Crisis intervention in Finland

Support after traumatic bereavement at the Vantaa Crisis Centre

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A MODEL FOR ACUTE CRISIS WORK in the wake of accidents, catastrophes and other traumatic events has been developed in Finland (Kiiltomäki, Muma 2007). Crisis teams offer psychosocial support and other services to survivors and those who are bereaved. The model originated in Norway and was brought to Finland in the early 1990s. By the end of the decade, a network of municipal crisis groups had been established extending across the country (Hynninen, Upanne 2006). As far as the authors are aware, there are no other such nationwide networks of crisis support elsewhere in the world.

ABSTRACT

A crisis intervention model has evolved in Finland consisting of teams of social workers and psychiatric nurses based in major urban developments, forming a national network. This article looks specifically at the 24-hour service provided by the Crisis Centre in the city of Vantaa, focusing on the work done there with those bereaved by disasters. The Centre's team offers a wide variety of immediate psychosocial and practical support for victims, including debriefing, assessment, referrals and liaison with the police and other local health, welfare and crisis organisations. It also supports survivors in viewing the bodies of those who have died and in planning funerals.

The focus of this article is the crisis model in operation in Vantaa and, in particular, the work with bereaved people there. Vantaa is in the southern part of Finland and is the third biggest city in the country. Its position near the capital draws workers from the north, so the population of this fast-growing city is relatively young. There is also a growing number of immigrants which presents a big challenge to crisis work.

The Crisis Centre is part of Vantaa's basic social and health service provision for the population as a whole, and its responsibilities include mandatory child protection in the event of a disaster. Its brief is to respond when unexpected events precipitate mental, physical, social or other needs in the inhabitants requiring intervention by an outside agent, by helping people to cope at the time and arranging additional on-going support. The Vantaa Crisis Centre is the only such unit in Finland that is open 24 hours a day. It has been functioning for the past nine years and is now staffed by eight social workers, 10 crisis workers (psychiatric nurses and social educators) and a secretary, led by a director.

When there are public events, it is usual for a centre worker to be present. In an emergency, their main function is to make a psychosocial assessment and give help to victims and family members to try to minimise the negative consequences of the situation. The centre also liaises with other welfare, health and crisis organisations and, in general, the emphasis is now on consulting and cooperating with outside officials, churches and other relevant bodies. The various groups involved in crisis intervention conduct joint planning and disaster preparation, for example, the annual accident rehearsal at Helsinki-Vantaa airport.

EDITOR'S NOTE

Disasters and other critical incidents give rise to many kinds of trauma, of which bereavements are but one. It follows that those who respond in an emergency should have a broadly-based training that includes, but is not confined to, bereavement. In this paper Päivi Muna describes a special service to meet such needs. It will be of interest to all who may, at some time or other, need to respond to a disaster – and that means all of us. CMP

Annual statistics collected by the centre these show that the number of contacts has risen each year. In 2006 there were 11,222 contacts. Of these 43% were child protection issues, 23% issues of psychological or physical well-being, 21% family relationship matters, 8% death and accidents, and 5% alcohol and drug problems. About 2,250 child protection reports were made that year and 52 children were taken into care.

Work with bereaved people

As bereavement is one of the most stressful life events, the centre always aims to provide services to those affected. The causes of deaths requiring intervention have varied. Suicides demand particular attention and

drowning accidents are common in summer, but we also deal with those bereaved by house fires, road collisions and, sometimes, violent attack, as well as natural death from illnesses such as cancer. The biggest disasters in which we have been involved are a bomb blast in an urban shopping centre (2002), a motorway pile-up of 300 cars (2003) and the arrival of the Asian tsunami survivors at Helsinki-Vantaa airport (2004).

In an analysis of reasons for attending the centre's intervention sessions, the greatest number of attendances related to violence, but next to that came death and bereavement (see table) for which two session a week are provided.

After a sudden death police usually inform family members. The Crisis Centre now provides someone to accompany them who can stay with the family as long as is necessary. Often it seems to be helpful to have a debriefing session where the facts about the incident are explained to the survivors, where and how it occurred and the sequence of events. Sessions are usually arranged within 72 hours and we estimate that about half of the families involved take up this service. The debriefing can take place at the scene of the disaster or at home later where other groups, like friends, neighbours or other community members, may want to participate. After an accident the situation often requires meeting all the groups of people at the same time. People are reassured to know that others suffer similar reactions, such as distressing thoughts, feelings and fears. All are given the centre's contact details and encouraged to get in touch later if their anxiety becomes overwhelming.

