

# Psychosocial support: a framework for emergencies







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Authorised and published by the Victorian Government,  
1 Treasury Place, Melbourne.

ISBN 978-0-7311-6710-4 (Print)

ISBN 978-0-7311-6711-1 (pdf)

Print managed by Finsbury Green.

December 2014 [3711112].

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## Introduction

The work of emergency relief and recovery agencies and non-government organisations in providing psychosocial support is challenging, complex and rewarding.

Emergencies can impact an individual's psychological and social wellbeing. Impacts can be mild or severe; short term or long lasting; and will change over time. For some people, impacts may not become evident until several years after the emergency event. Evidence shows that between 5-40 per cent of people involved in an emergency are at risk of sustaining severe and protracted psychological injury. The social fabric of communities can also be impacted by emergencies. Early intervention is essential to mitigate and reduce the likelihood of more serious and long-term damage to an individual's wellbeing.

Psychosocial support can ease the emotional, spiritual, cultural, psychological and social impacts of an emergency as individuals and communities return to an effective level of functioning.

Psychosocial support can range from personal support, psychological first aid, emotional and spiritual care, outreach, case support and case management, counselling, mental health services to community information sessions and community engagement. It recognises the diverse needs of affected individuals and communities. As highlighted in the *National Strategy for Disaster Resilience*, emergencies do not impact everyone in the same way and vulnerable community members are often the hardest hit.<sup>1</sup>

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<sup>1</sup> Council of Australian Governments (2011), *National strategy for disaster resilience*, Attorney-General's Department, ACT

# Background

## State governance arrangements

The State Emergency Relief and Recovery Plan (Part 4 *Emergency Management Manual Victoria*<sup>2</sup> (EMMV)) details the responsibilities and arrangements for individuals, communities and agencies supporting relief and recovery from emergencies in Victoria.

Relief is providing for the essential needs of individuals and communities during and in the immediate aftermath of an emergency. Recovery is assisting individuals and communities affected by emergencies to achieve an effective level of functioning.

Relief is the first stage of recovery and must be seamlessly integrated with all other early recovery activities. Relief and recovery require collaboration and coordination that is shared between individuals and communities, non-government organisations, businesses and government agencies.

Relief and recovery begin when an emergency occurs and many response, relief and recovery activities are undertaken concurrently.

The Department of Human Services is responsible for coordinating relief and social recovery. The department fulfils this role by providing immediate relief and recovery activities to restore individual, family and community relationships and wellbeing. The department works in partnership with other Victorian government agencies and non-government organisations to ensure there is a whole-of-government approach to psychosocial support. The provision of psychosocial support is an integral part of relief and social recovery.

## ***After the bushfires: Victoria's psychosocial recovery framework 2009***

Following the February 2009 bushfires, which had a devastating impact on many Victorian individuals and communities, the Victorian Government released *After the bushfires: Victoria's psychosocial recovery framework*. The framework was developed for planners and providers of 2009 bushfire recovery services. It offered advice on the principles and considerations that should underpin a psychosocial recovery process and outlined the government investments that supported the 2009 bushfire psychosocial recovery.

## ***Psychosocial support: a framework for emergencies 2014***

*Psychosocial support: a framework for emergencies* expands on the *After the bushfires: Victoria's psychosocial recovery framework* so that it is relevant to any emergency, both natural and human-caused.

The framework:

- offers advice on the principles and considerations that should underpin psychosocial support offered to impacted individuals and communities during and following any emergency
- identifies the impact of emergencies on people's psychological and social wellbeing and discusses how to plan psychosocial support

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<sup>2</sup> [Emergency Management Victoria \(2014\) State Emergency Relief and Recovery Plan \(Part 4 \*Emergency Management Manual Victoria\*\) Melbourne Victoria](#)



- describes the importance of targeting services so that they meet the needs of children and young people, older people, men and women, people with a disability, people with a pre-existing mental health issue, and the bereaved
- encourages agencies and non-government organisations, who are delivering community recovery, to be aware of two key elements:
  - support for individuals and families including personal support, psychological first aid, emotional spiritual care, outreach, case support, counselling and mental health services
  - a focus on communities including community information sessions and community engagement.
- promotes monitoring and evaluation as critical in ensuring that the investments and interventions put in place for individuals and communities continue to assist them in their psychosocial recovery.

