

RECOVERY UNCOVERED WEBINAR SERIES

Understanding Community Dynamics, Grief and Mental Health Impacts of Disasters

📅 May 14, 2024

🕒 12.30pm - 2.00pm AEST

📍 aidr.org.au/events

GUEST SPEAKERS

Kris Newton, Mountains Community Resource Network

Rose Glassock, NSW Department of Education and David Younger, clinical psychologist



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We pay our respects to the Aboriginal and Torres Strait Islander Custodians across this country, and to Elders, past, present and emerging.



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Talking about disasters can be challenging and you may find some content difficult. Take a moment to identify who is in your support network you can reach out to.

Lifeline 13 11 14

Beyond Blue <https://www.beyondblue.org.au/get-support>



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Disaster Recovery Mentors

We aim to support communities' impacted by disaster to drive their own recovery.



Key points

- *What to expect in community after the first year*
- *‘Centering’ community needs and voices in recovery*
- *What does ‘community-led’ look like in practice?*
- *Mental health impacts of disasters*
- *The neurobiology of stress and trauma*
- *Community support & intervention priorities*
- *Impact on mental Health and wellbeing*
- *Typical responses for children and adolescents*
- *What can parents and schools do to support children and young people*



Presenters



Kris Newton



Rose Glassock



David Younger



Mental Health & Wellbeing Impacts of Disasters

1) Overview:

- 2023 large scale meta-analytic study re Asia, Europe & America:
 - Main mental health issues Generalised Anxiety, Depression, Substance Use, Adjustment Disorder, & PTSD
 - Disasters were linked with poorer mental health outcomes
 - PTSD associated with high exposure, prior trauma, ageing, & property damage
 - Lower socioeconomic status linked to persisting psychological difficulties
 - Relocation & disruption of vital services associated with psychological morbidity



Mental Health & Wellbeing Impacts of Disasters

- 2023 survey by the Climate Council of Australia:
 - 80% said they had experienced at least once heatwaves, flooding, bushfire, drought, cyclones/storms, or landslide
 - Half of those surveyed said their mental health had been detrimentally affected
 - 20% reported a major or moderate mental health impact
 - The most prevalent mental health issues were anxiety, depression or PTSD
 - Over 30% advised there was not enough mental health support available



Mental Health & Wellbeing Impacts of Disasters

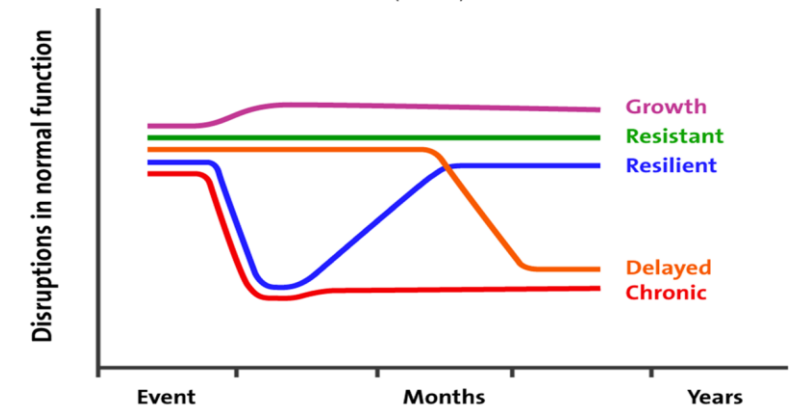
- Vic Black Saturday Fires 2009: 3rd & 4th yrs, violence against women seven times higher than average; life satisfaction decreased during yrs 3–5, improved after 10 yrs; anger a predominant issue in high impact communities; at ten years, 22% of community had mental health symptoms (depression & anxiety); mental health risk factors inc. income, property loss, relationships
- NSW Floods 2017: high level disruption = 10-33% experienced mental health distress; direct disruption associated with depression, anxiety, PTSD; informal social connectedness & belonging important factors, related to decreased risk of mental health issues

Mental Health & Wellbeing Impacts of Disasters

- Symptoms generally more severe in first 12 months
- Most survivors recover & don't experience LTM mental illness
- Children & young people resilient but also at risk
- Trajectories following exposure to trauma change over time
- Responses can be delayed, secondary issues can impact
- Era of cascading disasters...worsening of mental health

