

Ethics for global mental health specialists

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Global mental health work is an emerging specialisation that focuses on serving culturally diverse populations around the world. International mental health providers often work in the settings with complex needs where they are confronted with mass trauma and human suffering. This places special demands on making independent, responsible, competent and ethical decisions in often unique circumstances. Exposure to both the incomprehensible failure of humanity and the incredible resilience of impacted populations forces professionals to re-examine their convictions and beliefs. This, in turn, opens an opportunity for profound existential discoveries about the world, their profession and themselves. This paper argues that humanitarian principles and strategic guidelines for psychosocial intervention provides the conceptual framework and operational guidance for mental health specialists to navigate ethical and moral conundrums in response to pressing humanitarian psychosocial needs, and to do this in a moral, professional, consistent and collaborative way. Further, serving vulnerable populations calls for higher standards of self-awareness and self-care (Williams, 2012), with safety an imperative and burnout prevention key to professional competencies.

Keywords: burnout, ethics, global mental health, humanitarian values, trauma, trauma tourism

Introduction

This paper aims to explore the role of multidisciplinary humanitarian values within the ethics of global mental health work. It is based on a review of major documents related to professional codes of conduct within a humanitarian context, informal communication with mental health (MH)

Key implications for practice

- Ethical guidelines set basic parameters to navigate moral conundrums and make competent decisions about choice of interventions
- Guidelines provide the framework for the moral, professional, consistent and collaborative care for the most vulnerable populations and strengthens professional confidence in making difficult decisions
- This paper identifies signs of burnout specific to field work and broadens understanding and implications of safety and self-care

aid workers, and the author's own experience of providing mental health and trauma care in international emergency settings.

Over the past two decades, global MH has been rapidly gaining recognition as a vital part of international humanitarian relief systems. Its contribution to the humanitarian cause, violence prevention and making the world a better place cannot be underestimated. MH specialists participate in emergency response, disaster relief work, capacity building and the development of sustainable mental health systems. They respond to ever increasing humanitarian needs, provide psychological support for aid workers, and treat, support and advocate for those who are in dire need. They conduct research, advise governments on mental health policies and facilitate capacity building by training local specialists. Some are

employed by non governmental organisations (NGOs) or private foundations, while others work independently. Often, they work in complex and unsafe environments where they have to make quick and effective decisions, under duress, in situations with high moral and ethical ambiguity. Ethical choices can face different challenges within various areas of MH specialists' activities. Chiumento, Khan, Rahman, & Frith (2016) studied ethical challenges to research in post conflict settings and suggested directions for their management. The authors describe six areas that pose ethical challenges. They are: Who conducts the research; Who funds the research; Ethical review; Voluntary informed consent; Community mistrust; and Risk to the research team (Chiumento et al., 2016, p.17).

A professional code of ethics serves to establish personal, organisational, and corporate standards of behaviour expected of professionals in most situations, and sets the rules for professional interactions. However, when serving highly vulnerable populations in settings with complex needs and limited professional support, global MH specialists often face unique professional and personal challenges. Therefore, ethical guidelines can assure accountability, flag unethical practices and assist international MH professionals in navigating complex situations, especially those with no good solutions. At the same time, unethical practices that impact the image of the profession undermine the spirit of humanitarianism and compromise safety and wellbeing of the people we serve.

Adoption and ongoing development of universal humanitarian principles has been driven by the crucial importance of coordinated response, and by making various multidisciplinary actors agree on basic principles. These values and principles are universal and aspirational by nature, and this paper maps the process of consolidation and reconciliation of multidisciplinary values as part of a professional decision making process. The principles of humanitarian assistance, which

are reflective of positive and negative experiences accumulated by the humanitarian movement, provide the conceptual framework for ethical decision making, and strategic guidelines for psychosocial interventions serve as an operational guidance. The reconciliation of moral and personal values in resolving moral conundrums is outside the scope of this paper and will be explored in the future. In the context of humanitarian work, ethics for global mental health work set practice expectations and rules for professional interactions.

