disasters
- To teach importance of human lives, compassion and mutual help with experiences
- To teach knowledge and skills which seem to be necessary during disasters and let children use it
- To enforce "disaster management" such as making a disaster manual so that children can always ready to make flexible decision
- To guide children to enjoy the experience of collect information process, discussion, negotiating each other and take action during the session
- To help parents, caregivers, helpers, and teachers in a way to educate and raise the children who can protect themselves and support each other

As parents, caregivers, helpers, and teachers who want to help and guide children to be good in dealing with disasters later on, we need to represent good example for them by managing our stress through healthy lifestyle choices, such as eating healthy, exercising regularly, getting plenty of sleep, and come out with reproductive activities for them. Promotion of disaster management and psychosocial activities education is very important to the children/ students. It helps a children lot in order to handle the crucial situation especially because of disaster. By applying psychosocial activities, children were being able to realize and aware their real feeling and emotion of having disasters or traumatic events.

4.3 TYPE PSYCHOSOCIAL ACTIVITIES FOR CHILDREN

There are several types of psychosocial activities for children which may implement. The following activities may help out children who have experienced disaster especially in order to ventilate their emotion and feeling.

4.3.1 BODY OUTLINE

Objective of this activity:

- Educate the children to clarify their feeling and what they feel
- Encourage the children to express out and ventilate their feeling securely

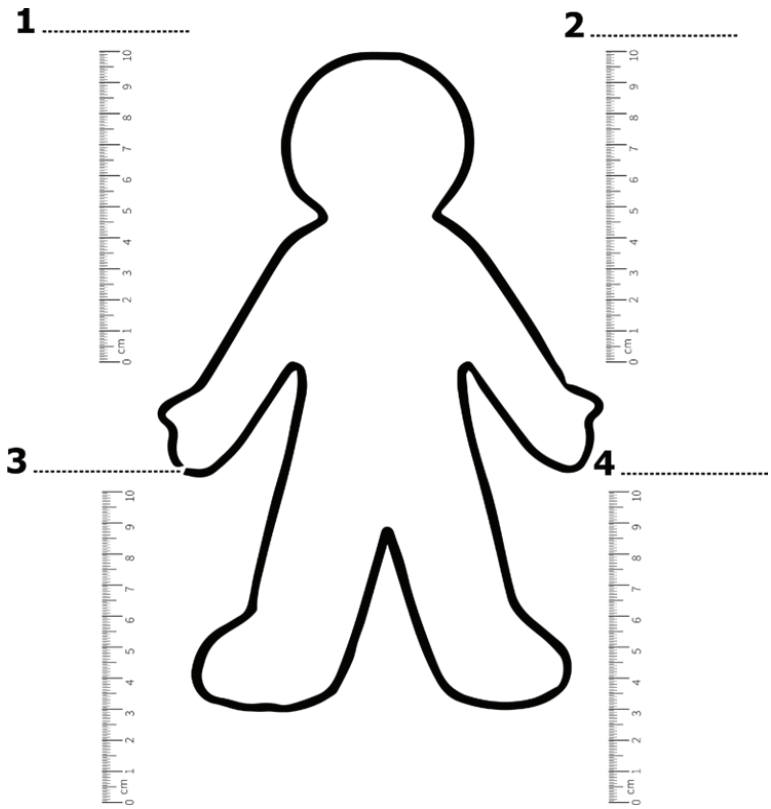


Figure 4.1: Body Outline

Individual and group:	Children in range area of 6 to 14 years old
Time frame:	30 minutes
Tool:	A piece of human body outline worksheet with four (4) rulers

Implementation/ Steps:

- A box of crayon will be given to the children.
- They will also be given with piece of human body outline worksheet with four (4) rulers.
- Then, facilitator will be having an effective communication and interaction with the children in order to build a rapport with them.
- Facilitator will ask them about the figure of the worksheet and what they understand on it.
- Facilitator need to give the instruction to the children clearly, slowly and in small chunks. It will lead children understand what to do the activity well.
- As an example; “Hello children, how are you…? I am Brother/ Sister (your name). Today, we will do some activities. I want you to look out the colors in a crayon box in front of you.”
- However, it must be remembering…! If the children don’t want to co-operate or not interested to draw, don’t push them. Let them feel free and comfort with the facilitator.
- After a while, re-encourage the children to join the activity if they start shows the interest. Don’t ignore them too long.
- Then, facilitator will share a scenario with the children. For instance, “how do you feel when your parents scold you because you didn’t finish your homework?” Normally, children will answer: “I feel sad”.
- After clarifying the feeling, facilitator will ask the children to choose one stick crayon that they love so much (can be more than one colors) and color the part of her/ his body which they feel sad.
- After colored, facilitator will instruct the children to plot the feeling of sadness in range scale of 0-10 in the first (1st) ruler.
- Explain to the children regarding the scale which 0 represent the lowest score and 10 represent the highest score.
- Children will follow the instruction.
- After finished, repeat the process towards the children with the feeling of anger (2nd ruler), happy (3rd ruler), and fear (4th ruler).
- The steps are same. Facilitator will be giving a scenario of angry, happy and fears to the children. Then asked the children to color their part of body followed by their feeling. After that, facilitator asked them to plot their feelings on the rulers.
- Let them finished all four (4) feelings. Then, sharing session will be happened. Facilitator tries to encourage the children to ventilate and express out. This sharing session can be done by individual or group as well.
- For example: Let’s see together the children’s color of human body outline.
- Focusing on their ruler scale, too.
- Let’s say if the children show the sad emotion is highest than other emotions, facilitator must explore the feeling. Try to ask the objective question and encourage the children to ventilate
- If the children refuse to share, please don’t push them. Encourage them when they are ready to share.
- Discussion happens if the children are able to share.

4.3.2 HANDWASHING

Objective of this activity:

- Educate children about the important of hygiene in daily life
- Educate children to follow the steps of hand washing and practice it in the correct ways

Figure 4.2: Handwashing Infographic

Individual and group:	Children
Time frame:	30 minutes
Tool:	Soap/Liquid soap, water, wipes/tissue

Implementation/ Steps:

a. Palm to Palm
   - Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rub their hand palm to palm slowly
   - While do it, explain the purpose of the step in a very attractive way
   - Ask children to do it smoothly till they feel the soap is cover the whole palm. Repeat it to the other hand
   - Do it together

b. Right Palm over left dorsum with interfaced fingers and vice versa
   - 2nd step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rub between fingers slowly till clean
   - While do it, explain the purpose of the step in a very attractive way
   - Ask children to repeat the steps to all the fingers and their both hands
   - Do it together

c. Palm to palm with fingers interlaced
   - 3rd step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to clean up and rub their fingers
   - While do it, explain the purpose of the step in a very attractive way
   - Ask children to follow the steps slowly and repeat it to their other hands
   - Do it together

d. Back of Hands
   - 4th step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rub the back of fingers
   - While do it, explain the purpose of the step in a very attractive way
   - Repeat the step to both hands.
   - Do it together

e. Base of Thumbs
   - 5th step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rub their base of thumbs
   - While do it, explain the purpose of the step in a very attractive way
   - Repeat the step to the other hands. Do it slowly and carefully
   - Do it together

f. Fingernails
   - 6th step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rub and clean their fingernails by put all the fingernails in their palm. Instruct them to move all the fingernails till it clean
   - While do it, explain the purpose of the step in a very attractive way
   - Then, repeat this step to the other hands. Do it properly and carefully
   - Do it together

g. Wash
   - 7th step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to wash and clean both hands perfectly
   - While do it, explain the purpose of the step in a very attractive way
   - Do it together slowly

h. Rinse and Wipe Dry
   - 8th step: Facilitator shows children how to do it
   - Children will follow the facilitator the way of doing
   - Ask children to rinse out both hands with water
   - Wipe dry the both hands carefully
   - Explain the purpose of the step
   - Finish the step together

4.3.3 BREATHING GAMES

Objective of this activity

- To activate the body energy and stimulate emotion through strong breathing
- To help children ventilate and able to express out their feeling securely
- Can be used also as a preparation for emotional release processing and as a way to help young client distress

Individual and group	:Children/Adolescent
Time frame	:30 minutes
Tool	:No tool/material

Implementation/ Steps:

a. The Feathers
   - Facilitator ask children to form a circle and sit down facing the middle
   - Instruct them to imagine a feather lying in the middle
   - Ask them try to blow this imaginary feather to the other side of the circle
   - Then put a small real feather in the middle, and repeat the exercise
   - This is a magical quality about its movement as it rises up in the air and a gentle competition emerges as the group tries to keep the feather afloat.

   * *Also try with some tissue if no feather available*

b. The Young Tree
   - Facilitator instruct children to be gather in the circle and facing the center
   - Ask children to choose one child to role play as a young tree, standing in the center
   - After that, ask the other group members to become the wind, blowing the tree, making it sway and bend
   - Then, they blow the tree one time, so that the direction of the breeze keeps changing, flowing around the circle
   - Several children take turns at being a tree. Repeat the steps

c. The Rabbit
   - Facilitator instruct children to imagine their self as a rabbit jumping around the sunny field enjoying a lunch of long and lush green grass
   - Suddenly a fox appears, let the children act as a fox with the imagination of the situation. Then, the rabbit will freeze while holding their breath

d. The Horse
   - Facilitators ask children to imagine their self as a horse. They gallop around the room
   - Suddenly, they are told it is a very cold morning, and the horse is snorting very strongly, so strongly that you can see the breath
   - Then, they become the snorting horsed, galloping over the hills
   - Facilitator asks: “How far does the breath extend as they breathe out?” Imagine seeing it. Repeat the process slowly

4.3.4 BIOENERGETICS ACTIVITIES

Objective of this activity

- Teach children to release their emotion with safe and proper way
- Encourage children to express their feeling and emotion through physical activities

Individual and group	:Children/Adolescent
Time frame	:30 minutes
Tool	:No tool/material

Implementation/ Steps:

a. Shaking
   - For example; "Let imagine you are a dog, emerging from the water. Do you remember how a dog shakes off the water? Loosen the body, shake in turn your head, shoulders, arms, back, hips, and legs. Take deep breaths into the whole body. Try shaking all"
   - Discuss any resistance: "how did you feel about that? Was it a bit embarrassing?"
   - Facilitator can make variation of imaginations and repeat the steps

b. "Get off my back" exercise
   - Facilitator will ask the children to follow the steps that you shows in front of them. For instance, move together elbow, then separately

c. Wood-Chopper
   - Facilitator ask the children to clap hand together, stretched back over head, pelvis tilted back, tension and release in back-allow force up from low in body, through back

d. Boxer in training
   - Imagine you are a boxer in training. Start your air –punching practice, start slow, build up speed and strength, add some deep breaths, explore power sounds, alternate arms

e. Kicking
   - This activity will ask children to release through the legs into a strong pillow. Facilitator will ask the children to aim for the middle, find their power sound, keeps going till they want to stop. Encourage them to start slow, build up speed and strength

f. Walking
   - Facilitator will instruct children to walk around the room, relax hips, let go in shoulders, then let it flow. While they are walking, facilitator will add on the instruction to step forward with strong, firm steps, feel – I am here! This is me

Conclusion

Psychosocial activities should be considered as a mechanism to develop culture of safety and resilient children. All the effort has to be holistic, extended time of support to those in need, restore to a healthy community, sustainable and include all. We also need to find ways to empower community to practice safety behavior towards children and to keep the relationship strong so that children will feel safe after the disasters.

