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INTRODUCTION

The objective of the plan is to provide a framework for mental health and psychosocial component of health care during emergencies, as well as to offer an appropriate response to the mental and psychosocial needs of affected persons. Implicit in this central objective are the following goals:

- To eliminate or reduce the risk of suffering psychosocial injury.
- To reduce distress among the population.
- To contribute to prevention and control of the range of social problems arising among the population, especially among those most affected.
- To identify, treat and assist in the recovery of people experiencing a mental health condition as a direct or indirect consequence of the disaster or emergency.
- To provide support and psychosocial care for the members of the response teams.
- To ensure the psychosocial recovery of the population affected by the disaster after the acute phase.

This plan adopts what is termed '**the psychosocial approach**' to responding to the needs of people who are affected by major incidents, disasters and other emergencies. Herein, the term psychosocial refers to the psychological, emotional, social and physical experiences of particular people and of collectives of people (in families, communities, and leisure, education and work groups as well as groups of strangers who are thrown together) in the context of particular social and physical environments. It is an adjective that is used to describe the psychological and social processes that occur within and between people and across groups of people. In the context of this plan, the focus is on these processes as they occur before, during and after events that may be variously described as emergencies, disasters and major incidents.

These events may be sudden and short-term (the so called 'big bang' events) or prolonged, drawn out and/or repetitive (so called 'rising tide' events). The plan provided is intended to provide a framework for delivering, leading and managing integrated psychosocial care for a very wide range of emergencies. The common ones include disasters that are due to flooding, high winds and earthquakes, the consequences of technological accidents and incidents, terrorism, pandemics and epidemics, and the consequences for humans of outbreaks of animal diseases.

The principles contained in this document distinguish people's psychosocial reactions to emergencies that are very common, and separate these people from those people who are likely to go on to develop a mental health disorder.

The Disaster Community is a group of people who have been shaken in their shoes and who are having normal symptoms of reorganization.

Axioms

There are certain axioms with regard to the human experience of traumatic incidents:

1. No one who sees a disaster is untouched by it
2. Disaster stress reactions are normal responses to abnormal situations
3. Disasters, even when predictable, have unpredictable outcomes; such unpredictability can challenge our everyday assumptions
4. Challenged and shattered everyday beliefs and assumptions require reorganization, reorganization *can* be stressful

The stress of trauma manifests on a continuum, from initial shock and transient symptoms to acute or chronic stress.

Initial reactions to emergency events are not only appropriate but, for some, might actually be adaptive. These reactions need to be recognised as fairly typical. A large proportion of people will have some sort of short-term reaction to an emergency event, such as shock and grief, followed by distress and anxiety about the future.

A minority of people experience longer-term problems. However, it is generally inappropriate to make any assumptions about clinically significant psychological disorder in the early post-incident phase: immediate distress (such as heightened anxiety or sleeping difficulties) does not mean there will be enduring problems. Risk is increased if someone has a pre-existing condition and/or a previous trauma experience, or if there are multiple risk factors. Delayed reactions, including diagnosable mental health disorders, have been found to be rare.

The problems that people experience tend to cluster around identifiable themes. The most common are anxiety, depression, prolonged grief and general distress, but may also include:

- anxiety-based symptoms, including acute stress disorder and post-traumatic stress disorder (PTSD)
- grief reactions and depression
- general forms of distress (e.g. increased stress levels, sleep disruption)
- physical health problems
- secondary stressors (i.e. new problems that emerge following the emergency event, such as loss of employment or relationship changes)
- loss of psychosocial resources (including usual patterns of coping and social support networks)
- problems relating to specific parts of the population; for example:
  - children, who may exhibit clinginess, tantrums or disruptive behaviour
  - pre-existing mental health consumers whose current medication is not controlling their symptoms
  - health and response workers who have had extensive exposure to survivors while also coping with their own personal losses.

Time helps. Most people recover with time and basic support.

In reality, the majority of people who are affected by disasters have psychosocial needs in the short, medium or long-term. Most are met by families and communities and research shows that affected people's preferences are to receive support in these ways. A substantial minority of people require assessment in primary care if their experiences persist and, within that group of people, is a smaller though not insubstantial proportion who will require referral for specialised mental healthcare. All of them require continuing psychosocial support.

When looking at the realities of how people react to disasters and major incidents, there are several conclusions that stand out from the literature.

- Based on the variety of estimates in the literature, NATO estimates that up to 80% of people who are directly or indirectly affected by disasters and major incidents may experience at least short-term mild distress, 15 to 40% medium-term, moderate or more severe distress, 20 to 40% a mental disorder or other psychological morbidity associated with dysfunction in the medium-term, and 0.5 to 5% may have a long-term disorder.

- People and communities show remarkable psychosocial resilience. Approximately 75% of people recover psychosocially without requiring expert intervention given the care, assistance and good relationships with their families and friends and the support of their communities. However, this proportion changes with the nature of the disaster or major incident and the circumstances of particular people.

- Resilience allows for optimism but it must not allow complacency. The potential for immediate and short to medium-term distress is great and a high percentage - around 25-40% - of people who are involved experience long-term health complaints after their exposure to traumatic events. The risks are substantial for a sizeable minority of people to develop a mental health disorder or other psychological morbidity and dysfunction in the medium or long-term. The range of services required by people who suffer these problems are disproportionately high.

Major incidents and disasters challenge our beliefs about ourselves, our families and friends and the world. Ordinarily, people make three fundamental assumptions:

- the world is essentially a good place;
- life and events have meaning and purpose;
- they are valuable and worthy.

Psychological trauma occurs when events challenge assumptions and take a person beyond their tolerance threshold. Occasionally, events are so hurtful that people question and alter their fundamental views of the world. These events cause damage not only because of the immediate harm caused, but also because of the continuing need for people to re-evaluate themselves and the world. Put in another way, psychological trauma occurs when the coping resources of a person, family or community are overwhelmed, or are threatened to be overwhelmed, by a particular event. The event may be a single, acute incident, it may be a prolonged one or there may a series of events occurring over a period of time.

Traumatic experiences *challenge o*ur everyday beliefs and can *upset* or s*hatter o*ur everyday assumptions. Our ordinary or normal way of thinking about today c*an* become confused or disorganized. Challenged or shattered ways of thinking require *reorganization.* Symptoms of stress can be seen as indicators that *reorganization* is taking place.

PROMOTING RECOVERY

Recovery may not be a linear process. Anniversaries or similar events might be problematic for some, which could result in an increased need for services.

After an emergency event, **psychosocial recovery** is closely tied to having basic needs met (including safety, shelter and appropriate medical intervention). Even in an event that does not include major disruption or loss of life, immediate basic needs are likely to be most pressing.

When psychosocial and emotional functioning is adaptive (e.g. when people feel more in control, have reduced arousal and increased energy, and support is available), people's ability to participate in their own recovery is increased. When people are able to participate in their own recovery, they tend to feel better, more in control and less overwhelmed.

In line with the first principle of psychosocial recovery, promoting basic forms of support (i.e. safety, food, water and shelter) and normalising the recovery process should be preferred over providing intensive forms of assistance, particularly in the immediate aftermath of an emergency event.

People are conceived as falling into four main groups on the basis of how they respond psychosocially to major incidents and disasters. Those groups are:

Group 1: Resistant people who show transient distress

People in this group are least affected. They are described as resistant people.

Group 2: Resilient people

There are two subgroups of resilient people who are distressed.

People in the first sub-group are proportionately, mildly, temporarily, and predictably upset in the immediate aftermath of traumatic events, but which is not associated with any substantial level of dysfunction. They are resilient people.

Other people in this group are more substantially distressed, but are able to function satisfactorily in the short- and medium-terms. They are resilient people who have greater distress, but not amounting to a mental health disorder, of longer duration.

Group 3: People who have more sustained or persistent distress associated with dysfunction and/or impairment

People in this group are disproportionately distressed or distressed and dysfunctional in the short- to medium-terms (this group includes people who may recover relatively quickly if they are given appropriate assistance, befriending and other interventions as well as people who may develop mental disorders - people in this group require a thorough assessment.

In summary, there are two subgroups.

- People who are likely to recover, but whose recovery takes more time
- People who may be in the course of developing a mental disorder

Group 4: People who develop a mental health disorder

People in this group are those who develop a defined mental disorder in the short, medium or longer-term. They require specialist assessment followed by timely and effective mental healthcare.

Early interventions for those immediately affected, including critical incident stress debriefing, have not been found to reduce risk of later post-traumatic stress disorder or related adjustment difficulties. Research has shown that formally intervening during some specific processes, such as grieving, may be inappropriate.

Given the potential for some interventions to make matters worse, the principle of helping at the level of basic needs to avoid inadvertent harm is paramount to early interventions.

For those who do require further assistance, a gradient from self-help through to more intensive forms of support assumes a stepped-care and community-based approach, encompassing all aspects of need.

This can be done through a variety of strategies that incorporate:

- Revitalising a community's support networks
- Providing outreach and screening capacity
- Making formal services available for those who require more intensive support

Despite the current situation, assessing people's functioning and pragmatic needs is the basis for knowing how and when to provide assistance. A balanced view is that the primary **goals of screening** in the first two weeks are to identify from within the groups of people who have been directly exposed to traumatic events:

- the few people who may need emergency hospitalisation or immediate referral to a mental health service (less than one person in every 1,000 in the first week); and

- people and groups of people who are at elevated risk for developing disorders over time.

In essence, the screen and treat model proposes that: (a) immediate intervention is restricted to providing information, psychosocial support, psychological first aid, and education rather than crisis counselling; and (b) people who are involved should be followed up to detect those who have persistent symptoms who can be treated with empirically supported interventions. This approach is adopted in the model of care in this plan, with the addition that the people who are followed up should be those who experience distress that has not diminished despite adequate humanitarian and welfare aid or who show dysfunction.

PSYCHOLOGICAL FIRST AID

Psychological First Aid does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. It is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions. Some reactions will interfere with adaptive coping. Recovery may be helped by support from compassionate and caring disaster responders.

Strengths of Psychological First Aid

- Basic information-gathering techniques to help providers make rapid assessments of survivors' immediate concerns and needs, and to implement supportive activities in a flexible manner.
- Emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Includes hand outs that provide important information for youth, adults, and families for their use over the course of recovery.

Psychological first aid seeks to reduce distress, promote adaptive functioning and provide basic needs following a traumatic event, such as comfort, information, support and immediate practical and emotional assistance. There are eight core components of psychological first aid:

1. Contact and Engagement: to respond to contacts initiated by survivors, or initiate contacts in a non-intrusive, compassionate, and helpful manner.
2. Safety and Comfort: to enhance immediate and ongoing safety, and provide physical and emotional comfort.
3. Stabilization (if needed): to calm and orient emotionally overwhelmed or disoriented survivors.
4. Information Gathering - Current Needs and Concerns: to identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
5. Practical Assistance: to offer practical help to survivors in addressing immediate needs and concerns.
6. Connection with Social Supports: to help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.
7. Information on Coping: to provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
8. Linkage with Collaborative Services: to link survivors with available services needed at the time or in the future.

The basic objectives of **psychological first aid** are to:

- establish a human connection in a non-intrusive, compassionate manner;
- enhance immediate and ongoing safety, and provide physical and emotional comfort;
- calm and orientate emotionally overwhelming or distraught survivors;
- help survivors to tell others specifically about their immediate needs and concerns and gather information as appropriate;
- offer practical assistance and information to help survivors to address their immediate needs and concerns;
- connect, as soon as possible, survivors to social support networks including family members, friends, neighbours and community resources;
- support adaptive coping, acknowledge coping efforts and strengths, and empower survivors;
- encourage adults, children and families to take an active role in their recovery;
- provide information that may help survivors to cope effectively with the psychosocial impacts of disasters; and
- be clear about the availability of responders who are able to help and, when appropriate, link survivors with disaster response teams, local recovery systems, mental healthcare services, other public-sector services and other relevant organisations.

