Blue Mountains Bushfire Recovery
Psychosocial model for recovery

EXECUTIVE SUMMARY

The Blue Mountains Bushfire Recovery Psychosocial Model is the Recovery Committee's strategy for addressing the psychological and social needs of the disaster affected community.

The model is premised on the understanding that:

- bushfire affected people and communities are diverse, and their needs continue to change over time;
- effective community recovery processes accommodate both individual and community needs and will work flexibly to meet them; and
- contrary to popular perception, research shows that severe mental disorders do not significantly increase after a disaster. Vulnerable members of the community, who have ongoing mental health issues, may be more at risk of their condition being exacerbated.

The psychosocial model will build upon existing trusted social infrastructure, whilst working closely with the community and with other service providers to connect bushfire affected people with activities and services that promote community recovery.

Key component of the psychosocial model are:

a) **Community Development** through the engagement of community development workers and the establishment of a grants program to facilitate a range of local events and activities to address identified recovery needs. This component is contingent on joint State and Federal Government funding being approved.

b) **Strong support from informal networks** through the implementation of the Talk Out Loud (ToL), a community based mental health promotion and skills building program developed by Australian Red Cross and BeyondBlue.

c) **Psychological First Aid** through delivery of training in this area by Australian Red Cross, to assist community members to recognise and provide support to people who may be suffering psychological injury.

d) **Emotional holding and family recovery planning** through the 'Step by Step' Blue Mountains Bushfire Support Service.

e) **Short term counselling** through established formal service providers as well as additional resources being sought by Nepean-Blue Mountains Medicare Local.

f) **Longer-term counselling** through established formal service providers such as NSW Health Mental Health services and community based agencies, which provide a readily accessible suite of formal mental health services.

g) **Traumatic stress treatment** through established formal service providers such as NSW Health Mental Health services and community based agencies. Building the capacities of local mental health services through access to additional training is agreed by all key stakeholders to be the most sustainable method to adopt.

h) **Specifically addressing children's needs** through a broad range of programs and activities delivered through local schools, children's groups and youth groups.

1. BACKGROUND

1.1 Mental health disorders following a disaster

Contrary to popular perception, research shows that severe mental disorders do not significantly increase after a disaster. Vulnerable members of the community, who have ongoing mental health issues, may be more at risk of their condition being exacerbated[1]. Table 1: a summary of the World Health Organisation's predictions of the prevalence of psychosocial problems following an emergency support this finding[2].

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, 2006[4]

Natural recovery processes enable most people to resolve their psychosocial distress (such as increased anxiety) without formal mental health intervention. Informal support networks in the community are the most valuable resources to support people at this time (extended family, close friends, teachers, clergy, GPs, informal community leaders)[3].

1.2 Psychosocial 'best practice' for recovery

Recovery involves not only processing the personal meaning of the event but the interplay of personal risk and protective factors (such as coping skills, self-esteem, and resilience) and environmental risk and protective factors (such as family, kinship, support network, gender, socioeconomic resources).

Adjustment entails accepting the event and its impacts and accessing instrumental and emotional support, especially the opportunity to talk over feelings with others who have shared the same experience. This is a natural healing method that helps people accept what has happened. Coming to terms with trauma and disaster is a normal process which everyone goes through to a greater or lesser degree and includes reflecting on the event and re-evaluating future goals.

People can do this in their own mind, with neighbours, in community forums and in counselling. Evidence from domestic and international disasters consistently indicates that informal social networks and community connectedness is the most significant source of support to facilitate recovery and is therefore critical for effective recovery.

The below figure demonstrates the types of supports that are commonly available following a disaster which accommodate individuals', families' and communities' psychosocial needs[4].