Psychosocial activities are the one of the parts to help children understand the hazard, prepare well and react properly towards disasters or any traumatic events. They can practice the way of react to trauma, the way of handling grief and stress when facing disasters and the way to ventilate and express out the emotion and feeling properly. Always remember that children have their point of view towards their experiences either good or bad such as disasters.

4.4 PSYCHOSOCIAL ACTIVITIES FOR ADOLESCENT DURING DISASTER

INTRODUCTION

- Major disaster on adolescents will vary depending on the extent to which it disrupts the functioning of the family and the community. The impact of the disaster may stimulate fears related to loss of family, peer relationships, school life, and even concern over the intactness of their own bodies.
- Adolescents struggling to achieve their own identity and independence from the family may be set back in this personal quest with reactivated fears and anxieties from earlier stages of development.

5.4.1 Issues face by adolescent

The trouble signs to adolescents include:

- Withdrawal and isolation physical complaints (e.g., headaches or stomach pain)
- Depression and sadness antisocial behavior (e.g., stealing, aggressive behavior, or acting out)
- School problems (e.g., disruptive behavior or avoidance) decline in academic performance
- Sleep disturbances (e.g., withdrawal into heavy sleep, sleep terrors, or sleeplessness)
- Confusion risk taking behavior alcohol and other drug
- Use avoidance of developmentally appropriate separations (e.g., going to camp or college)

5.4.2 Objectives of psychosocial activities for adolescent

- To address a wide range of psychosocial problems arising in the aftermath of a disaster. These interventions help individuals, families and groups to restore social cohesion and infrastructure along with maintaining their independence and dignity.
- To helps in reducing the level of actual and perceived stress that may prevent adverse psychological and social consequences among disaster affected people
- To helped the adolescent to understand that what they are experiencing is normal, this would ease the stress they are experiencing as a result of the reactions.
- To channelize their energy and control some stress producing hormone and bring relief from the painful memories or emotions.
- To understand how the various mediums can be used to help them express their feelings and in
    - Mastering their emotions
    - Understanding the development and changes through peer interaction.
    - Building their self esteem
    - Skill development
    - Decision making
    - Problem solving
    - Abd coordination and cooperation with the peer group

Most of the above behaviors are transitory and disappear within a short period. When these behaviors persist, they are readily apparent to the family and to teachers who should respond quickly.

Teenagers, who appear to be withdrawn and isolate themselves from family and friends, are experiencing emotional difficulties. They may be concealing fears they are afraid to express. Just as many adults do, adolescents often show their emotional distress through physical complaints.

Adolescents' express signs and symptoms to stressful events along four dimensions: cognitive, emotional, physical, and behavioral. These dimensions include the following:

Table 4.4: Four Dimensions Signs and Symptoms

COGNITIVE	• Trouble concentrating • Preoccupation with the event • Recurring dreams or nightmares • Questioning spiritual beliefs • Inability to process the significance of the event
EMOTIONAL	• Depression or sadness • Irritability, anger, resentfulness • Despair, hopelessness, feelings of guilt • Phobias, health concerns • Anxiety or fearfulness
BEHAVIORAL	• Isolation from others • Increased conflicts with family • Sleep problems • Avoiding reminders • Crying easily • Change in appetite • Social withdrawal • Talking repeatedly about the event • Refusal to go to school • Arguments with family and friends • Repetitive play
PHYSICAL	• Exacerbation of medical problems • Headaches • Fatigue • Physical complaints with no physical cause

4.5 TYPE PSYCHOSOCIAL ACTIVITIES FOR ADOLESCENT

4.5.1 The Difference Part of My Life

Objective of this activity:

- To deal with moods, emotions reactions the emerge within different contexts especially during disaster
- To create a background of images, memories and vocabulary to support reflection about self
- To build up the confident and self-esteem among the adolescent during disaster

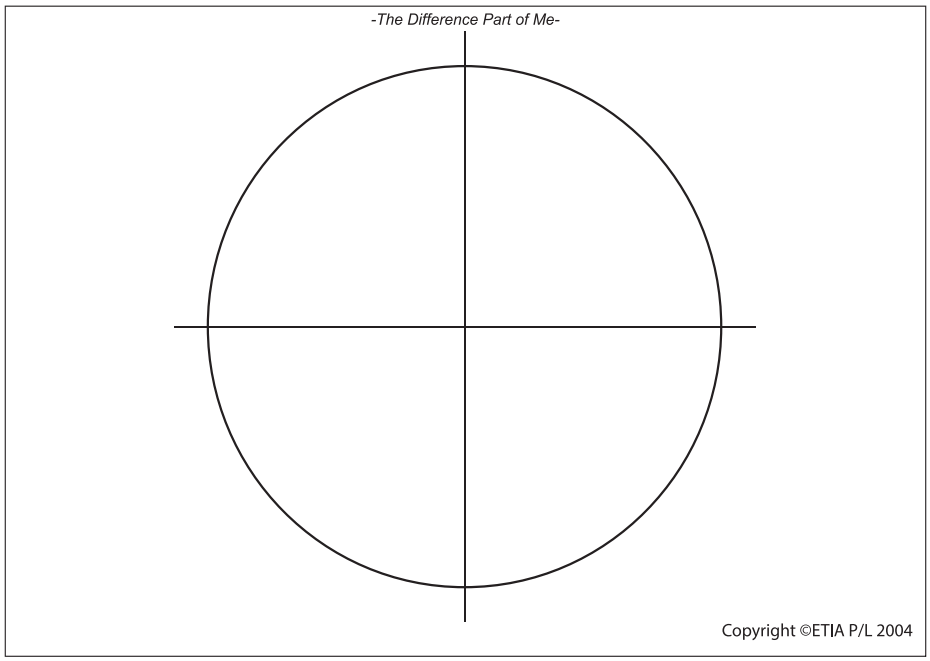


Figure 4.3: The Difference Part of My Life

Age Range	:12-19 years old (Individual and group session)
Time frame	:30 minutes
Tool	:A4-size copy of worksheet "The DIfferent Part of Me"
	Color Pencil/Pencil

Implementation/ Steps:

- This worksheet has been designed to help you recognize the range of feelings that you have when you are with different scenario. This can help you understand yourself more fully
- "I will ask you to spend some time go through the worksheet. Then work across
- Each quadrant from left to right filling is what is asked for there.
- "Then we can discuss what you feel stand out as important in what you have written and drawn. You can decide if you want to show your worksheet to anyone or keep in private

- Starting with the

  First Quadrant — How is your feeling now?

  We will start with First Quadrant that in the upper left. Can you imagine you're feeling right now? Take your time to think. When you ready, can you draw any pictures, lines, object that represent your feeling? Please don't discuss with your friend. 3 minutes time given to finish the task.

  Second Quadrant — What Is Your Most Happy Moment in Your Life?

  We move to Second quadrant that in the upper right. Can you imagine your most happy moment in your life? Take your time to think. When you ready, can you draw any pictures, lines, object that represent your happy feeling? Please don't discuss with your friend. 3 minutes time given to finish the task.

  Third Quadrant — What Is Your Most Sad Moment in Your Life?

  For the third quadrant, can you imagine your most sad moment in your life? Take your time to think. When you ready, can you draw any pictures, lines, object that represent your sad feeling? Please don't discuss with your friend. 3 minutes time given to finish the task.

  Four Quadrant — What Is Your dream/Ambitious?

  The four quadrants, can you share your dream/ambitious? Take your time to think. When you ready, can you draw any pictures, lines, object that you like? Please don't discuss with your friend. 3 minutes time given to finish the task.

- Keep working along the quadrant, from left to right, but you can skip quadrant if you are not ready to do it, and come back to it later.
- After finished the task, would you like to share the art work that you done in each quadrant? Any information or story that you shared is strictly confidential.
- Suggestion questions to adolescent:
  - How did you feel during the worksheet?
  - Are there any parts of the worksheet you didn't like?
  - With which Quadrant did you feel most real, most like yourself?
  - Was there a Quadrant where you felt you had to pretend?
  - Were there any discoveries you made about yourself?
  - What parts of the worksheet seemed most important to you?

4.5.2. THE CHAIN OF LOVE

Objective of this activity:

- To develop strong self-resiliency during crisis.
- To identify your positive and negative emotions.
- To build up the confident and a positive fighting of self-esteem

Figure 4.4: The Chain of Love

Target	:Individual and group session
Time frame	:30 minutes
Tool	:A knot tied at both ends of the rope (each participant)

Implementation/Steps

- Each participant has to choose one friend as his/her partner. Your partner should be the same gender.
- Participants are encouraged to dress in sport attire to easy do movement in this activity.
- Each participant will be given a string that has been tied at both ends of the rope.
- Each participant will need to attach the strap to the wrist along with your partner.
- That means your rope will be in line with a friend's rope but your rope is still in your wrist. This method is the same as your friend.
- You are given 10 minutes to withdraw the string from your friend's as fast as you can. After the participants cannot finish or are unable to complete the assignment, facilitator will teach them so that they are capable and successful in this task.
- Brain storming session will occur with questions posed to the participants
- Questions:
  a. What is your mind/ thought when you are required to complete this task?
  b. When you can't perform the task that given to you, what is your feelings and
  c. What is your actions?
  d. As you learn and are capable of doing activities (as facilitated by the facilitator). What are your feelings and your actions?
- The facilitator asks the couple to discuss the questions they have.
- Then they are encouraged to share in large groups.

Lessons Learned

Question 1

What is your mind/ thought when you are required to complete this task?

- When you engage in this activity you feel very happy, excited and confident and trying to finish the task. This activity in fun and easy to implement. Most importantly there is a need for cooperation.
- These activities can be likened to when you are in crisis or have problems. You'll all be excited to try to solve the problem.

Question 2

When you can't perform the task that given to you, what is your feelings and what is your actions?

