Nepean Blue Mountains
Bushfire Needs Assessment

December 2020

The pink Flannel Flower (Actinotus forsythii) blooms very rarely. The seeds lay dormant, waiting for the right conditions of rainfall a year or so after bushfire. These rare flowers have emergered in the Blue Mountains, giving hope and optimism to the community.

Nepean Blue Mountains Bushfire Needs Assessment 2020

1　Introduction

2　Impact of 2019-2020 Bushfires

3　Community Need

1   Introduction

This Needs Assessment is a response to the Bushfire funding received by Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network (NBMPHN).

It aims to

- Understand the impact of the bushfires on the NBM region
- Anticipate the potential need for mental health services
- Provide targeted support that reflects the need of the region
- Identify the gaps in mental health support
- Gather evidence
- Ensure the right support is provided, at the right place, at the right time
- Engage and generate 'buy in' from key stakeholders in NBM funding decisions
- Work collaboratively with key stakeholders
- Ensure services are complementary and minimise duplication

The information provided in this Needs Assessment has been derived from:

- Meetings with stakeholders conducted as part of our work in bushfire recovery since January 2020
- Desktop research & gathering
- Survey with wide stakeholder groups (checking assumptions with key stakeholders)

This document will be used to inform ongoing consultation and decision-making regarding Commonwealth funds received under the 'Mental Health Supports for Bushfire Affected Australians' measure and the 'Community Wellbeing and Participation' funding.

Please note that the public edition of this needs assessment does not include details of programs and projects that have been identified and funded as a result of the findings of this report.

1.1   Background

Fire activity in the NBM region began in October 2019 when a lightning strike ignited an area near Gospers Mountain in the Wollemi National Park, threatening homes in Lithgow and Hawkesbury areas. The following month's fire activity occurred at Woodford and Ruined Castle.[1]

In an attempt to protect the Blue Mountains from the Gospers Mountain bushfire, firefighters commenced a large backburn on 14 December in the Mount Wilson and Mount Irvine areas. Due to heavy fuel loads and erratic weather conditions, the backburn quickly grew out of control, threatening houses in Mount Wilson and Mount Irvine. The fire eventually jumped Mount Irvine Road and on 15 December, under deteriorating conditions, the fire impacted Mount Tomah, Berambing and Bilpin. The fire destroyed numerous houses and buildings in this area, and then jumped the Bells Line of Road into the Grose Valley.

In December 2019, the Gospers Mountain fire impacted on the Darling Causeway between Mount Victoria and Bell, it later jumped the Darling Causeway and impacted the Grose Valley. The fire would be split into two fires: Grose Valley fire and Gospers Mountain fire. On 21 December, under catastrophic conditions, the Grose Valley fire impacted Mount Victoria, Blackheath, Bell, Clarence, Dargan and Bilpin resulting in the destruction of dozens of homes. On the same days both the Gospers Mountain fire and the Grose Valley fire moved towards Kurrajong Heights and Kurrajong. Back-burning operations were put in place to save Kurrajong Heights and surrounds, and to save all Blue Mountains towns from Katoomba to Winmalee.

The Bushfires caused immediate environmental and economic losses. It is estimated that 80% (over 900,000 ha) of the Greater Blue Mountains World Heritage Area was burnt with massive impact on wildlife, plants, biodiversity and ecosystems. [2]

The bushfires also resulted in an immediate impact on the downturn in visitation to the area which had a compounding effect on the local economy and livelihoods. In the months following, areas within the Blue Mountains suffered major damage from storms and floods. The Hawkesbury was the

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[1] Fire information and its impacts comes from BMCC Ordinary Meeting Business Paper Report Item 5 - 28 January 2020

[2] National Parks Association of NSW https://npansw.org.au/2020/02/28/blue-mountains-world-heritage-and-bushfire/

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most affected area within the NBM region, most notably Colo, Colo Heights, Macdonald Valley and St Albans.

Furthermore, a landslide in the Blue Mountains disrupted train services, exacerbating the already-suffering tourism economy.

Additionally, COVID-19 caused widespread financial and social disruption across the region and impacted recovery activities. The pandemic has highlighted the ramifications of the summer bushfires and floods, magnifying the impact these events have had on mental health overall.

1.2   Nepean Blue Mountains (NBM) Profile

The Nepean Blue Mountains region (population 380,996) [3] is made up of four local government areas: Penrith (212,877), Blue Mountains City (79,119), Hawkesbury (67,296), Lithgow (21,605). The land area of the region is 917,882 (9,179km2) with large areas of Blue Mountains, Hawkesbury and Lithgow affected by the bushfires.

The median age across the region is 37 years old.[4] The population is a mix of 50.8% female, 49.2% male with a 3.7% Aboriginal and Torres Strait Islander population. The region has 139,230 dwellings

The NBM region is characterised by a mix of urban, regional and rural communities. Each local government area (LGA) has a distinct character and it could be said, a distinct culture. Within Hawkesbury and Lithgow LGAs there are small villages and hamlets. For example, some smaller communities consider themselves "an off the grid community" [5] and don't identify with other areas within the region such as the Blue Mountains (who they refer to as 'The Mounts').

1.3   Wentworth Healthcare's role in Bushfire Recovery

As part of the Australian Government's response to the 2019-20 bushfires (also known as 'Black Summer'), Primary Health Networks were funded to

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[3] Population data is ABS Estimated Resident Population 2019 as documented in the Nepean Blue Mountains Community Profile
[4] Statistics are provided from the 2016 ABS Census
[5] Unless otherwise noted, all quotes come from community consultation feedback undertaken during 2020 in preparation of this Needs Assessment.

provide mental health support for individuals, families and communities, including emergency services personnel affected by the bushfires.

Under the 'Mental Health Supports for Bushfire Affected Australians' measure, NBMPHN was provided approx. $2.5 million across two years to;

- Provide immediate frontline emergency distress and trauma counselling by qualified mental health professionals for individuals and families
- Assist with increased demand for headspace services by young people affected by the bushfires
- Appoint 'Bushfire Trauma Response Coordinators' to work with service providers and individuals to provide navigation to appropriate mental health supports and promote a joined-up approach to the mental healthcare system
- Provide small community grants to strengthen social connectedness and resilience as well as reduce suicide and identify post-traumatic stress disorder
- Expand low-intensity, short to medium term mental health services to provide tailored support based on the needs of the local communities

In May 2020, an additional $1.3 million funding was provided as part of a 'Community Wellbeing and Participation' package which is available to enhance non-clinical supports that promote community wellbeing in line with local needs. A requirement of this funding is that PHNs work closely with local government authorities and other agencies to identify non-clinical, community-based activities to support mental health and community wellbeing.

Non-clinical supports could include additional social workers, support for community events and activities that bring people together (virtually or online), mental health professional attendance and engagement at community events, activities to engage vulnerable population groups less likely to seek out traditional mental health services (for example, older people), an expansion of low intensity services and awareness raising activities regarding available services and how to access them.[6]

1.4 Stakeholders

The NSW State Emergency Management Plan (EMPLAN) details emergency preparedness, response and recovery arrangements for NSW[7]. It ensures a

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[6] DoH Primary Health Network Guidance 2020 Primary Mental Health Care Support for People Affected by the 2019-20 Bushfires (August 2020)
[7] NSW Government - NSW State Emergency Management Plan December 2018

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co-ordinated response to emergencies by all agencies having responsibilities and functions in emergencies. While this outlines clear guidelines and plans regarding the coordinated response for the disaster, the State Recovery Plan does not detail mental health services beyond mentioning that they may be available at a Recovery Centre.[8] While Australian Red Cross can provide initial support during the crisis or emergency, there is little mention of mental health services available during the long term recovery stage.

In response to the emerging practical and mental health crisis resulting from the bushfires, a number of health and welfare organisations received funding from the Commonwealth and NSW state government. Once the immediate danger passed, organisations and individuals from outside the region extended their support and services into the region. Whilst welcome, both these responses contributed to confusion, a lack of coordination and unclear communication to the public.

While WHL has a plan to coordinate doctors, the mental health space has not previously done this in a coordinated way during the recovery phase across the whole region. As a result, the bushfire recovery space became quite crowded and, the referral pathways for impacted people was unclear. Just in regards to Mental Health, including incidental or intentional psychosocial support, the following organisations are currently involved:

Services: Direct to Public	Coordination & Services via 2nd party
NSW Resilience support service Step by Step (via Gateway Family Services) Red Cross Salvation Army including Financial Counselling Catholic Care LHD Bushfire Recovery Clinicians Rural Adversity Mental Health Program (RAMHP) Department of Primary Industries (DPI) Community Centres and service organisations particularly directly funded - Winmalee Neighbourhood Centre Recovery Coordinators – City Councils Large Businesses/organisations including BUPA Community based Chaplaincy outreach support	NBMPHN: Psychological Therapy Services via GP referral Councils: Hawkesbury, Lithgow and Blue Mountains National Bushfire Recovery Agency (NBRA)

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[8] NSW Government – NSW Recovery Plan November 2016

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Oversight and Funding
Resilience NSW
Department of Health (indirectly through direct funding to PHN)
Department of Human Services
Ministry of Health NSW
National Bushfire Recovery Agency
Private funding and/or fundraising to religious organisations

Sources of information

The information referred to in the needs assessment was gathered from attendance at meetings, consultations and interviews over the period of December 2019 through to October 2020. A full list of meetings and participants can be found at Appendix 2.

