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# Recovery Basics: looking after yourself during and after disasters





We recognise Aboriginal and Torres Strait Islander peoples' 60,000 years or more of living history, and their continuing physical and spiritual connection to land, sea, and waters. In this we recognise their intrinsic knowledge of the ecological system. We also acknowledge the unique impact climate and environmental challenges are having and will continue to have on Aboriginal and Torres Strait Islander people's cultural heritage, traditional food sources, sacred sites and song lines, tribal totem animals, and the trauma associated with being displaced from traditional lands and the healing needed to reconnect to country. This resource was created by people living on niraluna and Noongar Country.

Cover Image: Australian Red Cross

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Written by Danielle O'Hara, Karen Edmeades and Shona Whitton. This series is adapted from the Red Cross Community Recovery Information Series Facilitator Guide<sup>1</sup>.

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Within this resource, the term 'emergency' is used and can apply to any form of emergency incident or disaster. Where the term 'disaster' is used, this is interchangeable with 'emergency' and connotations of one term over the other should not be made.

<sup>1</sup> Australian Red Cross, 2012, *Community Recovery Information Series*.

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# Recovery Basics: looking after yourself during and after disasters





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## Introduction

*Recovery Basics* is a series of three booklets for people or organisations living through or working in disaster recovery. Red Cross also offers Recovery Basics workshops, which draw on the content.

The series is targeted and practical, can be applied to any type of emergency in any geographical area and can be used in large or small emergencies. It covers the basics of recovery and the research that guides us. Although introductory, it provides references and resources for further reading.

Interest in disaster recovery has steadily increased over the past decade. There are a range of resources, research and training produced by different organisations. Therefore, this resource doesn't provide a comprehensive overview of disaster recovery, nor does it duplicate information found elsewhere. It is a concise, clear, accessible introduction to community recovery that can be used as both a stand-alone resource, and a compliment to a Recovery Basics workshop.

The series comprises of three short booklets covering the following topics<sup>2</sup>:

1. Recovery Basics: the impact of disasters on communities and individuals
2. Recovery Basics: working in recovery
3. Looking after yourself during and after disasters

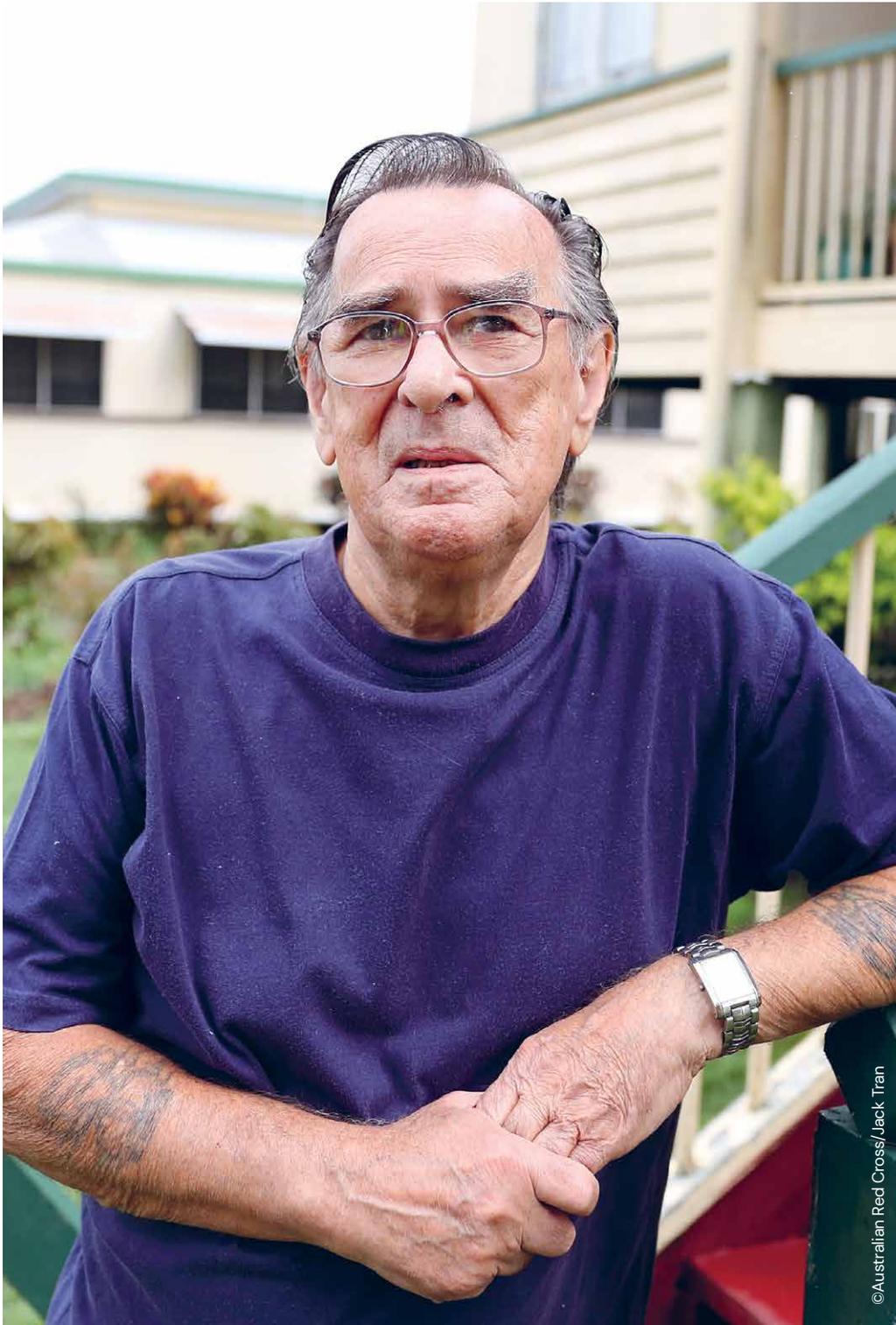
<sup>2</sup> A fourth booklet *Recovery Basics: planning a Red Cross Recovery Basics workshop* is available to Red Cross people to support workshop planning and delivery.