Information Gathering: Current Needs and Concerns

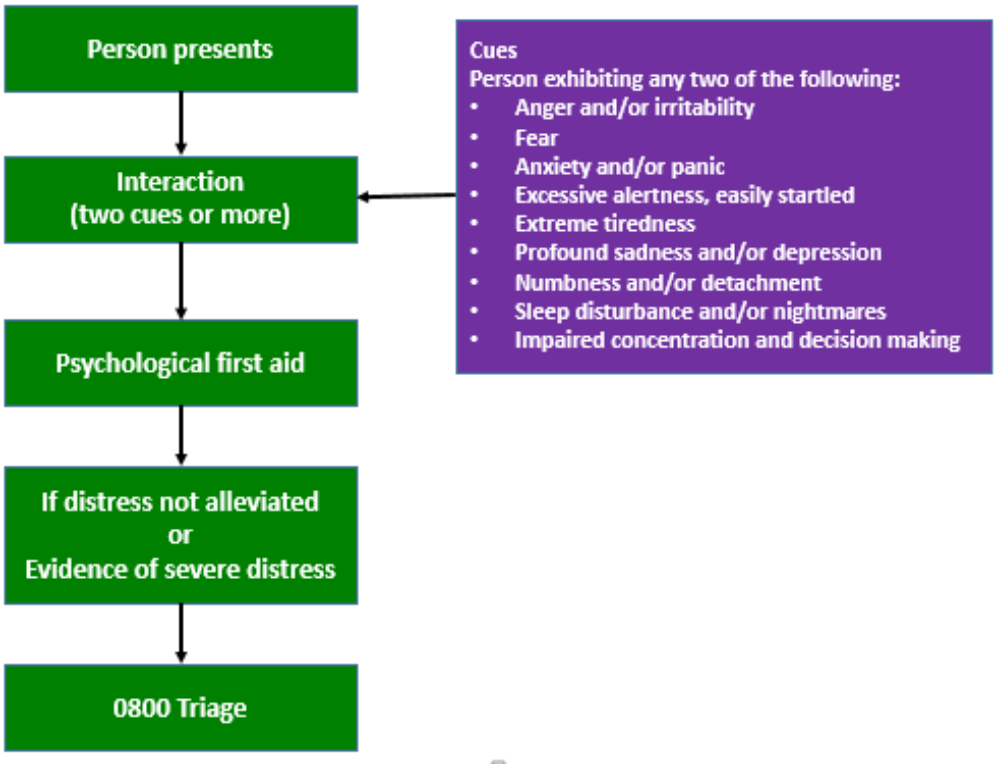
1. Nature and severity of experiences during the disaster
2. Death of a loved one
3. Concerns about immediate post-disaster circumstances and ongoing threat
4. Separations from or concern about the safety of loved ones
5. Physical illness, mental health conditions, and need for medications
6. Losses (home, school, neighbourhood, business, personal property and pets)
7. Extreme feelings of guilt or shame
8. Thoughts about causing harm to self or others
9. Availability of social support
10. Prior alcohol or drug use
11. Prior exposure to trauma and death of loved ones
12. Specific youth, adult, and family concerns over developmental impact

Psychosocial triage that is conducted outside the first two weeks after an incident should distinguish the following groups of people:

- Affected people who do not have mental disorders or serious clinical symptoms - this is likely to be the largest group.

- Affected people whose experiences and symptoms are thought as possibly indicating that they have serious clinical symptoms that might amount to mental disorder - information and advice should be given to people in this group and, in addition, practitioners should arrange follow-up meetings with the people affected.

- Affected people who have mental disorders or serious clinical symptoms, for whom appropriate diagnosis and treatment should be offered straightaway.



Do not make assumptions about what survivors are experiencing or what they have been through.

Do not assume that everyone exposed to a disaster will be traumatized.

Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have experienced. Do not label reactions as “symptoms,” or speak in terms of “diagnoses,” “conditions,” “pathologies,” or “disorders”.

Providers of Psychological First Aid need to be sensitive to culture, ethnic, religious, racial, and language diversity. Training in cultural competence can facilitate this awareness. Helping to maintain or re-establish customs, traditions, rituals, family structure, gender roles, and social bonds is important in helping survivors cope with the impact of a disaster.

When do you need to seek further assistance / refer on?

- **Extreme agitation**, particularly if it leads to actions that are life threatening to self or others
- **Overt psychiatric disturbance** requiring care in its own right, for example, psychotic decompensation
- **Prolonged denial of reality**, some shutting out of what has happened is natural initially but some are likely to need specialist care
- Persons stressed by **overwhelming bouts of anxiety, dread or panic when the danger has long since passed**
- **Depression** and **prolonged low self-esteem**
- Although suicide is not that common after disaster, one should be alert to the possibility that **feelings of hopelessness may be associated with this level of despair**
- **Body complaints** particularly mild, ill-defined and chronic complaints such as listlessness and headaches, often accompanied by irritability and sleep disturbance
- **Disturbed interpersonal relationships**
- **Post-traumatic stress disorder**

Research indicates that some of those who may be most in need of assistance may be least likely to seek it. Evidence supports the following approaches:

- Brief and focused information-based and/or psychological intervention can reduce distress and assist coping.
- Selected cognitive behavioural therapy approaches may reduce the incidence, duration and severity of acute stress disorder, post-traumatic stress disorder, depression and complicated grieving in victims and survivors. For longer-term reactions to emergency events, cognitive behavioural therapy approaches have the most evidence-based support for both adults and children.
- Other evidence-based intervention approaches may have potential and be preferred by affected people in need of formal assistance (e.g. emotion-focused therapies have documented efficacy for traumatic reactions and depression, and appear to be preferred by some people).

Provide Basic Information on Ways of Coping

- Talking to another person for support
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Telling yourself that it is natural to be upset for some period of time
- Scheduling pleasant activities
- Eating healthful meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Talking to another person for support
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible
- Telling yourself that it is natural to be upset for some period of time
- Scheduling pleasant activities
- Eating healthful meals
- Taking breaks
- Spending time with others
- Participating in a support group
- Using relaxation methods
- Using calming self talk
- Exercising in moderation
- Seeking counselling
- Keeping a journal
- Focusing on something practical that you can do right now to manage the situation better
- Using coping methods that have been successful for you in the past

Participation in any form of outreach or intervention programmes – from early forms of social support and psychological first aid to later, more intensive interventions, whether administered to a group or individually – should be voluntary.

Expertise in delivering services is vital. A number of interventions – including large-scale education, early forms of support and more specialist mental health interventions – all have the potential to do unintended harm.

OPERATIONAL PRINCIPLES

Readiness to respond to an emergency event includes engaging in planning, training and exercises.

The principle of helping at the level of basic needs to avoid inadvertent harm is paramount in early interventions. This highlights the need to ensure that appropriately trained personnel make assessments of whether individuals or families require further intervention.

Underlying Tenets

1. While disasters share many characteristics, there are distinct variations in type, scope and population impact. This necessitates tailoring the psychosocial response to the specific disaster.

2. Response should incorporate a multidimensional approach to psychosocial care ranging from the provision of broad-based low intensity support to specialised high-intensity interventions. This approach recognises the different needs for different groups of survivors across time.

3. Identification and targeting of support at particular at-risk groups is a key task.

4. Barriers in access to care must be proactively addressed. These barriers should include identification of survivors and limitations of existing referral pathways.

5. Recognition of the value of existing and emerging support networks of those affected by disaster is important. Social support assists in the reduction of negative psychobiological outcomes after trauma.

6. Mental health professionals may work within extended roles in disaster response. The hierarchy of survivor needs from basic (e.g. safety) to higher (e.g. mental health) needs.

7. Efficient coordination and integration of response is essential. Coordinated efforts are required to address multiple competing demands in chaotic circumstances.

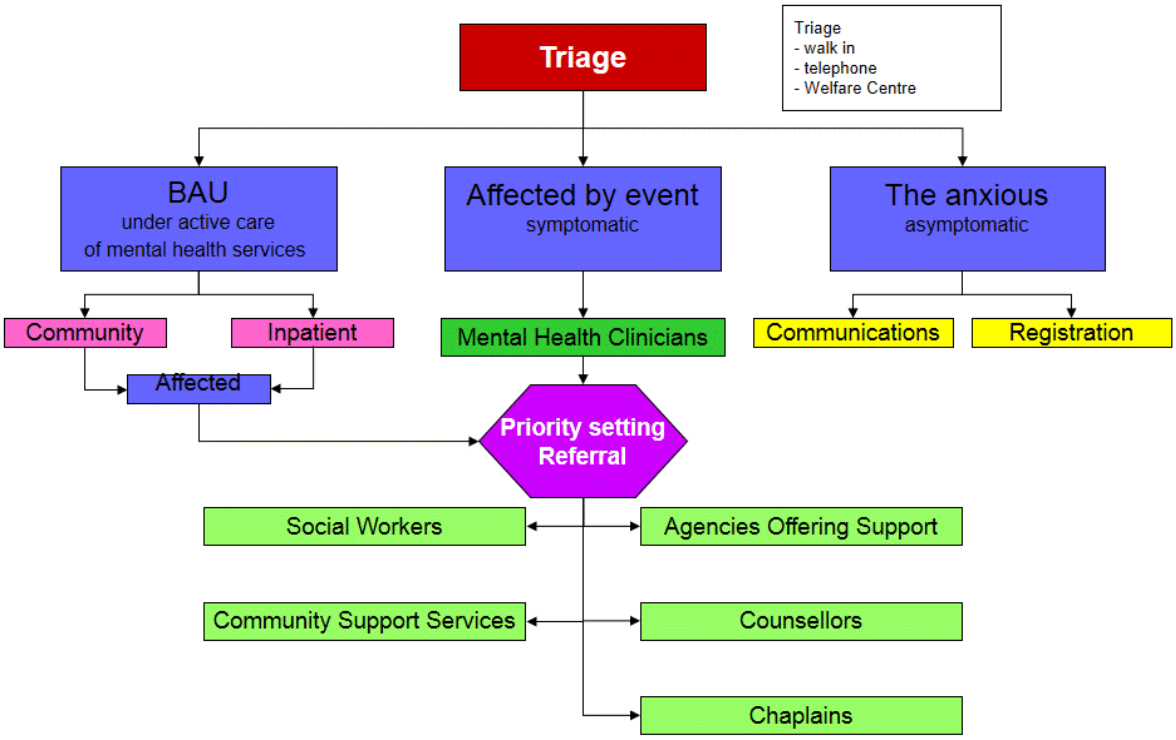
Response to an emergency event requires leadership and co-ordination across agencies. The appointment of a Psychosocial Coordinator, sitting within the HBDHB Incident Management Team, will occur at the outset of a disaster.

An emergency event will require agencies to engage in co-ordinated and ongoing needs assessment and monitoring of psychosocial recovery over an extended period. A range of issues may need to be addressed, including:

- How well are ongoing needs being addressed within the recovery environment?
- What services are being provided effectively, and what additional services are required?
- What monitoring is there for ongoing and additional threats and stressors?
- What monitoring is there for correcting inaccurate media coverage and dispelling public rumours?

DISASTER-RELATED PATHWAY FOR PSYCHOSOCIAL SUPPORT

All people identified as requiring psychosocial support will be referred to a 0800 number by the Call Centre at Hawke's Bay Hospital. They will then be triaged, falling into one of three groups, business as usual (under active care of mental health services), those affected by the event (symptomatic) and those who are anxious (asymptomatic). A level of priority will be set and individuals will be referred to the most appropriate avenue of assistance.



ROLES AND RESPONSIBILITIES WITHIN PSYCHOSOCIAL RESPONSE

Intervention pyramid for mental health and psychosocial support

There are a number of services who offer psychosocial assistance as part of their day-to-day business. These services provide for the needs of individuals at specific points in the intervention pyramid above.

