NEW ZEALAND RED CROSS
RĪPEKA WHERO AOTEAROA

Psychosocial Support
Ngā Ratonga Pāpori Hinengaro

Psychosocial Support

FRAMEWORK

JUNE 2021

*Manaaki ki te
tangata ahakoa
ko wai te tangata*
*Support people,
whoever they are*

Contents

A psychosocial support approach

In 2018 New Zealand Red Cross published its Disaster Risk Management (DRM) Strategy for 2018-2023 to guide members and staff in our work before, during and after disasters in Aotearoa. The Strategy identifies "a psychosocial support approach" as one of our ways or working in DRM:[1]

> "Well-timed and appropriately delivered psychosocial support helps people to manage and mitigate the impact of a disaster, and enables people and communities to adapt positively to the changed world around them. It helps to restore and maintain social cohesion and emotional well-being, in turn strengthening community resilience. 'Psychosocial' refers to the dynamic and fluid relationship between the psychological and social dimensions of a person; it is about how people think, feel and relate to each other.
>
> *"The primary objectives of psychosocial recovery are to minimise the physical, psychological, and social consequences of an emergency and to enhance the emotional, social and physical wellbeing of individuals, families, whānau and communities."*[2] Psychosocial support is multi-layered, and has a role to play before, during and after a disaster. This holistic approach to wellbeing aligns with Māori and Pasifika models of health, Te Whare Tapa Whā and Fonofale, that see the inextricable link between physical, spiritual, family and psychological health.
>
> All New Zealand Red Cross people understand and are able to apply basic psychosocial support principles, including developing strategies to help themselves and those around them to cope with the impacts of disasters. Those providing psychosocial support are well supported themselves, and are offered opportunities to upskill through additional training and exercising. New Zealand Red Cross people provide psychosocial support in a culturally appropriate way".

This Psychosocial Support Framework expands on the DRM strategy, defining and describing our psychosocial support approach in more detail. In particular, it will explain:

- the language we use to talk about psychosocial support;
- why this framework is important;
- our evidence-informed approach;
- our key psychosocial messages;
- the scope of our psychosocial support work;
- who our internal and external stakeholders are;
- our psychosocial support activities in disaster readiness, response and recovery;
- how we train our people; and
- how we support the wellbeing of our people in their DRM roles.

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1 New Zealand Red Cross. 2018. *DRM Strategy 2018-23*.
2 Ministry of Health. (2016). Framework for Psychosocial Support in Emergencies, p vii.

Terminology

Many of the psychosocial support and mental health terms used in this document have varying definitions from different authoritative sources such as the World Health Organisation (WHO), International Federation of Red Cross and Red Crescent Societies (IFRC), the Mental Health Foundation of New Zealand (MHF), and the New Zealand Ministry of Health (MoH). Sometimes a definition can differ depending on whether a term is being used in a DRM context, or a wider health context. At other times stakeholders and audiences may have varying understandings of the meaning, or connotation, of a term.

One aim of this Framework is to clarify the language and terminology we use at New Zealand Red Cross to talk about our psychosocial support work. Psychosocial support (PSS) is not complicated, so we opt for plain-language definitions where possible.

An alphabetical **Glossary of Terms** is provided in Appendix A.

Psychosocial Support Framework

Figure 1 on page 3 illustrates the Psychosocial Support Framework:

- **Our Kaupapa**

  Underpinning our psychosocial support activities before, during and after disasters is our kaupapa of Connect Care Prepare l Tūhono Tiaki Takatū.

- **Resources**

  In disaster readiness, response and recovery we value, protect and care for our resources – our people, communities, partners and tools & training.

- **Activities**

  We provide psychosocial support services, training and education based on community needs and we prioritise support for the most vulnerable in our communities.

- **Outcomes**

  Through our psychosocial support activities we seek to enhance the resilience of our communities by helping them prepare for the psychosocial impacts of disasters and supporting them emotionally and practically during and after disasters. We promote community-led recovery by encouraging and equipping community members to cope, adapt and recover.

- **Knowledge Base**

  Our work is informed by well-recognised psychosocial support models.

Psychosocial Support

How we work before, during and after disasters.

Our Fundamental Principles
- Humanity • Impartiality • Neutrality
- Independence • Voluntary service
- Unity • Universality

Provide psychosocial support

Provide psychosocial support

RESPONSE

RECOVERY

Supporting our people

Prepared for psychosocial impacts

Psychosocial support training and education

Our communities are...

Supported emotionally and practically

Activities

Outcomes

Psychosocial support to affected communities

Equipped to adapt, cope and recover

OUR KAUPAPA

Tūhono, Tiaki, Takatū
Connect, Care, Prepare

Our People

Resources

Our Tools and Training

Skills, experience, knowledge, identity, relationships, culture, connectedness.

Our Communities

Our Partners

READINESS

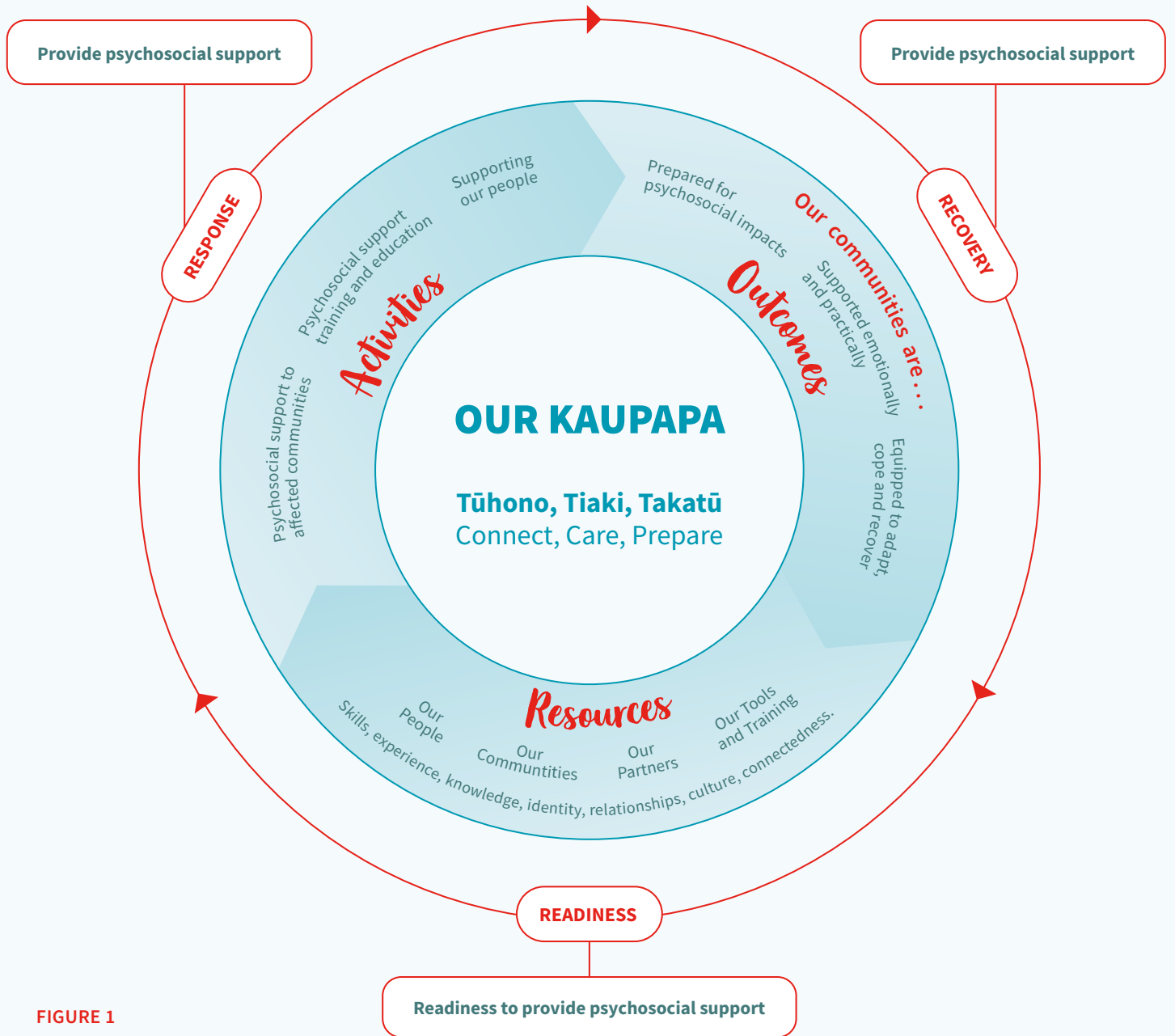Readiness to provide psychosocial support

FIGURE 1

Knowledge Base

Te Whare Tapa Whā

The Four Winds

Look, Listen, Link

The Psychosocial Pyramid

The Five Essential Elements

Five Ways to Wellbeing

Why is this psychosocial support framework important?

Psychosocial support is the way we work

Internationally, the integration of a psychosocial support approach into disaster readiness, response and recovery has gained momentum over the past two decades. It is now widely accepted that well-timed and appropriately delivered psychosocial support helps people to manage and mitigate the impacts of a disaster, and helps to restore social cohesion and emotional wellbeing, in turn strengthening community resilience.[3] For New Zealand Red Cross, psychosocial support is at the heart of our DRM kaupapa – Connect Care Prepare l Tūhono Tiaki Takatū. Our aim is that psychosocial support is not only what we do, but the way we work.

