

The Department of Health response to the Maguindanao massacre in the Philippines

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In the aftermath of election related violence in an area of armed conflict in the Philippines, the Philippine Department of Health deployed a psychosocial team to the area to carry out psychosocial interventions. The main intervention was an activity called Psychosocial Processing (PSP) that is briefly described and discussed in this field report.

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Introduction

In November 2009, the town of Ampatuan in Maguindanao province on the island of Mindanao in the Philippines was the scene of a violent attack upon a convoy of a local politician who wanted to challenge the provincial governor in the upcoming elections. Passengers were abducted and killed; female victims were raped, shot in the genitals and beheaded. In total, 57 people were killed (of whom 34 were journalists). The attack was probably organised by the incumbent governor who was later arrested, and now awaits trial. In Mindanao, cultural and religious divides are deep and armed conflict and violence have been pervasive as exemplified by many bombings. This particular event was, however, also an offshoot of growing tension in the political scene that was due to the forthcoming national elections.

In the country, there was concern that the shocking images of the recovered victims and body parts, and the manner in which they had been killed could lead to psychosocial and mental health problems among family, relatives, friends and colleagues of the victims. The Philippine Department of Health, as the lead agency in the provision of mental health and psychosocial support (MHPSS) services after disasters and emergencies, organised a quick response. The intervention was inspired by the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007) that were introduced in the Philippines in 2007. Given the psychosocial implications of the ongoing armed conflict in Mindanao, the Health Emergency Management Staff (HEMS) had already organised basic training courses for MHPSS service providers, and training of trainers courses, to build capacities of government health personnel, promote integration of mental health and psychosocial support into regular programmes, and to improve the psychosocial response during emergencies and disasters. This report will give a brief description of the interventions undertaken by the Philippine Department of Health in the aftermath of Maguindanao massacre.

The response

In the first week, planning the deployment of psychosocial teams to help the survivors

and their families began after an informal request. However, because of high security risks, the planned missions could not take off in the early aftermath of the emergency. Two weeks after the incident, regional MHPSS teams were formed, consisting of professionals who have been trained earlier, to assist the families of the victims. Security was a major concern in the planning. Other challenges in organising the psychosocial teams were the limited number of staff trained in MHPSS and that the complexity of the incident may have been more difficult to handle than other violent events. Thus, more skilled and experienced facilitators were needed. Trained teams from the immediate area were also included. The central Health Emergency Management Staff in Manila formed a team led by the author and which included experts from the National Centre for Disease Prevention and Control, and the National Centre for Mental Health. The team had the following objectives: 1) to organise MHPSS regional teams; 2) to conduct assessment of, and perform appropriate psychosocial interventions to, clients; 3) to formulate recommendations for long term psychosocial care of affected families and relatives of victims; and 4) to evaluate regional MHPSS capacities and identify gaps for action.

Organising activities

The key intervention consisted of Psychosocial Processing or PSP. This is a modified therapeutic session consisting of a series of steps completed with clients to elucidate their stress reactions, responses, and action plans related to their experiences. The intervention team held an organisational meeting for planning purposes, and for generating a common understanding of skills, experience and expectations among facilitators. This was important, as the team compo-

sition was heterogeneous. Facilitators were familiarised with the core principles of mental health and psychosocial support, facilitation skills, grief processing and the steps of psychosocial processing.

The objective of the activity itself was to help clients with their grieving process. The Department of Social Welfare and Development assisted in identifying and inviting participants to an activity which was advertised as a *'social gathering cum healing process'*. The whole day activity had a communal opening and a closing, in order to make it a social event as well, and to lessen tension among clients. The day ended with a prayer offering, a form of ritual to mark community and family support. The core interventions were the processing sessions that were led by two facilitators, one of whom was more experienced. The groups of participants consisted of six to 10 people, with separate groups for adults and children. Roving staff were also assigned to look after the needs of the teams during sessions. The clients appreciated the presence of people from governmental agencies, especially those from Manila. Facilitators elicited stories from clients, probed for facts, feelings and reactions towards the event, and discussed coping mechanisms. The processing sessions were emotionally heavy with reactions and issues from participants. They reported a great sense of relief after the experience. A total of 153 people (87 adults and 66 children) were seen by a total of 35 facilitators.

Psychosocial issues

The incident was unique for the Philippines, because of the level of violence that was used and the profile of the victims, mostly media people and women. The incident sparked concerns in the population about a perceived culture of impunity. Many people in Maguindanao and neighbouring areas

believed that the journalists killed, and other victims, were martyrs who helped uncover a long-time dominance and injustice created by a local political clan in power. The people who participated in the psychosocial processing sessions reported a variety of reactions to the incident:

- 1) *Emotional reactions*: anger, hatred, fear, feeling intimidated, crying, loneliness, longing for the loved one who died, grief;
- 2) *Physical reactions*: difficulty sleeping, headache, dizziness;
- 3) *Behavioural reactions*: cursing while remembering the event, vigilance, restlessness, withdrawal;
- 4) *Cognitive reactions*: such as dissociative experiences (*parang panaginip lang*: it was just like a dream), intrusive memories (*Bumabalik sa alaala ang nangyari at ang nakitang kalagayan ng pagkamatay ng kamag-anak*: memories of the incident that come back especially while imagining the manner of death of victim/relatives), suspicion (that the perpetrators are after them; being trapped in traffic gives them the thought of being in a convoy and that they may be harmed/killed too), and
- 5) *Existential reactions*: hesitancy to pursue one's vocation (law, mass communication), religious beliefs (*Bahala na ang Diyos sa mga nagkasala*: God will deal with the perpetrators; *Nagdadasal na makamtan ang hustisya*: praying to seek justice), and hope. One participant said, after she offered a song for her mother during the meeting: *Sana tahimik na ang Nanay ko ngayon*: 'I hope my mother is calm now'.