Frequently crisis work with the family continues during the funeral preparations, and afterwards support workers may phone to check how things are going. Sometimes families themselves ask to be contacted at a time in the futre, though clients are free to phone the centre at any time.

When symptoms of trauma persist, it is always a concern. If a client is still anxious or experiencing flashbacks a year after the event, their situation is reassessed. Clients can be referred on, even after a considerable time has elapsed, to a mental health clinic, family counselling unit, child or adolescent psychiatric clinic, Red Cross peer support group or a private individual, family or group therapist. Further treatment can take anything from weeks to years. For example in the Myyrmanni shopping centre bomb blast in 2002 when six people and the person responsible for the explosive died, nearly 200 people were injured and 164 people sought medical help later. Treatment at the Crisis Centre continued for more than three years and people were referred on to other agencies even after that.

Table Reasons for referral and total of sessions offered in 2006

Reason for referral	Total number of sessions offered
Death-related issues	697
Witnesses of accidents	368
Violence	1,081

Viewing the body

A centre worker will accompany relatives who would like to see the body to the Institute of Forensic Medicine, a hospital or chapel. The viewing possibilities are discussed in advance and relatives given detailed preparation. Everyone concerned is involved in the conversation. The centre worker is present all the time, including travelling to and from home. The return journey, in particular, offers an opportunity for clients to talk through their experience. Saying goodbye like this to a loved one can help clients accept the reality of a death and begin to move on and, in general, people are very positive about it.

Young people of all ages can find it particularly difficult to believe that a relative is dead so we have found viewing the body particularly important for them. Children tend to come up with lots of questions at the time, and afterwards often work through their feelings by playing and drawing. Another advantage of including the children is that they see the reactions of adults in their family so they can share emotions, which helps the children grieve. However, no one is put under any pressure to view a body and it is made clear that anyone can decline, even at the last minute.

Case study

A man has been found dead on the tracks at a local railway station and the police ask the centre for a crisis worker and a social worker to accompany them on a home visit to inform the family (mother and three children). As soon as the mother opens the door she becomes hysterical, guessing that something terrible has happened. The police give her the news, and she collapses crying on the hall floor. The crisis worker manages to move the mother further indoors to a sofa while the social worker finds the children upstairs and tells them the sad news. The police need to ask the mother some urgent questions, and then they leave.

The mother and the centre workers talk through the events of the previous 24 hours, starting with the father leaving home drunk the night before. The workers try to establish who could help the family now. It emerges that the mother has retired parents living nearby who can come immediately, and a sister and brother who will arrive the next day. The mother wants to telephone them immediately. The children are brought in and the social worker supports them while mother is making the calls. The police will contact the father's relatives.

After this the family feels able to cope alone, but accepts the offer of a debriefing session the next day with the children, grandparents, uncle, aunt. The workers discuss practical issues, such as funeral arrangements and the possibility of seeing the father's body. When the grandparents arrive, the workers go, but leave their number so that the family can call during the night if necessary.

Intervention for tsunami victims and their families

On 27th December 2004, the day after the major tsunami in Asia (Hynninen 2005; McMillan 2005; Pedak 2006), the Crisis Centre had an alarm call. The government had decided to evacuate all Finnish citizens from Thailand and Sri Lanka. Because it was Christmas, many people were on family holidays there.

One group with seven workers left for the airport while a second group stayed at the office to take phone calls and deal with other clients. The centre maintained a team at the airport for seven days and nights. There were a total of 28 evacuation flights coming in rescuing almost 3,000 people, as well

as people in transit from many other countries. In all, 178 Finns died in the tsunami, though five bodies were never found or identified. At the airport the Crisis Centre was initially involved in child protection work. There were 24 children travelling without parents, some badly injured. An emergency hospital at the airport provided first aid, after which some were sent to hospitals by ambulance.

Anxious family members from all over Finland came to the airport, to try to discover if their relatives had survived or on which flight they might arrive. The centre established an information table in the arrivals lounge where people could leave details of missing relatives and be given any news about when evacuees might arrive and if they would be then need to be transferred to hospital. Where possible, relations were allowed to travel in the ambulance or were given the relevant hospital address. Centre workers were on hand to help families, to hear their worries and, when the ambulance flight came in, to give a short debriefing.

Many people were simply happy to have survived and felt no need of help. Nonetheless, everyone was given an information brochure about typical reactions to a disaster and where to find help later. About a third asked for some sort of assistance. Those who wanted to talk immediately could have a psychosocial assessment. Practical help was also available: some needed clothes, which were provided by the Red Cross, or had lost things like car keys; some were thirsty or hungry.