Professional and personal challenges of international work put a heavy moral burden on MH specialists that, not surprisingly, takes a toll on their psychological wellbeing. When one's worldview is shaken by exposure to mass suffering and severe trauma, ethics offer professional grounding and provide guidance. The Antares Foundation (Young, 2015) found that 79% of the 754 respondents to the survey on the *Guardian Global Development Professional Network* reported that they had experienced mental health issues related to aid work, which emphasises the prioritised importance of safety, self-awareness, and self-care. This paper describes signs of burnout that are common among global mental health workers and offers practical recommendations for its reversal.

This paper structured in a following way: it begins with the brief history and current state of global MH work in a changing world, as part of the humanitarian movement where an ethical, consistent and collaborative response is built upon shared system of international values. This system of values reflects successes and fallouts of humanitarian relief and sets the conceptual framework and multidisciplinary standards for professional interventions. Analysis of the unique professional and personal challenges of the field work demonstrates the need, in broad points of reference, for ethical decisions in morally ambiguous situations. The multidisciplinary values are explored through the lens of psychosocial

intervention, where values consolidation and reconciliation offer insight into potential areas where they may conflict. These presented values include: the *universal principles of humanitarian assistance* that provide aspirational guidance; and the *guidelines for psychosocial interventions* that offer operational guidance. The paper ends with prioritising the safety and self-care imperative in international work, lists common burnout indicators in field work and offers recommendations for its reversal.

Global mental health in a changing world

NGOs have been incorporating mental health (MH) and trauma modules into disaster relief since the early 1980s when the professional community came to realise the importance of attending to both medical and MH needs in emergencies. Even so, the routine employment of MH specialists did not happen until almost a decade later. Additionally, only in the most recent years have psychosocial modules for survivors of sexual and gender based violence or complex emergencies (armed conflict, genocide, famine or epidemics) become a priority of humanitarian relief (Cherepanov, 2016).

The 1990s saw a rapid growth in international mental health programmes after trauma support modules became the gold standard for humanitarian response. Already by 2012, Médecins Sans Frontières (MSF) staff had held 191,300 individual and group counselling sessions in the Russian Federation, Sudan (Darfur), Iraq, Congo, Kashmir, and other countries (MSF International, 2012, p.12). According to Cherepanov (2015), international work changed the landscape of mental health; it increased interest in the cultural dimensions of trauma and recovery, and the appreciation for human resilience. She further stated that a culturally competent global MH specialist learns about cultures by studying how people cope with life adversities. This

international experience also questions the western understanding of trauma and the applicability of western treatment models within different cultural and social contexts (Summerfield, 1999). Since then, international MH work has been consistently moving away from operations based on preconceived professional notions and cultural stereotypes, and is now more than ever in need of developing relevant standards of care and well designed, culturally valid, evidence based practices. It also has become evident that this work requires a special set of professional skills, cultural and personal competencies and thorough knowledge of international humanitarian values and principles of humanitarian assistance. It is worth noting that humanitarian values themselves are a work in progress, and their development is reflective of the struggle that has led the humanitarian community to establish a consistent multidisciplinary approach to these complex phenomena, where the measure of success is saving human lives.

Ethics of global mental health work

Ethical challenges of direct services and programme development revolve around the role of MH providers in settings with complex psychosocial needs arising from work with severely traumatised populations (Cherepanov, 2016).

It has long been recognised that trauma experience creates special vulnerabilities in survivors. These include: impaired schemas and beliefs; unmet psychological needs for safety, trust, personal power, or control; and issues around esteem. According to Braak (2002), these factors mandate higher ethical standards for those working with traumatised populations. Williams (2012) recognised the impact of trauma work on the professional and personal lives of traumatologists, and emphasised that some professional competencies carry greater significance. Among these are the awareness

of our own work and beliefs, heightened sensitivity to the issues of our own safety, cognisance of the balance between power and control, effects of trauma work on self-esteem and reliance on personal resilience as a key to overcoming compassion fatigue. In their work, global MH specialists face unique external, professional, and personal challenges. Physical and moral hardship, safety and health related risks and exposure to mass trauma and severe suffering can all be personally overwhelming. External challenges can include: security, politics, funding, insufficient resources, and the influence of organisations that impose their rules, regulations, and values.

