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Welcome

Amanda Leck

Executive Director, Australian Institute for Disaster Resilience

Acknowledgement of Country

AIDR acknowledges the Traditional Custodians of the various lands on which you all join us from today and the Aboriginal and Torres Strait Islander people participating in this event.

We pay our respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters across Australia.

AIDR Recovery Matters webinar series

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Recovery Matters webinars

What is disaster recovery?
John Richardson
Kirsten Jenkins

Community-led recovery
Louise Mitchell
Margaret Darveniza

Recovery leadership
Jolie Wills
Elizabeth McNaughton

Youth voice and agency in recovery
Margaret Nixon
Annabel Axford
Brodie Gaudion

Family violence in recovery
Dr Debra Parkinson
Steve O'Malley AFSM

www.knowledge.aidr.org.au/recovery

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Housekeeping

- Today's event will be recorded and made available after the event.

- Please enter questions for our speakers in the Q&A function, not the chat box.

- Please use the chat box to share any thoughts or reflections during the presentation – remember to select 'all panellists and attendees' to ensure everyone can read your message.

- Please be respectful to each other when posting your comments or questions.

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Host

Andrew Coghlan

Head of Emergency Services, Australian Red Cross

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Professor Lisa Gibbs

Professor Gibbs is Director of the Child and Community Wellbeing Program, in Melbourne School of Population and Global Health at the University of Melbourne. She is also Lead of Community Resilience in the Centre for Disaster Management and Public Safety.

She leads public health research in disaster recovery and resilience, and child health and wellbeing. She has extensive experience leading mixed method, multidisciplinary studies with cross-sectoral partners and high impact outcomes. Lisa has published over 130 academic peer reviewed papers as well as translating those findings into practical guides for partner agencies and wider audiences. Her disaster research findings have been highly influential in guiding policy and practice across Australia and internationally.
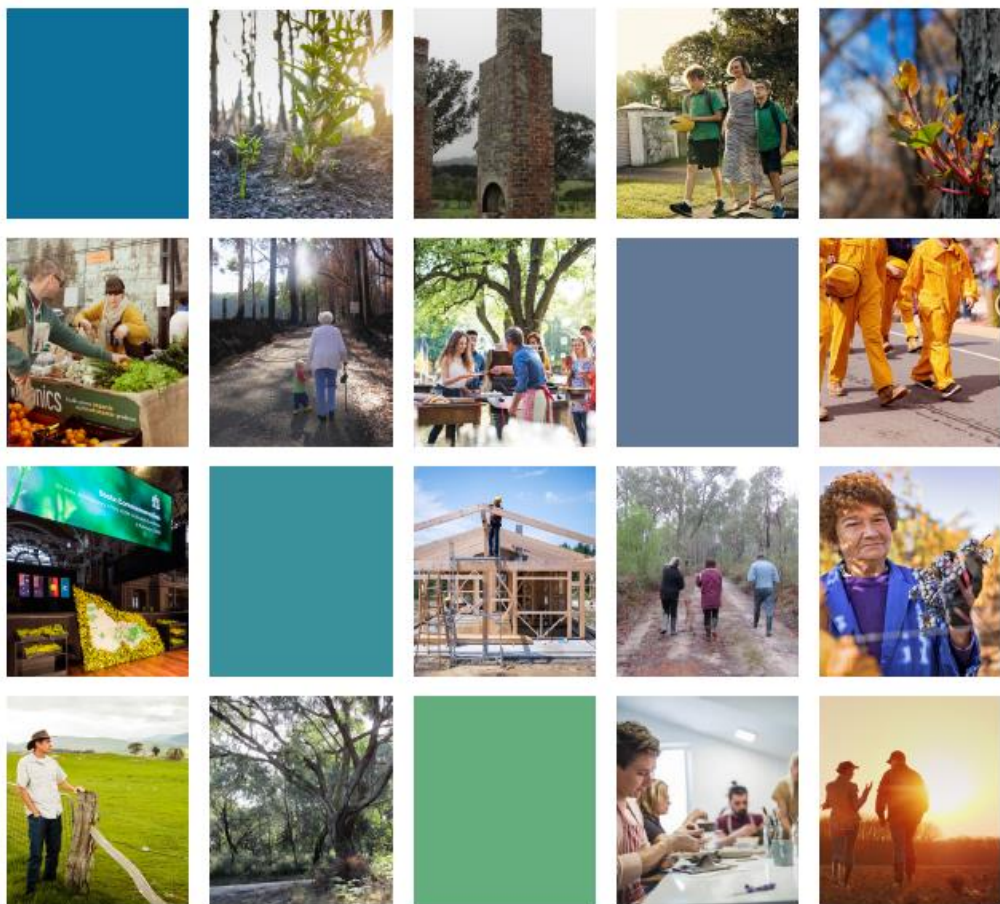
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10 YEARS BEYOND BUSHFIRES REPORT

MARCH 2021

THE UNIVERSITY OF MELBOURNE

Contributors:

Lisa Gibbs, Robyn Molyneaux, Louise Harms, H. Colin Gallagher, Karen Block, John Richardson, Vaughn Brandenburg, Meaghan O'Donnell, Connie Kellett, Phoebe Quinn, Lauren Kosta, Kate Brady, Greg Ireton, Colin MacDougall, Richard Bryant.

Who participated?

	3 years	**5 years**	**10 years**
SURVEY PARTICIPANTS	1056	736	524
GENDER	61% / 39%	61% / 39%	61% / 39%
AGE	18 – 87, AVG: 56	21 – 89, AVG: 58	27 – 94, AVG: 63
RESIDED IN BUSHFIRE AFFECTED AREA	N = 811, 77%	N = 597, 81%	N = 437, 83%
IDENTIFIED AS ABORIGINAL OR TORRES STRAIT ISLANDER	0.7% / 0.2%	0.5% / 0.1%	0.8% / 0.2%
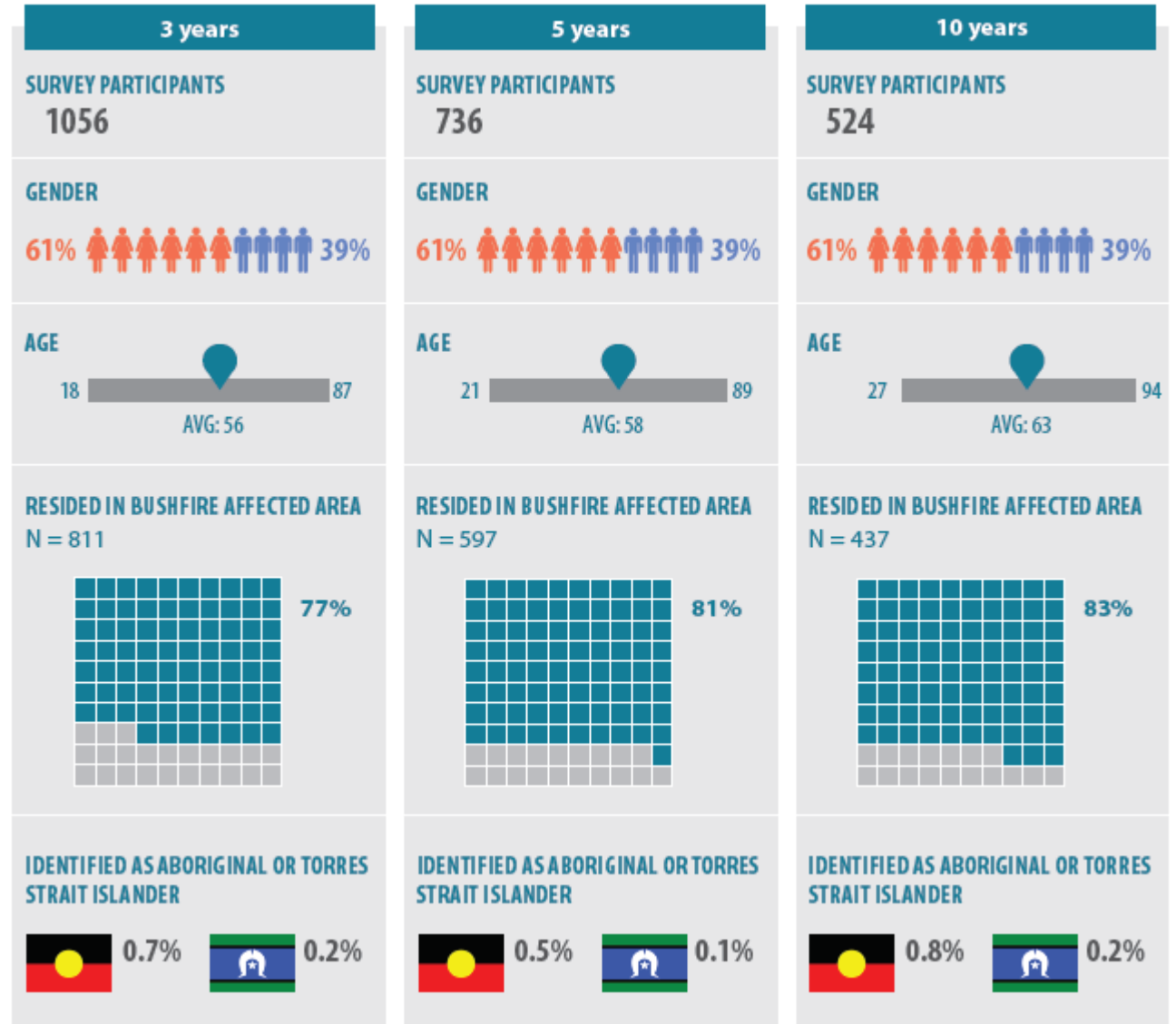
35 in-depth interviews 2013-2014

