



Wesley LifeForce

Bushfires Impacted Communities Report

April 2020

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1 Executive summary

Wesley Mission supports people from all walks of life through more than 120 community service programs across 103 locations. Wesley Mission established the first Lifeline service over 50 years ago, and today we continue to provide crisis support to people most in need by operating Lifeline Sydney & Sutherland. We offer support through our clinical mental health hospitals in southern and inner western Sydney and provide national suicide prevention and community mental health services under Wesley LifeForce.

Wesley Mission has evaluation partnerships with Griffith University, University of Melbourne, University of Sydney and Western Sydney University, which assess and inform our suicide prevention and mental health work. Subsidised through the Australian Government Department of Health, Wesley LifeForce delivers evidenced-based community suicide prevention training to over 4,000 individuals each year and has established and supported 114 community-led grassroots suicide prevention networks in all states and territories. Wesley LifeForce is actively engaged with communities in Suicide Prevention Trial sites, and 16 of our Wesley LifeForce Networks are in bushfire impacted communities for 2019-2020, across South Australia (SA), Queensland (QLD), New South Wales (NSW) and Victoria (VIC) as defined by MyFireWatch (2020), an online map-based tool managed by the Western Australia Government.

The recent bushfire crisis first began in Australia in September 2019, causing fatalities, injuries, destruction of property and eradication of wildlife. Following this experience, Wesley LifeForce is determined to support communities throughout their journey towards recovery from the loss and trauma sustained by the bushfires. Emphasising the importance of suicide prevention and seeking to be proactive and community-focused, Wesley LifeForce advocates for communities that are affected, bereaved or are at risk of suicide. We achieve this in various ways, including providing communities with a platform to have their voices heard.

Most recently in February 2020, Wesley LifeForce brought together people from NSW and VIC to attend a Bushfire Crisis Roundtable Conversation. This group included members of our suicide prevention networks, community partners, representatives from the Primary Health Networks (PHNs) and Wesley Mission staff.

We facilitated Bushfire Crisis Roundtable Conversations with our affected communities to assist them with building a road map to support their communities and develop a tailored approach to raise awareness of suicide and suicide prevention in post-catastrophe settings.

The Bushfire Crisis Roundtable Conversations allowed individuals impacted and affected by the bushfires to:

- **sit** together with others who have similar bushfire experiences
- **share stories** around experiences to support mental health as well as build broader sense of community
- **strategise** around what communities may find beneficial from the Commonwealth, state and local government, and how Wesley LifeForce and other community bodies can assist them towards recovery.

Members from some of the most affected Wesley LifeForce Networks from the following places entered a safe space and became part of a collective narrative:

- East Gippsland VIC
- South Coast, Shoalhaven NSW
- Queanbeyan-Palerang NSW
- Goulburn NSW
- Manning Valley and Great Lakes NSW.

2 Table of recommendations

The following table summarises the key learnings and focus areas established during the Bushfire Crisis Roundtable Conversations:

Recommendations to government	
Funding – system changes	<ol style="list-style-type: none"> 1 Review eligibility criteria and the implementation of grant packages to better respond to community needs in a timely way. 2 Consider the longer-term implications and plan for resources accordingly as the bushfire crisis is still unfolding and the true impact is yet to be determined. 3 Develop a Natural Disaster Recovery Protocol to streamline the response and information sharing between service providers, agencies and the whole of government. This protocol will better aid recovery and address community needs.
Funding – specific initiatives	<ol style="list-style-type: none"> 4 Increase investment in Bushfire Trauma Response Coordinators, because having a single resource per local government area doesn't allow for an effective and tailored response to those most affected. 5 Promote engagement between the PHN Bushfire Trauma Response Coordinator and other critical suicide prevention and mental health programs. 6 Commonwealth Government to fund and support the implementation of a 'best practice protocol' for reporting on natural disaster events, inclusive of interview procedures with survivors and community members who have experienced trauma. 7 Government to support and fund the development of a natural disaster recovery road map/resource for communities. 8 Develop a Mental Health and Suicide Prevention Strategy in relation to mental health and suicide prevention in the aftermath of natural disasters such as the bushfire crisis. 9 Continue to fund and expand access to quality suicide prevention and mental health training for community members, emergency personnel and healthcare professionals to equip them with the ability to recognise and respond to the risk of suicide, particularly in bushfire impacted areas. 10 Fund community-led programs mainly targeted at children and young people in bushfire impacted communities. 11 For government to fund the development and adaption of existing suicide prevention and mental health training programs to support bushfire impacted communities. 12 Despite the provision of funds to PHNs and local government areas, there's a need for government to further tailor support to local communities in bushfire

Recommendations to government	
	impacted areas. Wesley LifeForce Networks can locally implement support.
Community awareness/consultation	13 Improve the awareness of and access to flexible funding to equip communities in delivering local initiatives/events, while further reinforcing social connections and whole of community support.
Workforce	14 Government to consult and adequately resource existing service providers in bushfire impacted communities to build workforce capacity, prevent the incidence of vicarious trauma and aid longer-term recovery efforts, particularly in suicide prevention and mental health wellbeing for community members.

