

Building stronger communities and disaster-prepared systems



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10 YEARS BEYOND BUSHFIRES REPORT



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Funding partners:

the power of humanity



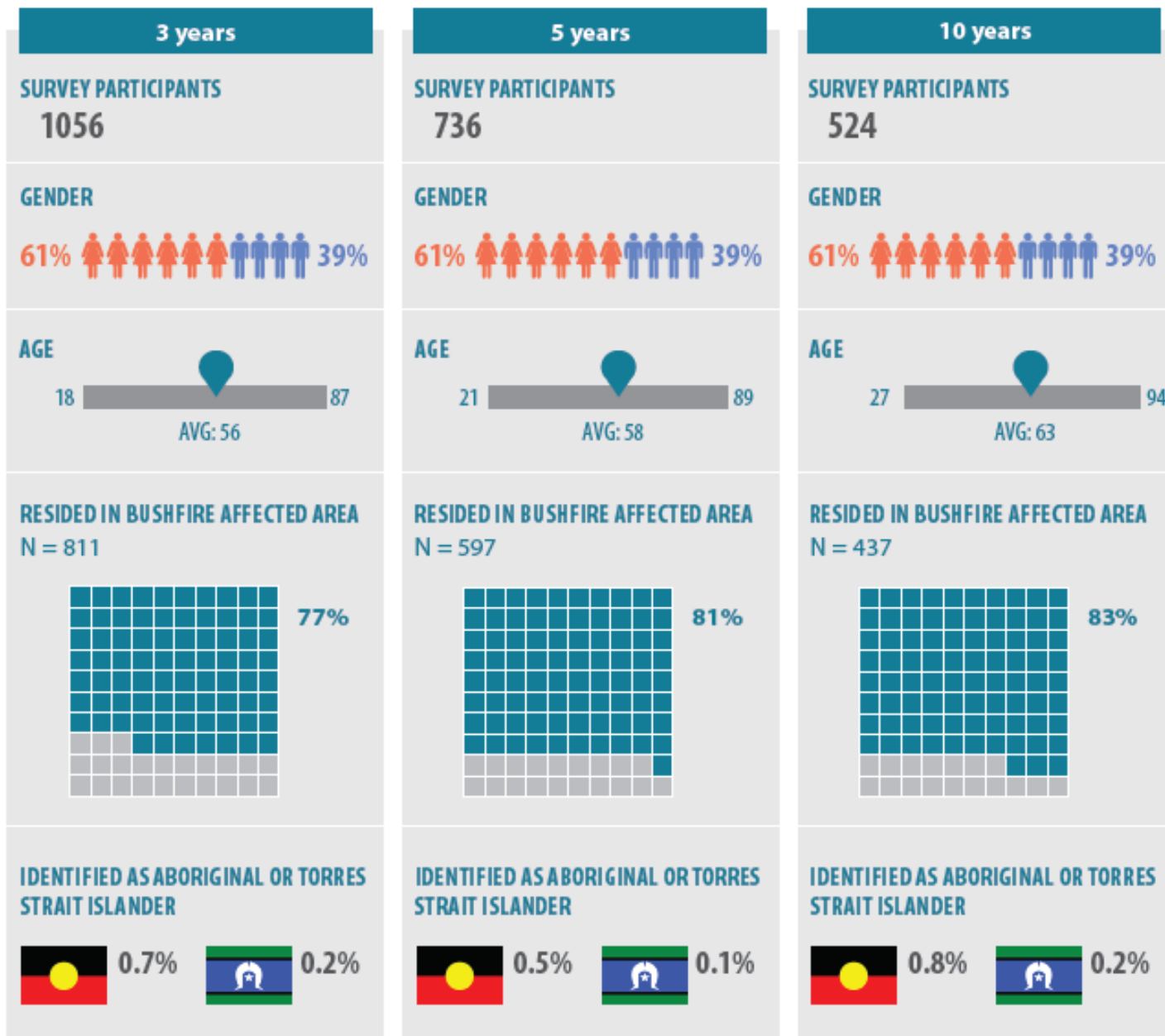
Partner organisations:



MARCH 2021



Who participated?



