# Supporting someone in emotional distress

This fact sheet is for service providers, volunteers and others who are assisting people in emotional distress or crisis after a disaster.

## Three principles for responding

People react differently to highly stressful events. We also know that people in crisis can experience strong emotions, including feeling overwhelmed, tearful, agitated, worried, fearful, angry, helpless or hopeless.

Supporting people in heightened distress can be challenging. Strong expressions of emotions can feel uncomfortable to be around, but emotions and expressions of distress are common reactions to stressful and unexpected events.

The way you respond can make a difference in assisting someone to feel less overwhelmed. While distress is expressed differently, you can use the same three principles when responding.

## 1. Respond calmly

- An upset person's anger or anxiety can be contagious, so you need to be aware of your own feelings and model being calm, or at least present a calm exterior.
- Keep your tone calm and soft.
- Have a glass of water to offer the person and one for yourself.
- Take long deep breaths. This will help you remain calm and model behaviour that may help the other person calm and slow down too.
- If possible, try to ground yourself between talking with people. Consider activities such as tuning into your senses or going for a walk.

## 2. Listen and acknowledge feelings

- Be open-hearted and curious. Talk in a way that lets the person know you are interested in them and in hearing what they want to say.
- Be warm and non-judgemental. Take concerns and feelings seriously without offering advice.
- Give your full attention and don't interrupt when the person is speaking.
- During the conversation, give small sounds of understanding to demonstrate empathy.
- Summarise what they have said to show you are listening. For example: "It sounds like you are feeling ABC and that you want/plan to XYZ. Have I understood correctly?"
- RUOK has a great <u>two-minute video</u> on how to ask if someone is OK and how to respond if they are not OK.

## 3. Support simple problem solving and planning of next steps

- Ask one simple question at a time. A person in distress can easily feel overwhelmed. When someone is experiencing a heightened emotional state, it is not the time to ask a lot of questions or provide information.
- Help the person consider their most urgent needs, and how they could be met.
- Reassure the person that there are solutions to problems and that things can get better.





# Using the three principles to respond to different situations

## Trauma

People can experience powerful and upsetting incidents that intrude into their daily life as trauma. Events that cause trauma are usually experiences that are life threatening or pose a significant threat to a person's physical or psychological wellbeing. A natural disaster can result in trauma.

## Responding to someone who has experienced trauma

Trauma-informed approaches seek to avoid re-traumatising and work to empower individuals in decision making, creating safety and trust, choice and collaboration, and building strengths and skills.

Being trauma-informed involves making a conscious effort to understand and be responsive to the impact of trauma, help people affected by trauma to feel physically and psychologically safe, and to rebuild a sense of control and empowerment.

Find more information about <u>trauma</u> and the <u>principles</u> <u>that underpin trauma-informed care</u> from Phoenix Australia's Disaster Mental Health Hub.

## Helplessness and hopelessness

Some feelings can seem more challenging to understand and respond to, including expressions of helplessness and hopelessness.

**Helplessness** is the feeling of being trapped and having no control over the situation. Helplessness can occur following a period of stress, or as a response to trauma. Feeling helpless can lead people to overlook opportunities for change or relief.

**Hopelessness** is a feeling of having no future, a sense that nothing will get any better. People experiencing hopelessness may say things like "My situation will never get better", "I have no future", "No one can help me", "I feel like giving up", or "I will never be happy again".

Hopelessness is more common after trauma when someone is already struggling with other mental health challenges. Hopelessness may also be a sign of a broader mental health issue, such as depression or anxiety.

Feeling hopeless can lead to thinking about suicide, and while it isn't a simple cause and effect, it is something to be aware of and actively and appropriately respond to.

## Responding to someone who is feeling helpless or hopeless

Listen and acknowledge feelings. Show empathy. Do not try to rationalise, debate, try to fix the situation, make them see the bright side of things, or inadvertently shame them for feeling hopeless.

