PSYA-CE
Psychological first aid and psychosocial support in complex emergencies

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Civil Protection

Psychological First Aid and Psychosocial Support In Complex Emergencies

PFA_PSS for beneficiaries in emergencies (Family and community activation)

Additional material (action sheets, literature)

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This trainer manual has been produced within the Psychological First Aid and Psychosocial Support in Complex Emergencies (PFA-CE) Project funded by the European Union.

The objective of PFA-CE is to reach improvement of Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers; Enhancement of disaster response capacities of emergency and volunteer organisations in Europe; Involvement and active participation of affected communities, families and groups in emergency response; Coordination and support for new volunteer types including spontaneous volunteers. This is specifically done through structured experience exchange between the partners from Italy, Serbia, Croatia, Macedonia, Slovenia and Austria,

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Abbreviations

ERU	Emergency Response Unit
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organisation
NVO	Non-governmental voluntary organisation
OR	Official Responders
PFA	Psychological First Aid
PSS	Psychosocial support
SUV	Spontaneous Unaffiliated Volunteers
SV	Spontaneous Volunteers
ToT	Training of Trainers
VRC	Volunteer Reception Center
WHO	World Health Organisation

Content

1. Action sheets 5

General principles in MHPSS Action Sheet Nr. 1: MHPSS Core Principles 5

10.1 Additional Resources 8

Action Sheet Nr. 8: Key MHPSS Aspects in General Crisis Management 11

Action Sheet Nr. 9: Key Principles in MHPSS Crisis Management 13

Action Sheet Nr. 10: Key MHPSS Aspects in Crisis Communication 16

Action Sheet Nr. 19: Key MHPSS Actions before you start the Interventions 20

Action Sheet Nr. 20: Immediate MHPSS Response 22

Action Sheet Nr. 22: General Recommendations for MHPSS Response to Mass Emergencies 24

1. Action sheets

General principles in MHPSS Action Sheet Nr. 1: MHPSS[1] Core Principles

Area

All event types, all target groups, all phases

MHPSS Core principles in both IASC and NATO TENTS guidelines[1,2]

- **Principle 1: Ensure human rights and equity**
    - Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations and at the same time ensure Participation
- **Principle 2: Do no harm**
  Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues. Also, this work lacks the extensive scientific evidence that is available for some other disciplines. Humanitarian actors may reduce the risk of harm in various ways, such as
    - Participating in coordination groups to learn from others and to minimise duplication and gaps in response;
    - Designing interventions on the basis of sufficient information
    - Committing to evaluation, openness to scrutiny and external review
    - Developing cultural sensitivity and competence in the areas in which they
    - intervene/work;
    - Staying updated on the evidence base regarding effective practices; and
    - Developing an understanding of, and consistently reflecting on, universal human rights, power relations between outsiders and emergency-affected people, and the value of participatory approaches. (Anderson, 1999)
- **Principle 3: Build on available resources and capacities**
  All affected groups have assets or resources that support mental health and psychosocial well-being. a key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present.
- **Principle 4: Use Integrated support systems**
  Activities and programming should be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, such as PTSD, can create a highly fragmented care system.
- **Principle 5: Provide a multilayered support**
  In emergencies, people are affected in different ways and require different kinds of supports. A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. All layers of the pyramid are important and should ideally be implemented concurrently.
    - Basic services and security.
    - Community and family supports
    - Focused, non-specialised supports
    - Specialised services

The NATO TENTS guidance suggests a stepped model of care (see Action Sheet Nr. 7)

This stepped model should have its roots in providing basic services, proceed through responses that are made by communities, families and particular people, to non-specialised but focused services and thence to specialised services. Progression through these levels should be based on knowledge of people's needs.

[1] Mental health and psychosocial support

Additional MHPSS core principles from the NATO TENTS guidance[1]

- **Principle 6: Anticipation, Planning, Preparation and Advice**
  - The services, including the psychosocial and mental health services that are required following disasters and major incidents, are much more likely to work effectively if the need for them has been anticipated and defined.
  - This requires understanding of the dynamic shifts that occur with the passage of time and of the clarity about how these services are to collaborate with other services that offer humanitarian aid and responses to people's welfare and psychosocial needs after disasters and major incidents.
  - Knowledge about how people may react psychosocially to disasters and major incidents is likely to assist responsible people in making effective decisions prior to events and when they are making decisions while under strain during events.
- **Principle 7: Needs orientied planning for Families and Communities**
  - All aspects of psychosocial and mental health care should only be provided with full consideration of people's wider social environments, the cultures within which they live, and, particularly, their families and the communities in which they live, work and travel. The service responses that are provided from within societies and, in the case of disasters and major incidents that cause greater devastation, the actions that are taken by external countries and organisations should be titrated against awareness of the needs of the people who have been affected.
  - This requires a strategic stepped model of care to underpin a variety of levels of planning and preparation before events and multi-layered support that is provided afterwards.

- **Principle 8: Developing, Sustaining and Restoring Psychosocial Resilience**
  - This principle means that actions taken, including those that determine how services respond to the needs of communities and people for psychosocial and mental health care, should actively maximise participation of local, affected populations whatever the degree of devastation in each area.
  - Restoring, first, the functioning, and second, the social fabric of communities is highly important in how societies, communities and services respond effectively to the psychosocial and mental health effects of disasters and major incidents.
  - If communities are to receive comprehensive responses to their psychosocial and mental health needs after disasters and major incidents, the following types of service are required: (a) humanitarian aid; (b) welfare services; (c) services that are able to assist people and communities to develop and sustain their resilience; and (d) timely and responsive mental health services.
- **Principle 9: Integrating Psychosocial and Mental Healthcare Responses into Policy and into Humanitarian Aid, Welfare, Social Care and Health Care Agencies' Work**

  Achieving comprehensive psychosocial care and mental health services for moderate and large scale emergencies requires that lessons learned through research and experience are translated into integrated, ethical policy and plans at four levels. They are:
  - Governance policies;
  - Strategic policies for service design;
  - Service delivery policies; and
  - Policies for good clinical practice.

  Governance policies relate to how countries, regions and counties are governed. Governance policies require the responsible authorities to develop strategic policies. Strategy should be developed by bringing together evidence from research, past experience, knowledge of the nature of areas of the country for which they are responsible and of their populations, and the profile of risks, to design services. Responsible authorities are also responsible for evaluating and managing the performance of those services to meet the identified objectives

  Service delivery policies concern how particular services function and relate to their partner services and how affected populations are guided into and through them according to the evidence and awareness of the preferences of people who are likely to use them. Service delivery policies include evidence-informed

and values-based models of care, care pathways and protocols and guidelines for care as well as processes for demand management, audit and review.

Policies for good clinical practice concern how clinical staff take account of the needs and preferences of patients, deploy their clinical skills, and work with patients to agree how guidelines, care pathways and protocols are interpreted in individual cases.

Policy at each of the four levels should be informed by culture and values as well as by evidence and experience gleaned from practice. The Madrid Framework (see Annex A) can be used as a framework for benchmarking how policies deal with the values that are inherent in designing and delivering services.

- **Principle 10: All planners, incident commanders as well as practitioners, volunteers, researchers and evaluators should agree to work to a common set of standards**
    - In certain circumstances, especially those in which there is widespread devastation, high standards may not be achievable until there has been restoration of basic community functioning and resources including clean water and food supplies, shelter and protection, communications, and healthcare. Situations of this kind should be anticipated and covered by planning. Planning should consider what are the minimum standards in a range of different circumstances.
    - The standards adopted have substantial implications for training, research, evaluation and information-gathering because all of these capabilities should be core parts of all disaster and major incident response plans. This means that the requirement for them is anticipated and standards for research, evaluation and information-gathering should be developed and planned before disasters occur.
    - Research and evaluation should identify the factors that contribute to either the success or failure of particular types of service, their organisation and delivery, and particular interventions.
    - Research and evaluation should include follow up studies that are designed to learn about long-term effects that may be associated with psychosocial intervention programmes a substantial time after they have been completed.

CITATION:

[1]NATO-TENTS guidance: Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. & Bevan, P. (2009). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents, **p.2ff.** Available at http://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/uk/Principles_for_Disaster_and_Major_Incident_Psychosocial_Care_Final.pdf http://www.healthplanning.co.uk/principles/Principles_for_Disaster_and_Major_Incident_Psychosocial_Care_Final.pdf

[2]IASC Mental health Guidelines: Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, **p.9ff**. Available at www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

10.1 Additional Resources

Research

Anderson, M. (1999). Do No Harm: How aid can support peace – or war. Boulder, CO: Lynne Rienner.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, P. R., De Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. Psychiatry 70 (4), 283–315. Available at http://mhpss.net/wp-content/uploads/group-documents/140/1330584195-Masstraumaintervention.pdf

Te Brake, H. & Dückers, M. (2012). Early psychosocial interventions after disasters, terrorism and other shocking events: is there a gap between norms and practice in Europe? European Journal of Psychotraumatology, 4. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3566377/pdf/EJPT-4-19093.pdf

European projects and guidelines

Antares Foundation (2012). Managing stress in humanitarian workers. Guidelines for good practice. (3rd ed.)

Bevan, P., Williams, R., Kemp, V., Alexander, D., Hacker Hughes, J. &. Rooze, M. (2008). Psychosocial Care for People affected by disasters and major incidents.

Burger, N. (2012). Guidelines for psychosocial support for uniformed workers. Extensive summary and recommendations.

DH Emergency Preparedness Division (2009). NHS Emergency Planning Guidance. Planning for the psychosocial and mental health care of people affected by major incidents and disasters: Interim national strategic guidance

European and Mediterranean Major Hazards Agreement (EUR-OPA). Alexander, D. & Sagramola, S. (2014). Major Hazards and People with Disabilities – Their Involvement in Disaster Preparedness and Response.

EUTOPA (2007). Multidisciplinary Guideline - Early psychosocial interventions after disasters, terrorism and other shocking events. Available at http://www.eutopa-info.eu/fileadmin/products/eng/Multidisciplinary_guideline_English_complete.pdf

Federal Office of Civil Protection and Disaster Assistance- Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK) - (2011). Psychosoziales Krisenmanagement in CBRN-Lagen / Psychosocial crisis management in CBRN incidents, **p.59-108**. Available at http://www.bbk.bund.de/SharedDocs/Downloads/BBK/DE/Publikationen/Praxis_Bevoelkerungsschutz/Band_6_Psychoz_KM_CBRN_Lage.html

Federal Office of Civil Protection and Disaster Assistance (BBK) (2011). Guideline for Strategic Crisis Management Exercises

Gaddini, A., Scalmana, S. & Teodori, M. (2009). Psycho-social interventions following disasters, terrorism and other shocking events - General Recommendations. IPPHEC.

Hoijtink, L., Te Brake, H. & Dückers, M. (2011). Resilience Monitor - Development of a measuring tool for psychosocial resilience. IMPACT.

National Institute for Health and Care Excellence (NICE) (2005) Post-traumatic Stress Disorder (PTSD): The Management of PTSD in Adults and Children in Primary and Secondary Care. [NICE guideline]

NATO-TENTS, Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. &. Bevan, P. (n.d.). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents.

Pescaroli, G., Alexander, D., Selde, P., Fritz, F., Pelzer, R., Hempel, L., Dien, Y. & Duval, C. (2014). Deliverable 2.1: Pathogenic vulnerabilities and resilient factors in systems and populations experiencing a cascading disaster.

Samur Civil Protection & Summa (n.d.) Mass emergency management. Mental health service intervention in disasters

TENTS, Bisson, J. &. Tavakoly B. (2008). The Tents Guidelines. Psychosocial care following disaster and major incidents.

OGS Tools

Inter-Agency Standing Committee (IASC) (2008). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for field use. Available at http://www.who.int/mental_health/emergencies/IASC_guidelines.pdf

European Commission Humanitarian Aid and Civil Protection (ECHO) (2013). Gender-Age Marker. Toolkit.

European Commission Humanitarian Aid and Civil Protection (ECHO) (2014). Resilience Marker. General Guidance.

Practice Examples

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programs. Available at http://helid.digicollection.org/en/d/Js2902e/

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and Handbook MHPSS tools_ Annex

PSS and Crisis Management

Crisis management is a major element in enhancing the psychosocial functioning and wellbeing of all affected groups. We define crisis management as follows: Crisis management refers to all efforts to deal with a threat before, during and after a threat has occurred (see, for example, Shrivastava et al., 1988; Asis, 2009).

This may involve the following aspects:

- Methods used to respond to both the reality and perception of crises.
- Establishing metrics to define what scenarios constitute a crisis and should consequently trigger
- The necessary response mechanisms.
- Communication that occurs within the response phase of emergency management scenarios.

