

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT: RESILIENCE vs TRAUMA

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Extreme situations during emergencies have significant effects on the mental, psychological and social wellbeing of affected populations. People's experiences greatly vary, with the majority exhibiting resilience and recovering using their own ways of coping, fostered by supportive environments. Others may require basic supports, while a smaller number will develop more enduring mental health problems (or suffer from pre-existing problems) requiring specialized care. People are more likely to recover if they: feel safe, connected, calm and hopeful; have access to social, physical and emotional support; find ways to help themselves. Thus, there are two main approaches for interventions in emergencies: focused on trauma or resilience. The first one underscores disorders such as posttraumatic stress disorder and considers that all people are traumatized and require psychosocial therapy or counselling. The second one consider resilience as an ability to cope relatively well in situations of adversity, personal resourcefulness (WHO, 2015). It focuses on strengths and current social stressors. So, there is a shift from excessive 'pathology-focused', trauma- and PTSD-based models of service delivery to those which recognize beneficiaries as active agents in the face of adversity, and support existing strengths, resources and capacities, with the recognition of diverse needs.

Key words: resilience, trauma, psychosocial support.