

A psychosocial model for post emergency individual and community support

Emergency Management Branch

Department of Human Services (Victoria)

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**State Emergency Recovery Unit
Emergency Management Branch
Department of Human Services (Victoria)**

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Foreword

Victoria's emergency recovery arrangements¹ apply to a range of situations. Most recently, they have been applied to extra jurisdictional events such as the Port Arthur massacre (1996), Bali bombings (2001) and Indian Ocean tsunami (2004). The use of personal support services in these recovery activities has been widespread, highlighting the need for greater coordination and information sharing by agencies.

Steps have been taken to improve trauma support coordination, through the review of the State Emergency Recovery Plan. However, there is a significant gap in the provision of appropriate trauma support services, due to a shortage of appropriately skilled and trained trauma clinicians across the state.

This discussion paper is presented in two parts. Part 1 provides a model framework by identifying objectives, principles and target groups and Part 2 outlines the structure for support (in addition to the community's own structures) and best practice strategies to implement following an emergency event.

This proposal is intended to address gaps in the current system and provide a surge capacity to respond appropriately to an event that occurs within Victoria.

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Executive Director Operations

¹ As outlined in the *Emergency Management Act (1986)*. A State Emergency Recovery Plan is prepared to provide a framework for managing recovery in Victoria. The State Emergency Recovery Planning Committee, chaired by the State Recovery Coordinator, coordinates recovery activities and planning at a state level.

Part 1. Setting the scene

1.1 Introduction

Emergencies, by their nature, can overwhelm individual and community resources. In Victoria, recovery arrangements support existing services in managing demand and enabling access to services for people who may not be frequent users of community and health services. The range of services a person needs after an emergency may be broad, cutting across traditional service sectors.

The Department of Human Services Counter Terrorism Preparedness Initiative establishes and maintains an increased level of emergency preparedness within the health and human services sector. The initiative increases both the capacity and capability of the department and the health and human services sector (hospitals, public health laboratories, local government and the funded sector) as part of the whole of Government Counter Terrorism Strategy.

Recovery from emergencies is the developmental process of assisting individuals and communities to re-establish those elements of society necessary for their wellbeing. This involves the cooperation of all levels of government, non-government organisations, community agencies and the private sector, as it covers:

- the emotional, social, spiritual, financial and physical wellbeing of individuals and communities
- restoring essential and community infrastructure
- rehabilitating the environment
- revitalising the economy.

In the aftermath, many agencies and individuals may offer services and assistance. Each has their own information requirements, so individuals can be significantly stressed by having to retell their story over and over again. Also, impact and needs assessments are often poorly defined, with the collected information not shared between agencies. Assistance can be poorly targeted, usually going towards more high profile cases. The result is a doubling up in some areas, together with gaps in the service system.

The following paper outlines a model for psychosocial support to those affected by an emergency event. It addresses issues of intake and needs assessment, service provision and coordination, counselling and community development. The model aims to ensure that personal support services are integrated into an overall recovery strategy and will form the basis of State Personal Support Arrangements under the State Emergency Recovery Arrangements. It describes how personal support services will be coordinated at a state level and will inform regions and local government of key elements that need to be included in their particular recovery plans.

1.2 Principles of the model

This is a health and wellbeing initiative that recognises individual and community resilience and aims to prevent longer term physical and mental ill health.

It is based on six core principles, listed here in no particular order or priority.

1. *Coordination/integration* – Specialised trauma support is part of an overall emergency management system that must be provided in a coordinated and integrated manner.
2. *Community based* – Social recovery management and interventions that utilise and enhance existing services will ensure sustainable support for affected individuals.
3. *Community involvement* – Specialised trauma support planning must include those who were affected by the event in every stage of the recovery process. Interventions will be based on enhancing existing strengths of the individual, family and community and on building resilience.
4. *Flexibility* – The recovery process must remain flexible at all times, to support the range of needs of all those affected, as they arise.
5. *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 the *Privacy Act 1988*.
6. *Training/professional development and support* – All recovery plans must be thoroughly tested. Equally important, those providing services must be appropriately trained, briefed and have access to regular supervision and secondary consultations.

1.3 Target group

The model will support any individual, family, community and/or helper affected by an emergency event. While this covers members of response and recovery teams, it is important to note that many organisations have well established peer support and employee assistance programs.

Clinicians working with those affected should have access to professional development options, plus supervision and secondary consultations from expert clinicians in trauma response and recovery. Opportunities for education in specific areas – such as children, CALD populations or older people – will be made available through regular professional development forums and training.

Experience has shown that recovery is best achieved when communities are involved in decision making processes from the earliest possible time. This starts with decisions regarding what and how they access information, support and services, and needs to extend to empowering them as individuals and members of community groups to make decisions about community initiatives, public events, or memorials which might be appropriate.

1.4 Roles and responsibilities

Recovery is a whole-of-community process intended to support individuals as they recover from an emergency. This involves the Australian Government in some instances, the State Government, local governments, non-government organisations, the private sector and the community itself.

The Victorian Government

The State Government coordinates a broad range of services and has a key leadership role to play in promoting and supporting recovery.

Victoria has well developed emergency management arrangements, detailed in the Emergency Management Manual Victoria (EMMV). The Department of Human Services has the lead coordination role for recovery from emergencies in Victoria, under the Emergency Management Act 1986. Recovery strategies following an event are managed at a local level through municipal arrangements, with escalating support arrangements through regional and state levels as the scale, complexity or scope of the incident increases.

The State Emergency Recovery Arrangements detail the strategic framework for the coordination of recovery services in Victoria. New arrangements endorsed by the Victorian Emergency Management Council have now been published.