35 in-depth interviews 2013-2014

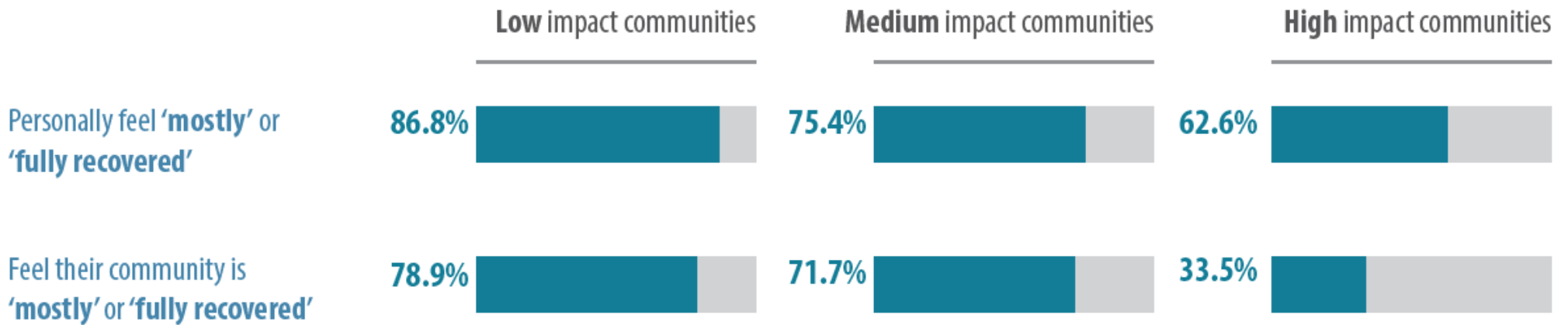
1 Prioritising people: Promoting safety and mental health

Disasters & Mental Health

- Much evidence that disasters lead to impaired psychological functioning
- PTSD, depression, substance abuse
- much evidence that most people are distressed initially, many studies indicate that most people are resilient in face of disaster
- 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

