



Coping Personally – Information for Health Staff and Volunteers

Health, other staff and volunteers are frequently called upon to deal with emergencies, and for some this is the major component of their day-to-day work. When a disaster occurs, there is inevitably an escalation of response. This brings new challenges, intense involvement and often both satisfaction and stress – during the response and sometimes in the aftermath. It is important for staff and volunteers to recognise these needs, responses and coping strategies.

They are normal reactions for the most part but may, at times, mean that there is a need for extra support or expert assistance. Health and other emergency staff often have very high expectations of themselves. They, and others, often believe that they should be able to deal with any emergency. So those who find they are having difficulties are often reluctant to seek help. Seeking help early is one of many positive coping strategies that will be outlined below.

We also know that there are some situations that are more stressful than others. Deliberate attacks, for instance, have particular implications because they can confront us with the malevolent intent to harm others, ongoing threat, uncertainty and concerns for the future. In general they create a background of anger and fear, while at the same time, there is usually a determination not to give in to such threats.

Common reactions

Staff and volunteers are usually aroused and focused to their tasks in the immediate response period, while at the same time confronting what may be quite horrific injuries, pain and suffering in those they are assisting. At the same time, there is recognition of the loss, grief and trauma that many of their patients confront, and some degree of identification with this. If identification is strong, for instance the patients remind one of one's children, partner or other loved ones, this may be particularly stressful. The injuries of children and innocent victims are difficult to deal with at all times. Thoughts and images of their distress and one's own feelings may come back over the weeks that follow. We know that people usually respond well in the emergency, but sometimes have difficult reactions in the aftermath.

People have many different ways of dealing with their experiences

Sharing feelings with others, including those who have been through it with you, your family and your friends may be important coping strategies involving mutual support. Each person also uses their own particular coping styles, some action-oriented, some more focused on emotional response. Personal strengths, which have been effective in coping with past difficulties, may be useful again.

Types of assistance available

The types of assistance that are available include provision of information to you personally or through websites. These sources can provide information on some common reactions and what you can do to deal with problems that arise. Assistance may also involve an opportunity to talk things over and have your concerns understood – general supportive counseling. Specialist clinical counseling and treatment can be provided by people with specific expertise in this field.

Issues that may arise

Some of these are listed below. If they are prolonged, persistent, disruptive and distressing it is useful to seek further advice or assistance.

- Difficulties in returning to normal roles and life. These may seem to be of lesser significance when compared to the intensity and meaningfulness of work during the emergency. You may feel disengaged, irritable or a sense of feeling let down afterwards. Persistence of these feelings of disengagement after the early weeks may indicate a problem.
- Distressing images, memories and nightmares, disrupted sleep, feelings of irritability, being on edge, difficulty concentrating, fearfulness and anxiety or depression may occur. These reactions usually settle, but if persistent after the early weeks, they may indicate the need for advice or assistance.

- Feelings of numbness, a loss of feelings generally or feelings for others, may occur as part of a psychological defence to help you with the experience initially. If this persists, it may interfere with your relationships and it could be useful to seek further advice.
- Old traumas may come to the surface again. These may be reawakened by the stress of the new experience and may need to be dealt with.
- Other reactions in the aftermath may relate to the intense bonds that are formed with those you have helped, a need to know what has happened to them after they have left your care. These special attachments usually settle over time and are a common response. However, if they become an intense and ongoing focus this may interfere with other relationships and may indicate that you could benefit from the chance to talk through your feelings with a counsellor or others.

Coping strategies

We know that each person has their own style of coping and these should be respected, especially if they have helped you in the past.

Some important points that can assist staff are outlined below:

- Sharing your experience with others when you feel ready, including family, friends, and colleagues, and those who have gone through the experience with you. Supporting one another is usually helpful. Talking through any concerns with your supervisor is also likely to be help.
- Operational reviews and debriefs in later weeks which give you a chance to get your experience in perspective and to recognise both its value and what you have learned.
- Time out for R&R (rest and recreation). It is vitally important to make time to relax, exercise, eat well and engage in positive life-affirming activities. Time with friends and family and a positive commitment to something you enjoy that is separate from your work, for example physical activities, sport, music, theatre and reading, can be helpful.
- Writing about your experience. This helps in terms of putting it down, and in a way, outside yourself. Studies now show that this can have positive health benefits.

Family

Trauma may have a range of impacts on families, some related to separation from you and concern for you. It is important to stay close and share thoughts and feelings with family members at your own pace. Children may be affected indirectly by watching shocking media images, or listening to other children's stories which may have distressed them. Parents and carers can help by answering children's questions honestly; acknowledging concerns and fears and helping children understand how they are protected.

When to ask for extra help

Sometimes post-incident stress effects can be ongoing and affect your physical and mental health and wellbeing.

It's time to ask for help if:

- your sleep is badly affected
- you feel very distressed, irritable, on edge or agitated much of the time or are having angry outbursts
- you feel hopeless, despairing, miserable or that you can't go on
- you have trouble concentrating, are distracted and cannot do your usual tasks
- you have recurrent nightmares or intrusive thoughts about the emergency
- you feel your health is not so good
- you have new symptoms or old problems have come back
- you are having trouble with your work
- you are having difficulties with your relationships
- you find that you are drinking excessively or doing other things that may have adverse effects.

Adapted from information issued by Queensland Health: Fact Sheets for Psychosocial Disaster Management