Local Government

Local government is responsible for coordinating and delivering recovery services to affected populations, with the support of regional Department of Human Services staff. Activities to be covered in Municipal Emergency Recovery Plans include:

- information services for affected communities (information lines, newsletters, community meetings and websites)
- emergency relief centres and shelters (coordination, provision and operation)
- providing and staffing recovery/information centre(s)
- forming and leading municipal/community recovery committees
- post-impact assessment
 - gathering and processing information
 - survey and determination re occupancy of damaged buildings.
- environmental health management (food and sanitation safety, vector control)
- inspection of rebuilding/redevelopment
- providing and managing community development services and personal support services (counselling, advocacy)
 - coordinating volunteer helpers and clean up activities
- providing or coordinating temporary accommodation

- restoring infrastructure (roads, bridges, sporting facilities, public amenities)
- organisation, management or assistance with public appeals.

The trigger point for escalation to regional and state responses comes when the demand for support exceeds the capacity of local agencies to provide services to affected individuals.

Professional organisations

Existing professional organisations – such as the Psychotherapy and Counselling Federations of Australia, or the Australian Psychological Society – and emergency services organisations such as the Country Fire Association and the Metropolitan Ambulance Service will play a significant role in information provision to their members.

The individual

Provision of services to individuals affected by an emergency must be based upon respecting their ability to manage their own recovery and their right to self-determination.

In an emergency event, those affected tend to identify themselves as part of a group and are often portrayed as such by the media. In emergencies with a social dimension, there is a tendency at first to detach from the existing social framework, as personal survival is the dominant concern. When the danger is past, there is a tendency to form an emotionally charged, cohesive social unit devoted to immediate needs. This only lasts a few weeks at most and is followed by a tendency for conflict and antagonism to develop between the stakeholders, because of emerging differences between them. This fragments the community's recovery and may leave some people isolated. (Gordon, 2004) Therefore, a major principle of the recovery strategy must be to support and enhance local services.

Most individuals who have been affected by an event have not had prior experience in accessing support services. Not only may they be reluctant to do so, but they may be quite sceptical of the system's ability to respond to their needs.

The disaster component of any event can lead to a psychopathology that may not be well understood by many clinicians and primary health care providers. Most, however, have the skills to manage people through the recovery process. To provide appropriate services, primary health providers will require access to general and clinical information and advice about trauma in the disaster context, opportunities for professional development, and access to secondary consultation and clinical supervision.

Individuals who are recovering from distressing events do so at their own rate. At any one time during the recovery process, services will be working with people who have varying degrees of impact stress and are at varying stages of their recovery. It is crucial that recovery services and practitioners are aware of the ever-changing needs of those who are recovering, to ensure their needs continue to be met.

The needs of individuals are likely to be very complex in nature. For example, some may have to deal with the loss of their home or property, loss of possessions, loss of income and physical injury. Clinicians are likely to have to address a variety of issues that are related to the additional stress that results from the incident. These can include long term health concerns, relationship problems, parenting problems, domestic violence and substance abuse. These issues may be further complicated by financial and material needs. (Disaster Mental Health Response Handbook 2005)

Children have their own ways of dealing with trauma, according to their stage of development. Often their response is not what may be expected and may not show up for some time. Sometimes they manage very well when the event is in everyone's mind and only later start to worry, become difficult or feel as though they cannot handle their responsibilities. (Wraith, R, 'Trauma in infants, children and early adolescents, 2005)

1.5 Victoria's health service system

Community and mental health programs are delivered through local health services. Community health services exist within local service systems that include hospitals, general practitioners, local governments and a range of non-government agencies. There is also a network of dedicated child/adolescent services across the state.

In line with a national shift towards a community-based treatment model, Victoria's health system is now characterised by a greater shift towards preventative primary health care and arrangements.

Adult mental health services are largely targeted towards individuals with more acute mental health needs. These services are diverse and range from acute/secure inpatient services to community care accommodation, crisis assessment and treatment services, continuing care services, mobile support and treatment and primary mental health and early intervention teams (Primary and Community Health Branch Discussion Paper 2005).

Child and Adolescent Mental Health Services provide mental health services for children and young people who present with complex and severe mental health issues. *Victoria's Mental Health Services: The Framework for Service Delivery Child and Adolescent Services (1998)* outlines principles for service provision, such as giving priority to the most seriously disturbed children and adolescents and those most at risk for developing severe disturbance.

The Victorian recovery system supports and works within the existing service system structure, seeking to further develop the system's capability to assist people to recover from stressful and traumatic events. The term 'personal support' is used in Victoria to encompass this broad provision of services:

- psychological first aid
- practical assistance
- assessment
- access to general and specialist services
- the provision of sub-clinical and preventative health activities.

In other states, these are referred to as 'disaster mental health services'. There is significant work being undertaken by the department's Primary and Community Health Branch to strengthen the community health platform to deliver mental health services.

A recent paper released by the World Health Organisation supports the basic approach taken by Victoria. The principles outlined in van Ommeren et al (2005) and illustrated in Table 1 include:

- contingency planning
- assessment
- long term perspective
- collaboration
- integration into primary health care
- access to services for all
- thorough training and supervision
- monitoring indicators.

Table 1: Mental health in emergencies: basic principles

Principle	Explanation
1 Contingency planning	Before the emergency, nation level contingency planning should include (a) developing interagency coordination systems, (b) designing detailed plans for a mental health response, and (c) training general health care personnel in basic, general mental health care and psychological first aid.
2 Assessment	Assessment should cover the sociocultural context (setting, culture, history and nature of problems, local perceptions of illness, and ways of coping), available services, resources and needs. In assessment of individuals, a focus on disability or daily functioning is recommended.
3 Long-term perspective	Even though impetus for mental health programmes is highest during or immediately after acute emergencies, the population is best helped by a focus on the medium- and long-term development of services.
4 Collaboration	Strong collaboration with other agencies will avoid wastage of resources. Continuous involvement of the government, local universities or established local organisations is essential for sustainability.
5 Integration into primary health care	Led by the health sector, mental health treatment should be made available within the primary health care to ensure (low-stigma) access to services for the largest number of people.
6 Access to service for all	Setting up separate, vertical mental health services for special populations is discouraged. Nevertheless, outreach and awareness programmes are important to ensure the treatment of vulnerable groups within general health services and other community services.
7 Thorough training and supervision	Training and supervision should be carried out by mental health specialists (or under their guidance) for a substantial amount of time, in order to ensure lasting effects of training and responsible care.
8 Monitoring indicators	Activities should be monitored and evaluated through key indicators that need to be determined, if possible, before starting the activity. Indicators should focus on inputs (available resources, including pre-existing services), processes (aspects of programme implementation), and outcomes (e.g., daily functioning of beneficiaries).