The International Red Cross and Red Crescent Movement (the Movement) has made a commitment to building capacity and capability in Mental Health and Psychosocial Support (MHPSS) within the Movement

A significant milestone within the Movement came in December 2019 when a set of commitments referred to as 'Resolution 2' were adopted, establishing MHPSS as an integral part of the Movement's humanitarian services and identity.[4] Further to Resolution 2, a roadmap, outlining six priority action areas and expected outcomes for 2020-23 has been published. It is the responsibility of the components of the Movement – IFRC, International Committee of the Red Cross (ICRC) and National Societies – to act upon the Resolution and Roadmap. The priority action areas include expected outcomes regarding establishment of a basic level of psychosocial support being established in all National Societies, better integration of MHPSS interventions and approaches across all Red Cross and Red Crescent services, and a supportive and caring workplace achieved and sustained across the Movement.[5] This Framework describes MHPSS progress to date for New Zealand Red Cross in the priority action areas, particularly areas 1 and 3.

A One Team approach to psychosocial support

Since a 2018 review[6] of psychosocial support in New Zealand Red Cross, our psychosocial support services and training have expanded to ensure we are able to provide consistent, well-coordinated, well-supervised psychosocial support activities nationally.

Recent events, in particular the terror attack on the Christchurch mosques in 2019 and the COVID-19 pandemic of 2020, have highlighted how psychosocial support activities before, during and after disasters cut across all parts of our organisation. A high degree of shared understanding of psychosocial support, and collaboration are needed. In addition, as our reputation as a psychosocial support provider grows, New Zealand Red Cross is increasingly being called upon by Government and our partners in the emergency management sector to provide psychosocial support services and training.

This increasing demand for, and complexity of, our psychosocial support services has highlighted the organisational need for greater clarity and consistency of our psychosocial support principles, language, scope of practice, activities, internal roles and boundaries, stakeholder management and training. This Framework aims to provide that clarity and consistency.

3   IFRC Psychosocial Centre strategy, 2016-2020, p. 4
4   https://rcrcconference.org/app/uploads/2019/12/33IC-R2-MHPSS-_CLEAN_ADOPTED_en.pdf
5   https://pscentre.org/wp-content/uploads/2020/06/MHPSS-roadmap-2020-2023.pdf
6   A series of four reports conducted by Maureen Mooney on behalf of New Zealand Red Cross from May 2017-June 2018.

Psychosocial support knowledge base

We take an evidence-informed approach in our psychosocial support work, guided by disaster research and international best practice. The literature on psychosocial support in disasters and resilience is rapidly growing. While we refer to many resources in our work, for simplicity this Framework identifies a small number of organisations with which we seek to closely align our work, and key research-based models on which we base our practice.

Organisations

1. **New Zealand Ministry of Health**

   The Ministry of Health (MoH) is the lead agency for psychosocial support in emergencies in New Zealand. As a support agency, New Zealand Red Cross seeks to align our work with the Ministry's *Framework for Psychosocial Support in Emergencies (2016)* and *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan (2020).*

2. **IFRC Reference Centre for Psychosocial Support**

   The Psychosocial Centre[7], based in Copenhagen, Denmark, is a centre of excellence for psychosocial support in the Movement. It offers psychosocial support training and resources to national societies as well as leading research networks and running events. The Psychosocial Centre training and resources guide our work.

3. **Australian Red Cross**

   The Australian Red Cross (ARC) has generously shared their psychosocial support expertise, training and resources since the Canterbury Earthquakes 2010-2011. Much of New Zealand Red Cross' psychosocial support training, including our Psychological First Aid (PFA) training and Recovery Matters workshops, were developed based on ARC resources. We value this collaborative relationship with ARC in our psychosocial support work.

4. **New Zealand Psychological Society**

   The Society supports our work through clinical review of our psychosocial training resources, including our PFA Guide and PFA Guide COVID-19 supplement (see Publications).

5. **Mental Health Foundation of New Zealand (MHF) and the 'All Right?' campaign**

   During and after disasters we promote psychosocial messaging from the MHF and 'All Right?' and align New Zealand Red Cross psychosocial messaging closely with theirs. We also work in partnership with the MHF in development of our training content, receiving expert guidance and oversight from them.

6. **Te Piringa o Te Awakairangi**

   Te Piringa o Te Awakairangi is a collective of Wellington and urban marae who work together, and with Civil Defence and local authorities, to build the capacity of marae to prepare for, respond to and recover from disasters. New Zealand Red Cross partnered with Te Piringa o Te Awakairangi in the development of the PFA guide in 2015.

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7   www.pscentre.org

Psychosocial support models

This section briefly describes the key models that guide our psychosocial support activities and messaging.

1. Te Whare Tapa Whā

A holistic view of wellbeing is our starting point for understanding psychosocial support. In Aotearoa, a Māori model of health and wellbeing **Te Whare Tapa Whā**[8] illustrates holistic wellbeing. In Te Whare Tapa Whā (see Figure 2) the foundations and four walls of the wharenui (meeting house) represent different parts of our lives -spiritual, mental and emotional, physical, family and social, and connection with our land or roots. Together, these parts form our overall wellbeing.

FIGURE 2: TE WHARE TAPA WHĀ[9]
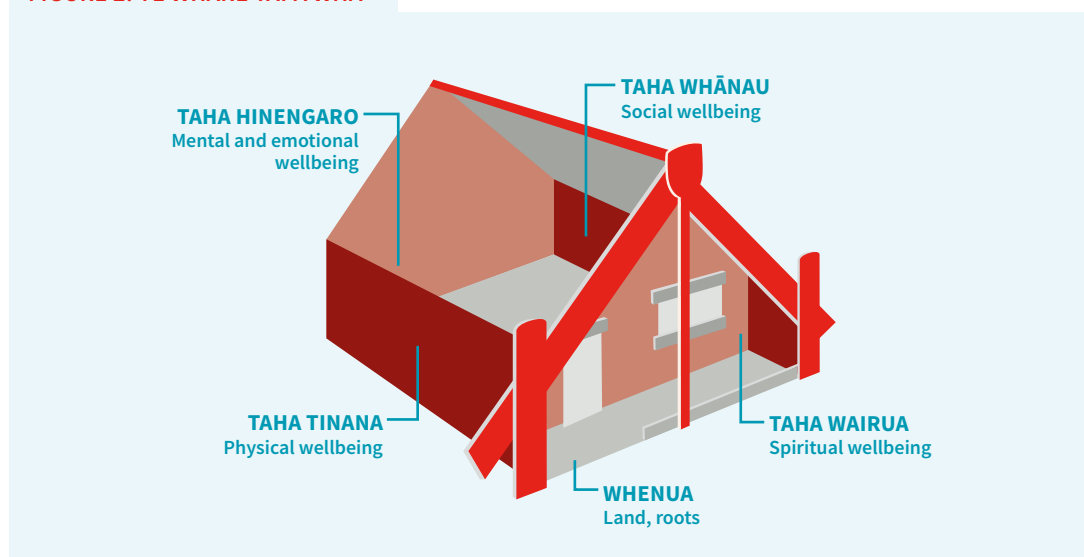
At New Zealand Red Cross we often describe wellbeing as 'feeling good, functioning well and connecting with others', seeking to encompass all aspects of holistic wellbeing within this simple definition. Disasters can have an impact on any or all aspects of our wellbeing. Effective psychosocial support recognises this and the inter-relatedness of the factors contributing to wellbeing.

2. The 'Five Essential Elements'

Five essential elements of post-disaster psychosocial care were identified in a 2007 journal article by American disaster researcher Stevan Hobfoll and multiple international experts.[10] The article presents evidence-based consensus amongst disaster experts on the underlying principles of successful short- and medium-term psychosocial support interventions. These five principles – promoting safety, calm, connectedness, self- and group-efficacy and hope – are widely accepted and promoted in disaster risk management internationally.

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8   Developed by Sir Mason Durie in the 1980s and recognised by the WHO
9   This depiction of 'Te Whare Tapa Whā' comes from the MHF website at https://www.mentalhealth.org.nz/assets/Working-Well/WS-finding-balance-individual.pdf
10 Hobfoll et al. 2007. 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', *Psychiatry*, vol. 70(4), pp 283-315.
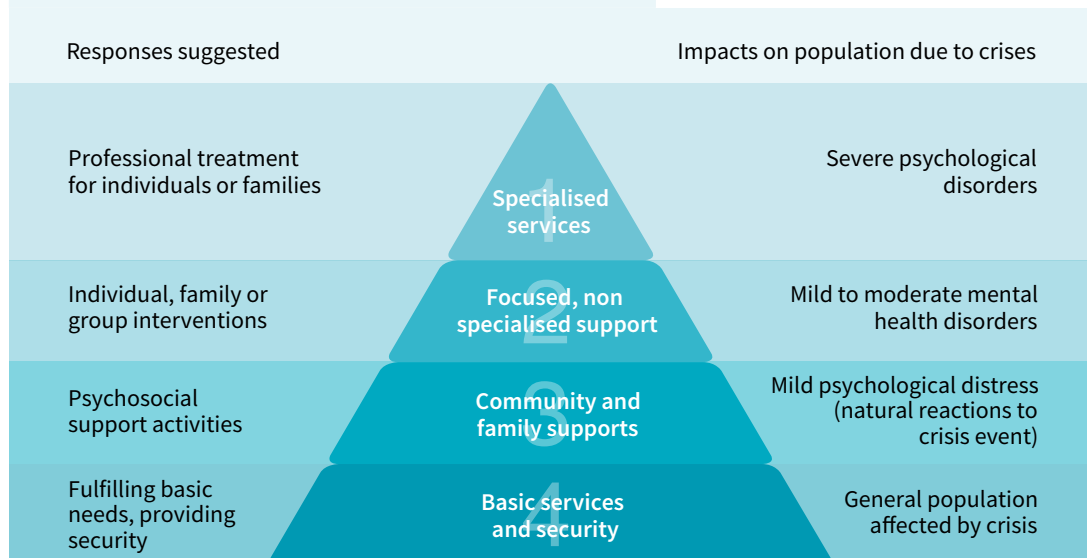
3. The Psychosocial Support Intervention Pyramid

The model in Figure 3, often referred to as the 'psychosocial pyramid', originates from the *Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings, 2007*.[11] During disasters and other shocks and stresses, people are affected in different ways and require different kinds of supports. A key to organising mental health and psychosocial support (MHPSS) is to develop a layered system of complementary supports that meet the needs of different groups.