# The impact of emergencies on psychological and social wellbeing

The impact of exposure to emergency events on an individual's emotional and social wellbeing or mental health can be mild or severe; short term or long lasting.<sup>3</sup> Responses will change over time. There is consistent evidence that between 5-40 per cent of people involved in an emergency event are at risk of sustaining severe and protracted psychological injury.

## During an emergency

During an emergency people may experience complex emotional, spiritual, social and physical impacts. Some of these are injuries to biological, mental and social aspects of the person's personality and they require early stabilisation and support, just as physical injuries do. In the immediate aftermath of an emergency, people are vulnerable and there is potential for insensitive and uninformed management to seriously aggravate existing psychosocial injuries or cause additional harm. Psychosocial support is designed to prevent this. Many reactions to an emergency are a normal response to distress and trauma and will subside with time; however, some people will need short-term or long-term support. People affected by an emergency have strengths, assets and resources that support their wellbeing and it is important to build on these to support self-help.

## Early recovery

In the days following an emergency people may have difficulty with planning, decision making, setting priorities or anticipating their future needs. They may feel numb, shocked, disoriented, confused or uncertain about the future, or they may lose touch with their needs in the intense activity demanded by the aftermath. Emotional reactions may be postponed or displaced onto seemingly unimportant things. People may have significant difficulty thinking and remembering.

People may have difficulty identifying and connecting with their emotional reactions, so care must be taken to ensure they are not inadvertently pressured into dealing with emotional needs before they are ready or able. Greater emphasis is often given to meeting immediate physical and material needs, at the expense of self-care and long-term planning. There can be considerable strain placed on families as a result of the range of emotions and reactions experienced after an emergency. Routines and lifestyle are often disrupted with the loss of family roles and responsibilities and this can have serious long-term consequences.

## Medium-term recovery

In the weeks and months after an emergency, people may go through a wide range of emotions including distress, fear, grief, sadness, anger, uncertainty and insecurity about the future. There can also be strong feelings of altruism, togetherness and concern. It is a time of intense, changing emotions.

People may react strongly to political or other community events. There can be a tendency for emotions to be expressed via practical problems or other events in their lives, including blaming those providing services for things over which they have no control.

<sup>3</sup> Gordon, R (2009), *The human face of disaster recovery – Information for the human service workers in disasters*  
DHS Training

People are often overloaded or in a state of constant stress for many months in the recovery period. Health may deteriorate, accidents increase and relationships become tense. Often these problems develop slowly without those concerned noticing because of their preoccupation with more pressing events. The family unit may experience considerable burden during this time as different members respond in their own way to recovery.

The inequality of the effects of an emergency can lead to community tensions, jealousy, rivalry and changes in friendship networks. Misunderstanding and confusion are common, together with doubt and scepticism about who and what can be trusted and accepted. Gender and age differences can be magnified in the aftermath of emergency events. Stereotyped roles and reactions may become hindrances to an individual's recovery.

### **Long-term recovery**

For some people, the effects of an emergency only become obvious after a year or more. These effects can include economic hardship; the effects of living under stress for a long period; poor health; depression; relationship problems; developmental, academic and behavioural problems in children; loss of leisure and recreation; loss of friendship networks; loss of a sense of direction in life; and continuing disturbing memories of the emergency.

Emergencies challenge the resources and resilience of individuals and communities. Pre-existing life situations, and stressors arising after the event but unrelated to the event, may hinder people's ability to move through their recovery.

People may feel isolated from friends and family because ongoing consequences of the emergency are not understood. People who find their recovery taking longer than others may feel that their pre-existing networks are no longer a safe place to speak of their struggle. Instead of being supportive, some relationships may become a source of rejection and further loss. The community may have also undergone changes and no longer feels the same, which can lead to feelings of further isolation.

Many aspects of social, marital and family life that may have been postponed because of other demands in the early recovery period may now come to the fore, often in the form of psychosocial crises that disrupt or prevent recovery.

Conversely, people who are well supported and able to plan and manage their recovery with a view to their whole situation, report gaining new or increased wisdom or understanding, positive shifts in priorities for their lifestyle and value system, and new or strengthened coping skills.

## Planning psychosocial support

Planning to meet the impact of an emergency on psychological and social wellbeing needs to be flexible, dynamic, responsive and adaptive as the needs of individuals and communities will evolve over time.