By way of a summary WHL staff attended:
- Meetings with individuals who represent organisations funded to provide bushfire recovery support including Step by Step Coordinator and workers, Winmalee Neighbourhood Centre and Red Cross.
- Meetings with individuals who represent other organisations who provide services and support (often unfunded by bushfire recovery funding) including Kurrajong Heights Bowling Club, Hawkesbury Ministers Association, Mountain Resource Centre Network, Catholic Care and Lifeline.
- Meetings with groups including BM Recovery – Health & Wellbeing Committee, Hawkesbury Connect, Lithgow Interagency, Lithgow 'Let's Talk' Suicide Prevention and Lithgow Cares Consortium to talk to community organisations who provide front line workers and volunteers, community events, programs and activities.
- Meetings with all three Council's former Recovery Coordinators which were held in June 2020. Lithgow and Blue Mountains Councils appointed new 12-month positions in mid-August 2020, while Hawkesbury appointed a new coordinator in October 2020.

Anecdotal evidence was also collected by residents speaking publicly and privately at Community Meetings held by local Councils and facilitated by Resilience NSW.

Information was also sourced from official but confidential reports that were provided by several organisations as reference and were not available for public distribution. A range of research reports and evidence informing

disreaster recovery community engagement approaches were referred to informing approach to community consultation, questions and framework.

# 2 Impact of 2019-2020 Bushfires Findings

2.1 Material Loss

Blue Mountains[9]	
• 688 sq. km burnt (48.1 per cent of LGA) • 618 sq. km of bushland and forests burnt (55 per cent of bushland and forest)	
Bell Mt Wilson Mt Irvine Blackheath Megalong Valley	• 22 homes destroyed, 10 damaged • 13 facilities destroyed, 3 damaged • 36 outbuildings destroyed, 30 damaged (sheds, garages, barns or structures that are not attached to the main residence) • 122 impacted rural landholders
Hawkesbury	
• 2,034 sq. km burnt (73.3 per cent of LGA) • 5 sq. km of primary production land burnt (3 per cent of primary production land) • 1,846 sq. km of bushland and forest burnt (90 per cent of bushland and forest)	
Bilpin Kurrajong Colo St Albans	• 19 houses destroyed; 13 houses damaged • 7 facilities destroyed; 5 facilities damaged • 65 outbuildings destroyed; 29 outbuildings damaged • 539 impacted rural landowners
Lithgow[10]	
• 2,370 sq. km burnt (52.5 per cent of LGA) • 65 sq. km of primary production land burnt (4 per cent of primary production land) • 2,046 sq. km of bushland and forest burnt (91 per cent of bushland and forest)	
Clarence Dargan	• 54 houses destroyed; 21 houses damaged • 3 facilities destroyed; 10 facilities damaged • 122 outbuildings destroyed; 64 outbuildings damaged • 332 impacted rural landholders

[9] BMCC http://council.lithgow.com/business-papers-for-ordinary-meeting-of-council-29-january-2020 and National Bushfire Recovery Agency LGA profiles data as at 30 September 2020
[10] https://www.bushfirerecovery.gov.au/progress-to-date/local-communities

Immediate access to material and practical support is recognised by everyone as a primary need. Addressing the most basic material needs ultimately contributes to a sound foundation for long term mental health and wellbeing. Maslow's Hierarchy of Needs demonstrates that psychological needs and self-fulfilment needs can only be addressed when safety and physiological needs are met.
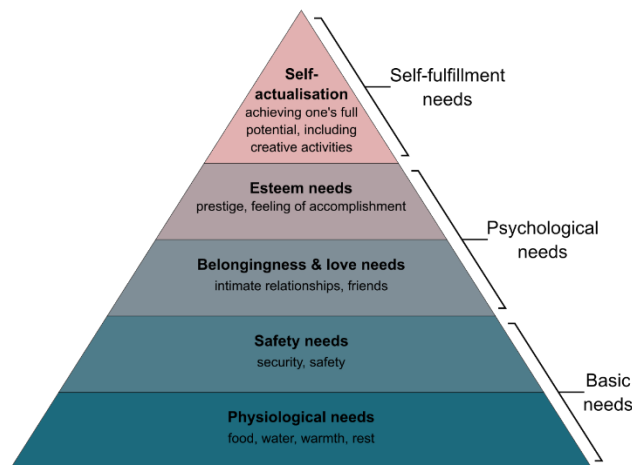
Maslow's hierarchy of needs [11]

Workers frequently observed this in the first few months following the bushfires. People are unable to deal with their emotions until their basic and practical needs are met. Introducing mental health supports too early on in the recovery process can be alienating for this reason. Workers described many people as "acutely distressed and angry" and said, "It's an example of there being no or little point giving them emotional support when they believe their practical needs haven't been addressed." Addressing practical needs can also quickly resolve some emotional distress.

For people with existing mental ill-health support, access to their medication and health professional (doctor, psychologist, social worker, mental health nurse) whether by transport, finances or prescription is critical. Other works noted the prescribing of mediation too soon in the recovery process: "pharmacology is important but we need to find out what the issues are. If they are depressed because Council hasn't carted the remains of their house away, let's get rid of it and see if the depression is still there." Prescribing too early is a band-aid response and pathologises an emotional response that can be easily addressed. As one worker commented, "We don't want them to feel better about the shit they are in, we want to help them get rid of the shit."

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[11] Maslow's Hierarchy of Needs

<u>Geography and infrastructure</u>
Geography contributes to both the impact and the response. Existing disparities, such as lack of telecommunication, poor access to medical services and unsealed roads are magnified in the aftermath of a disaster.

Communities situated geographically on the periphery feel angry and abandoned, and their geography reinforces these feelings. Workers report many people living in substandard accommodation are now more vulnerable with some as at November 2020, still living in temporary dwellings. With insurance coverage for temporary accommodation lasting only 12 months, residents are expressing extreme distress about not having a home to move into before the financial assistance runs out. Geography also means that many communities don't have or have limited mobile phone or internet coverage.

Isolated communities, some with pre-existing disadvantage include people seeking a life intentionally "off the grid" away from other people. Their acceptance of assistance can be varied based on their former experiences with authoritative or government agencies.

2.2 Economic Loss

Local Economic loss from the 2019/2020 'Black Summer' bushfires across the region[12]:

LGA	Estimated Damage to local economy		Size of Local Economy
	$M	%	$M
Blue Mountains	65.4	3.1%	2,094.2
Hawkesbury	33	0.9%	3,542.1
Lithgow	11.5	0.8%	1,449.7

It has also been estimated that almost 2,600 jobs were lost in the Blue Mountains following recent bush fires, resulting in a gross turnover loss of nearly $560 million.[13]

Financial supports to directly impacted residents included:

- Combined NSW and Federal Government funded, Council/Laing O'Rourke organised-clearing of land to eligible properties
- Service Australia providing Disaster Recovery Payment - $1000 per adult, $400 per child for severely affected, Disaster Recovery Allowance - short term assistance for 13 weeks, Additional Child Care Subsidy and One off Crisis Payment for those not covered by other disaster relief offers.
- Service NSW provided - NSW Government Disaster Relief Grants for those whose home and essential household contents were damaged or destroyed.
- Red Cross provided $20,000 if primary residence destroyed or uninhabitable, Res-establishment grant or between $10,000 - $40,000, Injury Grant or either $7500 or $15,000 if hospitalisation of 2 days or more from physical injuries or mental health issues and Primary residence repair grant of up to $10,000 if home structurally damaged and needed repair to make safe.
- Salvation Army provided - Hardship recovery grants and loss of residence grants
- St Vincent de Paul provided - $1000 Bushfire Emergency Relief funding for a limited time.

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[12] Ernst and Young Local Government Economic Exposure Data September 2020 provided through National Bushfire Recovery Agency

[13] REMPLAN's The 2019-2020 Bushfires: Economic Impact on the Blue Mountains Region report, commissioned by Blue Mountains City Council

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- Winmalee Neighbourhood Centre were and continue to be able to provide small vouchers for emergency relief as part of the Department of Human Services "Support with Dignity" program.
- Other charity or volunteer organisations such as Blazeaid and Anglicare were and are able to provide individualised support in certain areas.

Financial support to businesses include:
- Service NSW - small business bushfire recovery grant (up to $50,000) and/or small business support grant (up to $10,000)

Relief and Recovery Support provided[14]

Individuals and Families – Blue Mountains

Payment Type	No. of Payments	$ Paid	Date
Disaster Recovery Allowance	82	$768,621	27 September 2020
Disaster Recovery Payment	9052	$10.66 million	27 September 2020
Additional Payment for Children	4139	$1.66 million	27 September 2020

Individuals and Families – Hawkesbury

Payment Type	No. of Payments	$ Paid	Date
Disaster Recovery Allowance	22	$179,868	27 September 2020
Disaster Recovery Payment	7133	$8.41 million	27 September 2020
Additional Payment for Children	3255	$1.30 million	27 September 2020

[14] National Bushfire Recovery Agency LGA Profile data as at 30 September 2020

Individuals and Families - Lithgow

Payment Type	No. of Payments	$ Paid	Date
Disaster Recovery Allowance	27	$177,456	27 September 2020
Disaster Recovery Payment	5394	$6.21 million	27 September 2020
Additional Payment for Children	2091	$836,400	27 September 2020

One business report[15] highlighted that it is difficult to determine a true reflection of outcomes on businesses from the 2019/2020 bushfires due to the added complications from COVID-19. Statistics compiled from businesses in the townships of Springwood, Katoomba and Blackheath showed staggering numbers including a fall in revenue for Blue Mountains' businesses (respondents) as a result of the COVID-19 Pandemic (-80%) is far greater than the rate reported across New South Wales (-50%). The fall in revenue is directly related to the fall in customers (-80% for Blue Mountains and -50% for New South Wales). The industry reporting the largest median (i.e. mid-point) fall in revenue were "Accommodation" businesses at a 90% fall in revenue compared to the same time last year. This is followed by Transport (-90%) and Arts and Recreation Services (-80%). The largest contraction in staffing have reportedly occurred in Accommodation (-78%), Food and Beverage Services (-55%), and Health Care (-50%)."