3 Wesley Mission

Wesley Mission supports Australians most in need through more than 120 community service programs across 103 locations. Our vision to do all the good you can is realised through our dedicated 2,340 staff and 6,537 volunteers, who work to offer programs and provide specialist support to vulnerable Australians. Through our diverse programs and geographic coverage we can respond to a range of complex needs experienced by people in our community.

We support people throughout their whole journey towards recovery and our dedicated staff are ready to respond to all their needs. Last year, we worked with over 200,000 people through our local programs.

Below is a summary of Wesley Mission's community service and programs.

Service area	Programs
Mental health and counselling	Gambling and financial counselling, inpatient and outpatient clinical care, veterans post-traumatic stress disorder programs, Lifeline Sydney & Sutherland, Wesley LifeForce Networks and Wesley LifeForce Training.
Housing and accommodation	Specialist homelessness support programs, transitional housing, crisis accommodation, community housing, tenancy assist and emergency relief.
Training and jobs	Training and employment opportunities, including Registered Training Organisation (RTO), disability employment services and financial literacy training.
Seniors and aged care	In-home community care, residential aged care, independent living villages, social support and learning opportunities for seniors.
Families, children and young people	Early intervention, family preservation, before and after school care, employment and training support, life skills training, mental health support and mentoring programs.
Foster care and adoptions	Foster care, adoptions, living skills post and family restoration.
Disability support	Supported accommodation, living skills, respite, home care and Australian disability enterprises.

This organisational infrastructure provides Wesley Mission the capacity to:

- Support 30,486 people each month.
- Seamlessly implement new programs using existing infrastructure, systems and policies.
- Connect veterans to their local supports (including housing, clinical, specialist, community and mainstream) in alignment with their goals, using our extensive referral networks, partnerships and local knowledge.
- Leverage our relevant expertise in mental health, veterans support, suicide prevention and case management. Staff working in the program will have access to internal specialist support, training and professional guidance.

4 Wesley LifeForce

Wesley LifeForce is a collective branch of suicide prevention and community mental health services operating under Wesley Mission. Wesley LifeForce takes a comprehensive approach to preventing suicide and enhancing community wellbeing and empowerment through work across the areas of **prevention, intervention and postvention** in addition to projects and events. The program was established in 1995 as a direct response to the growing number of suicides in Australia.

Wesley LifeForce is the suicide prevention arm of Wesley Mission and delivers the following programs and initiatives within the community:

Prevention	Intervention	Postvention	Projects
<ul style="list-style-type: none">•Wesley LifeForce Networks•Wesley LifeForce Training.	<ul style="list-style-type: none">•Lifeline Sydney & Sutherland•counselling support to older Australians.	<ul style="list-style-type: none">•Wesley LifeForce Suicide Memorial Services•grief and loss support programs.	<ul style="list-style-type: none">•research initiatives•conferences and forums.

Wesley LifeForce has national coverage and is active in four suicide prevention areas. These national suicide prevention areas, which come under the 'Wesley LifeForce' banner include:

- **Training:** provision of industry-standard suicide prevention training workshops for the community and other individuals and service providers in the community.
- **Networks:** supporting the development of community-based suicide prevention networks and responses to the threat of suicide at a local level.
- **Memorials:** holding memorial services, which also provides people who've lost someone close to suicide an opportunity to grieve.
- **Research:** employed to support and validate policy and funding submissions and to support evaluation of services and programs to review and improve our suicide prevention practice.

Lifeline was started by Wesley Mission in 1963 and today we continue to provide crisis support to people most in need by operating Lifeline Sydney & Sutherland.

Wesley LifeForce Training and Wesley LifeForce Networks are funded by both the Australian Government Department of Health as well as several Primary Health Networks throughout Australia.

4.1 Wesley LifeForce Training

Wesley LifeForce Training is aimed at educating, empowering and resourcing Australian communities in a sustainable and ethical way, and works to train community members from all walks of life to know how to respond appropriately and confidently in a suicidal crisis.

On 3 April 2019, the Australian Institute of Suicide Research and Prevention (AISRAP) released its 'Evaluation of Wesley LifeForce Suicide Prevention Training'. The evaluation has provided Wesley Mission with an in-depth quantitative and qualitative analysis on the effectiveness of Wesley LifeForce Training and the SALT strategy (See, Ask, Listen, Take), and tested the fidelity of our training framework. The report found:

"Participants exposed to this training package are likely to experience increased perceived capability, declarative knowledge, positive attitudes and reduced reluctance associated with intervening."

"Community members and organisations undertaking this training can expect to gain significant learnings and gains in key factors known to impact intervention behaviours."