Key aspects in crisis management can be seen in the following Action Sheets that may be used as handouts (AS 8 and 9)

Action Sheet Nr. 8: Key MHPSS[2] Aspects in General Crisis Management

Area
All event types, all target groups, all phases

Key Actions

- **Appraise the threat and what it is about**
  Policymakers have to make sense of the critical nature of development. They must appraise the threat and what it is about
- **Make decisions under uncertainty and high risk; Coordinate actions**
  Many of these decisions are not taken by individuals but they emerge from "various loci of decision making and coordination" interagency and intergovernmental coordination is crucial
- **Provide an authoritative account of what is going on**
  Meaning making is aiming at reducing uncertainty and providing an authoritative account of what is going on. Problems arise as leaders are not the only ones who give and shape information and authorities cannot often provide accurate information right from the outset of a crisis
- **Be accountable and do not engage in defensive post-crisis blaming**
  Governments cannot stay in crisis forever. Shifting back from crisis to routine mode is one aspect. "Blame games" often start after termination of the crisis. Leaders must be able to cope with accountability and not engage in blame designation and defensive blame avoidance
- **Learn from crises and use longterm studies of impact**
  Lesson drawing is often not done Long term processes are needed to study the impact of a crisis on society. Collective learning after a crisis is a very important factor that has high implications for further crises and how they are dealt with

CITATION:
Boin, A. & t´Hart, P. (2007). The Crisis Approach. In H. Rodriguez, E. Quarantelli & R. Dynes (Eds.) Handbook of disaster research, **p. 50ff**. NY: Springer. Available at http://link.springer.com/content/pdf/bfm%3A978-0-387-32353-4%2F1.pdf

Additional Resources

Bovens, M.,'t Hart, P., Sander Dekker & Verheuvel, G. (1999). The politics of blame avoidance: Defensive tactics in a Dutch crime-fighting fiasco. In When things go wrong: Organizational failures and breakdowns, ed. H. K. Anheier, 123–47. London: Sage.

Dekker, S. & Hansén, D. (2004). Learning under pressure: the effects of politicization on organizational learning in public bureaucracies. Journal of Public Administration Research and Theory, 14(2), 211-230.

Deverell, E. & Olsson, E.-K. (2010). Organizational culture effects on strategy and adaptability in crisis management, Risk Management, 12 (12), 116-134.

Deverell, E. (2009). Crises as Learning Triggers: Exploring a Conceptual Framework of Crisis-Induced Learning, Journal of Contingenices and Crisis Management, 17 (3), 179-188.

[2] Mental health and psychosocial support

Eyre, A. & Dix, P. (2014). Collecitve Conviction: The Story of Disaster Action Paperback. Liverpool University Press.

OGS Tools

Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Coordination – Establish coordination of intersectoral mental health and psychosocial support, p.33. Available at http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Philippine Department of Health - Health Emergency Management Staff (DOH-HEMS) & World Health Organization - Emergency and Humanitarian Action - Regional Office for the Western Pacific (WHO-WPRO) (2012). Pocket Emergency Tool. Available at http://mhpss.net/wp-content/uploads/group-documents/219/1384428965-pocketemergencytoolphilippinesdeptofhealth.pdf

Practice Examples

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and Handbook MHPSS planning tools Annex

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programs. Available at http://helid.digicollection.org/en/d/Js2902e/

Action Sheet Nr. 9: Key Principles in MHPSS[3] Crisis Management

Area

All event types, all target groups, all phases

Key principles

Principle 1: Effective command, control and coordination before, during and following a disaster or major incident

Principle 2: Appointing psychosocial and mental health trained advisers at the strategic, tactical and operational levels of command to assure full integration of the services that respond to communities' and people's psychosocial and mental health needs within disaster and major incident plans.

Principle 3: The responsible authorities, incident response commanders, service managers and professional practitioners adopt an ethical framework for planning and delivering services.

Principle 4: The responsible authorities, incident response commanders, service managers and professional practitioners adopt a framework for good decision-making.

Principle 5: Commanders should ensure that appropriate services are made available in each phase of response and recovery and this requires services that offer

- immediate humanitarian aid and welfare services for everyone who needs them;
- service responses that recognise that the intensity and duration of people's exposure to stressors, certain prior experiences, and the availability or otherwise of social support are related to their likelihood of developing more serious psychosocial problems or mental disorders;
- long-term and persistent follow-through; and
- care for responders.

Principle 6: The responsible authorities, incident response commanders, service managers and professional practitioners adopt pre-planned frameworks for:

- corporate governance; and
- clinical governance.

Principle 7: Execution of psychosocial and mental health care plans depends on effectively managing and caring for staff.

Staff and agencies should be provided with:

- clear plans;
- statements of the expectations that are likely to fall on them;
- opportunities for training and rehearsal; and
- increased supervision and social support.

Principle 8: Roles, standards and support

Staff and volunteers should have

- clear roles and responsibilities that are agreed in advance;
- professional standards and expectations that are clear, practical and realistic;

[3] Mental health and psychosocial support

- effective leadership and access to the support of colleagues.

CITATION:

[1]NATO-TENTS guidance: Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. & Bevan, P. (2009). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents, **p.16-17** Available at http://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/uk/Principles_for_Disaster_and_Major_Incident_Psychosocial_Care_Final.pdf

[2]Boin, A. & t´Hart, P. (2007). The Crisis Approach. In H. Rodriguez, E. Quarantelli & R. Dynes (Eds.) Handbook of disaster research (pp. 42-52). NY: Springer. Available at http://link.springer.com/content/pdf/bfm%3A978-0-387-32353-4%2F1.pdf

Additional Resources

Boin, A., ´t Hart, P., Stern, E. & Sundelius, B. (2005). The Politics of Crisis Management: Public Leadership under Pressure. Cambridge: Cambridge University Press.

Boin, A. (Ed.) (2008). Crisis Management: Volume III. London: Sage Available at http://www.sirpa.fudan.edu.cn/picture/article/56/1d14cd6e-ceb6-463f-9e2d-898499a93625/a89b9cdc-4ba3-462f-af57-bdaf36e913e6.pdf

Rodriguez, H., Quarantelli, E. & Dynes, R. (Eds.) (2007). Handbook of disaster research. NY: Springer. Available at http://books.google.at/books?hl=de&lr=&id=zbqm1SRClU4C&oi=fnd&pg=PR7&dq=Handbook+of+disaster+research&ots=uIot6IspaK&sig=H0hB5PEdG2mZ3BSW6KO0MnaU8d0#v=onepage&q=Handbook%20of%20disaster%20research&f=false

Svedin, L. (Ed.) (2011). Ethics and Crisis Management. Charlotte: Information Age.

OGS Tools

Philippine Department of Health - Health Emergency Management Staff (DOH-HEMS) & World Health Organization - Emergency and Humanitarian Action - Regional Office for the Western Pacific (WHO-WPRO) (2012). Pocket Emergency Tool. Available at http://mhpss.net/wp-content/uploads/group-documents/219/1384428965-pocketemergencytoolphilippinesdeptofhealth.pdf

The European Network for Traumatic Stress (TENTS) (n.d.). Tents-E-Modules. Available at https://www.estss.org/tents/e-module/

Containing

- Planning, Preparation and Management (E-Module)
- General Components of Response, Specific Components of Response (E-Module)

Practice Examples

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and handbook MHPSSplanning tools Annex

World Health Organisation (WHO) (2013). Building back better. Sustainable Mental Health Care after Emergencies. Available at http://www.who.int/mental_health/emergencies/building_back_better/en/

Containing

- Part 2: Seizing opportunity in crisis: 10 case examples (p. 25)
- Part 3:Spreading opportunity in crisis: Lessons learnt and take home messages (p. 95)

Crisis Communication

Information is the most important need in the acute phase of disasters. Psycholgical First Aid depends on the ability of the helper to provide information on what has happened, what is done by the helpers and what can be done by the affected themselves. This requires a communication structure between crisis management and helpers that allows the helper to be part of the communication process between authorities and affected population. Psychosocial support has the task of opening up a communication channel between the affected population and the authorities. Therefore the first question in a disaster situation is “how and where can we best reach the affected ?” and “how can we open up a dialogue with the affected?” Psychosocial support therefore has to be an integrated part of crisis management. Psychosocial experts have to be part of the command staff in order to enable the dialogue.

The crisis manager has the task to provide information according to the following principles
Key aspects of crisis communication can be seen in the following action sheet (AS 10) that may be used as handout

Action Sheet Nr. 10: Key MHPSS[4] Aspects in Crisis Communication

Area

All event types, all target groups, all phases

Key Principle: "Establish an open an fair dialogue with all relevant stakeholers" (Olsson, 2011, p. 143)

Key Actions

- **Integrate the communication strategy into the decision making process and link the communication strategy to the ongoing process of crisis development**
  When crisis communication follows a process model, it is more comprehensive and systematic in addressing the entire range of strategies from pre- to post-event
- **Pre-event planning and update plans regularily**
  Planning includes identifying risk areas and corresponding risk reduction, pre-setting initial crisis responses so that decision making during a crisis is more efficient, and identifying necessary response resources. Significant case-based evidence exists, for example, that it is essential to conduct risk analysis and assessment for the management of risk and the prevention of crisis. All organizations should identify the potential hazards they face
- **Accept the public as a partner**
  Accepting the public as a legitimate and equal partner emerged from the literature as a best practice in crisis communication
- **Listen to the public´s concerns and understand the Audience and respond in an adequate manner**
  In order to achieve a standpoint of dialogue, an organization managing risks or experiencing a crisis must listen to the concerns of the public, take these concerns into account, and respond accordingly
- **Honesty**
  Effective crisis communicators are honest in their public communication. Such honesty, in the long run, fosters credibility with both the media and the public. Moreover, a response that is less than honest may, ultimately, create the perception of wrong doing
- **Candor and Openness**
  Furthermore, communication should be candid, and open. Be aware that there are cases where there could be good reason for not releasing all information. There is a big difference between responding to a difficult or sensitive question with a flat out lie (or even a white lie, e.g. "I don't know", "I don't have that information") and with either an honest acknowledgement of uncertainty, or an "I'm not prepared to answer that question". The latter, which is honest, but not fully open, will be sometimes appropriate and sometimes not. The guiding principle could be": you do not always have to say everything but what you say must be honest and "true" (based on the facts that are known at the given moment)
- **Collaborate and coordinate with credible sources**
  Collaborative relationships allow agencies to coordinate their messages and activities. Developing a pre-crisis network is a very effective way of coordinating and collaborating with other credible sources. To maintain effective networks, crisis planners and communicators should continuously seek to validate sources, choose subject-area experts, and develop relationships with stakeholders at all levels. Coordinating messages enhances the probability of consistent messages and may reduce the confusion the public experiences. Consistency of message is one important benchmark of effective crisis communication
- **Meet the needs of the media and remain accessible**
  Since some sections of the media thrive on crisis and scandal – and since other sections have an important democratic role in uncovering incompetence and corruption – it is necessary for senior crisis managers

[4] Mental health and psychosocial support

(above all, politicians or their representatives) to collaborate with the media at the preparedness phase to ensure that they are both able to go about their business if a crisis hits. Rather than viewing the media as a liability in a crisis situation, risk and crisis communicators should engage the media, through open and honest communication, and use the media as a strategic resource to aid in managing the crisis. When communicating with the media, organizations should avoid inconsistency by accepting uncertainty and avoid any temptation to offer overly reassuring messages. Media training should be completed by crisis communicators prior to the onset of a crisis situation. Crisis spokespersons should be identified and trained as part of pre- crisis planning.Politicians/senior responders need to know that the media are reporting responsibly (rather than just trying to "get a story"; and the media need to know that politicians are being appropriately honest, open, and cooperative (rather than trying to "spin a story"). But this is difficult, given that outside of disaster contexts, openness is not necessarily the norm

- **Communicate with Compassion, Concern, and Empathy**
  Whether communicating with the public, media, or other employers, designated spokespersons should demonstrate appropriate levels of compassion, concern, and empathy. These characteristics significantly enhance the credibility of the message and enhance the perceived legitimacy of the messenger both before and after an even
- **Accept Uncertainty and Ambiguity**
  A best practice of crisis communication, then, is to acknowledge the uncertainty inherent in the situation with statements such as, ''the situation is fluid,'' and, ''We do not yet have all the facts.'' This form of strategic ambiguity allows the communicator to refine the message as more information becomes available and avoids statements that are likely to be shown as inaccurate as more information becomes available. Acknowledging uncertainty should not be used as a strategy, however, to avoid disclosing uncomfortable information or closing off further communication. In these, cases context information about the search and rescue and other actions might be of more use as well as explaining in more detail that information is gathered and has to be validated continuously in the course of the developing situation and actions have to be adapted to the changing needs of the situation
- **Messages of Self-Efficacy**
  The public health literature and risk communication research have emphasized the importance of messages that provide specific information telling people what they can do to reduce their harm. These messages of self-efficacy can help restore some sense of control over an uncertain and threatening situation. Moreover, these messages may, ultimately, help reduce the harm created by a risk factor

CITATION:
Seeger, M.W. (2006). Best Practices in Crisis Communication: An Expert Panel Process, Journal of Applied Communication Research, 34:3, **p. 237ff**. Available at http://www.tandfonline.com/toc/rjac20/34/3#.Uxb4gF7gJCM

Additional Resources

Baron, G., & Philbin, J. (2009). Social media in crisis communication: Start with a drill. PR Tactics.