Long term recovery

Perceptions of recovery at 10 years

	Low impact communities	**Medium** impact communities	**High** impact communities
Personally feel '**mostly**' or '**fully recovered**'	86.8%	75.4%	62.6%
Feel their community is '**mostly**' or '**fully recovered**'	78.9%	71.7%	33.5%
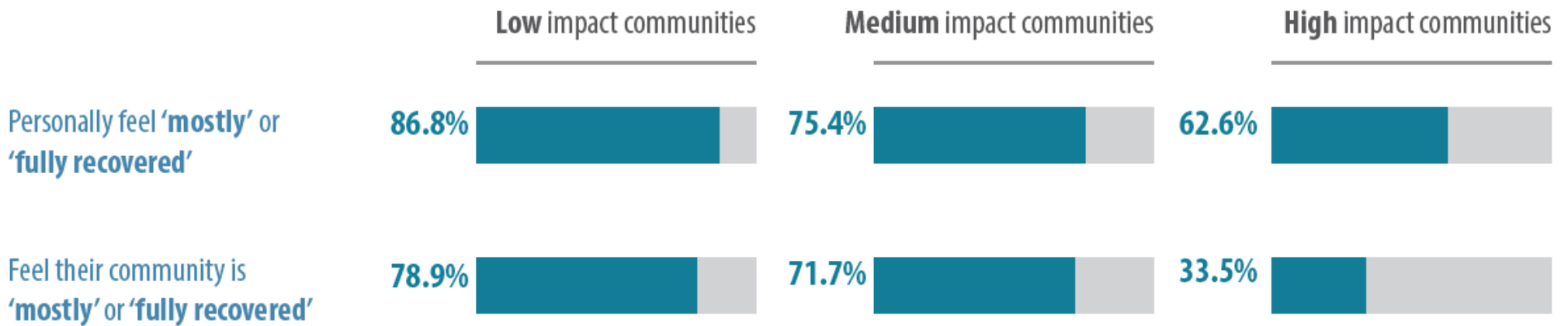
Life satisfaction & growth

Life satisfaction (mean values) 3 - 10 years post bushfires

3 years — 6.8
5 years — 6.2
10 years — 7.2

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Professor Richard Bryant

Richard Bryant is a Scientia Professor of Psychology at UNSW Sydney and Director of the UNSW Traumatic Stress Clinic and has researched the nature, course, and treatment of post traumatic stress disorder (PTSD) for over 30 years.

He has worked on psychological responses to major disasters around the world, including the Ash Wednesday bushfires, the 9/11 terrorist attacks in the US, Hurricane Katrina, the 2004 Asian tsunami, the Black Saturday fires, and many others. Through many longitudinal studies he has developed the world's leading screening tools for early identification of PTSD as well as development of the most commonly used early treatment protocols. These have been translated into over 15 languages and used in many countries.

In 2016 he received the Companion of the Order of Australia for services to research and management of traumatic stress.

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Psychological Health
10 Years after Black Saturday

**Richard Bryant**
University of New South Wales

Disasters & Mental Health

- Much evidence that disasters lead to impaired psychological functioning

- PTSD, depression, substance abuse

- Also, much evidence that most people are distressed initially, many studies indicate that most people are resilient in face of disaster
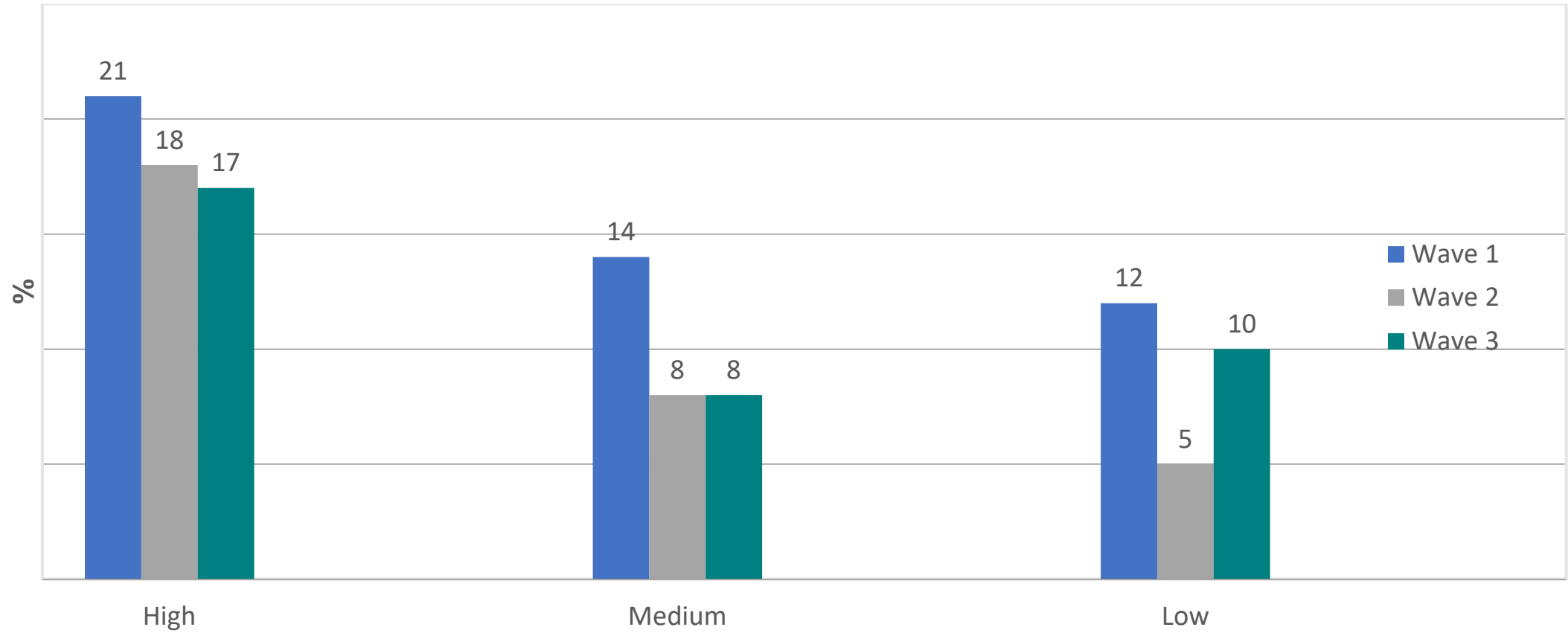
Long-Term Effects

