

After the bushfires

Victoria's psychosocial recovery framework



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September 2009

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Ministerial foreword

The February 2009 bushfires have had a devastating impact on many Victorian individuals, families and communities.

Over the past six months I have spent a great deal of time visiting the affected areas and meeting with people who have lived through what can only be described as horrific experiences. Many things have struck me: the depth of resilience and hope that exists across our affected communities; the tremendous courage of those who fought the fires; and the remarkable stamina and cooperation of all of those people who have been there providing supports to the affected individuals, families and communities across the state.

There is considerable state, national, and international research and experience available to inform the way we help people recover from a disaster like Black Saturday. We have also learned a lot over the last six months. Consequently, we now have a good understanding of what is effective and what is not.

In the immediate aftermath of the fires, emotional and psychosocial supports were coordinated by local government, the Department of Human Services and a range of service providers. Their response was remarkable and something that all those involved should be proud of.

In several instances, the emotional and psychological support needs of affected communities were such that additional supports were brought in to assist the most affected areas; for example, staff from the Austin Hospital's Trauma Related Mental Health Service and the Royal Children's Hospital provided support to individuals and families in Marysville and Flowerdale; the Austin's child and adolescent mental health service provided support to several communities and Eastern Health and North West Mental Health provided extensive support to the Kinglake and Kinglake West areas. The level of cooperation and collaboration was tremendous.

There is no doubt that the recovery process is going to take some time. However, I am confident that the level of commitment and cooperation we have seen to date will continue, and that as a result the resilience and courage of the individuals, families and communities I have already witnessed will overcome the impact of the past six months.



Hon Lisa Neville MP
Minister for Mental Health

1 Overview

Learning from our past experiences

One of the few positive things that come from a community dealing with a disaster is that we learn more about the process each time. Unfortunately, we have had many opportunities in recent decades to improve our approach to helping people recover following a disaster and there is considerable national and international research and experience to draw on. As a result we have a good understanding of what works and what doesn't.¹

The Department of Human Services also commissioned a rapid literature review of community recovery following the bushfires to ensure that our response is informed by the best available evidence.

Given the extent and impact of the bushfires, we know that careful thought and planning needs to go into the psychosocial² recovery of affected individuals and communities. This document outlines the key components and underpinning principles of the *Victorian psychosocial recovery framework* ('the framework'). The framework has been informed by our evidence base and also by specialists in the area of the emotional impact of disasters on individuals, families and communities.

This framework has been developed in consultation with the Statewide Bushfire Psychosocial Recovery Framework Advisory Committee and represents a collaborative response to the bushfires.

State and Commonwealth collaborative response

Given the importance of coordinated planning efforts in addressing the needs of people affected by the bushfires, the framework has been developed in consultation with the Commonwealth. It incorporates services and actions funded through the Commonwealth's Bushfire Mental Health Response package announced on 23 February, the details of which are outlined in a later section.

¹ This is discussed in more detail in the paper *A psychosocial model for post emergency individual and community support*, which the Department of Human Services published in 2005. The framework outlined in that paper has guided the development of this one.

² The term 'psychosocial' is used here to refer to the emotional and psychological wellbeing of individuals (across the age range) and communities and their overall mental health.

Who is the framework for?

The framework is for planners and service providers and offers advice on the principles and considerations that should underpin a bushfire psychosocial recovery process, as well as outlining the government investments that support psychosocial recovery.

It provides an overview of the immediate and medium-term strategies we should consider over the coming two years as we move from recovery into reintegration and mainstreaming of our interventions.

The framework considers the range of impacts as a result of the fires and the different responses required including:

- people directly affected by the bushfires – those who are bereaved; who have lost property; and who have been threatened by, experienced or witnessed the bushfires and their impact
- the extended family and friends of the fire's direct victims – it is important to note that it is not only people who lived in the areas affected by the bushfires that will need support through the recovery process; the strategies we put in place must also consider those impacted who live outside the immediate bushfire areas
- the communities that have been affected through loss of life, property and identity – community rebuilding is required both physically and to provide the opportunity for individuals and families to network and address mutual needs
- those who have helped people affected by the bushfires either as employees or volunteers and are continuing to help in the recovery effort.

Support will also need to be available to people who have been traumatised by previous events such as war, earlier bushfires, accident, illness or bereavement and for whom the recent bushfires may re-open the impact of past experiences, as well as people vulnerable to anxiety – such as those with existing mental health issues.

2 What we know about the impact of bushfires on emotional and social wellbeing

The impact of exposure to natural disasters such as bushfires on an individual's emotional and social wellbeing mental health can be mild or severe; short term or long lasting.³ People's responses will also change over time.

Short-term responses (days to weeks)

In the days following a disaster, people (including children) may have difficulty with planning, decision making, setting priorities or anticipating future needs. They may feel numb, shocked, disoriented, confused or uncertain about the future. Emotional reactions may be postponed or displaced onto seemingly unimportant things. There may be significant difficulty thinking and remembering. Great emphasis is often given to meeting immediate physical and material needs, at the expense of self-care and long-term planning. There can be considerable strain placed on families as a result of the range of emotions and reactions from the bushfires.

Medium-term responses (weeks to months)

In the weeks and months after the disaster, children, young people and adults of all ages may go through a wide range of emotions, including intense distress, fear, grief, sadness, anger, uncertainty and insecurity about the future. There are also strong feelings of altruism, togetherness and concern. It is a time of intense, changing emotions.

People react strongly to political or other community events. There is a tendency for emotions to be expressed via practical problems or other events in their lives, including blaming those providing services for things over which they have no control.

