



# Declaration of Psychosocial Rights



16<sup>th</sup> World Conference on Disaster and Emergency Medicine

World Association of Disaster and Emergency Medicine (WADEM)  
International Psychosocial Task Force

## Guiding Principles – Call to Action

15 May 2009

### Be It Resolved that:

1. Everyone, including responders, survivors, families, in the broader context of communities affected by all hazard natural and man-made disasters, including war, are entitled to integrated, holistic, sustainable Psychosocial supports, interventions and training – that are respectful of diversity, culture, and gender.
2. It is the professional responsibility of leaders, i.e. those who are privileged to know and understand Psychosocial (PS) principles and concepts, to proactively engage policy makers in order to integrate and mainstream the adoption of PS principles and training into all aspects of human resource capability-based planning.
3. Given the increasing frequency and virulence of disasters, risks, threats, and global conflicts, there is an urgent, social imperative to mainstream creative, flexible, PS programs and policies into all levels of government and non-governmental programs - recognizing the unique nature of each disaster.
4. It is essential to enhance and mobilize local capacity, capabilities, of individuals, families and communities and to link local capacity to response and recovery teams for short, medium and long term response and recovery.
5. There is a responsibility for responders and decision makers to work with the “Fifth Estate”, i.e. the media, to present and report accurate news and updates; and further to integrate and imbed the media in purposeful / beneficial ways.
6. It is urgent that governments recognize and provide early PS education, supports to students and teachers from primary through to post secondary levels. Community leaders, teachers, decision makers, religious and government leaders must be empowered to ensure that effective, evidence-informed PS

- interventions, include long term cost benefit analysis, and that these elements are included in emergency planning, preparedness, response and recovery.
7. PS planning be evidence-informed, as well as multi-dimensional, collaborative, coordinated and integrated. Similarly, PS leadership must be flexible, adaptive and collaborative, and willing to work with trans-boundary and interdisciplinary stakeholders.
  8. Over the disaster continuum, psychosocial supports must value and respect the dignity and human rights of affected populations and responders.
  9. It is imperative that WADEM and its world wide membership champion the integration, mainstreaming, and adoption of Psychosocial and Disaster Behavioral Health into all aspects of pre hospital and post disaster emergency medicine.
  10. Greater investments and support be accorded to PS research and investigation to ensure that programs, policies and pre and post hospital interventions and decision making, are evidence-based and evidence-informed

We, the participants of the WCDEM 2009, acknowledge and applaud the determination of the global pre hospital and disaster medicine “Community of Practice” as it moves forward to promote a climate of Psychosocial research and practice through sustainable knowledge translation, knowledge exchange and knowledge mobilization.

It is timely that this international **Declaration of Psychosocial Rights**, as developed by the WADEM International Psychosocial Task Force at the World Congress on Disaster and Emergency Medicine (WCDEM) Pre-Congress Workshop, 13 May 2009, be recognized and affirmed. It is through the efforts of WADEM and its international partnerships that these Guiding Principles which address human factors, including psychosocial capability based planning, community resiliency and capacity building, in pre and post disaster contexts will be recognized and valued for posterity.

*Signed on this, the 15<sup>th</sup> day of May, 2009 in the City of Victoria, Canada, at the 16<sup>th</sup> World Congress on Disaster and Emergency Medicine (16<sup>th</sup> WCDEM) by the WADEM International Psychosocial Task Force Co-Chairs Drs. Gloria Leon and Carol Amaratunga, on behalf of the WADEM International Psychosocial Task Force membership.*