Economic losses cannot be separated from the emotional and psychological impact that follows. The downtown in tourists to the area created high stress for many business owners who experienced financial hardship and accumulated debt. Many began to prepare for bankruptcy. "Financial pressures on farmers to sell stock and having to send them to slaughter earlier than planned, it's really distressing."

Systemic issues further complicated the situation as some business owners found they were ineligible for financial support. Increased reliance on family partnerships in turn exposed fault-lines within relationships. Some, over the course of many months, to the point of relationship breakdown.

Economic losses impacted people who work in tourism and related industries such as hospitality. For example, tenants in rental properties became vulnerable to rent-stress and the worry of becoming homeless.

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[15] REMPLAN – regional economic modelling and analysis system provided to BMCC.

Just as the economic loss varies between the local government areas, so too does the response. It is important to remember the diversity within the region. For example, a resurgence in tourism in the Blue Mountains does not reflect the circumstances elsewhere. One person commented, "Everybody's flat out with tourists but people in Bilpin and Colo and St Albans, they are used to being self-contained and isolated but they are really affected by the long-time financial implications of this fire." For some people, rebuilding is not an option and they believe they will not be able to sell such damaged land. Waiting for insurance, or Council DA approval or even the indecision on whether to rebuild, all adds additional strain.

There are some residents who are still living in a tent on the property and haven't yet got to seeking help. "There is still quite a lot of need."


2.3   Psychological impact

The life-cycle of a disaster or emergency management occurs in four distinct phases: prevention (mitigation), preparedness, response and recovery (PPRR).[16] Recovery is the fourth phase of disaster and is the restoration of all aspects of the disaster's impact on a community. People strive for and expect a return to some sense of normalcy and stability. For many people, requiring assistance was a new and uncomfortable experience forcing them to navigate social services they may have never been an active participant of before. This experience was accompanied by a sense of stigma which has become a barrier to help-seeking for many.

The Emotional Phases of a Disaster are much more complicated than the stages of disaster recovery as a whole.[17]

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[16] Australian Institute of Disaster Recovery – Community Recovery Handbook

[17] US Department of Health and Human Services, Substance and Mental Health Services Administration (2000) Training Manual for mental health and human service workers in major disasters, second edition. Washington DC.
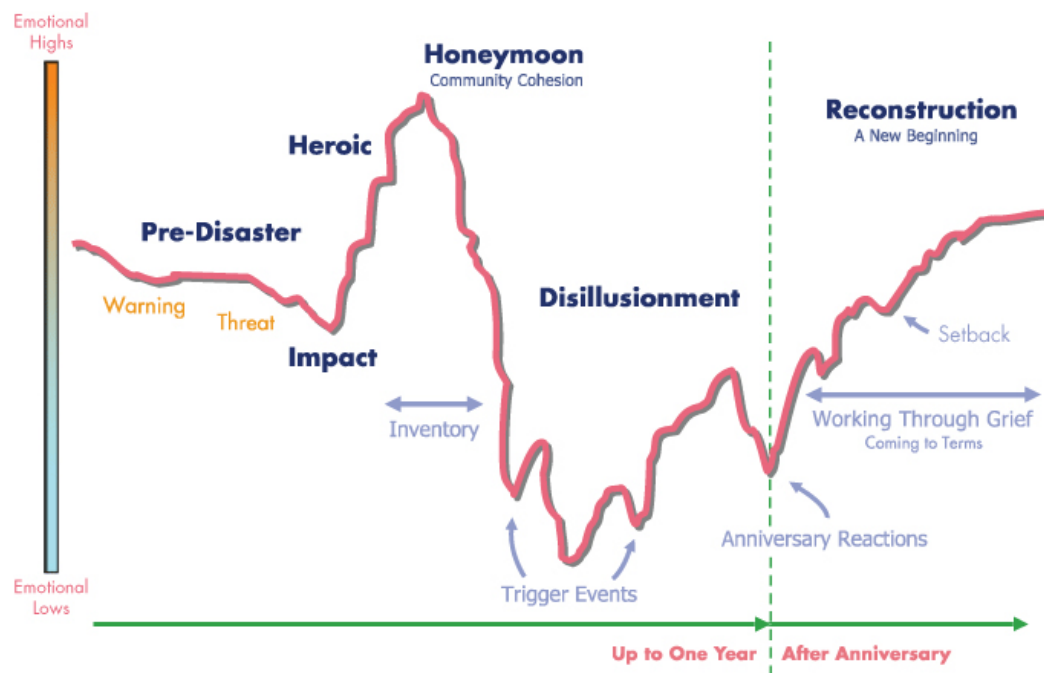
It is fair to say that recovery from the bushfires has been significantly disrupted by the COVID-19 pandemic which has caused delays in people seeking assistance, reduced socialisation and increased isolation. The general consensus is that the NBM region is still in the early stages of recovery and that within the region, communities are also at differing stages in recovery. Key themes have emerged regarding the psychological impact of the bushfires and the resulting community need. Maslow's hierarchy of need is a useful way to think about where, and how, addressing mental health fits into the picture. It should be noted that the Emotional phases of Disaster may not be undertaken in the normal timeframe as a result of the cumulative and successive traumas that COVID and its financial implications have overlaid on top of the bushfires.

Whilst it would seem obvious to address people's need for material and practical support, it is apparent there is great disparity within the region.

Vigilance

When people remain in an increased state of vigilance and awareness, they may become hyper vigilant. [18] Vigilance is caused by fear and anxiety. This can be both characterised by and exacerbated by disrupted sleep, fatigue, increased emotional sensitivity, prolonged stress and anxiety. Situations that were once perceived as stressful are now experienced as overwhelming or even as a threat. Prolonged vigilance and hyper vigilance can have a negative impact on relationships, how people interact with others and a person's ability

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[18] Kardiner A, Spiegel H. War Stress and neurotic illness. 2nd. Oxford, England: Hoeber1947.

to cope in general. Physiologically, people living in a hyper vigilant state have a higher level of Cortisol in their bodies. It should be noted the vigilance and hyper vigilance are the body's way of protecting people from threatening situations. Whilst it is a normal response, vigilance and hyper vigilance can also be symptomatic of trauma.

Workers[19] frequently observed people being stoic for a long time and then moving out of adrenaline fuelled action into a state of exhaustion. From this state people are unable often to make simple decisions. Navigating services and systems becomes an impossible task and many people simply give up on doing so. Many people reported disrupted sleep and insomnia. Community and health workers report a lot more people saying things like: "we are so angry and tired" and "I'm so worried about my husband he is not sleeping but he won't tap into counselling."

Trauma and retriggered trauma

Trauma can be defined as: a psychological wound that has occurred due a person's perception of a stressful event.[20] Sufferers may develop emotional disturbances such as extreme anxiety, anger, sadness, survivor's guilt, or PTSD. They may experience ongoing problems with sleep or physical pain, encounter turbulence in their personal and professional relationships, and feel a diminished sense of self-worth due to the overwhelming amount of stress. It should be noted that not everyone who is exposed to a threatening event will develop a traumatic response.

Some communities in the NBM region have experienced significant prolonged multiple losses through drought and fire. For some, this is experienced as multiple traumas. Workers report seeing many people being 'retriggered' by the summer bushfires, particularly in areas where the 2013 fires are still very recent in their minds. There is concern that preparations, hazard reductions and backburns for the coming bushfire season will trigger and re-traumatise people. Workers are observing an emergence of vigilance and worry the approaching summer will exacerbate this. One worker said, "We can't expect these people to come into a community centre. A lot of people are packed ready to go, they are on high alert, and they will always be on high alert."

An aboriginal worker disclosed how driving past the hills outside Lithgow and seeing the damaged land is upsetting and triggering for her. Several instances of people having an immediate physical reaction like vomiting at a

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[19] For the sake of brevity, the term 'workers' is being used as a general term to describe people who work in health and welfare services. It includes, but is not limited to, community workers, health workers, family support, youth workers, psychologists, counsellors, social workers and volunteers.
[20] Peter Horton, CEO 2013, Trauma Centre of Australia

bonfire in winter, have also been shared. This is consistent with research showing that triggers for unease or panic are found in the smell of smoke or dry gum leaves, black landscapes, helicopters overhead or warnings of Code Red Days.[21]

Many workers commented the ABC documentary about the 'mega fire' was "very triggering for a lot of people, with all the wildlife killed and displaced. Everyone remembers the image of the burning kangaroo." They reported a need for sharing information to the community so they will understand they are being triggered.

Workers reported people they see don't understand why or what they are feeling anxious about. Residents are disconnected from bodily sensations of increased heart rates, sweating, feeling weak, headaches, nausea and having trouble concentrating as being associated with anxiety. Outreach workers observed anxiety translated into behaviours such as seemingly non related issues, like finding it difficult to drive distances, feeling under pressure, avoiding highways which then prevents them from driving into towns to access services. This situation is particularly unique as many people have not experienced anxiety previously.

Grief and Loss

Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, loss of property as well as to drastic changes to daily routines and ways of life that usually bring us comfort and a feeling of stability. Common grief reactions include: shock, disbelief, or denial, anxiety, distress, anger, periods of sadness, loss of sleep and loss of appetite. [22] Some people may experience multiple losses during a disaster or large-scale emergency event. Losses that cause grief also include unemployment, or not making enough money, loss or reduction in support services, and other changes in your lifestyle.
These losses can happen at the same time, which can complicate or prolong grief and delay a person's ability to adapt, heal, and recovery. It is fair to say the COVID-19 pandemic has magnified losses for many in the NBM community, isolating them and delaying their ability to connect and seek appropriate services.