- If you are unable to complete the task, normally we will have a lot of negative thoughts.
- "How can this be", "this must be a hoax", "I can't do it", "I'm embarrassed."
- All of this is called negative self-talk. Participants will blame themselves or others for not being able to complete the assignment. This situation is the same when it comes to problems and crises. An unstable emotional state. The victim will find himself useless, blaming himself or blaming others.
- However, we do know that their feelings are normal. Most importantly they do not despair and the fighting spirit or the positive spirit is within them.
- Positive spirit and self-confidence are very important for them or their families to live a better and meaningful life.
- A positive feeling must be present in every victim or participants as they have tried when they have been assigned the right place to finish this task. Happiness and pride must be within you.

Question 3

As you learn and are capable of doing activities (as facilitated by the facilitator). What is your feeling and your action?

This is what we are trying to implement in this game for the participants:

- Have a fighting spirit in life
- Do not give up on life despite the difficulties in life.
- Always be aware of your feelings and do not suppress your feelings either positively or negatively.
- Should be considerate and can seek help of others when you are in distress. Must be positive in every future life?

4.5.3 Blob Tree

Objective of this activity

- To engage with participants without harm their feelings
- To help learners think and reflect on their feelings
- To recognize and describe their emotions
- To practice listening to each other

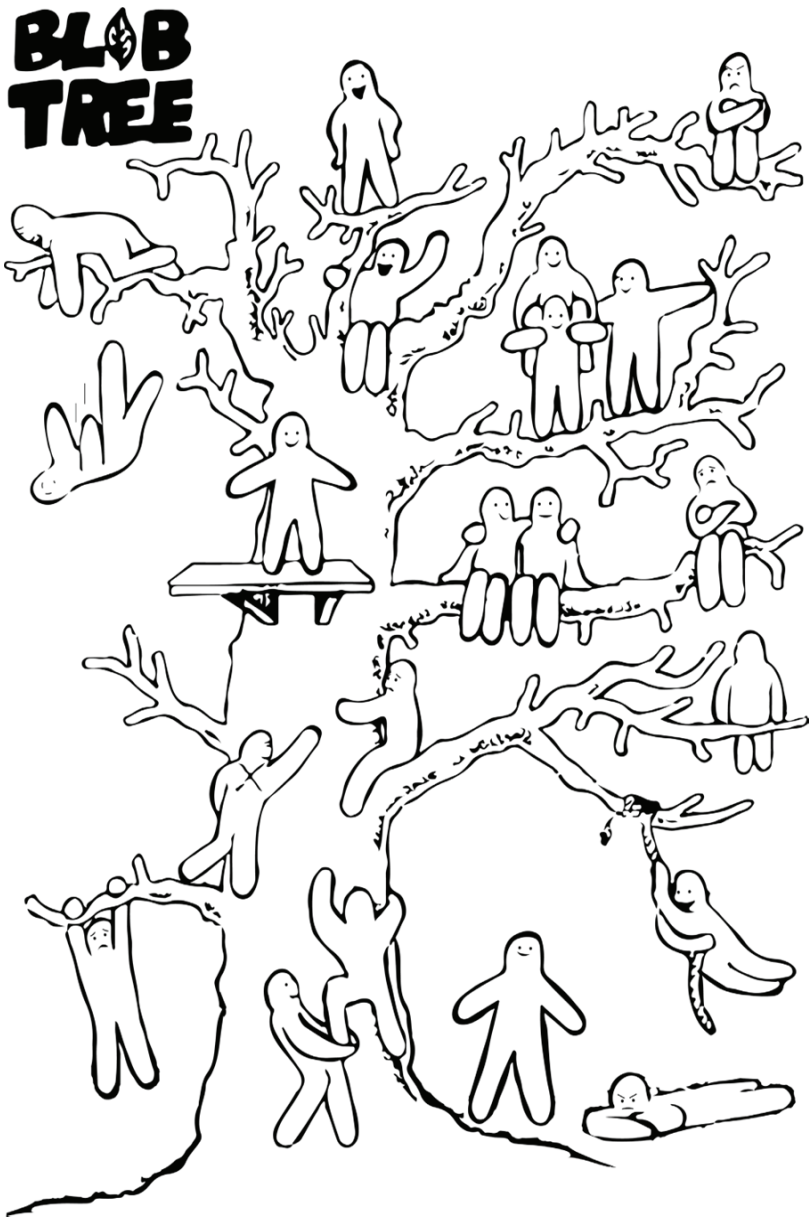


Figure 4.5: Blob Tree

Age Range	:Adults(Individual and group session
Time frame	:30 minutes
Tool	:Blob tree working sheet – (A4 piece paper with big tree. Around the big tree, there are human-shaped pictures of various characters such as hanging alone, falling & so on)

Implementation/ Steps

- Participant should examine each character in the Blob Tree Worksheet. Then, facilitator will ask questions to participant. "Can you observe one character that represent you emotional now? Then, please use the crayon or pencil color given, circle the character that represent you. You are given 5 minutes to complete this task."
- Participant had to choose a character that represented himself in the incident or crisis.
- Participants can circle character or color the characters with crayons or pencil color given.
- Then they have to write one word that represents their feelings at that time. Facilitator can ask "After choose the character, can you please write one word to represent your feeling? For example, happy, sad, and afraid and etc." write down the word beside the character that you choose."
- Upon completion of the assignment, the participants were required or encouraged to share character that they choose.
- In the sharing session, participant must volunteer share their worksheet without forcing. The most importantly is to make sure participant feel comfortable and trusting in this session.
- This sharing session is **CONFIDENTIAL**

Lessons learned

- Encourage participants to share their issues in the safest way without interruption.
- A tool to build relationships with participants
- Feel safe and comfortable talking about the issue

4.6 PSYCHOSOCIAL ACTIVITIES FOR ADULT DURING DISASTER

INTRODUCTION

Older adults may also want to provide help to others. Finding ways for them to contribute to the efforts may ease some of the stress and helpless feelings. Experiencing a natural disaster can be a traumatic event. Making plans and preparing for the worst can help to reduce some of the stress involved and ensure the health and safety of the older adult involved.

4.6.1 Adult with Disaster

Objectives of psychosocial activities for adult

- To promote participation and cooperation in psychosocial interventions
- To encourage the adult individual or adult the group to take part in the identification of their needs and resources during disaster
- To teach participation use the method of 'learning by experience' (alternating times of practice and of systematic reflection) to develop personal and social skills;
- To plan psychosocial activities by setting clear objectives that are specific and measurable

Emotional health issues for survivors of disasters

Disasters affect people in many ways. In some disaster situations, it may mean loss of loved ones including relatives, friends, neighbors, or family pets. In others, it means loss of home and property, furnishings, and important or cherished belongings. Sometimes it means starting over with a new home or business. The emotional effects of loss and disruption may show up immediately or may appear many months later.

It is very important to understand that there is a natural grieving process following any loss, and that a disaster of any size will cause unusual and unwanted stress in those attempting to reconstruct their lives

Some initial responses to disaster

- Fear
- Disbelief
- Reluctance to abandon property
- Disorientation and numbing
- Difficulty in making decisions
- Need for information
- Seeking help for yourself and your family
- Helpfulness to other disaster victims

Some later responses

- Change in appetite and digestive problems
- Difficulty in sleeping and headaches
- Anger and suspicion
- Apathy and depression
- Crying for no apparent reason
- Frustration and feelings of powerlessness over one's own future
- Increased effects of allergies, colds, and flu
- Feelings of being overwhelmed
- Moodiness and irritability
- Anxiety about the future
- Disappointment with, and rejection of, outside help
- Isolating oneself from family, friends, or social activities
- Guilt over not being able to prevent the disaster
- Domestic violence

4.6.2 Common signs & signals of stress reaction

Table 4.5: Sign and Signals of Stress Reaction

PHYSICAL SIGNS	• Fatigue • Nausea • Muscle tremors • Twitches • Chest pain* • Difficulty breathing* • Elevated blood pressure • Rapid heart rate • Thirst • Visual difficulties	• Vomiting • Grinding of teeth • Weakness • Dizziness • Profuse sweating • Chills • Shock symptoms* • Fainting • Indicates the need for urgent medical evaluation
COGNITIVE SIGNS	• Blaming others • Confusion • Poor attention • Poor decisions • Heightened or lowered alertness • Poor concentration • Memory problems • Hyper-vigilance • Difficulty identifying familiar objects or people	• Increased or decreased awareness of surroundings • Poor problem solving • Poor abstract thinking • Loss of time, place, or person orientation • Disturbed thinking • Nightmares • Intrusive images
EMOTIONAL SIGNS	• Anxiety • Guilt • Grief • Denial • Severe panic (rare) • Emotional shock • Fear • Uncertainty • Loss of emotional control	• Depression • Inappropriate emotional response • Apprehension • Feeling overwhelmed • Intense anger • Irritability • Agitation
BEHAVIOURAL SIGNS	• Change in activity • Change in speech patterns • Withdrawal • Emotional outbursts • Suspiciousness • Change in usual communications • Loss or increase of appetite • Alcohol consumption	• Inability to rest • Antisocial acts • Nonspecific bodily complaints • Hyper-alert to environment • Startle reflex intensified • Pacing • Erratic movements • Change in sexual functioning

Suggestions for coping with stress

- Give yourself permission and time to grieve.
- Focus on your strengths and coping skills.
- Ask for support and help from your family, friends, church or other community resources. Join or develop support groups.
- Redefine your priorities and focus your energy and resources on those priorities.
- Set small realistic goals to help tackle obstacles. For example, reestablish daily routines for yourself and your family.
- Clarify feelings and assumptions about your partner. Remember that men and women react differently. Women tend to be caretakers and put others first. Men have difficulty acknowledging and expressing feelings of helplessness and sadness, and believe in "toughing it out."
- Eat healthy meals and exercise.
- Get enough rest to increase your reserve strength.
- Acknowledge unresolved issues and use the hurt and pain as a motivator to make the necessary changes to heal.
- Continue to educate yourself and family about normal reactions to a disaster.
- Talk to your children. Be supportive. Set an example by expressing your feelings and showing problem solving skills in dealing with family problems. Remember that you are not alone.

How can I help my family and myself? What can I do for myself?

There are a number of steps you can take to help you feel a sense of control over your life and a return to normalcy following a disaster or other traumatic experience:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and understand your situation. But keep in mind that your typical support system may be weakened if those who are close to you also went through the disaster or have experienced something similar.
- Communicate your experience in whatever ways feel comfortable to you, talking with close family, friends or colleagues, keeping a journal or writing about your experience in detail – either just for yourself, or to share.
- Healthy behavior will enhance your ability to cope with excessive stress.
- Eat well-balanced meals and get plenty of rest.
- If you have ongoing difficulties with sleep, you might feel better using relaxation techniques.
- Avoid alcohol and drugs.
- Establish or re-establish routines such as eating meals at regular times and following an exercise program.
- Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible, because these activities tend to be highly stressful.