Other challenges include:

- Facing a compromised referral system and lack of professional supports
- Serving multicultural populations
- Being part of a multidisciplinary and multicultural team
- Dealing with the potentially conflicting values of individual focused mental health versus population focused public health approaches
- Managing the potential conflict between choosing to respond to immediate MH needs of survivors versus community development and capacity building
- Having to make professional decisions under duress
- Facing morally ambiguous situations and unique ethical conundrums

The main goal of professional codes of ethics is the welfare and protection of the clients. As the American Psychological Association (APA) Ethics Code (2002/2010) states, ethics are intended to provide guidance for psychologists and standards of professional conduct to cover *most situations* encountered by psychologists. Behnke (1997) described the approach to the ethical practice of psychology as being mindful of the values that inform our clinical work, especially when those values compete with one another,

where an ethical dilemma is understood as a complex situation that often involves an apparent mental conflict between moral imperatives that if one would obey it would result in transgressing another. In simpler terms, ethics help to navigate morally ambiguous situations.

International context takes professionals out of their comfort zones and painstakingly scrutinises the preconceived notions that they have been trained to rely on within routine work. Exposure to the incomprehensible failure of humanity forces a person to re-examine their belief systems and to question moral convictions which, in turn, offers an opportunity for profound existential discoveries about the world, and themselves. This author would argue that in morally ambiguous situations with no good solutions, humanitarian values provide solid guidance for sound ethical decisions. Figure 1 illustrates the relation of professional ethics to the values of humanitarianism. The central overlapping part signifies the ethics for global mental health work that encompasses both professional and multidisciplinary agendas. Other interconnected parts include the fundamental principles of humanitarian assistance, the strategic guidelines for psychosocial interventions and the safety and self-care imperative.

Do these values carry the same importance in planning psychosocial interventions and developing a programme? This author offers a blueprint for hierarchy of values coming from different approaches and disciplines values where the values are envisioned as a set of four concentric (or nesting) circles (see Figure 2). The more central placement of values reflects their precedence and literal understanding, while the values placed on the periphery serve as strategic guidance that allows broader interpretations. Let's look at these levels starting with the centre and moving outward. Figure 2 points out the prioritised importance of the safety imperative in any operational decisions, followed by a professional code of ethics,



Figure 1: Ethics for global mental health work within a system of humanitarian values.

strategic guidelines for psychosocial interventions, and finally, the fundamental principles of humanitarian assistance. The values of A and B levels (safety, self-care, and professional code of ethics) are binding. The values of the C and D level are similarly important; however, they are aspirational and meant to provide the framework of values, vector and operational guidance. Historically, these values themselves have been adjudicated along with the evolving understanding of humanitarianism.

Imagine a mental health specialist who designed a programme for trauma survivors and wanted to make sure that this programme was consistent with humanitarian values. What should the tactic be? For this, we check this proposal against the values in an outward direction starting from A (Safety). If a proposal doesn't meet the standards on any of the levels, it needs to be reviewed. After risks are carefully evaluated and safety and security are assured, the next step would be to check whether the proposed intervention

has the potential to violate the professional code of ethics, if they reflect the guidelines for psychosocial interventions, and finally, whether they are in agreement with fundamental principles of humanitarian assistance. In the next part, the author will further elaborate on D) Fundamental principles, C) Strategic guidelines, and A) Safety imperative, as they apply to global mental health work. Section B) Professional codes of ethics will not be discussed in this paper. For the sake of establishing the continuity between the different levels of values, the author will further elaborate on these principles in the outward direction starting from theoretical postulates toward their practical implications.

Humanitarian values: brief history and current state

While hardly anyone has questioned the overall importance of contemporary humanitarianism, its principles are often challenged and continue to be augmented in response to precedents set in the field.