Apart from the immediate and most obvious losses, grief is further triggered as people are confronted with the reality of the big decisions they need to

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[21] Long term Disaster Resilience Report Vol 1 an initiative of Women's Health Goulburn North East (WHGNE), Women's Health In the North (WHIN), and Monash University Disaster Resilience Initiative (MUDRI)– Gender and Disaster POD
[22] Centres for Disease Control and Prevention

make, particularly in relation to rebuilding or moving on. The realisation of what they can't do, what they can physically manage and the length of time it will take can be debilitating. Workers report observing many people "stuck in limbo" as they cannot begin to process events, options and a way through the emotional impact of losses.

Stigma remains an obstacle for people seeking support, particularly for men[23] and even more so for men who are usually capable and self-reliant, such as farmers and volunteers in the Rural Fire Service. Workers report there is a general fear "of what it's going to open up." It appears the impact of the bushfires coupled with loss, frustrations of dealing with multiple systems and exhaustion has left men, particularly older men, ill-equipped to deal with and understand what is happening to them.

For many people their grief is not about money or the loss of buildings and property, it's about the meaning attached to those losses. Many experience this physical loss as a loss of connection to history and family. Interpersonal connections have been further disrupted by this. Workers report a rise in domestic violence and a rise in alcohol use. The Hawkesbury Community Safety Committee reported a 20% rise in reports of domestic violence. Workers report some communities appear less resilient and more 'fractured' than others. A number of suicides in one area caused grief and sadness throughout the broader community.

Children and adolescents experience and express grief and loss differently to adults. [24] headspace staff reported many young people were exhibiting the same responses however identified worrying about their parents rather than concern for the bushfires.

Another sense of loss and grief that is not just experienced by the Aboriginal people is the loss to the environment, the land, of animals and their habitats. As a result of the burnt landscape, many residents have a constant visual reminder of the fires and no way to escape it. For a percentage of people, their gardens and the bush around were part of the natural healing environment that they had chosen intentionally to live in. This is now backfiring and causing distress on a daily basis and prolonging their grief.

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[23] Men's Help Seeking Behaviours Research Report by Hall & Partners –Open Mind 2012, submitted to beyondblue

[24] Bereavement: Reactions Consequences and Care. Institute of Medicine (US) Committee for the Study of Health Consequences of the Stress of Bereavement; Osterweis M, Solomon F, Green M, editors. Washington (DC): National Academies Press (US); 1984.

<u>Worker wellbeing</u>[25]

Workers have been exposed multiple times to the impact of the bushfires. They experienced the bushfire primarily due to living in the region, sometimes personally, and then they experience it again as professionals. Due to the scale of the bushfires, many workers are coming into recovery roles without experience, looking for best practise psychological recovery and then learning the process as they move through it themselves and then again through client contact. This in turn has an impact on their ability to function. One worker described the impact as, "my brain is a sieve", and also referring on separate occasions to brain fog and feeling like her mind and concentration were a scrambled egg.

Workers report an increase in volunteering as many people wish to make a contribution to their community and for some, it is a way to cope. The concern that some community volunteers in positions of cohesion building and coordinating community action may burn out is a real and potential threat. For many keeping busy in this way is allowing them to suppress the need to process what they themselves have been through.

Worker stress is exacerbated by a lack of resources, worrying about people who cannot access services or are denied services, the emotional and physical impact of the work and being on the receiving end of community anger and frustration at government and other systems.

The psychological impact of the bushfires and the impact of serving the community during the time of crisis cannot be underestimated.[26] Workers report some Rural Fire Service (RFS) volunteers have voiced they are unsure about continuing as members, with one volunteer stating "some have not put on the yellow uniform since." Workers surmise this is the result of cumulative effects from fear, trauma and loss and the disruption these stressors have on interpersonal connections. One volunteer described it as, "it can be very intense." Workers report some volunteers are isolating themselves due to feeling guilt and shame about the backburn that got out of control. Workers describe other RFS volunteers as "not travelling well" and "falling through the gaps."

Workers have raised lack of resources as a significant issue. For example, not having access to a vehicle, mobile or satellite phone, so they can provide outreach services to more remote communities. Denying people access to a service due to a lack of resources causes great stress for workers. One

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[25] We define workers as paid workers and volunteers.
[26] https://www.beyondblue.org.au/the-facts/bushfires-and-mental-health/ (accessed 5/11/20)

worker explained, "We do risk assessments to determine whether to go there but if the district mandates us to go to remote areas, we need to have the resources to do it." Another worker explained that colliding with wildlife was a real and present danger which made travelling to some areas untenable when there is no mobile coverage. Another said, "People should not be denied access to service because we don't have the resources to get out there. We are not seen as emergency services but these are the hardest areas hit, the need has not fully emerged yet."

2.4   Systems

The bushfires also impacted systems and highlighted where systems were lacking. Key themes emerged about the systems we rely upon in times of crisis and recovery: funding, bureaucracy, lack of coordination.

<u>Funding</u>

Funding criteria was seen as significantly contributing to the psychological impact of the bushfires. Whilst everyone understands the need for criteria in order to manage and distribute funds, there was a general consensus that the community ought to have been involved in determining the criteria rather than guidelines being 'written by a bureaucrat.' The state government solution of 'one size fits all' across the state does not work as it does not meet regional and local need. Larger Non-Governmental Organisations (NGOs) also received the same criticism of not understanding the local issues. Communities told us they wanted localised community projects and initiatives.

Other feedback included:
- Many residential grants for individual assistance are skewed to town living
- Many rural households were ineligible under the criteria. For example, the removal of damaged homes does not cover septic tanks, fencing, or outbuildings
- In one LGA only 40 applications of 93 were eligible for clean-up funds
- Because flood was not classified as an emergency there is no funding available for people who were impacted. One neighbour who had fire on their property could get access to up to $60,000, but their neighbour impacted more by the flood can get nothing

The process for accessing funding was a barrier for some people. The psychological impact of trauma meant many people found completing forms too difficult. Observing and hearing about the debilitation resulting from a rejected application fuelled a reluctance by many to even apply. Workers

expressed concern for the mental health and wellbeing of people whose applications were deemed ineligible. For some residents, formerly living in unapproved dwellings, seeking support was not considered an option due to the potential for a penalty from Council or other government authorities.

Short-term funding and funding that is devised in reaction to events rather than in partnership with the community sector, greatly contribute to a fragmented system, disrupted service delivery, duplication of services and misdirected funding. There were mixed feelings about the appointment of Service NSW as a one-stop-shop. Whilst the gesture and the access to a centralised system with infrastructure was appreciated, the missing piece was their connection to local services. Workers and many in the community were of the view that an outreach service such as Step by Step was by far more valuable. Workers reported they emotionally supported many residents who were distressed by the government's misdirection of funding.

Lack of co-ordination

Community members and workers frequently described the disaster response system as fragmented, which resulted in sector-wide confusion. There is sector-wide agreement that there needs to be more collaboration, information sharing and coordination. Jurisdiction boundaries or 'referral catchment areas' created barriers to accessing services. For example, Salvation Army Financial Counselling based in Penrith is available for Blue Mountains, Hawkesbury and Penrith but Lithgow LGA is covered by another branch. The areas of Running Stream and Olinda are serviced by Winmalee Neighbourhood Centre[27] and Step by Step but are not currently eligible for mental health supports funded by NBMPHN and have to access theirs through Western NSW PHN who received very limited bushfire funding.

Lack of coordination also hampered, and continues to hamper, information sharing. For example, the Regional Wellbeing Committee facilitated by Resilience NSW is a key forum in the bushfire recovery space yet there is no formal mechanism for input or feedback from other Regional Recovery Committees: Built environment, Natural Environment or Economic Recovery. They all feed up to the Regional Recovery but at the moment there is no flow back down of the information to each of the other committees. Unfortunately in reality well-being is not seen as an isolation of physical or mental factors but results from all aspects of a person's environment and economic situation affecting their wellbeing.

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[27] Support with Dignity Program - Department of Human Services Funding.

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Lack of coordination can also create a leadership vacuum. A lead agency or role designated to drive the implementation of the Regional Wellbeing Action Plan has yet to be identified.

While the Regional Plan was created by the Greater Sydney Recovery Committee members with Resilience NSW as facilitator, LGAs are just asked to feedback their responses or programs to the plan. The Regional Wellbeing Plan has essentially been provided as a guideline not a strategically directive document.

<u>Pre- Existing Systemic Issues</u>

Existing structural and systemic issues were also exacerbated:
- Lack of a central organisation and referral database for service organisations added to confusion and great variation of knowledge between services
- demand for workforce such as social workers and psychologists
- a lack of choice of service providers
- waiting lists for services
- lack of access for small and remote communities
- mistrust between Councils and residents

3   Community need

Community resilience can be defined as the existence, development and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty and unpredictability.[28] Individual resilience can be an amplifier for community resilience following a disaster.[29] Parallels can be drawn between the factors that influence personal resilience and those that influence a community's resilience. Communities that are resilient typically have characteristics of trust, social cohesion, inclusivity, supporting attitudes and values, leadership, a sense of community, good communication and information, collective efficacy community involvement, social capital, existing norms and engagement with government.[30] To build great community resilience, recovery processes need to (among other things) incorporate community resilience building activities,

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[28] Brendan Howe & Geehyun Bang (2017) Nargis and Haiyan: The Politics of Natural Disaster Management in Myanmar and the Philippines, Asian Studies Review, as mentioned in Mental Health Commission of NSW Building Community Resilience and Wellbeing Report 2014

[29] Long term Disaster Resilience Report Vol 1 an initiative of Women's Health Goulburn North East (WHGNE), Women's Health In the North (WHIN), and Monash University Disaster Resilience Initiative (MUDRI)– Gender and Disaster POD

[30] Australia Institute of Disaster Resilience – Community Recovery Handbook 2018

including disaster risk reduction measures (for example, programs and activities that reduce individual and community risk and promote community preparedness).