Bulletin of the World Health Organisation, January 2005, 83 (1)

1.6 Supporting and enhancing existing services

Systems must be put in place that ensure clinicians can be provided with written resources throughout the recovery process and are skilled and competent to deal with the range of issues they are likely to confront.

Clinician support can include regionally and state based briefing and educative/professional development sessions for counsellors, community health centre maternal and child health services, GPs, culturally specific support services and mental health staff, as well as developing and distributing clinical information packages for those who work with the affected. Clinicians and their professional bodies will be used to provide primary care agencies with appropriate clinical information.

Secondary consultations need to be available to support both clinicians and their supervisors. This support will address specific models of interventions and/or specific issues such as children, CALD populations and traumatic bereavement.

Recovery plans should identify the various professional associations for those providing services to affected individuals and communities. These professional associations are an excellent resource for information dissemination on recovery activities, professional support and development activities.

The Community Health Unit, Primary and Community Health Branch of the Department of Human Services has undertaken a review of counselling in community health services to improve the specification and quality of Community Health Program funded counselling services.

Stage one of the Review has been completed with the report *Review of Counselling Services in Community Health: Discussion Paper*, which outlined emerging themes and policy directions for Community Health Program funded counselling services.

Stage Two is in its final phase. A draft paper, *Counselling in community health services: Future directions and guidelines for quality counselling*, sets new directions for community health counsellors. It specifies the role of community health counsellors and defines the working relationship between counsellors in community health services and other services in the broader primary care system. These guidelines have been developed after extensive consultation with stakeholders.

Part 2. Psychosocial model for individual and community support

2.1 Overview of the model

The model has two key elements for supporting individuals, families and communities. These elements are differentiated by their focus and by the kinds of strategies that need to be employed for their successful implementation.

The first element is *individualised support* – information, support, access to generic services and facilitating provision of specialist services. The second element is a focus on communities – support for existing community agencies to identify and respond to the needs of their members in ways that promote recovery and social cohesion.

This model follows the “umbrella of care” proposed by Raphael (1986) and uses processes for developing the social infrastructure to deliver the ‘whole person’ care required to effect recovery from a disaster (Gordon 2004).

Individualised support

The key target groups are the people directly involved – Victorians who are bereaved as a result of an event, who were involved in an event and survived, have been witnesses (possibly bereaved) and/or may have helped others affected.

Individualised support will also need to be available to people who have been traumatised by previous events (such as war) or emergencies and for whom the recent event may represent a repeat re arousal, and people vulnerable to anxiety – possibly with existing mental health issues.

These groups need to be provided with information, support and access to generic health and welfare services. Where appropriate, they also need timely access to specialist mental health services, to minimise the effects of the experience and potential for long term adverse health outcomes.

Research has shown that only a small number of those who have experienced significant trauma develop mental disorders. (Burkle, 1996). There is some evidence however, indicating that those who have experienced such trauma are at more risk of associated problems such as drug and substance abuse, parenting difficulties, domestic violence and relationship breakdown (Clayer 1984, Milner, 1977).

The model must address the needs of all those affected by an event, including extended family and friends. Special consideration should be given to the needs of children and young people and any other special needs group. Issues of culture and language also need to be addressed and appropriate advice and expertise obtained. The Department of Education and Training can play an important role in identifying and supporting affected students and their family and friends. Employers can play a critical role in assisting employees who are affected by the event.

Focus on communities

The following principles and models underpin the second component of the psychosocial support strategy:

- the social model of health
- a health promotion and prevention approach to service provision
- a community development approach to recovery management, acknowledging the community strengths and the importance of addressing the needs of individuals within a community context
- a client centred approach to service provision.

A focus on communities involves three main strategies:

1. Informing and educating the broad community about processes that support the recovery of affected people and communities. An educative preventative health approach that empowers individuals and communities to take responsibility for their recovery is needed.
2. Communities need to be supported to identify the needs of individuals, families and the broader community and to respond to these needs in ways that promote recovery and social cohesion. Recovery services need to recognise the capacity of community groups to undertake these roles and provide resources that can facilitate development of appropriate responses. Key community groups include not only geographic and cultural groups, but also schools and workplaces and other organisations where people who are affected gather.

- Engaging the broad community in activities that provide a forum through which they can identify themselves as actively supporting the communities affected, both on shore and off shore. The response of the Australian community in donating to the aid organisations is early evidence of the degree of identification with the affected areas. It is critical for the health and cohesion of the Victorian community, particularly the cultural groups who strongly identify with the areas affected, that opportunities for meaningful connection with people and areas affected can be found and implemented. The potential for secondary impacts on communities –including workplaces and schools – needs to be recognised and addressed.

We need to adopt an educative approach to assist people in the recovery process – a strategy based on health promotion principles. Recovery from traumatic events is facilitated when the resilience of affected people is recognised and is accompanied by information about associated health issues:

- the effects of trauma and normal responses
- indicators of stress and strategies for managing this
- the importance of using existing support networks
- information about how to access other services and how to identify decision points for seeking additional support.

