

An Occupational Therapist in the Disaster Recovery Team

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MSAMHS Disaster Recovery Team – Jointly funded by the Commonwealth and Queensland Governments under the Disaster Recovery Funding Arrangements (DRFA)

Better together



Australian Government

Metro South
Health



Queensland
Government

Acknowledgement of Country

We recognise and pay respect to the traditional custodians of the land and waters — and to Elders, past and present.

Artist | Kylie Hill

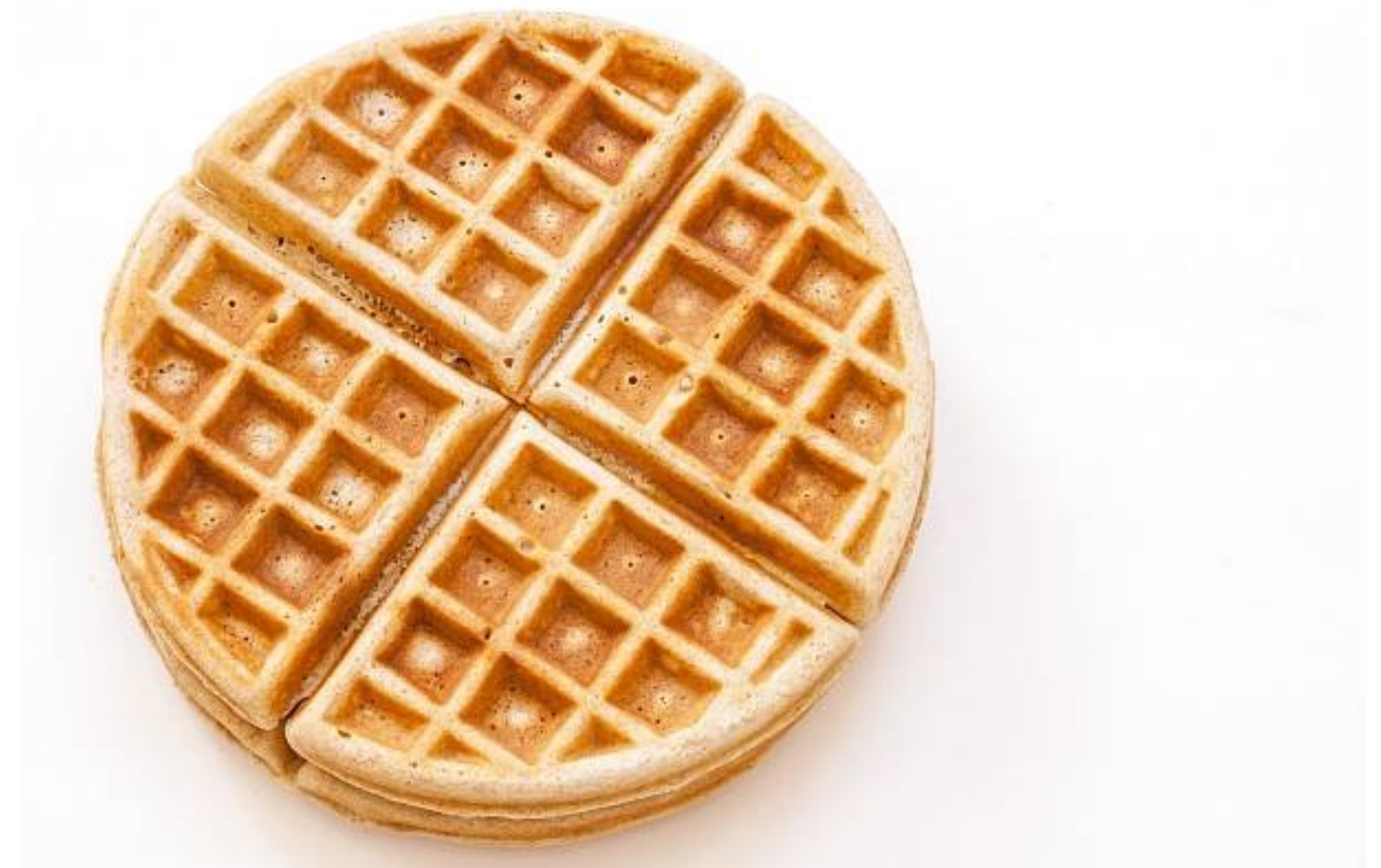


Acknowledgement of Lived Experience

Metro South Addiction & Mental Health Services respect the lived experience of those impacted by mental health, substance issues and suicide, and value the contributions made by families, friends, carers and staff towards their recovery.