Disaster recovery work needs to be conceptualised beyond the disaster event and considered holistically and embedded within a business-as-usual model. It is acknowledged a national level that "we need to see a paradigm shift to see increased funding flow to community preparedness, prevention and resilience activities at the local level- current funding is disproportionately skewed towards disaster response."[31] What people and communities need in relation to their mental health and wellbeing also needs to be more broadly conceptualised beyond the notion of traditional clinical mental health services.

Community engagement and community development are critical components of emergency management and action to reduce disaster risk and strengthen resilience. Disaster resilience cannot be developed for, or on behalf of, communities. Rather, it relies on the sharing of information, understanding, decision-making, responsibility and resourcing within and between communities and partners.[32] "Recovery agencies should facilitate and support individuals, groups and communities to collectively plan for their recovery needs."[33]

"It is evident from informants and the literature review that community development pre-exists and follows disaster events and subsequent intervention from outside authorities. Support to individuals and agencies leading ongoing community development would increase resilience."[34]

It is apparent that facilitating community connectedness and reducing isolation are the key elements to building resilience.[35]
[36] Research shows that communities benefit from community connectedness prior to a disaster and can strengthen their recovery process based on community connectedness post disaster. [37]

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[31] Australia Institute of Disaster Resilience – Australian Disaster Resilience snapshot 2018
[32] Australian Institute of Disaster Resilience – Community Engagement for Disaster Resilience Handbook
[33] Australian Institute of Disaster Resilience - Community Recovery Handbook
[34] Long term Disaster Resilience Report Vol 1 an initiative of Women's Health Goulburn North East (WHGNE), Women's Health In the North (WHIN), and Monash University Disaster Resilience Initiative (MUDRI)– Gender and Disaster POD
[35] Ibid Vol 2
[36] Social Support and Resilience to Stress. Psychiatry (Edgmont) 2007 Fay Ozbay Douglas C. Johnson, PhD, Eleni Dimoulas, PhD, C.A. Morgan, III, MD, MA, Dennis Charney, MD, and Steven Southwick, MD
[37] Long term Disaster Resilience Report Vol 1 an initiative of Women's Health Goulburn North East (WHGNE), Women's Health In the North (WHIN), and Monash University Disaster Resilience Initiative (MUDRI)– Gender and Disaster POD

In addition, there is potential to reduce the harm of collective trauma events (CTEs) on affected communities by providing support to prepare for the impacts of a CTE, including practical, psychological and social impacts.[38] Phased mental health support needs to be integrated with case management, financial support, support groups, community development activities and other welfare support.

There is critical importance in providing long term support and a safe environment for community members and workers to process and manage trauma.[39] As experienced in the 2013 Blue Mountains fires, the "Wellbeing Sub-committee recognised immediately post-fires that longer-term recovery and community resilience-building would be a matter of years, not weeks."[40]

Key themes emerged during the consultation:
- Psychosocial supports
- A 'diversity of approaches'
- Support for workers
- Capacity building for communities
- Stakeholder engagement
- Addressing systemic issues

3.1   Psychosocial Support

Workers and community members overwhelming voiced the need for less formal, non-clinical and psychosocial supports. Many workers identified problems with solely focussing on traditional formal clinician supports as a disaster response. Of particular importance for a regional and rural area is the need for services which can be characterised as 'relational'. Whilst people were grateful for programs such as the Frontline Emergency Distress and Trauma Counselling[41] (in the NBMPHN named Psychological Therapeutic Services (PTS)), many workers said, "We need an alternative. Realistically the missing link is about linking people together". There was general consensus, particularly with the advent of the COVID-19 pandemic that people were not ready for clinical support but rather needed peer to peer

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[38] Australian Red Cross Best Practice Guidelines for Collective Trauma Events.
[39] Stronger the Storm SES Research Report – Amanda Howard & Associates, University of Newcastle
[40] Lessons Learned in Recovery – 2013 Blue Mountains Bushfire Wellbeing Sub-committee
[41] Under the Commonwealth funded program: Mental Health Supports for Bushfire Affected Australians whereby people who were bushfire affected could access up to ten free sessions of emergency distress and trauma counselling provided by appropriately qualified mental health professionals.

support. "Same response as in 2013, we have to be creative about providing psychosocial support without naming it that."

The role of Mental Health Clinician is recognised as a specialised role however workers believe there is still a way to go in dismantling stigma and normalising seeking out a psychologist or mental health professional. Workers were of the view that talking about stress management and emotional wellbeing was more useful than promoting mental health services.

Whilst the need for informal supports and opportunities is high, many workers identified the need for a facilitated process to come together and talk about Mental Health issues or equally about practical issues, without hanging on a label of being a mental health response. Finding the balance between informal and professional services is believed to be more critical in regional and rural areas. Reframing the issues and developing trust are central – and needs occur before the disaster. One worker summarised the balance required by saying, "You have to be careful who goes out there, a smart shirt won't work."

The need for a resident to have trust in the organisation or person offering the support was also identified as vitally important. "Relationships are key." People providing support were often needing to be introduced by someone the person does trust which requires an additional layer of engagement and collaboration to service provision. This is often facilitated by an outreach service or pre-existing service in the area that already had made gains developing this trust within the local community.

Experience from the 2013 fires in the Blue Mountains demonstrated that "no relief and recovery effort, let alone longer-term individual and community renewal, can be effectively undertaken without the active participation and engagement of these services (place- based community services) at the core of response.[42] Workers advocated for the need to fund "local community organisations to be responsive services. You want close collaboration so that it's easier to get people to use other services."

There are many examples of how support can be provided to communities in ways that dismantle stigma and allow for appropriate referrals when required. Social workers identifying their presence at various events enabled incidental conversations which allowed for debriefing, reframing, referrals, information sharing and normalising behaviour. Other services report how combining expertise through new partnerships is effective. For example, when providing practical support around fencing and livestock, ensuring someone is there

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[42] Lessons Learned in Recovery – 2013 Blue Mountains Bushfire Wellbeing Sub-committee

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who can support a conversation about the trauma and grief associated with impact of bushfires on their animals was of great benefit.

Connecting people and facilitating relationships is central to developing community resilience. Providing opportunities where people can build and strengthen their own networks contributes to resilience. "Supporting self-help and strengthening the resources, capacity and resiliency already present within individuals and communities are the keys to successful recovery.[43] "Funding for simple events and covering costs for catering, venues and related items is a cost-effective way to facilitate this. Workers report where small low-key events have been supported, people saying they are connecting with people they otherwise wouldn't have connected with before.

There was widespread agreement about the need for:

- More financial counsellors across the region (Note: this has since been addressed with the introduction of five organisations providing this support: Rural Financial Counselling Service (Department of Agriculture, Water and the Environment), Rural Aid, Salvation Army, Wesley Mission and Lifeline
- Advocacy or link workers who can mediate between people and the system
- Psycho-education for the community to normalise their feelings
- Events around the first anniversary
- Enable services to utilise an outreach model

Some Mental Health professionals have used blood pressure machines and finger prick tests to engage with people about their physical health prior to asking how they are managing. The outreach psychosocial approach on the whole has also highlighted that there are a growing proportion of people living in rural and remote areas who currently have unmanaged complex chronic health needs. Some of these have been exacerbated by smoke, stress and constant change. Support workers meeting people in their homes, allows the opportunity for people to be more relaxed and open. This in turn enables people to be linked into necessary health services, prevent further decline and potential prevention of future hospitalisations. A consideration of outreach chronic care to be integrated into the support system of bushfire affected communities would be of great advantage.

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[43] Australian Institute of Disaster Resilience - Community Handbook 2018

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3.2   Diversity of Approaches

Workers with experience of the 2013 bushfires recalled it was not one specific thing that helped, it was a range of approaches and services. Whilst having multiple agencies delivering similar services may seem counterintuitive, the local adaptations actually work.

The following examples show how allowing for flexibility within service models aids recovery:
- One RFS brigade had amazing welfare checks on their residents. They did shopping-runs for community, regular phone calls, cleared blocked roads and organised a medical evacuation by helicopter
- Step by Step facilitated neighbourhood and street events as a way to provide support to people. They invited four other services providers to come together, pacing the support over time and being ready for when people might need a higher level of support, such as a psychologist
- Outreach is really important especially in cases where people are not currently capable of seeking assistance or have pre-existing issues or health concerns that have not been dealt with
- Very localised events, just a section of the street so that when a main network starts to form you can have a constellation of smaller networks to link up together into the main one
- There are communities within specific suburbs who before the fire were not as tight as they are slowly becoming. There is a growing number of burgeoning groups that start very informally and many are starting to formalise their structure and, in some cases, become incorporated. This has led to a recognition of the lack of skills that might be required in this volunteer roles. These include issues such as how to be a President, Treasurer and Secretary
- Temporary or pop-up service in various locations. For example, weekly Lithgow Recovery Centre at the library to provide central point for services
- Low-key events such as 'Listening Posts' where organisations and agencies can meet people in their localities to get feedback about how people are coping

Volunteers need small BBQs and get togethers where they can share stories and lean on each other. With COVID-19 this hasn't happened. The provision of a psychologist or mental health social worker at these events in an informal manner would be beneficial:
- Residents have stated they need low key activities, driven by community, done in a different way to the normal top down approach

- Residents have also stated that while men's walking groups were good to get people to do some physical activity, a social worker was still needed at these activities

Knowing your community is essential. This enables services to target need effectively and provides the opportunity for co-designing services with people. In a region as diverse as Nepean Blue Mountains, a diversity of services and approaches is needed. The flexibility is important as it relies upon workers having the autonomy of seeking funding for specialised needs within an area. One worker commented that community projects did not seem to be appealing to farmers, for example. In some communities the preference for the one-on-one approach for discreet assistance rather than street or community catch-ups is vital as community fractures are evident and, in some cases, exacerbated by the events surrounding the fires.