Since 1995, more than 30,000 Australians have participated in Wesley LifeForce Suicide Prevention Training. Three months after attending the workshops, surveys show that 15 per cent of participants have needed to use the SALT strategy with someone at risk of suicide.

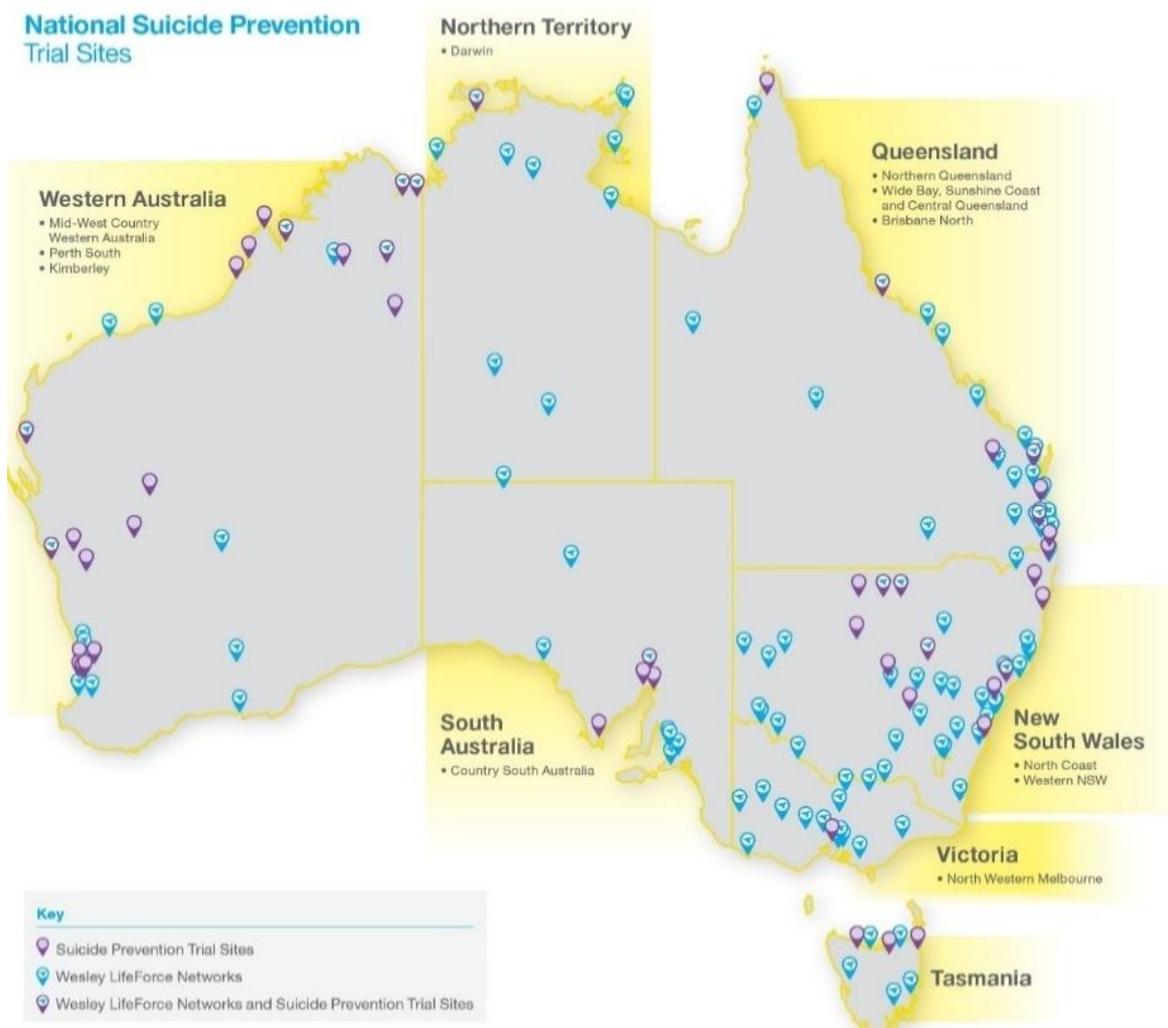
4.2 Wesley LifeForce Networks

The Wesley LifeForce Networks program has been directly involved with the establishment and support of community-led suicide prevention networks since 2007.

A Network is a coming together of people and organisations, a voluntary collaboration working together to influence outcomes of a specific problem. Our suicide prevention networks address the specific needs of a local area and is one of the most effective ways of raising community awareness of the issue of suicide, while empowering its members to develop appropriate suicide prevention strategies at a grassroots level.

Wesley LifeForce has a breadth of experience in developing strategies to raise awareness of suicide and mental health in communities and utilises technology to communicate and knowledge share throughout the states.