It is essential that these strategies be put in place for an extended period. While the scale and depth of needs will become clearer as the impacts of a disaster are better understood, we can surely anticipate that the critical timeframe for most people affected will extend to many months, and for some will be a matter of years. A focus on prevention indicates the importance of early intense efforts – the months ahead are a critical time for providing information on health, trauma and access to services.

2.2 Model description

NB: Individuals may enter the entry, assessment and or specialised trauma support phase at any time during their recovery.

In all elements and stages of intervention the overriding principle is **FIRST DO NO HARM** and mitigate the impact of the experience. All agencies and services providing assistance need to be aware of and participating in the shared body of knowledge of the common reactions to trauma.

The model consists of 5 stages that describe a variety of strategies to support the recovery and education of both individuals who have been affected by an emergency event and the broader community.

To ensure best practice at each stage of the process, practitioners who are working with individuals affected need to be provided with relevant information. A consultation group of clinicians experienced in emergency and traumatic reactions is needed to support counsellors and other primary health practitioners in their work with affected individuals and groups.

Secondary consultations with experienced emergency/trauma clinicians will be available to support both practitioners working with those affected and their supervisors. This support will address specific models of intervention and/or specific issues such as traumatic bereavement, working with children, culturally appropriate models and the particular needs of culturally and linguistically diverse populations.

Clinician support will be offered to counsellors, the staff of community health centres, maternal and child health services, general practitioners, ethnic and culturally specific support services and mental health staff. This will take a number of forms, including:

- regionally based briefings and professional development opportunities
- on line access to/distribution of clinical information packages for service providers who will be in direct contact with people affected
- provision of information and relevant research through the web based Clinicians Channel
- professional development opportunities auspiced by professional organisations.

2.3 Stage 1: Psychological first aid

Situation

As soon as possible following the event. The threat of further danger may or may not be over and many community services may still be significantly disrupted (Gordon, 2004).

Psychological first aid involves approaching, ensuring safety, communicating, comforting, reassuring and offering support. If the person wishes to talk about their experience, this can be supported, but it is inappropriate to engage in counselling or psychological treatment at this early stage, since most people have resources to commence their own recovery and they first need support to activate these resources. For many, the suggestion that they may need counselling and mental health treatment will constitute an addition stress.

Aims

- Focus on providing information, establishing safety, providing food and water and protection from the environment.
- Support the reunification of loved ones, as soon as it is safe to do so.
- Lower arousal and provide those affected with basic information regarding the impacts of trauma, facts about the event and education about self-help strategies and intervention services.
- Facilitate the provision of practical assistance, as required.
- Ensure a database of those affected is created.
- Support families and friends during the disaster victim identification process.

Service involvement and responsibility

Specifically trained personal support workers should be available to provide psychological first aid at the earliest possible moment. This includes on-site if it is safe to do so, or at relief and recovery centres. Each worker must be fully briefed and resourced prior to the commencement of work.

The selection of workers should be a formal process that involves recruitment, selection, briefing and training according to a standard format. A role statement for Personal Support Workers is currently being developed by the State Emergency Recovery Unit.

Municipal emergency management plans need to detail the arrangements that identify which agencies will provide fully trained personal support workers who are able to provide psychological first aid in the early stages of an emergency.

Regional emergency recovery plans need to detail arrangements that indicate how municipalities can be supported in providing psychological first aid, including the activation of regional level agencies. Under the new State Personal Support Arrangements, the department must maintain a core of trained personal support workers to provide psychological first aid, as a secondary resource.

Plans and planning meetings must also clearly identify how the training needs of the personal support workers will be addressed.

Agencies able to provide personal support come from a variety of government and non-government sectors – the Victorian Council of Churches, the Australian Red Cross, the Salvation Army, Centrelink and the department.

Regions must also ensure that hospital staff and all response agencies have updated accurate information regarding recovery processes for those who have required medical treatment and may not have had access to media reports and 1800 call centres.

Key strategies

'Meeter-Greeter'

Meeter greeter support can help to unify loved ones, as well as providing an excellent mechanism for information provision and general education to those affected. This activity may require personal support workers to be placed outside their normal place to work and may include being close to the event – in evacuation centres, recovery centres, the airport and so on. It is the simple activity of listening to the affected person, providing information and education, and offering practical assistance where required.

Many events require processes that assist with the reunification of family and friends, as was the case with off shore events such as the Bali bombings and the Indian Ocean tsunami.

Written material

People require information and education to adequately recognise their own needs (Yates, Axsom and Tiedman, 1999). Information provision must include factual updates about the incident, education on common reactions to stress and a list of contacts where individuals can access further support if it is required during their recovery process. The information must also be appropriate to the target audience (for example, teenagers) and include information regarding the impact of psychosocial issues on general health and wellbeing. This can be developed and updated as needs are identified. Information packs should be prepared and distributed at the earliest possible time.

Clinicians and support services involved in the recovery process also require information about the event, such as the scale, impacts, responses and contact numbers. This information must remain updated and be widely available on a regular basis. Information should include the availability of practical assistance, financial assistance, all aspects of the recovery process and relevant state, national and international information.

Call centres

Telephone information services are a very useful tool for providing general information and linkages into other support services. This service should be provided on a local level wherever possible. Depending on the impact of the event and where the event occurred (here or overseas), the Australian or Victorian governments may activate a call centre after the event. Experience following the Bali incidents highlighted the need for a centralised number to provide information directly to callers, or one with the ability to transfer calls to other support services. Phone counselling services such as Lifeline, Parentline and Kidsline can provide a key role in providing information and a referral service following any emergency. To ensure accurate information is disseminated to callers, these agencies must be identified within recovery arrangements and included in all information sharing networks.

Letter drops

For geographically localised events, personnel should be sent to conduct a letter drop within the affected area. This is an excellent strategy for providing a variety of written information about the event, recovery activities and common responses to trauma.