Mental Health Service

- Assessment of support required and assignment of priority
- Identification of people at risk
- Management of telephone enquiry system
- Maintenance of a database of those affected
- Provision of information to the public regarding normal reactions to a disaster
- Psychological defusing or debriefing provision for victims and responders
- Provision of clinicians for each responding area
- Referral of all enquiries where there is a match to a deceased casualty to the NZ Police
- Continued management of existing client database and the maintenance of clinical safety

NZ Police

- Responsible for informing relatives of deceased casualties

Counsellors

- Provision of psychological first aid and counselling services
- Identification of those requiring referral to mental health services
- There are 77 counsellors available across the district
- Contact can be made through email at sandyross@xtra.co.nz

Social Workers

- Helping organise practical supports and providing counselling
- Assisting in finding resources for people and supporting people navigate the systems in place
- Identifying established support agencies in the community that are still operational and those that have additional capacity or require resourcing to function and meet their core support needs
- Helping coordinate persons lost and found or those who are to be resettled
- Participation in community checking exercises
- Contact can be made through the Mental Health Unit under CIMS at HBDHB
- Response available within 24-48 hours

Victim Support

- Welfare, support and comfort at the front line
- Provision of emotional and practical support and information
- Support for the reconciliation of casualties and families
- Referral to other support services and advocacy for the rights of victims
- Contact can be made through the National Call Centre 0800 842 846
- Response available within 45 minutes of call

Pastoral Support

- Pastoral, spiritual, welfare, support and comfort
- Support for the reconciliation of casualties and families
- Use of chapel/church facilities for bereaved families and provision of services and meetings as required
- Operate within clusters as needed
- Contact can be made through HBDHB's Healthscape contact database
- Response available within 24 hours

Red Cross

- Provision of material and physical comfort
- Community outreach visits, contact at CDC's, community recovery meetings, care of unaccompanied children
- Psychological first aid for recovery volunteers
- Support of the reconciliation of casualties and families
- There are 19 disaster welfare and support teams nationally with over 500 trained volunteers
- Contact can be made through the Duty Manager 027 801 9661 or duty@redcross.org.nz
- Response available within 2 hours for the Napier-based team

Salvation Army

- Provision of material, physical and emotional comfort
- Ability to provide mobile kitchens, water supplies and emergency services base
- There are centres in Napier, Hastings and Flaxmere, services can also be provided in Civil Defence Centres as required
- Contact can be made through Craig Campbell 027 439 0394, Alister Irwin 027 245 1658 or Robert Gardiner 027 257 9620
- Response available within 90 minutes for Team Leaders, two hours for core team

Child Youth and Family

- Provision of care and services for 'unaccompanied' minors separated from their families
- Contact can be made through the National Contact Centre 0508 236 459
- There are 6-12 staff available in both Napier and Hastings during working hours with 1 staff member available in each city after hours
- Response available immediately for on-call staff, next working day for team

Ministry of Education

- Provision of deployable response team trained to support schools and early childhood services to return to "normal" operations as soon as possible
- Contact can be made through the MOE 0800 helpline which is available on a 24 hour basis
- Response available within 24 hours

Ministry of Primary Industries

- Provision of funding for rural support trusts to assist in support for rural communities
- Contact can be made through CDEM

Ministry of Social Development

- Operation of the Family Services Directory, a searchable online database that lists information about providers and the services/programmes that they offer to help individuals, families and whanau and communities to connect to psychosocial support providers
- Directory accessed at https://www.familyservices.govt.nz/directory/
- Based at the East Coast Regional Office in Napier, with 6 additional sites available if required
- Contact can be made through one of the following – Cheryl Nicholls 029 660 0060, Annie Aranui 021 044 1426 or Jane Hopkinson 029 200 5575
- Response available within 24 hours

Te Puni Kokiri

- Provision of information to assist individuals and whanau to connect with Maori providers and groups who are able to provide welfare support
- Support engagement with Maori and wider cultural supports to ensure their needs are met in a disaster
- Based at the regional office in Hastings
- Contact can be made through – Taasha Romana 027 220 6319, Monique Heke 027 491 9218, the Hastings office 878 0757 or tpk.takitimu@tpk.govt.nz
- Response available within 48 hours

Critical Incident Stress Management Service

- Provision of defusing and debriefing processes for first responders involved in the event
- Identification of further input required

MENTAL HEALTH UNIT RESPONSE

Managers have the responsibility of ensuring that all staff for whom they are responsible are familiar with the information in this plan. It is also expected that all managers encourage staff to actively participate in any major incident exercises held at the hospital, thus providing staff with the opportunity to formulate a working knowledge of emergency preparedness and response.

The role of the Mental Health Unit within the Coordinated Incident Management Structure (CIMS) can be expected to continue for some months following a major incident.
The mental health response is initiated via the Mental Health Coordinator. The Mental Health Coordinator's action card details actions required on notification of an event.

The Mental Health Coordinator will coordinate the actions of the Mental Health staff and other agencies in providing a mental health response to the incident.

The mental health response includes:

- Providing practical and emotional support to friends, relatives and casualties
- Reuniting relatives and casualties at the hospital as soon as possible
- Providing information to the public via media releases on the normal reactions to major incident events
- Coordinating and providing support for other agencies involved in responding to the incident

NOTIFICATION AND COORDINATION

A. Notification of a major incident

The Mental Health Service will be notified of the activation of the major incident plan by the Mental Health Coordinator from the Emergency Operation Centre

B. Mental Health Coordinator

The Mental Health Coordinator will undertake the leadership of the Mental Health Unit under the CIMS structure.

The Mental Health Coordinator's initial actions are listed on the Action Card in the Mental Health Major Incident File Box.

C. Mental Health Major Incident File Box

The Mental Health Major Incident File Box is stored in the Emergency Response cupboard in the Emergency Operations Centre. The box contains:

- *Major Incident Psychosocial Response Plan*
- *Mental Health Coordinator Action Card*
- *4 copy Disaster Reconciliation Forms*
- *Victim Identification Database disc*
- *Pre-written letters to be sent to those identified on the Database*
- *Information leaflets (adult and child)*
- *Leaflets for briefing sessions*
- *Prepared media releases*
  - *Normal reactions and how to get help*
  - *Advertisement for Community Group meeting*
  - *Advertisement for Counselling staff*
  - *Anniversary Date Media release*
- *Departments to be contacted to provide relief for mental health workers*
- *Support notices for staff*
- *Contact list for community groups in Hawke's Bay*
- *Mental Health Post Major Incident Information Kit*

D. Mental Health Information on Casualties and Other Victims

Collection of information within the hospital system

Process for information collection re: missing people

Disaster Reconciliation Forms to be completed on first contact. Reconciliation to be managed by Front Line Services Unit of the CIMS structure.

Process for Identification of deceased persons

This is managed by the police; refer to officers at the Temporary Mortuary.

The information on the 4 copy Disaster Reconciliation Forms and relevant information from the mortuary logs is entered onto the Victim Identification Database (refer to appendix 1) for follow up contact by Mental Health Service.

Collection of information outside of the hospital

The Mental Health Response team must be proactive in offering their services.

Information on victims who may require psychological support can also be obtained from a variety of sources.

All persons must be contacted by the Mental Health Service within one month of the major incident (as outlined in the immediate phase of this response plan).

IMMEDIATE RESPONSE PHASE (FIRST 72 HOURS)

The initial responses that are required by many people who are affected by major incidents and disasters include practical help and pragmatic support provided in an empathic and flexible manner.

Information regarding the situation and people's concerns should be obtained and provided for them in an honest and open manner, and at levels that they can understand.

Written leaflets containing appropriate information and where to seek help, if necessary, should be provided, but they must be tailored to the average reading comprehension age of the general community. This also means that written materials cannot be relied on and neither should they be the main form of communication given the levels of problems with literacy and reading comprehension that are evident in even the most developed of societies.

Therefore, telephone help lines should be launched that are staffed by trained personnel, to provide emotional support. Additionally, disaster and major incident plans should include arrangements for preparing websites concerning humanitarian, welfare and psychosocial matters. The latter should only be made available when they are actually required, and must be continually updated to suit rapidly changing circumstances.

Humanitarian assistance centres or one stop shops should be established at which are based an appropriate range of the humanitarian aid, welfare and psychosocial care services that are potentially required.

Psychosocial reactions should be anticipated and considered normal during initial responses to disasters and major incidents. People should be neither encouraged nor discouraged from giving detailed accounts; they should provide them if and when they feel ready to do so. The evidence shows that, usually, people who are involved prefer to talk to people who they know well including, particularly, relatives, friends and colleagues at work.

Staff who oversee the initial psychosocial care response services should work closely with the media.

The Mental Health Unit will convene as early as possible to decide on ongoing priorities and actions to be taken.

A Initial Response

The Mental Health Coordinator will receive a briefing regarding the incident from the Operations Manager. S/he must then assemble an appropriate number of staff to manage the Mental Health Unit to provide psychological support and practical assistance to the victims, relatives and staff involved in the response.

The staff must initially respond to the Emergency Operations Centre where they will receive a briefing from the Mental Health Coordinator. Following this briefing staff are required in the following areas:

- Harding Hall with relatives
- 0800 number desk
- Emergency Department waiting room with casualties with minor injuries
- Calls for assistance from ICU and the receiving ward

Priority should be given to staffing Harding Hall.

As soon as possible staff in those areas will need to be augmented with further staff.

Staff from other areas of the mental health service who are not required to maintain an acute service will be released from their normal duties to assist in the response. The Mental Health Coordinator will arrange this by contacting the relevant manager (or deputy) for each sub service.

Much of this early work will be about reassurance that responses to the event are normal and assisting in the reuniting of families that were spread across the district at the time of the event.

B Information to Casualties, Relatives and Friends at the Hospital

All relatives and casualties (both admitted and discharged) at the hospital should be given copies of the leaflet "Coping with Disaster". Where appropriate, the leaflet "Helping Children Cope with Disaster" should also be given.

Mental Health Service staff will be required to staff the two telephone extensions set up in Harding Hall for relative/friend enquires. This will provide a 24 hour telephone helpline to the public. (This helpline will later be transferred to the Mental Health Service buildings).

C Services in the Community

Meetings will be held for responding agencies to outline the triage and referral process along with providing information to assist responders. Coordination of the response in the community will be managed through the Mental Health Unit, all those identified as requiring assistance within the community will be triaged and referred to the appropriate agency for on-going care.

D Reporting Lines

During the activation of the Major Incident Plan and Emergency Operations Centre the Mental Health Coordinator reports directly to the Operations Manager.

Following stand down person will be delegated to assume ongoing responsibility for the management of the post major incident response phase. The Mental Health Coordinator will report directly to the Service Directorate.

E Psychological Debriefing

At stand down or as soon as appropriate a debriefing session must be organised for all first responders involved in the response.

INTERMEDIATE PHASE (72 HOURS – ONE MONTH)

While stress is to be expected, people who have high levels of distress, and especially people who have dysfunctional levels of distress, or distress of longer duration, during the first month after a disaster or major incident should be identified so that the services are able to maintain contact with them.

Formal assessment should be made of the needs of people for health and/or social care services who have unwelcome, and distressing psychosocial experiences or problems that do not resolve given adequate humanitarian aid, welfare services and social support from their families and communities. It should cover people's emotional, social, physical, and psychological needs. Any psychological or mental health interventions of a more formal nature should be offered on the basis of the individual's assessed and agreed needs.

A Information to the Community

Within the first week (preferably within the first few days) following the incident the prepared media release outlining the normal reactions and offering advice on where to get assistance should be placed in the media.

Public meetings may be initiated, information leaflets should be distributed to all places of first contact of affected people.

B Follow up with People on the Victim Identification Database

During this period identified people on the victim identification database must be contacted according to pre-determined priorities. Details on all casualties, relatives, and friends making enquiries must be entered on the database.
A letter will be sent out to all identified people on the database informing them that they will be contacted, either by phone or in person (unless the person contacts the service requesting that they are not visited). The leaflets "Coping with Disaster", "Helping Children Cope with Disaster" and "When Someone You Know Has Been Through a Traumatic Experience" are to be sent along with the letter to all persons.

C Mental Health Service Support for Community Counselling Groups, Welfare Agencies and Schools

A meeting will be arranged and advertised, using available channels, for all community and counselling groups.

Depending on the type and magnitude of the disaster it may be necessary for the Mental Health Service to initiate additional meetings to offer information and support.

The aim of these meetings is to:

- Coordinate response and provide support to these groups in the community
- Ensure these groups know how to refer at risk persons onto the Mental Health Service as necessary
- Provide information on disaster counselling in the form of the Community and Counselling Groups Disaster Information Kits

The overall goal is to ensure a coordinated response to the major incident victims and prevent victims being bombarded with offers of assistance or alternatively receiving no assistance.

D Follow Up and Information to First Responders and Health Staff

Debriefing of each team at the end of a shift is important, this allows wellness monitoring and assists staff to continue to work effectively. Identification of staff requiring further psychological assistance can therefore be managed early.

The prepared staff support release kept in the Mental Health Major Incident response File Box must be circulated throughout Hawke's Bay District Health Board.

E. Long Term Recovery Phase (weeks – months after the incident)

Long term care includes continuing work with those identified during the intermediate phase as suffering specific psychological disorders, together with assessment and treatment of those presenting with such disorders several months or more after the incident.

Anniversary of the incident
Intense reactions, including the emergence of such disorders as mentioned above are particularly common around the anniversary of the incident. To address this as advertisement should be placed in the newspaper advertising possible effects on people at this time and assistance available through community groups and Hawke's Bay District Health Board's Mental Health Services.

GLOSSARY

Emergency

A situation that:

(a) is the result of a happening, whether natural or otherwise, including, without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure of or disruption to an emergency service or a lifeline utility, or actual or imminent attack or warlike act; and
(b) causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand; and
(c) cannot be dealt with by emergency services, or otherwise requires a significant and co-ordinated approach under the CDEM Act 2002

Psychological first aid

Support for people early after the emergency event to reduce initial distress and foster short- and long-term adaptive functioning.

