

Global Psychology Alliance Statement on the Role of Psychologists in International Emergencies

The following statement, initially released by the American Psychological Association (APA) on June 5, 2008 and revised by the Global Psychology Alliance (GPA) on March 31, 2022, is intended to orient psychologists to effective contributions in response to natural and human-caused disasters, respectively.

The GPA and the APA affirm the [Inter-Agency Standing Committee \(IASC\) Guidelines on Mental Health and Psychosocial Support in Emergency Settings \(2007\)](#). The purpose of the IASC Guidelines is to enable planning and coordination of minimum (essential, high-priority responses that must be implemented with urgency) multi-sectoral humanitarian responses to protect and improve people's mental health and psychosocial well-being in the midst of emergencies. The IASC Guidelines were written for low- and middle-income countries, although the overall framework applies to large-scale emergencies in high-income countries, as well. Psychologists who are trained in emergency response to natural and/or human-caused emergency efforts and are also affiliated with an established humanitarian organization authorized to deploy professionals should be familiar with the IASC Guidelines.

The IASC Guidelines emphasize that:

- Any prospective caregiver to an international community – inclusive of psychologists – should work through an established humanitarian organization operating in the location of the disaster in lieu of independent self-deployment.
 - Examples of humanitarian organizations include:
 - UN agencies such as the [United Nations Children's Fund](#) (UNICEF) and the [United Nations Refugee Agency](#) (UNHCR)
 - International NGOs, such as the [International Red Cross and the International Red Crescent Movement](#), the [International Medical Corps](#), and [Doctors without Borders](#)
- Well-intended foreign mental health professionals – inclusive of psychologists – who are not affiliated with a humanitarian organization are **discouraged** from traveling to disaster-affected regions unless they meet the following criteria:
 - They have previously worked in emergency settings similar to the one to which they are self-deploying (i.e., armed conflict and natural disaster emergencies require distinct skill sets and cannot be considered synonymous emergencies; each requires specific training);
 - They have previously worked outside their own socio-cultural setting and understand the culture and language of the people they will be assisting;
 - They have basic competence in the interventions covered in the [IASC Guidelines](#);

- They have an understanding of either public health principles or community psychology;
- They have a written invitation from the nation where the emergency occurred/is occurring or a written invitation from an established international organization with authority to provide services in the location of the emergency;
- They are invited to work as part of an organization that is committed to maintaining a sustained community presence in the emergency area;
- They do not focus their work on implementing interventions (i.e., clinical work) but rather “provide support to programmes on a general level, including the transfer of skills to local staff, so that interventions and supports are implemented by local staff” (IASC, 2007, pp. 74-75).

Given the [IASC guidelines on Mental Health and Psychosocial Support in Emergency Settings](#) and an ethical obligation to work within one’s boundaries of competence (see [IUPsyS Universal Declaration of Ethical Principles for Psychologists, Principle 2](#)), it is recommended that psychologists from outside of the emergency region **not** provide direct services in foreign countries to disaster-affected communities.

If the above criteria are met, the psychologist may merit an exception to the general rule. Psychologists who wish to support humanitarian efforts subsequent to human-cause or natural disasters are encouraged to seek options that are specifically responsive to the expressed needs of on-site humanitarian organizations.

Where psychologists are invited to contribute, it is recommended that support be provided for implementation of sustained psychosocial intervention models where the volunteer psychologist provides consultation and/or training of local trainers.

In providing consultation, training of trainers, and/or resources on recovery processes for a population affected by an emergency, it is important that psychologists recognize the vast cultural and world view differences between their own countries, cultures, and experiences and the context of the impacted population. Psychologists working to support the population in emergency affected areas must be very cautious and take a multi-cultural perspective in making recommendations. For example, the ways that people experience and express distress consequent to traumatic events are not the same worldwide. Moreover, the ways of relieving that distress in a manner that is considered appropriate and helpful are also diverse.

A broad psychosocial response to recovery requires understanding of and consultation with local community and mental health leaders, as well as with the affected groups and individuals themselves. Mere translation of educational concepts (i.e., Western-dominant or otherwise culturally embedded) and materials is not adequate. An imposition of diagnostic categories and treatment approaches without an evidence-base for the specific population *may be harmful* to those they are intended to help.

Researchers also need to be aware of the obligation to protect human subjects in international research in emergency settings. This includes relevant ethical codes and guidelines for the protection of human subjects ([IASC Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings](#), 2014).

Roles for Psychologists Internationally

- **Provide Information Resources, Consultation and/or Training of Trainers**
 - Psychologists with experience in disaster mental health and/or public health can offer to share appropriate resources for adaptation/translation, consult with recognized humanitarian organizations and/or offer to provide training to international colleagues so they themselves can train local experts.
 - This is best accomplished through work with established organizations, such as the national psychological association or regional multilateral organizations and non-governmental organizations (for example, the International Federation of Red Cross and Red Crescent Societies). Should an appeal for help from psychologists come through these organizations, it is much more likely to have been coordinated with the necessary agencies and incorporated into the relief infrastructure.
- **Develop Collaborative Research Relationships with Psychologists in the Affected Region(s)**
 - Collaborative research relationships may assist local mental health professionals in studying the psychological aspects of the emergency situation, laying groundwork for an even more effective response in the future.
 - Effective assessment of psychological needs and resources and evaluation of interventions within specific contexts are areas of particular importance.

Roles for Psychologists in their Home Countries

- **Support People Directly Affected by the Emergency Situation**
 - Psychologists can seek opportunities in their local communities to provide assistance to people who have been directly affected by the human-caused or natural disaster.
 - This can include people from the affected area and those whose loved ones have been affected.
 - It can also include international relief workers who have returned home.
- **Promulgate International Guidelines and Standards**
 - Psychologists can inform themselves about international psychosocial interventions and can read and disseminate information about international guidelines and standards. This can help ensure an orderly and genuinely helpful response.
- **Promulgate an Understanding of Cultural Differences in Responses to Traumatic Events, Effective Interventions & Strategies for Psychological Support**

- Traumatic stress, traumatic stress reactions, and appropriate interventions for trauma recovery are profoundly embedded in one's culture. International response can never be a matter of simply translating and applying models or strategies from other countries. Any and all interventions must be based on consultation with local communities and local expertise and be built on a model of sustained interaction.
- Psychologists must inform themselves about cultural, spiritual, linguistic, and national differences, about the political and societal conditions that form the broader context of survivors' situations, the local delivery of care, and local responses to the affected populations, and incorporate this information into their training and consultation.
- **Prepare for the Future**
We urge psychologists wanting to help in emergency situations to prepare now by getting training in disaster mental health. The long-term requirements for people skilled in consultation and training in disaster-affected areas are likely to continue for years to come.

Potential to do Harm

It is vital that psychologists limit their assistance in emergencies to their scope of expertise. Doing otherwise can result in harm to the patient, which is an ethics violation. The responsibility of the psychologist to recognize limits of practice is particularly critical when working with people experiencing severe conditions, such as trauma or Post-Traumatic Stress Disorder (PTSD). Presenting symptoms vary on sociocultural contexts, as do effective interventions. Failure to correctly respond to these conditions or attempts to provide services that are not culturally appropriate can result in worsening mental health and more severe reactions. (See: [Guidelines for International Training in MHPSS Interventions](#)).