SCOPE

- Occupational Therapy and Emergency Management
- MSAMHS Disaster Recovery Team
- Programs and activities
- Case study
- Summary



Definition of 'Waffling'

BRITISH SLANG OF THE DAY

WAFFLER



MEANING:

SOMEONE WHO TALKS A LOT WITHOUT SAYING ANYTHING IMPORTANT — ALL CHATTER, NO SUBSTANCE.

EXAMPLE:

HE SPENT TEN MINUTES ANSWERING ONE QUESTION. WHAT A WAFFLER!

Occupational Therapy and Disaster Management



POSITION STATEMENT

Occupational Therapy and Disaster Management

Statement of the position

Disasters are destructive events arising from a range of natural, technological, and societal hazards that regardless of cause, challenge health systems and require a multisectoral response¹. Disasters may have many sequelae for physical and mental health and result in property damage, displacement and economic loss. Disasters also disrupt individuals and communities from participating in familiar and meaningful activities of everyday life, often with greater impact for socioeconomically vulnerable populations.² Occupational disruption may be temporary, or cascade into prolonged exile from activities necessary to meet human needs, experience human rights, and maintain health.

Occupational therapists are professionals that work with people and communities to enhance capacity for engaging in needed or desired activities of everyday life. Occupational therapists have a significant role in disaster management for enabling people to identify and participate in valued occupations. Such occupational participation serves a vital function to manage risk, promote individual and collective wellbeing and resilience, and reduce the impact of a changed life context.

Statement of the significance of position or issue to occupational therapy

Disasters require a management cycle that includes the stages of prevention/mitigation, preparedness, response, and rehabilitation/recovery³. Occupational therapists work at the micro (individual), meso (community) and macro (national and international) level in all stages⁴, often in collaboration with other stakeholders.

- Prevention and mitigation activities avoid or reduce risk and minimise the adverse impact of disasters for occupational participation.
- Building preparedness increases capacity to effectively anticipate, respond and recover from disaster events, by ensuring plans and policies are inclusive to address occupational needs of all community members.
- Response involves actions during or immediately following a disaster to manage priority occupational needs for health and safety.
- Rehabilitation and recovery efforts address long term participation in individual, community or societal functions and advocate for disaster management policy.

The enforced departure of people from their homes is a frequent corollary to emergency and disaster situations; strategies to address human displacement are therefore inherent throughout the disaster management cycle. Occupational therapists facilitate the fulfilment of occupational rights of people that have been displaced through empowerment, creating opportunities for participation, and advocating with communities when the socio-political context violates human need and rights for occupational engagement.

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Key Takeaways:

1. Occupational therapists can work across the Emergency Management Continuum e.g. prevention, preparedness, response, recovery phases

Occupational Therapy and Disaster Management

Statement of the significance of the position to the community or society

All persons have the right to occupational opportunities necessary to meet human needs, access human rights, and maintain health⁵. This right is not conditional on resource loads or relationships to a state, legal status, visibility and acceptance in the public domain, or engagement humanitarian aid.

Strategies to address disaster at all stages of the management cycle should be rights-based, equitable, person-centred, and environmentally sustainable, without discrimination based on factors such as age, gender identity, language, race, religious or political affiliation, cultural identity, ability or financial status. Such strategies must be supported by education, outreach, and advocacy, and ensure accessibility through the use of universal design and targeted work in marginalised and under resourced sites. Participation in occupation is essential for everyone.

Summary

Occupational therapists bring vital attention to the importance of participation in everyday activities in the management of disasters. With an occupational perspective, disaster-prone areas or affected people are better served to protect or rebuild their lives and livelihoods. Improved occupational engagement promotes quality of life and mental health, enables greater productivity and community resilience, and helps people and communities to recover from the effects of a disaster.