Centers for Disease Control and Prevention (CDC) (2012). Crisis emergency and risk communication. Be first – be right – be credible. http://www.bt.cdc.gov/cerc/pdf/cerc_2012edition.pdf

Coombs, W.T. & Holladay, S.J. (2009). The Handbook of Crisis Communication. United Kingdom: Blackwell Publishing.

Covello, V. T. (2003). Best Practices in Public Health Risk and Crisis Communication. Journal of Health Communication, 8, 5.

Olsson, E.K. (2011). Communication in Crises of Public Diplomacy. In L. Svedin (Eds.) Ethics and Crisis Management (p. 141-161). Charlotte: Information Age.

Seeger, M. W. (2006). Best Practices in Crisis Communication: An Expert Panel Process. Journal of Applied Communication Research, 34(3), 232-244.

Semple, E. (2009). Update your crisis comms plan with social media. Strategic Communication Management, 13(5), 7.

Tinker, T. L., Dumlao, M., & McLaughlin, G. (2009). Effective Social Media Strategies During Times of Crisis: Learning from the CDC, HHS, FEMA, the American Red Cross and NPR. Public Relations Strategist.

Ulmer, R., Sellnow, T., & Seeger, M. (2007). Effective Crisis Communication Moving From Crisis to Opportunity. SAGE Publications

Eyre, A. & Dix, P. (2014). Collecitve Conviction: The Story of Disaster Action Paperback. Liverpool University Press.

OGS Tools

IMPACT, Jong, W. & Hoijtink, L. (2011). In Contact with Survivors - Points for Consideration for Communication between Government and Survivors after Disasters and Crises. Points for Consideration (Each Chapter). Points for consideration: Direct communication, p.18. Available at www.impact-kenniscentrum.nl/doc/publicaties_producten/in%20contact%20with%20survivors.pdf

Infoasaid (n.d.). Communication Strategy Template. Available at https://www.humanitarianresponse.info/system/files/documents/files/communication_strategy_template.pdf

Infoasaid (n.d.). Questions to assess whether TV should be used to communicate with crisis affected communities in a humanitarian emergency. Available at https://www.humanitarianresponse.info/system/files/documents/files/questions_on_information_needs_and_access_for_inter_agency_needs_assessments.pdf

Infoasaid (n.d.). The Characteristics of Different Communication Channels. Available at https://www.humanitarianresponse.info/system/files/documents/files/characteristics_of_different_communication_channels_0.pdf

U.S. Department of Health and Human Services & Centres for Disease Control and Prevention (2012). Crisis and emergency Risk Communication (CERC): 2012 Edition. Chapter 4: Crisis Communication Plans, p.85. Available at http://emergency.cdc.gov/cerc/pdf/CERC_2012edition.pdf

Practice Examples

OPSIC-Team (2014). Practice examples. Flooding 2013 in Austria. Comprehensive Guideline OPSIC-Project – and handbook MHPSS planning tools Annex

OPSIC-Team (2014). Practice examples. School Shooting 2008 in Finland. Comprehensive Guideline OPSIC-Project – and handbook MHPSS planning tools Annex

OPSIC-Team (2014). Practice examples. Terrorist Attack 2011 in Norway. Comprehensive Guideline OPSIC-Project – and handbook MHPSS planning tools Annex

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programs. Available at http://helid.digicollection.org/en/d/Js2902e/

The first steps in setting up a PSS mission

Psychosocial support needs a framework that provides all of the five elements that Hobfoll and colleagues have decribed in 2007, safety (including information and safe places), connectedness (including family reunions), calm (including child friendly spaces and restoring normalcy), self and collective efficiency (including decision making and active coping) and hope (including plans for the near future and activities that enhance positive emotions). In order to provide such a framework crisis management has to be well aware of PSS and PSS managers have to be part of the general crisis management. Therefore psychosocial crisis management and psychosocial crisis plans have to be established before disaster strikes.

After the disaster happened, first steps to take before starting the mission should include the following Action sheet (AS 19, 20 and 22) that may be used as handout

Action Sheet Nr. 19: Key MHPSS[5] Actions before you start the Interventions

Area

All event types, all target groups, response phase, delivery design

Key Actions

- **Call in your crisis management team and set up a base**
  You must sure your own basic safety, evacuation, food etc.
- **Send out a team to conduct a rapid assessment of needs and capacities**
  Using your pre-designed psychosocial response plan) that gives you feedback rapidly and helps you design your first intervention plan
- **Find out how best to reach the people in need and then decide about the most adequate forms of support** (humanitarian assistance center, PSS integrated into evacuation center or in shelter, community center etc.) **according to the type and place of event** (international, national, regional event; relatives local or from abroad, infrastructure and other relevant resources destroyed or intact etc.)
- **Prioritize the needs and identify the target groups that are most vulnerable in order to first support those who have the most urgent needs for support and in order to give each group the adequate kind of support**
- **Make an intervention plan**
  Set up activities to be carried out immediately and lateron by – members of the community / community leaders / volunteers / trained PSS personnel / mental health experts, make a first estimate on how long the intervention might take and involve all groups that might be relevant for psychosocial care and support
- **Make contact and coordinate PSS activities with all the relevant stakeholders**
  use your lists of partner organisations and inform them about the event and the planned activities, plan coordination meetings, give regular updates on your activities and coordinate all activities in such a way that parallel structures are avoided and each group can give the kind of support that they are most adequate to provide
- **Design the relevant communication campaign**
  see Action Sheets Nr.10-14: Crisis Communication
- **Human resources management**
  - Call your teams together

[5] Mental health and psychosocial support

- Assign your teams according to capacity and needs
- **Provide ongoing intervention plan changes based on ongoing assessments in order to adapt to changes in needs and situation that are very common and may happen rapidly in the early phases of a disaster**

CITATION:
The OPSIC Team

Additional Resources

Impact (2014). Multidisicplinairy guidelines on psychosocial support and care in case of disasters and crises. Diemen.

OGS Tools

International Federation of Red Cross and Red Crescent Societies (IFRC), Bouris, S. (2006). Working with Communities: A Toolbox. A Common Approach to Working with Communities. Part A: Analysis of the situation, p.9. Available at http://www.ifrc.org/pagefiles/95747/b.b.01.%20working%20with%20communities-tool%20box_ifrc.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC), Hansen, P. (2009). Psychosocial Interventions. A Handbook. Assessment, p.53-74. Available at http://mhpss.net/wp-content/uploads/group-documents/22/1328075906-PsychosocialinterventionsAhandbookLowRes.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) & International Committee of the Red Cross (ICRC) (2008). Guidelines for Assessment in Emergencies. Available at http://www.icrc.org/eng/assets/files/publications/icrc-002-118009.pdf

Philippine Department of Health - Health Emergency Management Staff (DOH-HEMS) & World Health Organization - Emergency and Humanitarian Action - Regional Office for the Western Pacific (WHO-WPRO) (2012). Pocket Emergency Tool. Rapid Health Assessment Forms, p. 236. Available at http://mhpss.net/wp-content/uploads/group-documents/219/1384428965-pocketemergencytool-philippinesdeptofhealth.pdf

Practice Examples

7th July Assistance Centre, Stone, C (2009). Lessons Learned by the 7th July Assistance Centre staff, steering group and partners. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/78999/7july-assistancecentre-lessons-learned.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and handbook MHPSS planning tools-Annex p

Action Sheet Nr. 20: Immediate MHPSS[6] Response

Area
All event types, all target groups, response phase, service delivery design

Key Recommendations and resulting Actions

- **Coordinate**
  Establish coordination of intersectoral mental health and psychosocial support
- **Assess**
  Conduct assessments of mental health, needs and psychosocial issues
- **Monitor**
  Initiate participatory systems for monitoring and evaluation
- **Promote Human Rights**
  Apply a human rights framework through mental health and psychosocial support
- **Protect**
  Identify, monitor, prevent and respond to protection threats and failures through social and legal protection
- **Activate**
  Facilitate conditions for community mobilization, ownership and control of emergency response in all sectors of the response
- **Recruit, train and support staff and volunteers**
  - Identify and recruit staff and engage volunteers who understand local culture
  - Enforce staff codes of conduct and ethical guidelines
  - Organise orientation and training of aid workers in mental health and psychosocial support
  - Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers
- **Provide support on all levels**
  - Include specific psychological and social considerations in provision of general health care
  - Provide access to care for people with severe mental disorders
  - Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions
  - Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems
  - Minimise harm related to alcohol and other substance use
- **Provide special support for children and adolescents**
  - Facilitate support for young children (0–8 years) and their care-givers
  - Strengthen access to safe and supportive education
- **Provide Information**
  - Provide information to the affected population on the emergency, relief efforts and their legal rights
  - Provide access to information about positive coping methods
- **Embed the psychosocial support into the overall support system**
  - Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support
  - Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner
  - Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation as well as other sectors of support

[6] Mental health and psychosocial support

CITATION:
IASC Mental health Guidelines: Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, **p.25ff**. Available at www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Additional Resources

Aung, E. & Whittaker, M. (2013). Preparing routine health information systems for immediate health responses to disasters. Health policy and planning, 28(5), 495-507.

EUTOPA (2007). Multidisciplinary Guideline - Early psychosocial interventions after disasters, terrorism and other shocking events. Available at http://www.eutopa-info.eu/fileadmin/products/eng/Multidisciplinary_guideline_English_complete.pdf

OGS Tools

Action by Churches Together International (ACT International), Lutherhjälpen Svenska Kyrkan, Norwegian Church Aid (NCA) & Presbyterian Disaster Assistance (PDA), Angi, K., Nygaard, S. G., Lundberg, M., Mossegard, P., Skoglund, G. T. & Ekelund, E. (2005). Community based psychosocial services in humanitarian assistance. A facilitator´s guide. Chapter 6: Community Assessment of Psychosocial Support Needs, p.6-1. Available at http://www.medicalteams.org/docs/default-source/resource-center/community_based_psychosocial_services_in_humanitarian_assistance_a_facilitator-s_guide_actBC49BACCB0B9.pdf

Inter-Agency Standing Committee (IASC) (2012). Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity codes. Available at http://www.who.int/mental_health/publications/iasc_4ws.pdf?ua=1

National Child Traumatic Stress Network (NCTSN) & National Center for PTSD, Brymer, M., Layne C., Jacobs, A., Pynoos R., Ruzek, J., Steinberg, A., Vernberg, E. & Watson, P. (2006). Psychological First Aid. Field Operations Guide. Available at http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/pfa_2ndeditionwithappendices.pdf

Practice Examples

Council of Europe / EFPA (2010) Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and Handbook MHPSS planning tools Annex

Action Sheet Nr. 22: General Recommendations for MHPSS[7] Response to Mass Emergencies

Area
All event types, all target groups, response phase, service delivery design

Key Recommendations

- **A telephone helpline** staffed by trained personnel that provides emotional support should be launched
- **A website** concerning psychosocial issues should be launched
- A humanitarian assistance centre/one stop shop should be established where a range of services potentially required can be based
- **If needed other forms of intervention** are recommended (shelters, evacuation centers etc.) Those overseeing the initial psychosocial response should work closely with the media
- **The creation of a database** to record personal details should be considered
  This should be planned well in advance in order to minmise concerns re privacy and data protection

Key Actions

- The initial response requires practical help and pragmatic support provided in an empathic manner including a thorough assessment of needs before intervention and an (interagency) intervention plan (see Action Sheet Nr. 17-18: Preparedness; see Action Sheet Nr. 25: Psychological First Aid)
- Information regarding the situation and concerns of individuals affected should be obtained and provided to them in an honest and open manner
- Written leaflets containing education about responses to traumatic events, helpful coping and where to seek help if necessary should be provided
- Individuals should be actively provided with education about reactions to traumatic events if they are interested in receiving it
- Psychological reactions should be normalised during the initial response (see Action Sheet Nr. 6)
- Individuals should be neither encouraged nor discouraged from giving detailed accounts

CITATION:
TENTS Guidelines: Bisson, J. &. Tavakoly B. (2008). The Tents Guidelines. Psychosocial care following disaster and major incidents, **p.5ff.** Available at https://www.estss.org/uploads/2011/04/TENTS-Full-guidelines.pdf

Additional Resources

Aung, E., & Whittaker, M. (2013). Preparing routine health information systems for immediate health responses to disasters. Health Policy & Planning, 28(5), 495-507.

Cox, R. S., & Danford, T. (2014). The need for a systematic approach to disaster psychosocial response: a suggested competency framework. Prehospital and Disaster Medicine, 29(2), 183-189.

Dolan, B. (2011). DISASTER RESPONSE IN AN EARTHQUAKE. Emergency Nurse, 19(1), 12-15.