2.4 Stage 2: Entry and engagement

Situation

Put in place as soon as possible, within 7 days of the event occurring. This stage must remain available to people for a protracted period of time. Some individuals will not experience any adverse reaction to an event for some weeks, until after community services and those around them have started returning to everyday routines.

Aims

- Enable access to services.
- Gather identifying information of those presenting as affected (name, address and contact details).
- Lower the risk of 'social debonding' and splitting within affected communities.
- Assist affected individuals and communities to engage with the recovery process.

- Educate affected individuals, communities and the general public about a variety of issues including the event, its impact, support services and techniques for self care and self help.

Service involvement and responsibility

To ensure the best possible outcome for those affected, it is crucial that individuals and communities play an active role in their own recovery. This includes planning, as well as the implementation and evaluation of the process. Support agencies must have a clear understanding of the importance of involving those affected in their own recovery and develop mechanisms that ensure this occurs throughout the entire recovery process. This strategy will enhance the recovery process with a greater knowledge of the affected community and therefore a good understanding of the needs and service responses required. Local government plays the key role in supporting recovery agencies to implement this stage of the model, by outlining the importance of the strategy in recovery plans and by supporting agencies to develop mechanisms for consultation and involvement. Such assistance may include such strategies as newsletters, mail outs and community meetings. The department's level of involvement will be determined by the impact of the event.

Key strategies

Service entry mechanisms

This service needs to be a standardised process outlined in State Personal Support Arrangements. Access to the recovery system must be via a clearly defined central point – whether that point is local, regional or at a state level. All individuals seeking assistance and support from the recovery system must speak to a personal support worker who is fully informed about recovery activities and referral mechanisms.

The services provided at this point must include information provision and sharing, referral, general support and advice. Some individuals may require information only and will not require any other assistance from support services – for example, a GP who is supporting an affected individual or family.

This system will occur in all scales of emergencies and every level of government, state, regional and local. The SERU will recruit, support and train the call centre staff at the state level, while regions will be responsible at the local and regional level. Additional staff can be called upon from nearby regions if need exceeds capacity.

Regions must also ensure normal business continuity processes are present in all stages of the recovery.

Community information sessions

These sessions are an opportunity to provide updated advice and general information about the event and common reactions to the experience. The session should involve representatives from agencies involved in the recovery process, as well as the control agency: Victoria Police, Centrelink, local support services, local government and the department. Sessions should be arranged locally wherever possible, to ensure easy access.

Information sessions should be advertised widely and include information that is relevant to the general public. In some instances, it is appropriate to conduct sessions which are 'by invitation' only, so that the information provided is targeted towards the specific needs of the audience. For example, bereaved family and friends may have a separate information session from the general community.

Community education and support should focus on what to expect in the recovery process, how family and friends can understand and help the affected people and strategies for self help. Such information needs to be regularly repeated, since individuals vary greatly as to when it becomes relevant for them.

Print, radio and visual media can be used to highlight key events, present stories which illustrate key messages, and provide broad access to 'experts' in recovery issues. Culturally specific media outlets will be an important component of this strategy.

Emergency support

Call centres provide an important service to those people experiencing difficulty. When contact is made with affected people, their attention will be drawn to the telephone counselling services (Lifeline, Parentline, Kidsline). Appropriate information and support must be provided to these agencies, to ensure they are able to provide accurate information and appropriate support to affected people.

Physical health needs of affected people

Action may be required for people who have physical health issues as a result of the event. To ensure that those individuals are linked into the recovery system, regions must establish and maintain open communication with medical responders and hospital staff, to keep them updated on recovery activities.

Behavioural responses to disaster can include changes in sleep or eating patterns, and use of addictive substances, including smoking, as well as changes in exercise patterns. Sleep can be an important mediator of general ill health and is often associated with an increase in household, workplace and motor accidents. Some studies have shown an increased risk of death from heart attack in the immediate post disaster period after earthquakes (Dobson, 1991). For most people, such adverse outcomes do not occur, although there may be a heightened vulnerability to infection, accidents and so on. Physiological effects at the hormonal level have been suggested along with reports of increased visits to medical and mental health facilities. The disaster survivor may evidence a range of symptoms and complaints and may present in places other than mental health services for help (Green and Lindy, 1994).

Outreach

Visiting people in their home following an emergency event can be a very effective way to provide information to those affected. This strategy can be applied in most stages of the recovery model, to assist with education regarding the services that are available to support recovery. Appropriately trained personal support workers should be used whenever the intent of the visit is to speak to the occupants of the house, due to the issues that may arise during the visit. Previous events such as the drought and the bushfires have included outreach visits from department staff, accompanied by other support agencies, such as agricultural extension officers.

2.5 Stage 3: Primary assessment

Situation

Most if not all community services will have returned to normal and the threat of the emergency is over. Some individuals may be experiencing symptoms of severe stress and trauma. Symptoms such as sleeplessness, inability to concentrate, overwhelming sadness and fatigue are commonly reported by those affected and may be impacting of the individual's relationships with their families and friends. Problems returning to work can also be experienced and the risk of substance abuse can increase. This stage of the support model would normally occur from 7–14 days following the event.

Aims

- Review the needs assessment of individuals and communities affected by an emergency event.
- Identify individuals who display risk factors for possible mental health issues as a result of the event.

Service involvement and responsibility

A number of risk factors have been identified as important indicators of possible adverse mental health outcomes following disasters. For recent reviews see Raphael (1996) and Bryant and Harvey (2000). The main variables are grouped below according to pre-existing factors, event related factors and post disaster factors. These should be noted when assessing people considered to be at high risk of post disaster problems.

Pre-existing factors

- childhood trauma / abuse
- depression / anxiety prior to the emergency event, or vulnerability to these
- previous losses or traumatic experiences that were poorly resolved
- family instability
- genetic vulnerability
- substance abuse
- behavioural disorders

- lack of preparation for traumatic event
- disadvantage (social, economic, educational).