References

1. World Health Organisation (n.d.) Key approaches to strengthening emergency preparedness and response. Available from <https://www.who.int/europe/emergencies/our-work-in-emergencies/key-approaches>
2. Sima, L, Thomas, Y, Lowrie, D. Occupational Disruption and Natural Disaster: Finding a 'New Normal' in a Changed Context [Internet]. 2017 [cited December 8, 2022]. DOI:10.1080/14427591.2017.1306790 Available from https://core.ac.uk/display/82858754?source=pdf&utm_medium=banner&utm_campaign=pdf-decoration-v1
3. UNDRR (United Nations Office for Disaster Risk Reduction). Sendai framework for disaster risk reduction 2015–2030. [Internet]. 2015 [cited December 8, 2022]. Available from https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf
4. World Federation of Occupational Therapists. Disaster Preparedness and Risk Reduction Manual [Internet]. 2022 [cited December 8, 2022]. Available from <https://wfof.org/resources/wfof-disaster-preparedness-and-risk-reduction-manual>
5. World Federation of Occupational Therapists. Occupational Therapy and Human Rights [Internet]. 2022 [cited December 8, 2022]. Available from <https://wfof.org/resources/occupational-therapy-and-human-rights>

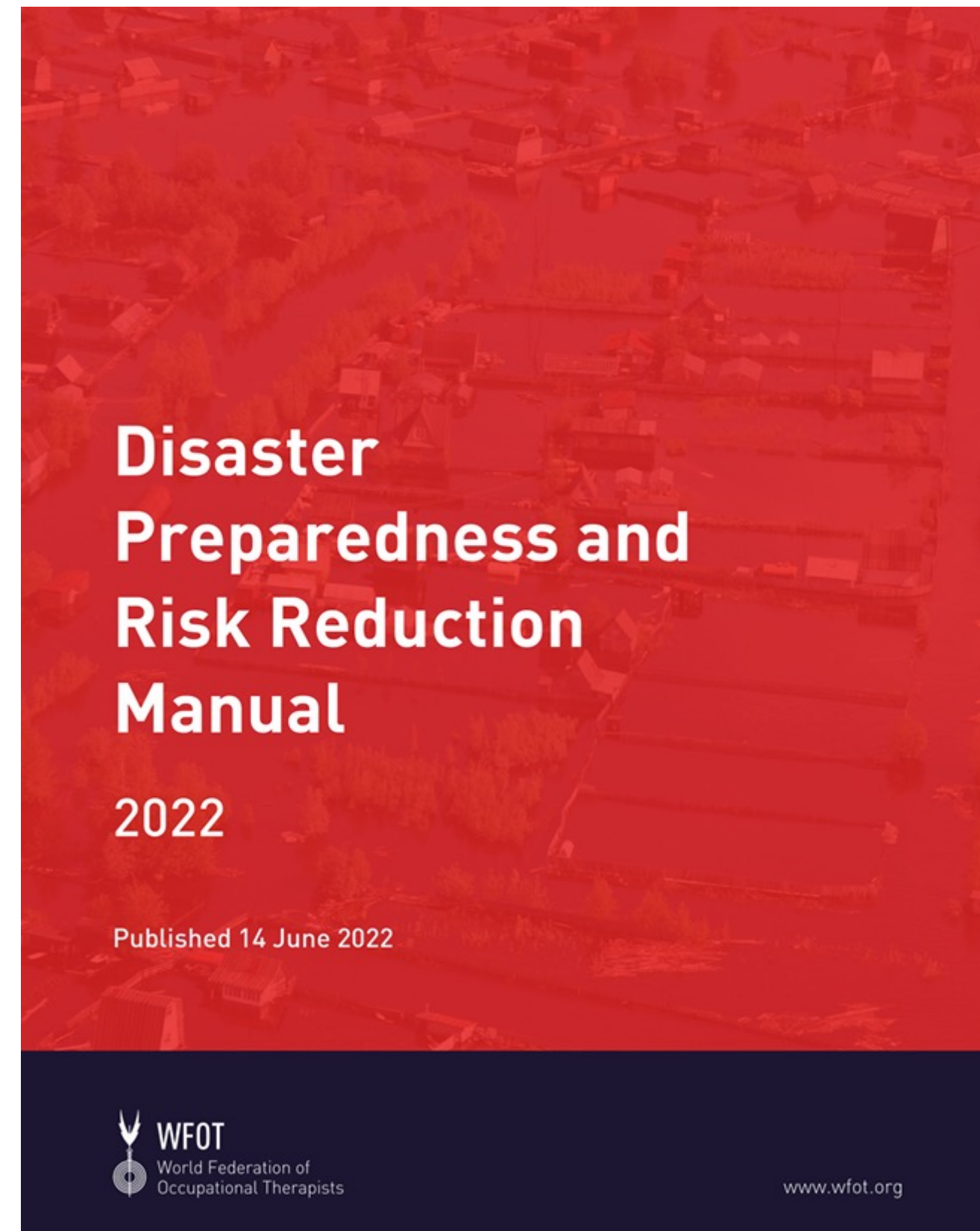
Summary

Occupational therapists bring vital attention to the importance of **participation in everyday activities** in the management of disasters. With an occupational perspective, disaster-prone areas or affected people are better served to protect or rebuild their lives and livelihoods.