[7] Mental health and psychosocial support

Fordis, M., Alexander, J. D., & McKellar, J. (2007). Role of a database-driven web site in the immediate disaster response and recovery of Academic Health Center: the Katrina experience. Academic Medicine: Journal of The Association Of American Medical Colleges, 82(8), 769-772.

Grimm, A., Hulse, L., Preiss, M., & Schmidt, S. (2014). Behavioural, emotional, and cognitive responses in European disasters: results of survivor interviews. Disasters, 38(1), 62-83.

Kahn, L. H., & Barondess, J. A. (2008). Preparing for Disaster: Response Matrices in the USA and UK. Journal of Urban Health, 85(6), 910-922.

Wilson, J., Murray, V., & Kettle, J. N. (2009). The July 2005 London bombings: environmental monitoring, health risk assessment and lessons identified for major incident response. Occupational and Environmental Medicine, 66(10), 642-643.

OGS Tools

World Health Organisation (WHO), War Trauma Foundation & World Vision International (2011). Psychological first aid: Guide for field workers. Available at http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

World Health Organisation (WHO) & United Nation High Commision of Refugee (UNHCR) (2012). Assessing Mental Health and Psychosocial Needs and Resources. Toolkit for Humanitarian Settings. Available at http://apps.who.int/iris/bitstream/10665/76796/1/9789241548533_eng.pdf

Containing

- Tool 1: Who is Where, When, Doing What (4WS) in Mental Health and Psychosocial Support (Mhpss): Summary of Manual with Activity Codes (p. 30)
- Tool 2: WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS) (Field-Test Version) (p. 34)
- Tool 3: The Humanitarian Emergency Settings Perceived Needs Scale (HESPER) (p. 41)
- Tool 4: Checklist for Site Visits at Institutions in Humanitarian Settings (p. 42)
- Tool 5: Checklist for Integrating Mental Health in Primary Health Care (PHC) in Humanitarian Settings (p. 47)
- Tool 6: Neuropsychiatric Component of the Health Information System (HIS) (p. 53)
- Tool 7: Template to Assess Mental Health System Formal Resources in Humanitarian Settings (p. 55)
- Tool 8: Checklist on Obtaining General (Non-MHPSS Specific) Information from Sector Leads (p. 59)
- Tool 9: Template for Desk Review of Preexisting Information Relevant to MHPSS in the Region/Country (p. 60)
- Tool 10: Participatory Assessment: Perceptions by General Community Members (p. 63)
- Tool 11: Participatory Assessment: Perceptions by Community Members with In-Depth Knowledge (p. 70)
- Tool 12: Participatory Assessment: Perceptions by Severely Affected People (p. 74)

Practice Examples

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.o

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project – and handbook MHPSS planning tools-Annex.

Additional Resources

References

Bisson, J.I. & Lewis, C. (2009). Systematic Review of Psychological First Aid. Commissioned by the World Health Organisation (available upon request). Available at http://mhpss.net/?get=178/1350270188-PFASystematicReviewBissonCatrin.pdf

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A. et al. (2006). Psychological First Aid: Field operations guide (2nd ed.). Los Angeles: National Child Traumatic Stress Network and National Center for PTSD.

Dieltjens, T., Moonens, I., Van Praet, K., De Buck, E. & Vandekerckhove, P. (2014). A Systematic Literature Search on Psychological First Aid: Lack of Evidence to Develop Guidelines. PLoS ONE 9 (12).

Freeman, C., Flitcroft, A. & Weeple, P. (2003). Psychological First Aid: A Replacement for Psychological Debriefing. Short-Term post Trauma Responses for Individuals and Groups. The Cullen-Rivers Centre for Traumatic Stress, Royal Edinburgh Hospital.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, P. R., De Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. Psychiatry 70 (4), 283–315.

Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

International Federation of the Red Cross (IFRC) Reference Centre for Psychosocial Support (2009). Module 5: Psychological First Aid and Supportive Communication. In: Community-Based Psychosocial Support, A Training Kit (Participant's Book and Trainers Book). Denmark: IFRC Reference Centre for Psychosocial Support.

World Health Organization (WHO) (2015). mhGAP Humanitarian Intervention Guide (mhGAP-HIG): clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Available at http://www.who.int/mental_health/publications/mhgap_hig/en/

World Health Organization, War Trauma Foundation and World Vision International. (2011). *Psychological first aid: Guide for field workers*. WHO: Geneva.

http://www.searo.who.int/srilanka/documents/psychological_first_aid_guide_for_field_workers.pdf

guide, 56 p.

World Vision International & War Trauma Foundation (2010). Anthology of resources. Psychological first aid for low and middle income countries project 2009-2010. Available at http://mhpss.net/wp-content/uploads/group-documents/28/1301643800-PFA_Manual_Anthology_Logos1.pdf

Practice examples

7th July Assistance Centre, Stone, C (2009). Lessons Learned by the 7th July Assistance Centre staff, steering group and partners. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/78999/7july-assistancecentre-lessons-learned.pdf

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best Practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/

OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project - Annex.

Council of Europe / EFPA (2010). Lessons learned in psychosocial care after disasters. Available at http://www.recoveryplatform.org/assets/publication/Lessonslearned_psycosocial%20care%20EC_EN.pdf
International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best Practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/
OPSIC-Team (2014). Practice examples. Comprehensive Guideline OPSIC-Project. Available at https://www.uibk.ac.at/psychologie/eu-projects
Department for Culture, Media and Sport (2006). Literature and Best Practice Review and Assessment: Identifying people´s needs in major emergencies and best practice in humanitarian response. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61224/ha_literature_review.pdf
International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best Practices from Red Cross Red Crescent Programmes. Available at http://helid.digicollection.org/en/d/Js2902e/
Reifels, L., Pietrantoni, L., Prati, G., Kim, Y., Kilpatrick, D., Dyb, G., Halpern, J., Olff, M., Brewin, C., & O'Donnell, M. (2013). Lessons learned about psychosocial responses to disaster and mass trauma: an international perspective. *European Journal of Psychotraumatology, 4*. Available at: http://dx.doi.org/10.3402/ejpt.v4i0.22897

European MHPSS Guidelines

Antares Foundation (2012). Managing stress in humanitarian workers. Guidelines for good practice. (3rded.) Available at www.antaresfoundation.org

Bering, R., Schedlich, C., Zurek, G., Grittner, G., Kamp, M. & Fischer, G. (2007). Prevention of lasting psychological disorders resulting from terrorist attacks. Institute for Clinical Psychology and Diagnostics and the Center for Psychotraumatology of the Alexianer Hospital Krefeld in cooperation with the City of Cologne, the Mayor. Available at http://www.plot-info.eu/Plot_en_Flash/index.html (REGISTRATION NEEDED)

Bering, R., Schedlich, C., Zurek, G., Kamp, M. & Fischer, G. (2008). Target Group Intervention Programme Manual I -Manual for implementing the Cologne Risk Index-Disaster in the context of major loss situations. Available at www.eutopa-info.eu

Bevan, P., Williams, R., Kemp, V., Alexander, D., Hacker Hughes, J. &. Rooze, M. (2008). Psychosocial Care for People affected by disasters and major incidents. Available at http://www.coe.int/t/dg4/ma-

jorhazards/ressources/virtuallibrary/materials/Others/NATO_Guidance_Psychosocial_Care_for_Peopl e_Affected_by_Disasters_and_Major_Incidents.pdf
Birkmann, J., Chang Seng, D., Abeling, T., Huq, N., Wolfertz, J., Karancı, N., İkizer, G., Kuhlicke, Ch., Pelling, M., Forrester, J., Fordham, M., Deeming, H., Kruse, S. & Jülich, S. (2012). Systematization of Different Concepts, Quality Criteria, and Indicators. WP 1 working paper. emBRACE. Available at http://www.embrace-eu.org/
Bisson, J. &. Tavakoly B. (2008). The Tents Guidelines. Psychosocial care following disaster and major incidents. Available at https://www.estss.org/uploads/2011/04/TENTS-Full-guidelines.pdf
Burger, N. (2012). Guidelines for psychosocial support for uniformed workers. Extensive summary and recommendations. Available at www.eutopa-info.eu
CARE for VET, Lundberg, Ch., Magnusson, E., Larsson Leijon, L. (2013). ViS – Guidelines for Violence and Serious Incidents in Schools. Sweden: City of Gothenburg. Available at http://careforvet.eu/
DH Emergency Preparedness Division (2009). NHS Emergency Planning Guidance. Planning for the psychosocial and mental health care of people affected by major incidents and disasters: Interim national strategic guidance. Available at www.england.nhs.uk
Disaster Action, Eyre, A. (2010) Disaster Funds. Lessons & Guidance on the Management & Distribution of Disaster Funds. Available at http://www.disasteraction.org.uk/guidance_for_responders/
Erkan, B.B., Karanci, A.N., Kalaycioglu, S., Özden, A.T., Caliskan, I & Özaksehir, G. (2011). From Emergency Response to Recovery: Multiple Impacts and Lessons Learned from 2011 Van Earthquakes. Available at http://disaster.efpa.eu
EUNAD Helping the disabled in disasters (2015). Recommendations concerning psychosocial crisis management for citizens with blindness/visual impairment or deafness/hearing impairment. http://eunad-info.eu/home.html
European and Mediterranean Major Hazards Agreement (EUR-OPA), Prieur, M. (2012). Ethical Principles on Disaster Risk Reduction and People´s Resilience. http://www.coe.int/en/web/europarisks/home
European and Mediterranean Major Hazards Agreement (EUR-OPA). Alexander, D. & Sagramola, S. (2014). Major Hazards and People with Disabilities – Their Involvement in Disaster Preparedness and Response. Available at: http://www.coe.int/T/DG4/MajorHazards/ressources/pub/MajorHazards_Disability_2014_en.p
European Commission (2008). Children in Emergency and Crisis Situations. Commission staff working document. Available at http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Emergency_Crisis_Situations_en.pdf
European Commission (2013). Gender in Humanitarian Aid: Different Needs, Adapted Assistance. Commission staff working paper. Available at http://ec.europa.eu/echo/
European Commission Humanitarian Aid and Civil Protection (ECHO) (2013). Gender-Age Marker. Toolkit. Available at http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf
European Commission Humanitarian Aid and Civil Protection (ECHO) (2014). Resilience Marker. General Guidance. Available at http://ec.europa.eu/echo/files/policies/resilience/resilience_marker_guidance_en.pdf
European Union - Introduction. Available at www.ecre.org
The European Council on Refugees & Exiles (ECRE), Aferiat, Y. (2002). Good Practice Guide on the Integration of Refugees in the European Union. Vocational Training (FTDA). Available at http://www.refworld.org/pdfid/4652f7802.pdf
Eutopa (2007). MULTIDISCIPLINARY GUIDELINE - Early psychosocial interventions after disasters, terrorism and other shocking events. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3566377/pdf/EJPT-4-19093.pdf
Federal Office of Civil Protection and Disaster Assistance (BBK), Schedlich, C. & Helmerichs, J. (2012). Psychosocial Crisis Management in CBRN Incidents. Available at

http://www.bbk.bund.de/SharedDocs/Downloads/BBK/DE/Publikationen/Praxis_Bevoelkerungsschutz/Band_6_Psychoz_KM_CBRN_Lage.html
Gaddini, A., Scalmana, S. & Teodori, M. (2009). Psycho-social interventions following disasters, terrorism and other shocking events - General Recommendations. IPPHEC. Available at http://ec.europa.eu/chafea/projects/database.html?prjno=2006212
Gaddini, A., Scalmana, S. & Teodori, M. (2009). Recommendations and Guidelines for delivering Psychological Support in Hospitals. Psycho-Social Interventions in the Hospital and in the Community following Disasters, Terrorism and other Shocking Events. IPPHEC. Available at http://ec.europa.eu/chafea/projects/database.html?prjno=2006212
Hoijtink, L., Te Brake, H. & Dückers, M. (2011). Resilience Monitor - Development of a measuring tool for psychosocial resilience. IMPACT. Available at www.impact-kenniscentrum.nl
Humanitarian Assistance in Emergencies: Her Majesty´s Government (HM Government), department for culture, media and sport (dcms) & Association of Chief Police Officers (ACPO) (n.d.). Humanitarian Assistance in Emergencies: Non-statutory guidance on establishing Humanitarian Assistance Centres, p.11ff. Available at www.gov.uk/government/uploads/system/uploads/attachment_data/file/61221/hac_guidance.pdf

Kuhlicke, Ch., Steinführer, A., Begg, Ch. & Luther, J. (2012). Toward More Resilient Societies in the Field of Natural Hazards: CapHaz- Net's Lessons Learnt. Final report. CapHaz-Net, Leipzig & Braunschweig. Available at http://www.caphaz-net.org/
Letschert, R., Pemberton, A. & Staiger, I. (2010). Assisting Victims of Terrorism: Towards a European Standard of Justice. Springer, UK. Available at https://www.estss.org/
National Institute for Health and Care Excellence (NICE) (2005). Post-traumatic Stress Disorder (PTSD): The Management of PTSD in Adults and Children in Primary and Secondary Care. [NICE guideline]. Available at www.nice.org.uk
National Institute for Health and Care Excellence (NICE) (2005). Post-traumatic stress disorder (PTSD): the treatment of PTSD in adults and children. Understanding NICE guidance – information for people with PTSD, their advocates and carers, and the public. Available at www.nice.org.uk
NATO-TENTS, Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. & Bevan, P. (2009). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents. Available at http://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/uk/Principles_for_Disaster_and_Major_Incident_Psychosocial_Care_Final.pdf