People are often overloaded or in a state of constant distress for many months in the recovery period. Health may deteriorate, accidents increase and relationships become tense. Often these problems develop slowly without those concerned noticing because of their preoccupation with more pressing events. The family unit may experience considerable burden during this time as different members respond in their own way to recovery.

The inequality of the disaster's effects on people can lead to jealousy, rivalry and changes in friendship networks. Misunderstanding and confusion are common, together with doubt and skepticism about who and what can be trusted and accepted.

Long-term responses (months to years)

For many people, some effects of the disaster only become obvious after a year or longer. They can involve: economic hardship; the effects of living under stress for a long period; poor health; depression; relationship problems; developmental, academic and behavioural problems in children; loss of leisure and recreation; loss of friendship networks; loss of a sense of direction in life; and continuing disturbing memories of the disaster.

Adults and children may feel isolated from friends and family because continuing consequences of the disaster are not understood. The community may have undergone changes and so no longer feels the same as the community they once knew, which can lead to feeling isolated at home as well.

Many aspects of social, marital and family life that may have been postponed because of other demands in the early recovery period may now come to the fore, often in the form of crises.

Conversely, a disaster experience like Black Saturday has previously also seen many people describe the gaining of new or increased wisdom or understanding, positive shifts in priorities for their lifestyle and value system and developed new or strengthened coping skills that will help them in their future lives.

³ Gordon, R, 2009, *The human face of disaster recovery – Information for human service workers in disasters*, DHS Training Mar 2009.

Table 1 provides a summary of the World Health Organization's estimates of the anticipated increase in mental health problems following a disaster.

Table 1 Summary of WHO predictions of the prevalence of psychosocial problems after an emergency

	Before emergency – 12-month prevalence	After emergency – 12-month prevalence
Severe mental disorder (such as psychosis, severe depression, severe disabling anxiety disorder)	2–3%	3–4%
Mild or moderate mental disorder (such as mild and moderate depression or anxiety)	10%	20% (reduces to 15% with natural recovery)
Moderate or severe psychological/social distress (no formal disorder but severe distress)	No estimate	Large percentage (reduces due to natural recovery)
Mild psychological/social distress	No estimate	Small percentage (increases over time)

Adapted from van Ommeren, 2006⁴

Vulnerable groups and warning signs

People with pre-existing mental health stresses or problems may experience new or increased symptoms, or possible relapses. The stress of direct involvement in the bushfires may act as a trigger for a relapse of serious mental illness. The often explicit and broad coverage of the bushfires in the media may impact negatively on people with pre-existing vulnerabilities, and potentially cause levels of distress for those without mental illness.

Mental health impacts are also often associated with an increase in problematic alcohol and drug use, violence and abuse and this is sometimes an early warning sign of more serious mental health problems emerging. Increased alcohol and drug use as part of a coping strategy can also lead to mental health difficulties.

⁴ Van Ommeren, M, 2006, *Inter-Agency Standing Committee (IASC) Guidance on mental health and psychosocial support in emergency settings*. Paper presented at Public Health Pre-Deployment Training, 28 November 2006: Chavannes de Bogis, Switzerland.

3 The planning process

Given the above discussion, the importance of proactively planning to meet the impact of the bushfires on social and emotional wellbeing is clear.

The importance of consultation

One of the things we know from past experience is that frameworks like this can only be effective if they are based on a process of extensive consultation with affected individuals and communities and service providers. While this document provides the major components of the framework, fine details and how it will be actioned need to be worked through at the local level in the months ahead.

The framework needs to be flexible, dynamic and responsive – adapting as we learn more about what individuals and communities need, and in recognition of the fact that their needs will evolve as they recover.

Psychosocial recovery is multifaceted

It must be noted that psychosocial recovery is influenced by much more than just the availability of psychological supports or mental health services. Our knowledge of the social determinants of mental health – of the impact of poverty, isolation and unemployment on psychological distress – reinforces the interdependence of social and psychological factors on wellbeing. Recovery from extreme experiences is facilitated when the resilience of affected people is recognised and is accompanied by information about associated health issues including: the impacts, effects and normal responses of such experiences; indicators of stress and strategies for managing this; the importance of using existing support networks; and information about how and when to access other services for additional support

How well we: provide opportunities for people to reconnect with their community; ensure material and practical needs are met; ease the process of having insurance claims dealt with; and go about the process of rebuilding homes and communities are among the many things that impact enormously on psychosocial recovery.

This means that regardless of their role, each person working with or coming into contact with people affected by the bushfires can influence the wellbeing of those they interact with, and contribute to how well their recovery proceeds. Understanding the changes likely to occur in communities and people during the recovery period will enable them to interact in ways that help. We need to ensure the framework equips the wider community, as well as the psychosocial service system, to play its part in aiding the recovery of those affected.

The importance of prevention and early intervention

Our mental health strategy⁵ provides a useful framework for understanding the importance of key components in the recovery process. It highlights the value of preventing the development of problems by engaging in activities that promote mental health and wellbeing. Creating opportunities for communities to reconnect and for individuals and family to gather and focus on the positive aspects of their lives will reduce the likelihood of difficulties in the longer term.

We also know about the importance of early intervention. We will reduce the likelihood of more serious and long-term damage to people's psychosocial wellbeing if we can plan for and provide supports that address the impact of these experiences early on.

The months ahead are a critical time for providing information on health, trauma and access to services, and also in equipping our services to meet the needs of individuals, families and communities – especially given that we know there will be an increased demand for a range of support services over the next several years.