This booklet *Looking after yourself during and after disasters* describes the stressors of living or working through a disaster, why we feel and react in certain ways and how to look after ourselves and support others. It is targeted and practical, can be applied to any type of emergency in any geographical area and can be used in large or small emergencies. Although basic, it provides references and resources for further reading.

If you work in disaster recovery, we suggest you read this booklet alongside *Recovery Basics: the impact of disasters on communities and individuals* and *Recovery Basics: working in recovery*.

If you have experienced a disaster, we suggest you read this booklet alongside *Recovery Basics: the impact of disasters on communities and individuals*.



## Stress

*“As many ...in recovery will tell you, the disaster itself was not their biggest problem”<sup>3</sup>*

### What is stress?

Understanding the purpose and effects of stress can help us understand how and why we react to disasters the way we do.

On a day-to-day basis, the human body adjusts to external and internal changes to ensure that the mind and body can operate effectively within an optimal physical and emotional ‘comfort zone’. Stress is the body’s natural way of finding the extra energy needed to work outside of this normal comfort zone. Stress is caused by stressors. A stressor is any change, be it positive or negative, which triggers a stress response and may be external or internal.

The good news is that even serious stress is usually temporary and with the right support and actions it will pass or ease over time.

### Stress reactions

The longer a body is under stress, the more tension is stored both in the mind and body. Being under stress for any length of time leads to typical reactions. These are the normal reactions to stress. Some examples are provided below.

- Physical symptoms include dizziness, sweating, trembling, heart palpitations, nausea, diarrhoea, headache or other aches and pains
- Mental symptoms include poor memory, organisation, planning, decision making abilities
- Behavioural symptoms include apathy, restlessness, black

<sup>3</sup> McNaughton, E., Wills, J & Lalleman, D. *Leading in Disaster Recovery: A companion through the chaos*, NZ Red Cross.

humour, sleep disturbance, increased intake of alcohol, tobacco, caffeine or other substances

- Emotional symptoms include excitement, high spirits, frustration, anger, depression, vulnerability, suspiciousness and inappropriate emotional reactions
- Social symptoms include excessive talking about the event or need for support, distrust, misunderstandings and conflict in close personal relationships, withdrawal from social situations
- Existential (spiritual) symptoms include disillusionment, loss of interest, questioning values and philosophy, cynicism<sup>4</sup>.

### Adrenalin and cortisol

Two naturally occurring hormones in the body associated with stress are adrenalin and cortisol. When stressors push the body outside of the comfort zone, the stress hormones cortisol and adrenalin are released, causing a range of stress reactions. Beyond physical reactions, cortisol and adrenalin impact a person's thinking, emotions, behaviour, communicating and decision-making skills<sup>5</sup>.

Adrenalin stress liberates unknown energy reserves to enable functions such as strength or speed. Adrenalin states (or emergency mode) are high energy, short term, physical and unsustainable. Adrenalin causes the body to prioritise survival at the expense of normal functioning. In the case of an emergency, adrenalin can increase a person's ability to survive. The impacts of adrenalin on thinking and acting include:

- Focus is limited to the immediate problem and a need to act now
- Thinking in images and actions
- Strong and intense emotions
- Decreased reflection and internal feedback

- Communication skills are limited, simple and direct
- Peripheral thinking is limited.

Following the adrenalin phase is the cortisol phase (or the endurance mode). Cortisol stress helps the body to endure adversity and keep going as long as required, regardless of demands.

The impacts of cortisol on thinking and acting include:

- Shutting down of non-survival physiological functions
- Narrow problem solving, not able to innovate or be creative
- Reduced memory
- Limited emotional range
- Depleted energy and interest in social interactions.