Improved **occupational engagement** promotes quality of life and mental health, enables greater productivity and community resilience, and helps people and communities to recover from the effects of a disaster.

WFOT Disaster Preparedness and Risk Reduction Manual

The WFOT Disaster Preparedness and Risk Reduction Manual provides principles and examples of initiatives that can be implemented across **all levels of society** and occupational therapy **practice, education, research** and **policy**. (81 pg)



The important roles of occupational therapists in DPRR

- Outlines evidence-based principles and examples for disaster preparedness and risk reduction (DPRR) across occupational therapy practice, education, research, and policy,
- Occupational therapists play a key leadership role in reducing disaster risk and strengthening preparedness and resilience through community-centred participation, advocacy, disability inclusion, education, and research.
- Occupational therapists uses a multi-level approach at micro (person-centred practice), meso (community-based rehabilitation), and macro (policy and advocacy) levels, employing cross-sectoral collaboration to support sustainable action.
- The importance of building individual and community resilience through occupational engagement before disasters occur, aligning occupational therapy practice with international disaster risk reduction frameworks.

Online Courses



[Home](#) [All courses](#)

Available courses



FULL COURSE

Disaster Preparedness and Risk Reduction

This course has been designed for occupational therapists and related professions to develop skills, knowledge and behaviours that enable proactive engagement and positive outcomes for disaster preparedness and risk reduction (DPRR) at individual, community and global levels.

[Details & Enrolment](#)

[Log in](#)



FULL COURSE

WFOT Disaster Management

This is different to other e-Learning you may have experienced. Acting as a 'volunteer', your skills & knowledge are enhanced in tackling complex issues such as: disaster response, resilience, disaster risk reduction. Concepts are operationalised.

[Details & Enrolment](#)

Let's now
talk about
me

DO IT



NOW



LATER

Child and Youth Mental Health Occupational Therapy turns into Disaster Recovery Mental Health Practitioner

Brisbane, Australia

University of Queensland Graduate
(Bachelor of OT, PhD)

