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Study partners on the Australian Research Council Linkage Grant:
- Victorian Department of Health
- Australian Red Cross
- Australian Rotary Health
- Australian Government Department of Human Services (Centrelink)
- Phoenix Australia: Centre for Posttraumatic Mental Health
- Central Hume Primary Care Partnership
- Bendigo Loddon Primary Care Partnership
- North East Primary Care Partnership
- Outer East Primary Care Partnership
- Central West Gippsland Primary Care Partnership
- Lower Hume Primary Care Partnership

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- University of Melbourne
- University of New South Wales
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INTRODUCTION

The Beyond Bushfires: Community Resilience and Recovery study was conducted to examine the impacts of the Black Saturday and related bushfires of February 2009 on community members’ physical and mental health and wellbeing. The research also aimed to build understanding of the interplay between individual, social and community-level recovery. The six year study involving over 1,000 participants across Victoria was conducted by The University of Melbourne in partnership with community members and a range of community, academic, government, emergency, and health agencies [1].

The results showed individual and community capacity to recover from a disaster experience and subsequent disruptions, and to adapt to changed lives and environments. There was progressive recovery at community level over time but there was also evidence of delayed impacts on individual mental health and extended impacts at five years post-bushfires. The results highlighted the influence of close friends and family, social networks and community groups, and natural environment on resilience and recovery. There are clear opportunities to use these findings to inform individual decision making, community-level strategies to strengthen resilience, and targeting and timing of recovery services.

The research findings are being shared through a range of outlets including website, facebook, twitter, academic journals, scientific conferences industry and community seminars to ensure that the learnings from this event can help those who were directly impacted and also help others to prepare for future disaster events. We have worked in close partnership with key government, emergency and community agencies to use the research findings to improve planning, response and recovery services – and we continue to seek funding to support this ongoing work.

This report presents an overview of the findings and key recommendations. Links to detailed academic papers arising from the study can be found on the Beyond Bushfires website – www.beyondbushfires.org.au
The late Professor Elizabeth Waters, previous Principal Investigator, is acknowledged for her leadership role in establishing this study. The investigators gratefully acknowledge the generosity of the research participants in sharing their time and experiences, and the support from community organisations and local governments.
The study was funded by initial seed funding from The University of Melbourne and an Australian Research Council (ARC) Linkage Grant (LP100200164) including financial and in-kind contributions from ARC Linkage partners: Victorian Department of Health, Australian Red Cross, Australian Rotary Health, Australian Government Department of Human Services (Centrelink), Phoenix Australia Centre for Posttraumatic Mental Health, and six Primary Care Partnerships: Central Hume, Bendigo Loddon, North East, Outer East, Central West Gippsland, Lower Hume. Additional salary support for Lisa Gibbs and Elizabeth Waters from The Jack Brockhoff Foundation is also acknowledged, as is investigator support from the University of New South Wales, Swinburne University, Flinders University, and University of Sydney. The Social Research Centre was commissioned to conduct recruitment and quantitative data collection.
WHY DID WE CONDUCT THE STUDY?

The February 2009 Victorian bushfires led to tragic loss of life and far-reaching damage to the Victorian landscape and rural communities. One hundred and nine communities self-identified as being impacted by the bushfires. There were 173 fatalities, 3,500 buildings (2,133 houses) damaged or destroyed, and major disruptions in the everyday lives of those living in the affected communities. Although a lot of research had already been done about the short term mental health impacts of natural disasters, much less was known about how individual recovery was affected by social and community level changes over time [1]. The University of Melbourne and partner organisations held discussions with the networks of health service providers in affected areas (the Primary Care Partnerships) and it was agreed that increased understanding of these issues would support recovery and future preparedness.

HOW DID WE CONDUCT THE STUDY?

From the beginning, we approached this study as a partnership. We believed that was the only way to ensure the research utilised the range of expertise (community, service provider, academic and government) needed to capture the complexity of the post disaster environment and to achieve results that would generate meaningful outcomes. We invited a range of communities with different profiles to participate in the study [1]. They varied in level of bushfire impact (from no direct impact to high levels of impact), size of community, distance from Melbourne, and the average income and education of residents. This helped us when we were analysing the results to recognise what was arising from the bushfire impact and what may reflect the influence of other factors. We visited key community groups in each location to discuss the study and tried to keep in contact throughout. This helped us to recognise similarities and differences between communities, and the things we learnt and the feedback we received influenced decision making at each stage of the study.

There were also a number of linked PhD research studies conducted to further our understanding of bushfire resilience and recovery.
WHO PARTICIPATED?

