

Radiological Protection  
2022

## Building a Framework for Post-Nuclear Accident Recovery Preparedness

National-Level Guidance



## NEA Workshop on Preparedness for Post-Nuclear Accident Recovery

### *Mental Health and Psychosocial Support following nuclear accidents: the why, what, and how?*

Dr Fahmy Hanna and Dr Zhanat Carr

WHO- Geneva

# Non-radiological health impact of nuclear accidents

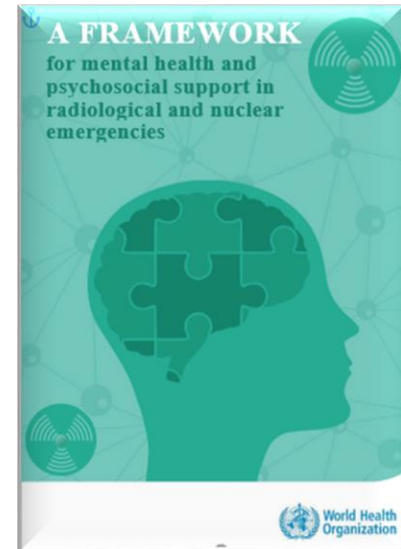
- Psycho-social impact of past nuclear accidents has been well documented after TMI, Chernobyl and Fukushima accidents.
- International radiation safety standards, guides and technical reports acknowledge the need for provisions addressing non-radiological health consequences of nuclear emergencies and of the implemented protective actions.
- However, practical guidance on how exactly to address these non-radiological health consequences in practical terms wasn't readily available.
- From another hand, extensive resources are available for managing mental health aspects of disaster preparedness, response, and recovery but existing scope does not include radiation emergencies:

[https://www.who.int/mental\\_health/resources/emergencies/en/](https://www.who.int/mental_health/resources/emergencies/en/)



# WHO-NEA cooperation on non-radiological consequences of radiation emergencies

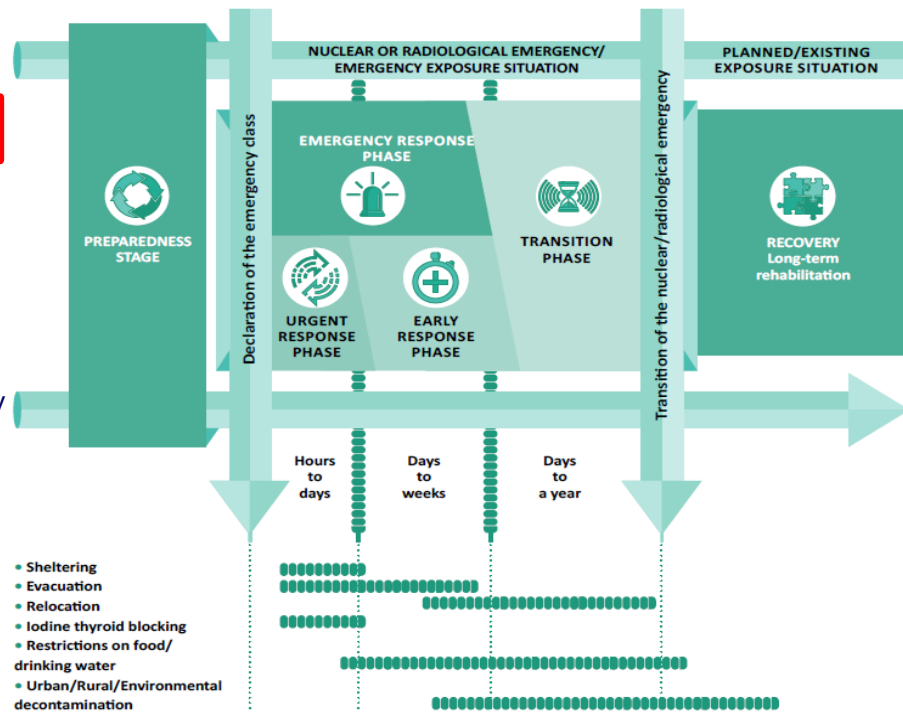
- NEA/OECD and WHO are collaborating in a joint project addressing non-radiological health consequences of radiological and nuclear emergencies
- A two-phase project started in 2018:
  - Phase 1: Development of a policy framework based on existing WHO and IASC guidelines on mental health in emergencies (WHO-led task, 2018-2020)
    - Framework launch video [www.youtube.com/watch?v=2NDuRkJ4c-0](http://www.youtube.com/watch?v=2NDuRkJ4c-0)
    - Download the Framework: <https://www.who.int/publications/i/item/9789240015456>
  - Phase 2: Development of practical arrangements to support emergency response planners and managers to provide tools for efficient mitigation of psychosocial impact (NEA-led task, 2020-2022)