Elevated levels of cortisol can persist until stress subsides and routine and stability have returned to people's lives. Typically, this can be anywhere from six months to two years after a disaster<sup>6</sup>.

### Traumatic stress

When people experience a particularly horrible or terrifying experience it is very common to have strong emotional or physical reactions. Sometimes these reactions appear immediately after the traumatic event. Sometimes they appear a few hours or a few days later. It may even take weeks or months before the reactions appear.

The signs and symptoms of traumatic stress reaction may last a few days, a few weeks or a few months and occasionally longer. This may be dependent on the severity of the traumatic event and the support a person has from others. If the reactions continue to seriously disrupt life and do not resolve with support from friends and family, it can be helpful to seek professional support.

<sup>4</sup> Gordon, R. 2011. The course of Recovery after Disasters. *CIMA Conference*, Melbourne November 2011.

<sup>5</sup> Gordon, R. op. cit.

<sup>6</sup> *ibid.*

### Cumulative stress

Cumulative or chronic stress occurs when the body does not have time to relax between one demand or stressor and the next. It is not necessarily intensity that causes cumulative stress, but continuous stress over time. This often happens during recovery when those affected do not get a chance to relax or unwind between one stressful situation and the next for an extended period. It can also be common for those working in emergencies.

### Stress over time

Short-term bursts of stress can be weathered without a negative impact. But if stress is especially intense, frequent, or chronic it can disrupt our ability to function and relate to others. This threshold is different for everybody. Responses to stress can vary depending on your personality, genetics and the social or economic situation you find yourself in.

Ongoing stress that doesn't subside can cause or exacerbate many serious health problems including cardiovascular disease, high blood pressure, heart disease and heart attacks, and stroke. It impairs memory, thinking and judgment in the present, and has been linked to developing depression and anxiety. Stress may cause people to become vulnerable to more severe psychological or physical reactions to a disaster<sup>7</sup>. For these reasons, it is important to recognise stress, understand what might help to alleviate it and know when to seek extra help.

### Additional reading or resources

The Disaster Mental Health Hub  
*Phoenix Australia*

<sup>7</sup> Gordon, R. 2005. Information and advice about stress, trauma and psychological first aid.

## Stressors for those living through disasters

*“Strong reactions and feelings are common, understandable reactions and we can overcome them”<sup>8</sup>*

### What causes stress?

Actual, threatened or perceived traumatic experiences during or after a disaster can cause stress. An actual threat may include an injury, or a loved one dying or being injured. ‘Threatened’ may include a near miss where they thought they were going to die, or a separation from loved ones. The perception of threat, even though someone may be some distance away, can also cause stress. A person may have experienced a similar event previously, or feel strong identification with victims, survivors, or the place, and their body and/or mind therefore responds as if the threat is immediate.

Primary stressors are those that arise directly from the emergency. They include the experience of the emergency, witnessing a death or fearing for one's life and the lives and safety of others.

In some cases, dealing with the stresses of recovery can have more of an impact than the event itself. Secondary stressors can contribute significantly to the degree of stress after a disaster and can often hinder or draw out recovery<sup>9</sup>.

<sup>8</sup> WWhitton, S. & Richardson, J. 2020. *Psychosocial Support in Emergencies: A humanitarian diplomacy and advocacy toolkit*. Australian Red Cross.

<sup>9</sup> Lock, S. et al., 2012. Secondary stressors and extreme events and disasters: A systematic review of primary research from 2010–2011. *PLOS Current Disasters*.

## Secondary stress

Secondary stressors are indirectly related to the emergency event. Some secondary stressors are entities in themselves, whereas others are unresolved primary stressors. The *Beyond Bushfires* study found that major life stressors associated with the bushfires such as loss of income, accommodation and relationship breakdown, were associated with poorer mental health outcomes over the next 10 years<sup>10</sup>. They also found that 10 years after the bushfires 17.4% of people were still experiencing some level of financial stress<sup>11</sup>.

Other secondary stressors include practical problems such as infrastructure failure and challenges in rebuilding or repairing structures and less tangible stressors such as a loss of control over one's life, disrupted sense of community or loss of dignity or hope. They may also include the impacts of policies and plans made before, during and after events that inadvertently limit people's recovery. For example, navigating insurance and the bureaucracy of accessing support are common secondary stressors.

## Stress in long-term recovery

People's experience of stress in long-term recovery varies. Some experience chronic stress. Others find their identity becomes intertwined with their recovery and have difficulty letting this go. For others, routines might re-establish, energy reserves gradually restore, and people make meaning and integrate the event into their life story and identity. Regardless of people's responses, key milestones can trigger certain responses or emotions.

<sup>10</sup> Gibbs, L., Bryant, R., Harms, L., Forbes, D., Block, L., Gallagher, H.C., Ireton, G., Richardson, J., Pattison, P., MacDougall, C., Lusher, D., Baker, E., Kellett, C., Pirrone, A., Molyneaux, R., Kosta, L., Brady, K., Lok, M., Van Kessel, G. & Waters, E. 2016. *Beyond Bushfires: Community Resilience and Recovery Final Report*. University of Melbourne, Victoria, Australia.