The model the PHN used for the Empowering Our Communities (EOC) 'Well-being Grants to Support Farming Communities' initiative was praised and seen as providing what is needed.[44] The partnerships built as a result of this program were seen as valuable to individuals, the community and organisations. The projects were then meaningful and personal, allowing for more ownership from the local communities.

It is also important to meet a community "where they are at" and allowing for longer term approaches also recognises that different people and indeed separate communities will recover at different paces. Research shows that Recovery Plans that account for a diversity of impacts and reactions including delayed impacts for those who experience trauma is critical for ensuring individual and community well-being post disaster. Mental health and support services provided as part of the emergency response that can be accessed by some participants are found to be helpful but more follow up is needed post disaster to check in on people, particularly those who experienced delayed impacts of trauma.[45] This can be done by established local outreach services who already have established links within these communities.

Another surprising result of some disaster planning and resilience research is the importance for research participants to have an opportunity for their stories to be told and for their experiences to be really listened to. For over half the participants of one research project after storms causing devastating flooding in the Hunter Valley region, "those the researchers spoke to in focus groups and in interviews, the process of talking through the events was

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[44] Unpublished evaluations from grant recipients received in 2019.
[45] Stronger the Storm SES Research Report – Amanda Howard, Jason Vo Meding, Tamara Blakemore, Milena Heinsch, Jai Allison and Simon Cavaliere, University of Newcastle

considered therapeutic".[46] For some the act of talking and listening prompted them to think about the need to talk further with someone about their experiences and they advocated for this avenue to be promoted and normalised for community members. "Interestingly, in relation to gender, research interviews about the disaster were experienced by men as a safe place to share their story and the impacts of the storm and flood including grief, anger, frustration and other emotions." [47] This avenue of using research to encourage storytelling and linking people into other ways to express their emotions in a safe place could be considered as an introduction to the idea of people accessing further assistance and in some cases clinical intervention.

<u>Aboriginal communities</u>

Aboriginal workers highlighted the need for culturally appropriate responses. Whilst also highlighting the connection between aboriginal people and the land, they noted this connection is important to everyone. Local Aboriginal and/or Torres Strait Islander peoples have stated that it would be good for events to have cultural cleansing of the land to help people to let go of the trauma of the land. This type of activity would then lead into providing mental health support. Financially supporting events that honour and incorporate culture is as important as a providing a mental health service.

Closing the Gap reported some members within the Aboriginal community were feeling very isolated and this had been seriously exacerbated by the pandemic. Community events that promote connection are important and a vehicle for psychosocial support and promoting other services. Including elders in the design and delivery of services and events is crucial to their success.

3.3   Support for workers[48]

The impact of the bush fires upon workers is twofold. Workers are often members of these communities, because of experiencing the bushfires as a resident in the area and then revisiting the impact of the bushfires due to their role. The scale and duration of the bushfires exposed significant gaps in training and support for workers across the spectrum.

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[46] ibid

[47] ibid

[48] For the sake of brevity, the term 'workers' is being used as a general term to describe people who work in health and welfare services. It includes, but is not limited to, community workers, health workers, family support, youth workers, psychologists, counsellors, social workers and volunteers.

<u>Debriefing and supervision</u>

Under the normal circumstances the importance of clinical supervision and opportunities for debriefing and reflection is often neglected in the community services sector due to no funding being allocated for this purpose.[49] However, in the aftermath of a disaster, the critical function of this type of support was unmistakable. Advocating for professional supervision and opportunities for group reflective thinking for community organisations and community service is a sector wide obligation. The benefits are well documented however, in summary, debriefing and clinical supervision:
- An opportunity to process and let go of the other person's emotions
- An opportunity to reaffirm boundaries between the personal and the professional
- Minimises the risk of vicarious trauma
- Minimises the risk of burnout
- Improves the quality of care experience by the service user

Local workers shared that "it's vitally important for anybody who is working with people with emotional" people to have the opportunity to "debrief and reflect." Helps them to "very clearly discern that they bring to the interaction." They need to be a "reassuring type of personality, taking on someone's baggage. Needs to be like hand hygiene, leave it behind. What's not there is professionals to lead and guide the process and help people (workers) to understand the process. This improves the quality of care experience by the service user."

Psychosocial support and opportunities to spend social time with colleagues was also identified as a genuine need for the sector. Workers will naturally debrief, reflect and support each other when the opportunity is provided. One worker observed at a recent informal gathering with RFS and SES volunteers, of which all were involved in the Gospers Mountain fire, used the opportunity to immediately start talking fires, comparing and sharing stories. Due to the pandemic there have been no training days and with the brigades and sheds off limits, it is really important to facilitate this happening informally.

<u>Training and capacity building</u>

Many workers reported they observed colleagues and volunteers were placed in situations where they were dealing with traumatised people without the skills to deal with it. The need for training around Trauma Informed Care, Psychological First Aid and other similar programs is a clear and urgent need. Training around Disaster Response and Recovery was also identified as

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[49] Executive Officer – Local Community Services Association (LCSA) November 2020

being beneficial. Train the Trainer programs (such as MHFA Australia's Mental Health First Aid Instructor Courses) would ensure the expertise could be developed across the region and maintained in the long term (e.g. 3 year cycles of Mental Health First Aid Training).

Given the enormous mobilisation of workers and services, it was commonplace for workers outside the human services sector to find themselves in situations where they were:
- confronted with emotional or distressed people
- asked for advice they could not provide
- did not know what to say or how to respond
- lacked the knowledge needed to be able to help

Specific vocational training was also identified to meet emerging needs, such as the Men's Behaviour Change Program and the Safe and Together program about developing and engaging fathers. Trauma Informed Care training was mentioned multiple times.

3.4   Capacity building for the community

Apart from support for workers, everyone identified the need for capacity building within the community. In particular people who were variously described as people the community trust, the unofficial community leaders, natural community connectors and helpers. These include members of progress associations, residents groups, charities and employed roles including hairdressers, selected shopkeepers, solicitors, and bank managers. Gatekeeper training was referred to many times.
There were many examples of people working and encountering the public and noting distress but not knowing what to do about it. While some organisations were dealing directly with farmers and saying they were worried about the state of their mental health, having additional skills to meet the need at the point of contact prior to referring them to the Rural Adversity Mental Health Program (RAMHP) or the Local Health District Mental Health Clinicians (LHD) would be beneficial.

People referred to the various courses on offer such as Mental Health First Aid. It should be noted people referred to these courses such as Psychological First Aid and Mental Health First Aid interchangeably without being aware of the distinction. Other courses mentioned included:
- Accidental Counsellor
- R U Ok? sessions
- Trauma Informed Care
- Vicarious Trauma Prevention
- Gatekeeper (sometimes called Wellness Advocate)

General community psycho-education about disasters, recovery, stress management and wellbeing. This is Appendix 3.

An appropriate way to think about training and support is with a pyramid. The general community receive psycho-education, volunteers and community leaders a type of Gatekeeper/ Wellness Advocate training and a small number of workers receive more detailed Mental Health training. This model is demonstrated by the Lifeline Training model for Community Training in Appendix 4.

National Mental Health Commission PHN Consultation feedback is consistent with what the NBM region consultation shows works well. These include the need for:
- Multilayered supports people can come to when they are ready
- Responses that leverage pre-existing relationship
- Well-designed collaborations- consortiums, joined up planning working even better if prepared in advance.
- Local commissioning and referrals to develop local workforce and service capacity.

It should be noted that there are national initiatives happening with the Department of Health Funding[50] that target training and support for specialised groups of people. These include:
1. Phoenix Australia providing training to improve frontline workers' (including GPs) ability to support community members, promote their own resilience and psychological recovery from the 2019-20 bushfires, and support the resilience and wellbeing of frontline workers and their employers.
2. Pharmaceutical Society of Australia who will provide a Mental Health First Aid Course to improve frontline workers ability to support community members , promote their own resilience and psychological recovery from the 2019-20 bushfires, and support the resilience and wellbeing of frontline workers and their employers.
3. Australian Psychological Society will provide mental health disaster support training to new volunteers in the Disaster Recovery Network (DRN) and refresher training for existing volunteers. Volunteers will receive a 'Practice Certificate in Disaster Support' upon successful completion of the training. This is a national network of APS psychologist who have a special interest and expertise in working with individuals and communities affected by disasters and emergencies.

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[50] Part of the $76 Million Australian Government's Mental Health Supports for Bushfire Affected Australians Package

3.5   Systems

There was unanimous agreement that a lack of coordination created confusion and frustration in the response and recovery space. There was also agreement that disaster response needs to be embedded within the health system. Many workers believed the needs specific to rural health were addressed in a tokenistic way, particularly as existing inequities were magnified during the bushfire response.

Concepts relevant to the mental health sector became critically important during recovery. For example, the concept of 'no wrong door' was found to be lacking due to a lack of coordination of services and information. The need for advocacy and service linkers became even more apparent. For organisations who were able to quickly refocus the roles of their staff, the need to 'back-fill' some positions made this challenging.

The Step by Step program provided by Gateway Family Services and funded by Resilience NSW have stepped in to provide a coordinated approach by initiating Bushfire Recovery on Wheels (BROW). This involves all bushfire outreach workers collectively learning about all the services available and providing residents with information about what they need, whether that worker was from that service or not. This consortium means that multiple services can visit one area at the same time rather than multiple services launching on a community over consecutive days or weeks. Due to the workload of managing this group, BROW has been handed over to the Council Recovery Coordinators to facilitate from September 2020 onwards.

The need to change or rebrand what we call 'Mental Health Services' to 'Wellbeing Services' was frequently mentioned. Many workers believed this would make services more accessible and were of the view that the language currently still tends to be based on a model of deficit rather than building on strengths. Reframing can bring a different perspective and reduce stigma to accessing relevant services and encouraging help seeking behaviours.

The spectrum of services defined within the stepped care model need to be broadened to include wellbeing and resilience. This would require a change in the definition and the funding guidance about what is permissible as a mental health service to include activities to improve and maintain wellbeing rather than focus on illness.