Psychological support

Support for people who experience increased levels of stress or are more severely affected by the emergency event than others. These people require a greater level of support, which needs to be provided by a trained person. This is not a mental health intervention, but a listening and problem-solving approach.

Psychosocial

The dynamic relationship that exists between psychological and social effects, each continually interacting with and influencing the other.

Social support

The involvement of activities such as conversation, peer support, providing opportunities for people to discuss experiences in a supportive environment, bringing communities together and sharing experiences.

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KEY WORDS

Psychosocial
Emergency
Response

For further information please contact the Emergency Management Advisor.

APPENDIX 1

VICTIM NOTIFICATION DATABASE

Aim of the Database

1. To manage disaster victims by prioritising those according to six categories for follow up in the immediate stages after the disaster.

2. To hold information about the disaster victims in order to have an effective follow up in the recovery stage of the disaster.

Notes on the data base:

The database will be based on information obtained from:

- Relative enquiry forms
- Mortuary disaster log
- MHS data collection forms

Additional information could come from relatives and outside agencies such as police, airlines, etc.

Mental Health Service Data Collection Form

Interviewers Name:			
Date:		NHI Number:	
Surname:			
First Names:			
DOB:		Gender:	Male / Female
Ethnicity:		Interpreter required:	Yes / No
Contact address:			
Contact phone number:			
Does the person live alone?	Yes / No	Dependants?	Yes /No
Nature of contact:			
Other agencies involved:			
Category of person:	Tick appropriate category		

1	Survivor of the event	□	**2**	Bereaved relative/friend/workmate	□
3	Rescue/recovery personnel caring for primary victims	□	**4**	People in the community involved in the disaster	□
5	People in whom emotional problems are precipitated by knowledge of the disaster	□	**6**	Those that by chance would have been a primary victim or feel responsible	□

Assessment Answers	These will help in deciding priority level:		
1. Are there any ongoing crises in the person's life?			Yes / No
e.g. family, financial			
2. Have there been any relevant past life events or crises prior to the disaster?			Yes / No
e.g. similar experience or recent loss			
3. Does the person have any past or current illness(s) physical/psychological or disability			Yes / No
4. Current Distress:	**Mild**	**Moderate**	**Severe**
5. Describe the most pressing problem presented as it appears to you:			
e.g. grief, general emotional distress, pre-existing disturbance			
6. Give a brief summary of advice given at time of contact:			
7. Give a brief description of degree and type of injury:			
Priority of Victim:	Traffic light system Red = high, Orange = medium, Green = low, None = no further follow up		

APPENDIX 2

GUIDELINES FOR PERSON TAKING TELEPHONE ENQUIRIES

- Your main role is to provide emotional support, practical assistance and information to enquirers at the earliest opportunity.

- Where a match is made between the whereabouts of a casualty and an enquiry, the enquirer should be contacted immediately and:
  - Where the casualty is in the ward or ICU, the relative should go straight there (there will be a mental health worker in these areas)
  - Where the casualty is in ED, OPD or theatre the enquirer should come to **Harding Hall** and reconciliation should be organised from there
  - If the casualty is in another hospital the enquirer should be directed to make their way to that location

- Reassure all enquirers that this is the place in the hospital where all information regarding location of casualties will come.

- If they want to come in to the hospital, direct them to come to **Harding Hall**, McLeod Street.

- Reassure all enquirers that they will be contacted by phone if they decide to wait at home as soon as any information regarding the whereabouts of the casualty they are enquiring about is available.

Deceased Casualties

- Refer any enquiries where there is a match between a deceased casualty and the enquirer to the **POLICE** (they will have staff in the department – ask the Mental Health Coordinator)

- **DO NOT** ring an enquirer at home to tell them the person they are enquiring about is deceased once this is ascertained – refer their details to the Police who will organise for them to be seen and informed in person at home

- For an enquiry where you are already aware that the casualty sought is deceased, refer to Police staff present at once

- If an enquirer wishes to come into the hospital and they are enquiring about a deceased casualty, do not tell them, give them direction to come in and warn the Mental Health Coordinator so that they can be met and informed in private on arrival with Police present

- If you are unsure about what to do or have any problems refer to the Mental Health Coordinator for advice

- If interpreters are required follow the DHB procedure for obtaining interpreters

APPENDIX 3

MEDIA MANAGEMENT

Introduction

Sample media releases and interview scenarios of varying lengths have been prepared to assist spokespeople to inform and direct the public about emotional problems and problems of coping with stress and anxiety following a major disaster or incident.

Interviews

An interview might be arranged with a spokesperson of the metal health service on the difficulties that may be anticipated. Sample answers to questions likely to be asked in a media interview are outlined below. The most important points to be made are:

1. People in the community have undergone a traumatic, disruptive experience. It is "normal" to experience extreme reactions and to have a wide variety of heightened feelings in response - **for a while.** It is normal to have temporarily heightened feelings of:
   - Fear
   - Anxiety
   - Tension
   - Sorrow
   - Anger
   - Irritability
   - Confusion
   - Agitation
   - Apathy

   It is normal to experience headaches, sleep disturbance, stomach upset, loss of appetite and loss of energy. Knowing they are normal gives "permission" to a person to bring such feelings into the open, thereby helping to dissipate them. But it is important also to know that if these feelings persist, help should be sought.

2. Since the above reactions are normal and it is helpful to talk about them and share experiences and feelings, suggestions about talking with family, relatives, friends and neighbours can be given.

3. Resources in the community where help is immediately available can be identified.

Media Interview Model Answers

(Questions likely to be asked in a media interview)

Outlined below are questions and model answers similar to those you may be asked in a media interview.

1. Can you give us some idea of the sorts of personal problems we can expect in the next few months as a result of the disaster?

There will be a great deal of stress on the individual after the disaster. This will be related to loss from death or injury to family or friends, and the more general loss of the person's usual routine and support system. The disaster survivor has to deal with these painful feelings whilst trying to rebuild their life.

Over the weeks and months following disaster the individual may experience:

ANXIETY (increase heart rate, rapid breathing, nausea, "the shakes", headaches, eating disturbance, crying and irritability)

DEPRESSION (loss of appetite, sleep disturbance, decreased energy, feelings of worthlessness, quilt, loss of pleasure in life)

PSYCHOSOMATIC REACTIONS (gastric pain, general un-wellness, back complaints, joint aches)

IT IS NORMAL TO FEEL . . .

- Shocked, in a daze
- Numb
- Angry and resentful
- Panic
- Sad, miserable, hopeless
- Afraid
- Anxious, restless irritable
- Tired, exhausted disorganised
- Withdrawn from people

2. Are these problems unusual? What has been the experience in other disasters?

These problems are normal reactions for someone who has gone through a major trauma, such as the recent disaster. They are to be expected and there are strategies which can be used to cope with this sudden increase in personal problems and difficulties in coping. For example, a person can remind themselves that these feelings are normal so that they can be patient with themselves and those around them.

It is good to allow yourself to express your feelings and to talk about the disaster with others. Remember that friends and family can be a good source of support. It can help to set daily tasks to enable getting on with the present, keeping in mind that at this time it is important to have the attitude of just taking one day at a time. If things are getting too much there are organisations who can help. (List of these under question 8).

People take time to recover from the effects of a disaster. They cope best when they follow some simple strategies for coping and participate in rebuilding their community. A good general attitude to keep in mind here is:-

"Time is great healer" and it will take time to recover from the effects of this disaster.

3. Will these problems change as the months pass?

Yes, people will feel better as they see their world returning to a more familiar and recovered state. There will be a sense of acceptance, relief and of being in control again. Sometimes the feelings of grief and depression may return, which can mean that the person has not adequately dealt with them in the early stages after the disaster. If this happens it is good to talk to a friend or counsellor.

4. What can be done about these problems?

The most effective way of recovering from a disaster is to be aware that it is normal to have stress reactions after a disaster. It is then most helpful if the disaster survivor learns about stress management by:

- Allow yourself to express your feelings
- Talk about the disaster and how it has affected you
- Keep in touch with your family, whanau and friends as they can be a source of support
- Got at your own pace, live one day at a time
- Set yourself daily tasks to enable you to get on with the present
- Take breaks
- Take time to relax and care for yourself
- Remind yourself that it is normal to feel this way and that those around you will be feeling similarly
- Ask for help if you find that you're not coping

5. What are the special problems children face?

Children experience a disaster as a traumatic and frightening event. They are used to certain regularity in their lives, such as the presence of their parents, getting up each morning in the same bed and going to school. They are able to depend on a series of predictable events. These become disrupted after a disaster and these results in the child feeling anxious and having a number or fears. The following are common:

- fear of the disaster recurring
- fear of injury or death
- fear of being separated from their family or of being left alone

Children do not understand disasters, which also contributes to their confusion, anxiety and fear.

Because of these fears and anxieties a child may sometimes revert to "childish" behaviour that they had outgrown. Or they may have bedtime problems such as refusing to go to bed alone, experiencing nightmares or waking often during the night.

Parents and caregivers can get advice on how to deal with these problems by contacting their local GP, public health nurse or child and family clinic.

6. How about our senior citizens?

Elderly people experience the disaster as other adults do. They may have more of a tendency to feel overwhelmed with the extreme changes in their lives resulting from the disaster, which can lead them to experiencing hopelessness and despair.

Post-disaster stress for elderly people can be reduced by offering the individuals opportunities for joint problem-solving and decision-making over their living and personal circumstances. Elderly people could also benefit from strong and continuous verbal assurance. Whenever possible, they should stay in familiar surroundings and with the same social network.

7. Where can one find help for such problems?

Contacts vary according to the individual but the following list should offer some idea on what sort of assistance is available from various groups in the community:

- Your GP
- Church Social Services
- Ministers of Religion
- Public Health Nurses
- Community Centre Workers
- HBDHB Mental Health Service
- Maori Contacts
- Pacific Island Contacts

TV/Radio/Newspaper Media Release

General Release: 45 seconds

Disasters affect people in a variety of ways. For many, the disaster means loss of loved ones, of property and of treasured things. It is entirely normal to react to these losses with physical symptoms, such as extreme fatigue, sleeping problems or eating difficulties. Emotional symptoms occur such as sadness, quilt or anger. People may also react with behavioural changes, such as irritability or loss of interest. For most people these problems pass quickly with the help of others. However, if the problems persist, help is available by calling any of these numbers:

_____
_____
_____
_____

NOTES

1 Don't forget to add the appropriate numbers. This will NOT be the usual hospital number. This should be done in conjunction with the Communications Officer in the Emergency Operations Centre.

2 If this is to be used for a community trauma (e.g. mass murder) it will need to be reworded.

TV/Radio/Newspaper Media Release

General Release: 90 seconds

Disasters and catastrophes, such as _____ which struck our (area), (town), (community), (city), (region), recently, affect people in many ways. For many it means LOSS sometimes loss of loved ones including relatives, friends or neighbours. For others it means loss of home and property, of furnishings and important belongings. Sometimes it means starting all over again in perhaps a new business and a new place to live. The emotional effects of the losses and the disruption may show up immediately after the disaster or they may appear many months later.

To react emotionally to these blows is entirely normal. The most common reactions are loss of energy, interest and enthusiasm; irritability and feeling tired all the time. Some people may cry very easily – for no apparent reason. Sometimes physical problems appear, for instance stress headaches or indigestion. Often people's sleeping and eating patterns change. Remember these reactions are normal and people around you will be feeling the same way.

Nearly all these problems pass quickly with understanding and support. If the problems persist, however, call your GP, your minister, someone from your support network or call any of the following numbers and take advantage of the help they can provide:

_____
_____
_____
_____

NOTES

1. DON'T FORGET TO ADD THE APPROPRIATE NUMBERS. This will NOT be the usual hospital number. This should be done in conjunction with the Communications Officer in the Emergency Operations Centre.

2. If this is to be used for the community trauma (e.g. mass murder) it will need to be reworded.

TV/Radio/Newspaper Media Release

Children: 75 seconds

Disasters frequently have a significant impact on young children, upsetting them emotionally. For them, the disaster feels like an unknown, fearful force which has shaken their world and made them feel less secure. When this happens, some children begin to show behaviour of a more childish nature which they have already outgrown. For the young child this may show in a variety of ways, such as a loss of toilet control, nightmares, whining and clinging, or being unwilling to let their parents out of their sight. For the school child, it may appear as refusal to attend school, withdrawal, loss of interest, irritability, or unusual fears.