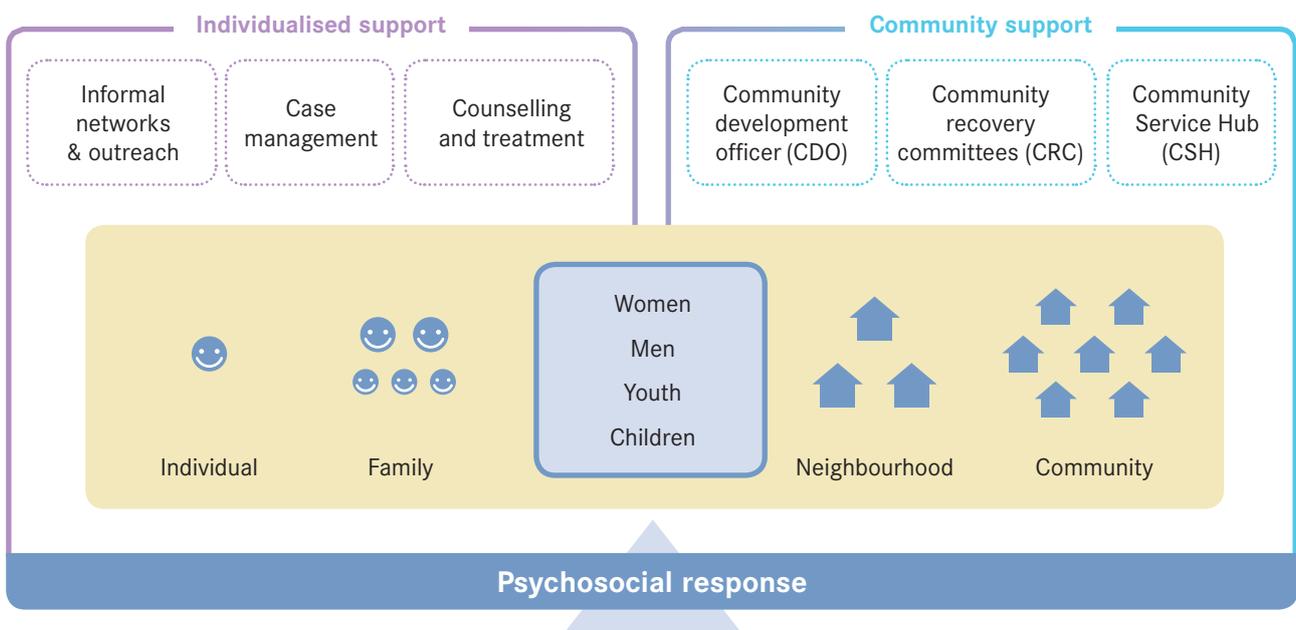
⁵ *Because mental health matters, Victorian mental health reform strategy 2009–2019, DHS 2009*

Individualised support and a focus on communities

Disasters start a process that everyone involved in the recovery program must understand in order to be effective. Community recovery is the essential basis for personal, individual recovery. Accordingly, this framework is based around two key elements:

- **individualised support for people and families** – information, support, access to generic services and facilitating provision of specialist services (see Figure 1)
- **a focus on communities** – support for existing community agencies to identify and respond to the needs of their members in ways that promote recovery and social cohesion.⁶

Figure 1 Psychosocial recovery – individuals, families and communities



Strategies for recovery

Building on the elements of individualised support and a focus on communities, the initiatives we will put in place to aid the recovery process reflect the following four strategies:

1. **Empowering individuals and affected communities for their own recovery** – we will do this through the provision of information, education, support and through facilitating and resourcing community recovery initiatives, including arrangements for those affected who do not belong to the areas hit by the bushfires.
2. **Enhancing the capacity to identify the changing needs of individuals and groups in affected communities and elsewhere, and access to necessary services** – we will do this by skilling up and extending existing networks and services to respond to the specific recovery issues, including specialist services for the duration of recovery.

⁶ This model follows the 'umbrella of care' proposed by B Raphael (1986) *When disaster strikes, How individuals and communities cope with disaster*, Basic Books, NY and uses processes for developing the social infrastructure to deliver the 'whole person' care required to effect recovery from a disaster (R Gordon (2004) *Community Process and the recovery environment following emergency* Emergency Health, vol 4 no 1).

3. **Rebuilding the community** – we will do this by repairing and enhancing social networks, promoting community cohesion and responding to the inevitable conflicts and tensions of the recovery.
4. **Engaging the Victorian community** – we will do this through activities that enable the Victorian community to identify themselves as actively supporting the communities affected. It is critical for the health and cohesion of the Victorian community, particularly the people who strongly identify with the areas affected, that opportunities for meaningful connection with people and areas affected can be found and implemented, without imposing unwarranted attention.

It is essential that these strategies be put in place for an extended period. While the scale and depth of needs will become clearer as the impacts of the disaster are better understood, we can surely anticipate that the critical timeframe for most people affected will extend to many months, and for some will be a matter of years. Our ability to integrate these strategies into our existing service system will ensure smooth transitioning to mainstream services when needs diminish.