# MHPSS Framework Structure

1. Introduction
2. Mental and psycho-social consequences of radiological and nuclear emergencies
3. Cross-cutting issues throughout the emergency cycle – 5Cs:
  - **Coordination**
  - **Communication**
  - **Capacity building**
  - **Community engagement**
  - **Core ethical principles**
4. Integration of MHPSS aspects in radiological and nuclear emergency preparedness, response, and recovery
  - Preparedness
  - Response
  - Recovery
5. Challenges in implementation
6. Research needs.
7. Conclusions

5 C-s



*Examples of protective action (may be: combined, adapted or prevailing circumstances)*

# MHPSS 5 Cs: Coordination

E.g. Clinical mental health care (whether by primary health care staff or by mental health professionals)

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E.g. Psychological and practical support to selected individuals or families

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E.g. Activating social networks, supportive child-friendly spaces

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E.g. Advocacy for good humanitarian practice: basic services that are safe, socially appropriate and that protect dignity

**CLINICAL  
SERVICES**

**FOCUSED  
PSYCHOSOCIAL SUPPORTS**

**STRENGTHENING  
COMMUNITY AND FAMILY SUPPORTS**

**SOCIAL CONSIDERATIONS  
IN BASIC SERVICES AND SECURITY**

# MHPSS 5 Cs: Coordination

**Humanitarian Coordinator / Government leader**

**Inter-sector Coordination Group**

**Health  
sector**

**Protection  
sector**

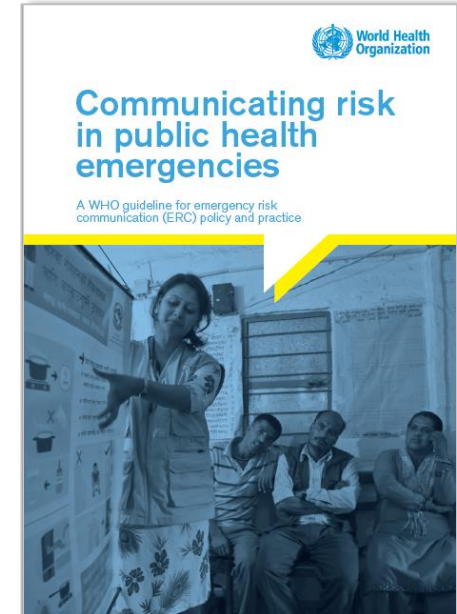
(with Child protection  
Sub-sector)

**Education  
and other  
sectors**

**MHPSS Cross-sector Technical Working Group (with focal points in each of the sectors and with accountability in sectors, with MHPSS activities as relevant in Appeal chapters under health, protection and education, rather than in a separate Appeal chapter)**