4.7 TYPE PSYCHOSOCIAL ACTIVITIES FOR ADULT

4.7.1 Basic Breathing Techniques

Objective of this activity:

- A good way to relax, reduce tension, and relieve stress.

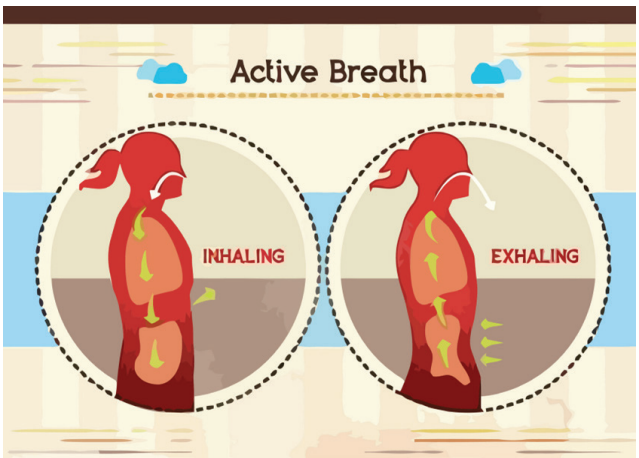


Figure 4.6: Breathing Technique

Target	:Individual and group
Time frame	:5 - 10 minutes
Tool	:Non

Implementation/Steps

- Inhale slowly and deeply through your nose. Keep your shoulders relaxed. Your abdomen should expand, and your chest should rise very little.
- Exhale slowly through your mouth. As you blow air out, purse your lips slightly, but keep your jaw relaxed. You may hear a soft "whooshing" sound as you exhale.
- Repeat this breathing exercise for several minutes

4.7.2 ALTERNATE NOSTRIL BREATHING

Objective of this activity:

- Relax your body and mind
- Reduce anxiety
- Promote overall well-being
- May help you to be more focused and aware

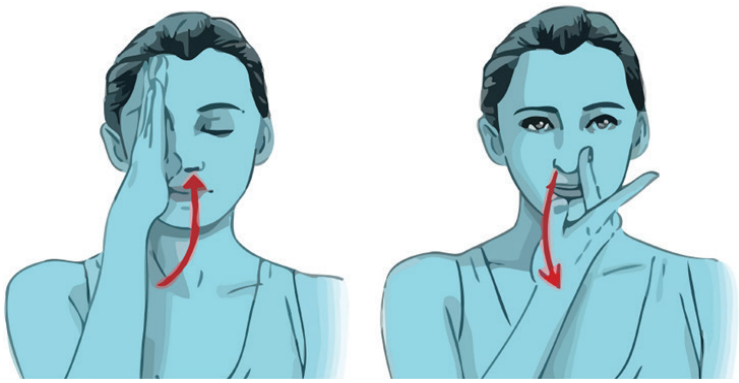


Figure 4.7: Alternate Nostril Breathing

Target	:Individual and group
Time frame	:5 minutes
Tool	:Non

Implementation/Steps

- Sit in a comfortable position with your legs crossed
- Place your left hand on your left knee
- Lift your right hand up toward your nose
- Exhale completely and then use your right thumb to close your right nostril
- Inhale through your left nostril and then close the left nostril with your fingers
- Open the right nostril and exhale through this side
- Inhale through the right nostril and then close this nostril
- Open the left nostril and exhale through the left side
- This is one cycle
- Continue for up to 5 minutes
- Always complete the practice by finishing with an exhale on the left side

4.7.3 JACOBSON MUSCLE RELAXATION

Objective of this activity:

- Manage your stress using Jacobson's progressive relaxation technique.
- Uses muscle contraction and relaxation to make you feel calmer.

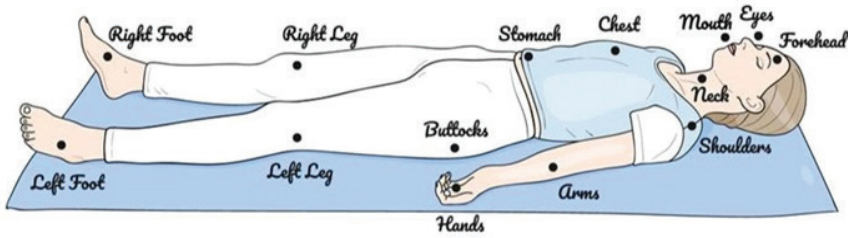


Figure 4.8: Jacobson Muscle Relaxation

Target	:Individual and group
Time frame	:20 minutes
Tool	:Soft Music

Implementation/Steps:

- Find a place that is warm, quiet and free from disturbances.
- Dim the lights and tell people that you should not be disturbed – you may want to switch off any phones.
- Make yourself comfortable on the floor, on the bed or in a chair.
- Gently breathe in – hold – and let go.
- Forehead – frown a little – hold – now let go.
- Eyes – screw them up a little – hold – and let go.
- Press your tongue briefly to the roof of your mouth – hold – and let it drop loosely. Feel the new position.
- Lips – press together – now let go until hardly touching. Purse your lips – now let go and feel the difference.
- Grit your teeth together – hold briefly – now let your jaw sag slightly. Feel the difference.
- Push your head forward slightly – hold briefly – now let your head go back to a balanced position. Feel the difference.
- Shoulders – gently pull them up towards your ears, just enough to recognize the tension – hold briefly – now let go. Recognize the new position.
- Gently press your elbows and upper arms to the sides of your body – hold for a moment – now let go.
- Hands – gently clench – hold – and let go.
- Gently pull in your tummy muscles towards your spine – hold briefly – now let go. Feel the difference.

- Pull your knees together – hold briefly – now let them drift apart a little. Be aware of the new position.
- Gently pull your toes up towards your knees – just a little – hold briefly – and let go. Recognize the difference.
- Press your heels into the floor – hold – and let go.
- Rub both sides of your palm, feel the warmth of your palms.
- Rub your face from the bottom with your palm up to the back of your neck

4.7.4 THE CHAIN OF LOVE

Objective of this activity:

- To realign and optimize the energy flowing through the body and thus improve how the person feels.
- To reduce or lower the emotional disturbance (or anxiety) to zero and to replace it with a reaffirming phrase or thought

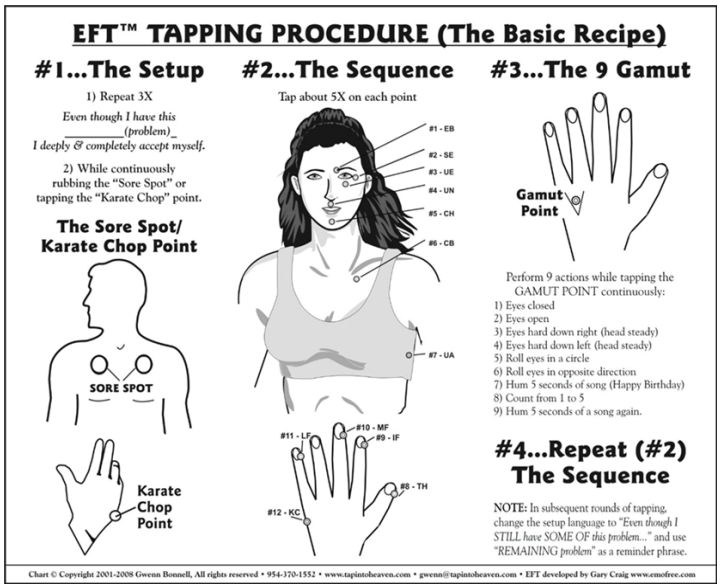


Figure 4.9: Emotional Freedom Technique

Age Range	:Adults (Individual and group)
Time frame	:30 minutes
Tool	:EFT focuses awareness to meridian points, a map of energy "circuits" found throughout the human body that the ancient Chinese identified as sources of healing and wellbeing. :While these meridians are the basis for the practice of acupuncture, there are no needles required for EFT

Implementation/Steps

- EFT tapping in 5 steps

EFT tapping can be divided into five steps. If you have more than one issue or fear, you can repeat this sequence to address it and reduce or eliminate the intensity of your negative feeling.

a. Identify the issue
    - In order for this technique to be effective, you must first identify the issue or fear you have. This will be your focal point while you're tapping. Focusing on only one problem at a time is purported to enhance your outcome.
b. Test the initial intensity
    - After you identify your problem area, you need to set a benchmark level of intensity. The intensity level is rated on a scale from 0 to 10, with 10 being the worst or most difficult. The scale assesses the emotional or physical pain and discomfort you feel from your focal issue.
    - Establishing a benchmark helps you monitor your progress after performing a complete EFT sequence. If your initial intensity was 10 prior to tapping and ended at 5, you'd have accomplished a 50 percent improvement level.
c. The setup
    - Prior to tapping, you need to establish a phrase that explains what you're trying to address. It must focus on two main goals:
        - Acknowledging the issues
        - Accepting yourself despite the problem
    - The common setup phrase is: "Even though I have this [fear or problem], I deeply and completely accept myself."
    - You can alter this phrase so that it fits your problem, but it must NOT address someone else's. For example, you can't say, "Even though my mother is sick, I deeply and completely accept myself." You have to focus on how the problem makes you feel in order to relieve the distress it causes. It's better to address this situation by saying, "Even though I'm sad my mother is sick, I deeply and completely accept myself."
d. EFT tapping sequence
    - The EFT tapping sequence is the methodical tapping on the ends of nine meridian points.
    - There are 12 major meridians that mirror each side of the body and correspond to an internal organ. However, EFT mainly focuses on these nine:
        - Karate chop (KC): small intestine meridian
        - Top of head (TH): governing vessel
        - Eyebrow (EB): bladder meridian
        - Side of the eye (SE): gallbladder meridian
        - Under the eye (UE): stomach meridian
        - Under the nose (UN): governing vessel
        - Chin (Ch): central vessel
        - Beginning of the collarbone (CB): kidney meridian
        - Under the arm (UA): spleen meridian

Begin by tapping the karate chop point while simultaneously reciting your setup phrase three times. Then, tap each following point seven times, moving down the body in this ascending order:

- Eyebrow
- Side of the eye
- Under the eye
- Under the nose
- Chin
- Beginning of the collarbone
- Under the arm

After tapping the underarm point, finish the sequence at the top of the head point. While tapping the ascending points, recite a reminder phrase to maintain focus on your problem area. If your setup phrase is, "Even though I'm sad my mother is sick, I deeply and completely accept myself," your reminder phrase can be, "The sadness I feel that my mother is sick." Recite this phrase at each tapping point. Repeat this sequence two or three times.

a. Test the final intensity
   - At the end of your sequence, rate your intensity level on a scale from 0 to 10. Compare your results with your initial intensity level. If you haven't reached 0, repeat this process until you do.

