

## **Guidelines for provision of psychological support to people affected by the floods**

Many people have been affected by floods across parts of the country, ranging from those directly affected, to those with contact only through what they have seen in the media. Most people will recover from traumatic events without professional intervention. Some, though, are likely to need psychological support to help them cope. This information sheet provides summary guidelines on the **three levels of psychological support** that can be offered to people affected by disasters such as the floods.

It is important to remember that the large majority of people affected by disasters have no experience of needing helping agencies or understanding of why they should accept help. Therefore care needs to be taken to assist them to become clients of the recovery system and to provide education regarding their needs. Contact with people affected by the disaster should always be non-intrusive.

It is vital that psychological support is integrated with formal coordinated recovery efforts and provided with an understanding of the devastating impact that disasters have on the social cohesion of communities.

### **LEVEL 1: Psychological first aid in the immediate aftermath**

Shock, distress and disbelief are normal reactions in the immediate aftermath and for days and up to weeks following a traumatic event. People may be stunned and dazed, particularly with such a sudden, devastating disaster as this one. In this state, people have a tendency to think very narrowly, and not effectively, about personal survival. This may result in unfair guilt or blame. Some people will experience grief, anger, anxiety and depression, and feelings may become intense and sometimes unpredictable. Acute traumatic stress with sleep and appetite disturbance may be a normal response to a life threat, and tends to subside once people feel safe again.

In the immediate hours to first weeks following a disaster, the current best practice mental health recommendation is *Psychological First Aid* (PFA) to restore a sense of safety and order. PFA is aptly provided by disaster relief workers or mental health workers who provide early assistance to people affected by disasters or emergencies. For the majority of people, this type of aid will be sufficient.

### **Core components of PFA**

#### **Promote safety**

- Help people meet basic needs for food and shelter, and obtain emergency medical attention
- Provide repeated, simple and accurate information on how to get these basic needs

**Promote calming**

- Listen to people who wish to share their stories, and remember that there is no right or wrong way to feel
- Offer accurate information about the disaster and the relief efforts underway to aid understanding

**Promote self and community efficacy**

- Engage people in meeting their own needs and foster adaptive coping

**Promote connectedness**

- Help people contact friends and loved ones
- Keep families together
- Keep children with parents or other close relatives whenever possible

**Promote hope**

- Find ways to enhance people's natural resilience

**Debriefing NOT indicated in disaster settings**

Contrary to previous practices, it is now evident that debriefing sessions are not appropriate for primary survivors in the context of massive chaos and ongoing stress. In this situation, the first priority is to restore order and meet people's practical needs. If people have a desire to discuss their experiences, it is useful to provide them with support to do this, but in a way that does not encourage disclosure beyond the level that they wish to discuss.

**LEVEL 2: Skills for psychological recovery in the following weeks and months**

In the weeks and months following the disaster, specific psychological support may be appropriate for facilitating psychological recovery in people affected more severely by the fires. This includes people who:

- Are not starting to feel any better
- Are still feeling highly anxious or distressed
- Are finding that their reactions to the traumatic event are interfering with home, work or relationships
- Need help to develop specific coping skills.

An evidence-informed model called *Skills for Psychological Recovery* (SPR) has been developed to facilitate recovery of people affected by recent disasters. Rather than a formal mental health treatment, SPR is an intermediate, secondary prevention model to teach people basic skills. For many people it will be enough. If SPR doesn't help to alleviate distress as effectively as is needed, it is appropriate to refer for more intensive mental health intervention. Additionally, if serious issues are revealed in the initial assessment, immediate referral is required

## **Core components of SPR**

### **Gathering information and prioritising assistance**

- Identify clients' most pressing needs and concerns, and instances when referral is necessary.

### **Building problem-solving skills**

- Teach clients to break down problems into more manageable chunks, consider a range of ways of responding, and choose the best actions to take.

### **Promoting positive activities**

- Encourage people to plan and participate in positive, meaningful activities to help improve mood and regain a sense of control and normalcy.

### **Managing reactions**

- Teach calming skills, ways to put thoughts and feelings into words, and techniques to manage reactions to triggers or reminders of the disaster.

### **Promoting helpful thinking**

- Help people understand how thoughts influence their emotions, and how to replace their unhelpful thoughts with more helpful thoughts.

### **Rebuilding healthy social connections**

- Help people identify supportive individuals and groups in their network, then create a social support plan to access and/or offer support.

## **LEVEL 3: Mental health interventions when more intensive treatment is required**

A minority of people exposed to severe trauma (10-20%) will be at risk of developing more persistent mental health conditions, and will require more intensive intervention. Proper clinical assessment is required before treatment with evidence-based interventions, which typically involve specialised cognitive behaviour therapy techniques. Medication is useful as a second line treatment.

### **When is referral needed?**

- Specialist help from a psychologist or psychiatrist may be needed if a person:
- Still feels upset or fearful most of the time
- Exhibits changed behaviour compared to before the trauma
- Has difficulty with normal activities
- Has worsening relationship issues
- Displays substance overuse
- Feels jumpy or has disturbed sleep
- Keeps dwelling on the event
- Seems unable to enjoy life and appears numb or withdrawn.

## Who is at greater risk?

Factors that increase the likelihood of a person developing longer-term problems include:

Direct life threat as a result of the trauma

- Loss of family or friends in the trauma
- Prior/current mental health issues
- Poor social support systems
- More extensive injury as a result of the trauma
- Witness to more horrific injuries or those involving children
- Previous trauma exposure, especially in childhood.

## Major mental health problems that can develop following trauma

- Posttraumatic stress disorder (PTSD)
- Major depression
- Complicated grief
- Panic disorder
- Anxiety disorders
- Substance use disorders
- Psychosomatic complaints

Guidelines for the assessment and treatment of posttraumatic stress disorder (which can be diagnosed from four weeks onward of the trauma) have been developed by the Australian Centre for Posttraumatic Mental Health and can be downloaded from [www.acpmh.unimelb.edu.au](http://www.acpmh.unimelb.edu.au).

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