# MHPSS 5 Cs: Communication

- Public communication is one of the most challenging aspects in the management of radiation emergencies. It can be delivered by different stakeholders involved in response and through various media, and may often be incomplete, inconsistent, contradicting and confusing.
- WHO guidelines for communicating risk in public health emergencies advise:
  - Build trust and engage with communities of affected people.
  - Integrate ERC into health and emergency response systems (including governance, leadership and coordination across sectors and stakeholders, building information systems and providing resources in terms of finance and capacity building).
  - Use strategic planning (i.e. assessment and evaluation of interventions in order to improve public awareness and influence behavior before, during and after a public health emergency) for effective and targeted ERC practices.
- Presentation on management of “Infodemic”:  
<https://www.youtube.com/watch?v=wwwLHkoT0cY&t=3758s>



# MHPSS 5 Cs: Community engagement

- The IAEA GSG-11 defines community resilience as the capacity of a community to be able to recover quickly and easily from the consequences of a nuclear or radiological emergency. Community resilience depends on various factors, each of which plays an important role (e.g. local networks and relationships, leadership and governance, local collective knowledge, health conditions, available resources, economic conditions, etc.)
- In any crisis, the first point of contact is the immediate family, friends, colleagues, neighbors or other next to kin. In most instances, communities have some ways (such as systems, people, resources) to support each other in crisis. E.g. local religious institutions, community activity groups, associations, societies and other groups, have better understanding of local needs and are better positioned to respond in a more sensitive manner. Emergency planners should identify and map such community resources in advance. It is important to recognize, establish contact and collaborate with people within these community resources prior to the emergency, and engage with them during the response and recovery following the emergency.
- Emergency-affected people are first and foremost to be viewed as active participants in improving individual and collective well-being, rather than as passive recipients of services that are delivered by others. Using community-based MHPSS approaches facilitates families, groups and communities to support and care for others in ways that encourage recovery and resilience.

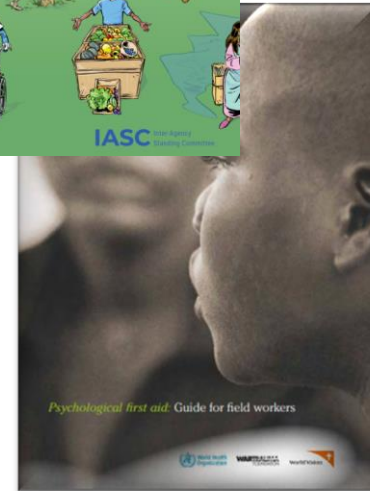
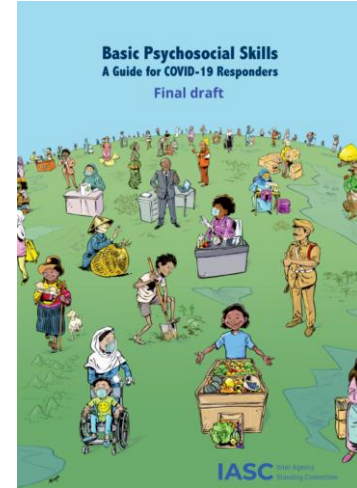


# MHPSS 5 Cs: Capacity building

Human resources management and staff support is an important component of integrating MHPSS in the general system of EPR. The following actions are instrumental in addressing the issue:

- Prepare a staff-support policy to prevent or mitigate the effects of stress among first responders, clean-up workers, power-plant workers and their families.
- Recruit and train MHPSS providers (professionals and volunteers), including provision of basic information on radiation safety.
- Provide education and professional development training, support and supervision for general health-care providers on the use of MHPSS interventions.
- Provide Psychological First Aid training for all care providers and emergency responding staff, including first responders

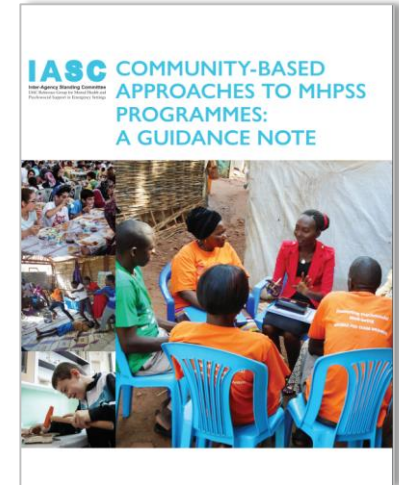
[https://www.who.int/mental\\_health/mhgap/training\\_manuals/en/](https://www.who.int/mental_health/mhgap/training_manuals/en/)