Coping reactions included faith or belief in God, the resolve to go back to work or business, or continue schooling. Almost all vowed to watch out for justice by being

apprised of the latest related news. A support group was formed to strengthen advocacy for justice (organisation of victims' families). The families of the slain victims are vigilantly in search of justice and are on the lookout for any move by the government in response to the massacre.

Psychosocial interventions

These one-day programmes are part of a larger set of interventions, following the intervention pyramid of the IASC guidelines.

Basic services and security The government had given financial aid amounting to Php 100,000 (2,200 USD) to each of the victims' families. The imposition of Martial Law in Maguindanao after the declaration of a state of emergency may have been generally perceived by some as a threat to the country, but in Maguindanao and neighbouring areas it was apparently welcomed because it provided a sense of security.

Community and family support The families and relatives of victims started a support group to push for the delivery of justice. Social gatherings were organised in the guise of a get together with meals. This coincided with the Christmas season, making it a meaningful occasion (for predominantly Catholic Filipinos) and one that conveys warm family ties and the spirit of togetherness.

Focused non specialised support The psychosocial processing session was organised to explore thoughts and feelings of those affected, which is assumed to help them go through the grieving process, empower them to take action to promote and protect their psychosocial wellbeing and help them prevent, or treat, any resulting mental disorders as required.

A specialised service, in the form of psychiatric assessment or consultation or referral to facilities, was made available. A referral system, from the social welfare department

to the health department to the designated psychiatrists, was formulated and communicated to the participants, who were advised of symptoms to watch out for and the normal course and duration of possible illnesses that may arise from the experienced trauma.

Reflections on the intervention

Looking back on the intervention, the authors can identify several challenges and lessons learnt:

1. There was an apparent lack of trained MHPSS providers in the region, which was understandable considering that training had only started recently. The skills of some providers who had been trained were still not sufficient to deal with the issues that arose from the Maguindanao massacre. Therefore, support and supervision from more specialised staff from the central level was essential.
2. The planned psychosocial interventions were intended for the families, relatives and colleagues of the victims. Although the team considered doing separate sessions for adults and children, the actual processing for children was far from satisfactory because all those under 18 years of age were automatically classified as children, with a wide age gap existing between those falling at the extremes of ages.
3. Most of the participants requested that no documentation of the actual psychosocial sessions would be made, through either photos or note taking. This was respected by the team, but was, nevertheless, perceived as a barrier in documenting the experience.
4. Tapping into local capacities to make up the MHPSS team was important for the

interventions to be smooth and effective. However, there are special instances in which this was not prudent, as in the case of workers who may have been affected by disaster or emergency, and therefore may become an additional burden to the team. Sessions for the facilitators themselves were important because the event may have affected them as well. A buddy system should be established to support them. Caring for caregivers is important since most of the providers based in the area are also affected on varying levels – knowing a victim, or knowing someone who was connected to a victim.

5. Follow-up sessions for potential high-risk cases and vulnerable populations like children and women should occur. Long term access to mental health services and psychosocial supports for some of the population has to be ensured. For this, a follow-up session was contemplated three months after the interventions and a referral system was established. Regular visits of social workers to clients, especially those identified as having ongoing problems, were also made. However, clients did not report anything that might be a cause for psychosocial or mental health concern.

The team is well cognizant of the fact that single-session debriefing sessions are explicitly discouraged by the IASC guidelines on MHPSS because they may do more harm than good: *“Do not provide one-off single-session psychological debriefing for people in the general population as an early intervention after exposure to conflict or natural disaster”* (IASC, 2007, page 15). The IASC guidelines further state that while *“natural opportunities should be provided for sharing among survivors, they should not be pushed to describe events in detail nor should*

they be pushed to share or listen to details of other survivors' experiences" (IASC, 2007: page 91). The Psychosocial Processing (PSP) session that we have provided has a semblance of this single-session activity in its orientation; however, it was not done in the acute phase and more distinctly, the steps incorporate the use of psychological first aid in which basic needs and concerns of survivors are being addressed, coping methods are discussed, and individual action plans to aid recovery are made.

Our experience with PSP made us realise that it is a simple, non-offensive, acceptable intervention that Filipinos can relate to and find comfort in. Most importantly we believe that the process is helpful in elaborating psychosocial issues and concerns of survivors to guide their recovery. From a scientific

perspective though, more evidence, preferably through a randomised control, is needed to validate the effectiveness of the intervention.

Reference

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

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