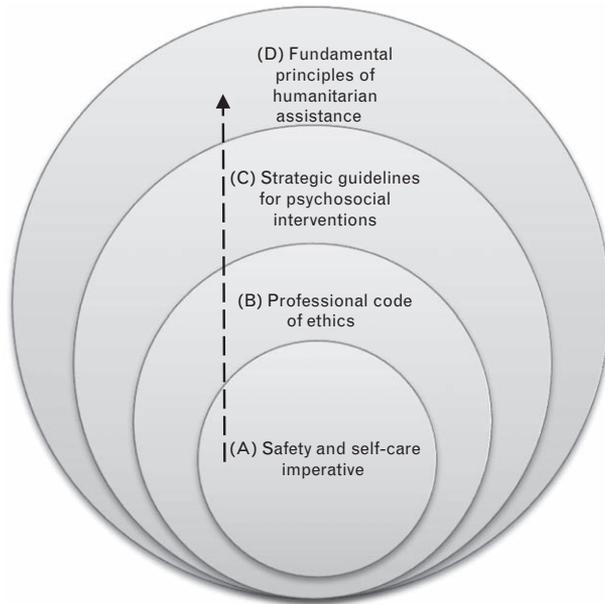


Figure 2: Hierarchy of the multidisciplinary values in planning the psychosocial interventions.

The Sphere Project (2004, p.10) outlined the current trends in humanitarian relief:

- Humanitarianism has widened from a purely charitable *‘philanthropy’* to include rights based and professional approaches
- Advocacy with governments has been more common in recent times
- There is an increasing need to accept that conflicts are chronic in some developing countries
- Principles are needed to keep humanitarian work separate from the military and politics
- Disasters are increasingly complex
- There is an increasing diversity within the humanitarian community
- There is an increasing complexity of organisations involved in operating with different measures of success

The framework of humanitarian assistance lays out the ground principles shared by various international humanitarian relief work

actors. They are aspirational by nature and, in addition to the professional codes of ethics, offer guidelines in three domains: fundamental principles of humanitarian response, guidelines for psychosocial interventions and the safety and self-care imperative.

The need for shared values and consistency of actions within humanitarian assistance first became apparent during World War II and led to the proclamation of the Universal Declaration of Human Rights (United Nations, 1948). The 1965 Fundamental Principles of the International Red Cross and Red Crescent Movement (www.ifrc.org/en/publications-and-reports) was developed to coordinate agendas and create consistency in humanitarian response and has become a major milestone in the evolution of humanitarianism. The growing body of evidence has questioned the universality of humanitarian principles and also emphasised the importance of standards of work. Some principles have received additional

clarification following these precedents. For instance, the principle prohibiting taking advantage of survivors was introduced in the wake of the ‘aid for sex’ scandal amid the allegations of sexual abuse of refugee children by peacekeepers and aid workers in West Africa in 2002. Another example is the 1990s situation in post-genocide Rwanda that polarised humanitarian actors and challenged some of the ground principles of humanitarian response, such as whether to provide humanitarian aid to those who participated in genocide. This led to renewed discussions about limits, values and principles of humanitarian actions. In response to the criticism, the UN and NGOs initiated a number of initiatives and collaborative partnerships designed to improve humanitarian assistance and accountability, out of which emerged the Sphere Project (1997) and the IASC project (2007). The focus of the Sphere Project has been the development of minimum standards in core areas of humanitarian assistance, while IASC has issued guidelines for psychosocial support in emergency settings. Table 1 summarises the development of humanitarian values relevant to international mental health work, as reflected in the Sphere project training manual (www.sphereproject.org) with added highlights from the World Humanitarian Summit (World Humanitarian Summit, 2016).