Event related factors

- level of life threat
- individual's role in the disaster
- exposure to grotesque, horrible events
- death of family members, friends, associates
- injury to loved ones, friends or others
- unpredictability / uncontrollability of event
- proximity of disaster
- duration of disaster
- extent of property loss / need for relocation
- available relief.

Post disaster factors

- social support
- coping style
- community reaction
- ongoing or additional stressors
- substance abuse
- secondary symptoms.

Some elements of this assessment can occur immediately following the event, as some needs will be more obvious than others. This assessment may be conducted over the phone and/or in person, by any professional who is involved in the recovery system. Immediate and most obvious needs may include food, shelter and financial assistance.

Experienced clinicians, who have a solid understanding of mental illnesses, should conduct more specialised clinical mental health assessments. Networks must be developed at a regional level that will enable referrals to specialised support services to occur quickly, with minimal waiting periods. Such services can include local community health centres and mental health services.

Community health counsellors have the unique role of providing a counselling service in a community health setting. The term 'counselling' in this instance encompasses case planning, supportive counselling and therapeutic interventions. Each of these aspects is crucial in the provision of a comprehensive counselling service within a social model of health context. This places these practitioners, as well as general practitioners, in the best position to conduct mental health assessment to those individuals who have been affected by an emergency.

In many instances, an individual's needs may be addressed during one session. This session may include information provision, emotional support, education and support to access services. By addressing needs at this early stage of the recovery process, the likelihood of requiring longer term specialised trauma treatment is reduced.

The recovery component of the Municipality Emergency Management Plan (MEMP) must detail the arrangements which address access to services. This includes identifying key recovery agencies within the municipality. It is therefore important that services identified in the MEMP are involved in all aspects of planning process. It is the responsibility of both the department (on a regional level) and local government to ensure that all plans are regularly exercised.

Key strategies

Clinical support/assessment

This should include a brief intake assessment by an experienced practitioner, by phone or face-to-face. GPs have a key role in the delivery of primary mental health services in Victoria and therefore are often in the best position to provide initial assessment and support. The urgency and nature of the impact of the event is clarified and a decision about the appropriate action is made in consultation with the individual. This session may include information, advice and/or referral elsewhere.

For people displaying risk indicators, a relatively comprehensive assessment will need to occur, generally at a scheduled appointment and involving a detailed exploration of the presenting problem.

Community health centres are best placed to provide this service, as they are community based and focused and have the expertise to work with individuals and families who have been affected by trauma.

Call centres/help lines

As previously stated, this strategy is a very useful tool for gathering information about the individual's needs and an excellent opportunity to provide the caller with information about recovery activities.

Outreach support

When the event affects a geographically localised area, personal support workers can visit the homes of those who have potentially been affected. This will give workers an opportunity to provide information and to conduct a basic needs assessment. Workers must be equipped with the appropriate resources that will allow them to refer individuals to support services.

Issues arising

1. training
2. information packages or various purposes and to address sequential issues arising during this phase and adapted to the specific scenario
3. networking among the various agencies and providers (including self activated community groups)
4. advocacy arrangements for those individuals and groups who may need assistance to address their recovery requirements, especially from agencies not centrally involved in recovery.

2.6 Stage 4: Specialised clinical interventions

Situation

More than 90 per cent of adults do not experience a major mental health disorder after exposure to a disaster, and of those that do, most experience full psychological recovery in 12 to 24 months (Freedy and Kilpatrick, 1994; Freedy, Saladin and Kilpatrick et al, 1994). For a small number of individual, stress reactions will be more enduring and this may lead to various forms of mental illnesses, behavioural changes or alterations in physical health (Burkle, 1996).

Aims

- Identify the affected individuals and communities that are experiencing longer term traumatic reactions.
- Link those who require specialist assistance into services as soon as possible.

Key strategies

General counselling

Many community agencies are experienced in assisting with emotional and social problems arising from involvement in traumatic experiences. They will also be able to ensure that other local supports can be accessed and refer individuals on to specialist services.

This intervention consists of supportive counselling, problem solving and relaxation training. The technique is widely used to help individuals and families adjust to specific problems of living that cause 'tolerable distress' that will resolve over time – such as divorce, property loss or changed life circumstances.

Personal counselling services for the general public are delivered in Victoria through the community health platform. Individuals have the option of private counselling, but this is not funded under Victoria's emergency management arrangements.

Specialist post traumatic treatment

This service must be available to those at risk for Post Traumatic Stress Disorder (refer to DSM IV), or other serious mental health conditions resulting from their experience. The intervention will be required for those individuals whose symptoms have remained long term and have progressed into a more severe mental health illness.

These services will be located in mental health agencies or private practices. However, it will be important that these agencies and practitioners are aware and informed of the general community program and ensure that their clients have access to resources. An ongoing networking and information flow with existing professional associations will go some way to ensuring this information is forwarded to the appropriate clinicians.

Specialised treatment should be provided when it is clear that the post emergency reactions are not settling, or when other factors are present such as extreme anxiety, and not until two weeks or more after the event. Individuals may also need education about normal reactions and how to gradually come to terms with the experience.

Interventions may include specific psychological, social and in some circumstances, pharmacotherapeutic interventions. The intervention is useful to assist individuals who present with specific mental health needs such as panic attacks, PTSD, episodic depression, problem drinking, relationship problems, or parenting issues.

Case management/service coordination

Some individuals will need additional assistance to access services and entitlements and some will require specific coordination of services to address more complex issues. This service may not be required by many people, but for those who do, it will be an important element in ensuring their recovery.

Support groups

Can be offered on a local level to those affected. A clinician who has experience in trauma counselling and recovery should facilitate these support groups in the initial stage. The size of the group may vary, but should remain small enough to allow significant contributions by all members. Groups should not meet for longer than three hours. Facilitators should have experience in this type of intervention and have access to secondary consultations and regular supervision. Sessions must maintain confidentiality and meet on a regular basis, as decided by the group. The facilitator, in consultation with other experienced clinicians, will assess when this support is no longer required. These groups provide valuable roles in practical assistance, information, lobbying and often considerable counselling in interpersonal interaction – all of which assists the recovery process. Some group members may wish to continue to meet on a regular basis, once formal facilitation of the group is no longer required.