We circulated a survey from December 2011 to January 2013 to people living in the selected communities and those who had relocated, and 1,056 people participated either by phone interview or online. At the end of the survey, 966 agreed to be recontacted, resulting in 736 completing the survey again in 2014. We also conducted 35 indepth interviews with people aged from 4-66 years in 2013 and 2014. In our interviews, we asked people to show us what was important to them in their communities and walked with them around their homes, properties, local parklands and towns as they shared their stories [2].

Participants in the main study did not differ between high, medium and low impact communities in terms of sex, age, country of birth, or employment status.

The vast majority of the respondents were glad they had completed the survey even among the small proportion who felt distressed while they were doing it.
WHAT DID WE FIND OUT?

MENTAL HEALTH

Three to four years after the bushfires, participant responses indicated that the majority of people were resilient following the disaster experience and its aftermath. However, a significant minority were reporting symptoms which indicated mental health problems that were beyond levels likely to be manageable and may require professional support [3]. This is approximately twice the level you would expect in a population not affected by disaster.

Severe psychological distress was predicted by fear for one’s life in the bushfires and death of someone close in the bushfires.

Two years later, i.e. five years after the fires, rates of mental health problems had significantly reduced to 21.9% in high-impact communities but were still higher than national levels [4]. While many people showed signs of improved mental health over time, there were others with delayed onset of mental health problems such as posttraumatic stress disorder.
It was not just the fire event itself that affected people. Experiencing major life stressors after the bushfires (i.e. change of income, change in accommodation or change in personal relationships) impacted on ongoing mental health [3].

It became clear that there were varied approaches to recovery that co-existed because the ultimate aim among people and groups was different. Depending on how the impact of the bushfire event and aftermath was experienced, some people aimed to reclaim their lives and others needed to reinvent their lives [5].

**BEREAVEMENT**

Our study mostly included people who had experienced loss through death of friends and community members in the fires, rather than direct family members. We found that the loss arising from the death of friends and community members was predictive of poor mental health outcomes, demonstrating the community-level impact of loss [6].

“I went to four funerals in that week and there were two I didn’t get to go to because I was at others… And none of those first four were for one person”
Posttraumatic growth refers to people's positive experiences after traumatic events – appreciation of life, new possibilities, personal strength, relating to others and spiritual change. We found women were more likely to report these changes. People from medium-high affected communities and those experiencing more posttraumatic stress, were also more likely to be reporting posttraumatic growth.

**Anger**

Our research showed that anger can be both a motivator and a barrier to recovery, and tends to be influenced by the social context and service provider response [7].

“Well sometimes you need it to get out of bed. I mean if you’re sitting on that sort of precipice and blank depression on one side and feisty anger on the other, it might be that you need to tip over into anger to prevent yourself from going the other way…I think that it had a really important place initially”

However, regularly experiencing intense, explosive anger three to four years after the fires was shown to be associated with poorer mental health outcomes. This held true even after the influence of major life stressors after the fires was taken into account [8].

**Physical Health**

Self-assessed general health appeared to be lower (poorer) than that of the general population, however, factors such as socioeconomic status and rural residence are not controlled for and these may well influence the scores, particularly since there was no difference between high, medium and low bushfire impact communities. There was no significant change in self-assessed health between time 1 and time 2.

It was difficult to determine the impact of bushfire experiences on particular physical health conditions because anomalies in responses suggested the data was not accurate. For example there were many people who responded ‘yes’ at time 1 to the question “have you ever been told by a doctor that you have any of the following health conditions?” and then responded ‘no’ at time 2 to the same question. After adjusting for this, the rate of ‘new’ incidences of cancer, respiratory, circulatory, and muscular conditions that were reported at time 2 were no different between medium-high impact communities and low impact communities.
Increased bushfire exposure and impact was associated at time 1 with decreased subjective wellbeing but increased sense of community. Over time there were shifts in the different factors contributing to the measure of subjective wellbeing. Specifically, there were: improvements in mental health; no change in self-rated physical health; and reduced life satisfaction. Overall, there was increased subjective wellbeing over time but decreased sense of community. This may reflect a ‘return to normal’ levels of community engagement or it could indicate negative experiences of community engagement over time in a post disaster environment.

**WELLBEING & LIFE SATISFACTION**

Involvement in community groups was protective. As an individual’s number of group memberships increased, their mental health improved but there was a curvilinear relationship between group membership and concurrent mental health (PTSD and depression) so that at a certain point membership to additional groups became detrimental to mental health. This was particularly true for men at time 1 and applied to both men and women at time 2.

Living with someone else was protective, but the risks of living alone appeared to be offset by group involvement. This was particularly true for those who were retired.