Fundamental principles of humanitarian assistance: aspirational guidance

Although some fundamental principles of humanitarian response continue to be adjusted to the ever changing, global humanitarian landscape, they are defining characteristics for a multidisciplinary response that also includes global MH work. These values reflect the field experience of various agencies engaged in humanitarian response and define the values governing humanitarian work. In conflict situations,

their breach may drastically affect the ability of agencies to respond to survivors’ needs, and also put the safety of personnel at risk. Organisations such as military forces and commercial companies, which are not considered humanitarian agencies, are not obliged to base their responses on these principles. Working with such organisations places more responsibility on an MH specialist in clarifying their professional role and organisational values prior to deployment. While the wording of principles can slightly vary across NGOs, they were built upon and closely relate to the International Federation of the Red Cross and Red Crescent’s (www.ifrc.org) *Fundamental Principles of the Movement*, which were first formulated in 1965. Initially, these were principles of humanity, impartiality, independence and neutrality. Later, principles against proselytism and unethical behaviours were added to the humanitarian set of values. Below is a formulation of these principles taken from *The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief* (www.ifrc.org), with the author’s remarks (*in italics*) on some questions these principles may pose for an MH specialist. These discussion points (below) were suggested by participants in the training on ethics of global trauma work at the International Society for Traumatic Stress Studies (ISTSS) conference in November 2016 (Cherepanov, 2016).

Humanitarian imperative

The main goal of humanitarian work is to prevent or alleviate suffering; nothing should override this principle. The Sphere Project has recognised this as a governing principle (Slim, 1997).

How do we determine who is in greater need for mental health assistance?

Humanity and humanitarian accountability

These principles underline the importance of professional competencies, accountability

Table 1. Timeline of developments in humanitarian values

Time points	Actors and events	Key developments and impact
1948	The United Nations (UN) General Assembly	The Declaration of Human Rights declared ' <i>universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion</i> ' (www.un.org/en/universal-declaration-human-rights)
1965	The 20th International Conference of the Red Cross and Red Crescent	Establishment of fundamental principles of the movement: humanity, impartiality, independence and neutrality (www.ifrc.org)
1971	The Biafran Civil War (Nigeria)	Formation of Médecins Sans Frontières (MSF), MSF declared importance of advocacy and proposed principle of solidarity to replace the principle of neutrality
1980s	Ethiopian famine	Global awareness of shortfalls of humanitarian action through the massive impact of media exposure (www.sphereproject.org)
1991	United Nations created The Office for Coordination of Humanitarian Affairs (OCHA)	OCHA's mission is to mobilise and coordinate humanitarian action and to promote the humanitarian community's compliance with humanitarian principles in every humanitarian response (www.unocha.org)
1994	The Red Cross and Red Crescent Movement	Principles for the choice of responses and programme developments in disaster relief. It was agreed upon by eight of the world's largest disaster response agencies (www.ifrc.org).
1997	The Sphere Project	Developed a set of minimum standards in core areas of humanitarian assistance to enhance the accountability of the humanitarian system in disaster response (www.sphereproject.org)
2000s	West African scandal	NGOs Codes of conduct

Table 1. (Continued)

Time points	Actors and events	Key developments and impact
2007	The Inter-Agency Standing Committee (IASC)	<i>The Guidelines on Mental Health and Psychosocial Support in Emergency Settings</i> (IASC, 2007)
May, 2016	The World Humanitarian Summit (WHS)	<p>Prioritised education in humanitarian action and set up the 'Education Cannot Wait' fund (UNICEF, 2016)</p> <p><i>Introduced the Charter on Inclusion of Persons with Disabilities in Humanitarian Action</i> (Handicap International, 2016).</p> <p>The first ever global compact to address the needs of youth in crisis settings (World Humanitarian Summit, 2016)</p> <p>Critique by NGOs:</p> <ul style="list-style-type: none"> • Concerns that adapting humanitarian action to different needs tailored to gender, age, and disability was not being given high enough priority (Oxfam, 2016) • Regretfully, the issue of safety and wellbeing of the aid workers <i>'did not appear to have gained any prominence'</i> at the Summit (Maudling, 2016)

and adherence to the principles of humanitarian work. The humanity principle means that all humankind shall be treated humanely and equally in all circumstances, by saving lives and alleviating suffering, while ensuring respect for the individual. This is considered the fundamental principle of humanitarian response. Accountability has been defined as balancing the needs of stakeholders and a commitment to providing assistance, and using power responsibly. This means avoiding unnecessary and costly redundancies and focusing on sustainable development and local capacity building, as was later reflected in the *Interagency Standing Committee (IASC) guidelines* on psychosocial response in emergency settings (IASC, 2007).