Adults need to understand that these symptoms have resulted from the disruption of the child's world. They need to help the child to rebuild a sense of security. This may mean extra time spent with the child, repeated assurances and talking about the child's fears to bring them out in to the open. Some children are helped by making up games about the disaster.

If problems persist, however it may be advisable to get professional help. Call Hawke's Bay Child, Adolescent and Family Service phone: 8788109 between the hours of 8:00am and 5:00pm.

NOTES

1. Don't for get to add the appropriate numbers. This will NOT be the usual hospital number. This should be done in conjunction with the Communications Officer based in the Emergency Operations Centre.

2. If this is to be used for a community trauma (e.g. mass murder) it will need to be reworded.

ADVERTISEMENT FOR MEETNG TO BE HELD BETWEEN HBDHB AND COMMUNITY GROUPS TO COORDINATE RESPONSE TO DISASTER

ATTENTION COMMUNITY COUNSELLING AND SUPPORT GROUPS

Our in the community has recently undergone a traumatic time due to the <<insert>> disaster. Experience from other disasters shows that there will now be many people in need of support and counselling.

The HBDHB Mental Health Service is calling a meeting for people working in the areas of support and counselling in the community. This meeting is to discuss co-ordination of services throughout the community and support for the agencies and groups involved.

The meeting will take place at _____.

On _____.

Please ring _____ for further information.

TV/Radio/Newspaper Media Release

Anniversary of Disaster: 75 seconds

Intense reactions, such as sadness, guilt, anger, anxiety and depression, are common around the date of the anniversary of the disaster which struck our (town), (city), (area), and (community) this time last year. People may experience similar reactions to those they first went through and shortly afterwards. To have these emotional and psychological reactions at around this time is normal. People around you may be feeling the same way. It will help to deal with these feelings by recognising them and understanding what they are connected to.

Nearly all of these problems will pass with time, mutual understanding and support from others. If, however, they persist you can call the following numbers of local community support agencies and the Hawke's Bay District Health Board Mental Health Service and take advantage of the help they can provide.

_____
_____
_____
_____

Notes

1 Don't forget to add the appropriate numbers. This will NOT be the usual hospital number. This should be done in conjunction with the Communications Manager.

2 If this is to be used for a community trauma (e.g. mass murder) it will need to be reworded.

APPENDIX 4

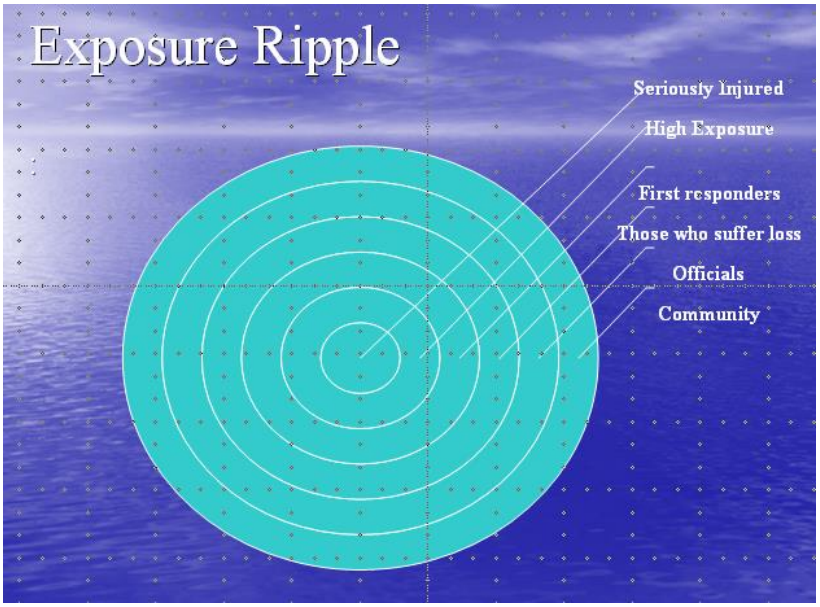
PSYCHO-SOCIAL RECOVERY

Personal psychosocial resilience describes "*a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge*".

Collective psychosocial resilience refers to the way in which groups of people and crowds of people "*express and expect solidarity and cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity*".

Ripple Theory

All crisis events, whether individual, group, or community, have a ripple effect.



Individual crisis events cause a ripple that begins with an event that grips the life of the individual and spreads to a gripping of the lives of those surrounding that individual. Group and community crisis events begin in the midst of a people and send shock waves outward, into the greater community.

Riding the Ripple

All of us have a certain degree of personal resilience (sea legs) that help us to ride the ripple of trauma. Depending upon how powerful the wave is, we will be attempting to stay balanced while we are reorganizing our beliefs, working in our communities, and taking care of ourselves. We will be juggling!

Principles of the psychosocial recovery process

1. Most people will experience some psychosocial reaction, usually within a manageable range. Some may exhibit more extreme reactions in the short, medium or long term.

2. Most people will recover from an emergency event with time and basic support.

3. There is a relationship between the psychosocial element of recovery and other elements of recovery.

4. Support in an emergency event should be geared toward meeting basic needs.

5. A continuum from self-help to more intensive forms of support should be provided within a clear referral and assessment framework.

6. Those at high risk in an emergency event can be identified and offered follow-up services provided by trained and approved community-level providers.

7. Outreach, screening and intervention programmes for trauma or related problems should conform to current professional practice and ethical standards.

8. Readiness activity is an important component in creating effective psychosocial recovery planning.

9. Co-operative relationships across agencies, sound planning and agreement on psychosocial response and recovery functions are vital.

This plan is based on providing a stepped programme of responses in which services are titrated against the needs of the people affected and their progress over time. This means providing:

- empathic, practical and pragmatic support for everyone that is delivered by and through families and community groups and augmented by responders who should be aware of the principles of psychological first aid;

- access to services that are based on the principles of psychological first aid for people who have more sustained distress;

- assessment of people who remain distressed at around a month after events accompanied by access to psychological therapies as required;

- access to the full range of mental health services for people who develop a mental health disorder or who have severe symptoms earlier than 28 days; and

- access to services for responders and staff of the rescue, recovery, welfare and health services because of their direct and indirect exposure to risk.

APPENDIX 5

RESILIENCE

We access our resilience through certain activities, certain ways of thinking and believing, and through certain kinds of relationships.

Intentional Resilience Environment

Factors that create healing psycho-social spaces:
- Trustworthy communication at all levels is crucial
- Community attitudes ripple through all levels
- Cohesiveness of the survivor network is vital
- Restoration of a sense of purpose
- Development of environments typified by respect and collaboration
- Time and spaces for creative, fluid, meditative activities
- Recognition of appropriate leadership and co-horts

Environmental Protective Factors

- A perception of inclusion
- A sense of responsibility towards the environment and its members
- A feeling of ownership in the environment
- Opportunity to contribute and to meaningfully solve problems

Resilient environments build connections. Building materials for protective characteristics are inherent in the environment. Difficult connections require a sense of understanding and redirection of energy.

Resilient Communities are caring and supportive, have high positive beliefs in each other for integrity and achievement and support dreams and goals of members. These communities have, or are actively developing, a *collective vision*, giving a sense of direction and a positive attitude toward the future. They possess the *true and active desire* to develop *accurate acceptance* of the diversity of its members and provide for the ongoing support of *diversity of expression* in the common work towards a collective vision.

Resilient communities sustain themselves through trauma by:

Transcending (“Bouncing” Upward)
Being Rooted in “Heart” (“Bouncing” Inward)
Evolving (“Bouncing” Forward)

APPENDIX 6

HOW PEOPLE REACT TO AN EMERGENCY

One way to conceptualize the effects of a crisis event upon individuals and the community is to consider the following:

- Crisis Event Characteristics
- Community Characteristics
- Individual Characteristics

Crisis Event Characteristics

- High-magnitude stressful life events
- Individual crisis event, such as victim of violent crime, tragic loss or death, fire, accident
- Group crisis event, such as transportation disaster, public fire, hazardous materials disaster
- Community disaster, such as hurricane, flood, earthquake, tornado

Community Characteristics

To make sense out of how individuals reorganize following a disaster, it is useful to have an understanding of the community characteristics.

Individual Characteristics

- Prior individual trauma
- Current individual life situation
- Mental health history
- Coping Style
- Social supports

Within crisis factors also play a part in terms of:
- Timing
- Exposure
- Cognitive appraisal of exposure
  - Low control
  - Low predictability
  - High life threat

Following an emergency event there is a range of common transitory reactions, as outlined in Table 1.

Table 1: Survivor responses in emergency situations

Physical • Faintness and dizziness • Hot or cold sensations • Tightness in throat and chest • Agitation, nervousness, hyper-arousal • Fatigue and exhaustion • Gastrointestinal distress and nausea • Appetite decrease or increase • Headaches • Exacerbation of pre-existing conditions	**Behavioural** • Sleep disturbances and nightmares • Jumpiness – easily startled • Hyper-vigilance – scanning for danger • Crying and tearfulness • Conflicts with family and co-workers • Avoidance of reminders of trauma • Inability to express feelings • Isolation or withdrawal from others • Increased use of alcohol or drugs
Emotional • Shock, disbelief • Anxiety, fear, worry about safety • Numbness • Sadness, grief • Longing and pining for deceased • Helplessness • Powerlessness and vulnerability • Dissociation (disconnected, dream-like) • Anger, rage, desire for revenge • Irritability, short temper • Hopelessness and despair • Blame of self and others • Survivor guilt • Unpredictable mood swings • Re-experiencing pain associated with previous trauma	**Cognitive** • Confusion and disorientation • Poor concentration and memory problems • Impaired thinking and decision-making • Complete or partial amnesia • Repeated flashbacks, intrusive thoughts and images • Obsessive self-criticism and self-doubt • Preoccupation with protecting loved ones • Questioning of spiritual or religious beliefs

Initial reactions to emergency events are not only appropriate but, for some, might actually be adaptive.

There is good evidence for a reciprocal relationship between social recovery and the other components of recovery.

APPENDIX 7

INDIVIDUAL AND FAMILY FACTORS

A number of factors have been identified as increasing the risk for problems with psychosocial recovery:

- being female
- being young
- being middle-aged (between 40 and 60 years)
- belonging to an ethnic or cultural minority
- socioeconomic factors
- family or relationship status (e.g. being married and/or with a family versus being single and without a family or a partner) – risk is increased with increased distress or conflict in the family
- the presence of children (see also next section)
- for females, having a partner/spouse (which increases risk)
- low levels of support (both actual and perceived emotional and social support and sense of connectedness - high levels would be considered to be protective factors (sources include various groups, including family/whanau, friends, social, cultural and community-based groups and networks)
- exposure to mass violence
- being a primary victim (versus secondary, such as emergency workers)
- increased exposure severity (e.g. life threat, loss, severe initial reactions, including health care workers in the context of infectious disease exposure)
- past and current mental health problems
- minimal experience coping with an emergency event
- additional stressors following the emergency event
- unhelpful forms of coping (e.g. avoidance coping, blaming) and particular thoughts or beliefs (e.g. low sense of control) versus more helpful forms (e.g. self-help strategies), increased hope and optimism, and a sense of control, which are protective factors

About 80% of older adults have at least one chronic condition that makes them more vulnerable than healthy people during a disaster or major incident. These conditions often stem from physical infirmity and injury, and they may have sequelae that are not direct consequences of the disaster. Chronic conditions, especially when they are combined with the physiological, sensory, and cognitive changes experienced as part of aging processes, often result in frail older adults having special needs during emergencies.

APPENDIX 8

POST-DISASTER INFORMATION FOR COMMUNITY GROUPS

Contents

INTRODUCTION

This information is written for you recognising that you are part of a broad spectrum of people who work in the community and who will be in the position of providing help to others in the recovery stage after a disaster.

The aims of this information are:

- To provide you with the basic information you will need as you work at the task of helping others.
- To encourage you to recognise your won skills in dealing with the normal reactions to a disaster.

It is in the early stages after the disaster that emotional and psychological support needs to begin. Disasters cause intense stress, often leaving individuals with fewer coping resources.

The mental health response to a disaster is long-term, beginning in the immediate recovery period. This information can, therefore, be used from the first days after the disaster through the weeks and months following.

Hawke's Bay District Health Boards' Mental Health Service and people already helping in the community need to be available to give support as soon as possible. Help needs to begin within the first 24 – 48 hours after the disaster. This is the time when the full extent of the loss is first realised and victims begin to experience their grief and anger.

Everyone who experiences a disaster is both a Victim and a Survivor.

When helping others it is important to keep this in mind. Victim relates to the individual who has just survived a traumatic experience, whilst Survivor is about the individual experiencing a crisis and becoming stronger for having done so.