In New Zealand, the Ministry of Health uses the psychosocial pyramid[12] as it leads and coordinates the planning and provision of mental health and psychosocial support across health, social services and community organisations. Interestingly, the pyramid has been inversed in the MoH 2020 COVID-19 Recovery Plan,[13] which emphasises the amount of PSS interventions which are more numerous and appropriate for larger groups of the population affected by a disaster or crisis. The pyramid guides New Zealand Red Cross in defining the scope of our psychosocial support activities before, during and after disasters and informs our coordination with partner organisations in psychosocial support.

New Zealand Red Cross' psychosocial support interventions are primarily focused on Layers 3 and 4 of the pyramid, with some targeted Level 2 interventions. An example of a New Zealand Red Cross Layer 2 intervention was the Bereaved and Seriously Injured Support Group established after the Canterbury Earthquakes 2010/2011.

FIGURE 3: INTERVENTION PYRAMID FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES[14]

Responses suggested		Impacts on population due to crises
Professional treatment for individuals or families	1 Specialised services	Severe psychological disorders
Individual, family or group interventions	2 Focused, non specialised support	Mild to moderate mental health disorders
Psychosocial support activities	3 Community and family supports	Mild psychological distress (natural reactions to crisis event)
Fulfilling basic needs, providing security	4 Basic services and security	General population affected by crisis

11 Inter-agency Standing Committee, 2007, Guidelines on Mental Health and Psychosocial Support in Emergency Settings
12 Ministry of Health (2016), p.9.
13 Ministry of Health (2020), p vi.
14 IASC (2007), pp.11-13.

LAYER 4 – Basic services and security

The wellbeing of all affected people is protected through the re-establishment of security and services that address basic physical needs such as food, water, shelter and basic health care. Psychosocial response at this level may include: advocating that these services are required, documenting psychosocial impact and influencing government and other agencies to deliver services in a way that promotes psychosocial wellbeing.

LAYER 3 – Community and family supports

Strengthening community and family supports to promote activities that foster social cohesion among affected populations, including supporting the re-establishment, or development, of community-based structures that are representative of the population in terms of age, gender and diversity.

LAYER 2 – Focused, non-specialised support

Focused psychosocial support to provide emotional and practical support through non-specialised workers in health, education or community services in individual, family or group interventions for those who are having difficulty coping. Psychosocial interventions (Layers 4-2) are beneficial also for individuals who require clinical support, and in fact may diminish the number of individuals who end up needing specialised services.

LAYER 1 – Specialised services

Clinical mental health services for those with severe symptoms or who are suffering to the extent they are unable to carry out basic daily functions. This group is usually made up of those with pre-existing mental health disorders and emergency-induced problems. Following a disaster or crisis up to 22%[15] of individuals can experience reactions that may require clinical disaster mental health intervention. To ensure adequate and appropriate care is provided in a timely and professional way, linkages are created to mental health professionals.
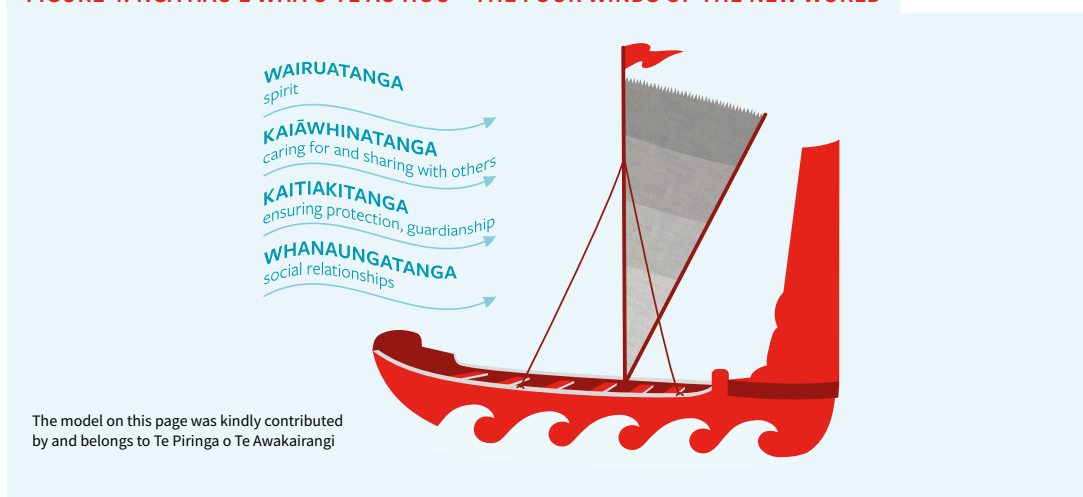
15   Charlson, F. et al. 2019. *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*. https://doi.org/10.1016/
      S0140-6736(19)30934-1

4. **Ngā hau e whā o te ao hou – the Four Winds of the New World**

This model, shown in Figure 4, was gifted to New Zealand Red Cross by Te Piringa o te Awakairangi in 2015 during the development of the PFA Guide. It is an adaptation for Māori of the psychosocial pyramid in Figure 3 above.

The waka (canoe) represents the journey to recovery - from the darkness of crisis and disaster to the light of restoration. The different types of support which are helpful to affected communities (the psychosocial pyramid) are depicted by the sail of the waka, propelled by Te Ao Māori values of *wairuatanga (spirit)*, *kaiāwhinatanga (caring for and sharing)*, *kaitiakitanga (ensuring protection, guardianship)* and *whanaungatanga (social relationships)*. The flag represents storytelling in times of adversity, which helps build a safe space for recovery and builds connection and trust.

FIGURE 4: NGĀ HAU E WHĀ O TE AO HOU – THE FOUR WINDS OF THE NEW WORLD

WAIRUATANGA
spirit

KAIĀWHINATANGA
caring for and sharing with others

KAITIAKITANGA
ensuring protection, guardianship

WHANAUNGATANGA
social relationships

The model on this page was kindly contributed by and belongs to Te Piringa o Te Awakairangi

5. **Psychosocial Phases of Recovery**

The model in Figure 5 describes an affected community's psychosocial wellbeing during and after a major disaster. It is an adaptation[16] of the commonly-cited Zunin and Myers model (2000)[17]. The model shows a generalised progression of community psychosocial response, interwoven with the disaster life cycle, and has been found to broadly apply across a range of disaster types.[18]
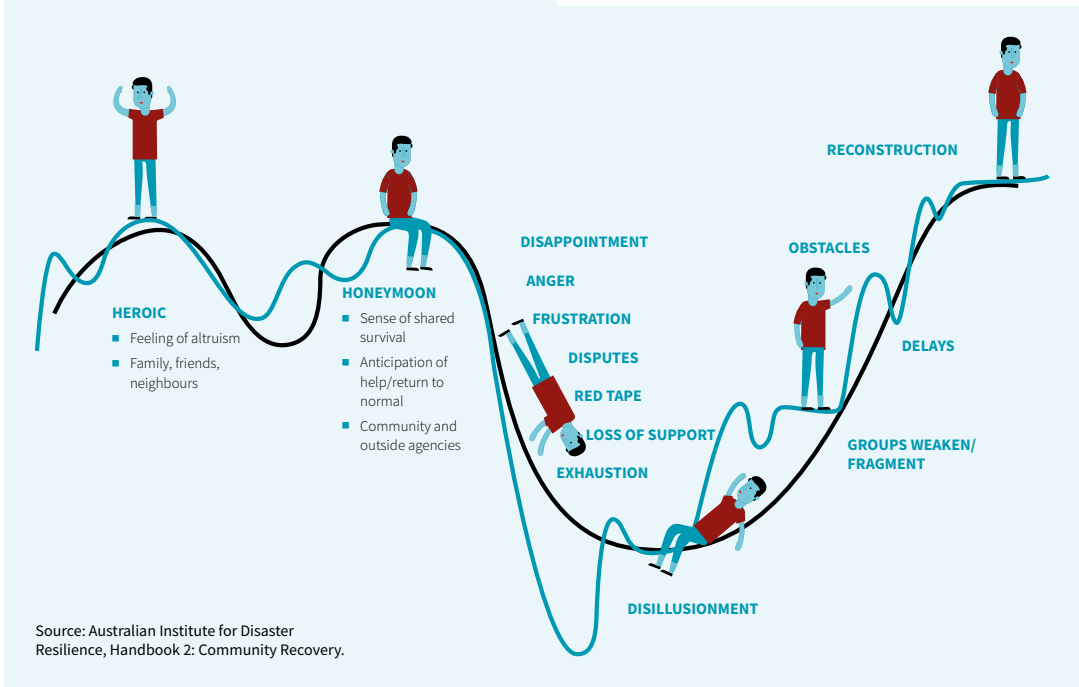
Four phases of psychosocial recovery are depicted below. Generally, straight after a disaster people pull together to respond and the feeling of unity and positivity is high (**heroic**). In the following days and weeks an optimistic sense of the timeframe to recovery remains and support levels remain high (**honeymoon**). Over the medium to longer term, the reality of the day-to-day difficulties and long-term timeframe of recovery sets in, and the cumulative effect of **secondary stressors** can take their toll on people's stress levels (**disillusionment**). Over time, most people do recover as impacts of the disaster lessen and they adapt their lives to a 'new normal' (**recovery**). For a significant disaster, this psychosocial recovery journey can take many years, even decades, depending on an individual or community experience.