For an MH specialist, this means providing services in a professional manner, which includes responsibility for the consequences of helping interventions, both intended and unintended. How do we determine the limits of our responsibility toward the people we serve and the NGOs we work with? Is there a possibility for conflict of loyalties?

Impartiality

Provision of humanitarian assistance must be impartial and not based on nationality, race, religion or political point of view. It must be based on need alone.

How does this principle conflict with another facet of our professional role, namely advocacy and bearing witness?

Independence

Humanitarian agencies must formulate and implement their own policies independent of government policies or actions.

The sustainability of the recovery and the safety of people we serve often depends on building upon the available infrastructure, as well as collaborating with governments and public health establishments.

Neutrality

This principle discourages MH professionals from taking sides in a conflict, or engaging at any time in controversies of a political, racial, religious, or ideological nature.

Some believe that the principle of neutrality may be in conflict with advocacy for survivors, social justice and political change, which are all important parts of global MH work.

Proselytism

This principle states that the provision of aid must not exploit the vulnerability of victims, nor be used to further political or religious creeds.

Even this apparently self-evident principle leads to many questions: can MH providers always control how their work, political affiliation or faith are used or misused by a third party? Another question is whether a provider's disclosure can inadvertently influence religious or political views of beneficiaries. What if a project is funded by a faith based or politically engaged NGO? Where do we draw the line?

Vulnerability: sexual exploitation

This principle proclaims that sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct. This addendum was developed in response to a number of reports that identified the sexual exploitation of refugees in Africa by UN and non-UN personnel. In an emergency where victims have lost everything, they

are particularly vulnerable to sexual abuse (Wall, 2016). Humanitarian agencies are responsible for developing rules of staff conduct that prevent abuse of the beneficiaries. It implies that humanitarian workers are not to take advantage of the vulnerabilities of those affected by war and violence.

Even this seemingly obvious principles of not exploiting people's vulnerability can easily become a grey area in field work, where little is as it seems—except for sexual exploitation, of course. The awareness of the dynamics of power and control in MH field work helps to minimise the risks of exploiting those we are trying to help.

Strategic guidelines for humanitarian interventions: operational guidance

In 1994, the International Red Cross and Red Crescent Movement developed guidelines for the choice of humanitarian response and for programme development for NGOs and personnel involved in disaster relief (www.ifrc.org). At that time, eight of the world's largest disaster response agencies relied on their organisations' experience with development assistance, setting priorities in choosing interventions and making programmatic decisions. The IASC (2007, pp. 7–15) operationalised these principles as they apply to psychosocial needs, and offered strategic guidelines and practical recommendations for tailoring mental health and psychosocial interventions in emergency settings to the different levels of need. The IASC's guidance in assessing the mental and psychosocial needs, along with the pyramid of psychosocial intervention in disaster response, has become a gold standard for international psychosocial work. If universal principles of humanitarian assistance lay out a system of values, strategic guidelines recommend operational rules for effective and ethical psychosocial work (outlined below).

Human rights and equity

Humanitarian actors should promote the human rights of all affected persons while protecting individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and nondiscrimination.

Participation

Humanitarian action should maximise the participation of local affected populations in humanitarian response. In most emergency situations, significant numbers of people exhibit sufficient resilience to be able to participate in relief and reconstruction efforts.

Do no harm

Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues. 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 areas where they intervene/work; 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.

Building on available resources and capacities

All affected groups have assets or resources that support mental health and psychosocial wellbeing. Three key principles are: building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate mental health and psychosocial support and

frequently have limited sustainability. Where possible, it is important to build both government and civil capacities.