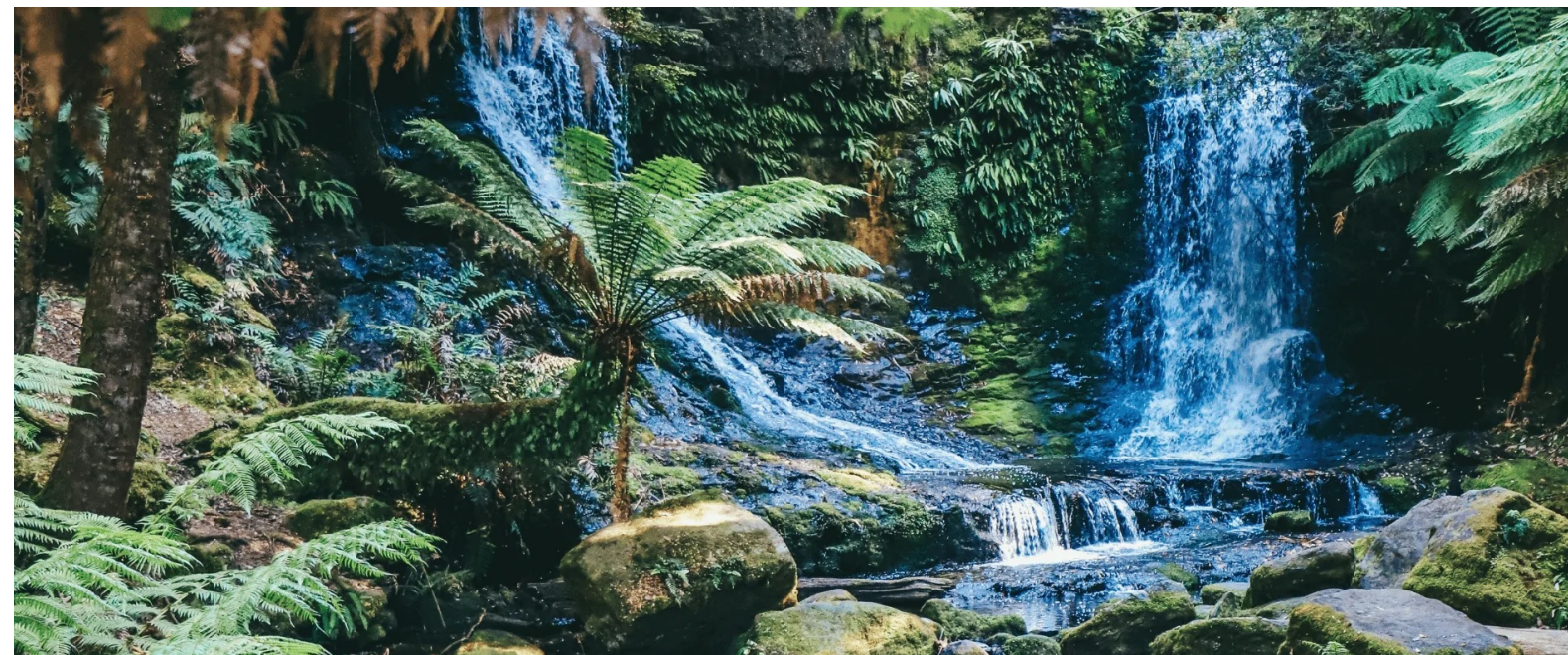
Military Reservist – ADF

Disaster Recovery Mental Health – Past
two years

Use of creative activities in mental health



get
ready
QUEENSLAND



Disaster risk

[Home](#) / [Getting Ready](#) / [Know your risk](#) / For all Queenslanders

Natural disasters happen in Queensland more than any other state. Understand your risk of being impacted by extreme weather and how to get ready.

Getting To Know The Risk of Disaster In Queensland

If you have lived in Queensland all your life, have recently moved here or just landed for your holidays, it's important to understand and keep reassessing your disaster risk, which varies depending on where you are in Queensland and your personal circumstances.

Since 2011, Queenslanders have faced 100 disaster events including storms, fires, cyclones, storm tides and floods. These disasters have impacted almost every corner of the State and cost more than \$20 billion in insurance claims.

The most common types of disasters that can happen in Queensland are:



Flood



Storm



Cyclone and Storm Surge



Bushfire



Purpose

The purpose of the Disaster Recovery Mental Health team at Metro South Health is to ***‘assist disaster-affected individuals, volunteers and communities with specialist clinical mental health support and emotional wellbeing post-disaster’.***

Prepare and response stages too!!

Where do we fit in? Everywhere!



Community Capacity Building Over Time (NMHC, 2025)

Who is in the team:

- Administration Officer:
 - **Leah Roney**
- Art Therapist:
 - **Stephanie Outridge-Field**
- Mental Health Nurses (Clinical Nurse Consultants):
 - **Caroline Delaforce, Rachel Kelly, Paul Scott and Iris Vukelic** (Assistant Director of Nursing/Team Leader)
- Occupational Therapist:
 - **Dr Adam Lo and Linh Nguyen (who joined us 2 weeks ago)**
- Psychiatrist:
 - **Dr Zena Hume**
- Psychologist:
 - **Christine Kumnick**





**Where do we
go? Everywhere**

OUTREACH

HOMES

**COMMUNITIES
(Including rural
locations and islands)**

CLINIC

SCHOOLS

WORKPLACE

Disaster Recovery Team

A natural disaster can affect your mental health months or years later



Metro South Health | *Better together*

How are you coping?

If you or someone you know have experienced any of these warning signs, you are not alone.



Scan for referral pathway



Anger



Sadness



Relationship problems



Drinking too much



Sleep problems

We offer a confidential, free service to individuals, children and families impacted by 2021-22 South East Queensland Rainfall and Flood Event and 2023 SEQ Storm.

Contact us

MSAMHS-PostDisaster-Recovery@health.qld.gov.au or 07 3089 4156



Jointly funded by the Commonwealth and Queensland Governments under the Disaster Recovery Funding Arrangements (DRFA).

