Mental Health Clinician Reflections on the Recovery Journey from the Black Summer Bushfires

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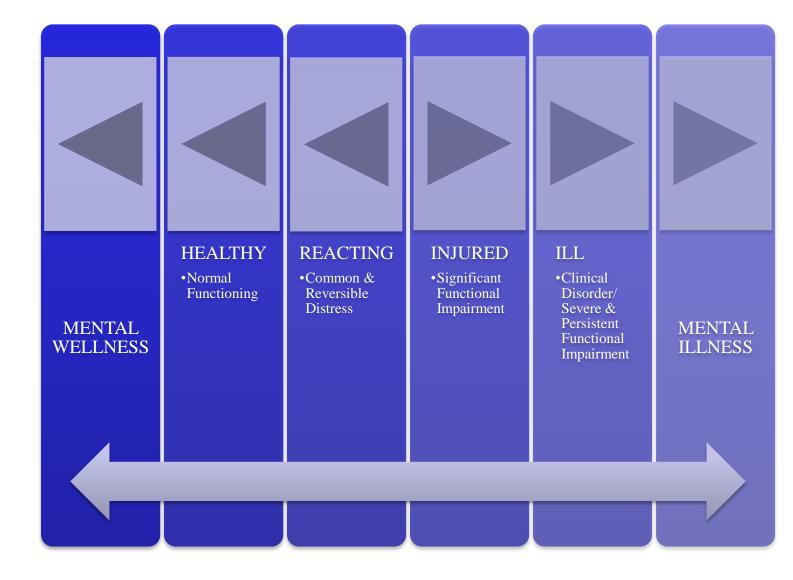
Background

The 2019-20 **Black Summer** Bushfires had an unprecedented impact on the Manning Valley and its rural and remote communities. The prolonged nature of the bushfire season and limitations in preparedness on the ground meant devastating losses for both individuals, communities and the environment.

It is significant to note that even before the onset of the bushfire season in 2019-20 the Manning Valley was already struggling through a severe drought. This meant that the threshold of vulnerability₁ for the local community was much lower than in any other

Methodology

For the purposes of this study the authors explored research into Mental Health Continuums_{2,3}. This paradigm was created to understand the trauma experiences of the bushfire affected communities.



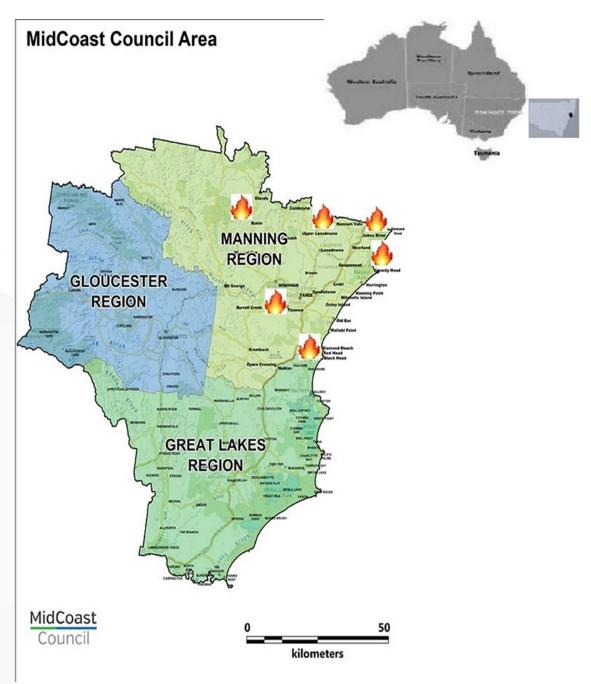
The Way Forward

Recovery services must acknowledge and support disaster affected individuals and their communities in the restoration of their emotional well being. The principles of 'Early Intervention' should be applied.

Recovery involves a partnership between the affected community and service providers. This must start with a well developed and rehearsed Disaster Recovery Plan.

Working in the Disaster Recovery Space is hard and chaotic. It can be traumatic and it requires experienced leadership and mental

circumstance. The lack of mental health care preparedness for disasters and the reflection on post-disaster intervention are the focus of this study.



As part of the recovery process MH care was provided to over 60 people, including homeowners and other affected community members. Two MH clinicians met weekly and using a multi-disciplinary stance, picked up key themes from clinical practice to reflect on current challenges and solutions. Qualitative data was collated monthly as a report to NSW Health. For the purpose of this study, these key themes were analysed and over-arching concepts identified.

Reflections

Clinician reflections helped identify that there are three distinct groups that required mental health support post the bushfires -

- 1. Individuals dealing with complex grief and loss.
- 2. Individuals seeking support in the context of post-incident trauma.
- 3. Individuals with exacerbation of existing co-morbid mental health issues.

Post the initial brief mental health interventions, on-going support was provided to individuals dealing with issues of complex trauma. health care participation that considers the 'vicarious' experiences of all carers and providers.

At 'Project End' we hope that individuals & the community are in a 'healthier and better place'. We will know this from an effective evaluation of our efforts by Resilience NSW.

We think ourselves fortunate to have been on the ground to support our community when experiencing a consequent natural disaster. This has enabled an even better understanding of the importance of 'Being Ready' - to provide emotional support, mental health first aid and a seamless progression to recovery oriented and trauma informed care.



Picture Courtesy: Trypheyna McShane's, "An Artist's Mental Health Reflections on the Recovery Journey for Wildlife from the Black Summer devastation"

Acknowledgements

• To the traditional custodians of the land that we live, work

Picture Courtesy: MidCoast Council

Aim

'To employ the principles of reflective practice & examine the provision of Mental Health care among bushfire affected communities.'

Project Objectives:

- To employ the Principles of Recovery in practice.
- Maintain best practice in clinical governance and mental health care.
- Acknowledge the 'uniqueness' of rural and remote, individuals and communities.
- To establish and implement a Stepped Care Framework of mental health care.
- Apply a critical and reflective approach to the role of mental health services in disaster response, recovery and planning.
- Ensure consideration is made for future Preparedness, Partnerships, Participation in the disaster and recovery space.
- Build individual and community mental wellbeing awareness, knowledge and resilience.

Consideration of the power differentials that existed in disaster recovery spaces, assisted in a better understanding of relationships with government and non-government service providers. The unique nature of rural and remote communities helped us comprehend -

- Need for trust building within rural communities.
- Barriers to mental health supports, including complicated referral mechanisms and lack of outreach services.
- Need for networking with local service providers for creation of a responsive mental health space.

- and play on. We acknowledge the First Nations BIRIPI & WORIMI people.
- To the individuals & communities of the Manning Valley who have faced significant trauma from the impact of natural disasters. We admire your RESILIENCE.
- To the MidCoast Recovery Group of Service Providers. We recognize your substantial efforts and commitment to our community.
- To our colleagues in the Hunter New England Local Health District & the NSW Bushfire Recovery Clinician network. We thank you for contributing to the future directions of Mental Health Service Delivery in Disaster Recovery.

References

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