Long term recovery

Perceptions of recovery at 10 years



Life satisfaction & growth

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



3 years



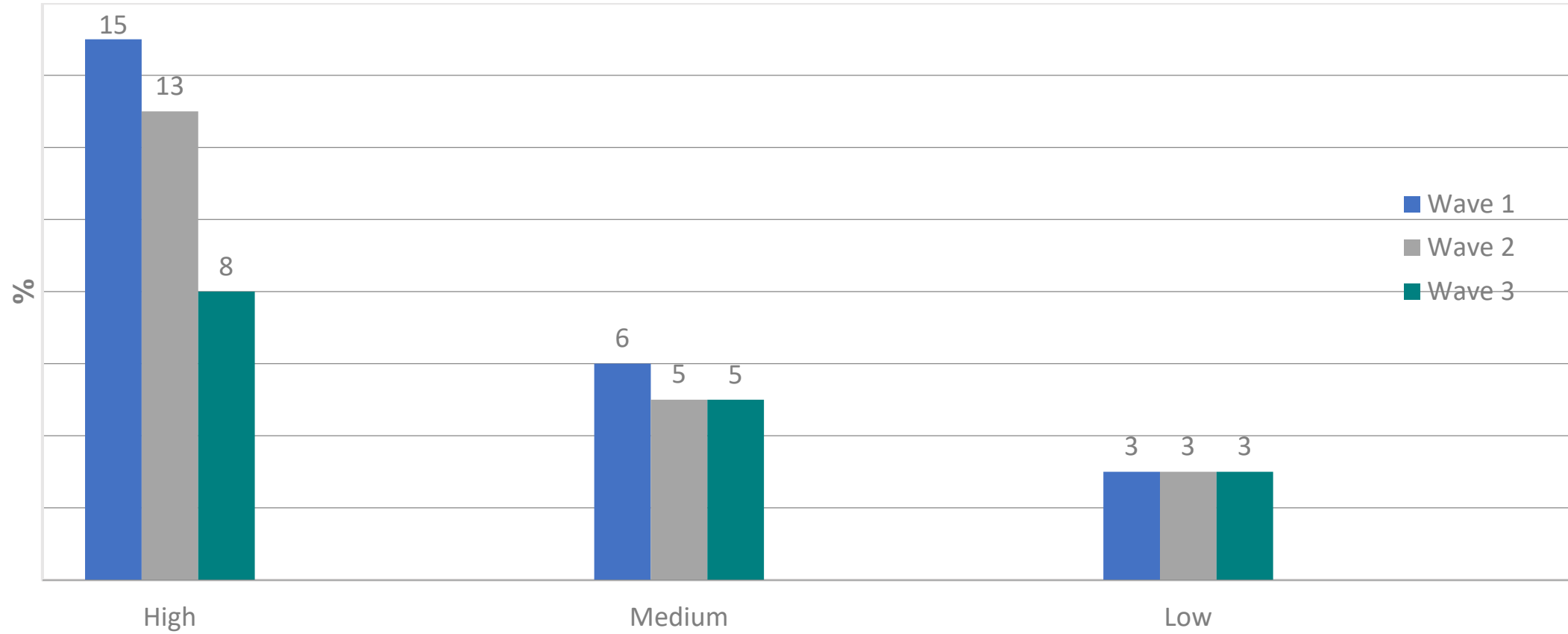
5 years



