

Report

WORKSHOP EUNAD IP – The saturation of needs of people with mental, cognitive and motoric disorders in disasters

Date: 8. 11. 2016

Place: Ministry of the Interior in the Czech Republic (Mol)

Participants: Mol: PhDr. **Štěpán Vymětal**, Ph.D., Mgr. **David Chovanec** - headmaster of the Department of Security Politics and the Prevention of Criminality of the Czech Republic (Czech abbreviation: OBPPK Mol); **Department of Psychology, Charles University:** doc. **Ilona Gillernová**, CSc., PhDr. **David Čáp**, Ph.D., PhDr. **Hedvika Boukalová**, Ph.D., PhDr. **Simona Hoskovcová**, Ph.D.; **Petra Zemanová** – journalist, she is blind and disabled; Mgr. **Věra Doušová** – a counselling psychologist for people with impaired hearing – Centre for Children’s hearing, she specializes in counselling children and adolescents; Mgr. **Kateřina Šulcová** – headmaster of children’s home with a specialized regime (NAUTIS)- clients are between 18-30 years of age; Mgr. **Oldřich Kumprecht** –special education teacher, the headmaster of retirement home Blaník ; Mgr. **Vanda Prasetová** – Center for Children Papsek , the coordinator of workers, disabled people, children suffering from autism spectrum disorder; Bc. **Šárka Čadová**, DiS – Psychiatric hospital Bohnice, chief nurse, department of social health; Mgr. **Eva Chybíková** – psychologist, Ministry of the Interior (Mol), she helps with the organization of the workshop; Mgr. **Eliška Janderová** – psychologist, Ministry of the Interior (Mol), she helps with the organization of the workshop; PhDr. **Zuzana Fajtlová**, DiS – Emergency service of South Bohemia, also a psychologist of the emergency service; **Karolína Faberová** – psychology student at the department of psychology of Charles University, she is taking notes from the workshop; por. PhDr. **Zdena Papežová** – Police of the Czech Republic in Karlovy Vary (police), coordinator of the prevention of criminality, organization „Circle of Health“ and „World of Rescuers“; **Milena Strasserová** –the deputy head of „Na Hrádku“ home ; PhDr. **Jana Pílná** – the headmaster of „Na Hrádku“ home-mentally and physically disabled people, field support; PhDr. **Matěj Lipský**, PhD. – Center of Social Services Tloskov; Kpt. Mgr. **Soňa Pančochová** – the psychologist of the board of firemen of Zlínský kraj (ZLK); Nstrm. **Jaroslav Gondko** –fireman of the Fire Rescue Service (FRS) in Zlínský kraj (ZLK)

Programme:

9:00-9:30 Arrival, registration

9:30-9:40 Opening of workshop (Mgr. David Chovanec, headmaster of OBPPK Mol)

9:40-9:50 Opening speech from the academic participants (Doc. PhDr. Ilona Gillernová, CSc., head of the department of psychology, Charles University)

9:50-10:05 Introduction of the European Network for Psychological Crisis Management- Assisting Disabled in case of disaster- Implementation (EUNAD IP) project (PhDr. Vymětal, PhDr. Boukalová)

10:05-10:20 Aims of the workshop, procedure (PhDr. Hoskovcová, PhDr. Čáp, Mgr. Kvasničková)

10:20-10:30 Introduction of the participants

10:30-10:40 „Specific aspects of the communication with people who have a mental disability in exceptional circumstances“ (Mgr. Jakub Adámek, headmaster of Laguna Psáry)

10:40-10:50 „Changes in behaviour in cognitive disorders“ (Bc. Šárka Čadová, DiS., Psychiatric hospital Bohnice, chief nurse)

10:50-11:00 “Introduction to the specific aspects of caring for clients in retirement home and seniors who suffer from chronic mental health problems”. (Mgr. Oldřich Kumprecht, head of the retirement home for seniors Blaník)

11.00-11:20 Break

11:20-11:30 „Specific aspects of behaviour of people with autism spectrum disorder in the context of an increased strain“. (Mgr. Kateřina Šulcová, Nautis)

11:30-11:40 „Specific aspects of communication with children who have mental disability“ (Mgr. Vanda Prasetová, deputy head, Center for Children Paprsek)

11:40-12:30 Discussion related to the first part of the workshop (needs and communication)

12:30-13:10 Lunch

13:10-14:00 Reminder of the key recommendation from abroad, summary of a good practice

14:00-14:10 Break

14:10-14:20 „Experience with work with people who have a disability from the point of the Emergency Medical Service (EMS) (PhDr. Zuzana Fajtlová, DiS.)