Prototypical Patterns Over Time

Australian Centre for Post Traumatic Mental Health (ACPMH)



Mental Health & Wellbeing Impacts of Disasters

- Terrorism: violent criminal acts by individuals/groups, especially against civilians, for political aims
- Psychological consequences are generally more severe, complex & long-term
- PTSD in 28% of survivors with direct exposure
- Oklahoma City bombing: 33% PTSD 6 mths after the event & 75% of these had no prior history of PTSD
- New York 9/11: 7.5% of Manhattanites reported symptoms of PTSD & 11.2% of New York probable PTSD

Mental Health & Wellbeing Impacts of Disasters

2) Important Considerations:

- Mental health focuses on effects on the ‘individual’
- But...community is a system of resources that support life, the social dimension is vital
- Knowing/understanding the community history/local context features is important
- Combined with a familiarity of defining features of the disaster...brings improved understanding
- A formal mental health diagnosis vs experiencing ‘degraded quality of life’
- Communities require long-term formal & informal support to recover through re-creation of life

Mental Health & Wellbeing Impacts of Disasters

- Three Main Effects of Disasters:

- Stress: two types, adrenalin/survival & cortisol endurance; difficult for personal recovery to begin while in a heightened state of stress; also difficult to undertake some recovery related tasks
- Disruption to Life: the constancies & routines that support 'normal' life disrupted; the social fabric of community is altered; usually lasts for longer than expected
- Loss: varying types, not just material; connection to what is important; emotional attachment



Mental Health & Wellbeing Impacts of Disasters

- Additional Responses:
 - Survivor Guilt: an emotional response experienced by community members when others experience great losses eg, physical, material, other. The basis is empathy & compassion
 - Solastalgia: the deep distress, emotional or existential, experienced when disasters impact the natural environment
 - Relationship Difficulties: between couples, parents and children, neighbours, broader community.
Varying trajectories over time



Mental Health & Wellbeing Impacts of Disasters

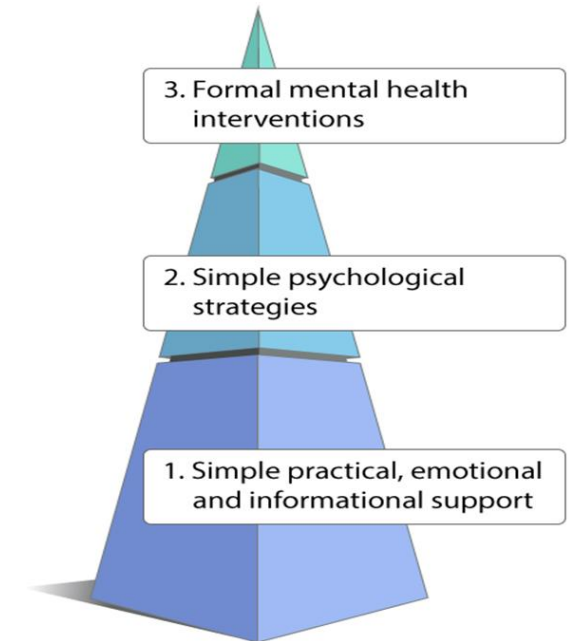
- Important Groups:
 - Indigenous Peoples: increased impact of disasters. AIDR's community inclusive recovery module.
 - Children & Young People: most are resilient & recover. But also at risk & can develop SMT, MTM & LTM mental health symptoms. LTM means exist into adulthood.
 - The Elderly: an at risk & more vulnerable group. Can be challenging to engage with re preparation, response & recovery. But an opportunity through community membership to build resilience
 - People with a Disability: Disproportionately affected by disasters. Also require inclusivity



Mental Health & Wellbeing Impacts of Disasters

3) Mental Health & Psychosocial Support Priorities:

- The stepped or matched care approach is evidence informed
- Hierarchical mental health intervention delivery based on need
- Level 1: early response, advice & support eg, PFA for support, instill safety
- Level 2: simple psychological strategies eg, SOLAR for psychosocial challenges
- Level 3: formal mental health interventions eg, Tf-CBT