---

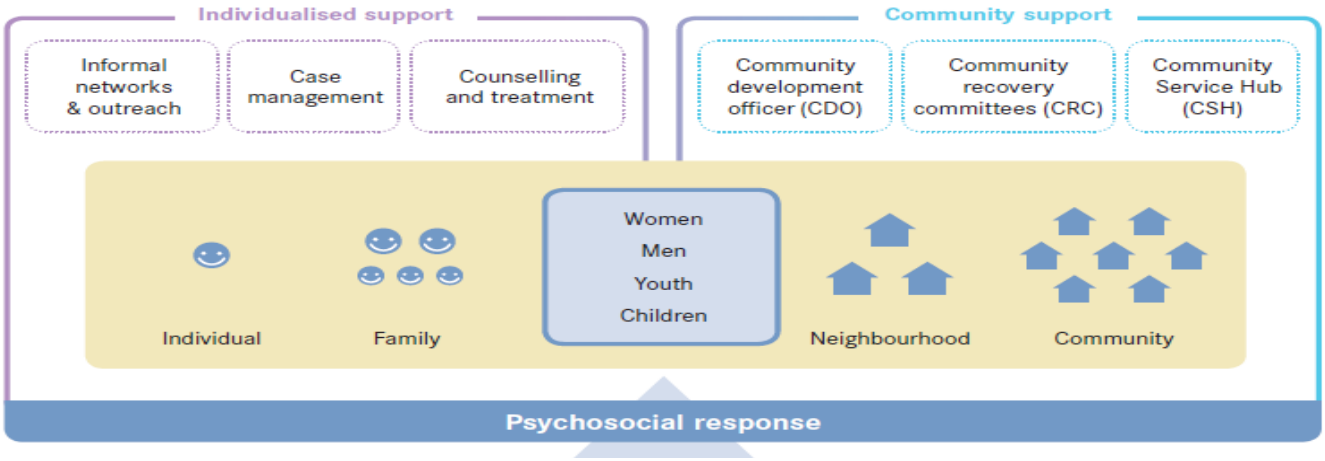
[1] Federal Emergency Management Agency. (2008). Fema Information. Retrieved from http://www.fema.gov.

[2] 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] International Federation of Red Cross and Red Crescent Societies (IFRC) 2009, *Psychosocial Handbook,* International Reference Centre for Psychosocial Support, Copenhagen, Denmark

[4] 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

Figure 1 Psychosocial recovery – individuals, families and communities



Source: Victorian Department of Human Services, After the bushfires Victoria's psychosocial recovery framework, September 2009

Recovery psychosocial 'best practice' is internationally advised to be based upon a social model as distinct to a model which focuses on diagnosable mental health issues[5].

Whilst recognising the importance and strengths of informal support networks, the optimum model is to have a wide range of the following psychosocial support services available following a disaster:

- **A: Community development,**
- **B: Strong support from informal networks** including family and friends etc.,
- **C: Psychological first aid** provided by informal and formal contacts,
- **D: Emotional holding and family recovery planning** through case support for disaster affected people,
- **E: Short term counselling** through formal counselling services,
- **F: Longer-term counselling** for diagnosable mental health conditions through formal mental health services,
- **G: Traumatic stress treatment** through formal mental health services,
- **H: Specifically addressing children's needs:**
  - reuniting with family,
  - parental and social support,
  - supportive environment especially school,
  - counselling and mental health services as required, and
  - specific activities utilising recreation, arts, music, drama, etc. with skilled facilitators.

1.3 Overview on current psychosocial service delivery and networks within Blue Mountains

Existing networks and community services

Within the Blue Mountains there are strong networks of collaborative community groups, agencies and human services. These provide a continuum of services from practical assistance, community development, emotional and spiritual well-being, and generic human services such as family support, formal clinical counselling and mental health services. These agencies are currently providing a range

required to effect recovery from a disaster (R Gordon (2004) Community Process and the recovery environment following emergency -Emergency Health, vol 4 no 1).

[5] Inter-Agency Standing Committee (IASC) 2007, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, Switzerland.

of support for bushfire affected people through providing goods , services and cash, utilising psychological first aid, formal and informal support, meetings, social events, activities, emotional holding services, recovery planning, and referral to more formal counselling and mental health services.

Current feedback from local psychosocial support services regarding bushfire affected peoples' needs and access to informal and formal services.

Local service providers report no marked increase of people presenting with diagnosable mental health conditions, nor any issues for the people presenting to gain timely access to appropriate services.

- **Recovery services:** Recovery Centre (now closed) and new Bushfire Information and Support Centre which continue to provide a wide range of support from MPES Disaster Welfare Services and partner agencies with skills in psychosocial support services.