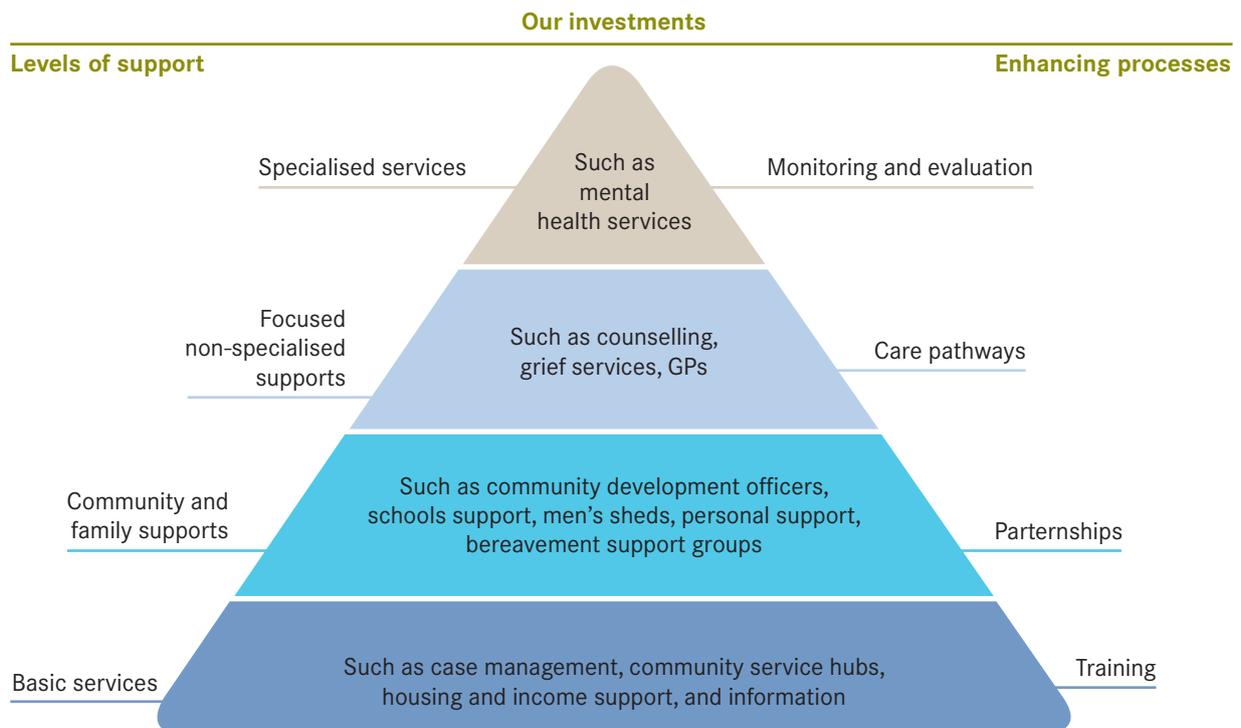
4 Principles guiding the framework

The framework is underpinned by six core principles for effective recovery, listed here in no particular order or priority:

1. **Coordination/integration** – the services people need are part of an overall service system that must be provided in a coordinated and integrated manner.
2. **Community based** – responses should make use of and enhance existing services as this ensures sustainable support for those affected.
3. **Community involvement** – plans for recovery must include representatives of those who were affected by the event in every stage of the recovery process. Interventions will be based on enhancing existing strengths of the individual, family and community and on building resilience.
4. **Flexibility** – the recovery process must remain flexible at all times, to support the range of needs of all those affected as they arise.
5. **Sharing information** – client information sharing must be based on the needs of those affected and provided in accordance with established inter-agency collaborations and established protocols and legislation.
6. **Training/professional development and support** – those providing services must be appropriately trained, supported and have access to regular supervision and secondary consultations.

The pyramid in Figure 2, adapted from the Inter-agency Standing Committee of the United Nations, illustrates that the psychosocial effort is built on ensuring access to basic services and rebuilding community and family support structures. Individualised psychological supports are also an important component of the psychosocial effort. These services are strengthened through access to training, promoting partnerships and care pathways and monitoring and evaluation.

Figure 2 Intervention pyramid for psychosocial support



Adapted from IASC 2007⁷

⁷ IASC (2007) *IASC Guidance on mental health and psychosocial support in emergency settings Fourth working draft* IASC Task Force on Mental Health and Psychosocial Support: Geneva

5 Where does this framework fit with the wider emergency recovery work under way?

The emergency recovery process is guided by the *State emergency recovery operational plan*, which sets out the emergency recovery operations within the context of the Victorian Emergency Recovery Arrangements structures and responsibilities. The work we do on psychosocial issues will be integrated within the wider emergency recovery arrangements.

The Department of Human Services is the lead agency for emergency recovery at the state and regional level, working in collaboration with municipalities who have responsibility at a local level. This statewide framework will be supported by regional plans that provide local strategies and actions at the local level to ensure coordination of the recovery effort. Similarly, the department will work in partnership with other Victorian government agencies, such as the Department of Education and Early Childhood Development (DEECD) and the Department of Planning and Community Development (DPCD) and the Australian Government to ensure a whole-of-government approach to psychosocial recovery.

The other area where close coordination is essential is in the relationship that will exist between this framework and the work of the Victorian Bushfire Reconstruction and Recovery Authority (VBRRA). The establishment of the VBRRA was announced by Premier Brumby on 10 February 2009, and it is 'responsible for coordinating activities of all Local, State and Commonwealth Government agencies and the many community organisations involved aimed at helping communities to recover and rebuild'.

A key goal of VBRRA is to ensure that the community actively participates in the process of rebuilding and recovery and that individuals are consulted closely and provided with real choices. It will be essential that the work on this framework is informed by the consultation process led by VBRRA.

We need to note that a range of government agencies will already have in place extensive processes for meeting the psychosocial recovery needs of their employees, volunteers and various stakeholders. For example, the Country Fire Authority has a detailed approach to how their staff and volunteers will be supported in the wake of the bushfires. The approaches outlined in this framework will work with and complement these and other existing approaches.