You will be in a position of both helper and victim of the disaster. You are likely to experience the same reactions as those you will supporting. For this reason the concepts of DEBRIEFING and STRESS MANAGEMENT are covered. It is ESSENTIAL for you to see both of these as necessary for yourself and your colleagues.

REMEMBER
Your primary responsibility is to yourself and your family, and then to helping others

NORMAL REACTIONS TO AN ABNORMAL EXPERIENCE

Those who have survived a disaster are normally people generally capable of functioning effectively. They have just been subjected to severe stress and some of their reactions may show as emotional distress. This is usually temporary. It is to be expected and it does not imply mental illness.

Often the most important help is:

- **LISTENING**
- **Providing a "Ready Ear"**
- **Showing interest and concern**

People also need concrete help such as information about available services, how to get their insurance sorted out, where to get money (benefit payments or loans), health care, babysitting, transportation, etc. It is therefore a good idea to equip yourself with some basic information about these services. Such information will be advertised on the radio and through your local newspapers.

Frustrations and Anger are to be expected

For the most part people perform quite capably considering the amount of stress they have endured. However, frustrations may accumulate especially as the victims run into misinformation, red tape and bureaucratic tangle while seeking government help. Even if they are prepared, organisations inevitably have difficulties after a disaster. Normal communication lines are broken; facilities are limited; power, water supplies and roading may be disrupted. These factors impact on their ability to operate and affect the quickness of the Government's response in providing help.

Once people begin to realise that there are limitations on the amounts and kinds of losses covered by insurance etc., they start to become anxious and fearful over finances and feel general frustration about nearly everything. Feelings of helplessness and anger result.

People Respond to Active Interest and Concern

People undergoing great stress and pressure often tend to feel isolated and alone. Their ability to cope may be missing. An interest in their concerns restores a sense of identity and helps prevent much more severe emotional distress. Aim to expect healthy responses based on the principle of "a normal reaction to an abnormal experience".

It is normal that people show distress at this time.

People May Reject Help Because of Pride

Some people are unable to accept, and may even refuse, help for anything that is identified as an emotional or psychological problem. They believe it implies they are crazy or weak and may feel disgraced because help it needed.

Tact and sensitivity are needed in offering assistance to people.

Mixed Messages Are Common

There is nothing more frustration for workers who try to be of assistance than to be met with rejection and hostility. Their feelings are hurt unless they can read between the lines. Ambivalence is a universal human characteristic in which conflicting, even opposing, feelings may be present in an individual at the same time, especially in periods of emotional stress. Mixed messages appear such as:

- "I don't want help but I can't go on like this."
- "I hate you and your red tape but I need your support."
- "I'm depending on you but I can make it on my own."
- "I'm lucky I'm alive but why did this terrible thing happen to me?"

Sometimes those you are helping may unleash some of this anger and frustration on you. If you can recognise that you are not the cause of this explosion and despair it is easier to respond helpfully.

TALKING WITH DISASTER VICTIMS

Allow People to Talk

Everyone's circumstances before the disaster would have been different. Stresses such as:

- Loss of job
- Financial hardship
- Family illness
- Family break-up

Can impact on people's ability to cope **after** the disaster.

Strategies the person has used to deal with past stresses may be helpful now.

Encourage the person to begin to resume a normal routine and activities as soon as possible. At the same time, people should continue to discuss their thoughts and feelings and NOT try to suppress them or "bravely keep it to oneself".

- Encourage the person to use their existing social networks of family, friends and work to talk about their thoughts, feeling and plans.

- Invite the person to talk with you or someone else from your base again if they wish to and if this is possible. Let them know that using assistance in this circumstance is not weak or silly but is indeed a natural and responsible action.

- Accept the person's limitations as real. If s/he expresses excessive humour or cries uncontrollably provide comfort. Don't use phrases such as "Snap out of it", "Pull yourself together" or "It's all in your head". Help the person to re-establish their ability to cope.

- Adoption of coping strategies now will lessen the likelihood of major sever stress reactions occurring later.

Confidentiality and Privacy

Helping someone in need implies a sharing of problems, concerns and anxieties, sometimes with intimate details. This sharing cannot be done without a sense of trust. Confidentiality is important. People should not be discussed elsewhere without their consent (except in general terms with a health professional if you thing that the person will harm her/himself or others).

FAMILIES AND DISASTERS

People are usually surprised by how much a crisis or trauma affects them. It frequently changes the way they think, their values, habits, feelings and behaviour. It influences most aspects of their life.

Usually people do not expect their families to be affected as much as they are, but a major event or crisis in the life of one member always influences the family.

A crisis or trauma can also bring benefits to a family in the form of greater understanding, closeness or a new appreciation of each other. It can help sharpen the focus on what's important in life.

Sometimes a trauma or crisis can bring difficulties or misunderstanding within families. Family members may not understand each other's reactions. They may have to adapt their behaviour to cope with these reactions.

It may not always be clear how the feelings and bodily reactions are connected with what has happened, especially if they occur sometime after the event.

Most families overcome these problems when they begin to understand why they are occurring and accept that it will take time to recover. Some of the most common reactions to trauma and crisis are listed below.

Immediate effects

Some reactions may occur immediately after the crisis has passed and continue for some weeks.

- Adults may be afraid for their partner's/child's safety while away from home.
- Children and adults may have nightmares or develop fears that a fresh crisis will occur to them, or the family member involved.
- Family members may be angry because of the fear and distress they were put through. These feelings may be directed at the family member involved, at each other or at people outside the family.
- Family members may lose trust and confidence in themselves and other people – the world may no longer feel safe, their own welfare may seem uncertain, or everything may seem too difficult to manage.
- Children express their insecurity by naughtiness, bed-wetting, changes in eating and sleeping habits, tearfulness and irritability, or reverting to behaviour they have grown out of.
- Emotional turbulence, anger, guilt, sadness, unpredictable behaviour or unreasonable reactions may occur in any family member.
- Communication may be difficult because family members don't know what to say to each other, or they don't feel like talking.

Medium-term effects

Some families cope well with the crisis and immediate aftermath. Changes which are not obviously related to the crisis may occur some weeks or months after the incident.

- Routine and work patterns, ambition or motivation in the affected member or others in the family may change. Work efficiency and concentration may be reduced.
- Spouses/parents may be short tempered, irritable or intolerant, leading to friction in relationships and misunderstanding between themselves and their children.
- Children or teenagers can be clingy, attention seeking or disobedient – this usually indicates they are anxious or fearful.
- Teenagers may become more rebellious or demanding, or through other behaviour demonstrate a need to have a sense of control over their lives.
- Child or adult family members may be overly concerned to help. They may try hard not to do anything wrong and postpone their own needs to support the affected member.
- Family members' feelings for each other may change by becoming more detached, uninvolved or preoccupied with personal problems as each member tries to cope with their own reactions.
- Partners may experience changes in their sexual relationship.
- Children and teenagers' school performance and concentration may be lowered. They may lose former interests.
- Family members may lose interest in leisure, recreation, sport or social activities.
- Teenagers may turn outside the family for emotional support from peers or other adults.
- Immediate post-crisis responses may persist or sometimes begin to appear for the first time.

It's wise to assume that a major change or problem in family members in the next few years has some relationship to the crisis.

Long-term effects

Sometimes problems become evident for the first time, months or years after the event.

- The memories of the traumatic event may come back for family members involved in another crisis, although it was dealt with at the time.
- Family members, including children, often need to go over the events again when they grow into new stages of maturity and develop a capacity for greater understanding.
- People may find future crises harder to handle, particularly when similar feelings are aroused, even if for different reasons.
- Family members may cover up or cope with difficult feelings until all the fuss is over and things have returned to normal, and only then show their distress.
- Any of the immediate or medium-term effects may occur as delayed reactions or may become habits.
- Problems often appear in the form of everyday frustrations. Retracing the way they have developed and examining connections to the crisis often makes the cause clearer.

These problems are all normal reactions to an abnormal event that has touched the lives of the whole family. It's important not to blame each other. Try to understand how members affect each other. It's part of a changed pattern of family life arising from the crisis.

Helpful things to do

A few simple things will help families recover from crisis.

Keep communicating

Talk about what is happening, how members feel, what they need from each other. This avoids feeling alone, isolated and not understood. Don't leave communication to chance – make opportunities for it to happen.

Share information

Communicate with children, teenagers and toddlers. They know something is going on and a painful reality is easier to deal with than the unknown worry of fear.

Do things together

Ensure time is reserved for recreation, enjoyment and rewarding experiences. Shared pleasure carries a family through many difficulties.

Keep family roles clear

Don't overprotect children or adults.

Don't allow children to take too much responsibility for too long, even if they want to care for a distressed parent. Help members preserve their role and position in the family and support them. Be understanding if a member cannot fulfil their role for a time and talk about how they will resume when they are ready and able.

Be active

Stress factors don't add up, they multiply and make everything feel worse than it is.

Tackle problems, seek help, seek information and don't let small issues build up. Whatever the cause, stress leads to further problems.

Look back

From time to time take stock of how each member has changed since the crisis. Look for the ways the crisis has influenced everyone for better or worse.

Allow expressions of emotions

Suppressing emotions places them outside control and therefore outside recovery.

Support distressed family members and allow them time to find their way through their feelings. They may express distress many times before it diminishes.

Use other people

Keep in contact with support groups, other family, friends, neighbours, and workmates. Make sure the family doesn't become isolated and too involved with itself. Share the experience with those you trust.

Most families have the ability to grow through crisis. But understanding its effects and actively dealing with them is necessary.

When to seek help

There are a number of signs that recovery may not be proceeding in a helpful way:

- Communication in the family is breaking down
- Parents do not understand their children's (or each other's) behaviour
- Things are not improving over time in the family
- There is evidence of deteriorating physical or emotional health in any family member
- Family members are not able to enjoy being together

If you're concerned about yourself, your partner, children or parents, don't hesitate to contact someone trained to assess the situation and advise you. A little early help from a trained person can avoid long-term difficulty and give family members back confidence in themselves and each other.

Brief tips for parenting after a disaster

Be a caring parent

Parents and guardians play a major role in ensuring the safety and well-being of their children. Although you may be under more stress after a natural disaster, it is important to continue caring for your children. Children are strongly affected by your reactions.

Keep your children safe

You must know where your children are and who they are with at all times.

Establish routines

Establishing new routines is especially important when normal ones are disrupted. If you are in a shelter and unable to return home, establish routines such taking a family walk, eating meals together, or reading a bedtime story.

Take a time-out

When you feel overwhelmed, take a time-out. Take a few deep breaths, count to 10, or take a walk alone.

Ask others for help

Ask trusted friends, family members, and other parents for help if you feel overwhelmed.

Helping adolescents

Adolescents involved in crisis and traumatic events may not always show their distress outwardly. As a result, adults may misunderstand their needs or find them unwilling to accept help.

Since the impact on the adolescent is related to their stage of development some important aspects of adolescence need to be considered.

Adolescent development

Adolescents frequently lose the self-assurance they had when younger, but often gain other types of confidence and abilities. Parents, and adolescents themselves, are confused by their inconsistent behaviour.

- They can think rationally, but have unstable emotions and may not apply logical thinking to real situations. They need support and independence to learn this.
- They want to be both close to others and time to be alone as they find new ways of relating to people.

To communicate with adolescents, these contradictions have to be understood. Moodiness, depression and insecurity commonly alternate with excitement, happiness and adventurousness.

The family

Whereas children are dependent on parents and live within the family, adolescents are usually proud that they could survive on their own. School, peers, other adults and social or sporting groups are a large part of their support network. They often don't feel the family is the life support system it was in childhood. Parents may feel sidelined, but their importance is no less than before, just different.

Adolescents usually don't understand these changes although they feel the frustration of them. They need their family to be a trusted home base for their adjustment to painful events, but how much they rely on their family to come to grips with what has happened varies greatly from one person to another.

The peer group

Friends and acquaintances are an essential part of an adolescent's day to day life. Groups may appear to be a distraction, but they give security in coping with emotional problems. A sense of normality is gained by comparing themselves with peers. Adolescents feel abnormal when they are different to their peers, and this threatens their sense of self.

Interest in music, fashion, sport or skateboarding – even if done alone – can give the support of shared experiences of the peer culture.

The peer group often seems to be their life support system. They need to be with peers, just as they previously needed to be with their parents. This is normal, though some adolescents have difficulty getting the right balance between peers and family. Parents who oppose peer influences cause intense conflict and often lose the battle because the adolescent feels the parent's opposition is a threat to their survival.

Parents help best when they share their adolescent with peer groups. Rather than competing with peers' influence, adults need to develop good communication and give the adolescents time to form their own judgments of peers and evaluate the group.

