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# Follow-up of those affected by war and disasters

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FROM THE SPECIALTIES

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## **In the coming weeks, Norwegian local authorities will welcome children and adults exposed to the war in Gaza. How can we best help them?**

In times of war, disasters and crises, survivors and their families need help and support to regain a sense of safety and return to their daily routines (1–4). For some, this may not be enough to prevent persistent reactions and problems, such as pronounced symptoms of post-traumatic stress, anxiety, depression, traumatic grief or substance abuse. Trauma-focused interventions and treatment can be beneficial in such cases (5). In Norway, local authorities' crisis preparedness, in partnership with primary care and the specialist health service, has the expertise to help those affected.

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## **Proactive contact and assessment**

In many Norwegian municipalities, proactive psychosocial support is part of the regular crisis preparedness and response. Mobilising crisis teams and appointing designated personnel (contact persons) to assist the bereaved, survivors and their families with practical help and identifying needs can be useful. In order to identify those in need of interventions, it may be helpful to use a psychosocial assessment tool to provide an overview of symptom burden and functioning. There is currently a lack of suitable internationally validated assessment forms. The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), in collaboration with the Norwegian Institute of Public Health (NIPH) and the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS), has therefore devised an interview template to facilitate the anamnesis process in relation to children and young refugees from Ukraine (6). Preliminary results from an ongoing pilot study in Norwegian municipalities suggest that using this template can be helpful in conversations with children, young people and families in crisis (unpublished data). We have therefore updated the template so that it can be used regardless of the type of crisis or disaster (3, 7).

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## **Need-based interventions**

Children and adults with significant symptoms and functional impairment may benefit from trauma-informed low-threshold interventions (8–10). It is recommended that the lowest effective level of care principle is applied (1). This entails starting with low-intensity interventions and continuously monitoring needs. Where there is no improvement, interventions are escalated. This may

involve increasing the duration of or intensifying the existing interventions, or involving other service providers, such as the specialist health service (1, 5). Table 1 gives an overview of relevant interventions that may be provided in Norwegian municipalities to ensure proactive, psychosocial follow-up of those affected by war, displacement or other disasters and crises.

**Table 1**

Proactive psychosocial follow-up. Relevant interventions to ensure psychosocial follow-up of those affected by war, displacement, other disasters or crises. The overview was drawn up by the authors based on national and international recommendations and guidelines.

Time from event	Intervention	Target group	Service provider
From the event <sup>1</sup>	Proactive follow-up (1-4), including assessment (7)	Everyone affected <sup>2</sup>	Contact person in primary care
From the event <sup>1</sup>	Universal intervention: psychological first aid (1-4)	Everyone affected <sup>2</sup>	Personnel in children's day care/schools, employers, refugee reception centres or the health service
From 2-4 weeks <sup>1</sup>	Trauma-informed low-threshold intervention: Stepped care - trauma-focused cognitive behavioural therapy (TF-CBT) (8) Teaching recovery techniques (TRT) (9) Skills for psychological recovery (SPR) (10)	Those with post-traumatic stress symptoms and functional impairment	Primary care (children's day care/schools, workplace or refugee reception centres)
From 4 weeks <sup>1</sup> (acute if needed)	Trauma treatment: TF-CBT for children Cognitive therapy for post-traumatic stress disorder (CT-PTSD) for adults Eye movement desensitisation and reprocessing (EMDR) psychotherapy (5)	Those with suicidality, threatening psychosis and post-traumatic stress disorder (PTSD) or traumatic grief	Specialist health service (Child and Adolescent Psychiatric Clinic (BUP)/District psychiatric centres for adults (DPS))

<sup>1</sup>The given timing of interventions is indicative only.

<sup>2</sup>Those affected; the bereaved, survivors and their families, and any other vulnerable groups that are identified.

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