6 What support services are needed?

The distress people feel in the short term after a disaster will often be effectively alleviated through the support of family, friends, the community and/or some personal support – such as that provided by services like the Australian Red Cross. For many people, this support will set them on the path to effective recovery and they may never seek any further formal psychosocial support. Providing continuing networking opportunities for information and education about psychological recovery empowers these people to undertake their own recovery.

Many others, however, will need some kind of formal or professional support. Based on experience with other disasters, we can estimate that somewhere between 40 and 50 per cent of those affected will benefit from receiving some professional help to sort through the emotional impact of the bushfires. For many people, this may be as simple as one or two sessions with an appropriately trained counsellor to talk through their situation and gain advice and strategies to continue their recovery. Others will need longer term support to deal with more complex emotional and relationship issues. All people will respond differently according to the effects of the disaster on their situation.

It is important to note that many people may not seek out any support until long after the bushfires – perhaps a year or more after the event. This means that we need to ensure that services are available for the long term, not just for the next few weeks and months.

It also needs to be recognised that a proportion of adults and children will experience more severe or extended impacts such as post-traumatic stress disorder (PTSD), severe anxiety or depression brought on by their fire experience. This impact may set in shortly after the bushfires – within the first few months – but for others it may not become evident until a year or more down the track.

Research suggests that between 5 and 20 per cent of people psychologically affected by the bushfires could be expected to need help from a specialist mental health service at some stage. This proportion is increased when higher rates of death and injury occur; therefore, given the Victorian experience, we might experience even higher demands. Significant groups at risk for these problems are the bereaved, including those who live outside the burnt areas.

A larger percentage of affected people are at risk of developing physical or emotional problems arising from the high demands and protracted stresses of the recovery period. Again, these severe needs may not emerge for many months or years.

Bushfire support groups

To support people who have lost someone close to them following the bushfires, the Department of Human Services and the Victorian Bushfire Reconstruction and Recovery Authority are working with the Australian Centre for Grief and Bereavement.

Through their work, support groups are being established to provide an opportunity for people to meet regularly and share their stories and experiences with others.

Facilitated by a leader, meetings are designed to generate a sense of understanding, acceptance, hope and support. The groups will complement counselling and other support available to bushfire-affected people.

'I have learnt that grieving is different for different people, however, we all have the same thing in common and it is good to hear from other people's perspective and to speak of my own experiences.'

'My life now is as though I am walking down a long dark tunnel; since attending the support group, I am still walking down that dark tunnel, but now there are people beside me and there are lights along the way.'

Support group participants

A focus on children and young people

It is important to ensure that in establishing our service response we do not neglect the specific needs of children and young people. The following extract, taken from the February 2009 special edition of 'eartraumagrief iN BRIEF', published online by the Australian National University, describes some of the factors we need to keep in mind as we plan our recovery process:

Children and young people are particularly vulnerable at this time when people will be feeling shock, numbness, horror and disbelief over the enormity of what has happened. In these early times the most important thing is the coming together of family and loved ones, comforting each other and giving mutual support. The loving family environment is central to the child, as is the sense of security. Children need the comfort of family rituals, meals and schools and need to be with others that are close to them. They need to know that there are people there that care for them...

We know that most children will be resilient and we should recognise and encourage the strengths, optimism and hopefulness that many children will display. Children's reactions may show in changes in behaviour: in withdrawn, regressive or more aggressive and challenging responses. Over time, some children may have extended difficulties in dealing with their feelings of sadness and their fears and may require special care.

The importance of family and community support in helping children and young people overcome the impact of their experiences cannot be overstated. However, it is also important to ensure that the broader service system is responsive to their needs – and does not just assume that what works for adults will also work for children and youth.

A number of resources for those working with children and young people exist, and an important aspect of the framework will be ensuring effective dissemination of this material to appropriate services, in addition to reinforcing key messages via training processes as discussed further below.

Based on our previous experiences, we know that the impact of a bushfire on children will depend on:⁸

- how close the fire is to home
- how the child's parents and carers respond
- the child's temperament
- whether they were apart from their parents at the time of the fire
- family support – being apart increases anxiety
- how much they see on the media – repeated and vivid images on television can confuse young children because it can seem like the fire is being repeated over and over again and that they are very close, even when they are not
- whether children have personal losses such as loss of a family member or friend, if their home is burnt and their whole life disrupted, or loss of a loved pet (there is the grief related to the losses and also fears of what will happen in the future)
- the child's age – younger children in particular may be affected because they don't fully understand what is happening and what they imagine may be even more frightening than the reality.

Based on this knowledge, it is clear that we are facing a very significant challenge in how we meet the needs of affected children. The number of children who have lost homes, schools, parents, friends – or multiples of these – has never been experienced before in Victoria or anywhere else in Australia. Adding to this is the number of children directly exposed to the fires, and the ongoing extensive media coverage – both of which will undoubtedly impact negatively on the emotional and psychological wellbeing of many hundreds of children.

⁸ Taken from the Children, Youth and Women's Health Service, Parenting and Child Health website: www.cywhs.sa.gov.au

The importance of ensuring we intervene early with affected children and youth could not be clearer. Failure to do so will result in a significant increase in demand for tertiary, specialist mental health services for children and youth in the medium and long term. Even with robust early supports, the level of demand on the tertiary system will be high. It is essential that the service system is equipped to both minimise the number of children who will eventually require specialist support and provide adequate responses for those who do.

Partnerships: Young people

The February bushfires had a significant impact on children and young people. Many experienced the death of family members or friends, relocation and the associated loss of social supports. Schools were destroyed in areas such as the Murrindindi and Mitchell shires.