### The importance of consultation

Emergencies disrupt the fabric of normal life and require multiple forms of assistance. Everything that is done in response to an emergency has a psychosocial implication during recovery. It is important that emergency responders understand this and have access to consultation on the psychosocial implications of their actions.

### A multifaceted approach

Many people affected by an emergency will require government services. Often these people will have no experience of accessing services and they may need encouragement to participate in the recovery process. Their understanding of themselves, which has serviced them in normal life, is likely to lack detailed understanding of reactions and needs related to highly unusual and disturbing events. They often require information, education and assistance to understand and respond appropriately to their needs. Psychosocial support can stretch over a range of psychosocial needs, including assisting people to understand and navigate unfamiliar systems and services. Services need to be presented in a way that is consistent with communal values of independence, resilience and self-sufficiency.

Psychosocial support is influenced by more than just the availability of psychological supports or mental health services. Our knowledge of the social determinants of mental health – of the impact of poverty, isolation and unemployment on psychological distress – reinforces the interdependence of social and psychological factors on wellbeing. Recovery from extreme experiences is facilitated when the resilience of affected people is recognised and information is provided about the impacts, effects and normal responses to emergency experiences; indicators of and strategies for managing stress; the importance of using existing support networks; and how and when to access other services for additional support.

To promote psychosocial recovery, people need opportunities to reconnect with their community, they need to have their material and practical needs met, and they need to be able to go about the process of rebuilding homes and communities.

Each person working with or coming into contact with people affected by an emergency, regardless of their role, can influence the wellbeing of others and contribute to their recovery. Understanding the changes likely to occur in individuals and communities during the recovery period will enable them to interact in ways that help. The wider community, as well as the psychosocial service system, needs to play its part in aiding the recovery of those who have been affected.

## Early intervention

The importance of early intervention cannot be overstated. Planning for and providing supports during an emergency and in early recovery can reduce the likelihood of more serious and long-term damage to people's psychological and social wellbeing.

Everyone involved in responding to an emergency can have a positive impact on people's emotional and physical recovery. Emergency responders can do this by ensuring people feel safe, helping people to help themselves, keeping families and groups together, being calm and hopeful, preserving privacy and dignity, and facilitating early access to physical and emotional support.

The months following an emergency are a critical time for providing information on health, trauma and access to services and for equipping service providers to meet the needs of individuals and communities – especially given the increased demand for a range of support services. Deploying personal support workers, who are trained in providing psychological first aid and able to focus on supporting the needs of the affected people, at the earliest possible time in an emergency event will support the recovery of individuals and communities.

## Relief and recovery principles

The State Emergency Relief and Recovery Plan (Part 4 EMMV) states the principles of relief and recovery, which are to:

- empower and engage individuals and communities to promote self-sufficiency and, where possible, meet their own relief and recovery needs
- be coordinated and collaborative, jointly owned by affected individuals and communities – as well as the non-government organisations, businesses and government agencies that support them
- be adaptive and scalable, recognising the unique, complex and dynamic nature of emergencies and communities
- focus on consequence management, where everyone involved appreciates the potential consequence of their decisions and actions
- be able to support the delivery of concurrent community, local, regional and state response, relief and recovery activities.

All agencies must incorporate these principles into their service planning and delivery to support a smooth transition between emergency response and mainstream service delivery.

## Providing psychosocial supports

### What support services are needed?

Individuals and communities affected by an emergency will benefit from care, respect, practical advice and emotional support.

For the individual, early assessment of the immediate impact of the emergency and referral to support services are essential to empowering them to guide their own recovery.

The distress people feel in the short term after an emergency is often alleviated through the support of family, friends and the community. For many people, this support will set them on the path to effective recovery and they may never seek further formal psychosocial support. Providing continuing networking opportunities for information and education about psychosocial support empowers these people to undertake their own recovery.

Others, however, will need some formal or professional support. For many of these people it will be the first time they use publicly funded services.