# MHPSS 5 Cs: Core ethical principles

In general, core ethical values in MHPSS work are similar to those underpinning the system of radiation protection: beneficence/nonmaleficence, prudence, justice and dignity. Furthermore,

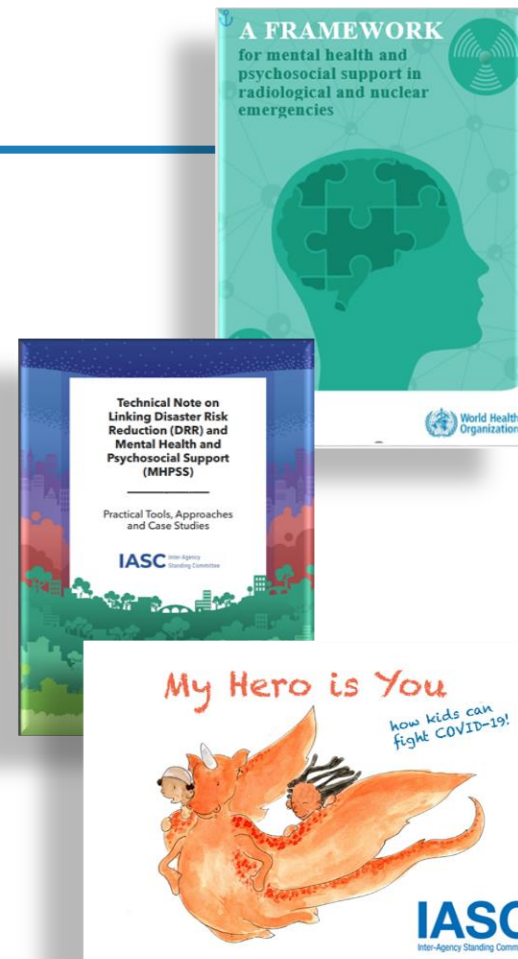
- when planning and implementing interventions, responders must consider the needs, best interests and resources of the affected population.
- Care must be taken that all those engaged in any aspect of community-based MHPSS are aware of the ethical values, of any abuse of these values and maintain confidentiality.
- Services should be provided in such a way that vulnerable groups cannot be specifically identified by their vulnerabilities and stigmatized.
- There should be no racial, sexual, linguistic or religious discrimination when providing MHPSS to communities; everyone should be supported, including indigenous people, migrants, minorities, people with disabilities, regardless of a person's gender orientation or identity.
- Responders should have the capacity to respect local cultures and values, and to adapt their skills to suit local conditions.



[https://reliefweb.int/sites/reliefweb.int/files/resources/community\\_based\\_approaches\\_to\\_mhpss\\_programmes\\_a\\_guidance\\_note\\_01.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/community_based_approaches_to_mhpss_programmes_a_guidance_note_01.pdf)

# MHPSS Resources:

- <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/technical-note-linking-disaster-risk-reduction-drr-and-mental-health-and-psychosocial-support-mhpss>
- <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19>
- <https://www.who.int/activities/ensuring-a-coordinated-and-effective-mental-health-response-in-emergencies>
- [https://www.who.int/mental\\_health/resources/emergencies/en/](https://www.who.int/mental_health/resources/emergencies/en/)
- [https://www.who.int/mental\\_health/mhgap/training\\_manuals/en/](https://www.who.int/mental_health/mhgap/training_manuals/en/)
- <https://www.who.int/teams/mental-health-and-substance-use/covid-19>
- <https://www.who.int/news-room/feature-stories/mental-well-being-resources-for-the-public>