- Very little is understood about long-term effects of disasters

- Beyond Bushfires one of the very few to look at effects 10 years after an event
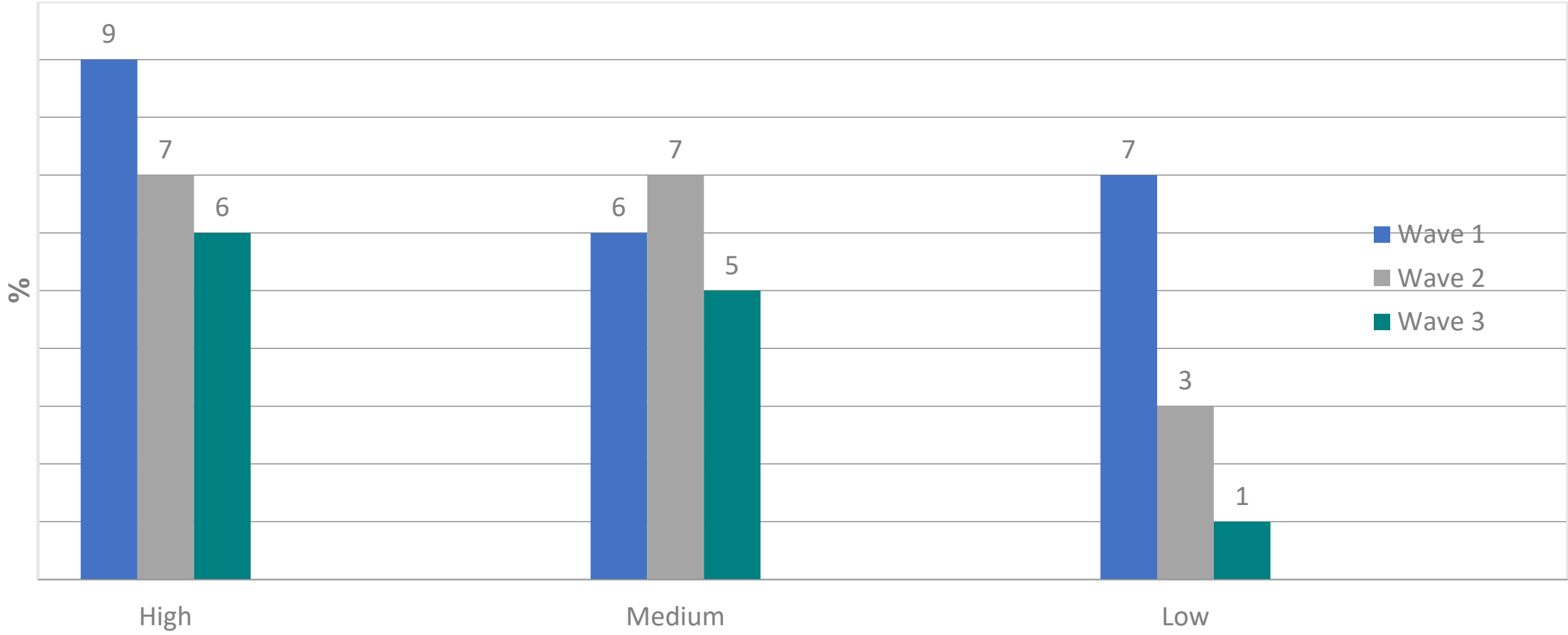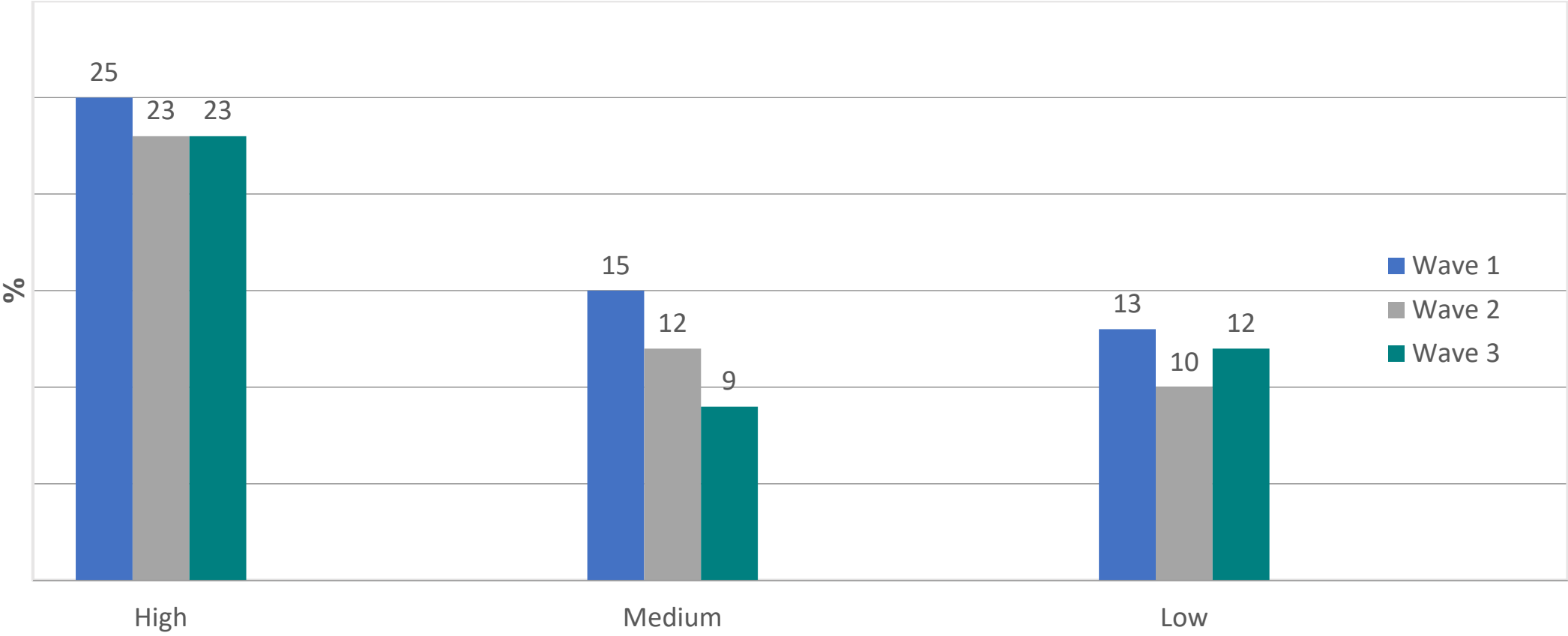
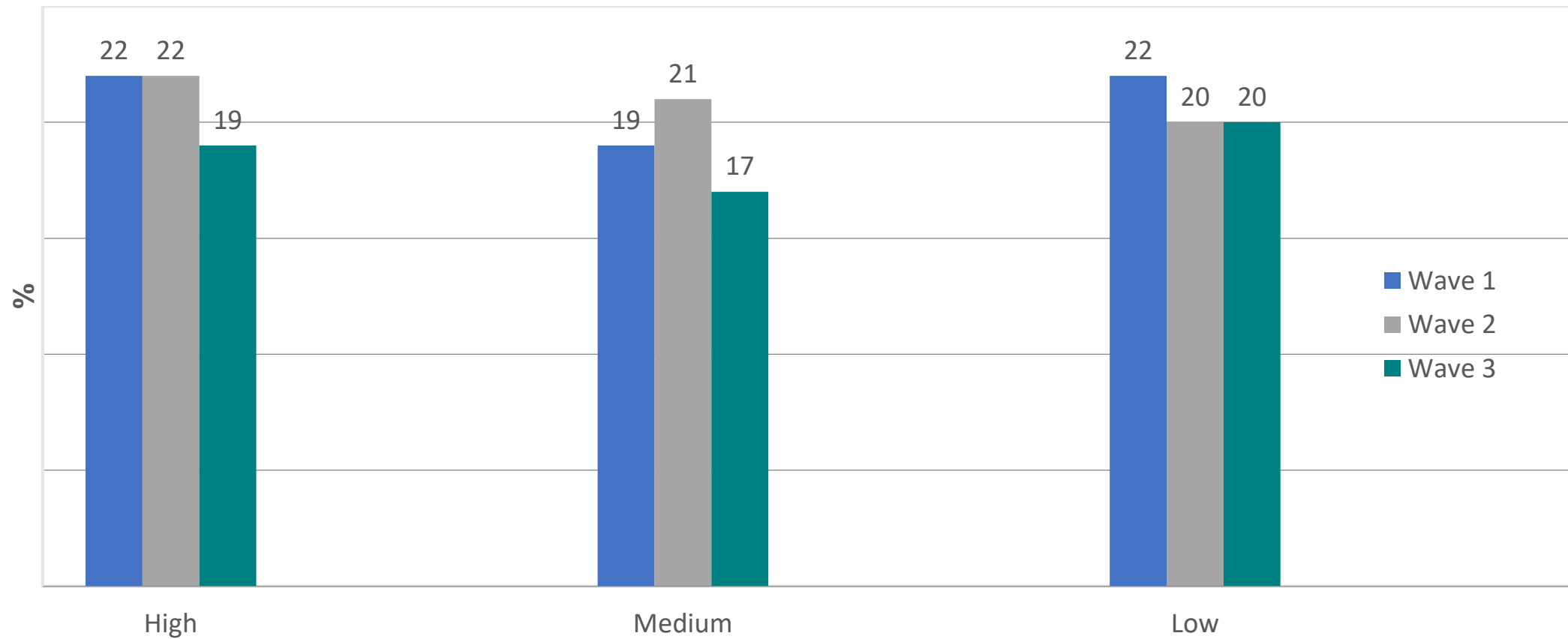# PTSD (Related to Fires)
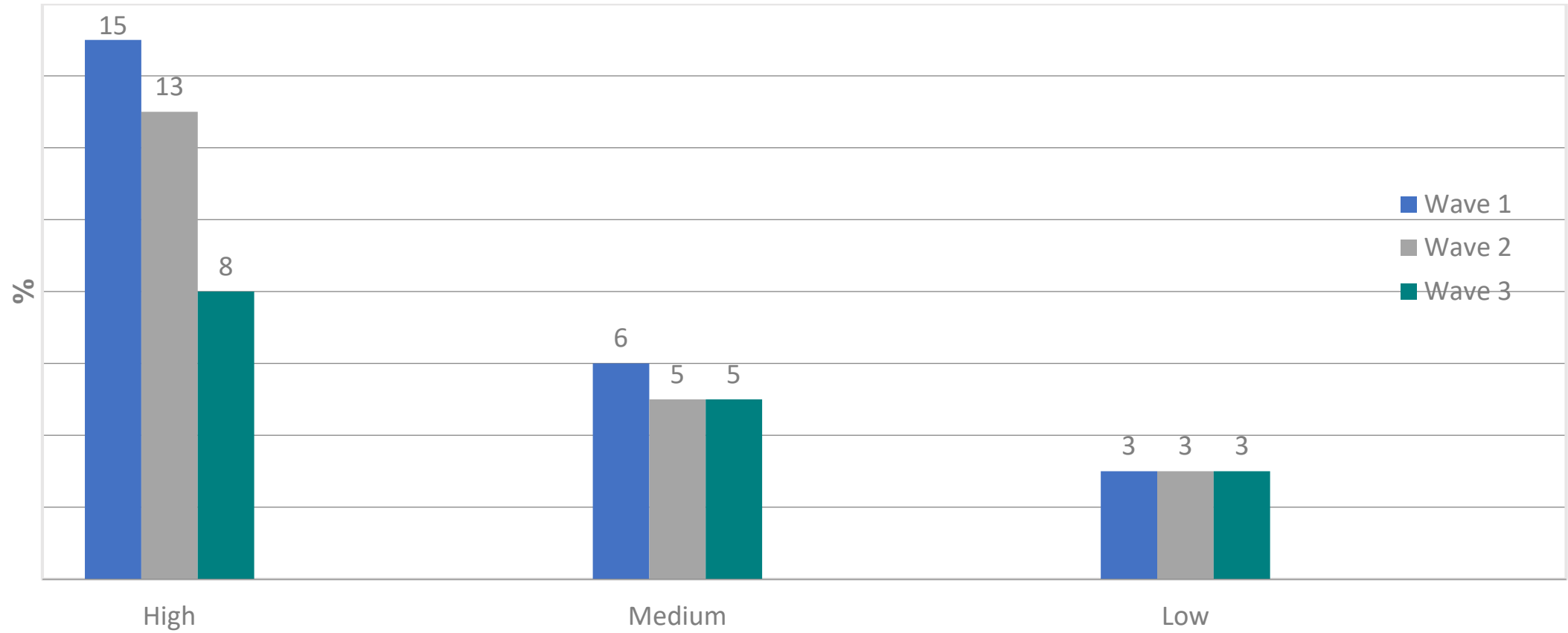
PTSD (General)