The facilitators will have access to support and secondary consultations at all times during their involvement with those affected, via the State Emergency Recovery Unit.

Community based interventions

The communal identity and social dynamics initiated by the event place considerable stress on personal and social relationships (Raphael 1986, Gordon 2004). The community dimension of interventions needs to be considered in their planning and implementation.

Interventions range from consultation with disaster and community leadership, to encouragement of supportive post emergency environments, networks of support, information and ceremonies to facilitate recovery. They may also be focussed in particular settings –workplaces, schools, local government areas, or relief and recovery centres.

Information on recovery processes for individuals and communities will need to be provided. This includes distribution of written information via community agencies and primary health services, use of print, radio and visual media to highlight key events, stories which illustrate key messages, and provide broad access to 'experts' in recovery issues.

Specific information products may be needed for cultural groups who have strong associations with affected areas overseas. Culturally specific media outlets will be important in the successful implementation of this strategy.

Providing resources and creating opportunities for community leaders to reinforce these messages requires the active engagement and participation of:

- the Premier and the Victorian Government
- Victorian Members of Parliament
- local governments, particularly mayors
- Victorian Federal Members of Parliament
- Multicultural organisations and peak bodies such as the Victorian Multicultural Commission, Victorian Ethnic Communities Council and Migrant Resource Centres
- culturally specific organisations
- religious organisations and leaders of all faiths.

Issues arising

1. training
2. service provision.

2.7 Stage 5: Follow up

Situation

At this stage, individuals will have returned to a routine and for some, a different lifestyle to the one they had prior to the event. For most of those affected, the most significant dates will be those associated with birthdays, Christmas and anniversaries such as that of the actual event. This can be a particularly difficult time for some individuals, families and communities and support may be required to assist them in their recovery during these periods.

Aims

- Educate individuals about the specific challenges they may face on special occasions and provide them with support, if required.
- Conduct a general assessment of the individual's current needs.
- Emphasise to those affected that support services are available to those requiring assistance.
- Recognise the significance of rituals and memorial services for those affected and support them.

Service involvement and responsibility

Local government is best placed to take the lead role in contacting people at these crucial times, to normalise the significant impact these occasions may have on individual's recovery, to advertise and promote recovery activities and to educate those affected about the impact these special occasions can have on them.

Contact with those affected must be made by a lead agency and individuals should be advised that these occasions can be quite difficult and they have further support available to them if need be. Special consideration also must be given to supporting rituals and anniversary events.

Coordinating agencies need to consider involving religious groups and/or leaders, community leaders and elders in this stage of the model.

Key strategies

Support for memorial services

Communities may require some assistance to organise or run memorial services. While the most common request for assistance is financial, support agencies can assist also these occasions by providing a presence of significant individuals, (for example, government ministers, mayors, CEO of local government, or senior religious representatives). Personal support workers may also be required to attend the services, to assist anyone who requires emotional support or information at the time.

The Victorian Council of Churches or a community based support service may best provide this support. Local government should ensure that those affected are consulted regarding any plans or arrangements for services, to ensure they are appropriate to all members of the community. This liaison must occur with community and religious leaders, as deemed appropriate by the affected community. As previously stated, recovery plans should outline the arrangements that would involve the use of all recovery services under these circumstances.

Mail outs

This strategy is a useful tool and can be easily organised by local government or a nominated lead agency, depending on the scale of the event. Regular newsletters and updates assist individuals throughout the entire process. For those who have not accessed services during their recovery, it is useful to receive acknowledgement and education about the long term nature of recovery, following a traumatic event. This can also be less intrusive to those individuals who feel uncomfortable speaking to workers directly.

Media

A variety of media resources can be used to re-advertise recovery strategies throughout the recovery process. This can occur at many levels and can be very effective in providing a variety of information and inviting those affected to become involved in the recovery process. Recovery coordinators should consider the use of Victorian and local newspapers, local radio, the Internet and television to send messages to the public.

2.8 Resourcing the media

The recovery strategy following an event should be introduced to the public as soon as possible. The media has a key role in promoting the recovery strategy and ensuring a positive approach. The Department of Human Services needs to appropriately resource the media to encourage and facilitate reporting of information and stories that can assist recovery of individuals, families and communities.

Work with the media needs to focus on:

- informing and educating them about the effects of trauma and the kinds of responses regularly experienced by people who have been exposed to traumatic events
- developing an appreciation of the impacts on communities who are directly or indirectly involved – and constructive approaches to addressing these
- communicating key messages about recovery, including: importance of seeking support from family and friends; how to recognise signs of stress; when to seek help from professionals
- facilitating linkages with community leaders and experts.

A multi level approach to resourcing and accessing the media is needed. which is inclusive of:

- Mainstream media – print, radio and television
- Community media – local papers, community radio
- Ethnic and culturally specific media – radio, newspapers, newsletters of organisations
- Internet and web based strategies.

2.9 Evaluation

In a partnership approach involving key organisations, evaluation is needed on two levels following an emergency event. Firstly, it must assess the degree to which the particular recovery strategy has met its objectives and the impact that the strategy has had on the affected community. Secondly, the evaluation should consider and comment on the adequacy and appropriateness of the model for personal and community support.

The outcome of both evaluations needs to be used to inform future recovery planning, policy and practice. Reporting mechanisms will be outlined in the State Personal Services Arrangements, to ensure that communication of the learnings occurs at all government levels.

Conclusion and next steps

This model is based on Victoria's approach to emergency recovery and its implementation has worked very successfully in response to numerous large-scale international events and small-scale localised events.