# Minimum Service Package for Mental Health and Psychosocial Support (MSP)

Testing started in 2021

## Need for the MSP

- Scale-up of services to address gap in MHPSS services and activities in acute and chronic emergencies
- Accessible, practical guidance on which activities should be prioritised at a minimum; and
- A way to estimate the costs of these activities, to facilitate quick resource mobilization



The MSP is inspired by the MISP for reproductive health




## Goals of the MSP


Maximize positive impact through:

- **better-informed** response based on best-available evidence
- more effective use of **limited resources**
- **faster** resource mobilization
- more **predictable** & better **coordinated** response
- easier **division of tasks** among implementing agencies
- easier to feed into HNO, HRP, etc.
- easier to **advocate** for MHPSS to donors

# Mental Health and Psychosocial Support course on <https://openwho.org/>

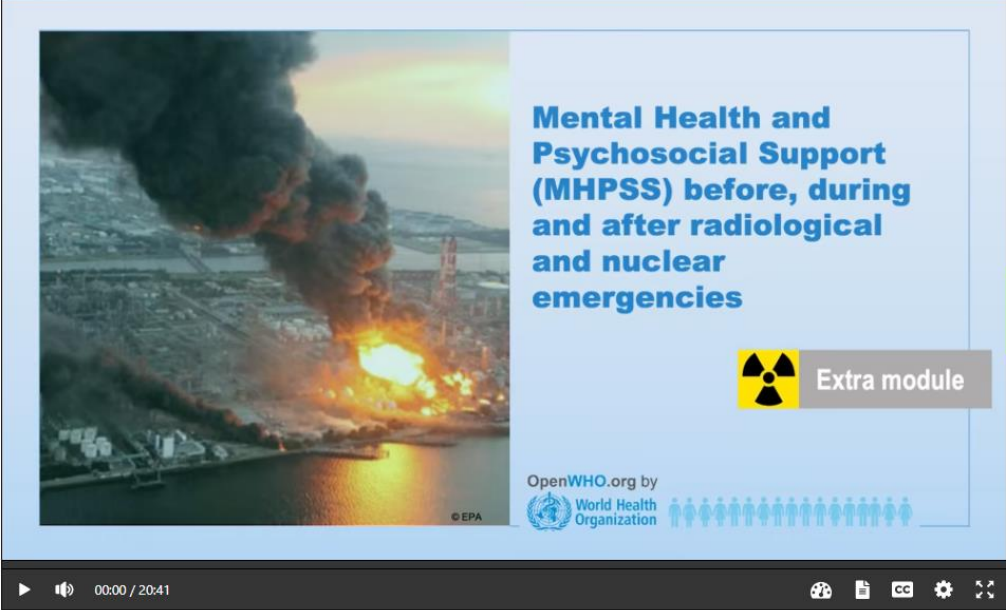
→ ↻ [openwho.org/courses/mental-health-and-psychosocial-support-in-emergencies/items/3dk9wUgZmSJIPAvhoK9iFL](https://openwho.org/courses/mental-health-and-psychosocial-support-in-emergencies/items/3dk9wUgZmSJIPAvhoK9iFL) ⌵ ☆ □ 🔴 ⋮

 World Health Organization

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guidelines and principles

- › Module 2: Coordinating a team with other sectors / clusters providing Mental Health and Psychosocial Support (MHPSS)
- › Module 3: Assessing Mental Health and Psychosocial Support (MHPSS) needs and resources to guide programming
- › Module 4: Working with community members, including marginalised people, to strengthen community self-help and social support
- › Module 5: Including basic psychosocial support skills in an emergency response or programme
- › Module 6: Developing and



**Mental Health and Psychosocial Support (MHPSS) before, during and after radiological and nuclear emergencies**

Extra module

OpenWHO.org by World Health Organization

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