<sup>11</sup> *ibid.*

## Anniversaries

Anniversaries after disasters are one such milestone. They fulfil both social and psychological functions, marking the passage of time and provide an opportunity to pause, reflect, celebrate or mourn.

Around anniversaries, people will often unhelpfully compare their situation or feel the weight of the expectation of others. People may also have their own expectations of how 'recovered' they should be and feel frustrated about their situation.

Anniversaries are a time of both personal and collective remembrance that can be marked by formal and informal memorial events or services<sup>12</sup>. Anniversary events can be:

- Opportunities for relatives and survivors to reunite
- 'Updates' for people outside communities
- Times when bereavement and grief resurface
- Times when media coverage of events can trigger grief and onset of post-traumatic stress
- A function to locate and reinforce a disaster in a community's narrative.

## Additional reading or resources

[Ep 5, Memorials and Anniversaries](#)

*After the Disaster* podcast, ABC Radio

[10 Years Beyond Bushfires Report](#)

*University of Melbourne*

[Ep 1 What to Expect](#)

*After the Disaster* podcast, ABC Radio

<sup>12</sup> Forrest, T. 1993. cited in Eyre, A. 2007, *Remembering: Community commemoration after disaster*, *Handbook of Disaster Research*.

## Stressors for those working before, during and after disasters

*"You need to give workers permission to say, it is natural to feel this way and being able to say it out loud is a sign of strength"<sup>13</sup>*

The nature of working in emergencies means personnel are likely to be regularly exposed to traumatic events, which may or may not impact their mental health and wellbeing. The Beyond Blue study *Answering the call*<sup>14</sup> found that emergency services workers were more than twice as likely to experience high or very high rates of psychological distress compared to the general population.

Encouragingly, it found many employees and volunteers have good mental health and wellbeing with more than half of all employees and two in three volunteers reporting high levels of resilience. For most working in disasters, they will experience mild stress reactions which resolve with self-care and social supports<sup>15</sup>.

Similar pressures may also be experienced by those from local government, community services organisations and community groups working in disasters. People who undertake this invaluable work to support their communities must also prioritise their own wellbeing.

<sup>13</sup> NZ Red Cross. *Leading in Disaster Recovery: A companion through the chaos*.

<sup>14</sup> Beyond Blue Ltd. 2018. *Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services - Final report*.

<sup>15</sup> Miller, J. 2012. *Psychosocial capacity building in response to disasters*. Columbia University Press, New York.



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### Wellbeing is a shared responsibility

It is important to note that the mental health and wellbeing of those working in disasters isn't just the responsibility of the individual. It is a shared responsibility for all people, at all levels, in the workplace. Individuals do have a responsibility to look after their own mental health and develop a range of skills to build resilience and cope with the demands of the job. However, organisations also have a responsibility to prevent risks to mental health and support people who are struggling.

There are some stressors specific to working in disasters. When working in emergency services, people may be subject to stressors at both an individual and an organisational level.

### Reactions to stressors at the individual level

Individual qualities and skills play a role in how people respond to working in disasters. Most people manage the challenges of the job well, and can withstand, adapt to, and recover from the stress and adversity associated with their role. Yet even the most resilient people can be impacted by confronting situations or poor workplace cultures.

For those working in emergencies, their personality, previous and current life experience influence how they respond to stress. Below are a few of the most common stress factors at the individual level:

- Being empathetic
- Giving their all
- Guilt
- Lack of fatigue management
- A sense of responsibility
- Fear of getting it wrong
- Self-imposed (and culturally shaped) pressure to be strong
- Lack of self-care.

### Organisational level

When working in emergencies, stressors may come from your own organisation or other organisations you work with. Interactions with these organisations can play a crucial role in adding to or lightening the load, particularly for those working at the grassroots level. *Answering the Call* research discovered that those working in emergencies found poor workplace practices and culture just as stressful as traumatic experiences on the job<sup>16</sup>.

Specific organisational stressors may include:

- Cultural expectation
- A top-down approach
- A rigid approach unsuited to a dynamic environment
- Not feeling valued
- A lack of direction and guidance
- Organisational politics
- Insufficient resourcing
- Lack of training or support
- Short-term funding and contracts.



## Challenges of recovery leadership

For those working in disaster recovery, some additional stressors play a role. These include:

- Unpredictable and always changing environment and context
- Exposure to trauma and emotional situations
- Long days with high levels of stress, over a long period of time
- Internal and external pressures and time frames
- Extensive community engagement – balancing many views and opinions
- Complex environment requiring many levels of leadership
- Constantly changing priorities and the need to make time critical decisions<sup>17</sup>.