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16 Australian Institute for Disaster Resilience. 2000. *Handbook 2:Community Recovery*, p.22
17 Sepie, A. 2015. *Psychosocial Wellbeing: Communities, Families, Youth and Children 0-18 yrs*, pp.7-12.
18 Shaw et al. 2012. *Care of Children Exposed to the Traumatic Effects of a Disaster*, p.26.

FIGURE 5: PSYCHOSOCIAL PHASES OF RECOVERY

RECONSTRUCTION

DISAPPOINTMENT

ANGER

OBSTACLES

FRUSTRATION

DELAYS

DISPUTES

RED TAPE

LOSS OF SUPPORT

GROUPS WEAKEN/
FRAGMENT

EXHAUSTION

DISILLUSIONMENT

HEROIC
- Feeling of altruism
- Family, friends, neighbours

HONEYMOON
- Sense of shared survival
- Anticipation of help/return to normal
- Community and outside agencies

Source: Australian Institute for Disaster Resilience, Handbook 2: Community Recovery.

Shortcomings have been identified in this and other linear temporal models, particularly in affected communities with pre-existing vulnerabilities. We acknowledge the limitations of a broad-scale model applied to the unique circumstances of each different disaster and each affected community.[19]

In our experience, both supporters and affected community members have found this model, in particular the identification of the heroic, honeymoon and disillusionment phases, very helpful in understanding and making sense of their post-disaster experience.

6. Look-Listen-Link action principles

The Look-Listen-Link action principles form the basis of our PFA training and practice. These principles come from WHO *Psychological first aid: Guide for field workers* published in 2011.[20] The IFRC Psychosocial Centre also uses the Look-Listen-Link principles for PFA in its training resources for national societies across the Movement.

7. The Five Ways to Wellbeing

The 'Five Ways to Wellbeing' originate from a large study done by the New Economics Foundation (NEF) in the UK[21], identifying simple evidence-based actions any person or group can take to improve wellbeing. These five actions of Give, Take Notice, Be Active, Keep Learning and Connect are actively promoted by the MHF and the "All Right?" campaign.

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19   Sepie, A. 2015. Psychosocial Wellbeing: Communities, Families, Youth and Children 0-18 yrs, pp.7-12
20   World Health Organisation, War Trauma Foundation & World Vision International. 2011. Psychological first aid: Guide for field workers. World Health Organisation: Geneva.
21   Aked, J. and Thompson, S. 2011. Five Ways to Wellbeing: New applications, new ways of thinking. New Economics Foundation: London.

Psychosocial support before, during and after disasters – key messages

> *"Psychosocial support during an emergency (no matter how long it lasts) is about easing the psychological, social and physical difficulties for individuals, families, whānau and communities. It is also about enhancing wellbeing and helping people to recover and adapt after their lives have been disrupted."*[22]

The statements below summarise the key evidence-informed messages of our psychosocial support activities and priorities:

1. **Most affected people will experience some level of distress**

2. **Everyone in a disaster can benefit from some form of psychosocial support**

3. **Psychosocial support helps individuals and communities recover and build resilience**

4. **Effective psychosocial interventions promote safety, calm, connectedness, self- and group-efficacy and hope**

5. **Psychosocial support needs to be adapted to the context and cultures of the community**

6. **Supporting people in disasters can affect the wellbeing of our people**

7. **Psychosocial recovery from disaster events can take years**

8. **Preparing for the psychosocial impacts of disasters enhances resilience**

Key message 1: Most affected people will experience some level of distress

Most people and communities affected by disasters and other shocks and stresses will experience some level of individual and/or collective distress, i.e. a loss of wellbeing directly related to the event or its secondary stressors. There is a broad range of typical short-term emotional, mental, physical, behavioural, social and spiritual reactions to disasters, which we refer to as 'normal reactions to an abnormal event'.[23] These distress reactions can affect people's ability to cope with the changed circumstances that disasters bring. It is important to differentiate typical distress reactions from mental illnesses, which have a more severe and long-lasting impact on mental health and psychological functioning. Distress is much more common than mental health disorders in the days and weeks following disaster events.[24]

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22   Ministry of Health (2016), p. ix.
23   ibid., pp.44-45.
24   ibid., vii.

Key message 2: All those involved in a disaster are likely to benefit from some form of psychosocial support[25]

During and after a disaster, most people[26] can manage their distress reactions, which will generally ease over time, with support from whānau and friends. Others will need more formal or professional intervention from people or organisations outside their usual family and community networks and a small proportion of people will need specialised mental health services. The psychosocial pyramid model shows the types of interventions appropriate for varying levels of distress.

New Zealand Red Cross provides psychosocial support at the lower three levels of the pyramid (levels 4, 3 and 2) and we refer and/or link affected people to more specialised care when appropriate. We support the re-establishment of basic services and security in a way that promotes psychosocial wellbeing. We encourage and connect people with their whānau and community supports and at times we provide focused, non-specialised support such as targeted PFA, or support groups for the bereaved.

Key message 3: Psychosocial support helps individuals and communities recover and build resilience

Well-timed and appropriately delivered psychosocial support helps people bounce back from, and mitigate the impacts of a crisis, and helps to restore social cohesion and emotional wellbeing, and in turn, strengthen community resilience.[27] By supporting the psychosocial recovery of individuals and communities, agencies are empowering them to take control of and better navigate their recovery in other areas – for example, to rebuild a house (infrastructure) or adapt to a change in working conditions (economic). If the psychosocial recovery and wellbeing of individuals and communities is not supported, it is unlikely that recovery in other areas will be effective.[28]

Key message 4: Effective psychosocial interventions promote safety, calm, connectedness, self- and group efficacy and hope

We seek to promote the 'five essential elements' of effective psychosocial interventions (see page 8) in our disaster readiness, response and recovery, both at a programme level and in our individual interactions with affected community members (and our Red Cross people). Take for example promoting a sense of safety. We have learnt from evaluation of previous programmes that a Red Cross presence in a community during and after a disaster helps people feel safe - the power of the emblem (also described as 'ontological security'). Therefore, we seek to have a visible presence in communities through response and recovery, for example at community events and through outreach activities. When providing PFA to an affected person, decisions about who will provide support, where they talk, how they introduce themselves, and so on will all be made to ensure the person feels safe with our supporter.

More detailed information about promoting the five elements is contained in Appendix C.

25   Ministry of Health (2016), p.vii. Here, 'psychosocial support' includes support people receive from their family, friends and usual support networks.
26   Research literature suggests approximately 80% of people will adjust with some support. 27   IFRC Psychosocial Centre strategy, 2016-20, p.4
28   Australian Red Cross, cited in Mooney, M. (2017). *Initial Report on the Development of the Psychosocial Framework for the New Zealand Red Cross in the Disaster Continuum*, p.10.

Key message 5: Psychosocial support needs to be adapted to the context of the community

The provision of psychosocial support is not 'one-size-fits all'. What will be effective and appropriate for one individual or community will not be so for another. Different values and world views will mean that what promotes a sense of safety or hope for one community may differ markedly from another community. Effective interventions to reduce distress after disasters should focus on self- and group-efficacy, cultural sensitivity, and community participation. The knowledge and participation of the affected communities is vital not only to build trust and engagement, but to lead and guide effective forms of support.

Key message 6: Supporting people in disasters can affect the wellbeing of our people

The disaster environment is complex. In their psychosocial support roles, our people can be exposed to trauma, loss and devastation, and sometimes injury and death. They may find themselves comforting survivors in the initial phases of shock and grief while working long shifts in challenging conditions.[29] Risks inherent in this type of work include **stress, disaster distress, burnout** and **vicarious trauma**. New Zealand Red Cross has an obligation to support the wellbeing of all our people as they undertake their roles. This includes assisting our people to be aware of the risks of working in disasters, to manage their stress, support each other, seek help when they need it and sustain their own wellbeing through the demands of their role.

Key message 7: Psychosocial recovery from disaster events can take years

Psychosocial recovery is not about returning to normality; rather, it is about positively adapting to a changed reality.[30] Adaptation takes time, with some research estimating the timeframe for recovery from a major disaster as at least five to ten years.[31]

Different groups in an affected population will also experience different impacts at different times. Disasters tend to exacerbate pre-existing inequalities, so groups that were vulnerable pre-disaster will often continue to be vulnerable during and after a disaster. New vulnerabilities can also emerge due to a community's experience during a disaster, while others may become more vulnerable through the long tail of recovery.[32]

Key message 8: Preparing for the psychosocial impacts of disasters enhances resilience

Traditionally, individual and community preparedness for disasters has focused on practical actions to ensure survival until further support arrives.[33] In their preparedness activities if people also think about potential disaster impacts on their psychological and social wellbeing, they are more likely to anticipate their own needs and be connected with their community in the aftermath of disaster.[34] Being prepared practically, psychologically and socially promotes psychosocial wellbeing after disasters, and increases both self and community efficacy, or the ability to make effective decisions for oneself.