Lesson Learned

- Just because we are able to clear an issue imagining that it is happening to us, it does not mean that we have cleared the issue. At the same time this does not mean that the tapping we have done is useless. There are many more triggers to anxiety when we are in the working environment versus just thinking of the working environment. It simply means that we are not done.
- We can get a great deal of information from a physical sensation. Many times, all we need to do is ask what it is about. If you haven't done this type of work before this might seem very odd.
- Once we have worked through past memories it is very helpful to place ourselves in future situations where we are experiencing the thing that is giving us trouble. The nice thing about EFT is we are able to creep up on an issue and not have to deal with everything all at once.

4.8 CROSSROADS & CROSSROADS SELF EXERCISE SHEET

LEARNING OBJECTIVES

- Able to share the experiences with others in making difficult decisions presenting to dilemmas.
- To encourage quick decision making in critical circumstances.
- To encourage deep discussion on the decision made.
- There is no right answer to each question. What is important is to seriously think about the problems and engage in discussions.

INTRODUCTION

Crossroads game was developed by Professor Katsuya Yamori of Kyoto University, together with Professor Toshiko Kikkawa of Keio University and Assistant Professor Tsuyeshi Ajiro of the Advanced Institute of Industrial Technology.

It is a disaster simulation game, originally focused on various natural disaster which was designed as a tabletop exercise to teach disaster preparedness and responsiveness (1).

A crossroad resembles a main center of activity and turning point where one must make decision.

Currently the game is not only restricted to disasters but also commonly used in facilitating different scenarios such as food risks, infectious diseases, interpersonal conflicts and social corporate responsibility (CSR) as foci of play (2). It is a turning point where one must make a decision.

4.8.2 PRINCIPLES GAME OF CROSSROAD

Crossroad is a material for training which sets troubling case examples in disaster risk reduction as simple questions. Participants think about the case examples as issues for themselves, express their opinions with Yes or No, and exchange and share experiences, ways of thinking and background knowledge.

During training, participants have tendency to seek for a “correct answer”. However, when responding to a disaster, there are cases where a correct answer doesn’t necessarily exist and case examples in the past don’t necessarily represent correct answer.

It is important to sincerely consider and respond to various situation during a disaster in order to achieve that assuming situation before a disaster really strikes instead of seeking one correct answer. (3)

LET'S PLAY CROSSROAD

- No of participants: 5-7 players
- Materials: Problem Card, Yes Cards, and No Cards
- All players sit around a table, each holding a "Yes" card and a "No" card.
- One player reads a problem card, and the rest of the players have to make a decision by placing either the Yes/No card facing down simultaneously.
- When everyone are ready, open the card together
- A majority choice will be given 1 mark and reward with a green chip while a minority choice will be given 2 marks and reward with a red chip
- Other players are allowed to comment freely
- When you wonder "why?" "How come? "while listening to others, don't hesitate to ask.
- Leave the card open until moving on the next subject
- The purpose of the game is to deepen discussions on why the players come to think as they do, instead of dismissing minority opinions.

The reason why the minority choice will be given more mark is that this Crossroad game is based on the idea of sharing the importance of paying attention to minor things or changes that many people might not notice when disaster occurs (4). At the end of the game, the person with the most marks won.

Obviously in Crossroad, winning the game is not particularly important. The real point is to deeply involve participants in situations that they actually faced. The goal of winning simply helps motivate the players to genuinely consider what they should do: how to rationalize their own choices, how they might persuade others to change their minds, and how to find new solutions (5)

Figure 4.10: A Sample Item Card of Crossroad and 'Yes or No' Card

CROSSROAD AS A FACILITATION AND COMMUNICATION TOOL

Crossroad game rules are relatively simple, it makes people to changes the original rules by using the game in workshops in combination with other material. Thus, Crossroad game is a very flexible facilitation tool.

Based to the original rule, the closed-ended question (i.e., YES or NO) precedes the open-ended question (e.g., “Why did you choose ‘Yes’?” or “How did you come to that decision?”, which is posed during the discussion session. As an alternative, open- ended questions such as “How do you interpret this situation?” or “How do you think this situation will develop?” could be posed before the YES/NO decision is made. In the next step, players choose a course of action (i.e., by answering YES or NO) to follow in each situation (2).

Other approaches to facilitating the game can also be adopted. Indeed, workshops frequently focus on creating episodes in addition to playing using existing scenarios. For example, one workshop held in Vietnam asked international players to share their experiences with the risks experienced by small-scale miners (6).

When we are facing to the situation with no right answer or consider as a dilemma, by playing Crossroad game could have led the players to become aware of different viewpoints by facing different opinions of other members. And we will just realize that such a view exists!

MAKE YOUR OWN CROSSROAD

When we are facing to the situation with no right answer or consider as a dilemma, by playing Crossroad game could have led the players to become aware of different viewpoints by facing different opinions of other members. And we will just realize that such a view exists!

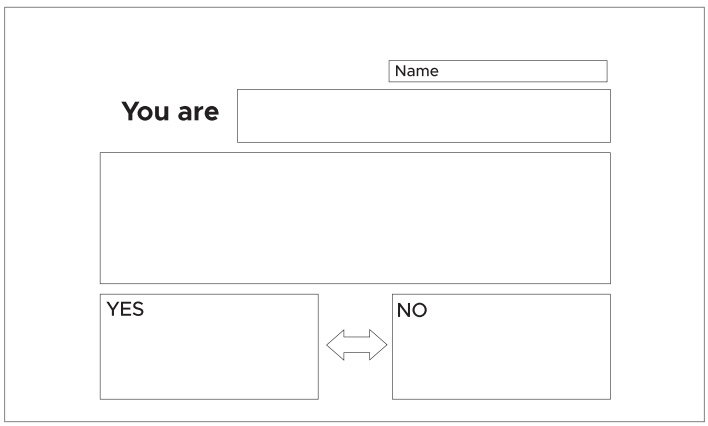


Figure 4.11: Crossroad Self Exercise Sheet

Points of Question Creation

- Set the situation clearly
- Make questions that can be answered "Yes or No"
- Overly detailed settings are not necessary. But be careful to convey the contents clearly
- Convey "it's amazing to me that such a thing even happens!"

Continued Evolution of Crossroad

Crossroad continues to evolve and expand its applicability. Its simple structure and rules as a frame game enable this flexibility. Indeed, it is possible that the game will be used in even more domains in the future beyond it grassroots origins (2).

Number	Situation	Decision (YES or NO)
Kobe1002	You are: A senior administrative officer and 24 hours have passed since an earthquake. City Hall is full of of people who have been evacuated, but the hall is not an authorised evacuation centre. Do you force them to leave City Hall?	YES (force them out) / NO (do not force them out)
Food Safety	You are: An official of the Ministry of Agriculture. The Japanese government is promoting the safety of genetically modified (GM) soybeans based on a scientific assessment of risk. You are asked by a journalist if you actually allow your daughter to eat GM food, Do you let her eat this food?	YES (let your daughter eat GM food) / NO (do not let her eat it)
Workplace	You are: Working part time in a fast-food restaurant. A customer is eating bread that is not sold in the restaurant, which is prohibited. Do you ask him to stop eating the bread?	YES (ask him to stop eating) / NO (do not ask him to stop eating)
Earthquake	You are: A citizen who works as a volunteer at an evacuation centre. You are distributing food: 150 loaves remain, but their expiration date is today. Do you distribute them to whomever wants them?	YES (distribute them) / NO (do not distribute them)

Figure 4.12: Variation of Crossroad

We cannot control hazard or maybe crisis will happen anytime but we can improve our social capacity on disaster reduction or reduce the vulnerability. There is no correct answer to question "what to do during disaster" but we have to agree on each other. we don't have to believe assumption 100% but to raise the "flexible decision" through listening and discussion to make a concrete decision.

There are moments in our lives when we find ourselves at the crossroad. The choices that we make in those moments can defines the rest of our days. Every day is a crossroads. Every day is a chance to change our life and our world for the better.

CHAPTER 5: PSYCHOLOGICAL ASSESSMENT

5.1 PSYCHOLOGICAL ASSESSMENT BEFORE DISASTER

INTRODUCTION

Psychological assessment provides an objective evaluation pertain to the individual whom role as MHPSS, responder and victim involved and affected by disaster situation. The application of psychological assessment shall be subjected to need upon rapid assessment by MHPSS coordinator. This chapter will guide the MHPSS in using psychological assessment in pre and post disaster deployment and on to victim's and responders involved in disaster.

OBJECTIVES

At the end of the chapter, participant will be able to:

- Build awareness toward the importance of psychological assessment in disaster management
- Understand the application of psychological assessment in disaster management
- Provide pre and post disaster related assessment to victims and relief respondents
- Administer Whooley, GAD-2, PHQ9, GAD-7 and Kessler10

5.1.1 Whooley Screening

According to the World Health Organization (WHO), more than 300 million people are estimated to suffer from depression globally along with 4.4% of the world's population. The Whooley Screening can be used for individuals who may experience depression especially those with a history of depression or chronic physical health problems that cause disruption in daily functioning. The Whooley Screening which contains two simpler questions translated into Malay was used to screen for depression over the past one month. The Whooley Questions are used as a screening tool for major depressive disorder. A no response to both questions (negative test essentially rules out depression, and a yes response to one or both questions (positive test) may indicate the person needs further evaluation. Individuals at risk (yes answer to any Whooley question) should answer the next screening using the PHQ-9 screening form. However, screening using Whooley cannot be used for the purpose of diagnosis or measuring the level of depression of an individual with a problem.

5.1.2 GAD-2 Screening

The GAD-2 question is used for screening for anxiety or anxiety problems as reported in a study by Kroenke et al. (2007). The GAD-2 screening question is similar to the first two GAD-7 questions that have been translated in the Malay version.

The GAD-2 screening validation study by Kroenke et al. (2007) reported 86% sensitivity and 83% specificity in detecting anxiety or anxiety issues in primary health facilities. Individuals with a score of 3 are categorized as risky and need to answer GAD-7 screening questions as well as further evaluation (Kroenke et al. 2007).

5.1.3 PHQ-9

PHQ-9 consists of 9 questions based on The Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for screening for depression. PHQ-9 screening can also be used to measure depression levels for patients at high risk (Nease DEJ, Maloin JM, 2003). The PHQ-9 screening form was translated in the Malay version with a validation study by Sherina et al., 2012 reporting 87% sensitivity and 82% specificity towards the use of PHQ-9 in the Malay version.