To support the psychosocial response to this vulnerable group, the Goulburn Valley Area Mental Health Service and the Department of Education and Early Childhood Development have developed a memorandum of understanding. It provides for child and adolescent mental health service (CAMHS) staff to assess and provide brief treatment for children at the 11 primary and secondary schools in the area.

Under the memorandum, CAMHS workers provide screening, support and assistance to distressed children and young people at schools, as well as support and education for the teachers and other members of the school community.

Working in partnership with staff and parents, this collaboration is assisting children to manage their distressed feelings and behaviour. It will help to reduce the risk of longer term mental health problems such as posttraumatic stress disorder. Schools report that this approach is a vital part of the recovery process for their students.

7 Our actions

In this section we outline the range of actions we believe will contribute to effective psychosocial recovery in the months and years ahead. The earlier comments on the importance of consultation with affected communities in the finalisation and implementation of this framework, and the need for the framework to be flexible and responsive to changing needs, are noted again here.

It is also noted that the actions outlined below do not detail the incredible efforts undertaken by the numerous volunteers and workers who have worked so hard in fighting the bushfires, establishing and operating the relief and recovery centres, donating goods and money – all of which have had an immediate and enormous impact on establishing the psychosocial recovery process for affected individuals and communities.

The actions also do not detail the way in which the existing psychosocial service system was mobilised to start to address the emotional and psychological needs of affected communities. In addition to the examples of this noted in the ministerial foreword, examples of such targeted effort include community health service staff from non-affected areas assisting in the delivery of front-line services, and a number of community service organisation staff within and outside affected areas prioritising bushfire-related work within their organisations. These immediate steps have again contributed enormously to the psychosocial recovery process.

The actions outlined below fall into two broad groupings:

- those things that were put in place in the immediate aftermath of the bushfires
- the things we are now beginning to put in place to meet needs that will arise in the months and years ahead.

Actions taken in the immediate aftermath

Personal support was provided by hundreds of trained personal support workers from non-government and government agencies who offered information, comfort, reassurance and additional support. This provision of psychological first aid is a critical component of the existing emergency management recovery arrangements.

[The Victorian Bushfire Case Management Service \(VBCMS\)](#) has been established to help people get the supports and services they need during the recovery process.

The VBCMS is a central plank in the psychosocial recovery process – identifying people who need supports; helping them gain access to necessary services; gauging the extent of support provided; and monitoring how well the supports have been provided.

[Community service hubs](#), located in towns within the fire-affected communities, are already up and running. Initially housed in tents, hubs are responsible for providing face-to-face support and matching services to the needs of the local community during the rebuilding process. The hubs will be another vehicle through which the needs of people can be identified and addressed.

[Community development officers](#) have been appointed in the most significantly affected communities, to start to repair and enhance social networks, promote community cohesion and respond to the inevitable conflicts that will arise during the recovery period. These positions will also play an important role in the process of consulting with communities about the services they need to further aid recovery.

The community development officers will work with hub staff and other agencies to actively engage all community members in the development and delivery of shared community activities, with a particular focus on those who are hard to reach. Key tasks include:

- networking with the community neighbourhoods to identify and address practical issues impacting upon households
- establishing and implementing community engagement programs to support affected communities

- maintaining links within communities (especially individuals and groups at risk of isolation, and with self-organising action or advocacy groups) and ensuring that communication initiatives are effected and implemented
- connecting people to community-based services and informing the development of new services where necessary
- providing accurate and timely information about the changing needs of the communities to recovery agencies, and help identify gaps or lack of coordination in the services.

The **NURSE-ON-CALL Bushfire Health and Counselling Line** provides 24-hour support and counselling to anyone either directly, or indirectly, affected. Emergency workers, volunteers and service providers are encouraged to call the line. Callers first speak to a registered nurse who then transfers them to a counselling professional such as a psychologist, mental health nurse, social worker or occupational therapist.

Actions under way

To meet the increasing demand for support over the next few months and years, we are putting in place the following actions, intended to increase the skills of people to assist psychosocial recovery and improve access to essential support services.

Equipping the community and professionals through training and consultation

An **enhanced training program** will be implemented that will equip different parts of the community to effectively contribute to the psychosocial recovery process according to their respective roles and/or professions. The content of the training will vary depending on each participant's role in psychosocial recovery but, in general, the focus will be on enhancing their understanding of the impact of trauma on individuals, families and communities and on how they can contribute to the recovery process for those they work with. Importantly, the training will need to include specific consideration of the needs of children and youth affected by the bushfires. The training will be targeted at three broad groups.

Group 1: People working with individuals, families and communities affected by the bushfires, but not in the provision of psychosocial supports (for example, teachers, child care workers, local government staff and people actively involved in a range of community work)

Recognising the important role anyone in contact with fire victims can play in aiding their recovery, training to this group of people is seen as a vital part of the recovery process. This training will inform participants about: the impact of such events on psychosocial wellbeing; what to expect as people go through the recovery process; things that help and things that don't; signs that may indicate a person is struggling to recover; and where to go for additional help and support.

Group 2: People whose role is to provide general psychosocial supports (for example, community health centre counsellors, psychologists, social workers and school student support officers)

This training will build on this group's existing skills by providing them with an enhanced understanding of responding to the needs of people and communities after a significant disaster.

The training program will take into account the different considerations needed when dealing with people across different age groups – from children and young people through to the aged population. It will also be focused on skills needed when dealing not only with traumatised people but also those suffering deep grief and bereavement.

Training and capacity development

Skills for Psychological Recovery is an evidence-informed, international training package that has been adapted for the Australian context by the Australian Centre for Posttraumatic Mental Health, with funding from the Commonwealth government.