Be patient. Understand that talking about their feelings may be difficult, scary, or overwhelming. Be respectful of what they feel ready to share with you. Show them that you are a safe person for them to share their feelings with at their own pace.

Support simple problem solving and planning of next steps. Problem solving could be responding to practical issues raised or could be about gaining support to reduce feeling helpless or hopeless.

Do try to normalise feelings of helplessness or hopelessness in response to extreme stress or trauma and acknowledge that these feelings usually reduce over time with support from family and friends.

Note that if the feelings continue and are impacting on everyday life, professional support is available, and recovery is possible and likely. Link the person with local support services or encourage them to talk to their GP or contact the mental health telephone triage service on 1300 MH CALL (1300 34 22 55).

If you are concerned that the person may be thinking about suicide or self-harm, take this concern seriously and follow the suicide prevention protocols you have been given.

Assess your own emotional state and if you do not feel comfortable discussing suicide at the time, seek help from a colleague or the **suicide call back service** and stay with the person until they have additional support.

Information on how to talk to someone who may be considering suicide is also available from Conversations Matter.

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## **Anger**

Anger is a form of distress and is common after a disaster or stressful event. There can be social judgment around anger and it can feel uncomfortable to talk with someone who seems angry.

Anger is a natural and mostly automatic response to physical or emotional pain. Anger is also a protective emotion and often a defence mechanism. It is common for anger to be unconsciously used to help avoid other difficult emotions like fear, sadness or shame.

Anger is not the same as aggression. Aggression is the act of expressing the anger through what we say or do. It is important to validate the emotion of anger and have firm and respectful boundaries regarding aggression.

Responding to someone who appears angry

Remain calm and keep your voice calm.

Listen and acknowledge feelings. Ask what happened. Make time to really listen to what the person has to say. Acknowledge the person's distress and express empathy. Avoid offering advice or opinions and refrain from saying things that involve "pushing through it" or "that's life, you just have to deal with it".

Support simple problem-solving and planning of next steps. Focus on practical next steps to address physical or emotional needs.

If you are concerned that the distress is significant and impacting the person's ability to function, link them with local support services or encourage them to talk to their GP or contact the mental health telephone triage service on 1300 MH CALL.

More detailed information about <u>supporting someone</u> <u>experiencing prolonged anger in the aftermath of disaster</u> can be found from Phoenix Australia's Disaster Mental Health Hub.

#### A note of caution

Domestic and family violence is often confused with anger problems. Domestic and family violence is more complex than anger and is about power and control. In the aftermath of a disaster, violence against women and their children increases. Find information about understanding and responding to domestic and family violence after a disaster from <a href="mailto:1800Respect">1800Respect</a>.

## **Examples of what not to say**

## "It's not that bad."

Minimising another person's feelings can cause them to feel ashamed and alone. It also makes it less likely that they will reach out again.

#### "I know how you feel."

While it might seem that way, no one can know exactly what another person is going through. This statement may make them feel misunderstood or shift the focus to you.

## "You're making me feel bad."

If a distressed person shares their thoughts about what they are going through, you may feel overwhelmed. Do not blame them or make them feel guilty for the uneasiness you may be experiencing. However, it is important to set boundaries if you feel uncomfortable.

## Looking after yourself

"It is not uncommon for disaster workers to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated in the course of their work." (Psychological First Aid)

To effectively support other people, you need to look after yourself. Supporting others is more difficult when you are yourself distressed, so investing in self-care is essential.

- Identify causes of stress and put in place steps to reduce stress where possible.
- Develop awareness of your strengths and weaknesses as a helper and know when to ask for help from others.
- Make time for family and friends—because these relationships play an important role by providing practical and emotional support.
- Be active, eat well and practice good sleep to maintain and improve your own wellbeing.

Dear mind helps you explore the six building blocks of wellbeing and identify your own strategies for investing in your wellbeing. The Red Cross Psychological First Aid guide has a section on self-care for people working in the field.

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