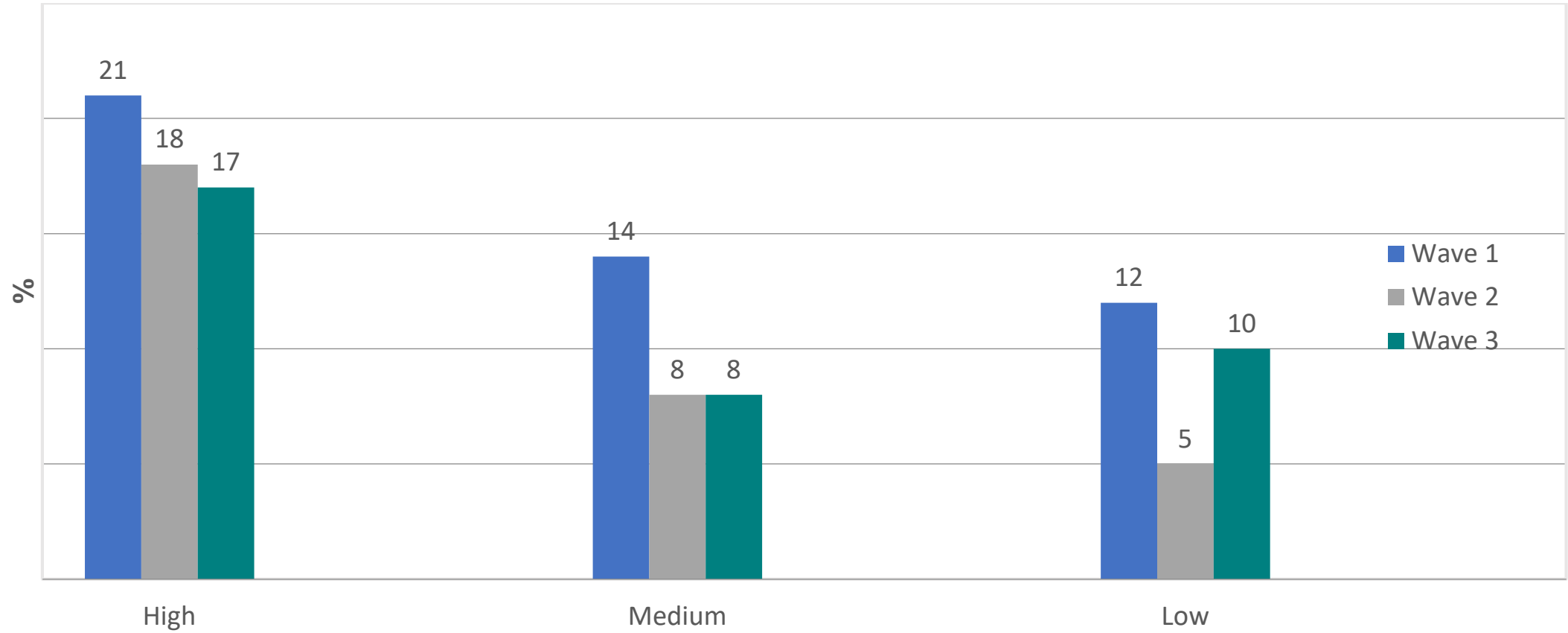
10 years



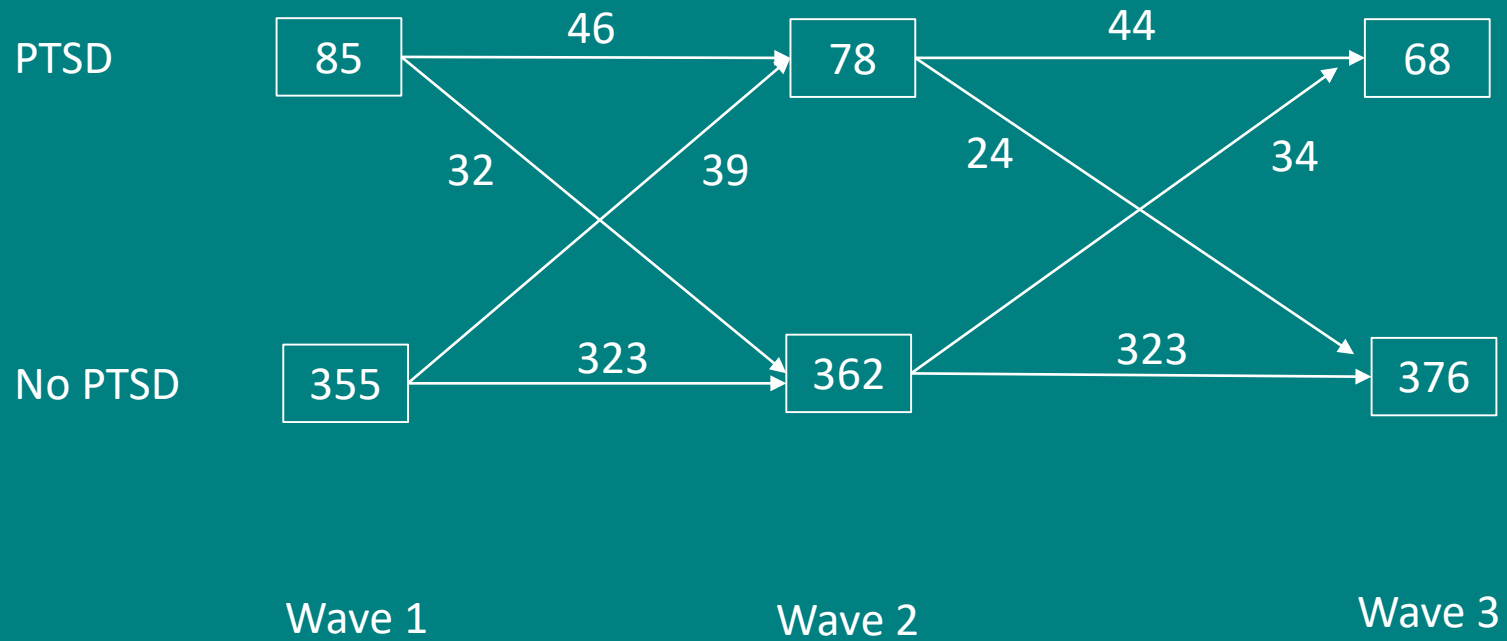
Posttraumatic Stress Disorder (PTSD) (Related to Fires)



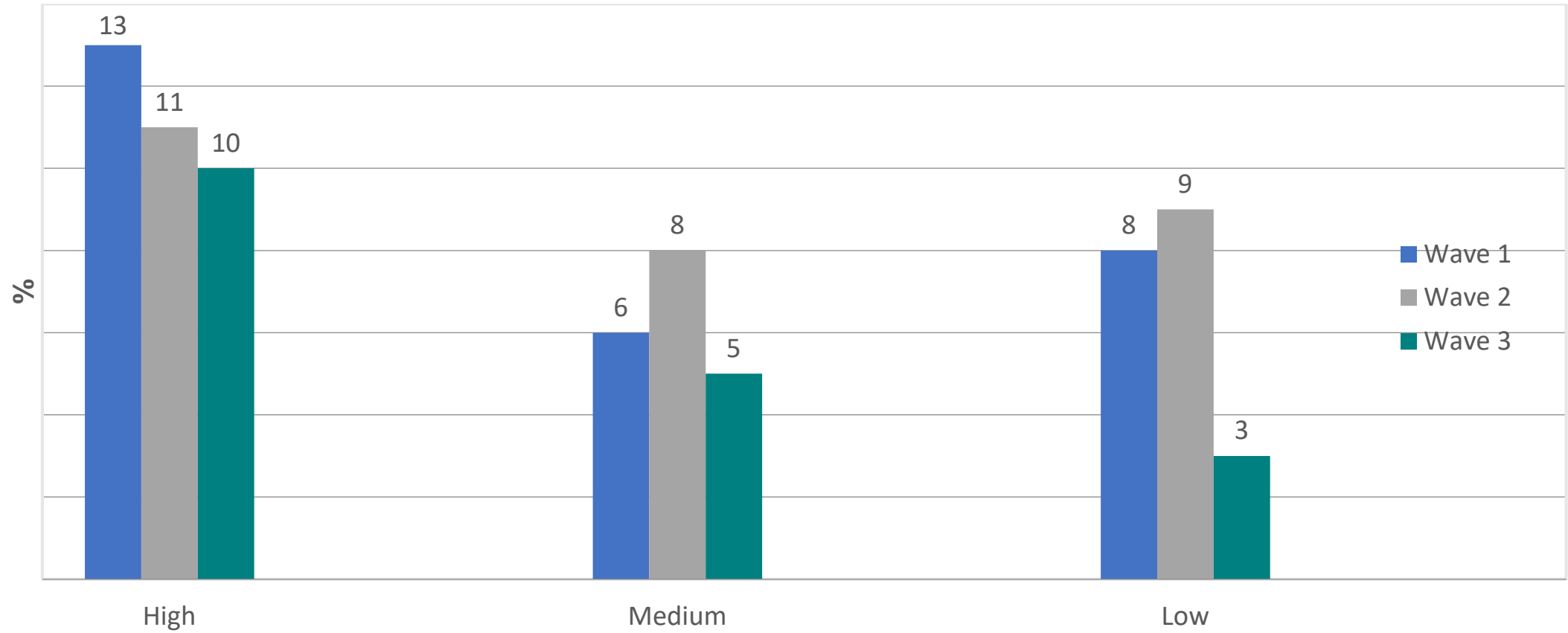
PTSD (General)



