

Providing mental health support to people impacted by the Black Summer bushfires – Clinical observations and insights

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Background

The 2019-2020 Black Summer bushfires saw widespread devastation on a scale never seen before. One of the worst affected areas was the NSW South Coast, where bushfire recovery is likely to take many years. This poster highlights the clinical experiences of the author, a Clinical Psychologist, who has spent the past 18 months working therapeutically with people impacted psychologically by the bushfires.

The Psychological Impact of the Bushfires

Common psychological reactions to the bushfires, as observed by the author in his therapeutic work include:

- Post-Traumatic Stress Disorder (PTSD)
- Emotional overwhelm & burnout
- Depression, along with an increase risk of self-harm and suicide
- Anxiety disorders, specifically generalised anxiety & panic disorder
- Feelings of anger & frustration
- Feelings of grief & loss
- An exacerbation or resurfacing of past traumas
- Relationship difficulties
- Feelings of guilt, for example if a person did not lose their house, but other people on the same street did
- Substance use problems, especially the use of alcohol

'Bushfire Brain'

A phenomenon known as '*Bushfire Brain*' was common. This cognitive response has been observed after other global disasters. It consists of poor memory and attention, confusion, difficulty making decisions, and a general feeling of not caring anymore. This is distinctively different to clinical depression. From a physiological perspective, high levels of burnout and fatigue were common due to the unrelenting nature of the fires over several months, as well as dealing with the aftermath.

Using Psychological Therapies

Whilst the author drew primarily upon Cognitive Behavioural Therapy, other approaches were used. These included Compassion Focussed Therapy with people who were highly critical of themselves e.g. 'it was my fault that x happened', 'I should have done this or that'; as well as Metacognitive Therapy in the treatment of anxiety. Mindfulness and distress tolerance strategies were also used to help people manage overthinking and emotional overwhelm.



The town of Mogo on the NSW South Coast was left decimated by the bushfires

Treating Bushfire PTSD

The author successfully treated a number of individuals with bushfire related PTSD using Trauma Focussed Cognitive Behavioural Therapy. This evidence based psychological treatment consists of 4 components:

- **Psychoeducation & Formulation:** Helping people to understand more about PTSD, as well as their own unique experience of PTSD
- **In-vivo Exposure:** Graded exposure to triggers and situations that remind people of the bushfires, and to help people habituate to the anxiety response associated with this
- **Imaginal Exposure:** Generating mental images of what happened during the fires, focussing on the most distressing aspects. This helps to psychologically process the trauma
- **Cognitive Restructuring:** Helping people to change the way they may think about themselves and the world following the bushfires e.g. 'the world is a dangerous place', 'I am helpless'. These cognitions serve to exacerbate PTSD.



The use of artwork is an effective tool in the treatment of PTSD, helping people to psychologically process a traumatic event

Clinical Challenges

- COVID-19: At a time when it was more important than ever for communities to come together and support each other, COVID emerged.
- Also, people were not ready to engage with mental health services straight away. People were understandably focusing on finding somewhere to live and initiating rebuilds.
- People were reluctant to seek mental health support through mainstream mental health services in fear of being stigmatised or being seen as weak.
- Some of the communities affected live in remote rural areas 'off the grid', and hence were reluctant to seek help.

Recommendations

Climate change means that natural disasters such as bushfires and floods are becoming more common. To address this, specialist disaster mental health teams should be established to provide mental health support. Rather than working with people and communities for a limited amount of time post-disaster, such services should be established for the longer-term. This would enable them to integrate into communities and be integral in building community resilience. This would also mean that people whose mental health is still impacted years after a disaster, continue to receive support.

About the Author

Mark is a Senior Clinical Psychologist from the UK with over 20 years experience of delivering psychological therapies. As well as working in the UK & New Zealand, he has spent the past six years in Australia. He moved to the NSW South Coast in January 2020 following the bushfires, and has since established a private practice, specialising in working with people impacted psychologically by the bushfires.