- **Community sector:** includes Blue Mountains Local Government, Neighbourhood Centres, generalist and specialist community service organisations and faith-based groups. These services have provided a broad range of psychosocial support services which have included donated goods and services, information, referral, emotional and financial counselling, as well as cash vouchers and appeals. These groups will continue to provide a broad suite of psychosocial services throughout the longer term recovery process as their core business.

- **NSW Health, Mental Health Service, Nepean Blue Mountains LHD (NBMLHD):** provide the 'normal' suite of mental health services as well as actively supported a presence within recovery centres and surge requirements. NBMLHD Mental Health services provided a recent informal report in regard to the 1800 Mental Health Line and emergency services, both a primary response and secondary response team. Twenty people were triaged by the secondary response team and a small number having ongoing psychological intervention, there has not been a significant spike in request for services over the last month, or a lengthening in waiting time for access to services for people affected by the emergency. The service anticipates an increase in demand later in the recovery period.
  Walk-in services at emergency service points have seen an increase in the numbers of people presenting over the last two weeks. Those presenting are predominantly the long term clients who are community services users, presenting as after-hours services. Given the lead up to Christmas this is seen as normal for this time of year.

- **Step by Step:** In addition to the pre-existing support services, funding has been provided through the Natural Disaster Relief and Recovery Arrangements (NDRRA) for a personalised case support service. Step by Step has been funded to provide assessment, crisis intervention, problem-solving and supportive counselling to assist people throughout the recovery process. It also provides information, advocacy and referral to a variety of services as required. Step by Step Blue Mountains Bushfire Support Service provides information, resources and assistance to families and individuals impacted by the bushfires. This includes information about the range of assistance available from both government and non-government agencies, and practical matters such as insurance or replacing lost documents.

- **Nepean-Blue Mountains Medicare Local:** GPs and allied health professionals (contracted to the Nepean-Blue Mountains Medicare Local for the provision of mental health services) have reported back to Medicare Local that they are seeing more patients presenting with distress and consultations are taking longer than normal. It is also the case that the Access to Allied Psychological Services (ATAPS 1) which currently provides counselling services for health care card holders is capped funding and the demand outstrips the supply. This means that the funding allocated per month for ATAPS 1 referrals is fully committed early each month.

  The Nepean-Blue Mountains Medicare local has applied for funding under the "Extreme Climatic Events" funding through the Commonwealth Government. This funding could

provide GPs with the opportunity to refer patients to additional counselling services at no cost. The Medicare Local sent a request to all GPs and contract allied health professionals to obtain more information on current presenting issues, and the reports returned from GPs show an increase in clients and/or patients presenting with observable distress. The below table collates the feedback received by GPs and AHPs as at 12 December 2013

ATAPS Psychologists and GPs who report increase in psychological distress due to Blue Mountains Bushfires. Collated 12 December 2013

ATAPS AHP Responses

Total number of AHP responses received who indicated that they have seen clients affected by recent bushfires: **17**

Question asked:

On average, how many clients have you seen per week with psychological distress attributed either directly or indirectly to the recent bushfires?

Number of AHPs responding	How many clients seen per week?
1	6
4	5
1	4
1	3
3	2
5	1

- One psychologist (not included in table) working in Springwood reported that she had no new referrals but that approx 25 of her existing clients have been quite traumatised by the bushfires.
- 1 psychological practice (not included in the above table) with multiple psychologist reported a total of 14 new referrals and in addition at least 10 former clients re-contacting due to the recent bushfires.
- 1 psychologist in the Springwood area also commented that in addition to seeing an average of 6 clients per week (included in table above) affected by the bushfires she has currently a further 4 clients (not included in table above) whose stress levels have increased as they have family members living with them full time who have lost their homes.

Blue Mountains GPs

Question asked:
Have you seen any patients with increased psychological distress due to the recent bushfires?
Yes: 14 **No: 5**

On average how many patients have you seen per week with increased psychological distress due to the recent bushfires?