The adolescent's experience

Adolescents are often more involved in doing things than understanding emotions and may lack words to express important feelings. They handle painful events by distracting themselves. They may be immersed in their own feelings and point of view and not recognize adults' reactions. They may feel threatened when adults try to be logical about painful experiences and

not fully understand what's said until later. But their behaviour often shows they have taken notice even when they don't acknowledge it.

It's important to allow time for them to work things out and not demand immediate feedback. Parents' own anxiety may make adolescents confused and guilty or cause them to reject the parent's emotions to protect themselves.

Common responses

These responses are all signs of the stress of coming to terms with crisis or trauma. They are normal and should pass with time:

- Excessive concern for others, guilt, anxiety and insecurity
- Sleeplessness or wanting to sleep all the time
- Withdrawal from family, spending increased time alone listening to music or watching TV
- Wanting to be around the family more than before or more dependent on family or other people
- Sudden need for independence expressing feelings like 'don't treat me like a child' and 'you're only my mother'
- Uncooperative, irritable and only concerned with what is important to them
- Bored, listless and dissatisfied
- Unable to cope with responsibilities or duties, reverting to immature or irresponsible behaviour
- Preoccupation with the trauma, wanting to talk about it all the time – or angrily refusing to talk about it
- More detached from life, the future or interests, and an unwillingness to set goals
- Impatient or intolerant – they want to do everything now
- Pessimism and cynicism, loss of interest in the future
- Changed values and philosophy of life
- Poor concentration, memory, organisation, planning skills and reduced school performance
- Restlessness, always needing to be doing something or be with peers
- Exaggerated emotional reactions to small problems
- Angry, controlling, assertive and demanding
- Exaggeration or return of previous problems

How to help

To help reactions subside, adolescents need the support and understanding of adults. A number of strategies help them achieve this:

- Give them accurate information about the event and its consequences
- Correct any misunderstandings and rumors, but don't burden them with details unnecessary to the overall understanding
- Encourage them to express emotions and put thoughts into words – if not with you, make sure they talk to someone
- Expressing strong emotions is a natural way to come to terms with trauma. As the emotions subside recovery starts
- Suppressed emotions can cause long term problems
- Keep communicating, if they won't talk about emotions, ask the adolescent what they are thinking
- Let them know about your reactions, explain about stress and recovery, even if they don't admit it, they do take in what is said
- Keep telling them you love and care about them no matter what they do or say
- If they object to what you are doing, don't argue, ask them how else you can help

- Reassure them about the future, especially that their current distress will pass in time
- Make plans to reduce pressure at school or in other activities if they are having trouble coping
- Support them to continue their social and recreational activities, to play, explore, laugh, even though the adults themselves may not want to
- Maintain routine and familiar activities, ensure life is secure and predictable; minimise change
- Keep them informed about how their recovery is progressing and what help is available

Don't make this the time to have disputes about normal problems such as work, chores or defiance. Leave this for later or it will be confused with the crisis reactions. The problems usually fade as adolescents recover. If not, the problems will be more successfully worked out later.

Adolescents' striving for independence, seeking help from peers and adults other than their parents, and expressing critical attitudes are all indications of parents' success in giving adolescents the strength and confidence to become adults. This behaviour needs to be valued, and worked with rather than against.

Sometimes, adolescents have a narrower point of view and can accept the trauma in a matter-of-fact way. They may not need their parents as much as parents need them. When this happens parents must continue to be available, but in a different, more detached way and avoid burdening adolescents with their own distress as much as possible.

Trauma also provides adolescents with opportunities for growth and discovery about themselves. With help, adolescents can eventually mature as a result of the experience. They often show strength and resilience that hasn't been evident before.

When to seek assistance

Under some circumstances it is important to seek advice from someone trained to understand crisis, trauma and adolescents.

This should be done when:

- parents are particularly worried or don't understand their adolescent's behaviour
- the adolescent doesn't spend any time at home
- they won't communicate about themselves or what they're doing
- they show continuing distress or depression
- they begin to abuse substances or increase their use
- there's no progress in recovery from the reactions
- they engage in reckless, irresponsible or self destructive behaviour

Early help is most effective and can prevent complications before they become established. If the adolescent doesn't want to come to an appointment, parents can attend and will benefit from the chance to get advice and strategies.

HOW AND WHEN TO REFER TO THE MENTAL HEALTH SERVICE

When to make a Referral

Most people's distress improves with support, information, the passage of time and the opportunity to talk within their usual social networks.

If the person that you are talking with needs a listening ear to relieve their distress then you are likely to be able to help her/him. However, if they seem to need more help that this you may need to recommend that they seek professional help. The Mental Health Service can advise on whether a referral is appropriate or assist in finding another service so that the person's needs are met appropriately.

Remember it is not a sign of failure if you need to recommend to a person that they seek further help.

Suggesting this will require tact and sensitivity.

Seeking Advice about Referring

You can seek advice about whether to suggest referral by telephoning Hawke's Bay District Health Board Mental Health Services:

Telephone: 8788109
Address: Hawke's Bay Hospital
Omahu Road
Hastings

How to Make a Referral

- Have the person's consent. If s/he does not consent and you are worried about him/her, talk to the Mental Health Service staff about the situation in general terms and seek suggestions on how to persuade the person to agree to a referral.
- For **adults** telephone Adult Mental Health Service HB Hospital (telephone 8788109).
- If you believe the person needs to be seen within 48 hours ask for the Acute Team Co-ordinator.
- For **children and adolescents** telephone the Child, Adolescent and Family Service, and ask for the Intake Worker (telephone 8788109).

DEBRIEFING

No One Involved in a Disaster is untouched by it

Remember you are both a disaster victim and a support person for other people after the event. It is important that you:

- Discuss your own feelings.
- Discuss how you are coping with this double role of disaster victim and supporter of others.

This can be done in debriefing/supervisions sessions with a group of supportive co-workers.

Ideally a trained facilitator (a debriefer) should attend the debriefing sessions. These sessions should provide:

- A chance for workers to talk about their experiences with each other
- Educational information about the effects of disasters
- Specific stress management techniques

Where Can You Find A Debriefer?

Contact the Call Centre at Hawke's Bay Hospital (telephone 8788109) or EAP Services.

HOW TO RECOGNISE YOUR STRESS

Stress is the substantial imbalance between demands and the ability of the individual to cope.

What Is Likely To Cause Post-Disaster Stress?

- Personal loss or injury
- Contact with other victims. You may know the victim or family members
- Strong identification with the victims
- Pressures:
  - Workload
  - Time pressure
  - Responsibility overload
- Physical work environment
- Role conflict: Responsibility to home and family versus work
- Enormity of the task

How Will You Be Affected By Stress?

Before you can manage stress you need to be able to identify how it affects you.

1. PHYSICAL: You may experience physical symptoms associated with stress such as:

- Physical exhaustion and fatigue
- Stomach and digestion problems, e.g. indigestion
- Loss of energy
- Tremors
- Headaches
- Heart palpitations
- Minor physical complaints

Physical symptoms are almost always the first to manifest themselves so they are a good measure of your stress level.

2. THINKING: Your usual thinking ability may be affected. Symptoms here include:

- Confusion
- Inability to make usual judgements and decisions
- Inability to set priorities

3. BEHAVIOURAL: You may become tired of the disaster and prefer not to talk about it. You may become tired of continual interaction with those you are working with and may want to isolate yourself in your time off. You may also experience:

- Change in eating pattern (loss of appetite, compulsive eating)
- Change in sleeping pattern (difficulty getting to sleep and/or staying asleep)
- Restlessness
- Agitation
- Nervousness
- Apathy
- Withdrawal
- Increased smoking and alcohol intake

4. PSYCHOLOGICAL: You may miss your family and close friends and feel frustrated because you wish you were able to be more available to them. You may also experience:

- Depression
- Irritability
- Anxiety
- Anger
- Guilt
- Over-excitement

MANAGING STRESS

Working in the post-disaster setting is a unique, demanding, and yet rewarding experience. Experiencing stress is normal and to be expected at this time.

The following points should help you to manage this stress.

- **Keep to a good diet.** Working in a stressful environment places extra demands on the body. This increases the importance of eating good, healthy food at regular intervals. You can supplement your diet by taking vitamin and mineral pills to ensure that your body is getting the nutrients it needs.

- **Get enough sleep.**

- **Work reasonable hours and take breaks.** (Otherwise you are likely to find yourself making mistakes or unable to concentrate).

- **Try to get regular exercise.** This should be appropriate to your level of fitness. Generally speaking, a good guide is to do some activity three times a week to the point of raising a sweat and getting slightly out of breath.

- **Take time for your interests and activities.** Do things that help you relax at home such as listening to music, reading a good book, taking a hot bath, or joining in activities with others.

- **Spend some time talking with your co-workers.** This needs to be about other things than the disaster and your work (e.g. home, friend, family and interests).

- **Humour and "a good laugh" can help ease the tension.** However, use it carefully as people around you can't take things personally, resulting in hurt feelings.

- **Avoid excessive use of alcohol and coffee.** Caffeine in coffee is a stimulant and affects the nervous system, making you nervous and edgy.

- **Share stories and feelings with your family and friends.** Talking about how the disaster has affected you and listening to others do the same will help prevent the build up of stress.

- **Don't criticise yourself for not meeting everyone's needs.** Realistic thinking about what one can achieve is a sign of good stress management.

- **Live one day at a time.** Set yourself realistic daily tasks to enable you to get on with the present.

ASK FOR HELP if you fell out of your depth or very stressed at work. Disasters are a new situation for most people. Don't pressure yourself to have all the answers to be able to cope with any amount of work.

SUMMARY POINTS

Remember:

1. After a disaster people need both practical help (e.g. shelter, food and clothing) and emotional support.

2. It is normal to feel stressed by a disaster.

3. Most people's stress improves with support, information, the passage of time and the opportunity to talk within their usual social networks.

4. Only a small percentage of people will develop disorders or illnesses requiring specialised treatment. These people should be referred to appropriate services.

APPENDIX 9

INFORMATION LEAFLETS

Were There Any Other Stresses Going On In Your Life Before This Disaster?

If this is the case you may find it more difficult to cope. For example, if you:

- Have had bad experiences in previous disasters
- Feel that people around you are not supportive
- Have experienced a severe loss
- Have other crises happening in your life at the same time, e.g. job loss, financial problems, etc
- Are ill or have a disability
- Have strong feelings of guilt or anger

It is also likely to be more difficult if, during or after the disaster, you:

- Experience a severe loss
- Have frightened children and are trying to keep a brave face yourself
- Remain very anxious

If for any reason you feel you may need some extra help as a result of this disaster contact one of the agencies listed on the back page of this leaflet

Where to Get Help

The following people can help you cope with any problems or distresses you are experiencing. They can provide advice, support and counselling or they can tell you where this is available.

- Your local community centre workers
- Ministers of religion
- Your GP (doctor)
- Public Health Nurses
- Social Workers from the District Health Board
- Church social services
- Pacific Island resource centre
- Your local marae
- Mental Health staff from the District Health Board

Practical Help

For insurance and financial assistance listen to your radio for details, look in your local newspaper or contact the nearest WINZ office

KIA KAHA
KOUTOU KATOA

COPING WITH DISASTER

HAWKE'S BAY
District Health Board
Whakawāteatia

You Have Recently Lived Through A Disaster.

This is a stressful and distressing event for everyone – those who are injured, their relative and friends, relief workers and the community as a whole.

If you are feeling:

- Shocked, in a daze
- Numb
- Angry and resentful
- Panicky
- Sad, miserable, hopeless
- Afraid
- Anxious, restless, tired
- Distant (withdrawn) from others

This Is Normal!

Others Around You Will Be Feeling The Same Way.

It Is Also Normal At This Time To:

- Experience physical problems, e.g. headaches, shortness of breath, nausea, vomiting or diarrhoea
- Lack concentration and be forgetful
- Have difficulty sleeping or eating
- Be unable to stop thinking about the disaster or keep thinking that another disaster will happen soon

People Around You Will Probably Be Experiencing These Problems Too.

It is helpful to talk with others about the disaster and how it has affected you.

LATER, things will look and feel a lot better. You will feel more accepting of the situation, feel relieved and feel in control again.

What Can Help You Deal With These Feelings And Reactions?