Integrated support systems

Activities and programming should be integrated as far as possible. The proliferation of standalone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, can create a highly fragmented care system.

Multilayered supports

In emergencies, people are affected in different ways and require different kinds of support. One key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meet the needs of different groups. All layers are important and should ideally be implemented concurrently.

Safety and self-care imperative

High personal and professional demands, as well as moral challenges associated with MH field work make safety and self-care an undisputed priority, and one where burn-out prevention becomes a crucial factor in maintaining health and safety both for staff and for clients. In July 2015, Brendan McDonald, a UN aid worker, published an article in *The Guardian* appealing to humanitarian agencies to stop failing their staff on mental health and safety. Therein he described the mental health crisis among aid workers (McDonald, 2015). The justification for the campaign was supported by the findings of the Antares Foundation (Young, 2015), whose research found that 30% of field workers reported symptoms of PTSD after field assignments, and that 79% of the 754 respondents to the survey on the Guardian Global Development Professional Network stated that they had experienced mental health issues. The overwhelming majority (93%) believed these to have been related to their work within the aid industry.

On 10 December 2015, the United Nations General Assembly recognised the importance of this issue (United Nations, 2015). McDonald initiated an online campaign to include issues around aid worker mental health and safety at the World Humanitarian Summit, which *'has yet to be realised'* (Maudling, 2016).

Safety first!

The NGO sector has been responsive to growing concerns about the safety of aid workers, and according to Persaud (2014, p.18), is currently in the midst of *'professionalising'* safety and security protocols, which includes increasing calls for common standards and accredited programmes for staff development. This is particularly relevant to MH field work, where even basic professional expectations about prioritising helpers' safety before attending to the needs of a client can turn into a contentious conflict of loyalties. One common example is the protocol for NGOs in response to a sudden deterioration in a security situation. A personnel evacuation can mean abandoning clients, colleagues and friends, as well as months of work. Not surprisingly, this can become a very emotionally charged issue: some staff feel responsibility for the safety of clients and will want to remain, or will feel that their agency is overreacting or acting too cautiously. Regardless of this, the ultimate decision will be made by the agency's headquarters (Bickley, 2010, p. 182). One can only imagine the psychological toll this decision takes on the mental health personnel in question. While providing psychological support to aid workers, Cherepanov (personal communication, 16 March 2016) observed field staff for whom this experience was extremely discouraging and traumatic as it went against the most deeply seeded professional, humanistic and moral beliefs concerning the abandonment of patients or colleagues. This example illustrates the importance of pre-deployment training,

understanding the *'bigger picture'* and NGO field guidelines and follow-up support. Developing awareness of the personal level of comfort with agency protocols is an important part of preparing for a field assignment.

Burnout indicators

Burnout is an occupational hazard in MH and trauma work. The high physical, mental, and moral demands of the field significantly increase potential for burnout. Professional isolation, emotional drain from empathising, long hours with few resources and ambiguous success strongly contribute to this burnout. Exposure to mass human suffering and unsolvable moral conundrums can be traumatising by itself, and may further lead to compassion fatigue. In field work, self-awareness and self-care become not only ethical requirements, but also can be a matter of core professional competency, health and safety. In addition, according to Cherepanov (1999), field workers face significant psychological difficulties during re-entry that may lead to lingering depression, interpersonal difficulties and job loss, which further depletes much needed supports. NGOs are now, more than ever, aware of the mental health needs of aid workers and have been implementing psychological supports in various formats: pre departure psycho-education, psychological support in the field (such as debriefings), and peer support networks to assist coping with trauma, stresses, and psychosocial issues during re-entry (MSF Canada, n.d.). Large NGOs now widely use external referral systems, such as employee assistance programmes (EAP), which is made available to personnel in case of more extensive mental health needs. Many signs of burnout are well known across helping professions (Figley, 1995; Pearlman, & Saakvitne, 1995) and include depression, cynicism, isolation, boredom, loss of compassion, emotional exhaustion, substance abuse and a reduction in one's sense of

personal accomplishment. International work routines often involve exposure to mass suffering, and this profoundly impacts the systems of personal meanings and beliefs

about one's self and the world. This is one reason why humanitarians often pose existential questions as to whether their life and work have any meaning, purpose or