There are currently 114 suicide prevention networks supported by Wesley LifeForce throughout Australia. Wesley LifeForce Networks work through the collaboration of organisations and local community members with a specific focus on running local activities and services that work to identify and deliver prevention and postvention initiatives tailored to the local context. Wesley LifeForce Networks are actively engaged with communities in Suicide Prevention Trial sites funded by both the Australian Government Department of Health, Victorian Department of Health and Human Services and the Paul Ramsay Foundation. Below is a map of Wesley LifeForce Networks and the locations of the Suicide Prevention Trial sites.



Support offered to Wesley LifeForce Networks

Wesley LifeForce Networks will have access to benefits detailed in the 'Member network benefits' diagram.

Some of the key benefits include:

- access to support and expertise of our qualified Aboriginal Community Development Coordinator
- recognised Wesley LifeForce membership, which enables network members to access skillsets and learnings of more than 100 established suicide prevention networks
- provision of seed-funding to deliver activities and projects
- access to an online resource centre with governance information and communication packages
- access to regional and National Network of Network forums to enhance sharing of information, best practice approaches, and outcomes data for community suicide prevention initiatives.



4.3 Evaluation and continuous improvement

Wesley LifeForce undertakes continuous improvement to ensure its approach, content and methodology are evidence-based and best practice. Wesley Mission's Quality Management System complies with the requirements of ISO 9001:2008, which demonstrates Wesley Mission's ability to consistently meet the community, government and stakeholder requirements while undertaking continuous improvement. Wesley Mission is externally audited by BSI (FS603644). Continuous improvement is based on the Plan, Do, Check, Act methodology. Our ongoing partnerships with AISRAP, Western Sydney University and the University of Melbourne's Centre for Mental Health demonstrates how Wesley Mission collaborates with external stakeholders to develop best practice approaches to suicide prevention.

In March 2019, Wesley LifeForce engaged the Centre for Mental Health through the University of Melbourne to perform an external evaluation of the Wesley LifeForce Networks program. The primary objective of the evaluation is to:

- evaluate the impact of Wesley LifeForce established community suicide prevention networks in the prevention of suicide, with an emphasis on quantitative measurements.

Secondary objectives included in the evaluation project are:

- to provide direction for reliable quantitative measures that support the evaluation of future network activities and their impact
- to review the Wesley LifeForce Networks program logic and make recommendations for improvements and refinements to support better evaluation
- to evaluate the factors that make community suicide prevention networks sustainable and lead to ongoing and effective network functioning.

Upon the conclusion of this evaluation project in August 2020, Wesley LifeForce has committed to implementing research findings to drive best practice and contribute to sector information sharing. This will be inclusive of sharing its outcomes data to support and enhance both Primary Health Networks' and state governments' regional service planning and suicide prevention initiatives. Wesley LifeForce aims to incorporate outcomes data into its regional forums to support and enhance best practise and effective and impactful suicide prevention initiatives.

5 Recent background literature

5.1 Background literature

According to the article, 'Bushfires in Australia: A Serious Health Emergency Under Climate Change' (Yu et al., 2020), as of January 2020, NSW and QLD witnessed a new record high in property losses during the bushfire season, compelling the respective states to declare a state of emergency. The combination of high temperatures and a lack of rainfall, prompted by climate change, is a determining risk factor for bushfire incidence. Bushfires in Australia are initiated by heatwaves that have increased the frequency and duration of maximum temperatures. Likewise, record lows in rainfall from January to August 2019 triggered vegetation to become dry and flammable (Yu et al., 2020).

A six-year study conducted by the University of Melbourne into the mental health and resilience of 1,000 community members following the 2009 Black Saturday fires in Victoria has demonstrated the extended impacts on the mental health of some individuals. According to the 'Beyond Bushfires: Community Resilience and Recovery' research findings, "at five years post-bushfires, 22 per cent of people in high impact communities were reporting symptoms of mental health disorders at approximately twice the rate evident in low impact communities and what would be expected in the general population" (University of Melbourne, 2016). In addition, some people experienced delayed onset of mental illness such as posttraumatic stress disorder at the five-year mark (University of Melbourne, 2016).

The 2019-2020 Australian bushfires spread across an estimated 16 million hectares throughout Australia, burning bush, forest, and parks along its path. As of 24 February 2020, there were 33 deaths and more than 3500 homes destroyed due to the 2019-2020 bushfires. In addition, there were more than 1,600 firefighters working to contain the fires (Gourlay et al., 2020).

Association with or being impacted by a natural disaster can be an inherently traumatic experience. According to the Substance Abuse and Mental Health Services Administration (2014), the unpredictable, overwhelming and threatening nature of such catastrophic events has the potential to cause psychological trauma.

5.2 Analysis

The extreme feeling of helplessness and fear post-catastrophe is inevitable and expected. With Wesley LifeForce services and platforms such as the Bushfire Crisis Roundtable Conversations, communities feel supported. They can rebuild their strength, capacity and resilience in their journey towards healing and recovery.

