

Words to Action: pictorial contextualization of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Joseph O. Prewitt Diaz & Anjana Dayal de Prewitt

A major challenge for the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings is to make them accessible to community groups. People at the local level often have difficulty in reading and comprehending the guidelines. This article describes how pictorial aids, such as visual stimulus cards and 'low verbal-high visual' instruction materials, were used to assist communities groups to work with the guidelines. We describe how these materials have been developed in several post disaster settings in Latin America and South East Asia. The experiences with these documents suggest a promising practice for using the guidelines.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, equivalence, mental health, psychosocial support, instruction materials, pictorial contextualization, community mobilization

Using pictorial tools to propagate the MHPSS

The purpose of this paper is to discuss the development of visual representations of the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings*. These guidelines were published in a guidebook format and disseminated to agencies, professionals, paraprofessionals and com-

munity leaders all over the world (IASC, 2007). However many people at local levels have difficulties reading these guidelines, or have no time to develop comprehension. Many community groups have therefore requested the development of 'community friendly' communication tools. In this article we describe the development of such tools.

The use of pictorial tools in communities promotes a dynamic process that encourages affected people to initiate a self propelled process of recovery. The affected people have the freedom to devise their own methods of resolving problems, by devising interventions that will work for them. The pictorial tools are simple and provide a powerful space to illicit complex solutions. They keep people actively involved by providing the opportunity to think about the information being presented. The tools can also be used to search and identify different alternatives to attending to community needs, and leads to community guided decision making. The participatory process is used in such a way that it enhances the perspective between, and within, gender and other diverse community groups. Furthermore, marginalized people may use illustrations to formulate a story and communicate their needs to stakeholders.

Reaching equivalence

The development of illustrations that are culturally and contextually appropriate is important, but difficult. It is a challenge to transfer information from a written to visual format, while maintaining the integrity of the message and obtaining equivalence across formats and cultures. Initially, we developed visual representations for the action sheets of the guidelines using cultural information about the target population. The affected people found it difficult to understand some of the illustrations representing the guidelines, because they did not represent the ground reality. For example, the visual representation of a 'coordination meeting' with representatives from international humanitarian agencies in a room did not resonate with the people at the community level. As a result, the illustration was modified into a small meeting of local stakeholders under the shade of a tree. In the development of illustrated tools for mental health and psychosocial support we looked at two aspects.

Functional equivalence In translation theory, *functional equivalence* is a translation method in which the translator attempts to reflect the thought of the writer in the source language, rather than the literal words and forms. The translator will read a sentence or other unit of thought, try to understand it as well as possible, and then write that thought in the target language (Neufeld, 2007). Functional equivalence in our case refers to developing illustrations that reflect the same meaning, and are visually compatible with the viewers' perception. For example, in the visual that represents the use of religious celebrations and rituals to alleviate distress, in the South Asia version the illustration includes a temple, church and/or mosque, while in the Peruvian version there is a priest speaking to a person and a picture of Jesus Christ on the wall.

Cultural Equivalence Culture is the lens, or template, we use in constructing, defining, and interpreting reality. People from different cultural contexts and traditions will define and experience reality in very different ways. Social and psychological reactions to a disaster will also vary across cultures because they cannot be separated from cultural experience (Marsella, 1982). Any illustration delivering a message of empowerment, resilience, distress, stress, and/or emotional reactions must use methods that are responsive to the community where the event has taken place. Different historical and cultural traditions frame disaster experience and the resulting emotional manifestations, within different contexts, thereby promoting and/or shaping different understandings and meanings. The use of illustrations as tools for community education takes into consideration the importance of the social, and cultural context of preexisting, or disaster created, social and psychological problems (i.e., powerlessness, poverty, under privileging, marginalization, inequality, etc.) in understanding the expression of psychosocial reactions to a disaster. This is also true in understanding its assessment, the analysis or information, and designing community interventions that foster resilience. Social and psychological problems emerging from a disaster must be understood within the cultural context that socializes, interprets, and responds to them. This requires that we proceed from different values, perspectives, and practices (Marsella, 2003). Cultural equivalence in our case was established by many hours spent talking with community members about the contents of the target action sheet. Some were invited to make drawings of their perceptions, and an artist compiled the pictures and developed a composite illustration representing the cultural group.