Using the package, up to 300 people providing counselling in bushfire-affected areas are being trained in practical and brief interventions that will assist people to recover.

In the latter half of 2009, the training will also be made available across Victoria to ensure counsellors are better equipped to deal with future disasters.



Counsellors working in bushfire-affected areas have reported that the package provides a useful and coherent framework. They say it is a holistic, flexible model that is immediately applicable in a disaster context, and that the added strategies for working with children are very useful.

'I feel that I am able to offer something practical when I am working with people who are distressed and confused. It is reassuring to know that this is evidence-informed and can make a difference.'

Bushfire counsellor

Group 3: Specialist mental health system workers. The statewide Trauma Related Mental Health Service operated by the Austin Hospital will be engaged to lead the development and delivery of a professional development package for people working in mental health services in the affected areas, as well as relevant private practitioners. The package will be augmented by secondary consultation and support for those working with affected clients.

⁹ Adapted from the Australian version of *Skills for psychological recovery field operations guide* (2009)

Strengthening service availability

The Victorian Government commitments to strengthen service availability build on the significant contribution of the Australian Government, which is providing additional counselling services as outlined below.

In response to the likely increase in demand for specialist mental health services, the Austin's Trauma Related Mental Health Service will provide specialist trauma mental health services, secondary consultation and training to bushfire-affected regions. They will provide intensive early intervention and treatment for severe mental health problems in fire-affected regions and ensure access to specialist services as required.

Additional grief counselling services will be provided in the most affected regions. Bereavement support groups will be established for people who were bereaved as a consequence of the fires.

Strengthening communities

In recognition of the considerable stresses placed on community identity, and impacts this has on personal and social relationships, the State and Commonwealth Governments in collaboration with local communities are supporting the development of networks of support, information and ceremonies to facilitate recovery. Key components include memorial services and the creation of community landmarks and events.

Australian Government commitments

The Australian Government is contributing \$7.5 million to provide mental health support to those individuals and communities affected by the Victorian bushfires.

This funding focuses on complementing actions in place through the Victorian Government described in the previous section, and will have a key focus on providing primary mental health care services to people most impacted by the tragedy, and support to professionals providing services to them. It also provides additional telephone-based counselling services to respond to broader levels of distress within the community, and support to assist affected communities to reconnect and psychologically recover from the impact of the trauma over the longer term.

The four components of the Commonwealth Government mental health package are:

- primary mental health care – increased psychological services for people affected by the fires
- supporting the supporters – training and support for mental health professionals
- telephone-based counselling and callback services
- community capacity-building for psychological recovery.

These components are detailed below.

Primary mental health care – increased psychological services for people affected by the fires

Increased funding, through access to allied psychological services (ATAPS), has been provided to 10 divisions of general practice to enable increased provision of psychological services to people with persisting mental health symptoms as a result of the fires. ATAPS allied health professionals will also receive special training to enable them to provide appropriate and evidence-based support to this group of people.

Referrals to ATAPS can be obtained through a GP or by a case manager through the case management services established by the Victorian Department of Human Services. Where case managers refer people to ATAPS services this is on the proviso that a mental health treatment plan is prepared by a medical practitioner during the time that the patient is being treated by an eligible ATAPS allied health professional.

Through this funding, divisions will also be able to offer the advice of ATAPS allied health professionals to the principals and staff of local schools to support them on how to assist children and staff cope with trauma and loss associated with the bushfires. Although ATAPS will not deliver direct services in schools or school counselling, the funding will enable information about referral pathways to ATAPS and other primary mental health programs run through the division to be distributed.

Supporting the supporters – training and support for mental health professionals

The Commonwealth Department of Health and Ageing is working closely with the Victorian Department of Human Services and key health professional organisations to establish ongoing specialised training and support for all health professionals who will be involved in managing trauma and grief. It is important that services are provided without doing harm and that staff working with those affected by the bushfires have professional support in the management of complex cases.

Funding under this component of the Commonwealth's package is being progressed in the context of a framework developed by a cross-professional education and training working group in April 2009, which identifies three levels of training requirements for professionals providing psychological care for people affected by the bushfires, as outlined on pages 15–16 of this framework.

The Australian Government Department of Health and Ageing has engaged the Australian Psychological Society to work with the Australian Centre for Posttraumatic Mental Health to develop the training resources and deliver training to ATAPS providers and GPs through a train-the-trainer model.

Telephone-based counselling and callback services

In the immediate aftermath of the fires, the Commonwealth identified the need to supplement broad-based phone counselling services in order to offer support for people emotionally distressed by the fires, including people not immediately impacted by them. Through this funding additional support has been provided to organisations providing telephone counselling services including Crisis Support Service and Kids Help Line to enable them to expand their phone counselling and specialised follow-up services.

Funding will enhance the general counselling available to the broader community distressed or affected by the tragedy and will also enable the targeted expansion of services to meet more specific medium- to long-term needs. Crisis Support Services will offer tailored counselling, including callback support, through Mensline Australia. Targeted phone-based counselling for children and young people impacted by the tragedy, and parents concerned about the impact of the fires on their children, will be provided through Kids Help Line.

Funding will also ensure specialised training and ongoing support and de-briefing for all staff providing bushfire-related trauma counselling, referral database maintenance and coordination with Victorian-based services, including the newly expanded NURSE-ON-CALL Bushfire Health and Counselling Line phone counselling service.