This feeling of support has come about because Wesley LifeForce has a longstanding relationship with several bushfires affected communities. Since being established in 1995, Wesley LifeForce has provided suicide prevention services that educate and empower local communities and support people most at risk to suicide. In factoring both community suicide prevention network feedback and most current evidence and data, communities post a natural disaster experience a drop in suicide rates in the immediate months following a crisis. It's the medium to longer-term where communities experience increased incidence of suicide. Wesley LifeForce is actively planning, resourcing and supporting communities for the long-term.

6 Overview: responding to the bushfire crisis

In February 2020, Wesley LifeForce brought together individuals from our Wesley LifeForce Networks to attend a series of Bushfires Crisis Roundtable Conversations held in Sydney and Melbourne. This group consisted of members of our suicide prevention networks, community organisations, Uniting Church partners, representatives from the Primary Health Networks (PHNs) and Wesley Mission staff. The purpose of facilitating the roundtable conversations was Wesley LifeForce's way to assist networks in building a road map to support their communities and developing a tailored approach to addressing their needs.

The Bushfire Crisis Roundtable Conversations allowed individuals impacted and affected by the bushfires to:

- **sit** together with others who have similar bushfire experiences
- **share stories** around experiences to support mental health as well as build broader sense of community
- **strategise** around what communities may find beneficial from the Commonwealth, state and local government, and how Wesley LifeForce and other community bodies can assist them towards recovery.

Members from various Wesley LifeForce Networks in some of the most affected communities, including East Gippsland VIC, South Coast, Shoalhaven, Queanbeyan-Palerang, Goulburn, Manning Valley and Great Lakes NSW entered a safe space and became part of a collective narrative.



7 Bushfire relief funding and opportunities for community support

On 12 January 2020, the Federal Government announced \$76 million in targeted bushfire recovery funds to support the mental health and wellbeing of individuals, families and communities, including first responders who've been impacted by the devastating bushfires (Australian Government Department of Health, 2020).

Key areas of funding

- free counselling for individuals in impacted areas, including emergency service workers
- 10 additional Medicare-related psychological therapy sessions, which do not require a mental health plan or GP referral
- Telehealth support for those in regional, rural and remote areas
- \$7.4 million to support youth through Headspace, including new centres in affected areas
- \$5.7 million for trauma-informed care and care coordination
- Bushfire Trauma Response Coordinators, with co-designed training from PHNs, Services Australia and state and territory government services will be deployed in impacted areas
- a national cross-jurisdictional mental health framework
- PHNs will be funded to expand existing mental health services
- community connectedness and recovery grants to fund activities helping mental health and healing activities post-bushfires
- Post-Traumatic Stress Disorder (PTSD) support to emergency service workers and their families
- mental health literacy and support network programs
- a national action plan to lower suicide risk and improve mental health outcomes.



9 Key themes from the Bushfire Crisis Roundtable Conversations

The following themes were observed and identified from the Bushfire Crisis Roundtable Conversations:

9.1 Primary Health Network (PHN) involvement

In supporting primary and mental health care, 12 PHNs across NSW have been deliberately tasked with providing more services to fire-impacted areas and regions. With PHNs providing bushfire grants of up to \$10,000 for small to medium community groups and organisations, funding across rural regions has allowed for community training, wellbeing work and Accidental Counsellor Training and Mental Health First Aid. A wide array of services can now be accessed regardless of a General Practitioner (GP) referral, diagnosis or mental health care plan.

Despite these developments, there's widespread belief among the Wesley LifeForce Networks members regarding an uneven distribution of funds, with less provision for mental health and community support in bushfire impacted communities as opposed to drought-affected areas. Additionally, there's an indication of a significant disconnect between community knowledge of services needed versus support services rendered at the grassroots level, a challenge previously evidenced from survey results in 'Wesley LifeForce's Drought Impacted Communities Report'.

While lessons gained from previous disasters have led to an improved focus on how best to connect people with services, PHNs still struggle with developing connections with community members. Particularly with disaster response and recovery, there's an imminent need to have better information-sharing of available supports and more accessible services.

Employed PHN Bushfire Trauma Response Coordinators – in providing adequate mental health support as members of trained workforces placed for a two-year contract – are encouraged to connect with suicide prevention network members. By collaborating with network members, coordinators will enhance their knowledge of local issues. Furthermore, network members will be empowered to address, develop and execute solutions that meet the specific needs of their communities.

Recommendations

Funding – specific initiatives

- increase the investment in Bushfire Trauma Response Coordinators, as having a single resource per local government area will not allow for an effective and tailored response to those most affected.
- promote engagement between the PHN Bushfire Trauma Response Coordinator and other critical suicide prevention and mental health programs.
- community awareness/consultation
- increase the awareness of and access to flexible funding to equip communities in delivering local initiatives/events, while further reinforcing social connections and whole of community support.