Illustrations showing how key concepts of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* have been transformed into pictorial representations in different settings

1. Coordination



South Asia Pictorial MHPSS Guidelines



Lineaminetos Internacionales MHPSS—Peru

2. Community mobilization



South Asia Pictorial MHPSS Guidelines



Lineaminetos Internacionales MHPSS—Peru

3. Provide access to mental health

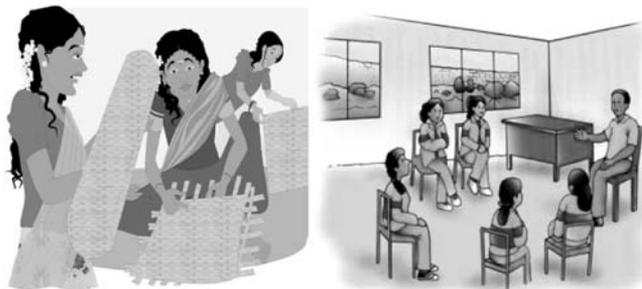


South Asia Pictorial MHPSS Guidelines



Lineaminetos Internacionales MHPSS—Peru

4. Strengthen access to education



South Asia Pictorial MHPSS Guidelines

Lineaminetos Internacionales
MHPSS—Peru

5. Access to information about coping mechanisms



South Asia Pictorial MHPSS Guidelines

Lineaminetos Internacionales
MHPSS—Peru

The illustrations from India and Peru are examples of this process.

Pictorial materials representing the MHPSS guidelines: what is available today?

Background of the MHPSS pictorial materials In the Lempa River Community Development Project in El Salvador, 192 illustrations were developed as sketches and modified to be used in disaster mental health programmes in Central America, after Hurricane Mitch (Prewitt Diaz et al., 2000).

These illustrations were adapted to work with disaster affected people in Gujarat, India (Prewitt Diaz et al., 2003). The illustrations

were shared with 'community judges' (a panel of disaster affected persons) in Bhuj, Gujarat. The illustrations were also divided into five categories: planning, assessment, information dissemination, education/schooling and community mobilization. The panel was asked to select the illustrations that belonged to each of the categories. A total of 60 cards were selected. These cards were then reproduced using local illustrations (people, animals, clothing, institutions, background, and signs of damage). The illustrations were shared with a second panel of disaster affected people who suggested additional changes. The final process was completed in 2004.

Murals have been used as a way of sharing information with the community. A mural may be seen by many community members everyday over an extended period of time, sometimes years. The message is internalized and practiced for many years. Murals depicting IASC messages, specifically in community mobilization, preventive health activities, and safe schools were planned with members of the affected communities. Groups of community members suggested the messages, and the sequence in the mural. Drawing competitions were held with women, men, adolescents and children. Community members, assisted by a professional local artist, then painted the best drawings on the wall.

Leaflets were developed as one way to assist Red Cross volunteers and paid staff with easily available information while doing fieldwork. Among the most often used illustrations were *'Share your feelings'* (Prewitt Diaz & Lopez Martinez, 2001) and *'Psychological First Aid'* (Dash & Dayal, 2004). The trifolds present five illustrations of stress reactions and five behaviours that an individual can enact to alleviate the stress. This stimuli illustration motivates the affected person to share his/her feelings with others in the community. The *'Psychological First Aid'* (Dayal, 2004) is a short, first order intervention provided to an affected person to foster immediate coping. It provides non intrusive listening and simple pragmatic steps that motivate bouncing back. The contents have been contextualized for use with communities and schools in at least 11 countries. Other leaflets that are also widely used are those depicting: *'Crisis to Recovery'*; *'The road to resilience'*; and *'Guidelines for Operational Training'* (Prewitt Diaz, et al., 2004a). This tool is geared towards an affected community that proposes simple strategies and raises four questions that enable community

members to develop courses of action for recovery. The tool strives to bring the community members together to plan, implement, and monitor the progress of collective activities.

