

Mental health information for general practitioners regarding the recent tsunami disaster

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The psychological impacts of the tsunami disaster may be significant for those who have been directly exposed or whose family members are lost or missing. The scale of the disaster, its unexpected nature, the extent of the loss of life and injury and excessive media exposure contribute to significant psychological distress.

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Impact of extraordinary events

Normal reactions to such extraordinary disasters may include profound grief and a sense of numbness, distress or despair. Feelings of depression are common, as are anxiety, disturbed sleep, distressing images, nightmares, poor concentration and somatizing complaints. There may be difficulty in returning to normal roles and life.

Groups which may be at particular risk include those who have lost loved ones, those injured, those involved in 'near miss' escapes and those witnessing horrific sights. Those repeatedly viewing shocking media images may also be at risk. In addition, feelings and memories related to previous experiences of disasters or other trauma and loss may also resurface.

Coping strategies

People cope with trauma and grief in different ways. There is no right or wrong way. Seeking the support of friends or family, focusing on practical tasks, praying, exercising and involving oneself in distracting activities are all common ways of coping with distress. Denial or avoiding painful issues, over-involvement in work, or over-using alcohol or other substances are also common and may become problematic if they continue.

In the longer term, with time, most people will integrate these distressing experiences or, if this is not possible, put them to one side.

Supporting acutely distressed people

Comforting: Providing comfort to a distressed person is a basic human response. Being quietly responsive and supportive can be very helpful.

Ventilation: Talking about the experience may help some people and may worsen others. Do not force people to talk, as different people are psychologically ready to talk at different times. Be guided by the individual.

Goal orientation: Regaining a sense of order and reality can counter the perception of chaos and fear. Re-establishing basic routines (meals etc), self-care, regular follow-up appointments and staying in the company of others can be helpful.

Systems of support: Family and friends will most often provide care and comfort. People can also be linked into local systems of support such as a community service, church or other group.

Education: Providing information about typical symptoms that people experience following trauma can be important in assisting the distressed person to understand and normalise their reactions. This can minimise their potential to negatively label their responses and can promote positive expectations and coping.

Acute stress management: Providing advice on simple acute stress management strategies can assist the person to feel more in control of their symptoms. Controlled breathing can contain escalating distress and anxiety. General strategies such as aerobic exercise, deep muscle relaxation, distraction techniques and reducing stimulants can be helpful.

Medication: It may be best to avoid medication in the acute phase unless brief sedation is required. Later, if clinical assessments indicate ongoing problems or diagnosis, appropriate medications can be prescribed.

Further information: Forbes, D et al. Posttraumatic Stress: Its presentation and management in general practice. GP Review, 2003, 7(1), 22-23.

Particular issues with the tsunami

The tsunami has resulted in scenes of horrific deaths, injuries and mutilations, of chaos and despair. These **traumatic scenes** can be very distressing. The deaths were **unexpected**, often occurring where a holiday mood existed. People's experiences may reflect a **mixture of both trauma and grief**.

Uncertainty may be prolonged by difficulty in correctly identifying a body or if the body of a missing person cannot be found. This can add to the trauma.

Survivor guilt may occur in those who have narrowly escaped a disaster. A sense of shame or guilt that one could have done more can be strong and distressing.

Traumatic bereavement is more likely when death is associated with suddenness, multiple deaths, mutilation and destruction and uncertainty in identifying the body of a loved one or missing bodies. Traumatic bereavement can result in difficulty moving on with the grief process.

The initial impact of the tsunami is likely to be compounded by privation, poverty and disease. **Ongoing** media coverage of distressing scenes may **reinforce** earlier traumas.

Those with loved ones still missing or known to have died

A formal disaster victim identification process, related counselling and support are being provided through the Social Work Team at the Department of Forensic Medicine, Glebe, in conjunction with the Police. The identification process may take weeks or even months. Some people may never be found. Family members and friends are likely to be very distressed. Specific enquiries about identification processes, or missing persons, should initially be directed to the Department of Foreign Affairs and Trade – Emergency Call Unit 1800 002 214.

Australian residents who are culturally and linguistically diverse (CALD)

People from CALD backgrounds may have significant anxiety about family and friends in affected areas and responses may also be triggered in refugees or migrants who have experienced previous trauma. Cultural and language barriers may require specialist services. The **NSW Transcultural Mental Health Centre** may be contacted for counselling and support, assessment and/or referral to other appropriate services. Telephone 1800 648 911 or (02) 9840 3767.

Children and adolescents

Children and adolescents may be more vulnerable to trauma resulting from images in the media coverage. Younger children

may be clingy, irritable or withdrawn, have physical symptoms, regress to younger behaviours, or be unusually 'good'. Adolescents' responses may show concern and a wish to help, anxiety, depression, fearfulness or excessive bravado. If reactions persist, child and adolescent mental health services and local community health centres can help. Provide support and advice, encourage parents to comfort their children, spend time together as a family, and restore family rituals and school attendance.

Additional help

If responses to grief or trauma are not settling, or the person is so distressed that their capacity to function is affected, they may need additional assessment and help. Things to watch out for are excessive alcohol or other substance use, pronounced depression and crying, repeated nightmares, feelings of numbness or guilt, fearfulness, irritability, relationship problems, difficulty in coping or social withdrawal.

The major psychiatric syndromes following trauma are post traumatic stress disorder (PTSD), major depression, panic disorder, anxiety disorders, substance use, or personality change.

A 24-Hour Tsunami Mental Health Support Line (NSW) has been established to provide immediate assistance. Other resources include private psychiatrists or psychologists and the local mental health service.

Support services

Department of Foreign Affairs and Trade (DFAT). A 24-Hour Emergency Call Unit provides information to those affected, their relatives or friends. Freecall number 1800 002 214. <http://www.dfat.gov.au>

Centrelink has established a national number to provide support services to those affected, or to their relatives and friends. Freecall number 1800 057 111. <http://www.centrelink.gov.au>

The National Association for Loss and Grief. <http://www.nalag.org.au>
A referral form is available by emailing info@nalag.org.au

Tsunami Mental Health Support Line (NSW). A 24-hour number for anyone concerned about how they or someone they are worried about is dealing with distress. Freecall number 1800 201 123.

A brochure *Coping personally after the tsunamis* is available from the NSW Health website at <http://www.health.nsw.gov.au>

The NSW Transcultural Mental Health Centre is providing a Tsunami Disaster 24-hour Counselling Service for NESB Communities. Freecall number 1800 648 911 or telephone (02) 9840 3767 (Languages include Indonesian, Thai, Sinhalese, Tamil and Hindi). <http://www.tmhc.nsw.gov.au>

STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors). Telephone (02) 9794 1900.

The Bereavement Care Centre provides bereavement counselling. Telephone 1300 654 556. <http://www.bereavementcare.com.au>

The National Centre for Childhood Grief provides counselling for children and young people (3–18 years). Telephone 1300 654 556.