Recovery leaders require a steadfastness, humility, and a strong sense of ethics to undertake the community engagement needed for inclusive recovery. At times, there will be criticism, despite their huge workloads and dedication. Community emotions will run high, and this can be difficult to not take personally. However, the converse will also be true, community engagement will also lead to inspiration, gratitude and encouragement.

## Additional reading or resources

Leading in Disaster Recovery: A companion through the chaos  
New Zealand Red Cross

Recovery Matters: Recovery leadership webinar  
Australian Institute of Disaster Resilience

Supporting the Supporters in disaster recovery  
Winston Churchill Fellowship, Jolie Wills

<sup>17</sup> McNaughton, E., 2013. *Leadership, wisdom and the post disaster recovery process*. Churchill Fellowship.

## Burnout and vicarious trauma

*“You can fall into the trap of thinking everything depends upon you. And if you’re not there then the whole thing falls apart”<sup>18</sup>*

### What is burnout?

Long-term stress can lead to burnout. Burnout is an emotional state characterised by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment, pessimism, and cynicism. Resilience can serve as a protective factor against burnout<sup>19</sup>.



<sup>18</sup> NZ Red Cross, 'Companion through the Chaos – Leading in Disasters'.

<sup>19</sup> NZ Red Cross op. cit.

## Recognising burnout

The following checklist describes some of the common features of burnout. This checklist is useful because once we enter a state of burnout, we tend to find it difficult to see and reflect on our behaviour. Please note it is not a clinical or definitive tool and should be used as an indicator only. Even if the items on this checklist are not resonating with you, but you're concerned for your well-being, seek advice and support.

### Burnout checklist<sup>20</sup>

- Starting to resent clients or becoming overly involved and taking on their worries
- Lacking enthusiasm, drive and energy
- Experiencing a loss of capacity for empathy
- Feelings of emotional withdrawal, bitterness, and cynicism
- Having a reduced sense of accomplishment
- Developing a narrow focus and inability to see where your role fits in the 'bigger picture'
- Tending towards poor or uncooperative behaviour to spite 'the system'
- Being overwhelmed by the size of the task, and defensive about expectations
- Feeling challenged by change; resorting to responses such as "This is how we do it!"
- Over time becoming too invested and unable to accept when your role is no longer required
- Feeling that you are indispensable to a community or individual's recovery.

<sup>20</sup> Australian Red Cross Wellbeing Toolkit.

## What is vicarious trauma?

The Headington Institute defines vicarious trauma as: "...the process of change that happens because you care about other people who have been hurt and feel committed or responsible to help them. Over time, this process can lead to changes in your psychological, physical, and spiritual wellbeing."<sup>21</sup>

Vicarious trauma (sometimes known as secondary traumatic stress or compassion fatigue) is the process by which those that support or observe the distress and suffering of others begin to suffer similar symptoms. Although similar to burnout, it also includes emotional contagion and even secondary victimisation<sup>22</sup>.

Vicarious trauma happens because helpers care about people who have been hurt. When people care, they can relate to other people's experiences, reactions, and feelings. Vicarious trauma can challenge a person's spirituality, their sense of meaning, purpose, hope and faith. Some sufferers of vicarious trauma come to question their deepest beliefs about the way life and the universe work, and the existence and nature of meaning and hope.

Not everyone who works in disasters will suffer from vicarious trauma and many people will experience positive change because of their work with those who have been impacted. Many people who work supporting others through challenging or distressing circumstances grow and mature as a result. People often feel that they gain a broader and more balanced perspective of life and can better understand and empathise with others as a result of this work<sup>23</sup>.

<sup>21</sup> Australian Red Cross 2015. Emergency Services Training Toolkit: Self care.

<sup>22</sup> Miller, J. 2012. *Psychosocial capacity building in response to disasters*.

Columbia University Press.

<sup>23</sup> *ibid.*

## Recognising vicarious trauma

Common symptoms of vicarious trauma include:

- Difficulty managing emotions
- Difficulty accepting or feeling okay about oneself
- Difficulty making good decisions
- Problems managing the boundaries between oneself and others (e.g. taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control the lives of others)
- Problems in relationships
- Physical symptoms such as aches and pains, illnesses, accidents
- Difficulty feeling connected to what is going on around and within
- Loss of meaning and hope.

It is rare that any one person will experience all these symptoms. There are individual differences in both what contributes to vicarious trauma, and how it is experienced and expressed by each person.

One person may primarily experience vicarious trauma physically – through illness, pains, trouble sleeping, etc. Another may primarily show the symptoms of vicarious trauma through relationships – by withdrawing from others or being irritable. For others, vicarious trauma may express itself in mood – through depression or anxiety. The way a person experiences stress and distress, including vicarious trauma, is also influenced by our culture.