NATO-TENTS, Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. &. Bevan, P. (n.d.). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents. Available at http://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/uk/Principles_for_Disaster_and_Major_Incident_Psych_osocial_Care_Final.pdf
OPSIC comprehensive guideline and handbook, Available at: https://www.uibk.ac.at/psychologie/fachbereiche/psychotraumatology/resources/; https://www.uibk.ac.at/psychologie/eu-projects
Pescaroli, G., Alexander, D., Selde, P., Fritz, F., Pelzer, R., Hempel, L., Dien, Y. & Duval, C. (2014). Deliverable 2.1: Pathogenic vulnerabilities and resilient factors in systems and populations experiencing a cascading disaster. Available at http://fortress-project.eu
Samur Civil Protection & Summa (n.d.) Mass emergency management. Mental health service intervention in disasters. Available at http://www.europeanvictims.net/files/guias/20111013152018_Salud_mental_en_ingles.pdf
Schedlich, C., Zurek, G. & Bering, R. (2008). Target Group Intervention Programme Manual II - Manual for target group intervention within the scope of major losses and disasters. Available at www.eutopa-info.eu

Seynaeve, G.J.R (2001). European Policy Paper: Psychosocial support in situations of mass emergency. European Policy Paper concerning different aspects of psychological support and social accompaniment for people involved in major accidents and disasters. Available at www.ec.europa.eu/environment/civil/pdfdocs/cpact03h-en.pdf.
Smeets, E.C. & de Ruijter, A.M. (2006). Community-based interventions in the wake of terrorism. The overview. The balance between awareness and fear. Citizens and resilience. Available at www.impact-kenniscentrum.nl
Swedish Civil Contingencies Agency (MSB) (2010). Research for a Safer Society MSB Research Programme 2011-2013. MSB. Available at https://www.msb.se/en/
Swedish Civil Contingencies Agency (MSB) (2012). A first step towards a national risk assessment. National risk identification. Available at https://www.msb.se/en/
Swedish Civil Contingencies Agency (MSB) (2012). Summary. A first step towards a national risk assessment. National risk identification. Available at https://www.msb.se/en/
Swedish Civil Contingencies Agency (MSB) (2012). Swedish National Risk Assessment 2012. MSB. Available at https://www.msb.se/en/
Swedish Civil Contingencies Agency (MSB) (n.d.). Coping with stress and personal crises during international operations. Available at https://www.msb.se/en/
Swedish Civil Contingencies Agency (MSB), Fredholm, L., Göransson, A.-L. (2010). Emergency Response Management in Today´s Complex Society. Available at https://www.msb.se/en/
Te Brake, H., van der Post, M. & de Ruijter, A. (2008). Citizens and resilience: Resilience from concept to practice. Available at www.impact-kenniscentrum.nl
The European Council on Refugees & Exiles (ECRE), Aferiat, Y. (2002). Good Practice Guide on the Integration of Refugees in the European Union. Vocational Training (FTDA). Available at http://www.refworld.org/pdfid/4652f7802.pdf
The European Council on Refugees & Exiles (ECRE), Brand-Wilhelmy, B., Irmler, D., Adam, H., Lucas, T., Möller, B. &. Riedesser, P. (2002). Child Refugees in Europe - Guidelines on the psychosocial context, Assessment of and Interventions for Traumatised Children and Adolescents. Good Practice in the Reception & Integration of Refugees. Available at https://www.essex.ac.uk/armedcon/story_id/childrefugeesineurope.pdf
The European Federation for Psychologists Associations (EFPA) (2011). EFPA (SC Trauma) Statement on the Role of Psychologists in Pan European and International Emergencies. Available at http://disaster.efpa.eu
The European Federation for Psychologists Associations (EFPA) (2009). Lessons learned in psychosocial care after disaster. Available at http://disaster.efpa.eu
The European Federation for Psychologists Associations (EFPA) (2005). Task Force on Disaster and Crisis Psychology - Report to Council of Europe (Draft). Available at http://disaster.efpa.eu
The European Federation for Psychologists Associations (EFPA), European and Mediterranean major hazards agreement (EUR-OPA) (2007). Psychosocial support and services to disaster victims - draft recommendation. Available at http://disaster.efpa.eu
The European Federation for Psychologists Associations (EFPA), Standing Committee on Disaster, Crisis and Trauma Psychology (n.d.). Proposal for quality standards for psychological interventions in disaster and crisis. Available at http://disaster.efpa.eu
The European Federation for Psychologists Associations (EFPA), the Finnish Psychological Association & the Finnish Psychological Society (2012). Psychological work in acute crisis situations – a recommendation for good practice. Available at http://disaster.efpa.eu
United Kingdom Psychological Trauma Society (UKPTS) & European Society for Traumatic Stress Studies (ESTSS) (2014). Traumatic Stress Management Guidance. For organisations whose staff work in high risk environments. Available at http://www.ukpts.co.uk/site/assets/UKPTS-Guidance-Document-120614.pdf
Witteveen, A.B &. Olff, M. (2009). Interventions in the aftermath of disaster. Available at

http://www.tentsproject.eu
Wood-Heath, M. & Annis, M. (2004). Working Together to Support Individuals in an Emergency or Disaster - Project working together to support individuals in emergencies and disasters, Final Report. British Red Cross. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/62671/working-together-in-emergency.pdf
Zurek, G., Schedlich, C. & Bering, R. (2007). Training Manual for professional Trauma Helpers. Psychoeducation for the Victims of Terrorist Attacks and their Relatives. Institute for Clinical Psychology and Diagnostics and the Center for Psychotraumatology of the Alexianer Hospital Krefeld in cooperation with the City of Cologne, the Mayor. Available at www.plot-info.eu

Zurek, G., Schedlich, C., Bering, R. (2008). Target Group Intervention Programme Manual III - Manual for trauma-based psychoeducation for victims of disasters. Available at www.eutopa-info.eu

International MHPSS Guidelines

All in Diary (AID), Richardson, L. (2014). A practical tool for field based humanitarian workers. 4th Edition. Available at http://reliefweb.int/sites/reliefweb.int/files/resources/2014-all-in-diary-single-pdf-info- pages.pdf
Emergency Support Network (ESN) & Tunnecliffe, M. (2007). Best practice in peer support. Available at: http://www.emergencysupport.com.au/articles/PeerSupport_BESTPRACTICE.pdf

IASC (2005). Guidelines on Gender-Based Violence Interventions in Humanitarian Settings. Geneva: IASC. Available at http://www.humanitarianinfo.org/iasc/content/products/docs/tfgender_GBVGuidelines2005.pdf
Improve Preparedness to give Psychological Help in Events of Crisis (IPPHEC), Gaddini, A., Scalmana, S. &. Teodori, M. (2009a). Psychosocial interventions following disasters, terrorism and other shocking events. Training Recommendations. Available at http://kg.humanitarianresponse.info/LinkClick.aspx?fileticket=dcI9gnNL2j4%3D&tabid=88&mid=511
Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Available at www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
Inter-Agency Standing Committee (IASC) (2008). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for field use. Available at http://www.who.int/mental_health/emergencies/IASC_guidelines.pdf
Inter-Agency Standing Committee (IASC) (2012). Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity codes. Available at http://www.who.int/mental_health/publications/iasc_4ws.pdf?ua=1
Inter-Agency Standing Committee (IASC) (2005). Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of, and response to sexual violence in emergencies. Geneva: Inter-Agency Standing Committee.

Inter-Agency Standing Committee (IASC) (2006). Women, girls, boys and men: Different needs - equal opportunities. Inter-Agency Standing Committee.

Inter-Agency Standing Committee (IASC) (2007). IASC guidelines on mental health and psychosocial support on emergency settings. Geneva, Switzerland: Inter-Agency Standing Committee.

International Federation of Red Cross and Red Crescent Societies (IFRC) (2009a). Psychosocial interventions: A handbook (1st ed.). Copenhagen: International Federation Reference Centre for Psychosocial Support, International Federation of Red Cross and Red Crescent Societies. Retrieved from http://pscentre.org/wp-content/uploads/PSI-Handbook_EN_July10.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC) (2009b). Community-based psychosocial support: Participant's book (1st ed.). Copenhagen: International Federation Reference Centre for Psychosocial Support, International Federation of Red Cross and Red Crescent Societies.

International Federation of Red Cross and Red Crescent Societies (IFRC) (2012a). Health Emergency Response Units - Psychosocial Support Component Delegate Manual: International Federation Reference Centre for Psychosocial Support, International Federation of Red Cross and Red Crescent Societies.

International Federation of Red Cross and Red Crescent Societies (IFRC) (2012b). Programme manager's handbook (1st ed.). Copenhagen: Psychosocial Centre, International Federation of Red Cross and Red Crescent Societies; Save the Children.

International Federation of Red Cross and Red Crescent Societies (IFRC) (2011). Lay counselling: A trainer's manual (1st ed.). Copenhagen: Psychosocial Centre, International Federation of Red Cross and Red Crescent Societies.

International Federation of Red Cross and Red Crescent Societies (IFRC) Reference Centre for Psychosocial Support, Hansen, P. (2009). Psychosocial Interventions. A Handbook. Available at http://mhpss.net/wp-content/uploads/group-documents/22/1328075906-

Sendai framework for disaster risk reduction 2015-2030, http://www.preventionweb.net/publications/view/44983

Sphere Project (2004). Humanitarian Charter and Minimum Standards in Disaster Response. Geneva: Sphere Project. http://www.sphereproject.org/handbook/

UNHCR, IOM and MHPSS (2015). Mental health and psychosocial support for refugees, asylum seekers and migrants on the move in Europe, a multiagency guidance note. Available at http://mhpss.net/?get=262/2015-12-18- MHPSS-Guidance-note.pdfhttp://mhpss.net/an- inter-agency-guidance-note- mhpss-for-refugees-asylum- seekers-and-migrants-on-the- move-in-europe

UNHCR (2013). Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations. Geneva: UNHCR. Retrieved from http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=525f94479&query=operational%20guidance

UNICEF (2009). *A Practical Guide for Developing Child Friendly Spaces*. Available at https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_(2).pdf

UNICEF (2011). Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: United Nations Childrens Fund.

UNISDR (2007). Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities for disasters. Geneva.

UNISDR. (2009). UNISDR Terminology on disaster risk reduction. Retrieved from http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf

United Nations OCHA ReliefWeb (2008). ReliefWeb: Glossary of humanitarian terms. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/4F99A3C28EC37D0EC12574A4002E89B4-reliefweb_aug2008.pdf

Psychosocial Tools (Operational materials)

1. Action by Churches Together International (ACT International), Lutherhjälpen svenska Kyrkan, Norwegian Church Aid (NCA) & Presbyterian Disaster Assistance (PDA), Angi, K., Nygaard, S. G., Lundberg, M., Mossegard, P., Skoglund, G. T. & Ekelund, E. (2005). Community based psychosocial

services in humanitarian assistance. A facilitator´s guide. Available at: http://www.medical-teams.org/docs/default-source/resource-center/community_based_psychosocial_services_in_humanitarian_assistance_a_facilitator-s_guide_actBC49BACCB0B9.pdf

Containing:

a. Chapter 5: Normal Reactions to Abnormal Situations
    a. Emotional First Aid for staff meeting affected people (p. 13)
    b. Coping with Stressful Events – Tips for family members and friends (p. 15)
    c. Stress Coping – Coping with events never expected to happen (p. 16)
b. Chapter 6: Community Assessment of Psychosocial Support Needs
c. Chapter 14: Managing Job Hazards
    a. Staff coping tips (p. 13)

2. American Red Cross (2007). Guidelines for school psychosocial support activities. Available at http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/1Policy%20and%20good%20practice/Guidelines-SchoolPSS-AmCrossMaldives.pdf
3. Association of Volunteers in International Service (AVSI), Annan, J., Castelli, L., Devreux, A. & Elena Locatelli, E. (2003). Trainig Manual for Teachers. Available at: http://www.forcedmigration.org/psychosocial/papers/WiderPapers/teachers-manual-pdf/view
4. Australian Red Cross & Australian Psychological Society (APS) (2010). Psychological First Aid: An Australian guide to supporting people affected by disaster. Available at: http://www.psychology.org.au/assets/files/red-cross-psychological-first-aid-book.pdf

Containing:

a. Using psychological first aid in the field (p.14)
b. Adapting psychological first aid (p.22)
c. Self care for people working in the field (p.28)