29   International Federation of Red Cross and Red Crescent Societies. 2012. *Caring for volunteers: A psychosocial support toolkit*. Copenhagen: IFRC Psychosocial Centre.
30   Mooney et al. 2011. 'Psychosocial Recovery from Disasters: A Framework Informed by Evidence'. New Zealand Journal of Psychology, 40 (4).
31   2013. *Community in Mind: Greater Christchurch Psychosocial Recovery Background Document*, pp.3-8.
32   ibid.
33   Australian Red Cross, 2015. *Emergency Services Training Toolkit: Preparedness*.
34   Australian Red Cross & Australian Psychological Society, 2013. *Psychological preparedness*

Scope: role, skills, identity

The scope of New Zealand Red Cross' psychosocial support work is determined by these factors

1. **Legislated role in national and local emergencies**

   Under the Civil Defence Emergency Management (CDEM) Act 2002 and the National CDEM Plan 2015, government and non-government organisations have specific roles and responsibilities in national and local emergency management. New Zealand Red Cross has a supporting role in the 'psychosocial support' welfare sub-function, of which the MoH is the lead agency at the national level, and District Health Boards (DHBs) at the regional level. Our support role entails providing "psychological first aid during emergencies and ongoing psychosocial support and bereavement support services as required throughout recovery", in support of the MoH and/or DHBs.

2. **Skills**

   The **psychosocial pyramid** (see page 9) illustrates the multi-layered approach to psychosocial interventions. It also helps describe the boundaries of our role in providing psychosocial support. We support people and communities in ways described in the lower three layers of the pyramid and our people are trained to provide this level of support. We do not provide the specialised mental health services at the top of the pyramid.[35]

3. **Identity as a humanitarian organisation**

   Our mission to improve the lives of the most vulnerable directs us to prioritise identifying, advocating for, and supporting individuals and groups with psychosocial vulnerability[36], particularly those who fall through the cracks of existing services. Our community-led approach to enhancing community resilience focuses our efforts on the needs and priorities identified by the communities we work with.

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35   The exception to this is that NZRC does provide specialised mental health services in our Migration Programmes through our Trauma Recovery Team. In addition, in disaster recovery we have partnered with mental health services to fund the provision of mental health services to targeted groups.
36   For example, the psychosocial vulnerabilities of young people identified in the research paper which informs the New Zealand Red Cross Youth Engagement Strategy (2021).

Psychosocial support activities before, during and after disasters

When our people hear the word 'psychosocial support', their first thought is often Psychological First Aid (PFA). In the emergency management sector in New Zealand, Red Cross is a respected provider of PFA services and training. While PFA is one of our primary tools, it is not the only psychosocial support activity we engage in.

Our psychosocial support activities fall into three broad categories:

1. **Psychosocial support to disaster affected individuals and communities**

   New Zealand Red Cross people provide psychosocial support to disaster-affected individuals and communities. In disaster response, 'psychosocial support' is one of the welfare sub-functions in which Red Cross takes a supporting role to the MoH/District Health Boards (DHBs). Our Disaster Welfare and Support Teams (DWSTs) provide PFA primarily in evacuation/assistance centres and through outreach activities.

   During response and recovery following a disaster, we may also initiate our own psychosocial support activities, e.g. conducting wellbeing check-ins by phone and delivering care parcels. Knowing that social support helps people cope with, adapt to and recover from difficulties, we work to support community connectedness before, during and after disasters. For example, in disaster readiness we actively promote Neighbours Day Aotearoa in our communities. Throughout long-term recovery we work with communities to support community events and create '**bumping spaces**', where community members can reconnect and share experiences. The **self-recovery** of communities affected by disasters and crisis is facilitated through addressing underlying vulnerabilities and risks, and building resilience and social cohesion.[37] Access to psychosocial support knowledge, training and messaging contributes to self-recovery.

2. **Psychosocial support training and education**

   New Zealand Red Cross delivers psychosocial support training to our people (members, volunteers, staff) in order to equip them to deliver psychosocial support and look after themselves while supporting others. We also provide training to external organisations and community groups to build community resilience. More details about our training offerings appear in the 'Training and Publications' section of this Framework on page 26.

   Psychosocial support training and education informs people about the potential psychosocial impacts of a disaster event and helpful strategies and tools to address the impacts. It can take many forms, from bite-sized public messaging via multiple media channels, to structured courses or workshops. Psychosocial support training and education can be both general, building individual and community psychosocial resilience in a broad sense, or specific to an event, as it usually is in response and recovery.

   During and after events, New Zealand Red Cross reinforces the public messaging provided by the MoH, MHF and *All Right?*[38] campaign through our internal and external communication channels. In disaster recovery, our *Recovery Matters* workshops can be delivered in flexible ways to our own people and affected communities.

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37   IFRC (December 2020), Recovery Framework DRAFT, pp.7 & 21.
38   See www.allright.org.nz/about for more information about the *All Right?* health-promoting social marketing campaign.

3. Supporting our people

Supporting our people involves establishing capability and capacity to provide psychosocial support to our members and staff who are working in response and recovery. An important part of capability building is the mental health and wellbeing training[39] from our DRM Psychosocial Support Learning Pathway, which prepares our people to look after themselves and each other when supporting communities. More information about supporting our people is provided in the 'Support for our people' section on page 24 of this Framework.

Table 1 below provides more examples of our psychosocial support activities in disaster readiness, response and recovery.

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39   Particularly the *Stress*, *Wellbeing and Resilience*, the *Caring for Self and Others after a Disaster* and *Mental Health Matters* courses

TABLE 1: EXAMPLES OF NEW ZEALAND RED CROSS PSYCHOSOCIAL SUPPORT ACTIVITIES BEFORE, DURING AND AFTER DISASTERS (NOTING THE LINES BETWEEN 'BEFORE', 'DURING' AND 'AFTER' CAN BE BLURRED AND OFTEN ARE)

	BEFORE *READINESS*	DURING *RESPONSE*	AFTER *RECOVERY*
1. Psychosocial support to disaster affected individuals and communities	Encourage community connectedness in and through all our programmes including our specific disaster preparedness programmes, for example through promotion of Neighbours Day Aotearoa and the annual Good and Ready campaign Support communities to include psychosocial support considerations in their local emergency planning	Provide Psychological First Aid (PFA) to affected community members in Civil Defence Centres, at roadblocks, through outreach visits Provide visible reassurance at community meetings and events Communicate psychosocial messaging via our media channels	Provide PSS to community members at recovery centres, community events, through outreach visits Promote connectedness by organising or supporting community events Promote and provide PSS messaging, plus targeted PSS messaging, e.g. 'Bounce' wellbeing messaging for young people Support the bereaved and seriously injured
2. Psychosocial support training and education	Provide internal and external psychosocial support training, e.g. ■ Intro to PSS ■ All PFA courses ■ Stress, Wellbeing and Resilience ■ Recovery Matters ■ Mental Health Matters	Provide 'just-in-time' psychosocial support training internally or externally as needed/ requested	Provide psychosocial support training internally or externally as needed/ requested Deliver Recovery Matters workshops to support organisations and community groups in affected communities
3. Supporting our people	Provide internal training ■ Stress, Wellbeing and Resilience ■ Caring for Self and Others after a Disaster ■ Recovery Matters ■ Mental Health Matters ■ Leading Psychosocial Support Implement preventative strategies by developing appropriate systems, processes and resources.	Implement preventative and mitigation strategies before, during and after deployment, including adequate briefing, debriefing, supervision and post-deployment follow-up. Internal communication of psychosocial messaging and wellbeing strategies and tools	Provide internal training ■ Stress, Wellbeing and Resilience ■ Caring for Self and Others after a Disaster ■ Recovery Matters ■ Mental Health Matters Implement strategies before, during and after deployment, including adequate briefing, debriefing, supervision and post-deployment follow-up.

One Team providing psychosocial support

The New Zealand Red Cross psychosocial support response to the 15 March 2019 terror attack on the Christchurch mosques, and the global COVID-19 pandemic, required psychosocial support knowledge and skills from across the organisation. For example, the cross-cultural expertise of our Migration Programme workers and their connectedness with Muslim communities throughout New Zealand was vital in our response to the terror attack. During the COVID-19 Alert Level 4 lockdown, the training expertise and capacity from First Aid enabled rapid development and delivery of online PFA training to internal and external audiences (including partner organisations in the Civil Defence Emergency Management sector). During both events, our Communications, Marketing and Fundraising team enabled psychosocial messaging to be available internally and externally on multiple media channels.

We need all our people to understand and provide psychosocial support before, during and after disasters. Here are just some ways that can happen:

All our people – we can all get to know our neighbours and connect with others in our local area. During and after a disaster we can check in on the wellbeing of our whānau, friends and colleagues. In addition, we can all work on building our personal psychosocial resilience and prepare for the potential psychosocial impacts of future disaster events.

Good and Ready members – these PFA-trained local volunteers can check in on the wellbeing of those around them and have confidence to support people who are distressed.

Disaster Welfare and Support Team (DWST) and Community Relief Team (CRT) members – can be deployed nationally (DWST) and locally (CRT) to provide PFA and other support in welfare centres and through outreach activities.

Any public-facing staff and volunteers (e.g. First Aid instructors, Retail staff and volunteers, Service Centre staff etc.) – during and after a disaster event can use psychosocial support knowledge and skills to support the wellbeing of Red Cross clients or customers.

Table 2 below shows the role each of our organisational groups and business units can have in the provision of psychosocial support before, during and after disasters.

With the involvement of so many of our people, a coordinated One Team approach to psychosocial support requires an increased level of both formal and informal internal collaboration – a psychosocial support 'Community of Practice'.