## Additional reading or resources

Leading in Disaster Recovery: A companion through the chaos  
New Zealand Red Cross

## Stress, wellbeing and mental health

*“Wellbeing is not just the absence of disease or illness. It’s a complex combination of a person’s physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life”<sup>24</sup>*

Short-term bursts of stress can be weathered without a negative impact. But if stress is especially intense, frequent, or chronic it can disrupt our ability to function and relate to others. This threshold is different for everybody. Responses to stress can vary depending on your personality, genetics and the social or economic situation you find yourself in.



24 Better Health Chanel. 2020. Wellbeing. Victoria State Government, Department of Health. <https://www.betterhealth.vic.gov.au/health/healthyliving/wellbeing>

## Wellbeing and mental health

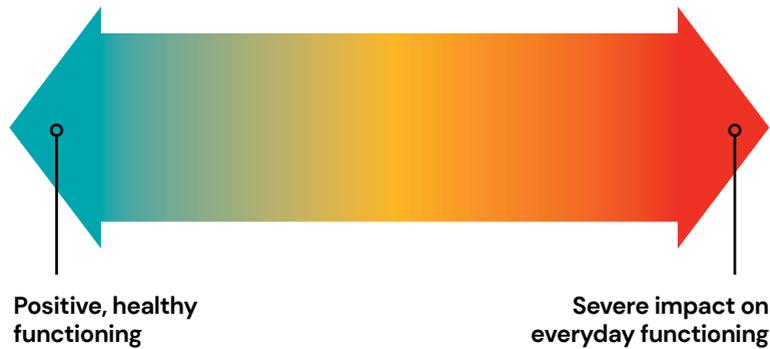


Figure 1: Adaption based on Corey Keyes mental health continuum model<sup>25</sup>

Everyone's mental health and wellbeing varies during their life. Wellbeing exists on a broad continuum, from positive, healthy functioning at one end through to severe mental health symptoms or conditions that impact on everyday life and activities.

Wellbeing and mental health are not fixed or static. A person can move back and forth along their own personal range over time, in response to different stressors and experiences, such as disasters. Each person's knowledge and skills in promoting their own wellbeing (through self-care) will also influence their mental health at any point in time.

It is important to note that the continuum does not necessarily reflect the presence or absence of a diagnosed mental health condition. For example, a person with a diagnosed mental health condition may achieve high levels of mental health and wellbeing, if the condition is managed effectively. Equally, someone may be experiencing a range of symptoms and/or facing major life stressors such as a relationship breakdown or job stress — that severely affect their wellbeing, but not be experiencing a mental health condition.

## Positive, healthy functioning

At the green end on the continuum, people tend to show resilience and high levels of wellbeing. This doesn't mean they never experience any challenges to their mental health. Rather, they draw on a range of coping mechanisms and supports to effectively manage any difficulties as they come along.

People at this end are likely to proactively look for ways to develop their resilience and enhance their knowledge and skills about their own self-care. People who experience disasters may still demonstrate positive, healthy functioning in the midst of stress and disruption.

## Difficulty coping with daily life

People sitting in the yellow section, through to the red, are likely to experience increasingly severe symptoms and greater difficulties coping with daily life. Symptoms may range from short-term responses such as mood fluctuations, feelings of agitation and restlessness, poor sleep, appetite and decreased energy, through to more persistent symptoms such as excessive emotional outbursts, feelings of hopelessness and worthlessness, regular misuse of alcohol or other drugs, or complete social withdrawal. As people move further towards the red, their intentions to seek help often decrease as they begin to feel more overwhelmed and become more afraid of burdening those around them.

## Additional reading or resources

[5 Ways to Wellbeing](#)  
Royal Melbourne Hospital

[Working towards wellbeing](#)  
Black Dog Institute

[Recharging your Wellbeing](#)  
Beyond Blue

<sup>25</sup> Beyond Blue. 2018. op. cit.

## Looking after yourself

*"...participants identified that connecting with people who were also impacted provided an opportunity for information sharing and support to navigate services. In addition to emotional support and normalising their situation, these connections provided information about services, practical support and shortcuts through red tape"<sup>26</sup>*

### Focusing on what we can control

It is important to note that the cause of prolonged stress for those living and working in disasters is a combination of external societal and organisational factors, and individual coping. Advice on looking after yourself isn't to detract from the societal factors such as disadvantage or access to services, or organisational factors such as insufficient resourcing or toxic culture. It is simply a way to focus on the things that are within the control of the individual.

### Self-awareness and self-reflection

Self-awareness and self-reflection are key to recognising and dealing with stress. Be curious about your stress: what triggers it and what makes it better? Taking time to reflect on your specific experiences, either alone or with a close friend or colleague, can help you map your stress.

### Pleasure and leisure

Stress does not resolve spontaneously. Even with rest, it tends to perpetuate itself unless deliberate steps are taken to break the sequence of reactions that maintain it. There are plenty of things that anyone can do which will help to break the stress cycle and reduce tension. Luckily for us- enjoyment is the best antidote to

<sup>26</sup> National Mental Health Commission. 2021. Our Stories: Beyond the Disaster. Sydney: NMHC.