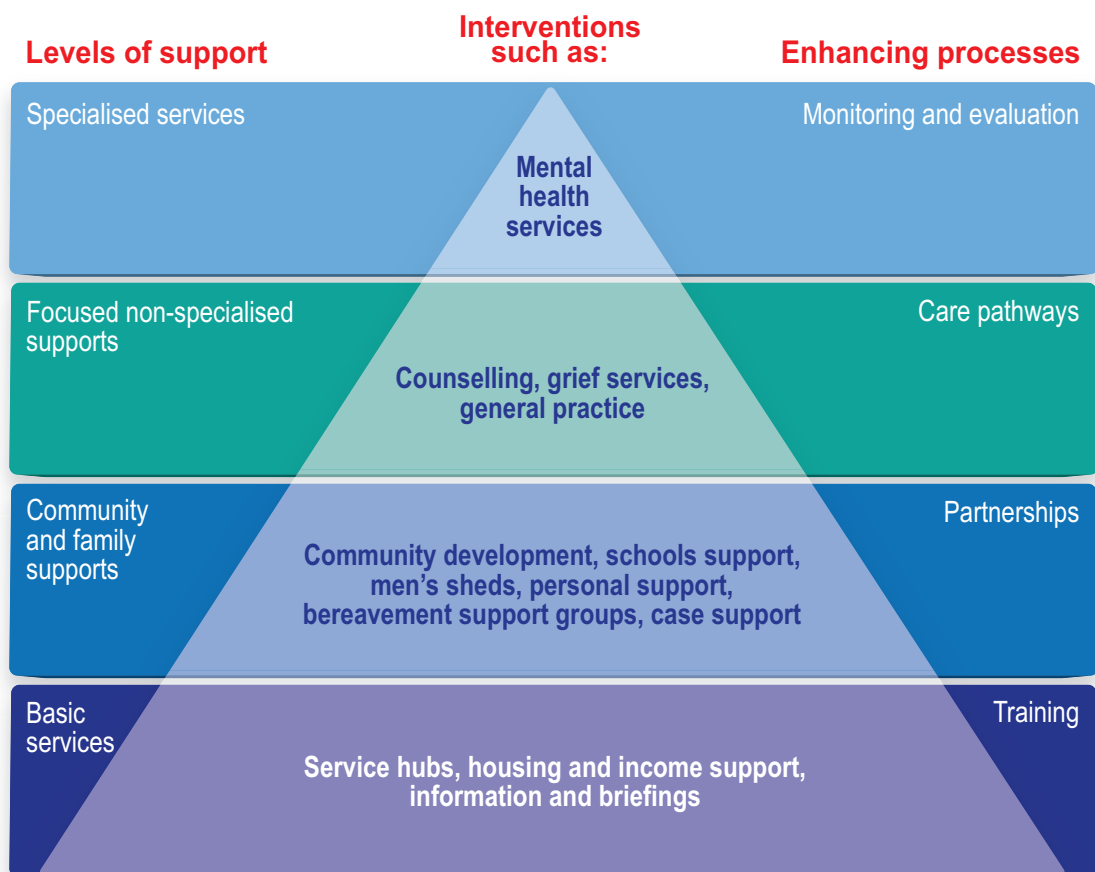
A small proportion of adults and children will experience more severe or extended impacts such as post-traumatic stress disorder (PTSD), severe anxiety or depression brought on by their experience and the high demands and protracted stresses of the recovery period. This impact may set in shortly after the event – within the first few months – or it may not become evident until several years later. The likelihood of developing PTSD reduces with the provision of timely psychosocial support.

Mobilising the existing psychosocial service system to address the emotional and psychological needs of affected communities in relief and recovery centres is a critical step in the psychosocial support process.

### Supporting individual and community recovery

In emergencies, individuals and communities are affected in different ways and require different kinds of supports. A key to organising psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. The pyramid in Figure 1, adapted from the Inter-agency Standing Committee of the United Nations, illustrates that the psychosocial effort is built on ensuring access to basic services and rebuilding community and individual support structures.

Figure 1: Intervention pyramid for psychosocial support<sup>4</sup>



Emergencies start a process that everyone involved in the recovery program must understand in order to be effective. Community recovery is the basis for individual recovery and is focused on two key elements:

- support for individuals and families
- a focus on communities.

<sup>4</sup> Inter-Agency Standing Committee (2007) *IASC guidelines on mental health and psychosocial support in emergency settings*, [http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)

## Support for individuals and families

### *Personal support*

Personal support is provided to people affected by an emergency during relief operations. It can include the provision of information, practical assistance, emotional support, assessment of immediate needs and referral to other support agencies and services.

### *Psychological first aid*

Psychological first aid helps people affected by an emergency to overcome the immediate impact, feel safe, connected to others, able to help themselves and able to access physical, emotional and social support.<sup>5</sup> It promotes natural recovery through the identification of immediate needs as well as strengths and abilities to meet these needs. People trained in psychological first aid can be deployed at short notice to relief centres or incident sites where it is safe to do so.