14:20-14:30 „HZS ČR and working with people who have a disability during special situations“ (plk. PhDr. Zuzana Dittrichová, Ministry of the Interior, the chief executive office of the Fire Rescue Service of the Czech Republic (Mol-DG FRS), plk. PhDr. Martina Wolf Čapková, chief psychologist/deputy – Chief executive office of the Fire Rescue Service (DG FRS)

14:30-14:50 „Education of members of FRS in communication with people who suffer from mental or physical disability, building up resilience (public education, exercise, cooperation). Age related problems in communicating with children with HZS“ (kpt. Mgr. Soňa Pančochová, Nstrm. Jaroslav Gondko, FRS ZLK)

14:50-15:00 „Opportunities for prevention- experience with creating readiness for potential crisis, Integrated Rescue System (IRS) (practical experience with the use of experiential education) (por. PhDr. Zdena Papežová, Police of the Czech Republic (police), Circle of Help/World of Rescuers)

15:00-15:50 Discussion related to the second part of the workshop (prevention and readiness), reminder of the key recommendations from abroad, summary of the good practice

Conclusions gained from presentations and the discussion

Here, we present conclusions from the presentations and the discussion. The conclusion identifies the moments important for saturation of needs of people with mental, cognitive and physical disabilities, who experienced a catastrophic situation. We will offer a list of recommendations for how to fulfil the needs of disabled people in the next document.

a) Preparedness of organizations and individuals with disability

- People with disability are neglected when it comes to **preparing them** for exceptional situations
- We should accept these people as **cooperative partners**, not as passive partners
- The formation of rules regarding the arrangement of critical situations is often anchored in **corresponding norms** (Standards for offering social care, regulations, etc.), but cooperation as well as their specification **with the help of IRS** (and mainly firemen) is pivotal.
- What can be problematic is that some of the long-stay institutions **are not registered under the law** but are registered in the same way as “hotels”, but they still do offer social services. Therefore, in the case of emergency situations, they are cared for less by the state.
- **Individual plans** for clients are available in some institutions - they contain instructions that say under which conditions the client communicates with staff. Plans are in paper form (size A4) and contain information about the client medication, allergies, **specific instructions** for example dedicated to emergency service.
- Every card containing information about the client should include: **medication, name, contact information of parents, allergies, basic information about diagnosis, the chief worker, photo (?), copy of the insurance card**

- Identification of client - families of clients diagnosed **with dementia** usually do not allow **any identification of the individual** (due to the danger of stigmatization). This can put the client in danger because someone could possibly misuse the information.
- We should expect that there are differences across institutions in the distribution of staff in day and night shifts. **Night shifts** often have insufficient number of staff.
- We should make sure that there is a continual improvement in the communication between the clients and the staff in the institution they live in. This can be done in the form of workshops, for example, however, in some places, the staff is responsible for a **huge number of patients** or the patients stay in the institution for a **short amount of time**, and so the staff does not get a chance to get **to know them properly**.
- In some situations, the clients do feel that the situation is critical and so **they cooperate well in emergency situations**. However, there are also some adverse experiences with patients, for example one female client had a very strong reaction to only seeing a fire engine and so she had to be hospitalized.
- There are also good experiences with the **emergency training** for staff. However, sometimes the staff thinks that the clients should not be included in an emergency exercises, because they fear that this could make their health worse and this, in turn could discourage their relatives to allow the clients to be included in such practice.
- A specific question is about whether or not to use **medication to calm** the clients down in an emergency situation.
- In the case of an **attack from an unknown person**, there is a question of **locking up** certain places within the institution. Some institutions pay more attention to **locking up** doors and windows, and this results in better security. So when a visitor comes into an institution he first meets a member of staff. In other institutions, the staff takes notes on who can visit the client etc. One strategy is also **locking everyone inside** the institution in case the attacker is outside and calling the police.
- **Mapping** the possible risks in a given area, meeting with other subjects, institutions, etc., creating **possible scenarios**
- **Mobile applications** for calling help (e.g. police) quickly- they are effective, however individuals with disabled motor skills will not be able to use it.