The team provides:

- ❑ Comprehensive mental health service across all ages across identified communities in need
- ❑ Specialist community outreach multidisciplinary team
- ❑ Stepped care model
- ❑ Support for disaster-related trauma and loss, and other direct/indirect stressors (e.g. financial, relational, emotional)
- ❑ Cross-sectoral cooperation and community development/capacity building

Programs to enhance mental health literacy, resilience and coping skills

- DBT (dialectical behavioural therapy) skills groups
- Mental Health First Aid training
- Psychological First Aid (PFA) training
- Health education programs e.g. *Healthy Me*
- Coping, grief and loss groups e.g. *Seasons for Growth*
- Men's and other community groups
- Trauma Informed Care workshops
- Person-centred emergency preparedness workshops (**P-CEP**)
- Mental Health Professionals Network (MHPN)





Developing relationships with NGOs, Emergency services, local councils, reconstruction authorities, school communities – all contributes to disaster preparedness and response.



Trauma Informed Care – Big part of our work

The 5 Principles

Safety

Psychological and physical safety

Choice

Maximise consumer experiences of choice and control

Collaboration

Collaborative decision making and shared power

Trustworthiness

Task clarity, consistency and interpersonal boundaries

Empowerment

Empowerment and skill building

Psychological First Aid (PFA)



ARTS AND HEALTH PROJECTS AND ART THERAPY PROGRAMS



What do I bring to the team as an occupational therapist?

- The occupational therapy lens
- The occupational therapy knowledge and skills
- The occupational therapy mindset

- E.g. Participation, inclusiveness, occupational justice, purpose, community-centred practice, restoring occupational identity, competence and belonging.

PEOP Model

Person-Environment-Occupation Performance (PEOP) model

www.LifelongLearningWithOT.wordpress.com



References:

Christiansen CH, Baum CM & Bass-Haugen J. (2005). *Occupational therapy: Performance, participation and well-being* (3rd ed). Thorofare NJ: SLACK incorporated

Duncan FES. (2012). *Foundations for Practice in Occupational Therapy* (5th Ed). Edinburgh: Churchill Livingstone

CASE STUDY

The situation:

- In early 2023, a severe storm event in Tamborine caused significant property damage, including to the home of Margaret (pseudonym), a 72-year-old woman. Shortly after the storm, her husband passed away following a known physical illness. The combination of environmental disaster and bereavement resulted in compounded loss, disruption of routine, and considerable emotional distress.
- Margaret experienced grief associated not only with the death of her spouse but also with the loss of her familiar environment and established roles. She found herself managing new responsibilities in household maintenance and decision-making while simultaneously supporting the emotional needs and grief of her adult children. These cumulative stressors led to withdrawal, reduced participation in meaningful activity, poor appetite, low mood and diminished confidence in daily functioning.

CASE STUDY

The change(s):

- The DFRT mental health team and case manager adopted a strength-based and occupation focused approach, guided by the PEOP model. The intervention plan aims to support Margaret's self-efficacy, emotional regulation, and re-engagement in purposeful occupation.
- Through collaborative goal-setting, Margaret identified creative expression as a meaningful avenue for coping and self-reflection. She began participating in art-based activities, including drawing and painting (which she previously did a number of years back), both individually and within community art groups. These activities provided structure, emotional release, and opportunities for positive social interaction.
- As therapy progressed, Margaret demonstrated increasing initiative and motivation. She resumed community participation in art creating as well as visiting art galleries, reported improved mood stability, and described a renewed sense of identity and purpose.

CASE STUDY

Analysis

- Margaret provided direct feedback indicating that the therapeutic process helped her feel understood and supported through a difficult life transition. She expressed that creative engagement allowed her to “find calm and meaning again.” Clinicians and group facilitators observed measurable changes, including enhanced social engagement, improved affect, and greater independence in daily routines.
- Team reflections noted that integrating creative and purposeful occupations was instrumental in facilitating grief processing and promoting psychosocial recovery. The collaborative, multi-disciplinary approach further reinforced her sense of agency, self-confidence and connectedness.

CASE STUDY

Lessons and recommendations:

- This case highlights the effectiveness of purposeful occupation and creative engagement in addressing grief and adjustment in older adults following trauma and loss. Key learnings include:
 1. Strength-based, person-centred approach to foster resilience and empowerment.
 2. The therapeutic value of creative and community-based occupations in restoring emotional wellbeing and social participation.
 3. The utility of the PEOP model in guiding interventions that align the individual's capacities, meaningful occupations, and environmental supports.
 4. Margaret's recovery illustrates that, through intentional engagement in meaningful occupation and supportive therapeutic relationships, individuals can achieve renewed purpose, confidence, and wellbeing even in the aftermath of significant life changes.





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Thank you.

Questions?