### *Emotional spiritual care*

Emotional spiritual care recognises that emergency events can challenge a person's sense of value, meaning and worth<sup>6</sup>. Emotional spiritual care seeks to provide a safe space for affected people to give voice to, and struggle with, these deep questions. Unmet emotional spiritual needs can impact the wellbeing of affected people.

### *Outreach*

Outreach involves visiting people affected by the emergency in their homes to provide information.

### *Case support*

Case support assists people to access services and entitlements.

### *Case management*

Case management is a temporary service that helps individuals and communities to recover by 'topping up' the existing service system, which is often not able to meet such a sudden and significant surge in demand.

### *Counselling*

Counselling assists people with emotional and social problems arising from emergencies.

<sup>5</sup> Australian Red Cross & Australian Psychological Society (2013), *Psychological first aid: an Australian guide to supporting people affected by disaster* ([www.redcross.org.au/files/Psychological\\_First\\_Aid\\_An\\_Australian\\_Guide.pdf](http://www.redcross.org.au/files/Psychological_First_Aid_An_Australian_Guide.pdf))

<sup>6</sup> Pearce MJ, Coan AD, Herndon JE 2nd, Koenig HG, Abernethy AP (2012) *Unmet spiritual care needs impact emotional and spiritual well-being in advanced cancer patients*, *Supportive care cancer* ([www.ncbi.nlm.nih.gov/pubmed/22124529](http://www.ncbi.nlm.nih.gov/pubmed/22124529))



### *Mental health services*

Research suggests that between five and 20 per cent of people psychologically affected by a natural emergency could be expected to need help from a specialist mental health service at some stage; however for an emergency caused by humans (for example, terrorism) this can increase to 40 per cent and above when higher rates of death and injury occur<sup>7</sup>.

## **Support for communities**

### *Community information sessions*

Community information sessions provide current advice about the emergency and common reactions to an emergency. Over time the sessions will be more targeted to the specific needs of the community.

### *Community engagement*

Community engagement aims to repair and enhance social networks, promote community cohesion and respond to the inevitable conflicts that arise during the recovery period.

## **Targeting psychosocial support**

Agencies must consider how they will best engage with vulnerable people found after an emergency. These people may include children and young people, older people, men and women, people with a disability, people with a pre-existing mental health issue, and the bereaved. The psychosocial response for these groups should not be separate from the broader community and may require a range of strategies.

### *Children and young people*

Children and young people have distinct vulnerabilities in emergencies and require targeted and specialised interventions to provide the best opportunity to achieve successful recovery.

The stresses and demands on parents can prevent them from adequately focusing on their children's needs. Parents may benefit from assistance with activities to free attention and energy for their family.

Family and community support is critical in helping children and young people overcome the impact of their experiences. Engaging children and young people in the broader service system will ensure that recovery includes specific actions and activities targeted to the developmental stages of the affected children and young people.

Children and young people should be involved in the decisions that will affect them. If young people have a say in the activities that are planned for them they will be more likely to participate.

<sup>7</sup> Ursano R, Fullerton C & Benedek D (2009) *What is psychopathology after disasters? considerations and behavioral consequences of disasters*, in Neria Y, Galea S & Norris F (editors) *Mental health and Disasters*, Cambridge, Cambridge University Press

All agencies need to address the unique needs of children and young people in relief and recovery in consultation with the *Emergency management planning for children and young people* guide.<sup>8</sup> Support is available with managing and coordinating school activities that address child and youth recovery.

### Older people

Older people are disproportionately affected by emergencies due to a range of factors associated with advancing age, including impaired physical mobility, diminished sensory awareness and pre-existing health conditions. Some older people are isolated and without family or social networks. Those who live alone or in long-term care settings are particularly vulnerable due to their complex physical, social and psychological needs.

### Men and women

Men and women respond to emergencies differently, so psychosocial support programs must be aware of gender differences.

### People with a disability

The needs of people with disabilities can vary widely and physical, intellectual, hearing and vision disabilities can impact psychosocial recovery. People with a disability, including those who are dependant, living alone, or in supported accommodation, are at risk following an emergency due to their reliance on others and potential lack of access to basic care and support.