©Australian Red Cross/Conor Ashleigh

stress. This can be enhanced by social support, self-awareness and connection to something larger than self.

This is often called 'self-care'. Self-care refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and longer-term health and well-being. Self-care is necessary for your effectiveness and success in honouring your professional and personal commitments.

Wellbeing and self-care can get a bad rep – as activities for those with lots of time and money who can attend wellness retreats or get weekly massages. In practice, they're just about our daily habits and the free and easy things we build into our routines to restore us and interrupt patterns of stress. It can be helpful to think about 'looking after ourselves' as falling into four categories.

### Physical

Stress is often conceived as something 'in our minds' but stress is partly physiological or held and felt in our bodies. Physical health and overall wellbeing are closely linked. The habits that maintain our physical health– sleep, exercise, eating well and reducing or avoiding alcohol and other drugs– are difficult to maintain and prioritise when we're operating in stressful and overwhelming environments.

We won't provide a list of ways to look after yourself physically in this booklet– there are plenty out there. But rather than seeing sleep or exercise as acts of indulgence, it is helpful to see them as crucial to our ability to function in the world and support others.

In addition to our regular habits and routines related to sleep, food and exercise, relaxation is important. 'Going slow' is about stimulating our relaxation response, which is the opposite of a stress response. Activities like taking a bath, listening to music or relaxation techniques like meditation, yoga, progressive muscle relaxation, or breathing exercises can help interrupt stress responses and reset our bodies.

### Emotional

Recognising and normalising our emotions is an important part of looking after ourselves. It is common to feel anger, anxiety and grief whilst living and/or working in disasters. But it is important not to ignore or avoid our feelings, but to identify them, safely experience them and remember our strengths and ability to cope.

### Social

Maintaining healthy, supportive relationships are critical. The feeling that other people care about us activates the brain's 'soothing system' for managing stress. Even if we can't remove ourselves from a stressor, accessing our social networks can help us to feel psychologically safe and understood.

This might just mean being in one another's company. But talking about our experiences can also be helpful. Talking things through and working out how to tell the story of our experiences is part of the natural healing process and will help you to accept what has happened.

This may be close family and friends, but local support groups of people dealing with similar challenges can also be beneficial. *Our Stories: Beyond the Disaster*<sup>27</sup> research found that people affected by a disaster found it helpful to connect with people who 'got it' and didn't require them to explain their situations or reactions. This made them feel understood and validated rather than frustrated, defensive or exhausted.

<sup>27</sup> *ibid.*

## Spiritual

Spiritual strategies for looking after yourself are about getting a sense of perspective beyond the day to day of life. For some, this is about their religious beliefs, and for others it's about connecting to beliefs or ideas that connect you to a sense of something bigger than yourself. Practices such as meditation or simply spending time in nature can help you recalibrate your perspective.

It is also important living and working in disasters to allow time to reflect on how your experiences might change the way you see the world, your life, goals and relationships.

## Seeking additional help

If you've tried these strategies and things still aren't improving, or if you are having trouble coping with work or with relationships, talk to your GP. Your GP can assist and refer you to services and professionals that can help.

There are also a range of organisations that provide online and telephone support for people who are in crisis or struggling to cope. These include:

Beyond Blue 1300 0224 636 or visit <https://www.beyondblue.org.au> to chat online

Lifeline 13 11 14 or visit <https://www.lifeline.org.au> to chat online

## Additional reading or resources

The Disaster Mental Health Hub  
*Phoenix Australia*

Our Stories: Beyond the Disaster 2021  
Australian Government National Mental Health Commission



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©Australian Red Cross/Jack Tran

## Tips for looking after others

*“The support of family and friends is critical when someone is coming to terms with a traumatic event. There is a lot you can do to help the person who has been affected”<sup>28</sup>*

### Provide practical support

If you are supporting someone who has experienced a disaster, you can help them to find the time and space they need to deal with it by providing practical support. *Our Stories: Beyond the Disaster*<sup>29</sup> research found that practical assistance, which met the direct issues and stressors facing participants, reduced escalating, compounding stress. Examples of practical support identified by participants included acts by family, friends and neighbours such as helping to organise accommodation, providing meals, finding a replacement car, and replacing fencing to keep animals in.

Encourage your family and friends to limit their exposure to media coverage of the event. You might offer to keep track of the news and inform them of new or important information so that they don't feel the need to monitor it constantly.

### Support self-care, routine and balance

Routines help us to feel like some things are certain in life. Support others to gradually return to normal routines, especially those related to sleep, healthy food, exercise and social connection.

Do enjoyable things with them and encourage them to plan to do at least one enjoyable thing each day. You may need to help them come up with some ideas by asking them what activities they used to enjoy before the traumatic event or making some suggestions. Even small

<sup>28</sup> Phoenix Australia. 2021. *Recovery: Helping Others*. <https://www.phoenixaustralia.org/recovery/helping-others/>

<sup>29</sup> National Mental Health Commission. 2021. op. cit.

things like spending time together, having a cup of tea, chatting about day-to-day life or giving the person a hug can help to restore a sense of normality.