Existing and planned groups within our Community of Practice are:

- PSS Reference Group – oversight of PSS Framework, cross-cutting PSS policies & decisions
- PSS Interest Group – network of members and staff interested in PSS, primarily for connection and education
- PSS Working Group – short-term, project-based groups of members and staff

TABLE 2: PSYCHOSOCIAL SUPPORT ACTIVITIES BEFORE, DURING AND AFTER DISASTERS – ROLES OF RED CROSS PEOPLE			
PEOPLE	**BEFORE**	**DURING**	**AFTER**
DRM	Work with First Aid to develop PSS training resources Train NZRC people to meet anticipated needs by building PSS capacity Work with NZRC people to prepare to provide PSS	Coordinate NZRC PSS response activities and ensure support for NZRC people providing PSS Liaise with CDEM PSS stakeholders	Lead and coordinate NZRC PSS activities & Recovery activities Deliver Recovery Matters workshops, PFA and/or other non-commercial PSS training and education to respond to new or exacerbated vulnerabilities Liaise with CDEM PSS stakeholders
Membership/ local branches	Build neighbourhood connections and community networks Promote preparedness messaging and activities Undertake and promote PSS training and education	Do wellbeing checks of neighbours and community members, providing PSS when needed Support response activities	Keep checking in with local community Support PSS recovery activities Undertake and promote Recovery Matters and other PSS training and education
Humanitarian Development	Be the 'face of PSS' in local communities, e.g. deliver 'Introduction to PSS' workshops to local groups, promote Neighbours Day Aotearoa and Good and Ready, be part of local PSS stakeholders group	Mobilise/support/ resource local members to support wellbeing locally Liaise with local CDEM sector PSS stakeholders Provide PSS to clients (e.g. MoW)	Mobilise/support/ resource local members to support wellbeing locally Liaise with local CDEM sector PSS stakeholders Provide PSS to clients (e.g. MoW)
First Aid	Deliver internal and external PSS training as a commercial and social impact activity Provide basic PSS training, e.g. 'Stress, Wellbeing and Resilience' course, that gives people base for further PSS training and overall improves mental health and wellbeing	Provide PSS to First Aid clients Deliver internal and external PSS training to clients	Provide PSS to First Aid clients Deliver internal and external PSS training to clients
People and Capability	Establish systems, processes and resources for supporting wellbeing of NZRC people before, during and after disasters	Support wellbeing of all Red Cross people	Support wellbeing of all Red Cross people

PEOPLE	BEFORE	DURING	AFTER
Fundraising, Marketing & Communications	Attend psychosocial support training and prepare 'stock' psychosocial messaging in readiness for future disaster events	Communicate PSS messaging internally and externally through media channels Provide PSS and PSS resources/training to sponsors and donors	Communicate PSS messaging internally and externally through media channels Provide PSS and PSS resources/training to sponsors and donors
Migration Programmes	Translate preparedness resources for former refugee clients and communities Promote and enable greater connectedness in our migration communities	Provide PSS to Migration programme clients	Continue to provide support to Migration programme clients
Retail	Provide PFA training opportunities for Retail staff and volunteers	Provide PSS to retail customers	Continue to provide support to retail customers
International	Provide PFA training and 'training of trainers' to Pacific National Societies	Send PSS delegates to support IFRC and/or local National Society response	Send PSS delegates to support IFRC and/or local National Society recovery

Recovery

HEROIC

- Feeling of altruism
- Family, friends,
  neighbours

recovery through
understanding

Training and publications

Courses

We equip our DRM volunteers and staff to provide psychosocial support, and take care of themselves and each other, through our psychosocial support training and education.

Our DRM and First Aid work streams collaborate in the development and delivery of psychosocial support training and education. In some cases, courses that are developed for internal training are then adapted and/or packaged for external delivery; in other cases, courses are developed to meet external needs and then offered internally. Through this joint development work our DRM psychosocial support training offerings have expanded from Recovery Matters and PFA in 2015, to ten courses comprising the current DRM Psychosocial Support Learning Pathway (see Appendix B for more details):

- Introduction to PSS
- Essential PFA
- Stress, Wellbeing and Resilience
- Caring for Self and Others after a Disaster*
- PFA case studies and scenarios*
- Essential PFA Refresher*
- Mental Health Matters
- Recovery Matters
- Comprehensive PFA
- Leading PSS*

*courses in development as at April 2021

Additional psychosocial support training and education courses that are being or have been delivered include:

- Are You Worried About Someone?
- Youth PFA
- PFA for marae
- Bounce (bounce.org.nz)

From the suite of courses in the learning pathway, role-specific learning pathways are developed.

Training delivery

DRM is responsible for the training of our members, volunteers and staff for their work in DRM. This internal DRM training can be delivered by DRM staff or contracted to the First Aid team for delivery.
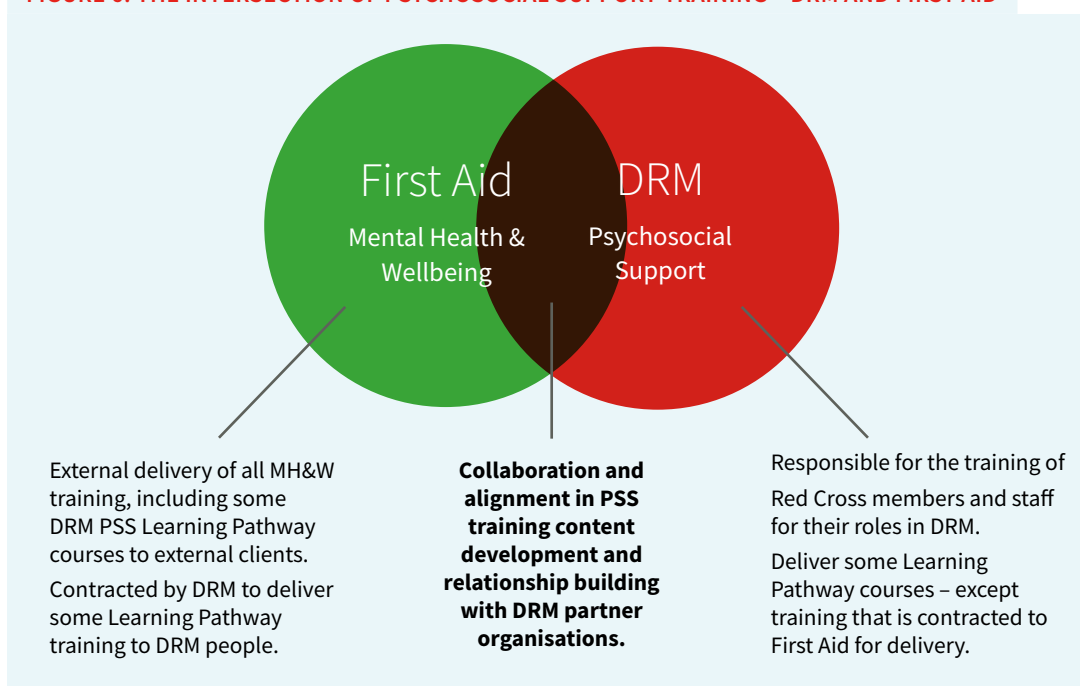
Much of Red Cross' psychosocial support training is provided to external clients and is delivered by the First Aid psychosocial team. First Aid is responsible for all external delivery of psychosocial support training, including training delivered to external clients in the CDEM sector.

External clients who receive Red Cross psychosocial/ mental health and wellbeing training to prepare for, or recover from disasters, include:

- Corporate clients;
- Civil Defence Emergency Management (CDEM) groups;
- Support organisations, e.g. The Salvation Army, national or local health and social service agencies;
- Disaster-affected communities, or communities preparing for a disaster; and
- The general public.

In addition to the clients listed above, First Aid has many corporate and other clients who access psychosocial support training in the context of health, safety and wellbeing at work, or general mental health, rather than preparing for or recovering from disasters. For this reason, First Aid currently uses slightly different terminology to DRM at times in the branding, promotion and content of external courses. For example, First Aid's psychosocial suite of courses is branded 'Mental Health and Wellbeing' (MH&W) rather than 'Psychosocial Support' (PSS). However, while there may be different foci and audiences for our training at times, the intersection of our work is far more significant than any differences. Figure 6 represents the different spheres of training and audiences for DRM and First Aid and illustrates how our work intersects.

FIGURE 6: THE INTERSECTION OF PSYCHOSOCIAL SUPPORT TRAINING – DRM AND FIRST AID

External delivery of all MH&W training, including some DRM PSS Learning Pathway courses to external clients.
Contracted by DRM to deliver some Learning Pathway training to DRM people.

Collaboration and alignment in PSS training content development and relationship building with DRM partner organisations.

Responsible for the training of Red Cross members and staff for their roles in DRM.
Deliver some Learning Pathway courses – except training that is contracted to First Aid for delivery.

Publications

Below is a list of New Zealand Red Cross psychosocial support publications as at April 2021. These resources support our training courses, but also stand independent to them.

- Psychological First Aid: He Whakarauora Hinengaro, 2nd Edition (2020)
- Psychological First Aid for COVID-19 in Aotearoa New Zealand (2020)
- Recovery Matters – Workplace Workshop (2014)
- Recovery Matters – New Zealand Red Cross staff, volunteer and member training (2014)
- Leading in Disaster Recovery – A Companion Through Chaos (2015)

Support for our people

> *All New Zealand Red Cross people understand and are able to apply basic psychosocial support principles, including developing strategies to help themselves and those around them to cope with the impacts of disasters. Those providing psychosocial support are well supported themselves…." (DRM Strategy, p.7)*

We acknowledge that the support and wellbeing of our people is critical to the successful provision of psychosocial support to affected communities, and we prioritise the wellbeing of our people in all situations. We also acknowledge that wellbeing is complex, there are risks inherent in this work, and that our people can be impacted before, during and after undertaking psychosocial support and other DRM activities.