Applications, referral processes and forms need to be small, practical and basic. Complicated and multi-step process were a significant barrier to people

accessing practical and emotional support due to exhaustion, brain- fog, and grant application writing dejection.

Funding short-term services and responses was unanimously viewed as short-sighted and ultimately unhelpful. Disaster recovery includes preparedness and ongoing resilience building and should be embedded into business-as-usual. Mental health and wellbeing need to be part and parcel of health and disaster emergency recovery work.

3.6   COVID-19 Pandemic

The impact of measures to contain the spread of COVID-19 cannot be underestimated. [51] [52]The suspension of public gatherings and face to face contact significantly disrupted recovery efforts. Ongoing measures, such as physical distancing, and the economic fallout has compounded the impact of the bushfires. The psychological impact has been magnified and ongoing measures exacerbate this. Depression and anxiety are seen to be on the rise, exacerbated by social isolation and the fear and uncertainty which accompany the pandemic. "COVID has become the perfect excuse to not socialise." Many workers report bush fire impacted communities feel forgotten and ignored.

For workers and residents alike, the 'grind of recovery' is adding to the burden. For some, COVID-19 is seen as 'the latest trauma' in a succession of issues affecting NBM residents including the real and direct impact of drought (particularly farming), storms, floods, landslides, bushfires and downturn of tourism and visitors to the area as a result of restrictions.

The reality is that whilst recovery work has continued, the COVID-19 pandemic has overshadowed these efforts.

Conclusion:
There are a number of non-clinical strategies that can assist communities to move forward post disaster. Many include group activities for well-being and

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[51] Mental Health Ramifications of COVID-19: The Australian context – The Black Dog Institute

[52] Impact of COVID-19 pandemic on mental health of young people and adults: a systematic review protocol of observational studies 2020 Fernando Jose Guedes da Silva Junior, Jaqueline Carvalho e Silva Sales, Claudete Ferreira de Souza Monteiro, Ana Paula Cardoso Costa, Luana Ruth Braga Campos, Priscilla Ingrid Gomes Miranda, Thiago Alberto de Souza Monteiro, Regina Aparecida Garcia Lima, and Luis Carlos Lopes-Junior BMJ Public Health Emergency Collection

non-intrusive ways of providing support. These include: outreach frontline support services, community led initiatives that foster connectedness and resilience building, and psycho-education to "normalise" the recovery process. It is particularly important in rural areas (which predominantly feature in bushfire affected areas) that people receive service support from local providers as relational trust is a higher priority to determine acceptance than the actual requirement for assistance.

Supporters, both formal funded workers and informal supports including volunteers or community leaders need to have access to various types of training to assist them to deal with the complexities of the long-term recovery process and the dynamic emotion phase's people will be going through. Supporters need to have permission to prioritise self-care and to process their own experiences to prevent vicarious trauma, exhaustion and burnout through both individual therapy and group peer interactions.

Appendix 1:
List of Meetings/Consultations

Date	Frequency	Who
30 January – 2 April 2020 From 14 April ongoing	Weekly Fortnightly	BM Wellbeing Committee including Community Service organisations from the Blue Mountains LGA and the continuation of the previously formed BM Preparedness and Resilience Group which was in operation 2014 - 2019
5 May, 4 August, 30 September 2020 and regularly through BM Recovery – Health & Wellbeing Committee Meetings	Frequently	Anne Crestani Step by Step Coordinator, Gateway Family Services
18 June 2020 22 October 2020	One off meetings	Michael McGrath and Rachel Nicol Lithgow City Council
25 June 2020	One off	Vicki Edmonds Blue Mountains City Council
25 June 2020	One off	Megan Ang and Yasoda Wickramasekera Hawkesbury City Council
29 April – 10 June 2020	Weekly	Tristan Chapman, NBMLHD Recovery Coordinator - Official title Senior Lead for Clinical Innovation & Redesign
30 July to 19 August 2020	Monthly	Vanessa Brunker & Beaver Hudson NBMLHD MH Clinicians Bushfire Recovery and COVID

22 July 2020	One off	Aidan Keough Lifeline Trainer and RFS Captain Tarana Brigade
30 July 2020	One off	Morna Colbran Winmalee Neighbourhood Centre
29 July 2020 14 August 2020 15 October 2020	Periodic	Celia Vagg, Catholic Care
23 July 20 and numerous times during BM Recovery Health & Wellbeing Committee Meetings	Frequently	Kris Newton, Mountain Resource Centre Network
23 July 2020 6 August 2020 12 August 2020	Periodic	Kurrajong Heights Bowling Club Kooryn Sheaves, On 12/8/20 also Lichell Susan Maris and Matilda Julian and HCOS staff: Angela Hall, Sonya Parker and Maree Fayne
29 July 2020 12 August 2020	Periodic	Stephen Kearns Hawkesbury Ministers Association
5 August 2020	One Off	Lithgow Cares
12 August 2020	One Off	Lithgow Interagency
12 August 2020	One Off	Lithgow "Let's Talk" Suicide Prevention Network
12 August 2020	One Off	Kaysan Penning, Aboriginal Health, LHD
18 August 2020	One Off	Penny Bird and Charley Mason headspace
26 August 2020	One Off	Amanda Howard- Sydney University re Social Science Research into Disasters and Recovery
26 August 2020	One Off	Bronwyn Reed - Red Cross

27 August 2020	One Off	Hawkesbury Connect (Bushfire Recovery Agencies sub meeting)
1 September 2020	One Off	Stephen McFadden Department of Education
23 September 2020	One Off	Be You & headspace Nepean Blue Mountains Interagency Meeting
30 September 2020 14 October 2020	Periodic	Management Team Aboriginal Cultural Resource Centre (ACRC)

The following have not yet been engaged but should be part of future consultations:

- Salvation Army (apart from Financial Counselling)
- DPI (apart from initial discussion in workers first week)
- Residents who have moved from previous BM fire impacted area to other areas of region, this may be left to be discussed when disaster response & recovery guide is written
- Residents impacted by previous BM fire impacted areas and again impacted in Black Summer fires

Appendix 2: Mental Health Training

Intensity of MH concern	Training Name	Summary of Training	Organisation providing	Duration	Funding Provided by	Target Audience	Ability/ Capability COVID	Cost
LOW	Mental Health Matters (Introduction Session)	Basics of MH and Mental illness. Recognising the signs and symptoms of mental health concern. History of MH support, recognition of MH concerns, support and assistance.	Red Cross	1.5 hours	NBMPHN	Interested Community members, Portland Advocates, EOC Grant recipients	YES has been moved to Online.

(None planned currently but they still have 3 more to deliver) | FREE |
| LOW | Wellbeing and You | Information and insight into wellbeing and stress as well as strategies to find help to take care of yourself. | RAMPH | 1 hour | RAMPH Lithgow area only | Interested Community Members | Email sent to confirm | FREE |
| LOW | RUOK | Learn how to start and manage a conversation that could change a life. Importance of social connections, empower and | RUOK Ambassador Garry Sims | 30 Mins | Nepean Blue Mountains PHN and | Interested community members, Portland Advocates, | YES some options for online – specific | FREE |

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		inspire others to listen, take action and support those with MH challenges.			Garry Sims (pro-bono)	EOC Grant recipients	groups: parents, teenagers, older people, small bus	
LOW	Recovery Basics	Discusses who is affected by a disaster, typical psychological and social reactions after disasters, impact of stress on recovering after disasters, looking after yourself.	Red Cross	1.5 hours	Councils/ Red Cross	Staff of Councils	YES webinar to be delivered	N/A
LOW	Community Support Skills	Develops skill, knowledge and confidence of participants to identify and approach people they are concerned about, provide appropriate advice to connect people to MH services and support. Self-care.	RAMPH	1.5 hrs	RAMPH Lithgow area only	Interested Community members groups and organisations	Email sent to confirm	N/A
LOW	Workplace Support Skills Or Community	Provides participants with skills and knowledge to deal effectively with clients experiencing stress, to	RAMPH	3 hours	RAMPH Lithgow area only	Employees from workplaces and	Email sent to confirm	N/A

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		minimise the negative impacts, identify when to refer and link with services. Self-care and how to recognise others struggling.				community organisations		
MEDIUM	Resilience Donut	The Resilience Doughnut helps children, adolescents, and adults to identify and combine their strengths to build resilience. It enables individuals to take responsibility for their own wellbeing and build competence to face adversity and deal with times of rapid change.	LINC		Was funded under Nepean Blue Mountains PHN through EOC grant	Currently Lithgow community	TBA – Making some changes to the program at the moment, change of dates etc.	FREE
MEDIUM	Gatekeeper Training	Designed to teach individuals who have regular contact with others in their community to recognise and respond to people at potential risk of suicide, to support those who are bereaved by suicide or those who have lived experience. Assists build	LIFELINE	7 hrs	Currently funded under EOC Nepean Blue Mountains PHN	Portland Advocates, Community Champions identified through EOC Community Develop,	They are happy to start late August face to face.	FREE

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|								
		resilient and suicide safe communities.				RFS Captains Publicans		
MEDIUM	Accidental Counsellor Training	Giving participants the confidence and skills necessary to support someone in their moment of need and to be able to refer them to the most appropriate level of support. For people who by chance or the nature of their compassion find themselves placed in the "role of counsellor by accident"	Numerous organisations: Phoenix LEAD ACWA Lifeline Relationship NSW	4 hours to 2 days		Portland Advocates Natural community connectors, librarians, hairdressers, community centre volunteers	Email sent to confirm but they are a Victorian based company (may have facilitators in other states)	ACWA – Starting from $297pp Relationships NSW - $150 Lifeline - $150 Others – N/A couldn't find info
MEDIUM	Vicarious Trauma	Trauma informed care for people with contact with people who have suffered	Blue Knot Foundation	Various types		Social Workers, Service	Yes, delivering online	$250 - $330 (student price

		trauma. Relational approach to incorporate 5 core trauma informed principles in client's relationships.		and lengths		providers, possibly	(also has some webinars that may be relevant)	through to standard)
MEDIUM	Trauma Informed Care	If you work in a community-based setting with people who have experienced trauma, this short course will provide a framework for understanding, responding & aiding recovery.	Phoenix Australia	8 HOURS		Practitioners from a range of professional backgrounds who work in community-based services, including youth, family, homeless, aged, welfare, alcohol and substance, mental health and disability.	Yes, available online.	$280 approx.