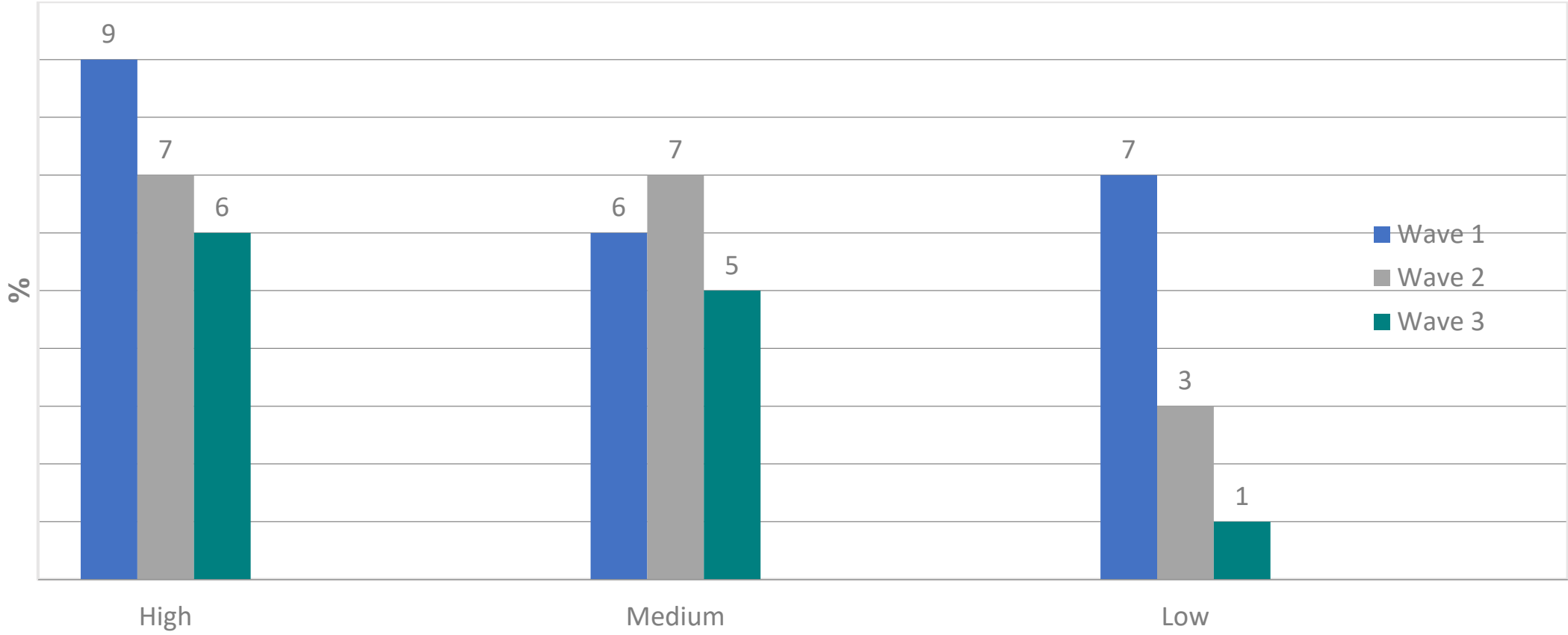
Course of General PTSD



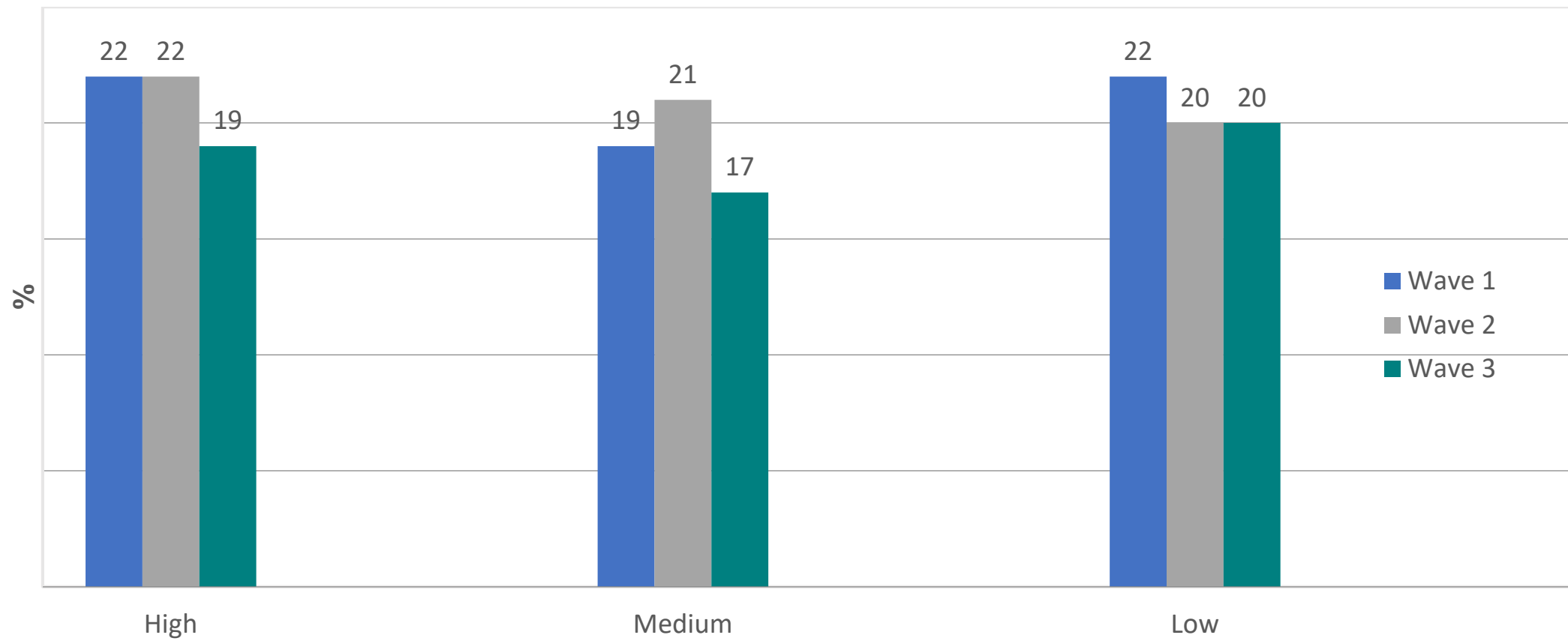
Depression



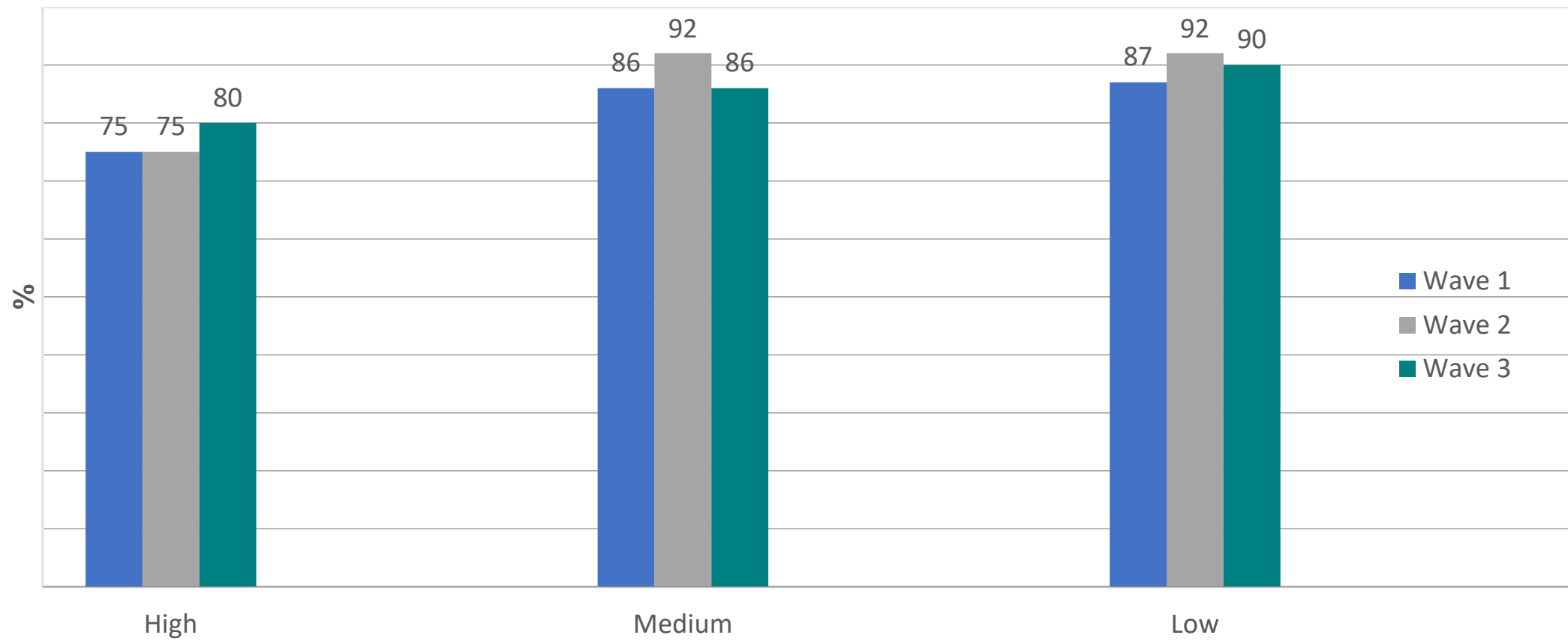
Severe Distress



Heavy Drinking



Resilience



2 Centring diversity and inclusion: Ensuring many voices are heard