9.2 The role of media

While the media is recognised for its ability to disseminate urgent emergency information and updates through online media, radio and television channels, there's widespread disapproval regarding the role of the media in the bushfire crisis. Networks members have felt overwhelmed and even traumatised by the constant negative coverage.

The media can be utilised as an essential contributor for employing strategies to enhance community resilience. While all community members would like to stay informed, the media

coverage of the bushfires has caused more confusion and less optimistic stories to inspire communities to remain connected.

According to the article, 'Forging, protecting and repairing community resilience informed by the 2019-2020 Australian bushfires', interviewing individuals near their fire-inflicted and damaged properties has the capacity to elicit intense and powerful emotions from those impacted by the bushfires, potentially leading to re-traumatisation for individuals participating in the interview as well as those viewing the news coverage (West et al., 2020).

The absence of encouragement from media sources and the belief that information being circulated is inaccurate, reinforces the idea that information-sharing is difficult for those without power. This creates a heightened sense of abandonment amongst community members. Furthermore, a lack of understanding of how fires behave, combined with delayed communication, has left community members feeling afraid and vulnerable.

Recommendation

Funding – specific initiatives

- Commonwealth Government to fund and support the implementation of a 'best practice protocol' for the reporting on natural disaster and other catastrophe like events, inclusive of interview procedures with survivors and community members who have experienced trauma.

9.3 Navigating through community support services

Regarding initial feedback in January from 11 of our community suicide prevention networks located in bushfire affected areas, a key theme observed was that a large supply of information and resources were sent to communities.

While this is generally supportive and helpful, communities have found it difficult to navigate their way through the plethora of information. This demonstrated the need for a long-term commitment for recovery, as opposed to 'fly-in, fly-out' services.

In terms of available support, there are local GPs and psychologists who are personally affected and struggling but continue to support patients, and few mental health workers prior to and during a crisis, signalling a need for increased local services. While the supply of resources from service providers is necessary to support on-ground workers who may feel overwhelmed and exhausted, local knowledge is vital to recovery, and is therefore a more favoured long-term solution.

Concerns also arose for community members being able to meet or understand eligibility criteria for assistance and support. Negotiating with insurance companies and completing forms has been a complex and confusing process for many communities. Like the drought relief packages, the execution of securing grant monies to the people who need it is also problematic. For example, our Bairnsdale Network said, "Many people have been displaced but don't qualify for assistance as they haven't lost their homes, which has created major issues for numerous individuals." A review of the eligibility criteria and implementation processes of grant packages, as well as funding and equipping communities to plan and execute local initiatives and events, will better support communities to navigate and access assistance to meet their individual needs.

Wesley LifeForce is assisting our suicide prevention networks in building a road map to navigate the pages of information and support services. This is consistent with the idea that although services exist within communities, they may not be readily identifiable, targeted or streamlined to support community needs. As a result of Wesley LifeForce's commitment to proactive community-centred care, work within our suicide prevention networks support a coordinated approach that allows community members to build confidence in their ability to seek and utilise existing services.

Employing the existing body of evidence in supporting communities to respond to natural disasters and trauma, the roundtable conversations supported the development of a tailored approach to support local communities. The approach should be co-designed and informed by the communities, and local consortium of service providers, using the existing infrastructure of suicide

prevention networks as the foundation for community-led activities and initiatives. This will enhance service coordination, identify gaps and address barriers to access.

Recommendations

Funding – system changes

- Commonwealth and state/territory governments to review eligibility criteria and the implementation of grant packages to better respond to community needs in a timely way
- governments to consider the longer-term implications and plan for resources accordingly as the bushfire crisis is still unfolding and the true impact is yet to be determined.

Funding – specific initiatives

- government to support and fund the development of a natural disaster recovery road map/resource for communities
- despite the provision of funds to PHNs and local government areas, there's a need for governments to further tailor support to the local communities in bushfire impacted areas and Wesley LifeForce Networks can locally implement support.

9.4 Long-term mental health and suicide prevention support

Additional information from the Wesley LifeForce Bushfire Crisis Roundtable Conversation

Greg Hale, a representative of the Manning Information Suicide Support Network and Killabakh Rural Fire Service (RFS) deputy captain, said that in November 2019, fires moved quickly across the small village of Killabakh about 20 kilometres north of the Mid-Coast city of Taree, destroying nine houses over nine days of fires, and a total of 125 houses across the Manning Valley. Additionally, the fires eradicated the cattle industry in the region, which was already impacted due to the drought. For him, watching fires burn in his community of 274 residents was incredibly challenging.

Most RFS volunteers arrive from families and communities that are witnessing fires and are likewise feeling isolated and alone. Although his community rallied together as they faced the fires, Mr Hale is now concerned about their mental health and wellbeing in the weeks and months to come. It's been noted that individuals are in shock and are experiencing trouble in prioritising.