Mental Health & Wellbeing Impacts of Disasters

- Strategies for Relationship Building & Communication:
 - Relationships are the entry point to the recovery system
 - Founded on trust, authenticity, empathy, compassion & kindness
 - Consistency over time for predictability, instill self-efficacy
 - Use simple, easy to understand, non-complex words
 - Don't assume understanding, make allowances, check for understanding
 - Provide information in concise and non-complex ways



Mental Health & Wellbeing Impacts of Disasters

- Characteristics of Effective Psychosocial Recovery Services:
 - Are informal and close to community
 - Proactive & initiating, flexible & integrated with other services
 - Networked & overlapping boundaries
 - Minimum of policy, procedure, red tape
 - Based on personal relationships
 - Ownership by the community



Mental Health & Wellbeing Impacts of Disasters

- Social Capital Supports Community Recovery & is Protective of Mental Health & Wellbeing:
 - Another priority is strengthening social capital over grey infrastructure
 - Facilitate & support community led recovery, organise community events & activities
 - Types of social connections inc. bonding, bridging & linking ties
 - But communities must have social infrastructure, the physical meeting places
 - More connected communities recover more quickly & effectively
 - Vic 2009 ten year report...being involved in 1-2 community organisations, better mental health





David Younger

PSYCHOLOGY

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Understanding the impacts on mental health and wellbeing – children and young people

Rose Glassock - Psychologist

- Disasters through the eyes of a child
- Typical responses
- What increases vulnerability ?
- Tiered responses
- Tips for parents



Children and young people are resilient

- Children and young people may initially present with distress after a disaster.
- With time and support from parents/carers, family, friends and teachers most will recover from the negative impacts of disasters without professional help.



Potentially Traumatic Events (PTEs)

- Not all disasters or critical incidents result in a diagnosis of trauma
- People experience events in different ways and have differing levels of resilience and vulnerability
- The majority of people are resilient and recover from PTEs, with basic support and safety in place
 - this includes children and young people



Through the eyes of the child or young person

As a consequence of PTE's, children or young people may experience:

- Loss and destruction to homes and infrastructure eg: schools, shops
- Their caregivers and friends displaced, and/or injured
- Their caregivers and friends being overwhelmed, distressed, or upset and interacting with them differently
- Their caregivers unable to be a source of safety, comfort, and support
- Interruptions to routine and stability
- Finding it hard to feel safe
- Finding it hard to regulate their feelings and behaviour



Children and adults Perceive threat differently

Adults	Children
Threat to own or a child's life	Separation from parents
Injury	Injury to self
Loss of property	Injury or loss of a parent
Loss of a business or livelihood	Loss of a pet, favourite things
Loss of community	Disruption to routines

What were you thinking ?





Typical reactions to PTEs

What we know... Children and adults are both impacted by PTEs



Physical reactions

- Eating less/
eating more
- Sleeping less/
sleeping more
- Loss of energy



Emotional reactions

- Shock and disbelief
- Grief, anger, anxiety
 - Sadness
 - Loss
- Flat affect



Cognitive reactions

- Changes in thinking
and learning –
brain fog
 - Difficulty
concentrating
- Lots of thoughts



Behavioural reactions

- Irritable
- Withdrawing
from people or
activities
- Avoidance



Lower Primary School

Emotional	Relational	Cognitive	Physical
Anxiety and worries about safety, death, and health Intrusive memories and images Crying Confusion, disorganisation, easily overwhelmed Aggression, anger, withdrawal Inability or reduced ability to self-soothe Guilt, shame, helplessness Normal developmental play replaced by traumatic play (i.e., re- enacting the event through play)	Reluctance to 'worry' adults with their worries, becoming protective of adults Unwillingness to be left alone Excessive concern for others and/or disrupted perspective taking Wanting to sleep with parents at night	Fragmented recall of event Preoccupation with event and searching for understanding Reduced attention and concentration Reduced ability to play constructively Disorganised, confused, and forgetful Pre-occupied (daydreaming) Cognitive and language delays or developmental regression Wish for revenge or being able to 'fix' the event	Changes in appetite Nausea Sleep disturbances Changes in toileting habits Clumsiness and changes in coordination Somatic complaints