Depression
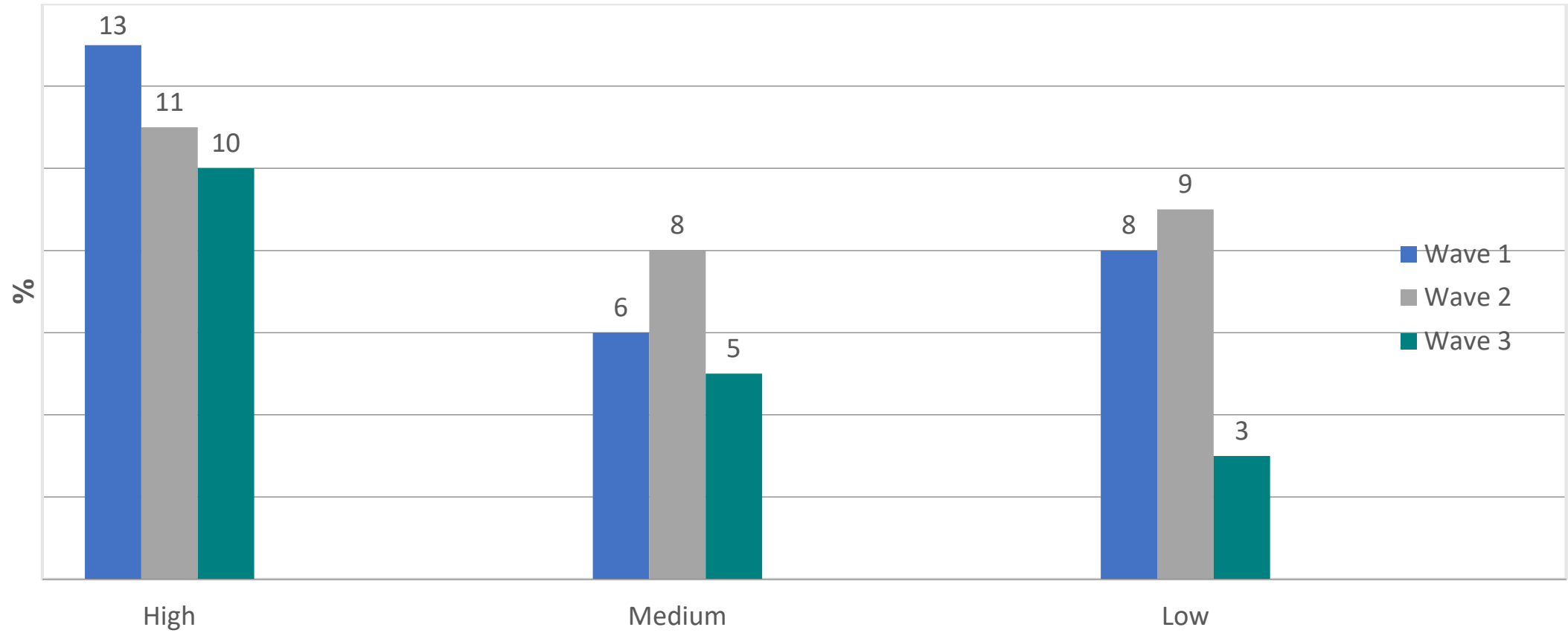
Severe Distress
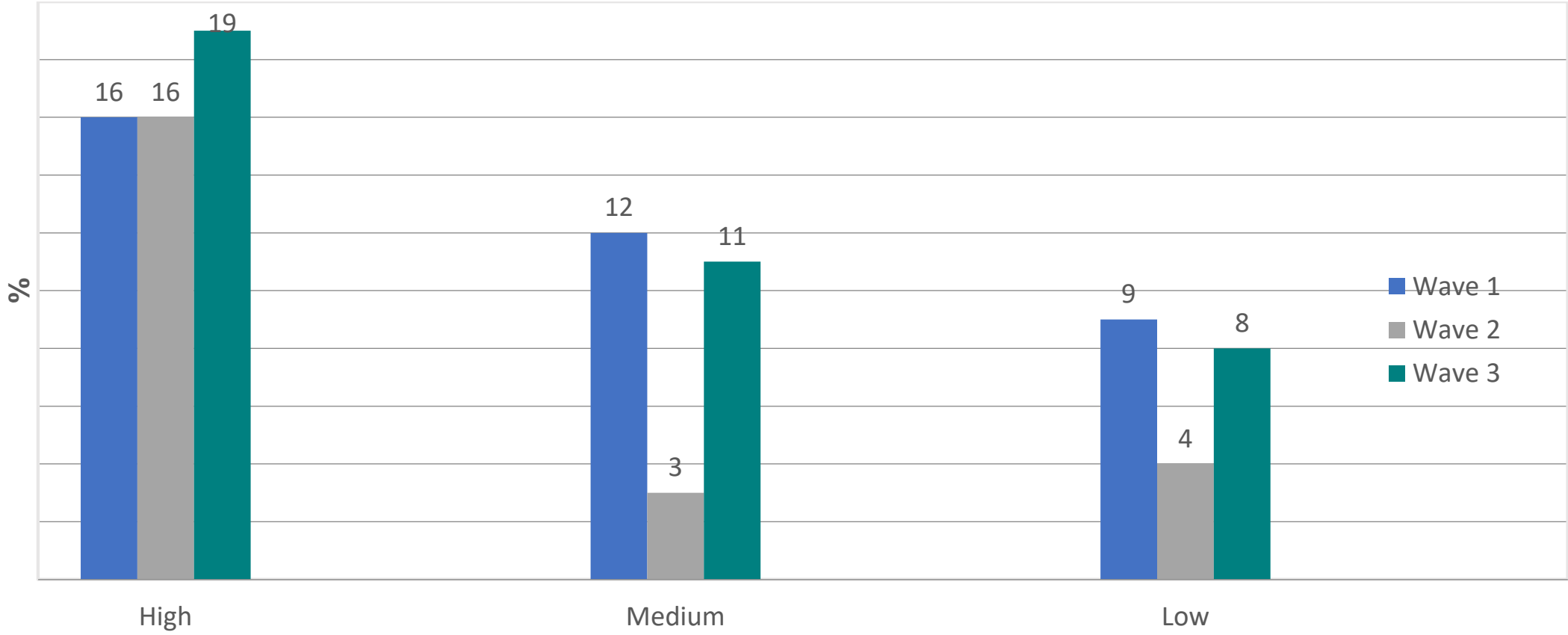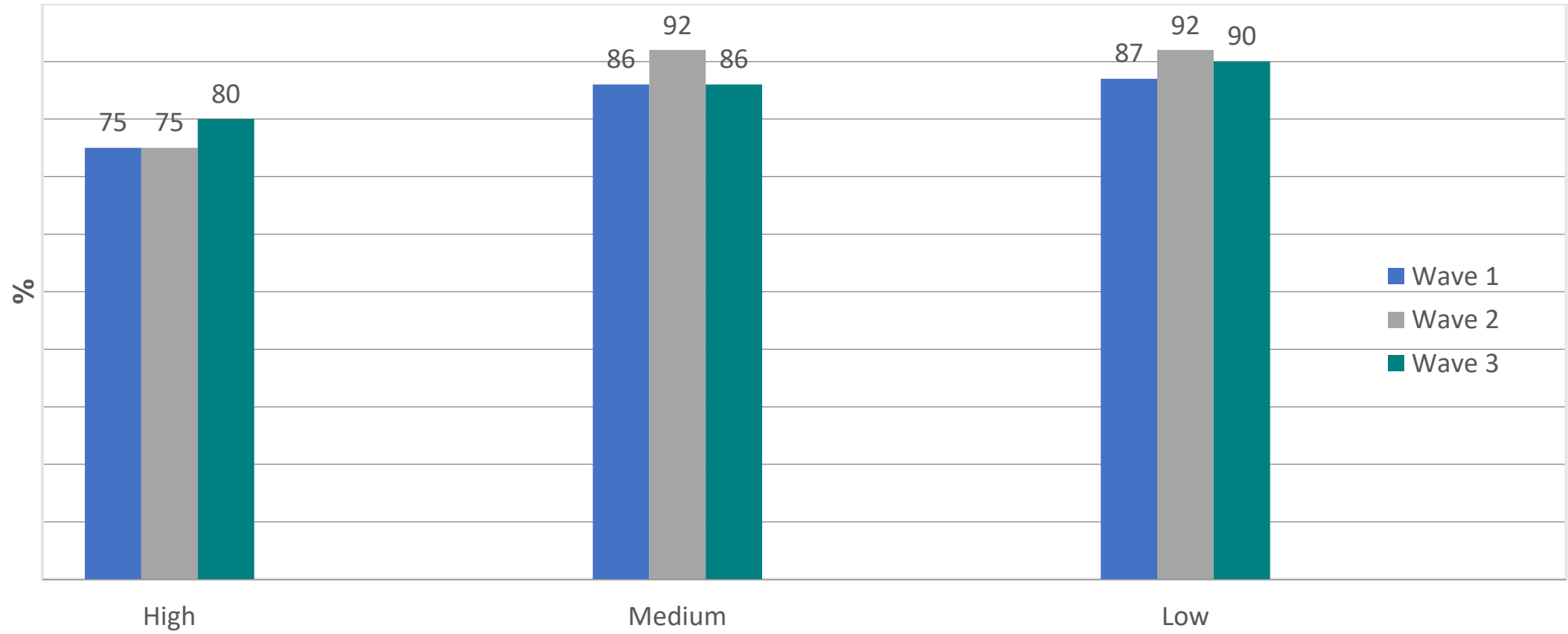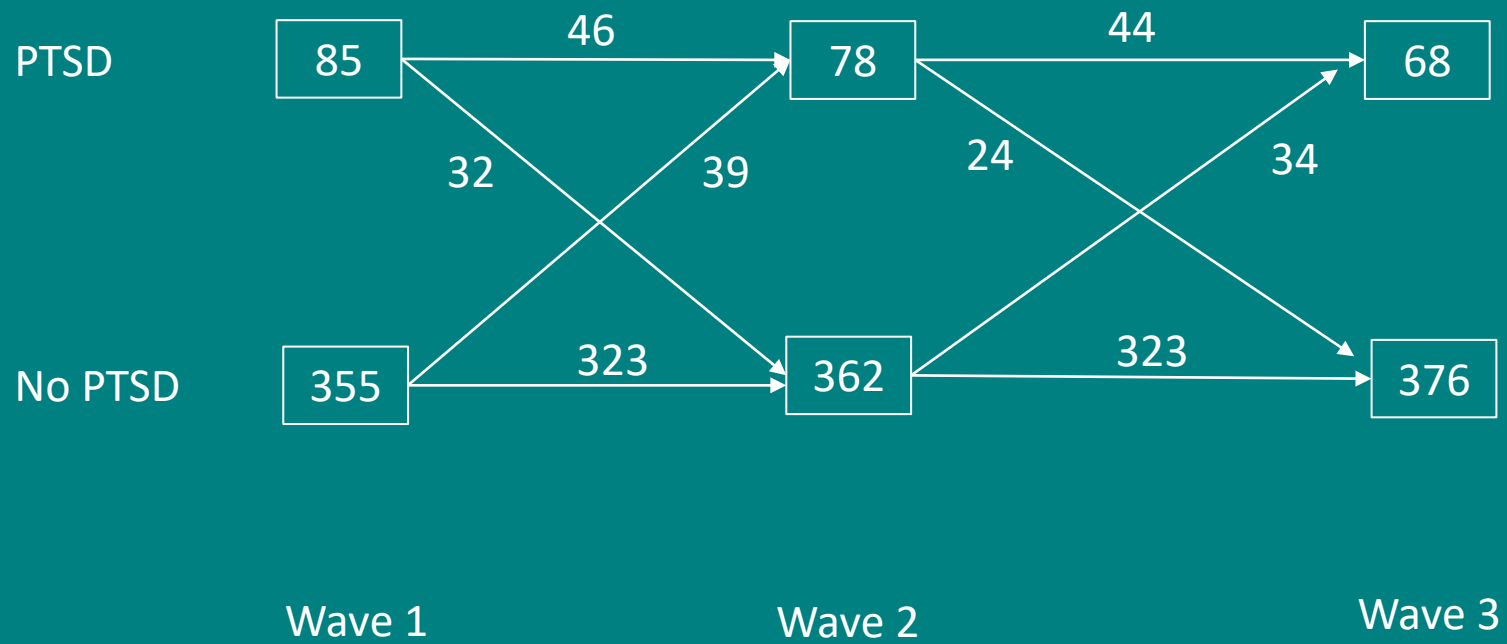
Heavy Drinking

