

Mental health in disasters

Speed read

- There is a psychological response to disasters.
- Psychological impacts can be reduced through supporting community strengths and responding to vulnerabilities through a comprehensive approach.
- Psychological First Aid is the most appropriate initial management tool in the immediate aftermath of a disaster.

Key points

Mental health can be impacted as a result of disaster. Through the experience of being in a disaster, along with the resulting destruction, personal and family challenges, post-incident environment and the long-term demands. With appropriate and timely support, most people will recover from the psychosocial impacts of disasters. However, whilst some people may appear to be resilient, they may experience a delayed development of a range of challenging reactions.

Children may experience mental health consequences in a way that reflects their age and development. Behaviour, relationship, physical, developmental and academic problems may be indicators of mental health issues in infants, children and adolescents.

Some psychological principles that apply to mental health and Psychological First Aid (PFA) responses include promoting:

- a sense of safety
- calm
- the sense of self and collective or community efficacy
- connectedness
- hope.

A three-level approach to psychological support after a disaster:

	CORE PRINCIPLES	ACTIONS
Level 1	Safety, support, connectedness, calming hopefulness, being able to take restorative action and monitoring	Psychological First Aid (PFA) (immediate aftermath) Peer support
Level 2	Connectedness, communication and information, problem solving, self and collective efficacy	Skills for Psychological Recovery (SPR) (weeks to months)
Level 3	Mental health assessment Intervention or treatment Family, individuals and couples' interventions	Specialised mental health interventions (from about four weeks onwards or as appropriate)

Quick Guide

A simple ABC triage process can be used to help identify those who require further assistance and offer initial care:

A	Arousal – assist to calm, relax, regulate breathing or provide emergency care and sedation if necessary.
B	Behaviours – monitor, calm, contain for safety, mental health assessment when required.
C	Cognitions –clarify reality, provide protection when confused or agitated, assist, where possible, with accurate information the person needs, provide relevant advice, monitor for decreased mental function due to a medical or physical disease.

Consider the mental health of people who are working in disaster-affected areas. This includes response and recovery workers from emergency management agencies and the health sector, as well as trades people, transport drivers, utility and waste disposal workers. Individual responders, and entire teams, can adopt SAFE strategies to maintain optimal psychological wellbeing:

S	Survival strengths - strong commitment to self-survival through resilience strategies and coping styles.
A	Arousal , hype - manage hype and use the energy constructively.
F	Fear, excitement - dampen the dread and use this energy to drive response.
E	Experience - use previous experiences to assist in achieving successful outcomes.

Take action

- Read [Psychological First Aid: Supporting people affected by disaster in Australia](#) (Australian Red Cross 2024)
- Use Emerging Minds' [Community Trauma Toolkit](#) to support adults and children before, during and after a disaster or traumatic event.
- Review the [National Disaster Mental Health and Wellbeing Framework](#) (NEMA 2023)
- Watch the launch of the [10 Years Beyond Bushfires Report webinar](#), examining the impacts of the 2009 Victorian bushfires on the mental health and wellbeing of community members.

More information

- [Health and Disaster Management](#) (AIDR 2019)
- [Community Recovery](#) (AIDR 2018)
- Search 'Mental Health' in the [Australian Journal of Emergency Management](#)