Upper Primary School

Emotional	Relational	Cognitive	Physical
Hyper-vigilance e.g., on edge, jumpy, easily startled	Desire to explore the event through speech and play	Decreased attentional abilities and capacity for learning	Body aches and pains e.g., headaches, nausea
Fear of the supernatural e.g., ghosts	Concern about own and others safety	Distortions about the event e.g., altered perception of facts	Visual and perceptual problems
Specific fears about reminders of the event	Interest in adults' responses to the event	Pre-occupation with distressing event	Eating disturbances
Reluctance to express feelings	Concern for adults' recovery e.g., withholding information about own response to protect them	Impaired memory and recall	Changes in toileting habits
School refusal Grief reactions, displaced anger and aggression		Intrusive thoughts of distressing content	Sleep disturbance Reckless behaviour Regressive behaviour
Difficulty regulating emotions and greater sensitivity to emotional conflict		Preoccupation with revenge	
Diminished self-esteem			
Guilt (e.g., being unable to help others, for being safe)			

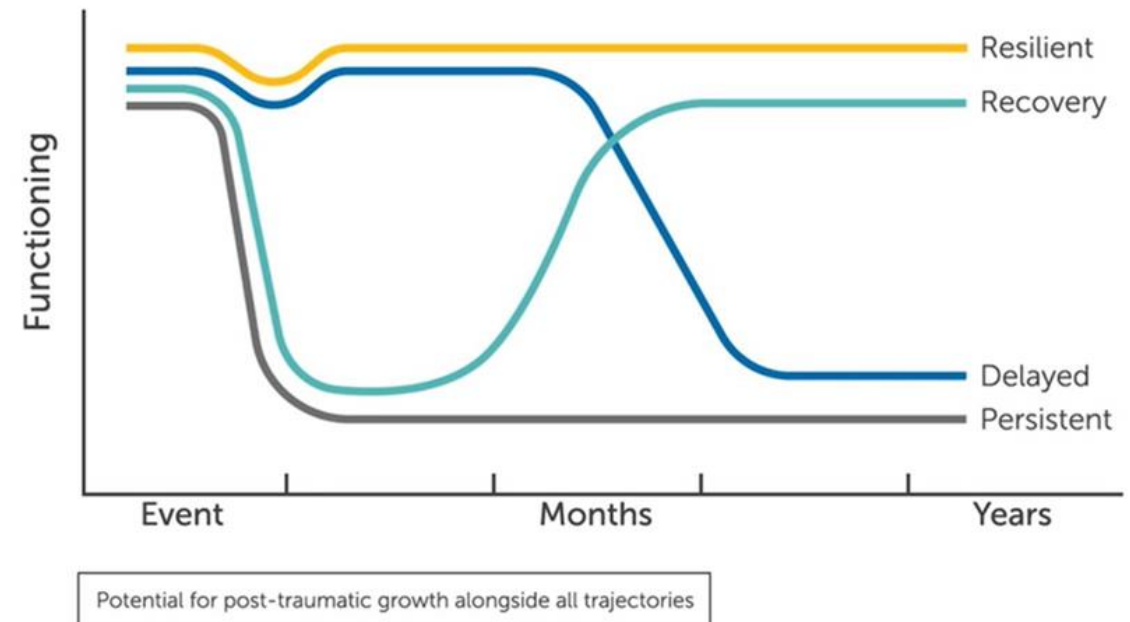
Pre-Adolescent and Adolescent

Emotional	Relational	Cognitive	Physical
Increased tension, irritability, difficulty relaxing Distress to reminders of the event e.g., sights, smells, sounds Decreased/increased emotional expressions (i.e., numbing, detachment), shame, guilt Mood swings Shame related to developmental regressions	Ruptures in peer relationships Feelings of being misunderstood or inability to relate to others due to distressing experiences Asserting independence from caregivers A need to conform to peer responses to the incident, not wanting to feel abnormal	Intrusive vivid and distressing memories Memory disturbance and cognitive distortions of the event Decreased attentional abilities and capacity for learning Preoccupation with details of the event	Bodily complaints e.g., nausea, aches and pains, headaches Appetite disturbance (e.g., increased/decreased) Sleep disturbance Accident proneness Substance abuse Acting out, rebellious behaviour, truancy