5.1.4 GAD-7

Screening using GAD-7 is intended to measure anxiety or general anxiety. GAD- 7 may able to measure anxiety in condition such as panic disorder, social anxiety and PTSD. The 7 questions contained in GAD-7 refer to symptoms experienced within 2 weeks. The GAD-7 screening form was also translated in the Malay version with a validation study by Sherina et al., 2012 reporting a sensitivity of 76.3% and 94.4% specificity on the use of GAD-7 in the Malay version.

Table 5.1: Whooley Screening

B. SARINGAN MINDA WIHAT (WHOOLEY)			
Dalam sebulan yang lepas, adakah anda terganggu oleh masalah berikut? *Over the past one month, have you been bothered by the following problems?*			
ARAHAN: Sila tanda "√" untuk menyatakan jawapan anda		***Ya/Yes***	***Tidak/No***
1.	*Merasa murung, sedih atau tiada harapan?* *Feeling down, depressed or hopeless?*		
2.	*Kurang minat atau keseronokan dalam melakukan kerja-kerja?* *Having little interest or pleasure in doing things?*		
PENILAIAN SOALAN (WHOOLEY)			
Berisiko dan perlu menjawab soalan PHQ-9 jika jawapan 'YA' pada salah satu atau kedua-dua soalan.			

Table 5.2: GAD-2 Screening

C.SARINGAN MINDA SIHAT (GAD-2)					
ARAHAN: Sila tanda "√" untuk menyatakan jawapan anda					
Dalam tempoh 2 minggu yang lepas, berapa kerap anda terganggu oleh masalah berikut? *Over the last 2 weeks, how often have you been bothered by any of the following problems?*					
0	*1*	*2*	*3*		
Tidak pernah sama sekali ***Not at all***	***Beberapa hari*** ***Several days***	***Lebih dari seminggu*** ***More than half of the week***	***Hampir setiap hari*** ***Nearly everyday***		
No.	*Soalan*	*0*	*1*	*2*	*3*
1	*Berasa resah, gelisah atau tegang?* *Feeling nervous, anxious or an edge.*				
2	*Tidak dapat menghentikan atau mengawal kebimbangan* *Not being able to stop or control worrying.*				

Table 5.3: PHQ-9 Screening

D. SOAL SELIDIK KESIHATAN PESAKIT (PHQ-9)					
ARAHAN: Sila tanda "√" untuk menyatakan jawapan anda					
Dalam tempoh 2 minggu yang lepas, berapa kerap anda terganggu oleh masalah berikut? *Over the last 2 weeks, how often have you been bothered by any of the following problems?*					
0	*1*	*2*	*3*		
Tidak pernah sama sekali ***Not at all***	***Beberapa hari*** ***Several days***	***Lebih dari seminggu*** ***More than half of the week***	***Hampir setiap hari*** ***Nearly everyday***		
No.	*Soalan*	*0*	*1*	*2*	*3*
1.	*Sedikit minat atau keseronokan dalam melakukan kerja-kerja.* *Little interest or pleasure in doing things.*				
2.	*Merasa murung, sedih atau tiada harapan.* *Feeling down, depressed or hopeless.*				
3.	*Masalah hendak tidur/semasa tidur, tidur terlalu banyak.* *Trouble falling asleep/staying asleep, sleeping too much.*				
4.	*Merasa letih atau kurang bertenaga.* *Feeling tired or having little energy.*				
5.	*Kurang selera atau terlalu banyak makan.* *Poor appetite or overeating.*				
6.	*Mempunyai perasaan buruk terhadap diri sendiri - ataupun merasa gagal terhadap diri sendiri ataupun menghampakan diri atau keluarga.* *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*				
7.	*Masalah menumpukan perhatian terhadap perkara-perkara seperti membaca surat khabar atau menonton televisyen.* *Trouble concentrating on things, such as reading the newspaper or watching television.*				
8.	*Bergerak atau bercakap dengan terlalu lambat sehingga disedari oleh orang lain. Ataupun bertentangan - terlalu resah atau gelisah sehingga anda bergerak lebih dari biasa* *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.*				
9.	*Berfikiran bahawa lebih elok jika anda telah mati atau ingin mencederakan diri anda dalam sesuatu cara.* *Thoughts that you would be better off dead or of hurting yourself in some way.*				

Table 5.4: Scoring PHQ-9

SKOR SOAL SELIDIK KESIHATAN PESAKIT (PHQ-9)		
• *Kira jumlah skor kesemua 9 item/soalan mengikut kotak yang di tanda (√)* • *Jumlah skor bagi kesemua 9 item/soalan adalah di antara 0-27*		
PENILAIAN SOALAN PHQ-9		
Skala	***Jumlah Skor***	***Tindakan***
NORMAL	*0-4*	*Pendidikan kesihatan dan amalan cara hidup sihat*
RINGAN	*5-9*	*Rujuk Pegawai Perubatan untuk penilaian sama ada pendidikan kesihatan oleh Pegawai Perubatan/ Paramedik atau intervensi lanjut oleh Jurupulih Perubatan Carakerja/ Jurupulih Perubatan Fisioterapi*
SEDERHANA	*10-14*	*Rujuk kepada Pegawai Perubatan untuk penilaian lanjut atau intervensi sama ada:* *a. Rujukan kepada Jurupulih Perubatan Carakerja/Jurupulih Perubatan Fisioterapi/ Pegawai Psikologi/Kaunselor* *b. Rujukan kepada Pakar Perubatan Keluarga* ***Rujukan kepada Jurupulih Perubatan Carakerja/Jurupulih Perubatan FIsioterapi hanya untuk skor <15*
TERUK	*15-19*	
SANGAT TERUK	*20-27*	
INTERPRETASI		
• *Jumlah Skor 5, 10, 15 dan 20 menunjukkan tanda-tanda kemurungan ringan, sederhana, teruk dan sangat teruk* • *Skor ≥ 10 adalah Jumlah Skor positif (sederhana, teruk dan sangat teruk) perlu dirujuk untuk penilaian lanjut*		
NOTA		
Soalan No. 9 adalah saringan utama untuk risiko bunuh diri. Pesakit yang menjawab 'YA' bagi soalan No. 9 ini perlu dirujuk terus kepada Pegawai Perubatan/Pakar Kesihatan Keluarga bagi penilaian risiko untuk bunuh diri.		

Table 5.5: GAD-7 Screening

E.SOAL SELIDIK GANGGUAN KEBIMBANGAN UMUM (GAD-7)					
ARAHAN: Sila tanda "√" untuk menyatakan jawapan anda					
Dalam tempoh 2 minggu yang lepas, berapa kerap anda terganggu oleh masalah berikut? *Over the last 2 weeks, how often have you been bothered by any of the following problems?*					
0	*1*	*2*	*3*		
Tidak pernah sama sekali ***Not at all***	***Beberapa hari*** ***Several days***	***Lebih dari seminggu*** ***More than half of the week***	***Hampir setiap hari*** ***Nearly everyday***		
No.	*Soalan*	*0*	*1*	*2*	*3*
1	*Berasa resah, gelisah atau tegang.* *Feeling nervous, anxious or on edge.*				
2	*Tidak dapat menghentikan atau mengawal kebimbangan.* *Not being able to stop or control worrying.*				
3	*Terlalu bimbang mengenai pelbagai perkara yang berlainan.* *Worrying too much about different things.*				
4	*Mempunyai masalah untuk bertenang.* *Having trouble relaxing.*				
5	*Terlalu resah sehingga susah untuk berdiam diri.* *Being so restless that is hard to sit still.*				
6	*Mudah menjadi rimas dan menjengkelkan.* *Being easily annoyed or irritable.*				
7	*Berasa takut bahawa sesuatu yang buruk akan terjadi.* *Feeling afraid as if something awful might happen.*				

Table 5.6: Scoring GAD-7

SKOR SOAL SELIDIK GANGGUAN KEBIMBANGAN UMUM (GAD-7)		
• *Kira jumlah skor kesemua 7 item/soalan mengikut kotak yang di tanda (√)* • *Jumlah skor bagi kesemua 7 item/soalan adalah di antara 0-21*		
PENILAIAN SOALAN GAD-7		
SKALA	**Jumlah Skor**	**Tindakan**
NORMAL	*0-4*	*Pendidikan kesihatan dan amalan cara hidup sihat*
RINGAN	*5-9*	*Rujuk Pegawai Perubatan untuk penilaian sama ada pendidikan kesihatan oleh Pegawai Perubatan/ Paramedik atau intervensi lanjut oleh Jurupulih Perubatan Carakerja/ Jurupulih Perubatan Fisioterapi*
SEDERHANA	*10-14*	*Rujuk kepada Pegawai Perubatan untuk penilaian lanjut atau intervensi sama ada:* *a. Rujukan kepada Jurupulih Perubatan Carakerja/Jurupulih Perubatan Fisioterapi/ Pegawai Psikologi/Kaunselor* *b. Rujukan kepada Pakar Perubatan Keluarga* ***Rujukan kepada Jurupulih Perubatan Carakerja/Jurupulih Perubatan FIsioterapi hanya untuk skor <15*
TERUK	*15-21*	
INTERPRETASI		
• *Jumlah Skor 5, 10 dan 15 menunjukkan tanda-tanda anzieti ringan, sederhana dan teruk.* • *Skor ≥ 10 adalah Jumlah Skor positif (sederhana dan teruk) perlu dirujuk untuk penilaian lanjut*		
NOTA		
• *Saringan ini harus digunakan untuk menyaring dan memantau keparahan gejala dan tidak dapat menggantikan penilaian dan diagnosis klinikal* • *Jangan lupa untuk bertanya sama ada pesakit mempunyai masalah aritmia, atau penyakit tiroid sebelum membuat saringan ini*		

5.2 KESSLER PSYCHOLOGICAL DISTRESS SCALE (K-10)

INTRODUCTION

Kessler Psychological Distress Scale (K-10) is a 10-item self-administered or interviewer-administered questionnaire designed to measure the anxiety and depressive symptoms of an individual in the most recent 4 weeks period. Each item pertains to an emotional state with five-level response scale as below:

Table 5.7: Five Level Response Scale

Score	1	2	3	4	5
Response	None of the time	A little of the time	Some of the time	Most of the time	All of the time

5.2.1 Administration, Scoring, and Interpretation

K-10 may conduct through a self-administered or interviewer-administered manner. Each item may range from 1 to 5 scores base on individual rating. The total score may range from 10 to 50 with the classification and interpretation as stated in Table 5.8. A range of moderate to severe range indicates caseness and extended medical or mental health referral is recommended.