5. Care Österreich, Wurzer, J. & Bragin, M. (n.d.). Integrating the Psychosocial Dimension in Women's Empowerment Programming: A Guide for CARE Country Offices. Available at: http://expert.care.at/fileadmin/user_upload/Expert/CARE_%C3%96sterreich_Psychosocial_Guidelines.pdf

Containing:

a. Annex 3: Focus Group Discussion Guide: GBV. (p. 77)
b. Annex 4: Psychological First Aid(p. 83)
c. Annex 5: The Role of the Community Resource Person in Psychosocial Programming (p. 86)
d. Annex 7: Some Additional Participatory Assessment Techniques. (p. 89)

6. Christian Children's Fund (CCF), Midor, J. (2006). Mental Health and Psychosocial Support Minimum Responses in Emergency Settings. Based on the IASC Guideline on Mental Health and Psychosocial Support in Emergency Settings. Training Manual Facilitator's Guide. Available at: http://mhpss.net/wp-content/uploads/group-documents/78/1306246912-TrainingmanualFacilitatorsGuideonMHPSSMinimumResponseinEmergencySettings.doc
7. Danish Red Cross, Agger, I. (2004). Framework for school based psychosocial support programs for children - PSPC. Guidelines for Initiation of programs. Final Report. Available at: http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/9Educational%20services/DRCS.PSP.schoolbased.pdf

8. Department of Neuropsychiatry, School of Medicine, Keio University, Tokyo, Japan, Yutaka K., Hiroyuki, U. & Masaru M. (2012). Mental Health and Psychosocial Support after the Great East Japan Earthquake (Review). Available at: http://www.kjm.keio.ac.jp/past/61/1/15.pdf
9. Emergency Capacity Building Project (ECB) (2012). The Good Enough Guide. Training of Trainers. Available at: http://www.ecbproject.org/good-enough-guide-training-module/good-enough-guide-training-module
10. Environment Agency, Lancaster University, Engineering and Physical Sciences Research Council.(EPSRC) & Economic & Social Research Council (ESRC), Whittle, R., Medd, W., Deeming, H., Kashefi, E., Mort, M., Twigger Ross, C., Walker, G. & Watson, N. (2010). After the rain – learning the lessons from flood recovery in Hull. Available at: http://www.lancaster.ac.uk/lec/sites/cswm/Hull%20Floods%20Project/AFTER%20THE%20RAIN%20FINAL%20REPORT.pdf
11. Family Health International (FHI) Impact - Implementing AIDS Prevention and Care & United States Agency for International Development (USAID) (2005). A Framework and Resource Guide. Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools. Available at: www.ovcsupport.net/libsys/admin/d/documenthandler.ashx?id=589

    Containing:

    a. Appendix B Criteria Used to Select Psychosocial Support Persons (p. 107)

12. Federal Emergency Management Agency (FEMA) & The Center for Mental Health Services (CMHS) - Substance Abuse and Mental Health Services Administration, DeWolfe, D.J. (2000). Training Manual for mental health and human service workers in major disasters. Available at: http://www.samhsa.gov/dtac/FederalResource/Response/4-Training_Manual_MH_Workers.pdf
13. Handicap International, Ulmasova, I., Silcock, N. & Schranz, B. (2009). Mainstreaming Disability into Disaster Risk Reduction: A Training Manual. Available at: http://www.handicap-international.fr/fileadmin/documents/publications/disasterriskreduc.pdf
14. HandsOn Network (n.d.). Top 15 Things to Know When Managing Volunteers in Times of Disaster. Available at: http://www.handsonnetwork.org/files/resources/Top_15_Things_to_Know_When_Managing_Volunteers_in_Times_of_Disaster.pdf
15. Health Emergency Response Unit (ERU) &International Federation of Red Cross and Red Crescent Societies (IFRC and RCS), Wiedemann, N., Yigen, B. S., Johansson, S. & Christensen, L. (2012). Psychosocial Support Component Delegate Manual. Available at: http://www.pscentre.org/wp-content/uploads/6.PS-ERU-Delegate-Manual-Sept2012.pdf

    Containing:

    a. Chapter 5: Training
    b. Training kit 3
    c. A: Volunteer Training (p. 72)
    d. B: Briefing session on psychosocial issues (p. 80)
    e. Annex 1: Job Description (p. 94)
    f. Annex 2: Collecting information and mapping resources on psychosocial issues (p. 98)
    g. Annex 3: Daily And Weekly Monitoring Form (p. 102)
    h. Annex 5: Checklist for Organizing trainings (p. 105)

16. IFRC Psychosocial Centre (n.d.). Talking and writing about psychosocial support in emergencies.

17. International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support (PS Centre) (2016). *Briefing: Child Protection in Emergencies.* Geneva.
18. Improve the Preparedness to give Psychological Help in Events of Crisis (IPPHEC), Gaddini, A., Scalmana, S. &. Teodori, M. (2009a). Psychosocial interventions following disasters, terrorism and other shocking events. Training Recommendations. Available at http://kg.humanitarianresponse.info/LinkClick.aspx?fileticket=dcI9gnNL2j4%3D&tabid=88&mid=511
19. Indian Red Cross Society, Ramalingam, V. & Ganthimathi, J. (2003). Bhukamp ka Prakop Aur Mansik Prathamic Chikitsa. Psychological First Aid. After the earthquake. Available at: http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/9Educational%20services/DRCS.PSP.schoolbased.pdf
20. Indonesian Red Cross Society (n.d.). Psychosocial assessment guidelines. Available at http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/1Policy%20and%20good%20practice/PMI-Psychosocial-Assessment-Guidelines.pdf
21. Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Available at: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
    Containing:

    a. Chapter 1: Introduction
        - Do´s and Don'ts (p. 14)
    b. Chapter 2: Matrix of Interventions
        - Matrix of Interventions (p. 20)
    c. Chapter 3: Action Sheets for Minimum Response
        - Coordination
            - Establish coordination of intersectoral mental health and psychosocial support (p. 33)
        - Assessment, Monitoring and Evaluation
            - Conduct Assessments of Mental Health and Psychosocial Issues (p. 38)
            - Initiate participatory systems for monitoring and evaluation (p. 46)
        - Protection and Human Rights Standards
            - Apply a Human Rights Framework through Mental Health and Psychosocial Support (p. 50)
            - Identify, monitor, prevent and respond to protection threats and failures through social protection (p. 56)
            - Identify, monitor, prevent and respond to protection threats and abuses through legal protection (p. 64)
        - Human Resources
            - Identify and recruit staff and engage volunteers who understand local culture (p. 71)
            - Enforce staff codes of conduct and ethical guidelines (p. 76)
            - Organise orientation and training of aid workers in mental health and psychosocial support (p. 81)
            - Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers (p. 87)
        - Community Mobilisation and Support
            - Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors (p. 93)
            - Facilitate community self-help and social support (p. 100)

- Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices (p. 106)
- Facilitate support for young children (0–8 years) and their care-givers (p. 110)

- Health Services
  - Include specific psychological and social considerations in provision of general health care (p. 116)
  - Provide access to care for people with severe mental disorders (p. 123)
  - Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions (p. 132)
  - Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems (p. 136)
  - Minimise harm related to alcohol and other substance use (p. 142)
- Education
  - Strengthen access to safe and supportive education (p. 148)
- Dissemination of Information
  - Provide information to the affected population on the emergency, relief efforts and their legal rights (p. 157)
  - Provide access to information about positive coping methods (p. 163)
- Food Security and Nutrition
  - Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support (p. 168)
- Shelter and Site Planning
  - Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner (p. 174)
- Water and Sanitation
  - Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation (p. 179)

22. Inter-Agency Standing Committee (IASC) (2008). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Check List for Field Use. Available at: http://mhpss.net/wp-content/uploads/group-documents/78/1301327369-iascmhssguidelineschecklistforfielduse.pdf
    Containing:

    a. Chapter 3: Summary of Action Sheets: Checklists for Minimum Response
       - Coordination (p. 17)
       - Assessment, Monitoring and Evaluation (p. 18)
       - Protection and human rights standards (p. 19)
       - Human Resources (p. 21)
       - Community Mobilisation and Support (p. 24)
       - Health Services (p. 27)
       - Education (p. 31)
       - Dissemination of Information (p. 31)
       - Food Security and Nutrition (p. 33)
       - Shelter and site planning (p. 34)
       - Water and Sanitation (p. 35)

23. Inter-Agency Standing Committee (IASC) (2012). Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity codes. Available at: http://www.who.int/mental_health/publications/iasc_4ws.pdf?ua=1
24. Inter-Agency Standing Committee (IASC) (2012). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? Available at: http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf?ua=1

    Containing:

    a. Chapter 2: MHPSS matrix: overview of minimum responses during emergencies
        - Table 1: IASC Guidelines for Minimum Responses in the Midst of Emergencies (p. 5)
    b. Chapter 3: Coordination and Assessment
        - Table 2: Summary of key information for assessments (p. 8)
    c. Chapter 4: Essential MHPSS knowledge related to the health sector (p. 10)
        - Psychological considerations in general health care (p. 11)
    d. Chapter 5:Operational challenges
        - Do's and don'ts (p. 15)
    e. Appendix A: Relevant medicines on the WHO Model List of Essential Medicines (2009) (p. 24)
    f. Appendix B: UNHCR (2009) Health Information System (HIS) case definitions (p. 25)

25. International Federation of Red Cross and Red Crescent Societies (IFRC) (2001). Psychosocial Support: Best practices from Red Cross Red Crescent Programmes. Available at: http://helid.digicollection.org/en/d/Js2902e/
26. International Federation of Red Cross and Red Crescent Societies (IFRC) Delegation, Field Assessment Coordination Teams (FACT team) & Bangladesh Red Crescent Society (BDRC S), Jordung Nicolson, E. & Lalchandan, J. (J.) (2007). Psycho Social Assessment Report, December 3rd – 15th 2007 Cyclone Sidr, Bangladesh. Available at: LINK MISSING
27. International Federation of Red Cross and Red Crescent Societies (IFRC) (2007). How to do a VCA. A Practical Step-By-Step Guide for Red Cross Red Crescent staff and volunteers. Available at: www.ifrc.org/global/publications/disasters/vca/how-to-do-vca-en.pdf

    Containing:

    a. Annex 1: The Caribbean: Flood
        - Table 1.1: Flood: Example chart (p. 85)
        - Table 1.2: Flood: Vulnerabilities and capacities (p. 86)
        - Table 1.3: Flood: Classing actions as prevention, preparation or mitigation (p. 86)
        - Table 1.4: Flood: What resources are required? (p. 87)

28. International Federation of Red Cross and Red Crescent Societies (IFRC) (2009). Behaviour change communication (BCC) for community-based volunteers. Trainer´s manual. Available at: http://www.ifrc.org/PageFiles/53437/119200-vol4-BCC-trainers_LR.pdf?epslanguage=en
29. International Federation of Red Cross and Red Crescent Societies (IFRC) (2009). Volunteer manual for Community-based health and first aid in action (CBHFA). Available at: http://www.ifrc.org/PageFiles/53437/CBFA-volunteer-manual-en.pdf
30. International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2009). Community-based psychosocial support. Trainer´s book. A training kit. Available at: http://mhpss.net/wp-content/uploads/group-documents/22/1328076457-trainersbook.pdf

31. International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2009). Community-based psychosocial support. Participation´s Book. Available at http://psp.drk.dk/graphics/2003referencecenter/DocMan/Documents/docs/Participants%20book.pdf
32. International Federation of Red Cross and Red Crescent Societies (IFRC) (2009). Managing stress in the field. Available at: http://www.ifrc.org/Global/Publications/Health/managing-stress-en.pdf
33. International Federation of Red Cross and Red Crescent Societies (IFRC) & Save the Children (2012). The Children's Resilience Programme. Psychosocial support in and out of schools. HIV, AIDS and ARVS. Available at: http://www.pscentre.org/wp-content/uploads/HIV-AIDS-and-ARVs-Educational-Cards.pdf
34. International Federation of Red Cross and Red Crescent Societies (IFRC) & Save the Children (2012). The Children's Resilience Programme. Psychosocial support in and out of schools. Understanding children's wellbeing. Available at: http://www.pscentre.org/wp-content/uploads/Understanding-childrens-wellbeing.pdf
35. International Federation of Red Cross and Red Crescent Societies (IFRC) & Save the Children (2012). The Children's Resilience Programme. Psychosocial support in and out of schools. Facilitator handbook 1- Getting started. Available at: http://www.pscentre.org/wp-content/uploads/Facilitator-handbook-1.pdf
36. International Federation of Red Cross and Red Crescent Societies (IFRC) & Save the Children (2012). The Children's Resilience Programme. Psychosocial support in and out of schools. Facilitator handbook 2- Workshop tracks. Available at: http://www.pscentre.org/wp-content/uploads/Facilitator-handbook-2.pdf
37. International Federation of Red Cross and Red Crescent Societies (IFRC) & British Red Cross (2012). Volunteers, Stay Safe! A security guide for volunteers. Annex: Volunteers, stay safe self-assessment (p. 52). Available at: http://www.scribd.com/doc/114746357/Volunteers-stay-safe-A-security-guide-for-volunteers
38. International Federation Of Red Cross and Red Crescent Society (IFRC), Danish Cancer Society (DCS), War Trauma Foundation & University Of Innsbruck (UIBK) (2013). Lay Counselling – A Trainer's Manual. Available at: http://www.pscentre.org/library/training-materials/lay-counselling/
39. International Federation of Red Cross and Red Crescent Societies (IFRC) (n.d.). Caring For Volunteers. A Psychosocial Support Toolkit. Available at: http://psp.drk.dk/graphics/2003referencecenter/announcements/news/volunteer%20project_eng_final.pdf
40. International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2015). Caring for volunteers. Training manual. Available at: http://pscentre.org
41. International Medical Corps (n.d.). Volunteering: How can I help responsibly? Available at: http://www.google.at/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CCsQFjAA&url=http%3A%2F%2Fmhpss.net%2Fwp-content%2Fuploads%2Fgroup-documents%2F103%2F1309015120-IMC_TELL_Volunteering_Responsibly_Handout.pdf&ei=48IUU4qIGITHtQaPk4DYCg&usg=AFQjCNEcFLLFXiqsrYB_UjAQnnYCsii1Gw&bvm=bv.61965928,d.Yms
42. International Organization for Migration (IOM), Taephant, N. (2010). IOM Training Manual on Psychosocial Assistance for Trafficked Persons. Available at: http://mhpss.net/wp-content/uploads/group-documents/182/1355675919-iom-training-manual-psychosocial-assistance-for-trafficked-persons.pdf