No of GPs	Number of patients seen per week
1	5-10
1	Less than 10
1	5 -7
2	5
2	2
4	1
3	Less than 1

- **NSW Department of Education:** The Psychological Response to the Blue Mountains bush fires:

  Assistance to the Blue Mountains (Faulconbridge) District Guidance Officer (DGO) group comprising 29 school principals commenced on 17 October 2013. The focus of intervention and support was on Ellison PS, Winmalee PS, Winmalee HS and Mt Victoria PS. All 29 principals within the area were emailed a Bushfire Recovery document which outlined the typical reactions to trauma, a parent/carer summary page about reactions to bushfires and Psychological First Aid for Children and Adolescents. Hard and soft copies of these documents and an art therapy pack were provided as a therapy pack to all school counsellors. The team are all trained psychologists.
  A multi layered response comprising daily counselling services for the first fortnight and provision of evidence based resources to teachers and parents has allowed the DGO role to provide a consistent message incorporating classroom activities, scripts, newsletter information, presentations and crisis booklets. In addition to these services the DGO has held school presentations, parent support groups, community response events, consultation and support of bushfire affected teaching staff. Content of these presentations include typical reactions to trauma, how to help yourself, how to help others, what not to do, psychological first aid, when to seek help and an opportunity for small group discussion.

  Additional information.
  A newsletter article has been distributed to all 29 schools. Reminding parents that without the routine of school that this may be a time that some of the typical responses to trauma may emerge. Some holiday tips and some contacts are included.

  Feedback from the counsellors at Ellison PS, Winmalee PS and Winmalee HS regarding the following groupings of their case loads:
  1) no previous counsellor contact - now fire effected,
  2) vulnerable / struggling pre fires now these symptoms are exacerbated, and
  3) 'normal' caseload - academic, learning emotional behavioural issues.

Ellison PS: largest proportion of cases are in group 1 and considerable number in group 3. This school has the highest proportion of kids who lost their home as they are in the Yellow Rock, Buena Vista local school. Counsellor allocation has been doubled until the end of the year and the case load is double.

Winmalee PS: group 1 several kids and some staff are in this group. Most of the work is occurring for cases in group 3 normal caseload. About 1/3 of each day is dealing with the fire response. Counsellor allocation has been double until the end of the term.

Winmalee HS: Originally referred approximately 70 students and this response has been coordinated with counsellors, year advisers and deputy principles. Direct counsellor contact has now tapered off.

Only a few students in group 1 need ongoing support. Many vulnerable kids within group 2 were nominated for follow up but are not often mentioning fire related issues. Within group 3 there more referrals than the counsellor could manage, so support was coordinated with the counsellors, year advisers, deputy principals and casual staff.

School services for 2014- a submission has been presented for a mobile school counsellor to be appointed to the team, which enable the provision of extra service to the fire affected schools with the current counselling staff and backfill the vacancies. What has been very evident is that the staff, parents and kids have responded better to the known school counsellors who have a profile in the school community.

2. BLUE MOUNTAINS BUSHFIRE RECOVERY PSYCHOSOCIAL MODEL

Bushfire affected people and communities are diverse, and their needs continue to change over time. Effective community recovery processes accommodate individual and community needs and will work flexibly to meet them.

The psychosocial model will focus on assisting people and communities to;

- restore social functioning,
- establish a community-led recovery,
- access appropriate services, information and supports,
- build resilience; and
- build capacity of local informal and formal networks in providing psychosocial support services

This model will aim to build upon existing trusted social infrastructure, whilst working closely with the community and with other service providers to connect bushfire affected people with activities and services that promote community recovery.

2.1 Blue Mountains Bushfire Recovery: psychosocial model will entail building the capacity of core programs through the following;

- **A: Community development**

  This will contribute to community development by working collaboratively with local agencies to facilitate the participation of bushfire-affected people in local events and activities.

  This will aim to meet the needs of the whole community as addressed through the mapping of additional community recovery needs and will be a key focus of the proposed Category C NDRRA funding application. This proposed funding application includes additional workers and community flexible grants for the local communities to address identified recovery needs.

- **B: Strong support from informal networks** through family and friends etc.

  Strengthening the capacity of informal support networks through a proposed community based mental health promotion and skills building programme Talk Out Loud (ToL). ToL is co-branded between Red Cross and beyondblue and is suitable for implementation within schools.

  Talk Out Loud builds the capacity of young people to provide education and support to their peers on mental health issues, explores co-morbidity, seeks to reduce stigma and encourages professional assistance seeking. The course had been developed in partnership with beyondblue, the national depression initiative.