Table 5.8: Classification and Interpretation

Total Score	<20	20-24	25-29	≥30
Interpretation	Well	Mild mental disorder	Moderate mental disorder	Severe mental disorder

5.2.2 Steps of Administration

a. Read the instruction
b. Answer each of the questionnaire into provided columns
c. Total up the scores and generate the result
d. Interpret the result base on the severity
e. Provide consultation and advise according to the obtained result

TARIKH: __ __ / __ __ / __ __ __ __

K10

PENEMUDUGA:_____

ID PENEMUDUGA:

NOMBOR KAJIAN:

NAMA:

NAMA LAIN:

TARIKH LAHIR: __ __ / __ __ / __ __ __ __

JANTINA: LELAKI: ☐ PEREMPUAN: ☐

ALAMAT:

Soalan-soalan dibawah adalah mengenai perasaan anda dalam tempoh 4 minggu kebelakangan ini. Sila tanda salah satu kotak yang dapat menyatakan perasaan anda dengan paling dekat.

Dalam tempoh 4 minggu kebelakangan ini, berapa kerapkah anda:	1 Tidak pernah sekali	2 Jarang	3 Kadang-kadang	4 Hampir setiap masa	5 Setiap masa
1.Berasa letih tanpa sebarang sebab?	☐	☐	☐	☐	☐
2.Berasa cemas?	☐	☐	☐	☐	☐
3. Berasa cemas sehingga tiada apa yang mampu menenangkan anda?	☐	☐	☐	☐	☐
4.Berasa tiada harapan?	☐	☐	☐	☐	☐
5.Berasa gelisah atau resah?	☐	☐	☐	☐	☐
6.Berasa sangat gelisah sehingga tidak boleh duduk diam?	☐	☐	☐	☐	☐
7.Berasa murung?	☐	☐	☐	☐	☐
8.Berasa semuanya memerlukan usaha?	☐	☐	☐	☐	☐
9.Berasa sangat sedih sehingga tiada apa yang mampu menceriakan anda?	☐	☐	☐	☐	☐
10.Berasa diri tiada nilai atau tiada guna	☐	☐	☐	☐	☐

Figure 5.1: Kessler Psychological Distress Scale (K-10)

CHAPTER 6: MONITORING & EVALUATION MHPSS

6.1 PRE AND POST TEST PFA

INTRODUCTION

Assessment before and after course very important to evaluate the effectiveness of the course given to the participants

OBJECTIVES

- To evaluate the effectiveness of the course
- To measure the understanding of participant before and after the course

UJIAN PRA DAN PASCA PFA/PRE AND POST TEST PFA

NAMA/NAME :.....
NO KAD PENGENALAN/IC NO :.....
JAWATAN/POSITION :.....
ARAHAN/INSTRUCTION:

Sila tandakan jawapan yang paling tepat (ya atau tidak) dalam setiap kenyataan di bawah.
Please check the best correct answer (yes or no) for each statement below:

Kenyataan berikut yang manakah adalah betul berkaitan dengan individu yang mengalami insiden krisis? *Which of the following is true for people who have experienced crisis events?*	***Ya/*** *Yes*	***Tidak/*** *No*
1.Kebanyakkan orang yang terjejas akan mengalami kecelaruan mental. *Most affected people develop mental disorder.*		
2.Kebanyakkan orang yang terjejas memerlukan perkhidmatan rawatan kesihatan mental yang khusus. *Most affected people need specialized mental health services*		
3.Kebanyakkan orang yang terjejas akan pulih daripada distres dengan sokongan dan sumber mereka sendiri. *Most affected people recover from distress on their own using their own supports and resources.*		
Kenyataan berikut yang manakah boleh membantu individu yang mengalami peristiwa yang distres? *Which of the following can be helpful for people who have experienced very distressing events?*	***Ya/*** *Yes*	***Tidak/*** *No*
4. Meminta orang lain mengingatkan semula sebahagian maklumat terperinci berkaitan dengan pengalaman traumatik mereka. *Asking people to recount some of the details of their traumatic experiences.*		
5. Mengambil masa untuk pastikan ianya adalah selamat mendekati tempat kejadian krisis, walaupun anda dikehendaki bertindak dengan kadar segera. *Taking time to be sure it is safe to approach the scene of a crisis event, even if you must act urgently.*		
6. Berkongsi tentang cerita orang lain yang anda bantu agar mereka tahu bahawa mereka bukan berkeseorangan. *Telling them the story of someone else you just helped so thatthey know they are not alone.*		
7. Memberi kata-kata yang meyakinkan agar memastikan orang itu rasa lebih baik (contohnya, rumah anda akan dibina semula pada masa terdekat). *Giving any reassurance to help people feel better (e.g. your house will be rebuilt soon).*		

8. Pastikan anda bercakap apa yang anda ketahui sahaja (contohnya, tentang situasi atau perkhidmatan sedia ada) dan tidak bertokok tambah informasi yang anda tidak ketahui. *Being sure to say only what you know (e.g. about the situation or services) and not to make up information that you don't know.*		
9. Menilai seseorang melalui tindakan dan tingkah laku (contohnya, anda patut lakukan atau cakap pada.....) agar mereka tidak melakukan kesilapan yang sama pada masa hadapan. *Judging the person's actions and behavior (e.g. you should have said/done this or that...) so they won't make the same mistake next time.*		
10. Mencari lebih banyak maklumat mengenai situasi yang berlaku dan perkhidmatan yang sedia ada agar anda dapat membantu orang lain mencapai keperluannya. *Finding out more about the situation and available services so that you can assist people in getting their needs met.*		
11. Memberitahu orang yang terjejas dengan peristiwa krisis bagaimana mereka harus rasa (contohnya, anda harus rasa syukur, keadaan boleh menjadi teruk lagi). *Telling an affected person how they should be feeling (e.g. you should feel lucky, things could be worse).*		
12. Bertanya kepada orang yang terjejas mengenai isu yang mereka hadapi, walaupun anda fikir anda ketahui masalah/isu yang dihadapi oleh mereka. *Asking an affected person about their concerns, even when you think you know what their concerns are.*		
13. Kumpulkan semua kanak-kanak bersama dengan sokongan daripada ibu bapa/penjaga. *Keeping children together with supportive caregivers.*		
Semasa memberi pertolongan kepada orang lain, anda perlu *As someone providing assistance to others you should...*	***Ya/*** *Yes*	***Tidak/*** *No*
14. Tumpukan perhatian kepada orang yang anda bantu sahaja, dan cuba lupakan keperluan diri anda sehingga situasi krisis berlalu atau tamat. *Focus only on the people you are helping, and try to forget your own needs until after the crisis situation is over.*		
15. Praktiskan penjagaan diri dengan mengambil rehat yang mencukupi dan berkongsi dengan orang yang anda percayai mengenai pengalaman menolong anda. *Practise self care by taking regular breaks and talking with someone you trust about your helping experience.*		
Jumlah/*Total*		

6.2 THE WORKING PROCESS OF THE MHPSS TEAM

INTRODUCTION

Disasters bring psychological burdens that will bring about significant changes in life and will impose heavy pressure for the future. Any type of disaster, epidemic, crisis, and emergency will have an impact on the mental and psychosocial health of those affect- ed, whether in the short or long term. Therefore, the management and implementation of Mental Health and Psychosocial Support Services are important to support coordination and facilitate actions towards crises/violence/terrorism/war at the ministry, NGO, or other agency levels. These include the MH17 and MH370 incidents in 2014, the Bah-Merah incident in 2014-2015, the Sungai Kim-Kim incident in 2019, the Covid-19 pandemic in 2020, and various other disasters. The MHPSS team is under the Crisis Preparedness and Response Center (CPRC) organization. The MPHSS team's work process involves three main scopes, namely Pre- Deployment, Deployment, and post-Deployment.

a. Pre-Deployment

Pre-Deployment refers to the initial briefing provided specifically to officers who will be mobilized to disaster areas. The objective of this briefing is to prepare the mental readiness of the MHPSS officers before their deployment to crisis/disaster areas.

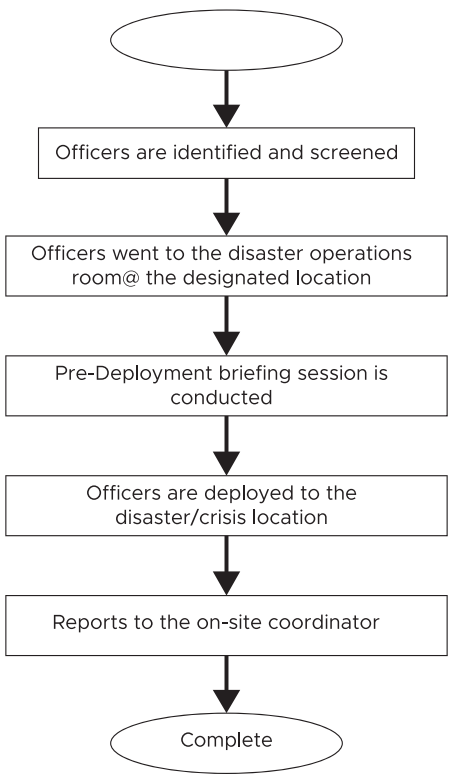


Figure 6.1: Flow Chart Pre-Deployment

b. Deployment

Deployment refers to the intervention provided to victims and officers in terms of mental health and psychosocial support and reducing emotional stress during disasters. The Deployment process is like a flowchart as shown below.