Mr Hale noted the difficulty of balancing dreams with reality, which is a mental health issue for people in every community. He said that it's important to be mindful of expectations and believes that forums like the Bushfire Crisis Roundtable Conversation give space for communities to move forward and feel connected.



Analysis

It's imperative to consider and plan for the impact of vicarious trauma and disengagement on both community members and our workforce, such as service providers and first responders. The bushfire crisis is not a localised and region-specific event. Many of the communities located 'outside of the affected areas' have connections and relationships with impacted communities and are being adversely impacted.

The long-term mental health impacts of the bushfires are strongly emphasised in extending support given to communities, families, RFS, volunteers and other services on the ground. For emergency personnel to continue their contribution to building community resilience, training and awareness around suicide prevention and mental health is crucial. Documented emotions such as fear, helplessness, shock, vulnerability, uncertainty and experience of related issues such as survivor guilt and displacement, stress the need for mental health and suicide prevention awareness across impacted communities.

In recognising the implications of the crisis are not just on individuals but on whole-of-communities, it's evident that the whole-of-community approach to support, improved follow-up care post a suicide attempt or death and community and school-led initiatives, are to be regarded as valuable solutions.

Wesley LifeForce seeks to enhance communities' understanding of trauma and build their spirit before and after exposure to traumatic events such as the bushfires. By undertaking our Wesley LifeForce Suicide Prevention Training, community members are in a better position to help a person considering suicide, by recognising the signs and using the skills learnt to affect a referral to appropriate help. In this manner, individuals in the community can play a key role in both raising awareness of suicide and doing what they can in the community to help prevent suicide.

From a workforce perspective, access to appropriate supervision, employee assistance programs and other necessary supports will be essential. Local businesses are undoubtedly impacted, especially in isolated areas like Kangaroo Island. As per the response to the Productivity Commission's draft report, Wesley LifeForce believes that the Australian Government, community and workforce must work toward accommodating for and supporting their employees' needs across mental health and consider situational and structural factors, such as access to services, isolation in rural and remote communities, discrimination, lack of social cohesion, economic circumstances and cultural factors, which lead to suicide and psychological distress.

Recommendations

Funding – specific initiatives

- governments develop a Mental Health and Suicide Prevention Strategy led by the Commonwealth in relation to mental health and suicide prevention in the aftermath of natural disasters such as the bushfire crisis
- governments to fund and expand access to quality suicide prevention and mental health training for community members, emergency personnel and healthcare professionals to equip them with the ability to recognise and respond to the risk of suicide, particularly in bushfire impacted areas.

Workforce

- governments to consult and adequately resource existing service providers in bushfire impacted communities to build workforce capacity, prevent the incidence of vicarious trauma and aid longer-term recovery efforts, particularly in suicide prevention and mental health wellbeing for community members.

9.5 Vulnerable populations: young people

The Bushfire Crisis Roundtable Conversations highlighted concern for high-risk population groups in reference to suicide. There's a significant increase in young people and children reaching out for support. Headspace, for example, is a leader in building awareness in mental health and has collaborated with young people and Wesley LifeForce Networks in implementing mental health initiatives. Headspace centres across the region are reporting high volumes of need and evaluating the most appropriate ways to manage this demand.

In the context of suicide prevention, access into schools can be complicated and complex, and has created a barrier to collaborative initiatives for young people in suicide prevention. Wesley LifeForce has developed ways to engage students by promoting a youth-focused approach in its

community suicide prevention networks and in doing so, has supported communities to organise events to build resilience and leadership skills in young people. Some Wesley LifeForce Networks have engaged with schools by inviting motivational speakers to share their lived experiences with students and have been successful in funding school-appropriate mental health workshops. The networks have also received funding to deliver 'Safe Talks', a strategic and structured plan of intervention that allows schools to better embrace the idea of suicide awareness and prevention.

Programs, such as the ones outlined above, are essential to educating, empowering and upskilling parents, teachers and school principals with the capacity to face challenges and support those most at risk of taking their own life. It's important to be conscious of this given that a disaster so extreme can have powerful ramifications on a child's growth and development.

Recommendation

Funding – specific initiatives

- fund community-led programs mainly targeted at children and young people in bushfire impacted communities.

9.6 An adapted training model

Research has indicated that there's a need for training interventions that encourage self-awareness and the opportunity for growth following a distressing experience (Wiley, 2020). Communities are calling for education and training on how to respond to suicidality within the context of the natural disaster.

Taking note of the lived experience and general conversations that occurred during the roundtables and the learnings in implementing suicide prevention training programs, Wesley LifeForce's training models can be adapted and modified to natural disaster and recovery settings and tailored to community needs. The first draft of an adapted training program developed by Wesley LifeForce is to be deployed in areas impacted by bushfires. This program also takes into account the long-term impacts of the 2009 Black Saturday fires.