The State Emergency Recovery Unit is currently developing the Victoria Personal Support Arrangements, which will be incorporated into the current State Emergency Recovery Arrangements and support the implementation of this model. The arrangements will further clarify roles and responsibilities in relation to the model, identify communications mechanisms and review processes. Also under review is the Personal Support Training Package, to be delivered in both the government and non-government sectors across the state. Training specific to the issues pertaining to the Disaster Victim Identification process will be available to a number of specifically chosen personal support workers.

The Department of Human Services will identify, fund and implement a secondary consultation and education service for clinicians working with emergency affected individuals and communities. An interim service will be in place by the end of 2005.

There are a number of issues, listed below, that are raised in the paper and require further discussion and evaluation. A Personal Support Reference Group will be convened to address these issues. This group will consist of professionals and clinicians with extensive experience in the field of emergency recovery.

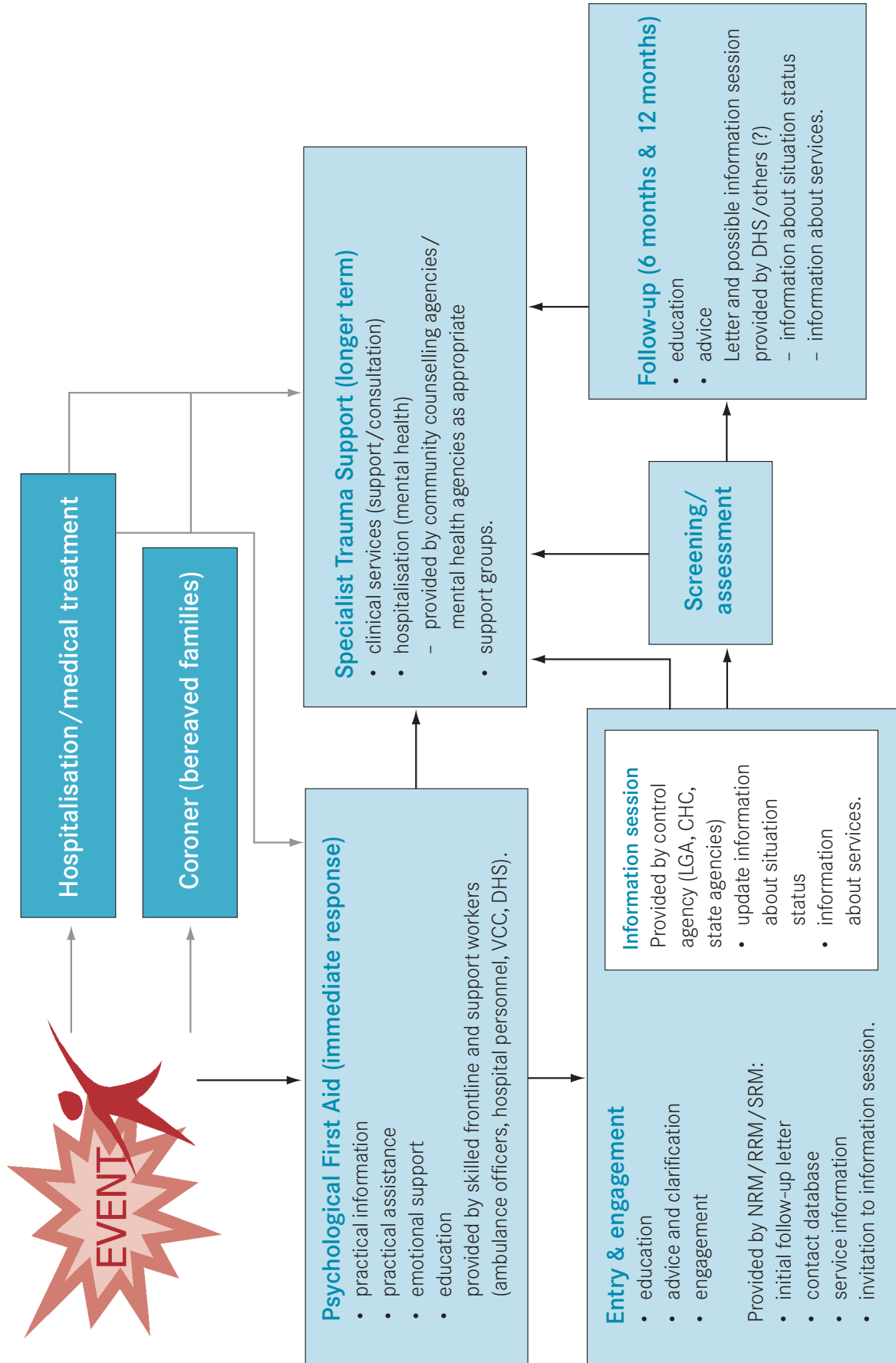
Major issues for the Personal Support Reference Group

- How can we standardise entry processes?
- How can we ensure recovery workers have the appropriate skills to deliver the services, as outlined in the model?
- Which services are best placed to implement each stage of the model?
- How can we best track those affected?
- What clarification and guidelines regarding privacy issues need to apply in relation to information sharing?
- Who is custodian for any centralised contact list?
- Where will case managers be situated?
- How are supervision and secondary consultations provided and by whom?

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Attachment 1



Attachment 2: Specific Trauma Response Project

Project Advisory Group: Terms Of Reference

1. To assist in identification of issues ensuring that the Project comprehensively scopes and analyses existing and emerging issues.
2. To assist in identifying key stakeholders and in formulating a communication and consultation strategy.
3. To provide advice regarding options and proposals for changes to existing policies and arrangements including providing feedback on the implications of proposals for stakeholder groups.
4. To facilitate communication of the outcomes of the Review and provide advice on implementation issues.
5. To contribute to an ongoing (formative) evaluation of the Review's progress against identified objectives.

Endorsed by:

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