This suggests that a healthy community is characterised by having many groups with high levels of participation spread across the community, so that the majority of people participate in several groups.

**SEPARATION**

Separation from close loved ones, during and immediately after the fires, was a risk factor for subsequent mental health problems, particularly for people who tend to feel anxious about their relationships [9, 10].

**COMMUNITY**

Of the 1056 survey participants, 56% reported being separated during the fires. Of those, 30% did not know the fate of a loved one for 24 hours or longer.

Separation from close loved ones, during and immediately after the fires, was a risk factor for subsequent mental health problems, particularly for people who tend to feel anxious about their relationships [9, 10].
The reality of the disaster and its aftermath formed the ongoing backdrop of children’s daily lives. Children from a very young age through to older youth experienced anxieties and upheavals at home, in school, in sport, in friendship groups and in the community [11].

“She had so much trouble going back to school. She couldn’t think, concentrate at all. Everything seemed irrelevant that she was doing and they tried so hard. They were very helpful but she had a lot of trouble with just fitting in with the kids that she knew before there. They weren’t understanding her and she just felt that all their problems were very trivial.” (Parent)

This prompted families to make adjustments to help to restore the children’s sense of safety and stability [11]. Children were involved in the decision making. Typically, they either sought familiarity in the community context or conversely a move away from disaster affected environments.

“Well there’s lots of new and nice people and it’s not as much, well I don’t know, it’s not black, it’s more better and nice.” (Child)

Grandparents, school staff and community members provided important additional support to the family efforts to provide a stable environment for children.
FAMILIES

There were many examples of family members responding differently to the experience of the bushfires and the aftermath. This meant that measures to support one family member’s needs sometimes conflicted with other family member’s needs – e.g. the decision about whether to relocate out of the disaster-affected area or stay connected to their community.

Attachment insecurities within couples were linked to their individual mental health outcomes. For example, self isolation and avoidance in relationships by one partner (particularly men) was likely to be associated with poor mental health for both partners [13].

Parents spoke of parenting situations they never expected to face. Finding ways to manage the trauma reactions experienced by their children often required new understandings, skills or strategies. Valued aspects of parenting, like patience and tolerance or having the answers in difficult times, were compromised by demands of rebuilding and recovery that were competing for their time and energy as well as parents’ own trauma responses. While changes to parenting were often accompanied by feelings of loss, sadness, and at times helplessness, there were also positives in the opportunities to model recovery and resilience for their children [14, 15].

SOCIAL TIES

One of the strongest predictors of outcomes was social ties. Being connected with many people was generally protective but it also meant a higher likelihood of losing someone close in the bushfires.

We had a closer look at social ties to understand how it related to individual outcomes [16].
MOVING AFTER A BUSHFIRE

There was a lot of anxious speculation in communities about whether it is a good idea or not to relocate after the disaster. We found that the wellbeing of those who stayed in the community and those who chose to relocate was similar but they had different experiences [17].

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.

SERVICE SUPPORT

Family members were seen to be the main source of support, over and above any formal support services.

The emergency response overall was reported as the second most helpful source of support, followed by friends and the community.

Many men and women were allocated a case manager, and most found this helpful.

All of these supports were identified as being sources of difficulty at times too.

Communication and caring were identified as two critical factors in disaster recovery [18]:
- Clear and regular communication was essential for making informed decisions
- A caring manner in the delivery of services and support was repeatedly reported as a positive influence on recovery.
Self-reported attachment to the natural environment appeared to be a constant trait and to have a protective effect in terms of life satisfaction, mental health outcomes, resilience, posttraumatic growth and community attachment.

Online Environment

People found the online environment helpful for peer-to-peer interactions, ‘insider information,’ insights into coping and managing of psychosocial consequences related to the disaster, and to further their overall understanding of disaster recovery. They were less likely to use the online environment to access formal support services [19].
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.

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.

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.

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.

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

Remember the children – Even very young children can be affected by the disaster and what is happening around them for years afterwards. Ensure children and young people of all ages feel safe and stable, and involve them in recovery decisions and activities in age appropriate ways.

Adaptive parenting – You may find parenting changes as you accommodate your own and your child’s reactions to the disaster trauma and subsequent disruptions. Remember other parents have felt this way too, sometimes it’s about doing the best you can in tough situations.

Community groups can make a difference – Being involved in community groups leads to better mental health outcomes. However, share the load: Don’t leave it to just a few people to make sure these local groups keep going. Local groups need leaders and members to survive, and those who do “too much” might become overburdened.