### **Help them talk through it**

People may not want to talk about their experience or feelings. This is OK, it's important not to force people to confront the event or their reactions before they are ready. If they do want to talk, the following tips may be helpful.

- Choose a time to talk when you won't be interrupted or feel rushed or tired.
- Reassure them that distress is to be expected after what they have experienced.
- Make another time to talk if it seems like the person is too distressed to continue.
- Understand that talking about traumatic experiences can be painful, and the person may get upset. This is a natural part of coming to terms with their experience. Don't feel that you have to make their distress go away.

Listen and show that you care. Sometimes, people say things that are meant to be helpful, but instead just leave the person feeling more isolated and misunderstood. Examples of such unhelpful statements are "You just need to get on with your life" and "I know how you feel".

You can encourage people to share their thoughts and feelings about what is happening to them. Remember that you are not the person's therapist and don't have to find solutions. You also do not have to hear all the details of the trauma – in many cases, it is best not to. If necessary, let the person know that you do not feel strong enough to hear all the details, while at the same time reassuring the person about your support and understanding.

### **Encourage them to seek help**

If you've tried these strategies and see that things still aren't improving, or your family member or friend are having trouble coping with work or with relationships, encourage them to talk to their GP. Your GP can assist and refer you to services and professionals that can help.

### **Look after yourself**

This may be the most important thing you can do to help your family member or friend. Supporting someone who has been through a disaster can take a toll on you, sometimes so much that your own health can be affected, and you can no longer help the person effectively. It is crucial that you take time out and reach out to friends and other supportive people in your community.

### **Additional reading or resources**

[Helping a friend or family member after a disaster](#)  
*Phoenix Australia*

[Helping others](#)  
*Phoenix Australia*

[Ep 9 How to talk to someone after a disaster](#)  
*After the Disaster podcast, ABC Radio*

[Empathy vs sympathy](#)  
*Brené Brown*

## Tips for recovery workers

*"At the end of the day, although it might not feel like it, someone else can do your job, but no-one else can be your kids' Mum. No one can be you in your real life. If the two are conflicting, you have to know you can back out"<sup>30</sup>*

Red Cross work regularly with recovery workers, and strongly believe that 'looking after yourself' is a sign of professionalism. It is part of your responsibilities, not a sign of weakness or an indulgence.

When we ask recovery workers to pass on their advice/lessons learned, they always include that they wished they'd prioritised their own self-care. Specific advice on looking after yourself from Red Cross recovery workers includes:

- Know what you look, sound and feel like when you're stressed. Find a buddy who can tell you when they recognise the signs that you need a break.
- Foster close relationships. Having at least one person who understands the environment and who can empathise and understand the rollercoaster of a recovery role is important.
- Use a self-care schedule as part of your meetings with your manager (or a close colleague). Sometimes it will feel silly, sometimes it will feel overwhelming, but you need to find ways to keep it on the agenda. Make it achievable, put it somewhere visible, update it.
- Book in holidays ahead of time. Now. It will never seem like a good time otherwise.
- Eat. Things will get busy, but healthy, regular eating patterns will be good for your body and mind.

<sup>30</sup> NZ Red Cross op. cit.



- Laugh. It's ok. It's vital.
- Learn to say no.
- Celebrate the wins. It can be easy to get the gloom goggles on, but every meaningful conversation, every time you connect service providers, it's all worth a silent (or louder) cheer.

### Additional reading or resources

Wellbeing toolkit  
Australian Red Cross

Leading in disaster recovery: A companion through the chaos  
New Zealand Red Cross

Hummingly tools and resources  
Hummingly



## Fundamental principles

In all activities, our volunteers, members and staff are guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

### Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all people.

### Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

### Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

### Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

### Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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[www.redcross.org.au](http://www.redcross.org.au)

**Red Cross National Office**

23–47 Villiers St  
North Melbourne VIC 3051  
T +61 3 9345 1800

**ACT**

Red Cross House  
3 Dann Cl  
Garran ACT 2605  
T +61 2 6234 7600

**NSW**

St Andrews House  
Level 3, 464 Kent St  
Sydney NSW 2000  
T +61 2 9229 4111

**NT**

CASCOM Centre  
Level 1, 13 Scaturchio St  
Casuarina NT 0810  
T +61 8 8924 3900

**QLD**

49 Park Rd  
Milton QLD 4064  
T +61 7 3367 7222

**SA**

U5/12 Percy Court  
Adelaide SA 5000  
T +61 8 8100 4500

**TAS**

146 Elizabeth St  
Hobart TAS 7000  
T +61 3 6235 6077

**VIC**

23–47 Villiers St  
North Melbourne  
VIC 3051  
T +61 3 9345 1800

**WA**

110 Goderich St  
East Perth WA 6004  
T +61 8 9225 8888