Table 2 *Burnout indicators in international work and precipitating factors*

Burnout indicators	Precipitating factors
Questioning the meaning of work and life	Existential despair and fatigue
Hopelessness	
Misanthropy	
Loss of faith in humanity	
Loss of motivation to work	Loss of meaning of efforts: <i>'nothing will make any difference'</i>
Depression	
Self-neglect. For instance, not being able to eat while others are starving	Survivor guilt
Recklessness and excessive risk taking	Feeling that own life is not as important when so many other people die
Excessive anger and criticism toward the organisation	Reflection of helplessness and inability to help. It diminishes ability to use peer supports. This anger is misdirected and, in fact, should be addressed toward injustice and suffering. The organization may be imperfect, but it is here to help
Counter-transference	Identification with the victim or perpetrator
Violation of personal and professional boundaries	Rescue fantasies
Illusion of omnipotence and being irreplaceable	
Increased stresses and conflicts at work and in family	Difficulties switching between emergency and non-emergency mode at work or in personal life, blurring the boundaries between personal life and work
Family breakup	
Job loss	
Compromised support system	
Making life changing decisions while in the field	Neglecting re-entry
Committing to the next assignment without taking enough time to recover	
Declining peer support	

value. While providing psychological support to aid workers, Cherepanov (personal communication, 8 September 2016) identified common indicators and contributing meanings linked to burnout. These burnout indicators (see Table 2) are not clinical symptoms per se, but they can significantly affect quality of work and life, and may lead to the development of mental health disorders (such as depression and anxiety) through thought distortion, maladaptive patterns of cognitions and coping behaviours, and psychological isolation.

Burnout prevention and reversal

The author proposes a set of recommendations for field workers on preventing and reversing burnout. These are:

- Have a pre-deployment training in recognising signs of burnout
- Create an inventory of your strengths, support and sources of resilience
- Learn to accept moral ambiguity
- Listen to peers, especially if they express concerns about your psychological well-being
- Understand the significance of having reactions that indicate a possibility for burnout
- Talk to peers
- Talk to supervisor or manager
- Mobilise support and review coping skills that have helped in the past, such as journaling, reading, arts, spirituality
- Bring a book for personal reading in addition to professional reference books
- Plan time for yourself when you can have relative privacy
- Take breaks between assignments
- Plan for re-entry
- Reach out to professional help if symptoms persist or worsen

Discussion

The increased public visibility of global mental health has underlined the paramount

importance of professional ethics and standards of care amid a high price for ethically questionable practices. It has also exposed questionable practices such as 'trauma tourism'¹, the use of experimental or not validated methods, ethnocentrism and imposition of western culture, disregard for cultural diversity and the survivors' strength and resilience, and failure to care for self.

When MH specialists navigate morally and ethically complicated situations, placing global MH work ethics within the larger context of humanitarian values shared by other humanitarian actors, it provides an additional point of reference. The universal values for humanitarian assistance trace their origins to the Universal Declaration of Human Rights and reflect the positive and negative experiences of humanitarian relief agencies. Field work exposes MH specialists to extreme suffering and moral conundrums, where they have to make decisions under duress while working in professional isolation in settings with complex needs. Ethical guidelines can then help to set up basic parameters and to make competent decisions about the best choice of interventions. This assures competent, consistent and responsible care for vulnerable populations while strengthening actors' professional confidence in making difficult decisions. In professional situations requiring complex decision making, the universal humanitarian values and core humanitarian principles, which are aspirational by nature, provide an additional, but very important point of reference for negotiating moral dilemmas. Effective collaborative multidisciplinary efforts that are based on ethical standards and shared humanitarian values not only suggest what to do when there are no obvious good solutions, but also to flag wrongdoings.

International work highlights the importance of safety, self-care, and burnout prevention as ethical requirements. This work exposes MH workers to professionally