Subsyndromal Disorder

Resilience

Course of General PTSD

Predictors of Worsening PTSD

- Female

- Fear for one's life in the fires

- Subsequent traumatic events

Predictors of Worsening Depression

- Worse property loss

- Recent life stressors

Take-Home Messages

- Most people are RESILIENT

- Significant minority are still affected psychologically

- Need to appreciate that ongoing events impact on people a lot in the communities

- Many of those who need mental health assistance not receiving it

- Need to overcome barriers to care

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Dr Colin Gallagher

Dr Colin Gallagher is a research fellow in social network analysis in the Centre for Health Equity at the University of Melbourne School of Population and Global Health, as well as a member of MelNet, the social networks laboratory of Melbourne and Swinburne Universities.

His primary interests lie in how social networks within disaster-affected communities contribute to social capital, resilience, and wellbeing. His current work focuses on how person-to-person social relationships influence posttraumatic mental health and wellbeing, and the role of local community groups in recovery processes.

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Relationships matter, but how?

It's better to have relationships than none at all....

But it gets complicated.

Social connectedness
matters for
Wellbeing...

But, it's complicated…

- What <u>type</u> of relationship?
- How many?
- Under what circumstances?
- Good for *what*?
- Good for everyone involved?
- Positive versus negative influences?
- How does a relationship between two people affect a third person?

People have many possible social connections with each other.

- *Roles*: **Marriage/Kinship**, **Friends**, **Coworkers**, **Caring**
- *Content*: **Support**, **Information**, **Advice**
- **Emotion/behaviour**: **Liking/Disliking**, **Trust**, **Conflict**

Beyond Bushfires research
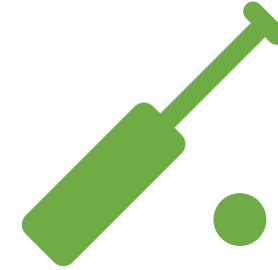
Group involvement

Marriage/partnership

Social support:
Emotional + practical

Domestic partnerships

Q: How do domestic partners/spouses influence each other's mental health? (Opposite-sex partners)

A: Coping style matters (~Adult attachment style)

- Those with an "avoidant" style may have a negative influence on their partners in the aftermath of a disaster
  - Especially men

- Excessive self-reliance
- Dismissal/minimisation of problems
- Withdrawal

Person-to-person connections

- Close emotional connections
- Practical assistance
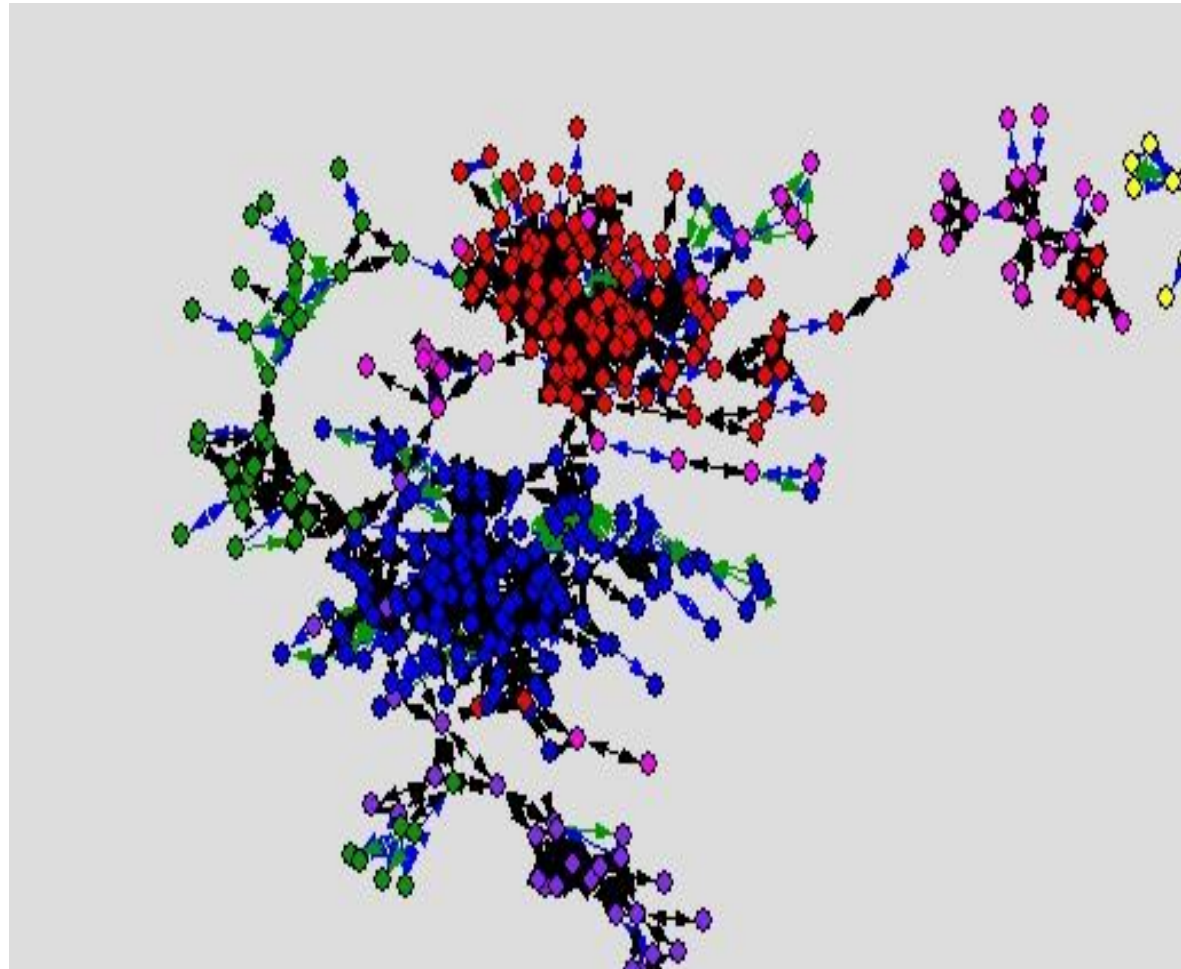
Social support relationships

Depression and PTSD

- Fewer social support relationships
  - Depression – reported fewer support relations
  - PTSD – were nominated less often by others.

- Depression clusters
  - Those with depression were likelier to feel close to those who also were depressed.

- PTSD and fragmentation
  - Those with PTSD knew people who didn't support/know one another.