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

Gendered experiences of violence post bushfires

1%



low impact community

7.4%



high impact community

3 Adopting a community capitals approach: Building interconnected systems of prevention

Social connectedness matters for wellbeing, ... but it's complicated

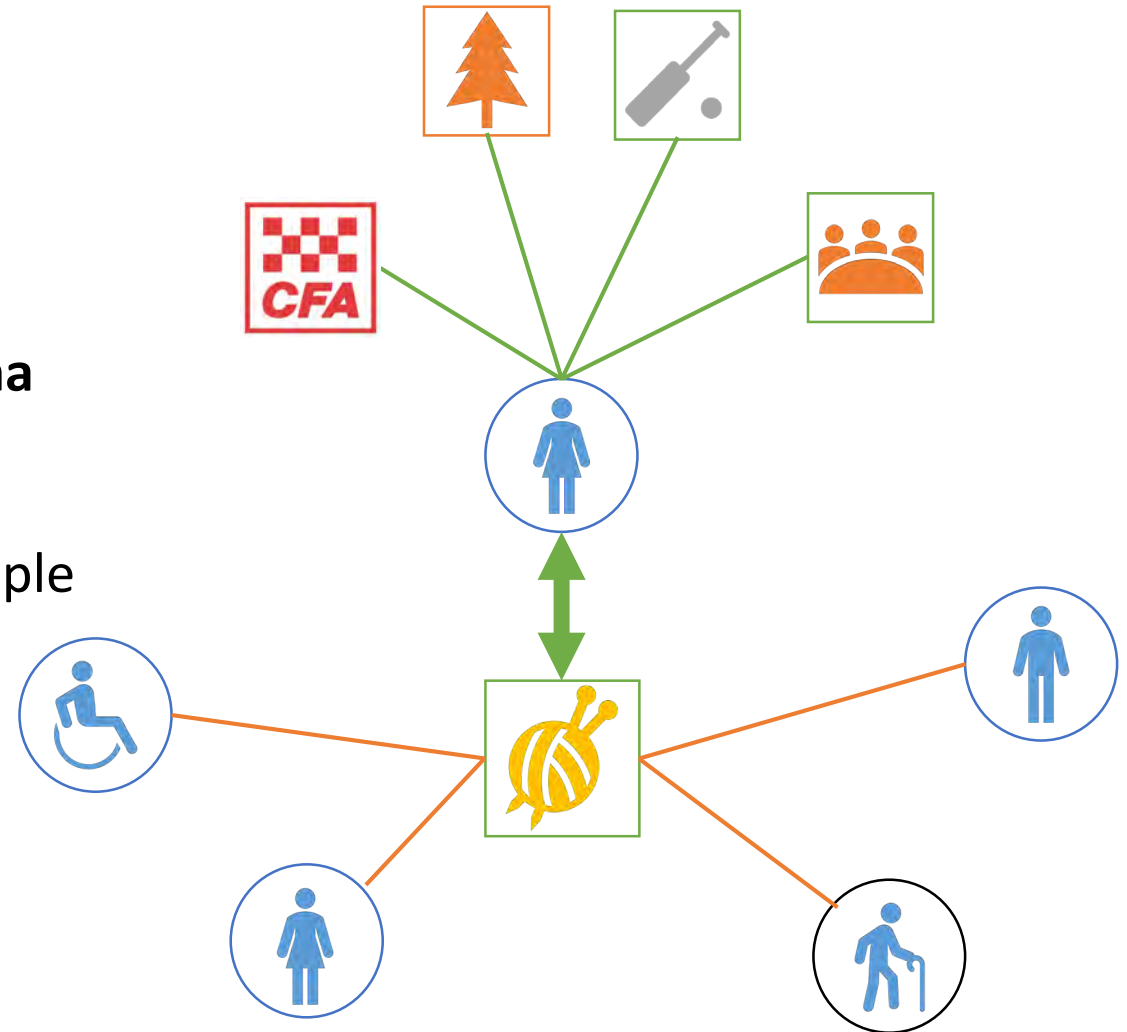
- What type of relationship?
- How many?
- Under what circumstances?
- Good for *what*?
- Good for everyone involved?
- Positive versus negative influences?
- How does a relationship between two people affect a third person?