43. International Organization for Migration (IOM) (n.d.). Psychosocial Needs Assessment in Emergency Displacement, Early Recovery, and Return. IOM Tools. Available at: http://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/mental-health/psychosocial-needs-assessment-emergency-displacement-early-recovery-return-iom-tools.pdf

Containing:

a. Questionnaire for international and national stakeholders (p. 31)
b. Questionnaire for local stakeholders (p. 33)
c. Guidelines for the implementation of interviews with displaced families (p. 41)
d. Qualitative questionnaire for households (p. 43)

44. Keeping Children Safe Coalition (2011). Training for Child Protection. Tool 3. Available at: http://www.ineesite.org/uploads/files/resources/tool3-training_for_child_protection-part1.pdf
45. National Child Traumatic Stress Network (NCTSN) & National Center for PTSD, Brymer, M., Layne C., Jacobs, A., Pynoos R., Ruzek, J., Steinberg, A., Vernberg, E. & Watson, P. (2006). Psychological First Aid. Field Operations Guide. Available at: http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/pfa_2ndeditionwithappendices.pdf

Containing:

a. Appendix A: Overview of Psychological First Aid (p. 99)
b. Appendix B: Service Delivery Sites and Settings (p. 103)
c. Appendix C: Psychological First Aid Provider Care (p. 109)
d. Appendix D: Psychological First Aid Worksheets (p. 119)
e. Appendix E: Handouts for Survivors (p. 125)
f. Appendix F: Duplicate Handouts to Copy and Distribute (p. 151)

46. Norwegian Refugee Council (NRC), Omdal, G. R. & Munden, J. (2005). Psychosocial Support. Teachers Training. Available at: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1126/Teacher_Training_Psychosocial_Support.pdf
47. Oxfam GB, Ciampi, M. C., Gell, F., Lasap, L. & Turvill, E. (2011). Gender and Disaster Risk Reduction: A Training pack. Available at: http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105
48. Oxfam GB, Ciampi, M. C., Gell, F., Lasap, L. & Turvill, E. (2011). Gender and Disaster Risk Reduction. A Training pack. Case Study: Poverty and disaster: A cyclone in India. Handout-Modul 1. Available at: http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105
49. Oxfam GB, Ciampi, M. C., Gell, F., Lasap, L. & Turvill, E. (2011). Gender and Disaster Risk Reduction. A Training pack. Gender mainstreaming: putting womens rights at the heart of all we do. Handout-Modul 2. Available at: http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105
50. Oxfam GB, Ciampi, M. C., Gell, F., Lasap, L. & Turvill, E. (2011). Gender and Disaster Risk Reduction. A Training pack. Case study and exercise: Gender-based violence in earthquake response. Handout-Modul 3. Available at: http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105
51. Oxfam GB, Ciampi, M. C., Gell, F., Lasap, L. & Turvill, E. (2011). Gender and Disaster Risk Reduction. A Training pack. Philippines Case Study. Handout-Modul 4. Available at: http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105

52. Planning Institute of Jamaica (PIOJ) & United Nations Children`s Fund (UNICEF) (n.d.) Psychosocial Support for Children faced with Disasters. A Training Manual and Toolkit for Professionals. Available at: http://mhpss.net/wp-content/uploads/group-documents/70/1301565837-pss_for_children_faced_with_disasters.pdf
53. PLOT, Zurek, G., Schedlich, C. &. Bering, R. (2007). Training Manual for Professional Trauma Helpers. Psychoeducation for the Victims of Terrorist Attacks and their Relatives. 12. Appendix Flyer for Affected People - Aid to Self-Help. Available at: http://www.plot-info.eu/Plot_en_Flash/index.html (REGISTRATION NEEDED)
54. Points of Light Foundation & Allstate Foundation (1999). Ready to Respond. Disaster Preparedness and Response for Volunteer Centers. Available at: http://www.energizeinc.com/art/subj/documents/ready_to_respond.pdf
55. Prairie Women's Health Centre Of Excellence (PWHCE), Women And Health Care Reform Group & Public Health Agency of Canada, Manitoba and Saskatchewan Region, Enarson, E. (n.d.). Gender Mainstreaming in Emergency Management. Facilitator Notes. A Training Module for Emergency Planners. Available at: http://www.womenandhealthcarereform.ca/publications/GEM_November_09_FacilitatorNotes.pdf
56. Project Concern International, Brakarsh, J. (2009). Say and Play. Training guidelines. Available at: http://mhpss.net/wp-content/uploads/group-documents/56/1349705498-say_and_play_training_guidelines_final_2.pdf
57. Ready. Prepare, Plan, Stay Informed & Federal Emergency Management Agency (FEMA), Schreiber, M., Gurwitch, R. & Wong, M. (2006). Listen, Protect, Connect – Model & Teach. Psychological First Aid (PFA) for students and teachers. Available at: http://www.ready.gov/sites/default/files/documents/files/pfa_schoolcrisis.pdf
58. Ready. Prepare, Plan, Stay Informed & Federal Emergency Management Agency (FEMA), Schreiber, M. & Gurwitch, R. (2006). Listen, Protect, Connect. Psychological First Aid for children and parents. Available at: http://www.ready.gov/sites/default/files/documents/files/pfa_parents.pdf
59. Ready. Prepare, Plan, Stay Informed & Federal Emergency Management Agency (FEMA), Schreiber, M., Gurwitch, R., Wong, M., Schonfeld, D. (2006). Listen, Protect, Connect Psychological First Aid for children, parents and other caregivers after natural disasters. Available at: http://www.psychology.org.nz/cms_show_download.php?id=1211
60. Regional Emergency Psychosocial Support Network (REPSN) (East Asia and the Pacific) & United Nations Children´s Fund (UNICEF) (2001). Handbook on Psychosocial Assessment of Children and Communities in Emergencies. Available at: http://www.unicef.org/eapro/Handbook.pdf
61. Regional Psychosocial Support Initiative (REPSSI) [Africa] & Sarraounia Public Health Trust [South Africa], Coulson, N. & Pillay, N. (2009). Mainstreaming Psychosocial Care and Support into Economic Strengthening Programmes. Available at: http://www.repssi.org/download/REPSSI%20Manuals%20and%20Tools(2)/_es_manual_web.pdf
62. Regional Psychosocial Support Initiative (REPSSI) [Africa] & Youth Participatory Development Centre in Arusha Tanzania (TAMASHA), Mabala, R. (2009). Mainstreaming Psychosocial Care and Support through Child Participation. Available at: http://www.repssi.org/download/REPSSI%20Manuals%20and%20Tools(2)/_child_participation_web.pdf
63. Regional Psychosocial Support Initiative (REPSSI) [Africa] & Marang Child Care Network [Africa], Oduaran, C. (2009). Mainstreaming Psychosocial Care and Support within Early Childhood Development. Available at: http://www.repssi.org/download/REPSSI%20Manuals%20and%20Tools(2)/_ecd_manual_web.pdf

    Containing:

    a. Increasing the focus of PSS in your ECD programme work
        - Applying the principles of psychosocial support (p. 18)

b. Reflecting on your mainstreaming process - Assessment Tools
    - Tool 1: How is our PSS focus developing? (p. 28)
    - Tool 2: How familiar is our programme with PSS principles? (p. 29)
    - Tool 3: PSS networking and advocacy tool (p. 31)
    - Tool 4: PSS skills and knowledge assessment (p. 32)
c. Appendix 2: Understanding Child development (p. 35)
d. Appendix 3: Tools for communicating with young children (p. 38)

64. Regional Psychosocial Support Initiative (REPSSI) [Africa] & University of Zambia [Africa], Mwape, G. (2009). Mainstreaming Psychosocial Care and Support within Food and Nutrition Programmes. Available at: http://mhpss.net/wp-content/uploads/group-documents/25/1301657833-foodandnutritionprogrammes.pdf
    Containing:

    a. Psychosocial Support Programming Principles
        a. Applying these programme principles in practical ways (p. 19)
    b. Assessing the Extent to which your organisation uses Psychosocial Support Programming Principles (p. 25)
    c. Appendix 3: Monitoring and Evaluation Tools
        a. Tool 1: How is our PSS focus developing? (Rapid Assessment) (p. 45)
        b. Tool 2: How familiar is our programme with PSS principles? (p. 46)
        c. Tool 3: PSS networking and advocacy tool (p. 47)

65. Regional Psychosocial Support Initiative (REPSSI) [Africa], Transcultural Psychosocial Organisation (TPO) [Africa] & Global Psycho-Social Initiatives (GPSI), Baron, N. & Onyango Mangen, P. (2010). Mainstreaming Psychosocial Care and Support Facilitating Community Support Structures. Chapter 3 Community Support Structures: Case Examples (p. 20) Available at:http://mhpss.net/wp-content/uploads/group-documents/25/1301657464-facilitatingcommunitysupportstructures.pdf
66. Regional Psychosocial Support Initiative (REPSSI) [Africa], Transcultural Psychosocial Organisation (TPO) [Africa] & Global Psycho-Social Initiatives (GPSI), Baron, N. (2010). Mainstreaming Psychosocial Care and Support. Trainer's Guide for Training Teachers in Conflict and Emergency Settings. Available at: http://www.mvcr.cz/mvcren/SCRIPT/ViewFile.aspx?docid=21409839
67. Regional Psycho Social Support Programme (PSP) Delegate, Zenaida P. Beltejar (2006). Mission Report: Psychosocial Support Programme: Yogyakarta Earthquake. Available at: LINK MISSING
68. Russian Red Cross, International Federation of Red Cross and Red Crescent Societies & The International Federation. Reference Centre for Psychosocial Support (2008). Red Cross Psychosocial Response to the hostage crisis in Beslan, North Ossetia, Russia 2005-2007. Final Assessment Report April 2008. Available at: http://www.ukt.cervenykriz.eu/en/wp-content/uploads/2013-11-PSP-Head-of-Operation_Beslan-report-2008.pdf
69. Save the Children, Nicolai, S. (2003). Education in Emergencies: A tool kit for starting and managing education in emergencies. Available at: LINK MISSING
    Containing:

    a. Designing a Response
        a. Tool: Steps in Planning a Response (p. 26)
        b. Inclusion Strategies for Education (p. 30)
        c. Tool: Balancing Immediate and Long-Term Impact (p.32)
    b. Tools to use
        a. Emergency Preparedness (p. 52)
        b. Assessment (p. 59)

c. Staffing (p. 67)
d. Supplies (p. 76)
e. Safe Spaces (p. 84)
f. Teacher Training (p. 96)
g. Learning Content (p. 107)
h. Psychosocial Support (p. 117)
i. School Committees (p. 128)
j. Monitoring and Evaluation (p. 137)

70. Save the Children UK, Fouzia, Y. (2006). Psychosocial Interventions. A Training Manual. Available at: http://resourcecentre.savethechildren.se/sites/default/files/documents/2367.pdf
71. Save the Children (2009). Child Friendly Spaces. Facilitator Training Manual. Available at: http://mhpss.net/groups/psychosocial-care-protection-of-children/child-friendly-spaces-86209807/documents/?order=alpha
72. Youth Net and Counselling (YONECO), Ecumenical Counselling Centre, Eye of the Child (EYC) & Network of Organizations for Vulnerable and Orphaned Children (NOVOC), Anderson Master Kamwendo A. M. & Kawale-Magela, R. (2011). Psychosocial Support Source Book for Vulnerable Children in Malawi. Available at: http://www.stopaidsnow.org/sites/stopaidsnow.org/files/CABA_Psychosocial-Support-Source-Book.pdf