Spread happiness tomorrow in the classroom and teachers' lounge. It's contagious. #teachergoals
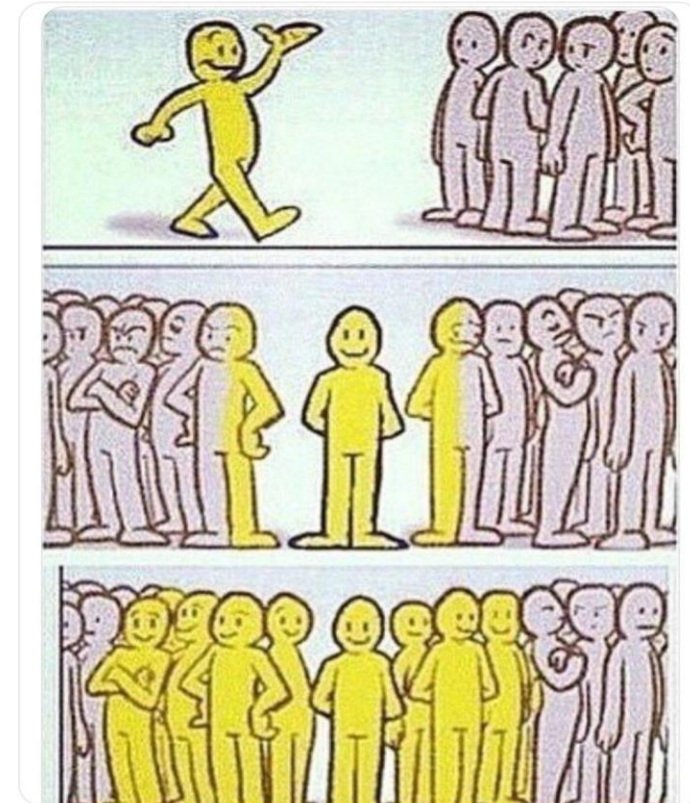
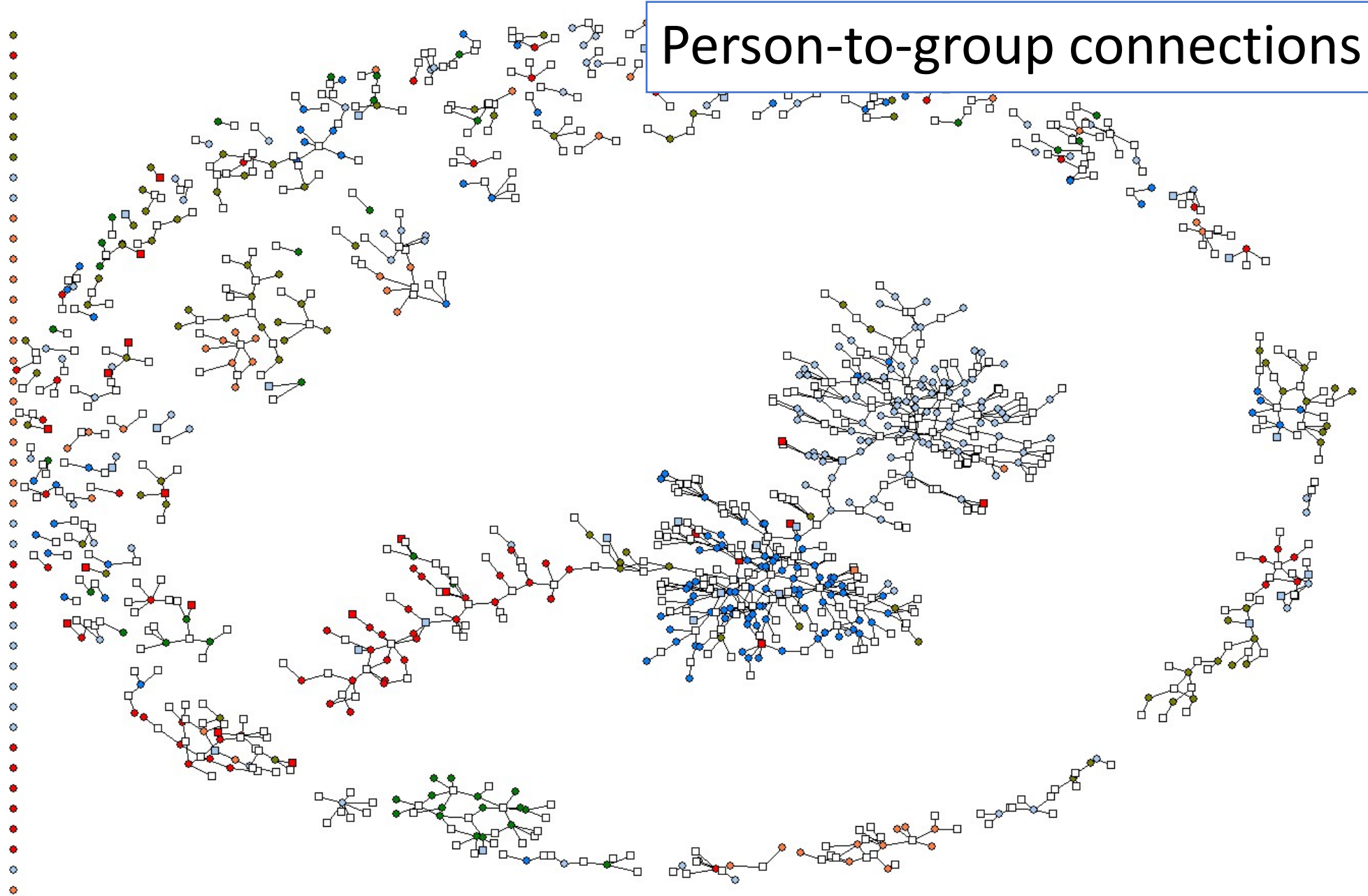Person-to-group connections

Group

Participant

Colour of node is a general area   (white = groups)

Involvement in local groups

- Asked each participant about the groups that they are involved in.
- Depression and PTSD

- A moderate number of group involvements is best
  - **For the individual** and their own mental health
  - **For the community** and general rates of mental health overall

- Better (for mental health) to live in a community that has
many moderately involved people, compared to fewer highly involved people

Why is moderate involvement in local groups best?
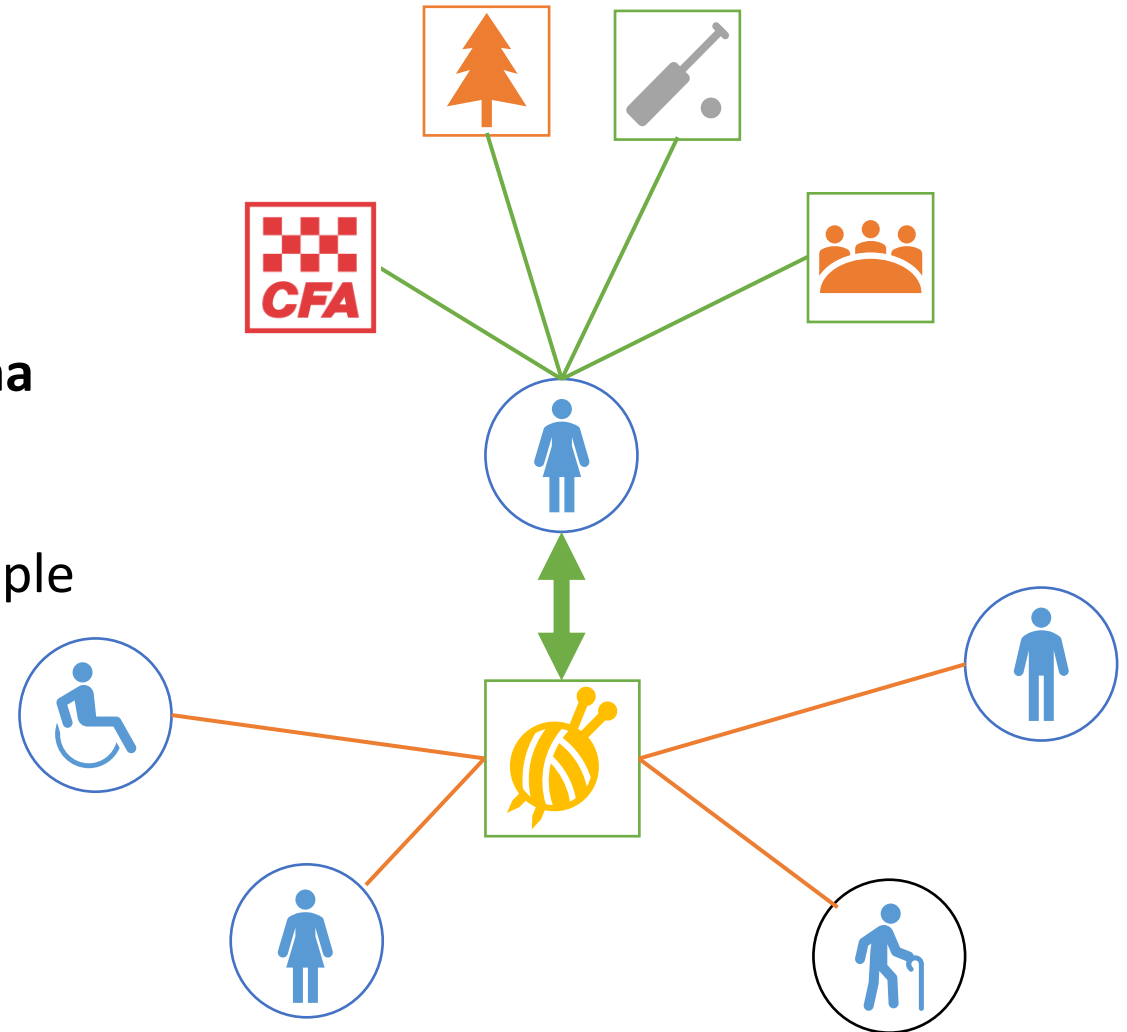
Two overlapping possibilities:

Stress spreads

- Having too many commitments is stressful.
- Having many stressed out people in your community has a wider effect on the community.
- Share the load.

Limited access to each other

- A big reason for participating is to learn new skills and maintain relationships.
- Great for mental health and wellbeing, but this take time and coordination!
- As you and/or your friends get **busier** and **busier**, the window of opportunity to connect with one another grows *smaller* and *smaller*.

What to do?

- For the under-involved, create opportunities and remove barriers to participation.

- For the over-involved, there is a **dilemma**

- Reducing involvement may benefit the overinvolved individual, but not the people they are in a group with.