Assessment Visual Stimuli Cards The 2004 South Asia tsunami brought the need to engage disaster affected people with the tools to assess disaster related stress. The challenge was that quantitative measures were not readily available. Therefore, visual stimuli cards were used to conduct initial individual and group assessment. In India, an effort was made through the initiative *'apni kahani tasvir ki zuban'* (*speaking from the Heart*) (Prewitt Diaz, et al., 2004b). In Sri Lanka, based on the work of Slaikeu (1990), a series of 30 stimulus cards (*'Joe cards'*) used to screen psychological and social symptoms were developed (Dayal, 2005). Red Cross volunteers use the cards extensively as an initial screening tool with individuals and focus groups in affected communities. The tool assists affected communities to determine the target groups to be initially served by the Psychosocial Support Programme.

Community Flip Charts There are four community flip charts:

- (1) The first flip chart is composed of 68 illustrations and focuses on assessment, psychological first aid, self care for Red Cross volunteers and paid staff, and psychoeducation.
- (2) The second flip chart is composed of 16 illustrations and focuses on attachment to place and how to enhance competence and self sufficiency.
- (3) The third flip chart is composed of 196 illustrations divided into three major groups: (a) civic engagement; (b) community participation; and (c) broadening and deepening social capital.

- (4) The fourth flip chart is composed of 11 illustrations about the comprehensive MHPSS response and focuses on moving the community forward in the process of establishing healthier and safer communities.

Pictorial versions of the guidelines In 2005, staff members participated in the core group formulating the guidelines. Staff members of four countries discussed the first draft of the guidelines at a regional meeting in Sri Lanka and decided to develop a visual tool that would take the guidelines to the tsunami affected persons in the four countries represented. Illustrations were elicited covering the three core functions of the guidelines (common functions, core mental health and psychosocial domains, and social considerations in other sectors). The *Guidelines for Operational Training* is an operational tool formulated on MHPSS guidelines. The guidelines were simplified so that Red Cross field workers were able to implement the integrated programmes in the tsunami affected population (Prewitt Diaz et al., 2006). This tool was field tested with the tsunami affected population in Sri Lanka, the Maldives and Indonesia. The revision of the tool generated quite a bit of activity in the participating communities. This tool was widely disseminated in South Asia. The South Asian pictorial versions of the guidelines were shared with colleagues of the Pan American Health Organisation (PAHO) in Colombia and Peru, who have since adapted it for use in Latin America, using both sections of the text of the guidelines and illustrations (Rivera Holguin, 2008).

Conclusion

The development of illustrations to represent the *IASC Guidelines on Mental Health and*

Psychosocial Support in Emergency Settings and action sheets has begun across two continents. Through a process of participatory development, functional and cultural equivalence of the materials has been established that has allowed the messages to be easily understood by disaster affected people. The inclusion of pictorials in the development of capacity building materials allows disaster affected people to develop their own stories, to explain the effects of the phenomena, and share with stakeholders. The successes suggest a promising practice for the guidelines.

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Dr. Joseph O. Prewitt Diaz is the 2008 recipient of the International Humanitarian Award from the American Psychological Association. He is currently the Disaster Mental Health Officer for the Puerto Rico Chapter of the American Red Cross.

Anjana Dayal de Prewitt has served as country manager for Psychosocial Support in Sri Lanka for American Red Cross and was a consultant with ICRC on psychosocial support in India. She serves currently a volunteer with the Puerto Rico Chapter of the American Red Cross.