MEDIUM	Psychological First Aid	Learn simple psychological strategies and gain confidence to provide assistance and support to individuals affected by trauma. Providing PFA to ensure safety, emotional comfort and support and practical advice and assistance to address people's immediate needs	Red Cross Phoenix Australia	1 Day (7 hours) Phoenix Aus. offer a 4 hour course		First Responders Peer Responders Disaster Relief Providers Workplace mgrs. And Supervisors	Available online	$280 approx. (Phoenix Aus.) Possibly FREE with Red Cross but have been unable to confirm
HIGH	Community Suicide Prevention Training	Helps people identify the signs that someone may be at risk of suicide and educate them on how to respond.	Wesley Mission		Nepean Blue Mtns PHN MH funding		No, needs to be delivered face to face due to potential for triggering	Free
LOW	Accidental Counsellor,Vic arious Trauma, Self-care, Youth Mental	The core of what we do is all about people; children, youths, families and communities. Most of us come into contact with	LEAD Professional Development Association Inc.	Varies	Unsure	Community Workers and other Mental	Yes – online available	N/A

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	Health	colleagues, parents, children and families every day. While Family Support workers are not necessarily formally trained counsellors, they can often find themselves in situations where they need to respond to a colleague, a child or a parent's distress, concerns or strong emotions.				Health Professionals		
HIGH	Mental Health First Aid Standard (additional for particular groups: Youth, Older person, Aboriginal and Torres Strait Islander)	Teaches how to provide initial support to other adults who are developing a mental illness or experiencing a mental health crisis. Learn about signs and symptoms of common and disabling MH problems	Trainers can be provided by NBMLHD RAMHP	4 hours to 12 hours	Request for venue and catering to be covered by other organisations	Community Centre staff, Community Centre volunteers, Service organisation s workers and volunteers	No, needs to be delivered face to face due to potential for triggering	$50pp
LOW-MEDIUM	Trauma Informed Approaches, Accidental Counselling	The Centre for Community Welfare Training (CCWT) provides cost effective and accessible training opportunities for people working across the	CENTRE FOR COMMUNITY WELFARE TRAINING	Varies		Community Workers	Yes – available online	Accidental counsellor 2 day course, 14 hours = $540

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		community welfare sector in NSW, in particular those working with vulnerable children, young people and families. CCWT is the training arm of the Association of Children's Welfare Agencies (ACWA), a Registered Training Organisation.					Applying a trauma care response for 2 day course (6 hours total) = $270

Appendix 4: Lifeline Central West Community and Organisational & Community Training Framework
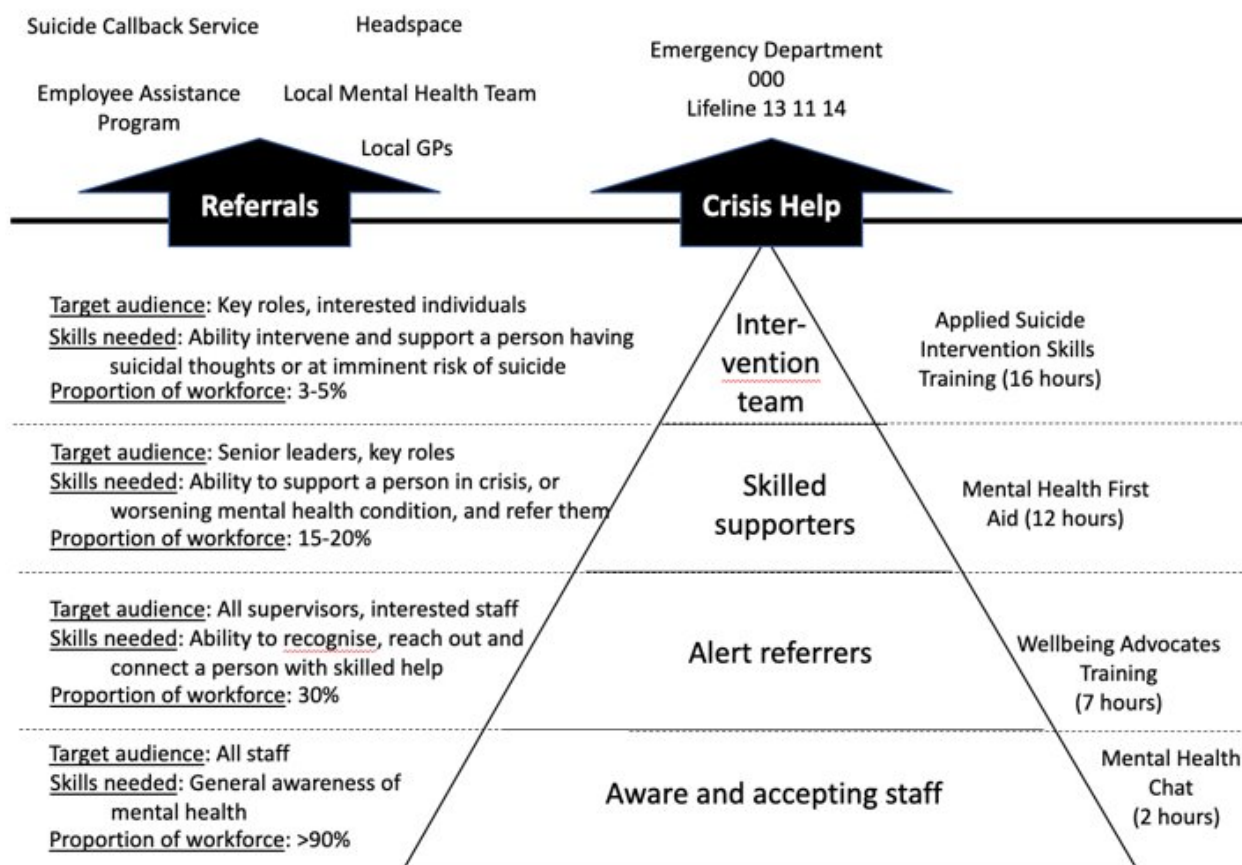
Appendix 5: Relevant findings from NBMPHN Mental Health Needs Assessment re Bushfire Affected LGAs to highlight 'baseline'

Identified Needs substantiating the report
Training
P.13 The Identified need for mental health awareness training among local employers and volunteer organisations in the NBM region is an initiative that can have a wide impact with relatively little resource. This activity could be supported by the adequate resourcing of peer support initiatives. Historically there has been a lack of strategic investment in peer work from statutory organisations and community managed organisations in the region. The benefits of investment in this model are exponential in terms of service user outcomes and community education/stigma and capacity building.

p. 61 Identified need for mental health awareness training among local employers and volunteer organisations in the NBM region. Qualitative data indicated that employers and volunteer organisations need education about mental health and how to make their workplaces and organisations more inclusive.

P 103 There is a general view that workforce capacity for mental health in the region could be substantially improved with training and skills development (including GPs and other primary healthcare professionals).

P.123 Stakeholders have indicated that Need for education and training for non-clinical workers who have contact with high-risk people e.g. police, ambulance.

P.134 Further research is needed to map existing mental health services in the region with perceived gaps in services. Stakeholders have previously expressed the following concern: Lack of awareness of other services in the community among many service providers, a lack of understanding of the role of different mental health services and if and how these are integrated, and lack of knowledge about the role of mental health clinical and support services among service providers and community members. This makes referral pathways problematic and results in duplication of some services.

P.135 There is a general view that workforce capacity for mental health in the region could be substantially improved with training and skills development. Concerns previously raised by stakeholders include need for trauma education for health professionals.

P.138 Identified need for basic mental health training for mainstream services, including Centrelink, Housing, Police, employers and community organisations.

Increased of Health Literacy

p. 58 Broad consultation flagged a regional theme of mental health literacy and a deficit in knowledge of how to navigate the mental health service system. Consumers reported they are not able to find psychosocial support when they need it. The mental health service sector surveys revealed very poor knowledge of psychosocial services available in the region.

Improved Referral pathways for suicide prevention

P.123 The perceived barriers and problems concerned with referral for people at risk of suicide include:

- Lack of easily understood and accessible clinical referral pathways.
- Lack of easily understood and accessible community program referral pathways.
- Lack of utilisation in some regions of Psychological Therapy Services "Seek out Support" for mild to moderate suicidality.

Limited or absent support in the community for people at risk of suicide has been identified at all levels of primary care.

Mental Health outreach services in specific LGAs

P145. Stakeholders have identified the potential for poorer service availability in locations where there are higher proportions of young people

The perceived lack of service provision for children and youth may be aggravated in the upper Blue Mountains and Hawkesbury

Lack of outreach services across all 4 LGAs.

Promotion of Wellbeing Supports

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p. 149 To address Low Intensity mental health issues, stakeholders previously raised that enhanced and targeted communication methods are required to engage and inform the general population about the risks of mental illness and available supports. Concerns were raised regarding community wide engagement and education concerning mental health, risks and wellbeing identifying a need for resources and education that promote mental wellbeing.

Priority of Collaborations with Local Councils
P.168 Possible outcome highlighted as collaboration with local councils to address joint priorities and synchronize activities that support people through prevention, early intervention and management of health and/or service needs.

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