b) Preparedness of the Integrated Rescue System (IRS)

- There is a need to use the **knowledge of the staff** of an institution, the chief worker as well as the **family members/ accompanying person** during an emergency intervention.
- There is a need to highlight the **application of findings** from this seminar especially for IRS
- Long-term communication between the **academic sphere and real life practice** (situation) is essential. The findings from research are beneficial in the real life situations as well as university education.
- **International cooperation** is essential, as well as cooperation of **different sectors**, that represent a wide range of skills. However, when the situation is demanding, it is difficult to find a good solution.
- Use of **model situations** is effective, there also can be practice situations with wheelchair etc.
- There is a question of whether to give a direct instruction in an emergency situation - there is a need to **ask client's parents, staff** about whether the client understands instructions.
- Firemen have positive experience with **fire exercises**, but also **special events** for the public, the community, etc.
- Clients do need **to be informed during** the whole course of an emergency situation - **what is happening, what will happen**, lack of information can make the situation worse.
- For some clients can actions used **against their will** (e.g. involuntary departure from the institution) trigger changes in their mental state - for example **panic attacks**, increased **risk of suicide** etc.
- A specific question is whether to use **medication to calm** the client down.

- IRS can have a problem with naming some tools that are normally used by the client (e.g. trachea, pegs) and can also have a problem with persevering their good functioning during an emergency situation.
- Clients with **autism spectrum disorder** usually do not tolerate the tools used by firemen, e.g. the oxygen mask.
- Institutions should use as a **shelter** other **similar institutions**, there is also a possibility to ask **parents** of clients for help in case of emergency.

c) Characteristics of reaction of individuals with disability during crisis

- Many people with **mental illness** (not just people with autism spectrum disorder and mental retardation) have also problems with **cognitive functioning**.
- In general, clients with disabilities **adapt worse to emergency situations**, as well as new situations.
- Some types of disabilities may function as a **resilience factor**, there is a need for greater attention to this phenomenon.
- **Inspiration from Japan** - they have a lot of experience with emergency situations, they also offer some recommendations on how to deal with patients who have **autism spectrum disorder**.
- We need to take into account specific **needs of seniors** (as well as communication with them) during emergency situations.
- Clients with **mental retardation and combined disability** often have specific needs, especially when they **cannot move** and have to **lay in bed**. When we want to manipulate with such client, we need to take into account higher pain threshold, that the bones are more fragile, hypotonic client has a risk of choking. There is a need for cooperation with experts, some clients signalize what is still good and what is not by certain vocalizations, exercises with IRS on **how to manipulate** with such clients.
- Clients within one institution may **communicate in many different ways**, they can behave according to the norms, or they can behave in a very specific and problematic way, or do not react at all. Some of them **want to help**, which can complicate the situation even more.
- There is a need to pay attention to the increased **dynamics in a group**, when the clients are together (clients with mental retardation and combined disabilities).
- Individuals with **autism spectrum disorder** behave in a variety of ways and also communicate in many different ways. They key is to use staff or a relative who know, how to communicate with them.
- **Clients with dementia** know the old type of uniforms, they are not used to the new ones and so they do not trust them.

d) Other stimuli for future recommendations

- How to strengthen the **clients' awareness outside of specialized institutions** - the institutions sometimes have the contact information of the clients who live outside the institution - they create events for them, they also organize family therapy, the next step is **community planning, non-profit organizations, municipality** also importance of the **general practitioner** who knows the client and his family and.
- General prevention - **rescue day** - contact of clients with the public, **integration** is the side effect.
- We should not forget about the **self-sufficiency of the clients**.
- The opportunity to **put oneself in the client's position** - for example with help of the age simulation suit (a suit designed to make oneself feel like an old person).

Hedvidka Boukalová, Simona Hoskocová