Here are some ideas to help you get through this difficult time. These have helped people who have been through other disasters. Also, talk to the people around you to see what they are doing to get other ideas:

DO:

- Get enough sleep
- Have regular meals
- Work reasonable hours
- Let yourself express your feelings
- Talk about the disaster and how it has affected you
- Keep in touch with you family, whanau and friends – they can be a good source of support
- Go at your own pace, live one day at a time
- set yourself daily tasks so that you can achieve things and not be overwhelmed by the future
- Take breaks
- Take time to relax and care for yourself
- Remind yourself that it is normal to feel the reactions listed in this leaflet, i.e. it is natural to feel distressed and stressed at times.

Be Easy On Yourself and Others

DON'T:

- Make hasty decisions without talking it over with someone first, especially major ones
- Overuse alcohol or drugs

a bedtime story.

- **Take a time-out:** When you feel overwhelmed, take a time-out. Take a few deep breaths, count to 10, or take a walk alone.
- **Ask others for help:** Ask trusted friends, family members, and other parents for help if you feel overwhelmed.
- **When to seek help:** The best gift you can offer children is understanding. Don't hesitate to seek advice if you do not understand any aspect of your child's behaviour or if you have any concerns. A little help early can save a lot of heartache.

Looking After Yourself

Don't forget that to have a loved one, friend or colleague go through a trauma can be very stressful for you as well. You may find that you have:

- Strong reactions of anger that it happened, sadness for them, fear for yourself
- Changes in how you see life and the world
- Nightmares or general moodiness.

Often the best thing may be to seek support from others for yourself so you can be more available to your loved one for the time it takes them to get over it.

Seeking Further Help

Most of the time you will be able to help friends and families through this experience.

But sometimes the person who has had the trauma may not be willing to seek help for a time or you may not feel that you are able to provide the help that is needed. In this case it may be beneficial for those close to them to seek professional advice and this often helps them take the step themselves.

If you feel you need further advice or support ACT NOW contact your local health provider for information.

When Someone You Know Has Been Through A Traumatic Experience

HAWKE'S BAY
District Health Board
Whakawāteatia

The Effects of Trauma

A traumatic experience can temporarily shatter basic assumptions about life or other people such as trust, safety, and predictability. The feelings caused may be so intense that unlike normal distress, they do not fade with time, but either continue the same or get worse after a while.

- People affected by trauma may feel fear even when it is quite safe.
- They may be constantly on edge and not respond to normal reassurance or opportunities to relax.
- Their tiredness may continue on for much longer than seems reasonable.
- They may have periods of appearing numb or detached and not wanting contact. This may be followed later by over-excited behaviour and a need to cling to family or familiar things.
- They may feel they failed or did the wrong thing at the time (even if this isn't true).
- Usually they remember a combination of very intense fragments of the event that don't go away, combined with important gaps that make them feel uncertain about what really happened.

Helping Someone Who Has Been Through Trauma

- **Spend time with the stressed person**, without judging or demanding. Their recovery will occur in its own time.
- **Offer support and a listening ear.** Talking is one of the best things they can do to work things out – but they may need to go over things many more times than you expect. Try to be interested in what they want to say – avoid giving advice or trying to solve the problems. The talking itself is important and helps to make it fade. Remember though, this is likely to happen at their pace, not yours.
- **Help with practical tasks and chores** as this enables more of their energy and time to be given to the recovery process.
- **Give them time, space and patience** – don't take it personally if at times they are irritable, bad tempered or want to be alone. These are a natural part of the stress response and will pass as they recover.
- **Don't try to talk them out of their reactions,** minimise the event or say things like 'you're lucky it wasn't worse,' or 'pull yourself together,' or try to get them to look on the bright side. Stressed people need to concentrate on themselves at first – they'll feel supported if you let them know you are concerned, want to help and are trying to understand. They'll see your viewpoint as they recover.

Brief Tips for Parents

- **Be a caring parent:** Parents and guardians play a major role in ensuring the safety and well-being of their children. Although you may be under more stress after a natural disaster, it is important to continue caring for your children. Children are strongly affected by your reactions.
- **Keep your children safe:** You must know where your children are and who they are with at all time.

Establish routines: Establishing new routines is especially important when normal ones are disrupted. If you are in a shelter and unable to return home, establish routines such taking a family walk, eating meals together, or reading

- Help children draw about the disaster

Examples of play: Children can use paints, crayons, clay, dolls, building blocks and draw or describe the disaster.

Bedtime

- Allow children to share a room together with other children or on a mattress in your room
- Spend some extra time with children before they go to sleep
- If sleeping problems continue or if fears become worse you could seek advice from the Child, Adolescent and Family Service (CAFS) – the address is on the next page

Childish Behaviour Problems?

Show your acceptance of the child's regressive behaviour as this will reassure him/her. Try not to overreact as this may make it worse.

Children respond to praise so focus on this rather than their immature behaviour

DON'T (TRY NOT TO)

- Ignore the child's emotions and fears. Instead talk about them as suggested above.
- Separate the family group. Being with familiar people provides immediate reassurance to children. If left alone, even in a safe place, they will feel scared and nervous.

Seeking Further Help?

Most of the time you will be able to help children overcome their fears and anxieties yourself.

However, it is not a sign of failure if you find you are unable to do this. (People who are caring for children sometimes feel guilty about the children having problems).

If you feel you need further advice or support ACT NOW.

CONTACT:
Hawke's Bay Child, Adolescent and Family Service

Telephone: 06 878 8109
Address: Hawke's Bay Hospital
Omahu Road, Hastings

Helping Children Cope With Disaster

HAWKE'S BAY
District Health Board
Whakawāteatia

Understanding Children

Children experience the disaster as a traumatic and frightening event.

The first step in helping children is to understand the kinds of fear and anxiety they experience.

Children are used to regular patterns in their lives without these children can be left feeling anxious with a number of fears.

Children base these regular patterns on PREDICTABLE EVENTS and FAMILIAR SURROUNDINGS

For example:

- The presence of parents
- Waking in the morning in their own beds
- Going to school and meeting the same teacher and classmates

Disasters Disrupt These!

What Are Children Afraid Of After A Disaster?

- Being left alone
- Another disaster happening
- Injury or death
- Being separated from their families
- Leaving home to go to school

How Do Children React?

Children may:

- Have difficulty falling asleep
- Have nightmares
- Be fearful of going to school or leaving home
- Be generally fearful or avoid certain situations e.g. being afraid of the dark
- Be afraid of (imaginary) monsters
- Behave in a way they have outgrown e.g. wetting the bed, clinging to you, thumb sucking (this is a way children express their anxiety)

School

If children say they don't want to go back to school be firm and let them know that you DO expect them to go to school. You could ask the teacher or school counsellor for help here.

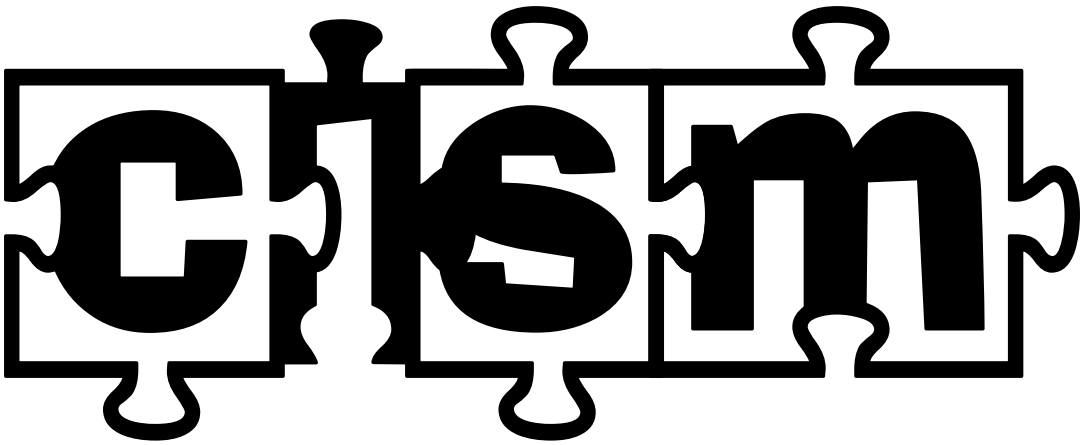
What Can You Do To Help The Children You Care For?

- **ENCOURAGE** children to talk about the disaster by explaining what happened and describing your own feelings
- **LISTEN** to what children say about their fears and feelings. You should say "I know you are afraid" and "it is a scary feeling"
- **EXPLAIN** the difference between fantasy and reality to younger children who may express fears of monster, etc
- Give **REASSURANCE**, e.g. you could say "We are all together and nothing has happened to us" or "You don't have to worry, we will look after you"

PLAY is a natural way for children to express their feelings.

- **ENCOURAGE CHILDREN TO PLAY** by playing with them yourself
- **ALLOW** children plenty of time to play out their fears

Critical Incident Stress Management



Coping with the Effects of

Critical Incident Stress

Have you been involved in a recent incident or a series of incidents? Your experience will be a personal one. This pamphlet will help you to know how others have reacted to similar situations. It also explains what's provided by the Hawkes Bay District Health Board to help you.

HAWKE'S BAY
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REACTIONS TO STRESS

These are normal feelings and reactions that can occur in response to stress

Helplessness
- Feeling powerless as events are beyond one's control

Sadness
- For deaths, injuries and losses of every kind

Anger
- At all that has happened, at whoever caused it or allowed it to happen
- At the injustice and senselessness of it all
- At the shame and indignities
- At the proper lack of understanding by others
- Why me?

Fear
- Of "breaking down" or "losing control"
- Of a similar event happening again
- Of injury to yourself or those you love
- Of being left alone or having to leave loved ones

Guilt
- For being better off than others
- Regret for things not done

Shame
- For being exposed as helpless, emotional and needing others
- For not having reacted as one would have wished

Memories
- Of feelings of loss or love for other people in your life who have been injured or died

Mixed Feelings
- Disappointments, alternating with hopes for the future, for better times

Family and Social Relationships
- Strains in personal or work relationships may appear

Longing
- For all that has gone

COMMON SYMPTOMS OF STRESS

People may feel unusual or distressing bodily and/or psychological sensations as a result of a critical incident in which they have been involved

Common sensations include:

Mood swings
Tiredness
Sleeplessness
Flashbacks
Depression
Choking in the throat
Difficulty breathing
Chest pain
Diarrhoea
Menstrual changes
Change in sexual interest
Headaches

Irritability
Bad dreams
Being quite jumpy
Fuzziness of the mind
Loss of memory
Dizziness
Neck and back aches
Palpitations
Shakes
Appetite disturbances
Nausea
Muscular tension

CRITICAL INCIDENT STRESS MANAGEMENT

What is available within Hawkes Bay District Health Board?

Critical incident stress is the body and mind's reaction to an abnormal or unusual incident. It is a normal reaction to an abnormal event. Stress can occur after a specific incident or it can accumulate over time.

Reducing the effect: Your reaction to a critical incident is normal, though painful. You may not be able to avoid experiencing these feelings, but there are things you can do to reduce their effect.

- Alternate periods of strenuous exercise with relaxation
- Structure your time – keep busy
- Keep your life as normal as possible
- Make as many daily decisions as possible – this will give you a feeling of control over your life
- Don't make any big life changes. Your judgement, at the moment, may be impaired
- Spend time out with others but also allow yourself time out to rest, sleep and think
- Do things that feel go to you, you deserve it
- Realise that those around you are under stress also
- Don't overuse drugs and alcohol
- Ask for help if you need it, remember people do care

Hawkes Bay District Health Board recognises the importance of resolving critical incident stress as soon as possible after an incident. Two useful services are available for staff – **DEFUSING** and **DEBRIEFING**.

DEFUSING

Defusing is First Aid for stressful incidents

Defusing provides an informal opportunity to talk over the incident, and express thoughts and feelings so people can feel more at ease to either go home, or return to duty. A trained peer supporter helps with this.

DEBRIEFING

This is a much more structured group meeting which occurs within 7 days of an incident. It encourages people to express their feelings and discuss reactions to the event and learn about coping strategies. It is not an operational debrief

Who attends the Debriefing?

- Only those staff who have been involved in the incident. Personnel from other emergency and support services may be included.
- Appropriately trained staff will conduct the debriefing.
- Defusings and debriefings are confidential.

CONTACT FOR DEFUSING, DEBRIEFING AND ONE TO ONE SUPPORT

All peer supporters and debriefers:

A list of peer supporters, debriefers is held by the Emergency Management Service. To access this system any member of staff may contact the call centre or a member of the co-ordinating committee direct.

Co-ordinating Staff

Sandra Bee	027 245 3692
Nikki Prendeville	027 224 1582

Employee Assistance Programme

To make an appointment to see a professional the employee should ring EAP Services Limited on – **0800 327 669**

REMEMBER