Impacts of stress

Most disaster workers will experience some adverse effects in their work, often mild reactions which resolve with self-care and social support[40]. However, a small percentage of workers experience stress reactions over a longer period. The empathy needed to appropriately support people preparing for, experiencing or recovering from a disaster – particularly with a service such as psychological first aid – can lead to disaster workers unknowingly taking on the negative feelings of those they are supporting.

There are a number of psychosocial consequences from undertaking work with people experiencing distress and crisis. This can include stress, **disaster distress**, **vicarious trauma** and **burnout** – see Appendix A for definitions of these terms. These impacts can be compounded by particular conditions, for instance where there has been death, where children or vulnerable groups are involved, where people feel that the impacts could have been prevented, or when incidents follow on from other stressful events.

Therefore, heightened workforce stress can cause:

- Negative impacts on emotions, cognition and behaviour
- Negative impacts on mental and physical health
- Negative impacts on personal and workplace relationships
- Loss of motivation
- Increased team conflict
- Reduced personnel capacity in both the short and long term
- Reduced quality of service delivery

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40   Miller, JL. 2012. *Psychosocial capacity building* in response to disasters. Columbia University Press, New York.

Responsibilities for supporting wellbeing

There are dual responsibilities in supporting the wellbeing of our people – Red Cross has responsibilities and our people have responsibilities.

DRM volunteers and staff are responsible for:

- attending training on stress management, self-care and wellbeing;
- prioritising self-care before, during and after DRM work;
- following processes and speaking up; and
- seeking support when requested to or when they need to.

In collaboration with People & Capability, DRM has responsibilities and goals for supporting our people to:

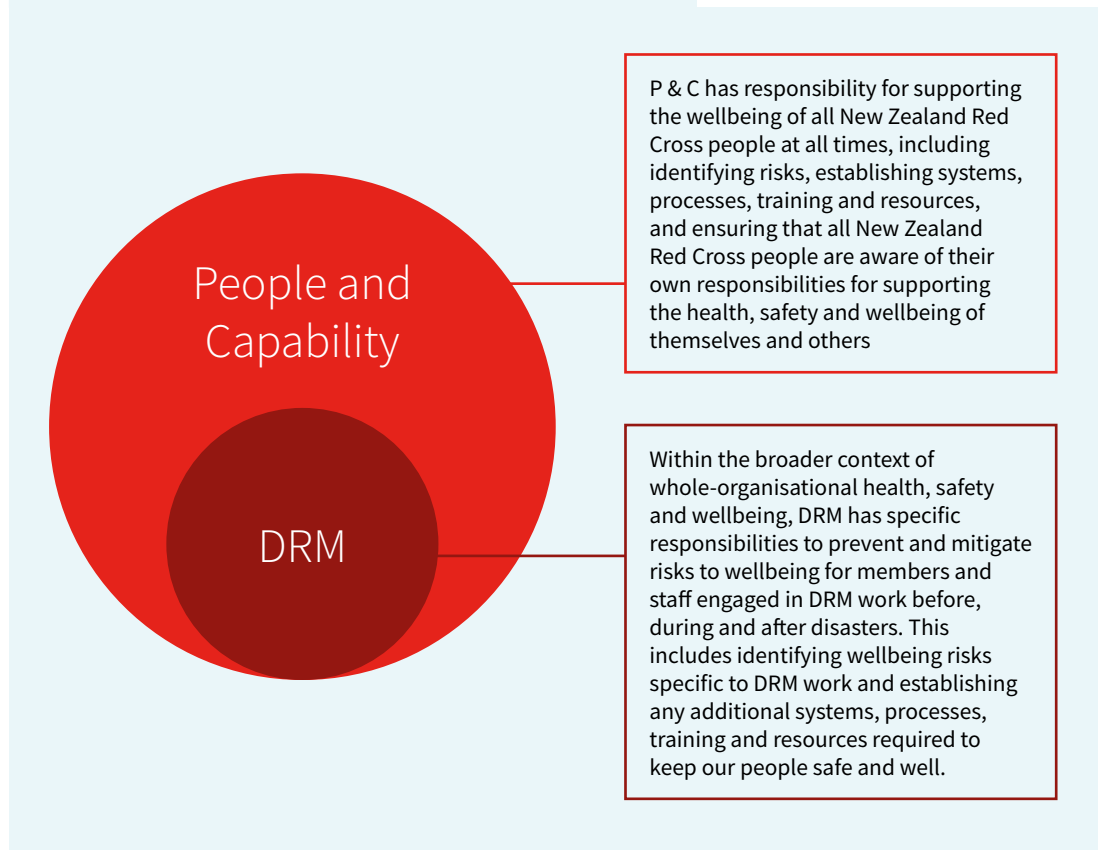|	
Culture	**Lead a program culture** that: - Provides a psychosocially safe environment for all our people before, during and after disasters - Views all decision making through a wellbeing lens - Aims to prevent impacts over mitigating them - Encourages a safe environment to raise issues and get them addressed
People	**Support our people** by: - Applying our core psychosocial principles across DRM - Establishing and maintaining a framework of processes, resources and tools to support wellbeing; - Reducing harm to our people - Adding value to their individual wellbeing, so that they are better off having been involved with us
Other	**Ensure effectiveness** by: - Reducing and combatting turnover, leading to savings of time and money to replace them - Establishing mechanisms of accountability - Utilising cross organisation resources, tools and relationships – collaborating in particular with People & Capability and First Aid

Figure 7 represents the Health, Safety and Wellbeing responsibilities of People & Capability and DRM respectively and illustrates how our work intersects for members and staff undertaking DRM work.

People and Capability

DRM

P & C has responsibility for supporting the wellbeing of all New Zealand Red Cross people at all times, including identifying risks, establishing systems, processes, training and resources, and ensuring that all New Zealand Red Cross people are aware of their own responsibilities for supporting the health, safety and wellbeing of themselves and others

Within the broader context of whole-organisational health, safety and wellbeing, DRM has specific responsibilities to prevent and mitigate risks to wellbeing for members and staff engaged in DRM work before, during and after disasters. This includes identifying wellbeing risks specific to DRM work and establishing any additional systems, processes, training and resources required to keep our people safe and well.

DRM aims to manage wellbeing holistically, first using a preventative approach to minimise incidents where our people might have their wellbeing negatively impacted, and then mitigating any impacts that do occur.

The nature of our work (exposure to stress and trauma)

PREVENTION

Reduced number of impacted workforce

MITIGATION

Effective support provided to impacted workforce

Preventative and mitigation strategies and tools for wellbeing in disaster response and recovery

Current measures for protecting wellbeing before, during and after working in DRM include:

Before

- Health, Safety and Wellbeing training - including awareness of wellbeing rights and responsibilities
- Stress, wellbeing and resilience training - including awareness of available support options
- Encouragement of culture where it's OK to say 'no' to deployment, or to stand down for wellbeing reasons

During

- Fatigue Management Standards – setting of maximum deployment duration, shift times and breaks to allow for sufficient rest and team capacity
- Briefing procedures – reminders of wellbeing practices before, during and after shifts
- PSS Lead roles - specific roles during and after a disaster advising on and supporting the wellbeing of team members
- Referral Pathway – various support options, including EAP, for team members

After

- Post-deployment de-brief – including wellbeing component
- Wellbeing check-ins – phone or face-to-face conversations with team leaders and/or PSS Lead
- Referral options – including New Zealand Red Cross' employee assistance provider EAP Services Limited

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Appendix A: Glossary of Terms

Bumping spaces   Intentional opportunities/events/spaces provided for community members to connect with each other.

Burnout   Is when stress and exhaustion predominate to the extent where a person is no longer able to distance themselves from their situation. Burnout can be caused by exposure to difficult situations, or when demands on a person continually exceed their resources.

Disaster   Is the term used throughout this Framework to include disasters and shocks like earthquakes, fires and floods, droughts and pandemics, as well as the stresses that can weaken the fabric of communities such as endemic violence, or shortages of food and water.

Distress   Negative experiences and emotions that do not indicate problems with psychological functioning.

Disaster distress   A range of negative reactions that may be experienced by those affected by a disaster or by responders when working with communities affected by disasters, often leaving personnel feeling overwhelmed and powerless.

MHPSS   Refers to Mental Health and Psychosocial Support. This term is commonly used by international organisations, including Red Cross, but is not in common use in New Zealand.

Psychological First Aid (PFA)   Emotional and practical support for distressed people to help them feel calm and supported in coping and adapting to their changed circumstances.

Psychosocial   Refers to how people think, feel and relate to each other. It is the fluid and dynamic relationship between the psychological and social dimensions of a person.

Psychosocial support (PSS)   During an emergency is about easing the psychological, social and physical difficulties for individuals, families, whānau and communities. It is also about enhancing wellbeing and helping people to recover and adapt after their lives have been disrupted.

Psychosocial wellbeing   Refers to feeling good, functioning well and connecting with others. It is more than the absence of mental illness and it is more than feeling happy. Someone with positive mental health and high wellbeing is feeling good, functioning well, has satisfaction with life, is developing as a person, and has strong relationships. It can also be referred to as mental wellbeing, emotional wellbeing, positive mental health or flourishing.

Resilience   The ability of individuals, communities, organisations or countries exposed to disasters, crises and underlying vulnerabilities to anticipate, prepare for, reduce the impact of, cope with and recover from the effects of shocks and stresses without compromising their long-term prospects.