### People with a pre-existing mental health issue

People with pre-existing mental health issues may experience new or increased symptoms or possible relapses. Supports may not be in place to monitor their medications. The often explicit and broad media coverage of emergencies may impact negatively on people with pre-existing vulnerabilities and cause levels of distress for those without mental illness.

Mental health impacts may include an increase in problematic alcohol and drug use, violence and abuse. These may also be an early warning sign of more serious mental health problems emerging. Mental health assessments should be conducted by qualified mental health practitioners.

The *Framework for recovery-oriented practice* identifies recovery as a journey of personal growth and development that promotes a coaching or partnership approach between people accessing mental health services and mental health professionals. The framework supports individuals and communities to focus on the positive aspects of their lives to reduce the likelihood of difficulties in the longer term.<sup>9</sup>

### The bereaved

Bereavement is a risk factor for a range of mental and physical health problems. In addition, where there are traumatic circumstances surrounding a death (an emergency) the bereaved may be at greater risk of adverse mental health outcomes.

<sup>8</sup> Department of Human Services (2013), *Emergency management planning for children and young people*, Melbourne Victoria

<sup>9</sup> Department of Health (2011), *Framework for recovery-oriented practice*, Melbourne Victoria

# Strengthening psychosocial support services

Psychosocial support services are strengthened through access to training, partnerships and care pathways, and monitoring and evaluation.

## Training

Agencies and non-government organisations providing services must be appropriately trained, supported and have access to regular supervision and secondary consultations.

Training equips different sections of the community and professions to contribute to the psychosocial support process.

Training programs need to:

- address the different needs of people across all age groups – from children and young people through to the aged population
- focus on the skills needed when dealing with traumatised people and with people suffering deep grief and bereavement
- enhance understanding of the impact of trauma on individuals and communities
- enhance people's understanding of how they can contribute to the recovery process for those they work with.

### Training should be targeted at three broad groups;

**Group 1: People working with individuals and communities, but not in the provision of psychosocial supports** (for example, local government staff and people actively involved in a range of community work)

This training recognises the important role anyone in contact with people affected by emergencies can play in aiding recovery. It informs participants about:

- the impact of emergency events on psychosocial wellbeing
- what to expect as people go through the recovery process
- things that help and things that don't
- signs that may indicate a person is struggling to recover
- where to go for additional help and support.

**Group 2: People who provide general psychosocial supports** (for example, community health centre counsellors, psychologists and social workers)

This training will build on this group's existing skills by enhancing their understanding of responding to the needs of people and communities after a significant emergency.

**Group 3: Specialist mental health system services** (for example mental health practitioners and private practitioners).

This training will build on this group's existing skills by providing an advanced understanding of responding to the needs of existing and new mental health clients in the affected areas.

## Partnerships and care pathways

Flexible and coordinated responses are based on strong local partnerships and clear care pathways between services.

**Coordination/integration** — the services people need are part of an overall service system that must be provided in a coordinated and integrated manner. The provision of professional services should not diminish the opportunities for self-determination in recovery.

**Community based** — responses should make use of and enhance existing services to ensure sustainable support for those affected.

**Community involvement** — plans for recovery must include representatives of those who were affected by the emergency in every stage of the recovery process. Interventions will be based on enhancing existing strengths, identifying unmet needs and building resilience.

**Flexibility/informality** — the recovery process must be flexible at all times, to support the range of needs of all those affected as they arise. Many people are reluctant to engage with formal services but will do so informally as part of other activities.

**Sharing information** — client information sharing must be based on the needs of those affected and provided in accordance with established inter-agency collaborations and established protocols and legislation.

## Monitoring and evaluation

As discussed, the provision of psychosocial support can be long and, at times, complex. To be effective, psychosocial support needs to be multifaceted and aimed at the psychological and emotional wellbeing and resilience of individuals and the social recovery of the whole community.

The agencies and non-government organisations, who are providing psychosocial support, are responsible for monitoring and evaluating their activities.

It is important to take every opportunity to evaluate the performance of relief and recovery operations to learn what was done well; where improvements can be made in the future; and to document, share and incorporate lessons learnt into future planning.

The State Emergency Relief and Recovery Plan (Part 4 EMMV) emphasises the importance of this process at both regional and state level.

Monitoring and evaluation are critical in ensuring that the investments and interventions put in place for individuals and communities continue to assist them in their psychosocial recovery.