After the first aid at the airport, the centre team made plans to offer full psychosocial support to the 163 tsunami survivors and to the families of those from Vantaa. Clients were helped in a variety of ways and the follow-up continued for the whole of 2005. In certain cases, support is ongoing; some may need treatment for years.

Evaluation

We have not been able so far to do any systematic research to evaluate the Crisis Centre's services, but the Vantaa municipal quality working group has carried out two internal audits and a third is in train. The two audits so far have given the centre's activities a score of two points out of three for quality and smoothness of operation and, although a proper cost analysis has not been carried out, the city is satisfied with the effectiveness of the service we provide and considers it an indispensable part of their service network. The statistics gathered by the audits show that the centre's interventions have reduced the pressures on the city's hugely overworked health and social work centres, and the police and general public also report positively on its activities. Vantaa's Crisis Centre now helps with emergencies in other parts of the country, when resources allow. We hope to be seen as a model for good practice, offering examples of possible interventions for those planning disaster responses elsewhere.

The assessments included suggestions of ways to improve the quality of the centre's interventions, as well as ideas for future developments. We now collect feedback from our clients, though this is not an easy thing to manage in a crisis situation. All clients are sent a response form and in some cases non-structured feedback is recorded in writing during a telephone interview. Complaints about cases where children have been taken into custody now have to be made in writing, and directed to the leading case worker who answers them personally. The running of the centre has been modified, making the managerial structures stronger and more visible.We have weekly meetings for our personnel, and try to work more efficiently by allocating specific tasks to the members of the other organisatons who cooperate with the centre.

The future

The Vantaa Crisis Centre provides a 24-hour service for the community, taking a lead role in supporting individuals and other organisations through crises. It is an innovative organisation aiming to provide interventions adapted to answer the needs of its clients. As the centre has grown, its responsibilities have expanded. Future challenges include dealing with the growing population and managing new risks associated with increased pressures on transport. One of our plans is to develop our debriefing work to include more than one session, or a more formal follow-up. Crisis treatment that includes wider psychosocial support is also being considered. Counselling for clients on social and economic matters will be expanded. In bereavement cases the emphasis in future will be on early intervention, for example working in hospitals with families of patients who are not expected to survive. We see co-operation with other institutions as vital, for example the church which can develop rituals that are very supportive for a grieving family. Finally, we need to have more information about the impact of our interventions and will be seeking funding for a formal evaluation of the work of the centre. ●

References and additional reading

Castren M, Ekman S, Martikainen M, Sahi T, Söder J (eds) (2006). *Suuronnettomuusopas (Guide for Catastrophies).* Jyväskylä, Finland: Gummerus.

Hynninen T (2005). Kaakkois-Aasian luonnonkatastrofin uhrien psykososiaalinen tuki kunnissa (Psychosocial support in communities for victims of the natural disaster in South Eastern Asia). *Suomen Lääkärilehti (Finnish Medical Journal)*; **60**(21): 2369-2372.

Hynninen T, Upanne M (2006). Akuutti kriisityö kunnissa (Acute crisis work in communities). In: *Reports of the National Research and Development Centre for Welfare and Health 2.* Helsinki, Finland: Stakes-raportteja.

James RK, Gilliland BE (2001). *Crisis Intervention Strategies*, 4th edn. Florence, KY, USA: Wadsworth Thomson/Cengage Learning.

Kiiltomäki A, Muma P (2007). *Tässä ja nyt, sairaanhoitaja tekee kriisityötä (Here and Now, a Nurse Does Crisis Work).* Jyväskylä, Finland: Gummerus.

Leppaniemi A, Vuola J, Vornanen M (2005). Surgery in the air – evacuating Finnish tsunami victims from Thailand. *Scandinavian Journal of Surgery*; **94**(1): 5-8.

McMillan I (2005). Tsunami victims aided by a Finnish crisis team. *Mental Health Practice*; **8**(5): 41.

Pedak M (2006). Tsunamikatastrofi Helsinki-Vantaan lentoasemalla: Poikkeustilannetoiminta evakuointilentojen vastaanotossa 27.12.2004-2.01.2005 (The Tsunami catastrophe at Helsinki-Vantaa Airport: activities in a special situation meeting rescue flights between 27.12.2004-2.01.2005). Pro gradu – tutkielma (MSc thesis), Helsingin Kauppakorkeakoulu (Helsinki School of Economics).

Tuomi-Nikula A, Sohlman B, Hynninen T (2005). Kriisityö kunnissa Kaakkois-Aasian luonnonkatastrofin jälkeen (Crisis work in communities after the natural disaster in South Eastern Asia). In: *Reports of the National Research and Development Centre for Welfare and Health 14.* Helsinki, Finland: Stakes-raportteja.