Relocating can help for some – The decision to stay living in a disaster affected community or to move somewhere else is offset by two contrasting forces in peoples’ lives: connection to the community, and post-disaster disruption. Those who decide to stay are likely to feel more connected to their community. For those who decide to move away from the disaster affected community, the impacts of post-disaster disruptions to income, accommodation and relationships are likely to be lessened.

Changes in the natural environment can influence recovery – Many people find watching the bush regrow and recover helpful for their own wellbeing.

Go online – Many people find online connections a helpful way to gather information and share experiences.
Government mental health and wellbeing planning – Department of Health and Human Services (DHHS) include consideration of disaster impacts in the broader mental health and wellbeing support service planning, including the 10 year Mental Health Plan.

Government disaster planning for schools – Department of Education and Training maintain the current working group of senior staff and key academics to ensure emerging evidence in relation to the impact of disasters on children, staff and schools is incorporated into government emergency planning and resilience building activities and resources for schools.

Something for parents – Municipal Association of Victoria, in collaboration with the Department of Health and Human Services and Emergency Management Victoria, provide a guide to local government on how to provide additional post-disaster support to parents through existing services such as immunisation sessions, maternal and child health, and mobile libraries. Providing childcare will enable parents to participate in recovery activities as well as taking time for their own wellbeing. Department of Education and Training provide evidence-informed, timely services and support to parents through schools and early childhood settings.

Communication register – A communication register be established of people who relocate from disaster affected communities and others who are not community members but are highly impacted (e.g. family members of those who died). Australian Red Cross to consider the potential for this to be coordinated through the Register Find Reunite Service.

Five year recovery plan – Emergency Management Victoria include psychosocial recovery up to five years post-disaster in the Relief and Recovery Reform Strategy. Consultation with the DHHS Emergency Management Psychosocial Reference Group is recommended in development of this aspect of the Reform Strategy. Mental health risk screening and referral to individual, social and community level support services should be available within affected communities for managing trauma and for anger management, as well as providing specific services to reduce the impact of major life stressors (e.g. loss of income, change in accommodation and relationships). Support in managing trauma should be extended to those not living in affected communities – with information disseminated through the proposed communication register (see above).

Involvement of local government and community – Government disaster recovery taskforces engage with Municipal Association of Victoria on the best way to recognise and involve local government and community in decision making and service delivery to ensure continuity beyond the immediate recovery period.

Local emergency management plans – Local governments engage different sectors of the community in emergency planning and recovery processes, including children and young people, and account for psychosocial impacts in addition to physical safety and asset protection.

Online information – Emergency Management Victoria provide timely information about emergency management and services online and through social media throughout response and recovery periods to support community members in making informed decisions. Government departments and agencies involved in providing recovery support services also provide online information but continue to deliver services by phone and in person.
Screening for risk – Phoenix Australia: Centre for Posttraumatic Mental Health provide training to trauma and recovery service providers in recognising and addressing key risk factors for poor mental health outcomes including living in a high impact community, fear of dying at the time of the disaster, loss of someone close (including friends and community members), separation from family members at the time of the disaster, experiencing major life stressors after the disaster, intense anger, and living alone.

Invest in community groups – Department of Health and Human Services, Emergency Management Victoria, Municipal Association of Victoria and local government continue to recognise and support community groups as critical influences on social connection and individual and community level recovery, and to promote inclusion and facilitate wide participation.

Recognise community leaders – Local government continue to recognise community leaders as an important resource to guide local action and communication, and this connection be recognised and supported by state and national agencies including Emergency Management Victoria, Department of Health and Human Services, Australian Red Cross and Municipal Association of Victoria in any locally based preparedness, response or recovery initiatives.

Parks and recreation facilities – Local governments and Parks Victoria prioritise restoration of community parks and recreation facilities as an important post-disaster support to mental health and wellbeing.
REFERENCES


7. Kellett C, PhD Study: Anger, and anger support, for individuals and communities affected by the 2009 Black Saturday bushfires, in Department of Social Work. In Progress, University of Melbourne, in progress.


APPENDIX 1: BEYOND BUSHFIRES PUBLICATIONS


APPENDIX 2: RELATED CONFERENCE AND SEMINAR PRESENTATIONS TO DATE

2016


2. Block, K. Beyond Bushfires: Community, Resilience and Recovery – An Overview and Key Findings, Carlton Rotary Club, Melbourne, 12 April 2016 - invited presentation.


2015


2014


2013


Appendix 2: Related Conference and Seminar Presentations to Date Cont.

2012


42. Gibbs L. Beyond Bushfires: Community Resilience and Recovery. NDMRI seminar series, August 2012, Melbourne.


2011


APPENDIX 3: RELATED PHD STUDIES


For further information:

Beyond Bushfires website: www.beyondbushfires.org.au

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