What we know about the impact of PTEs* from the research

- The depth and length of decline is variable
- Pre-existing vulnerabilities influence post disaster recovery trajectories
- Protective factors and extra support can mitigate this predisposition to vulnerability
- The recovery process is dynamic and changeable over time

Common trajectories after trauma



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Pre-existing stressors such as:

- recent parental separation
- family conflict
- disability & high or complex needs
- living in out of home care
- living as young carers
- child protection concerns
- new to the school

Factors that increase Vulnerability
1: pre disaster factors

Perception of little support: children who think they have few friends or don't fit into a social group at school are more at risk of developing post-traumatic stress symptoms

Have family factors such as :

- lack of parental supervision,
- parental substance use
- parental mental health issues
- Have a parent with higher anxiety

- Experience of loss, including pets, in the disaster
 - Extensive losses to their home or property
 - Witnessing the event first hand
- Factors that increase vulnerability 2: disaster exposure**
- Children who had a thought that they, or someone they love, was going to die are at greater risk of developing PTSD following a disaster.
 - Were evacuated
 - Became separated from their primary care giver.
 - Have a parent modelling distressing reactions.
 - Disruption to schooling: due to the school being damaged or impacted
 - Family relocating as a result of the disaster

Parental response:

- more protective parenting
- less available to the child
- parental mental health issues
- parental substance use
- family and domestic violence

**Factors that increase Vulnerability 3:
post disaster factors**

Repeated exposure to trauma and loss reminders:

- by media,
- family discussions or
- personal exposure.

Change in social support – disconnection with friends, work colleagues or social activities.

Ongoing disruption to schooling:

- irregular attendance
- enrolment in appropriate specialist settings

Watchful Waiting

- An active strategy used to look out for changes in behaviour, emotions, cognition, and physical reactions that may indicate that a student needs more support.
- REMEMBER: initial distress is a normal and expected response.

Three simple steps:

1. Monitor students for signs of ongoing distress
2. Provide comfort and support while monitoring students' distress
3. Intervene if a student is experiencing significant or enduring distress or disruption



Psychological first aid for serious incidents and disasters

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Formal, evidence based mental health interventions provided by a mental health professional.

Referral to school counsellor/ school psychologist.

Referral to external mental health provider via GP or disaster recovery support agency.

Brief mental health interventions for children or adolescents experiencing ongoing significant reactions, with the goals of accelerating recovery.