- Support for groups and group leaders
  - Resources and training
  - Leadership succession

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Community-level factors

Gendered experiences of violence post bushfires

1%

low impact community

7.4%

high impact community

Relocating

STAYED
Those who stayed felt a strong sense of connection which was associated with higher levels of wellbeing

MOVE AWAY
Those who were most affected by the bushfires were more likely to move to a new community

DEPRESSION risk was higher for those who stayed and were connected to people who had left their community

MAJOR LIFE STRESSORS
The impact of subsequent financial and relationship difficulties was often lessened, for those who moved away.
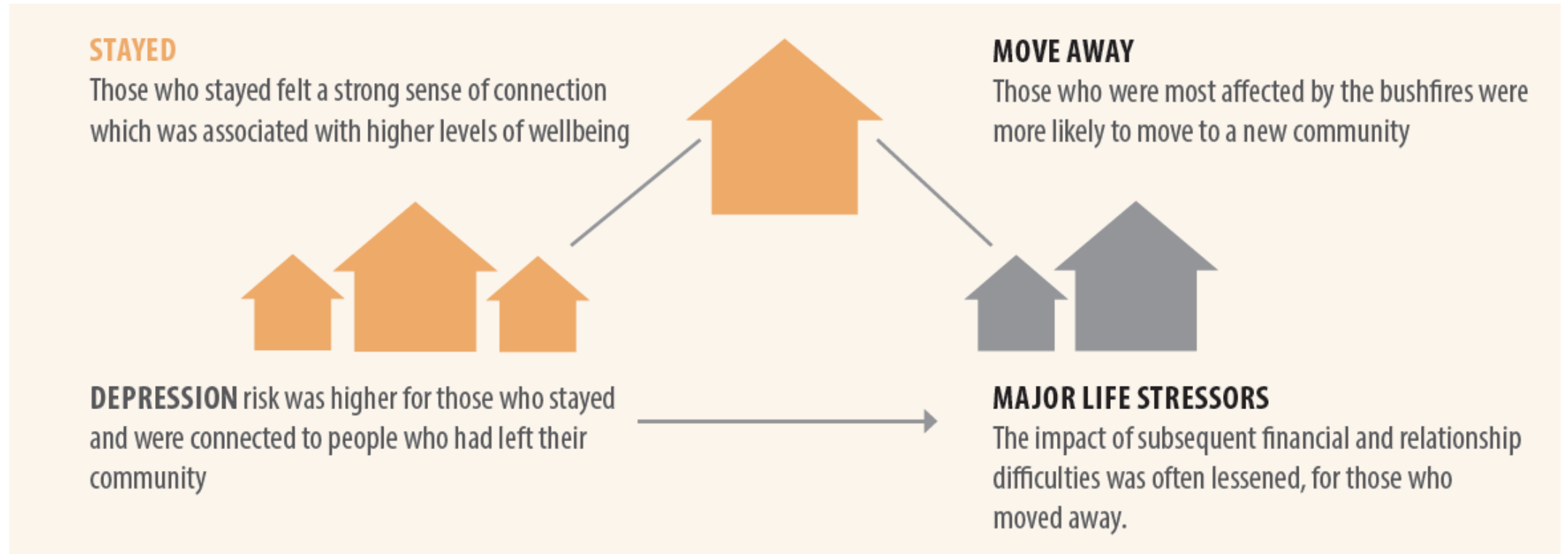
Rebuilding

Most rebuilds commenced in the first two years after the fires.

34.3% (2009)
36.4% (2010)
14.1% (2011)
9.1% (2012)
1.0% (2013)
3.0% (2014)
0.0% (2015)
1.0% (2016)
1.0% (2017)
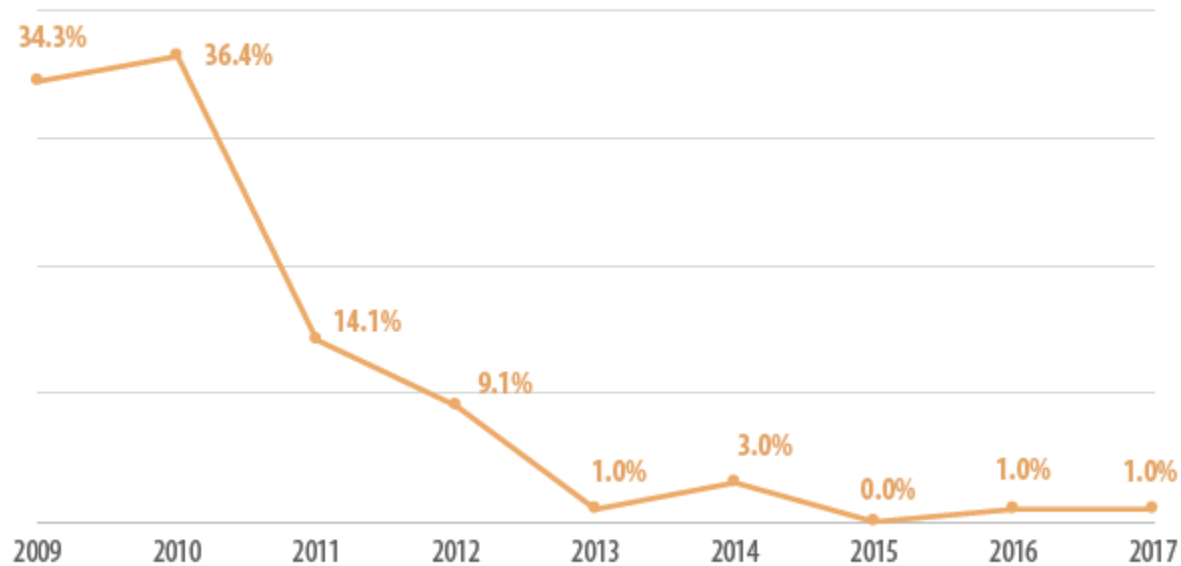
Subjective appraisal of timing of rebuild.

Too soon — 13.4%

About right — 80.4%

Too late — 6.2%
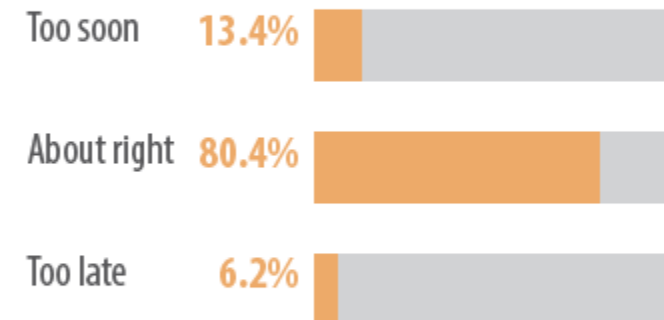
What about younger people?

Seeking safety and stability

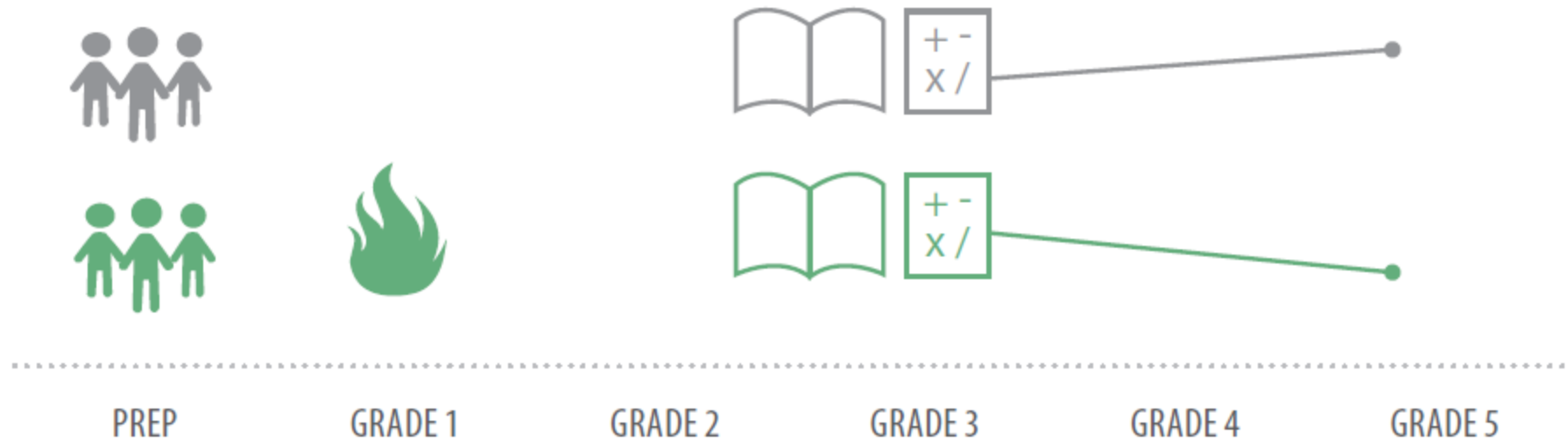" I remember changes all the time after the fires, things changing, doing things on different days and stuff like that

Compromised parenting and additional supports

Bushfire academic impacts 4 years post bushfires

PREP   GRADE 1   GRADE 2   GRADE 3   GRADE 4   GRADE 5

Bushfire academic impacts still evident in Year 9
(8 years post bushfires)

Role of Schools in Recovery

Evidence indicates that school-based, universal programs that are conducted by teachers or local paraprofessionals after natural disasters are effective in reducing mental illness in children and adolescents.