Involvement in local groups

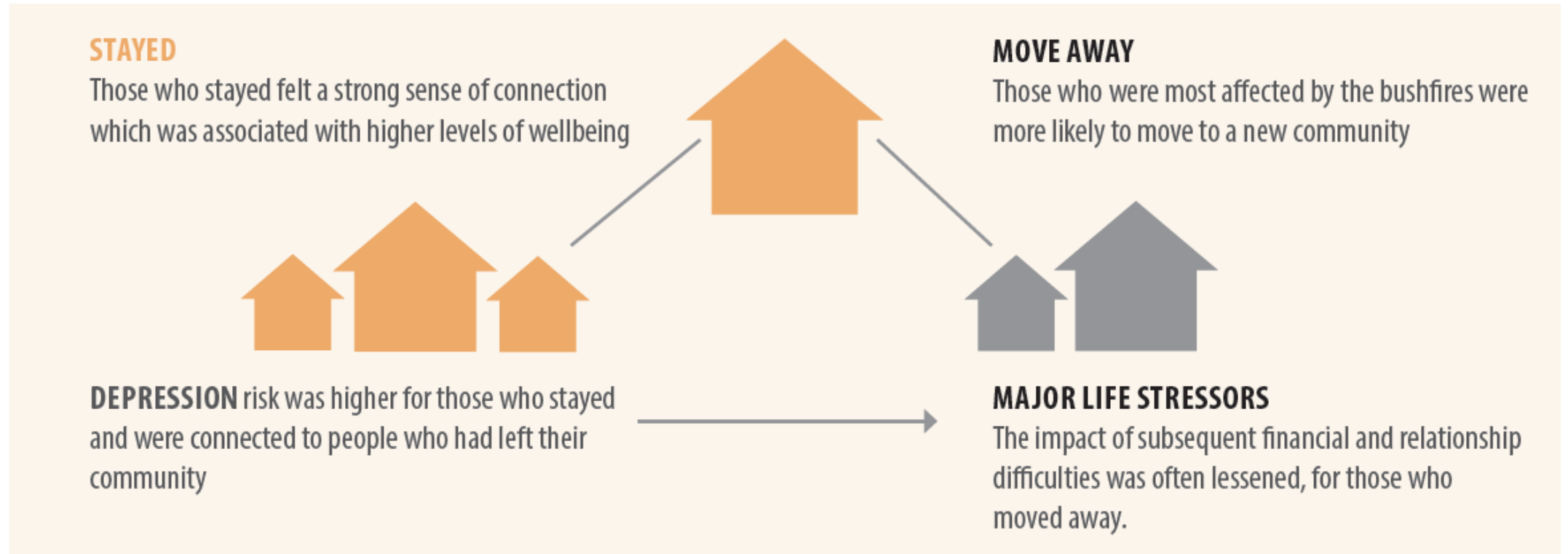
- Asked each participant about the groups that they are involved in.
- Depression and PTSD
- A moderate number of group involvements is best
 - **For the individual** and their own mental health
 - **For the community** and general rates of mental health overall
- Better (for mental health) to live in a community that has *many moderately involved people*, compared to fewer highly involved people

Promoting optimal community involvement

- 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



Relocating



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

Recommendations for government and service providers

1. Establish a staged **5 year framework** for recovery from major disasters
2. Provide advisory and support services within affected communities that focus on **reducing the compounding impacts of major life stressors**
3. Deliver services with **care and flexibility**
4. Embed **community-based strategies** in disaster mental health planning – support the supporters and community groups; promote connection and support community group leaders
5. Prioritise **restoration of places central to community connection**

Recommendations for government and service providers

6. Use social indicators of individual and community well-being and resilience such as **patterns of community group membership**, for recovery planning
7. Establish a **cross-sectoral communications system** or online platform that is maintained for up to five years after each disaster event with information about relevant resources
8. Extend **trauma support services** to those highly impacted but not living in affected communities
9. Involve **school communities** in system and local recovery plans
10. Increase provision of **family violence prevention** strategies and support services in high impact communities
11. Build capacity of government staff and service providers to **recognize and address anger**

10 YEARS
BeyondBushfires
community | resilience | recovery



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