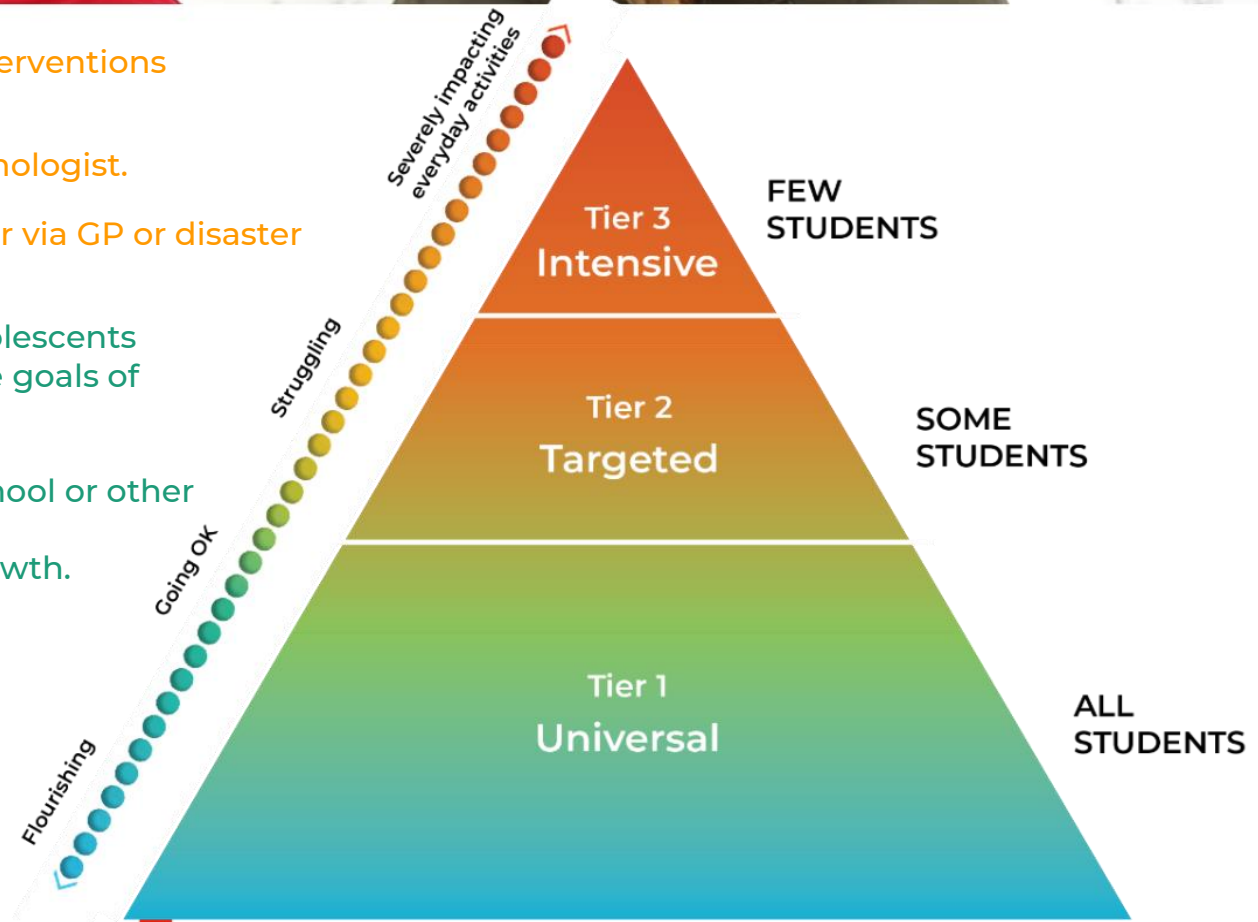
Delivery of targeted programs provided through school or other settings.

For example: Storm birds, Cool Kids, Seasons for Growth.

Simple, practical, emotional and informational support.

People can often manage using their own resources and social supports.

Knowledge of when to seek more help and access to referral pathways



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Connection to school supports wellbeing

Connection and support, can lessen the risk of adverse mental health outcomes for children and their families after a traumatic experience.

Connection is a strong aspect of resilience which helps children and young people to manage many developmental challenges and adversities. Connection can be:

- a good relationship with at least one parent;
- positive peer relationships at school
- time spent with teachers.

School provides a predictable, safe and supportive environment and can help minimise vulnerability for students following a disaster. Maintaining ongoing school routines and structures can assist when things have changed and are unpredictable. The trusted and reliable adults at school provide a reassuring presence.

How you can support your child

1. Children need comfort, reassurance and support, and to know that they are safe and are being looked after. Try to spend more time with your children and provide them with plenty of affection through cuddles and hugs.
2. Let them be more dependent on you for a while and try to re-establish daily routines, for example routines around mealtimes, bedtimes and returning to school.
3. Keep to your regular routines and activities as much as possible.
4. Listen to your children's concerns. Listen closely to what they are asking or saying, and if they are looking for factual information, or if the questions are expressing anxiety about the disaster.
5. Try to keep your own feelings to yourself when talking about their feelings. Let them know that you understand how they feel. Correct any misunderstandings or confusion.

6. Keep your responses appropriate to the age and emotional maturity of your child.
7. Young children often need reassurance more than facts.
8. Monitor their exposure to television/social media stories regarding the fires.
9. Children can be distressed by watching repeated images. Explain to them that it may not be a good idea to keep watching repeated images.
10. Include your child in planning any changes resulting from the current situation.
11. Support your child to stay connected to friends.
12. Be aware of how you talk. Adults need to be conscious of the presence of children when discussing the effects of natural disasters. It is a good idea not to let children overhear adult conversations about worrying things if they cannot join in at their own age or stage of development.

Most importantly, look after yourself.
When you are feeling cared for you are
better able to respond to the needs of
your children.

Q&A

- Don't forget to enter your questions into the Q&A box.
- Make sure you add the speaker's name at the beginning of your question, so we know who to address it to.



Event concludes

Thank you for attending today's webinar.



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