Secondary stressor   Are circumstances, events or policies that are indirectly related to the emergency event or are consequences of the event. Typically, secondary stressors persist for longer than the events.

Self-Recovery   Refers to the continuing efforts of affected people and communities to cope, recover and restore their lives and livelihoods, and rebuild after a disaster or crisis.

Stress   Is the body's natural way of creating extra energy need to work outside a person's comfort zone. Stress and can be positive or negative. When ongoing or chronic, stress can wear down an individual's capacity to cope or adapt.

Vicarious trauma   Is the cumulative effect of contact with people experiencing distress and suffering, where supporters begin to suffer similar symptoms and negative impacts as those directly impacted, such as repeatedly re-living their disaster experience, feeling a sense of 'knowing the victim' and imagining their loved ones have been affected by the disaster.

Vulnerability   The degree to which a population, individual or organisation is unable to anticipate, cope with, resist and recover from the impacts of disasters (WHO, 2002).

Appendix B: DRM Psychosocial Support Learning Pathway

COURSES OFFERED AND DURATION (⏱ HOURS)

AWARENESS

Course	Hours
Introduction to Psychosocial Support	1
Essential Psychological First Aid (PFA)	7

PSYCHOSOCIAL SUPPORT – THE WAY WE WORK

At New Zealand Red Cross psychosocial support is "the way we work". This includes knowing what psychosocial support is and how to provide basic emotional and practical support to people around us during and after disasters or other stressful events.

'Introduction to Psychosocial Support' and 'Essential Psychological First Aid (PFA)' start from scratch with some introductory psychosocial understanding and skills. These courses are relevant for all our New Zealand Red Cross whānau.

Course	Hours
Stress, Wellbeing and Resilience	3
Caring for Self and Others after a Disaster	4

PSYCHOSOCIAL WELLBEING – WALKING THE TALK

As an organisation whose mission is to help others, this training will help us to "walk the talk" of psychosocial support by making sure we know how to look after ourselves as well. These courses will help our whānau to learn more about wellbeing, stress and ways of building layers of resilience. We can use the knowledge and skills from these courses to help ourselves AND support others around us.

Course	Hours
PFA Case Studies and scenarios	1
Essential PFA Refresher	4

REFRESHING THE BASICS – KEEPING OUR KNOWLEDGE AND SKILLS FRESH

In the same way that we need to refresh our First Aid skills every two years, it's important to keep our psychosocial knowledge and skills fresh. We'll be providing our people with the opportunity to regularly participate in a selection of 'PFA Case Studies and Scenarios', as well as an 'Essential PFA Refresher' course, so they are ready to respond in a disaster.

Course	Hours
Mental Health Matters	7
Recovery Matters	6
Comprehensive PFA*	12

COMPREHENSIVE PSYCHOSOCIAL SUPPORT – UPSKILLING IN PSS

As well as responding during and after disasters, New Zealand Red Cross works to support people and communities through the long-term recovery. We need to understand not only the short-term impacts of disasters, but also what can happen months and years down the track, so we can continue our work in supporting communities for the long haul. These courses – Mental Health Matters, Recovery Matters and Comprehensive PFA – are designed to broaden and deepen participants' psychosocial knowledge and skills so that our people provide effective psychosocial support in any context we work in.

BEST PRACTICE

Course	Hours
Leading Psychosocial Support*	12

PSS TEAM LEADS

We aim to ensure that all New Zealand Red Cross people understand and are able to apply basic psychosocial principles, including PFA. We also need a team of people who can lead and guide psychosocial support during and after disasters. 'Leading Psychosocial Support' is a capstone training for members and staff who will take on leadership roles.

* Assessment component included

Appendix C: The 'Five Essential Elements' of psychosocial interventions

The information in Appendix C is taken from the *Australian Red Cross Emergency Services: Psychosocial Framework (Nov 2016)*, pp. 11-12.

Promotion of a sense of safety[41]

The promotion of a sense of safety refers to physical, psychological and perceived safety. This includes providing an environment where people feel that their physical safety is no longer threatened. Across cultures, it has been identified that negative post trauma reactions may persist under ongoing threat or danger. When safety is reintroduced, these reactions show a gradual reduction over time.

A perception, or continued thought process, that the world continues to be a dangerous place is linked to the development of post-traumatic stress disorder. Bad news, rumours and other interpersonal factors may serve to increase threat perception and therefore the provision of accurate information is key to promoting a sense of safety. In addition, allowing people to rebuild a sense of confidence in themselves, the system and others acts as a 'protective shield' in both adults and children, however this requires repeated attention and can be a slow process'. [42]

Prior to an emergency encouraging people to understand the risks they face, having an emergency plan to manage their safety, while taking into account particular people, objects and access to communication that contribute to a sense of safety in the immediate aftermath.

Promotion of calming[43]

Some anxiety is a normal and healthy response following traumatic and abnormal events. However, persistent anxiety may precipitate incapacitating anxiety and can lead to the potential development of anxiety disorders. In addition, Hobfoll et al., outline that "prolonged states of heightened emotional responding may lead to agitation, depression and somatic problems".[44] There is risk of the development of post-traumatic stress disorder in those who do not return to manageable levels of anxiety. Developing strategies to manage stress prior to an emergency such as anticipating the stress and threats (balanced with avoidance of introducing anticipatory anxiety), knowing how to identify reactions, and put in place strategies to manage them[45] as well as normalising stress reactions after emergencies are key intervention principles to enhancing calming. When people feel calmer, they can better use their own capacities to manage the situation.

The provision of accurate information, education on possible reactions, and the linking to loved ones and social supports may help calm survivors and challenge negative thinking.[46] However, it is extremely important that accurate information is provided during a disaster as inaccurate information that may serve to calm people initially is counter-productive in the longer term.[47] Agitation and anxiety experienced by people post disaster are due to real concerns. Actions that help people solve these concerns are the most effective method of support. Prior to an event people are encouraged to apply the AIM principles of psychological preparedness (anticipate, identify and manage feelings) and develop strategies to manage stress.[48]

41 Hobfoll et al. 2007, 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', Psychiatry, vol. 70, pp. 283-315.
42 ibid., pp. 287.
43 Ibid., pp. 283-315.
44 Ibid., pp. 287.
45 Morrissey, S. and Reser, J. (2003). 'Evaluating the effectiveness of psychological preparedness advice in community cyclone preparedness materials'. Australian Journal of Emergency Management. 18 (2), 46-61.
46 Hobfoll et al. 2007, 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', Psychiatry, vol. 70, p. 291.\
47 Ibid., p. 292.
48 Australian Psychological Society, Psychological preparation for natural disasters, https://www.psychology.org.au/publications/tip_sheets/disasters/

Promotion of connectedness[49]

Social support and sustained attachment to loved ones and social groups is of central importance in combating stress and trauma. Establishing and nurturing these supports and attachments before an emergency occurs is important. People can draw on social support within family and whānau, through friendship networks, as well as neighbours to assist with preparedness activities. Encouraging people to build connections in the community before an emergency assists them to have people they can rely on in their community for information, support and assistance in the aftermath of crisis events.

Social connectedness increases opportunities for knowledge essential to disaster preparedness and response to be shared. It also provides opportunities for a range of social support activities including practical problems solving, emotional understanding and acceptance, sharing of traumatic experiences, normalisation of reactions and experiences and mutual assistance about coping. This in turn can lead to a sense of community efficacy.

Promotion of sense of self and community efficacy[50]

Self-efficacy is the belief of a person that their actions are likely to lead to positive outcomes through self-regulation of thoughts, emotions and behaviours. Collective efficacy is the sense that the group one belongs to is likely to experience positive outcomes.

Hobfoll et al., cite evidence that suggests "it is not so much general self-efficacy, but the specific sense that one can cope with trauma-related events that has been found to be beneficial".[51] In most cases, prior to the disaster survivors will have been living normal lives and therefore the role of psychosocial support may be to remind them of their capacity for efficacy rather than building efficacy during a post-disaster context.[52] Importantly, support for people prior to an emergency can address and enhance self and collective efficacy.

Messages relating to personal capacity and preparedness can help promote people feeling as though they can manage a situation. Activities that help people take control and take action assist in promoting self-efficacy prior to an emergency, which in turn reduces the long-term impacts of an emergency. This can include both personal actions (making a plan, taking care of their health and wellbeing) and those that involve friends, family, neighbours and the community—e.g. joining a volunteer group or taking part in a neighbourhood activity.

Instilling hope[53]

In psychology, hope is defined as 'positive action-oriented expectation that a positive future goal or outcome is possible'[54]. Those who remain optimistic are likely to experience more favourable outcomes following trauma, because they can retain a reasonable degree of hope for their future. Instilling hope is critical as experiencing a major crisis or disaster is often accompanied by those affected having a "shattered worldview", a vision of a shortened future and catastrophising, all of which undermine hope and lead to reactions of despair, futility and hopeless resignation. Hope can be facilitated by a broad range of interventions before, during and after emergencies, from individual to group interventions as well as media messaging.

Framing the preparedness message positively (while still getting across the negative of what is at stake); breaking down preparedness into small simple steps; talking about how easy it is to prepare; and showcasing how others prepare can instill hope and the notion that preparing for an emergency is possible.

49 Hobfoll et al. 2007, 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', *Psychiatry*, vol. 70, pp. 283-315.
50 ibid.
51 ibid. p. 293.
52 ibid. p. 293.
53 ibid, pp. 283-315.
54 Haase, Britt, Coward & Leidy 1992 cited in Hobfoll et al. 2007, 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', *Psychiatry*, vol. 70, pp. 283-315.

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