Christine Fu & Carol Underwood (2015) A meta-review of school-based disaster interventions for child and adolescent survivors, Journal of Child & Adolescent Mental Health, 27:3, 161-171, DOI: 10.2989/17280583.2015.1117978

Appraise

Tools to guide selection of school-based post-disaster psychosocial programs

VICTORIA State Government | Education and Training — THE UNIVERSITY OF MELBOURNE

5.1 Appraisal Tool for Principals

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to a disaster or mass trauma event, such as a bushfire. Choosing a psychosocial support program that may be most suited to the needs of your unique educational community may be an overwhelming task for principals due to the many ongoing bushfire-related impacts on the school community. Therefore, this appraisal criteria tool has been designed to be simple, easy-to-use and able to provide principals with some level of guidance and reassurance about what it is they should be considering when procuring psychosocial support programs for students from external providers.

This checklist has been designed for principals to document their unique school needs to support the psychosocial recovery of their students post experience of a disaster or mass trauma event. This can then be cross-checked with the Appraisal tool for Providers tool completed by individual service providers to aid in informing the decision of which program to procure.

		Information and examples	Comments
1.	**Program feature**		
1.1	Which time frame best fits your school's current need to support psychosocial recovery? May select all that apply	☐ Immediate (days-weeks) ☐ Medium term (months/up to a year) ☐ Long term recovery and resilience (>1 year)	
2.	**Participants and scale**		
2.1	Which group of students do you want the program to target?	☐ Primary School ☐ Secondary School ☐ Specialist School	
2.1.1	What scale of program is appropriate and feasible?	☐ School-wide ☐ Classroom based. Specify age or year groups: ☐ Individual/small group based. Specify:	
2.2	Do you want the program to include teacher and staff professional development?	☐ Yes ☐ To support their own wellbeing ☐ To upskill teachers to deliver components of the program ☐ To upskill teachers to better understand and so respond appropriately to students who may be struggling psychologically ☐ To assist in making the program sustainable ☐ Other: ☐ No	

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5.2 Appraisal Tool for Providers

These appraisal tools have been designed to assist principals, school communities and potential service providers to assess the suitability of psychosocial recovery programs for their school community following exposure to a disaster or mass trauma event, such as a bushfire

Choosing a psychosocial support programs that may be most suited to the needs of unique school communities may be an overwhelming task for principals due to the many ongoing bushfire-related and pandemic impacts they have experienced. Therefore, this appraisal criteria tool has been designed for program providers to provide information in a comprehensive and consistent way, to enable principals to choose the psychosocial support programs that suits their students' needs best.

1.	**Program features**			
1.1	Program and provider names:			
1.2	Is the program delivered by a local or external provider to the school?	☐ Yes, Local provider	☐ Yes, External (only for initial training)	☐ Yes, External (ongoing)
1.3	What time frame post-disaster is this program suitable for?	☐ Immediately post-disaster (days-weeks)	☐ Medium term (months/up to a year post-disaster)	☐ Long term recovery (>1 year post disaster)
1.4	What is the duration of the program?	Please specify duration for each participant category (e.g. one-off, 4 weeks, N/A): Students Staff Parents/caregivers		
1.5	Is the program based on proven methods, existing frameworks, and/or theory?	☐ Yes > Details:		☐ No
1.6	Has the program been evaluated?	☐ No > (please skip to section 2)	☐ Yes > please specify year, location, and age groups	
1.7	What were the research questions and the evaluation methods used?			

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Funded by the Victorian Department of Education and Training
https://mspgh.unimelb.edu.au/__data/assets/pdf_file/0019/3525022/Appraise-report_combined.pdf

What do we do with the research findings?

RECOMMENDATIONS FOR COMMUNITY MEMBERS

These recommendations have been co-developed by the research investigators and partners, based on the findings from the 10 years Beyond Bushfires and related disaster research studies being led by University of Melbourne.

1. **Consider mental health planning.** When planning for bushfire emergencies, be mindful that your decision will impact on both your physical and mental health. Exposure to a bushfire for you and your family can increase risk of mental health problems.

2. **Plan ahead for how to find each other.** Separation from family members during a disaster is highly stressful. This stress can have a lasting impact, even when everything turns out (relatively) okay. Have a plan about where or how you will reconnect, especially if communication and road systems are affected. The Australian Red Cross provides the Register Find Reunite service.

3. **Be kind to yourself and others.** It can take more than five years for some people to recover from a disaster experience and its aftermath, particularly in high impact communities.

4. **We are all different.** People can respond differently to the same experience and have different recovery needs, including within families.

5. **Be open to the possibility of positives.** Positive outcomes can come from a disaster experience, even for those who have had the most severe losses. This is referred to as posttraumatic growth.

6. **Community groups can make a difference.** Being involved in community groups can lead to better mental health outcomes for many. However, share the load: Don't leave it to just a few people to make sure these local groups keep going.

7. Seek professional support. If you or someone close to you is having ongoing mental health or emotional difficulties, there are mental health professionals available to help.

8. **Changes in the natural environment** recovery. Many people find spending and watching it regrow and recover wellbeing.

9. **Remember the children.** Even ve be affected by the disaster and wh them for years afterwards. Ensure people of all ages feel safe and st recovery decisions and activities

10. **Supporting parents.** Being a p experiences in positive and cha parenting may even feel differ Remember other parents have might not always seem easy t about doing the best you car there for others when you ca support is needed, can help raise a child.

11. **Explore resources.** There resources available for cor children from many organ organisations Emergency Australian Red Cross, and

12. **Make decisions that fe** early can have benefits important decisions th consideration. There a staying in community best if connection to you. Moving away m processes are too st

13. **Commemoration** of the disaster ann Commemorating as a way of ackno preferences abou

RECOMMENDATIONS FOR GOVERNMENT[1] AND SERVICE PROVIDERS

1. Establish a staged **5 year framework** for recovery from major disasters to account for extended mental health impacts and support short and long term recovery, resilience and community connectedness.

2. Provide advisory and support services within bushfire affected communities that focus on **reducing the compounding impacts of major life stressors** (e.g. financial advice, guide to building regulations, relationship counselling, job retraining).

3. **Deliver services with care and flexibility** to accommodate diversity in experiences and responses. Allow people to recover at their own pace, including at least 4 years for people to begin rebuilding.

4. Embed **community-based strategies** in disaster mental health planning, in addition to mental health services, to maximise the contribution of social networks and community groups to recovery
   a. **Support the supporters:** Provide community information sessions about post-trauma support strategies to help people to take care of themselves and their family and friends.
   b. **Community groups:** Support the capacity of local groups to continue operating. This may require funds for facilities, equipment and/or activities.
   c. **Promote connection:** Initiate opportunities for people throughout the community to become involved and connected with each other in new ways, to build ties within and outside existing groups.
   d. **Community group leaders:** support leaders with the practical and emotional demands of leadership, including strategies for dealing with extreme emotions, to ensure their mental health and wellbeing is not compromised by their efforts to maintain group activities.

5. Prioritise **restoration of place connection,** such as schools, arts facilities and thriving loca

6. Use social indicators of indivi wellbeing and resilience, suc **group membership,** for rec

7. Establish a **cross-sectoral** online platform that is ma after each major disaster e relevant resources, service people, including those w communities (e.g. family holidaymakers trapped in

8. **Extend trauma suppor** impacted but not living with information disser communication system

9. Involve **school comm** recovery plans.

10. Increase provision of strategies and suppo communities.

11. Build capacity of go to **recognise and a** communities with and potentially rec potential force as factor.

RECOMMENDATIONS TO SUPPORT SCHOOL COMMUNITIES

1. Provide **school-based bushfire education programs** that teach children and teenagers how to live in bushfire risk environments and involve them in local bushfire preparedness and recovery initiatives.

2. Provide **training for health professionals and educators** in disaster and trauma impacts.

3. Provide **support sessions** for school staff and early learning educators before students return and at key recovery intervals to support staff wellbeing and their capacity to meet the needs of students.

4. Provide **access for impacted schools to experienced psychologists and relevant health professionals** with appropriate expertise in disaster and trauma impacts, and/or training and mentoring.

5. Provide **appropriate information and resources for parents and caregivers** including support information for their own health and wellbeing as well as for their children (see the Australian Red Cross resources – 'Parenting: coping with crisis' and 'Guide to resources for children and families')

6. Provide schools with **access to additional learning supports,** particularly for:
   a. Students in early primary school targeting numeracy and reading.
   b. Students in upper primary and secondary school addressing all academic domains.

7. Provide secondary school students with vocational education and training (VET) to **support transition to the workplace.**

8. Establish appropriate strategies and services for the referral of **high risk students.**

9. Provide both **school and community-based trauma support programs** for students showing sub-clinical signs of trauma.

10. Provide access to **evidence informed universal school-based programs** to promote all students' social and emotional wellbeing mental health post disaster.

11. Provide appropriate **psychosocial recovery programs for early learning settings.**

12. Ensure schools have **access to family violence practitioners** and guidance on referral options.

13. Appoint **additional support staff and/or volunteers** to educational settings to help meet the extra administrative, social, emotional and learning demands post disaster.

14. **Adjust departmental administrative requirements** and timelines for disaster affected educational settings to acknowledge the additional demands on staff and students.

Deloitte. Access Economics
AUSTRALIAN BUSINESS ROUNDTABLE for Disaster Resilience & Safer Communities

National Disaster Risk Reduction Framework

EMERGENCIES HAPPEN: **PROTECT WHAT MATTERS MOST**
Your Emergency RediPlan
redcross.org.au/prepare
the power of humanity AUSTRALIAN RED CROSS

Planning for Community-based Disaster Resilience Worldwide
Learning from Case Studies in Six Continents
Edited by Adenrele Awotona

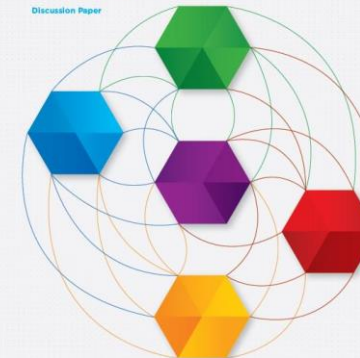The economic cost of the social impact of natural disasters

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