  - ToL is able to be used in recovery setting with some adaptation,
  - ToL can be revised to suit older groups as well as youths,
  - delivery would not be able to be immediate but would best occur early next year as part of the longer term plan of Red Cross work in recovery space
  - could be offered over multi sites on multiple occasions over the next 2 years,
  - beyondblue assisted in the development, and
  - ToL is not a therapeutic program.

- **C: Psychological First Aid (PFA)** provided by informal and formal contacts

  As part of its capacity building role Red Cross is able to provide PFA training to community service providers. PFA is a "humane, supportive response to a fellow human being who is suffering and who may need support"[6]. For many disaster affected people the first contact with PFA may be immediate or come months or years after the event. Through training community services providers the community capacity to provide effective support will be increased, will remain local and readily available.

- ***D: Emotional holding and family recovery planning;*** case support for disaster affected people through funding of Step by Step service.

  The Step by Step programme funded through NDRRA provides workers who can talk over with bushfire affected people, their concerns, options and decisions that need to be made over the next several months of the recovery process. This confidential conversation provides an opportunity to sort through priorities, and start to develop plans for rebuilding, not only homes but lives and relationships. Support workers are local and know the full range of services in the Blue Mountains area so can connect families with the relevant service for current needs be they health, legal, financial, emotional or children's needs, just as some examples. Identifying the most relevant service, or navigating the process to apply for some forms of assistance, can seem like a big hurdle at this time of adjustment to the bushfire and its impact on family life.

- **E: Short term counselling** through formal services. In addition to the range of counselling services available within the local communities (both public and private services including the diverse range of services within schools) the Nepean-Blue Mountains Medicare Local is seeking additional resources to ensure bushfire affected people have access to required professional psychological counselling services. The program will assists bushfire affected people (approx 452) to access free sessions of counselling which consist of up to 12 sessions of one hour duration per person.

[6] Inter-Agency Standing Committee (IASC) 2007, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, Switzerland as cited in Red Cross and Australian Psychological Society, Psychological First Aid, An Australian guide to supporting people affected by disaster, 2013

- **F: Longer-term counselling** for diagnosable mental health conditions. NSW Health Mental Health services and community based agencies continue to provide a readily accessible suite of formal mental health services. These services are available through a range of entry points and referred to via many community agencies including Step by Step.

- **G: Traumatic stress treatment:** NSW Health Mental Health services and community based agencies continue to provide a suite of traumatic stress treatments.

  Following natural disasters some people may continue to have some emotional symptoms. It is only several months later that it becomes clear which people are still struggling.
  To help identify those who may benefit from therapy, a screening process can show if a person is still struggling, and further interventions can be offered. An important legacy (which has been the key to the beyondblue response) is training local services to undertake screening for Post Traumatic Stress Disorder (PTSD).

  Building the capacities of local mental health services through access to additional training (such as beyondblue providing training on their screening tool for PTSD) is agreed by all key stakeholders to be the most sustainable method to adopt. The Blue Mountains area regularly experiences individual, household and community traumas / disasters, and building the capacity of the local service system would be invaluable to effectively screen for potential PTSD and ensure early intervention strategies are employed to reduce the impact of any future traumatic events.

- **H: Specifically addressing children's needs**

  - reuniting with,
  - parental and social support,
  - supportive environment, school, and
  - specific activities utilising recreation, arts, music drama etc. with skilled facilitators.

  In addition to the broad suite of work and activities being undertaken within schools and children/ youth groups additional funding can be sought to provide community development workers and flexible community grants. Children's activities and supports services are planned to be addressed through the potential Category C NDRRA Community Recovery application process for community led recovery.

  If adopted the flexible community grants can be utilised to support organisations and groups to implement projects which meet local identified children's' needs.

3. PARTNERS FOR THE BLUE MOUNTAINS BUSHFIRE PSYCHOSOCIAL SUPPORT MODEL

This proposal has been endorsed by the Blue Mountains Wellbeing Sub Committee (to the recovery Committee) and has the support of the following individual partners:

- Nepean Blue Mountains Medicare Local, Sheila Holcombe, CEO (agreement to model)
- Department of Education, Rosemary Glassock, District Guidance Officer DEC (agreement to model)
- NSW Health, Nepean Blue Mountains Local Health District Mental Health Services, Alison Sneddon, Director Mental Health (agreement to model)
- Red Cross, Danny Croucher, Recovery Co-ordinator (agreement to model)