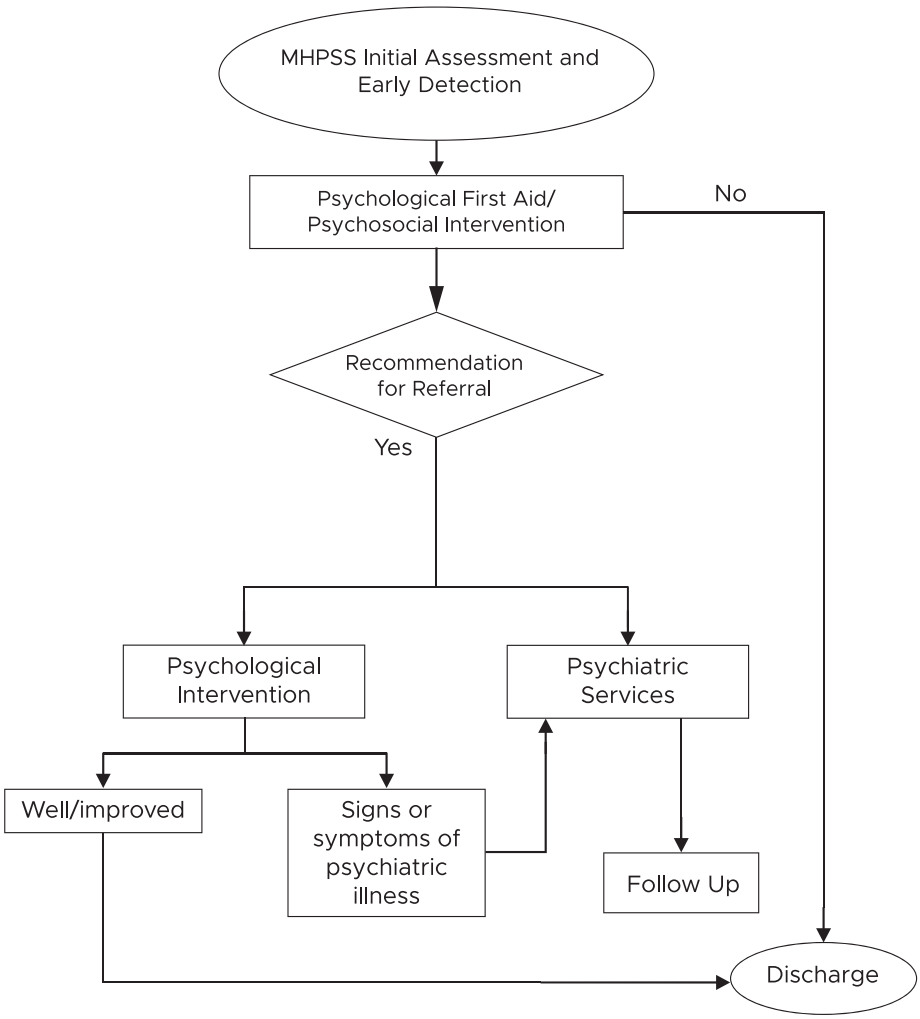


Figure 6.2: Flow Chart Deployment

c. Post-Deployment

Post-Deployment refers to the final briefing given to officers who have been mobilized to disaster areas. The objective of this briefing is to conduct a health assessment to ensure that officers are stable in terms of their mental and physical well-being.

d. Reten MHPSS

MHPSS retention is a procedure for collecting MHPSS data at the state and district levels regarding a disaster or crisis that occurs. The collection of MHPSS data is important for quick action to provide appropriate help and support in addition to providing the latest information on the national mental health surveillance at National Center Excellence of Mental Health.

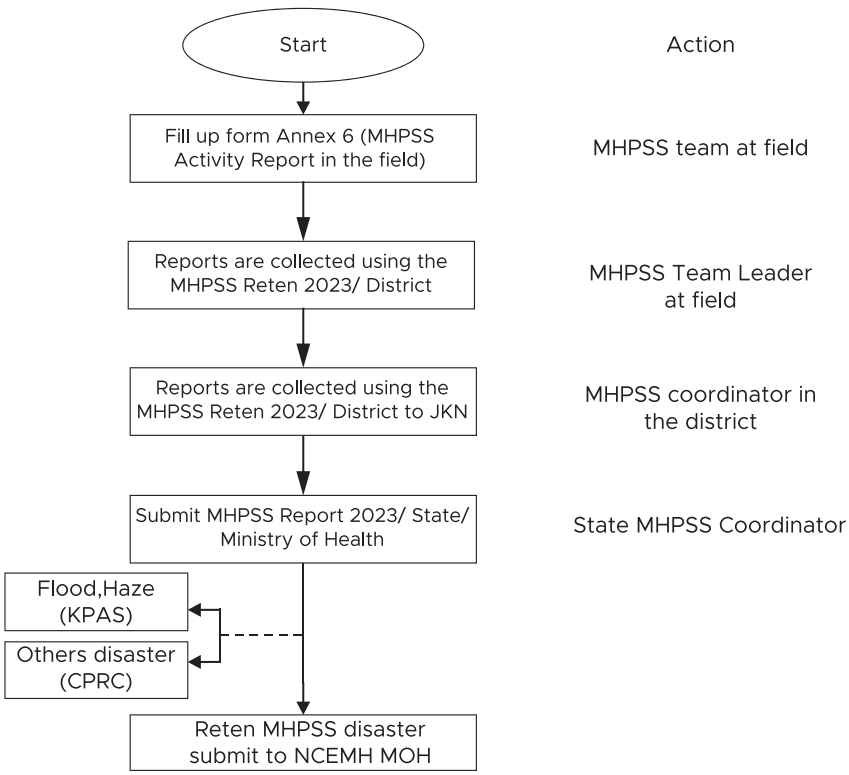


Figure 6.3: Flow Chart MHPSS Report

Table 6.1: Annex 6 Form

MAKLUMAT LAPORAN DI LAPANGAN											
1.	Negeri										
2.	Daerah										
3.	Tarikh Pelaporan										
4.	Pasukan Mobilisasi	Ya		Tidak							
5.	Lokasi aktiviti MHPSS										
6.	Tarikh MHPSS dijalankan										
7.	Bilangan individu diberikan intervensi	Kumpulan Umur	Orang Awam		Petugas KKM		Petugas Agensi Lain				
			Lelaki	Perempuan	Lelaki	Perempuan	Lelaki	Perempuan			
		<18 Tahun			NA		NA				
		18-59 tahun									
		≥60 tahun			NA						
8.	Bilangan Sesi berkumpulan										
9.	Aktiviti MHPSS		Aktiviti MHPSS		Orang Awam		Petugas KKM		Petugas Agensi Lain		

Table 6.2: Reten MHPSS 2023

BIL	BILANGAN LOKASI	BILANGAN PETUGAS MHPSS – PSY SEMASA	PSY KUM	FMS SEMASA	FMS KUM	MO SEMASA	MO KUM	PPSI SEMASA	PPSI KUM	PARAMEDIK SEMASA	PARAMEDIK KUM	LAIN-LAIN SEMASA	LAIN-LAIN KUM
		12	12	4	4	5	5	5	5	5	5	5	5
		6	18	7	11	5	10	5	10	5	10	5	10
		12	30	3	14	6	36	6	16	6	16	6	16
		3	33	3	17	7	23	7	23	7	23	7	23
		9	42	10	27	8	31	8	31	8	31	8	31
		7	49	3	30	8	39	8	39	8	39	8	39
		22	71	7	37	9	48	9	48	9	48	9	48
JUMLAH			225		140		172		172		172		172

MAKLUMAT INTERVENSI

BIL	MAKLUMAT INTERVENSI INDIVIDU – ORANG AWAM L <18	ORANG AWAM L 19-59	ORANG AWAM L >60	ORANG AWAM L JUM	ORANG AWAM P <18	ORANG AWAM P 19-59	ORANG AWAM P >60	ORANG AWAM P JUM	JUMLAH ORANG AWAM <18	JUMLAH ORANG AWAM 19-59	JUMLAH ORANG AWAM >60	PETUGAS KKM L	PETUGAS KKM P	JUMLAH PETUGAS KKM	PETUGAS AGENSI LAIN L	PETUGAS AGENSI LAIN P	JUMLAH PETUGAS AGENSI LAIN	JUMLAH KESELURUHAN <18	JUMLAH KESELURUHAN 19-59	JUMLAH KESELURUHAN >60	JUMLAH KESELURUHAN JUM	MAKLUMAT INTERVENSI BERKUMPULAN – BILANGAN SESI
JUMLAH																						

BIL	JENIS INTERVENSI MHPSS – RELAKSASI ORANG AWAM	RELAKSASI PETUGAS KKM	RELAKSASI PETUGAS AGENSI LAIN	RELAKSASI JUMLAH	EKPRESI SENI ORANG AWAM	EKPRESI SENI PETUGAS KKM	EKPRESI SENI PETUGAS AGENSI LAIN	EKPRESI SENI JUMLAH	PSIKO PENDIDIKAN ORANG AWAM	PSIKO PENDIDIKAN PETUGAS KKM	PSIKO PENDIDIKAN PETUGAS AGENSI LAIN	PSIKO PENDIDIKAN JUMLAH	JUMLAH KESELURUHAN	RUJUKAN – RUJUKAN KLIEN MO	FMS	PSY	PPSI	LAIN-LAIN	JUMLAH RUJUKAN	SEBAB RUJUKAN – SARINGAN ABNORMAL	DISYAKI MENGALAMI GANGGUAN EMOSI	DISYAKI MENGALAMI PENYAKIT MENTAL	BERISIKO BUNUH DIRI
JUMLAH																							

6.3 MHPSS TRIAGE FORM

INTRODUCTION

During disaster, MHPSS triage from can be used by all providers to get relevant information regarding history, nature of disaster and acute impacts of disaster to the victims.

OBJECTIVE

- To standardize screening and clerking sheet for health care provider
- To collect all relevant information for data collection and future references

CLERKING SHEET
PSYCHOLOGICAL FIRST AID TRIAGE FORM FOR DISASTER

DATE:
LOCATION:
SURVIVOR PARTICULAR:
NAME: **AGE:**
ID NO: **SEX:** **ETHNICITY:**
ADDRESS:
PHONE NO:

SESSION: **INDIVIDUAL** ☐ **GROUP** ☐

INVOLVEMENT IN DISASTER:

FEARFUL	☐	DISRUPTIVE	☐	CONFUSED	☐
IRRITABLE	☐	WITHDRAWN	☐	DISORENTATED	☐
RESTLESS	☐	AGGRESSIVE	☐	NUMBNESS OF FEELINGS	☐
ANXIOUS	☐	DANGEROUS TO SELF	☐	DEREALIZATION	☐

PRESENTING SYMPTOMS:

NATURAL DISASTER, SPECIFY.....	☐	LIFE THREAT	☐
MVA	☐	DEATH OF SIGNIFICANT OTHER	☐
PERSONAL LIFE THREAT	☐	OTHER SIGNIFICANT LOSS	☐
WITNESS TO HORRIFIC SCENES	☐	OTHERS	☐

PROBLEM IDENTIFIED:

ACUTE STRESS REACTION	☐	ANXIETY	☐
ACUTE GRIEF REACTION	☐	POST TRAUMATIC STRESS DISORDER	☐
IRRITABILITY, ANGER	☐	DEPRESSION	☐
HYPERVENTILATION	☐	OTHERS	☐

BRIEF INTERVENTATION:

DEEP BREATHING EXERCISE	☐	ART THERAPY	☐
RELAXATION TECHNIQUE	☐	OTHERS	☐
GROUP SESSION	☐		

PLAN:

REFER TO OTHER AGENCIES	☐	REFER TO HOSPITAL	☐
DISCHARGE WITH REASSURANCE	☐	REFER TO COUNSELLOR	☐
REFER TO HEALTH CENTRE	☐	ADMIT	☐
		OTHERS	☐

SIGNATURE :
ATTENDING PROVIDER NAME :
TITLE :
AGENCIES :

Figure 6.4: Clerking Sheet PFA Triage Form for Disaster

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