Containing:

a. Chapter 3: Psychosocial Support Strategies (p. 19)
b. Chapter 4: Psychosocial Support Tools
    a. Tool 1: Tree of Life (p. 33)
    b. Tool 2: Memory Book (p. 41)
    c. Tool 3: Memory Box (p. 44)
    d. Tool 4: Memory Blanket (p. 45)
    e. Tool 5: Memory Rug (p. 48)
    f. Tool 6: Hero Book (p. 49)
    g. Tool 7: Games with Rules (p. 51)
    h. Tool 8: Psychological First Aid (p. 53)
    i. Tool 9: "I Have…I Am…I Can" (p. 55)
    j. Tool 10: Experiential Learning Games (p. 56)
    k. Tool 11: Me Bag (p. 63)
    l. Tool 12: Circle of Support (p. 64)
    m. Tool 13: Club of Life (p. 65)
    n. Tool 14: Play Skills and Recreation in Counselling (p. 66)

73. Terres des Hommes, O´Connell, R. (2008). Child Protection. Psychosocial Training Manual. Toolkit. Available at: http://resourcecentre.savethechildren.se/sites/default/files/documents/5434.pdf
74. United Nations Educational Scientific and Cultural Organization (UNESCO) & International Institute for Educational Planning (IIEP) (2006). Handbook for Planning Education in Emergencies and Reconstruction. Available at: http://www.preventionweb.net/files/8401_handbook.pdf

Containing:

a. Chapter 4: Education for all in Emergencies and Reconstruction – Tools and Resources (p. 20)
b. Chapter 5: Rural Populations - Tools and Resources (p. 17)
c. Chapter 8: Children with Disabilities – Tools and Resources (p. 10)
d. Chapter 9: Former Child Soldiers - Tools and Resources (p. 13)

e. Chapter 10: Learning Spaces and School Facilities – Tools and Resources (p. 15)
f. Chapter 11: Open and Distance Learning – Tools and Resources (p. 11)
g. Chapter 12: Non-Formal Education – Tools and Resources (p. 12)
h. Chapter 13: Early Childhood Development – Tools and Resources (p. 11)
i. Chapter 14: Post-Primary Education – Tools and Resources (p. 17)
j. Chapter 15: Identification, Selection and Recruitment of Teachers and Education Workers – Tools and Resources (p. 12)
k. Chapter 16: Teacher Motivation, Compensation and Working Conditions – Tools and Resources (p. 10)
l. Chapter 17: Measuring and Monitoring Teacher´s Impact – Tools and Resources (p. 10)
m. Chapter 18: Teacher Training: Teaching and Learning Methods – Tools and Resources (p. 14)
n. Chapter 19: Psychosocial Support to Learners – Tools and Resources (p. 10)
o. Chapter 20: Curriculum Content and Reviews Processes – Tools and Resources (p. 14)
p. Chapter 21: Health and Hygiene Education – Tools and Resources (p. 10)
q. Chapter 22: HIV/AIDS Preventive Education – Tools and Resources (p. 13)
r. Chapter 23: Environmental Education – Tools and Resources (p. 7)
s. Chapter 24: Landmine Awareness – Tools and Resources (p. 10)
t. Chapter 25: Education for Life Skills: Peace, Human Rights and Citizenship – Tools and Resources (p. 14)
u. Chapter 16: Vocational Education and Training – Tools and Resources (p. 11)
v. Chapter 27: Textbooks, Educational Materials and Teaching Aids – Tools and Resources (p. 11)
w. Chapter 28: Assessment of Needs and Resources – Tools and Resources (p. 12)
x. Chapter 29: Planning Process – Tools and Resources (p. 14)
y. Chapter 30: Project Management – Tools and Resources (p. 8)
z. Chapter 31: Leal Frameworks – Tools and Resources (p. 14)
aa. Chapter 32: Community Participation – Tools and Resources (p. 12)
bb. Chapter 33: Structure of the Education System – Tools and Resources (p. 12)
cc. Chapter 34: Data Collection and Education Management Information Systems (EMIS)- Tools and Resources (p. 13)
dd. Chapter 35: Budget and Financial Management – Tools and Resources (p. 15)
ee. Chapter 36: Human Resources: Ministry Officials – Tools and Recources (p. 10)
ff. Chapter 37: Donor Relations and Funding Mechanisms – Tools and Recources (p. 10)
gg. Chapter 38: Co-Ordination and Communication (p. 11)

75. United Nations Children´s Fund (UNICEF) Somalia, Transcultural Psychosocial Organisation (TPO) Uganda, Wori, S. (2004). Psycho-Social Care and Support Modules for Training Child Protection Workers in Somalia. Available at: LINK MISSING
76. United Nations Children´s Fund (UNICEF) (2006). Psychosocial Support Training for Children in Emergency Situations. Available at: http://www.unicefinemergencies.com/downloads/eresource/docs/MHPSS/Psychosocial%20support%20of%20children%20in%20emergencies.pdf
77. United Nations Children´s Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), World Health Organisation (WHO), World Food Programme (WFP), International Baby Food Action Network (IBFAN) - GIFA, Emergency Nutrition Network (ENN), Foundation Terre des homes, Action Contre La Faim (ACF), CARE USA & Linkages, , & (2007). Infant Feeding in Emergencies. Modul 2 for health and nutrition workers in emergencies situations for training, practice and references. Available at http://www.ennonline.net/pool/files/ife/module-2-v1-1-core-manual-english.pdf

78. United Nations Children´s Fund (UNICEF) (2009). The Psychosocial Care and Protection of Children in Emergencies. Teacher Training Manual. Available at: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1064/Psychosocial_Care_and_Protection.PDF
79. United Nations Children´s Fund (UNICEF) (2012). Rebuilding Children´s Lives. Guide to psychosocial support actions in emergency and disaster situations. Working sessions in the field (p. 49) Available at: http://www.unicef.cl/unicef/public/archivos_documento/373/Guia%20desastres%20Ingles.pdf
80. United Nations High Commissioner for Refugees (UNHCR) – Staff Welfare Unit. Career and Staff Support Service (2001). Managing the Stress of Humanitarian Emergencies. Available at: LINK MISSING

Containing:

a. Chapter 3: Stress Managing Strategies - Basic Stress Management
    a. Self Care (p. 20)
    b. Responsive Leadership Style (p. 20)
b. Chapter 3: Stress Managing Strategies - Sustaining the Workforce: Checklist for Managers
    a. Everyday Care (p. 22)
    b. Support for Critical Events (p. 24)
c. Chapter 3: Stress Managing Strategies
    a. Managing Transition (p. 25)
d. Annex 1: Basic Stress Management for difficult Assignments: Notes for Staff Assigned to Emergencies (p. 29)

81. United Nations High Commissioner for Refugees (UNHCR) (2003). Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response. Available at: http://www.unicef.org/emergencies/files/gl_sgbv03.pdf

Containing:

a. Appendix 2: Incident Report Form (p. 131)
b. Appendix 3: Monthly Sexual And Gender-Based Violence Report Form (p. 143)
c. Appendix 4: Health Examination Form (p. 145)

82. United Nations High Commissioner for Refugees (UNHCR) & World Health Organisation (WHO) (2008). Rapid Assessment of Alcohol and Other Substance Use in Conflict-Affected and Displaced Populations: A Field Guide. Available at: http://www.who.int/mental_health/emergencies/unhcr_alc_rapid_assessment.pdf

Containing:

a. Annex A: Sample consent form (p. 37)
b. Annex B: Sample semi-structured interview guide for substance user or affected community member (p. 38)
c. Annex C: Sample semi-structured interview guide for service provider or policy maker (p. 42)
d. Annex D: Sample focus group guide (p. 44)
e. Annex E: Sample action planning and logical frameworks (p. 46)

83. United Nations High Commissioner for Refugees (UNHCR) (2011). Working with Persons with Disabilities in Forced Displacement. Available at: http://www.unhcr.org/4ec3c81c9.html

84. War Child Holland (2009). WCH-SL Induction Training. New staff, external trainers and community facilitators. Induction and refresher training. Available at: http://mhpss.net/?get=51/1302982157-WCH-SLInductionTrainingPackage.doc
85. Women's Commission for refugee women and children (2005). Masculinities: Male Roles and Male Involvement in the Promotion of Gender Equality. A Resource Packet. Available at: http://www.unicef.org/emerg/files/male_roles.pdf
Containing:

a. Checklist for Measuring Gender Equality in Refugee and IDP Situations (p. 29)
b. Good Practice for Working Toward Gender Equality (p. 31)
c. Tools for Creating Positive Gender Identities (p. 33)
d. Gender Quiz (p. 35)

86. Women's Commission for refugee women and children (2006). Displaced Women and Girls At Risk: Risk Factors, Protection Solutions and Resource Tools. Available at: http://www.globalaging.org/armedconflict/countryreports/general/womenatrisk.pdf
Containing:

a. Identification of Women and Girls at Unacceptable Risk (p. 34)
b. Good Practice in Protection During Displacement (p. 35)
c. Good Practice in Protection in the Context of Local Integration (p. 37)
d. Good Practice in Protection During Return and Reintegration (p. 38)

87. Women's Refugee Commission (2011). Minimum Initial Service Package. (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Modul. Available at http://www.iawg.net/resources/MISP2011.pdf
Containing:

a. Appendix A: MISP Checklist. Monitoring of MISP Implementation (p.86)
b. Appendix B: MISP Calculator (p.89)
c. Appendix C: Sample Project Proposal for an international NGO to submit to governments, United Nations groups such as UNFPA and UNHCR, or other donors (p.91)
d. Appendix D: Sample Proposal for the Consolitated Appeals Process (CAP) on Adolescent Sexual and Reproductive Health (p.95)
e. Appendix E: MISP Cheat Sheet. Minimum Initial Service Package (MISP) for Reproductive Health (p.99)
f. Appendix F: MISP Advocacy Sheet: What is the MISP and Why Is It Important? (p.101)
g. Appendix G: Adolescent-friendly Checklist (p. 103)

88. World Health Organisation (WHO), International Federation of Red Cross and Red Crescent Societies (IFRC) & Disaster Mental Health Institute The University of South Dakota USA (USD DMHI), Petevi, M. Revel, J.P. & Jacobs, A. (2001). Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations. A community-oriented Assessment. Part II: Tool Rapid Assessment of Mental Health Needs and Available Resources (p. 13). Available at: http://www.who.int/hac/techguidance/pht/7405.pdf
89. World Health Organisation (WHO) & United Nations High Commissioner for Refugees (UNHCR) (2004). Clinical Management of Rape Survivors. Developing protocols for use with refugees and

internally displaced persons. Revised Edition. Available at http://whqlibdoc.who.int/publications/2004/924159263X.pdf
90. World Health Organisation (WHO), War Trauma Foundation & World Vision International (2011). Psychological first aid: Guide for field workers. Available at: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf
91. World Health Organisation (WHO). (2011). The Humanitarian Emergency Settings Perceived Needs Scale (HESPER). Available at: http://whqlibdoc.who.int/publications/2011/9789241548236_eng.pdf?ua=1
Containing:

    a. Chapter 2.2: The HESPER Assessment Process in detail
        a. Before interviews (p. 18)
        b. During interviews – Issues to consider (p. 24)
        c. During interviews – The interview process form the interviewers´perspective (p. 26)
        d. After interviews (p. 28)
    b. Appendices:
        a. Appendix 1 - Humanitarian Emergency Settings Perceived Needs Scale (HESPER) (p. 38)
        b. Appendix 2 - HESPER Training Manual for Interviewers (p. 41)
        c. Appendix 3 - Example HESPER Report (p. 71)
        d. Appendix 4 - Sampling Guide (p. 80)
        e. Appendix 5 - Kish Table (p. 83)
        f. Appendix 6 - Performing Sample Size Calculations (p. 84)
        g. Appendix 7 - Calculating Confidence Intervals (p. 87)
        h. Appendix 8 - Example Participant Information Sheet / Consent Form (p. 89)

92. World Health Organisation (WHO) - Department of Mental Health and Substance Abuse (2012). Do's and Don'ts in community-based psychosocial support for sexual violence survivors in conflict-affected settings. Available at: http://www.searo.who.int/entity/emergencies/documents/dos_and_donts_psycho_support_sexviolence_survivors.pdf
93. World Health Organisation (WHO) (2012). Mental health and psychosocial support for conflict-related sexual violence: 10 myths. Available at: http://apps.who.int/iris/bitstream/10665/75177/1/WHO_RHR_HRP_12.17_eng.pdf?ua=1

World Health Organisation (WHO) (2012). Mental health and psychosocial support for conflict-related sexual violence: principles and interventions. Table 1: Programme response (and research) matrix for person-focused interventions (p. 6) Available at: http://apps.who.int/iris/bitstream/10665/75179/1/WHO_RHR_HRP_12.18_eng.pdf?ua=1