



How to address psychosocial reactions to catastrophe

Terrorist attacks, situations of armed conflict and all forms of catastrophe tax our abilities to cope, understand and respond. They also have a major impact on the affected person's health and psychosocial functioning. Over the years, there has been a significant amount of interest in the issues of psychosocial responses to these types of events which has taught us a great deal. Importantly, we should acknowledge that most people, whether directly exposed to the event, or a remote observer, are affected by such a tragedy.

What we know.

We have learned:

- ◆ Intense emotional reactions in the face of these events are expected and normal.
- ◆ There is a trajectory of responses over time most often starting early and subsiding within weeks and months. But for some people, the onset of responses may be delayed. In others, the reactions may become long-term leading to considerable disability.
- ◆ Responses will be highly individual in nature, often quite intense and sometimes conflictual. The vast majority of reactions are in the normal range and the intensity will diminish for most people over time without the need for professional help. Support from family and friends is critical. For some, however, the degree of exposure may lead to more serious and prolonged reactions.
- ◆ The range of feelings experienced may be quite broad. People may describe intense feelings of sadness followed by anger. Others may experience fearfulness and hypervigilance to the environment among numerous other reactions.
- ◆ There may be temporary disruptions in normal coping mechanisms for many people and some may go on to develop problems with sleep, nightmares, concentration, intrusive thoughts and a preoccupation with reliving the events. These reactions are generally short lived but if they persist, professional consultation should be sought.

What can be done?

- ◆ Create opportunities for people to talk and share experiences in supportive groups. This is often done best in familiar surroundings such as religious places, schools or community centers.
- ◆ Provide accurate and practical information especially concerning the larger recovery efforts. Special attention to the needs of relief applicants is necessary as relating to the rules and regulations of the relief organizations during the crisis can be overwhelming.

- ◆ Give particular consideration to the needs of special groups such as children, those who have been most intensely exposed or had a history of previous events (exposure to trauma), rescue workers, and people with pre existing mental health conditions.
- ◆ Children and adolescents will need the support of their caregivers. This support should reflect accurate concerns, and diminish any words or actions that would increase the child or adolescent's anxiety. Caregivers should offer reassurance as to their presence and availability during this time. Exposure to television, movies or print matter that offers too graphic depictions of the destruction or victims should be limited.
- ◆ A percentage of people, as high as 30%, who experience the most direct exposure to the events may go on to develop more serious mental health concerns and should be referred for services if they develop persistent issues.

Overwhelming feelings are to be expected and can stress individuals, communities and nations. There are many actions that can be taken at the level of governments, international NGOs and local groups to appropriately and effectively support victims of such a catastrophe. WHO can provide technical assistance through its network of regional and country offices, several of which have a developed programme to assist in emergency action and disaster relief.

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