Community capacity-building for psychological recovery

In recognition of the broader needs of communities impacted by the fires, the Commonwealth is providing support to aid the psychological recovery of communities over the longer term by encouraging appropriate mental health promotion activities, particularly with a focus on children and people isolated as a result of the bushfires. Specifically, the Commonwealth is seeking to build upon broader recovery activities being implemented by the Victorian Government through targeted funding that will:

- assist with restoring people's connectedness and networks
- promote positive help-seeking
- encourage hope in the future recovery of communities
- build psychological recovery skills within the community to identify and help people with or at risk of mental health problems.

Activities under this component of the Commonwealth's package will be developed in close consultation with the Victorian Government.

Our actions are informed by the importance of service coordination and the expectation that reintegration of services back to mainstream will be part of the recovery process as the needs diminish.

Community information

Victoria's emergency management recovery arrangements provide psychosocial recovery support for individuals, families and communities affected by emergencies. Community information sessions are a key element of this support.

The sessions are a way of providing updated advice, general information and common reactions to emergencies.

Since the bushfires, community information sessions have been implemented to assist bushfire-affected individuals, families and communities to engage with the psychosocial recovery process. They are provided across the bushfire-affected regions in a range of community venues and formats.

Dr Rob Gordon, consultant psychologist for the Department of Human Services emergency recovery, has been instrumental in providing advice, guidance and support to bushfire-affected individuals and communities at more than 15 community information sessions. This includes sessions conducted at Kinglake, Whittlesea, Arthur's Creek, St Andrews, Wandong, Labertouche, Traralgon South and Yarra Ranges.

A Victorian bushfire case manager reported that a number of women have said their partners will not accept counselling but would attend an information session. These sessions could assist them to gain insight into what they are experiencing.

'When I attended the community meeting in Labertouche, I was struck by the way Rob spoke about how people might have difficulty planning, initiating and executing tasks, and about how case managers can help in this regard. Having trouble with this myself at times over the past months, I think it's a great message for us and other staff dealing with bushfire affected individuals.'

Staff member – Victorian Case Management Service

The link between the framework and the reform directions in Victoria's new mental health strategy

Over the past two years a process of extensive consultation has been undertaken in the development of Victoria's new mental health reform strategy *Because mental health matters*.

The key building blocks of the mental health strategy – prevention, early intervention, recovery and social inclusion – are exactly the approaches we need to apply in addressing the broad range of mental health issues associated with the bushfires.

The strategy is essentially about making mental health a more integral part of all our health and social care efforts, recognising how strongly linked it is with social, economic and environmental factors.

To this end, it promotes and supports flexible and coordinated responses based on strong local partnerships between a range of services including specialist mental health services, primary health, community health services, emergency services and family support services.

The strategy's emphasis on social inclusion and building community resilience are of great importance given the devastation experienced by many local Victorian communities due to the bushfires. These directions can inform community development activities to include promotion of positive mental health as an important component of community resilience.

Early intervention is at the heart of our reform directions. This means both early in life and early in the emergence of a mental health condition. It proposes greater emphasis on identifying and supporting children and young people at risk, with family involvement wherever possible. This will be particularly relevant in families where parenting may be compromised by stress and the psychological impacts of the bushfires.

We know that quick access to support and counselling after extreme events plays a crucial role in preventing the development of ongoing conditions such as depression and PTSD. The strategy's emphasis on early intervention and capacity building in primary health care and in schools is reflected in the framework.

The strategy proposes new approaches to enable people to access mental health services at the 'right time' and in the 'right place'. The creation of a 24/7 information, advice and referral line (to be operational in the second half of 2009) will direct people to the appropriate mental health service they need. Consistent with this focus is the emphasis being given on timely referral for support in the VBCMS and community service hubs.

The more coordinated mental health emergency responses proposed in the strategy support early intervention and treatment of people experiencing mental health problems affected by the bushfires. The enhanced triage proposal outlined in the framework fits well with this emphasis.

During consultation on the strategy, we identified concerns that more progress had been made in responding to depression and similar conditions than with anxiety-based disorders, including PTSD. The strategy recommends that capacity to deal with this, together with a range of other specialties, be bolstered in our public mental health services and the pathways between primary and specialist mental health service strengthened – and this is again reflected in the framework.

As can be seen, the actions outlined in this framework are both informed by and consistent with the directions advocated in the mental health reform strategy.

9 Conclusion and next steps

The process of psychosocial recovery will be a long and, at times, complex one. The impact of the bushfires is unprecedented in Victorian history and we will need to draw on all of the expertise and resources available to us to ensure the recovery process is as effective as it can be.

In addition to the ongoing consultation with affected communities, the finalisation and implementation of the framework will be guided by a senior steering committee made up of experts in psychosocial recovery, as well as service providers in affected areas and relevant government departments. A subgroup will provide a specific focus on the needs of children and young people during the recovery period.

Monitoring and evaluation will be critical in ensuring that the investments and interventions we provide for individuals, their families and communities continue to assist them in their recovery process. A committee will be established to ensure that a broad range of data sources are utilised to track demand, assess new or growing areas of need and ensure that the services provided are appropriately targeted, effective and responsive.

The success of this framework will be measured by our capacity to be flexible, responsive, evidence informed, community engaged, and focused on sustainability and service integration. The perceptions of our communities will be an important indicator in the short term as we assist them to find ways to respond to the inevitable distress associated with disaster and recovery process. In the longer term, we hope to utilise indicators that reflect the levels of community mental illness, psychological distress and emotional wellbeing to inform us on the progress of recovery.

This structure will ensure that the framework progresses in a way that is responsive to the needs of local communities, and informed by the best available knowledge of what works in helping individuals, families and communities regain a sense of wellbeing after a disaster.

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Victorian bushfire psychosocial recovery framework advisory committee

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