The program aims to help rebuild community resilience and strength for high-risk population groups. Some topics such as responding to trauma, how best to practise self-care, assisting friends and family and accessing available resources are planned within the two-hour workshop, supported by a five-minute session on mindfulness and a mindfulness exercise at the end of the session. Funding to assist in piloting this workshop is imperative to Wesley LifeForce providing tools and services to support their mental health and prevent suicide in bushfire impacted communities.

For many of our communities, the crisis is still unfolding, and the true impact is yet to be determined. Understandably, there's anxiety that the unfolding needs of the community post the initial response (post three months and beyond six months) will not be sufficiently planned for and supported. Therefore, any response needs to consider the longer-term implications and planning for resources accordingly.

Recommendation

Funding – specific initiatives

- for governments to fund the development and adaption of existing suicide prevention and mental health training programs to support bushfire impacted communities.

9.7 Outcome of the identifying key themes

The benefits of seeking and identifying the key themes from community members during the Bushfire Crisis Roundtable Conversation were two-fold:

First, it ensured the voices of impacted communities were heard. Through the power of storytelling, participants were able to reflect on their pain, hardship and sorrows and their experience was validated as being significant by other participants in the room.

Second, it allowed for multi-community relationship strengthening. Individual communities recognised that they weren't isolated or alone in their experience; rather, they were a component of a much larger group of communities with similar struggles and suffering.



10 Stages of disaster recovery

Disasters can be an extremely distressing and unpredictable time for impacted communities. Referencing information outlined in the 'Different Phases that Individuals and Communities might Experience post Disaster' (Counselling Connection, 2014), a four-stage cycle has been identified as the general pattern that occurs post catastrophe, from the time of impact to the stage where a community has re-established itself:

Phase one: heroic

During phase one, individuals are the most motivated and keen to respond to the needs of others, whether it's through fulfilling emergent needs like food, water and shelter, or through actions that are characterised as being dangerous and life-threatening. An example includes the NSW Rural Service Firefighters, many who lost their lives to rescue survivors from the raging bushfires. Family, friends and neighbours are most essential to providing support during this phase.

Phase 2: honeymoon

The honeymoon phase typically begins a few days after the disaster and lasts for three to six months. This phase is characterised by a sense of shared survival, one where the community bonds over the idea that they lived through a terrible experience together. Due to the intense media coverage of the crisis and heart-warming tales of rescue and persistence, funders are also more likely to donate money toward the cause.

New aid groups begin to emerge to meet the specific needs of the community post-disaster. There's also an anticipation of help and survivors await the return to normality, while community and outside agencies are tasked with managing the expectations of survivors, since many promises are made during this stage.

Phase 3: disillusionment

Several months to up to two years after the disaster, reality sets in and governments begin to place conditions on assistance and insurance companies are more reluctant toward payout claims. In addition, the media and other helping agencies become less evident.

During this time anger, resentment and deep disappointment are prominent emotions experienced by impacted community members. Survivors, having experienced failures and delays, feel that they're no longer the centre of attention. Tired and worn out by severe ongoing stress, they begin to doubt the promises of governmental and relief agencies. In addition to the grim reality of the strenuous journey ahead, there's a lost sense of shared community; individuals are focused on solving their personal problems and on rebuilding their own lives.

Meanwhile, community leaders and aid agencies direct their energies toward disseminating accurate information and curbing the spread of rumours. This phase is also characterised by agencies halting their assistance, leaving local agencies to fend for themselves. When such groups weaken and fragment, communities are compelled to explore alternative sources of funding.

Phase 4: reconstruction

This is the long-term phase of disaster recovery – it lasts for many years and proceeds at a slow pace. Unless there's an anniversary of the event or disaster, the media is also not likely to provide much coverage.

This phase is characterised by a variety of emotions based on the emotional and financial status of the survivors, their experiences from the previous stages and the resources available to them (with more resources resulting in less stress). Survivors accept that they're responsible for resolving their problems. However, in community settings where response and recovery efforts are still visible, there's a sense of empowerment that drives rehabilitation efforts forward. It's during this stage that individuals are most at risk for PTSD and other mental and physical illnesses, especially if the recovery efforts are non-existent.

The reconstruction phase aligns closely with self-responsibility; individuals take control of their path to recovery and reconstruction plans further reinforce their resilience and capacity to recover. Sadly though, in communities that were forgotten or have a lack of resources, there's a greater chance for dysfunctional behaviours rather than an invigoration toward normality. The people of the community and organisations that are vested in their success and development, play a critical role in this last phase of recovery.

At the Bushfire Crisis Roundtable Conversation, communities were able to strongly identify with elements of the disillusionment phase. This may be because of the drought prior to the bushfires. It was suggested that many communities are experiencing multiple phases at once. To acknowledge these findings, the negative emotions and abandoned sense of community and assistance that accompanies this phase, it's imperative to tackle the challenges as mentioned earlier in this report. Understanding the necessity for long-term planning and ongoing platforms for support as well as streamlining the response through the development of a Natural Disaster Recovery Protocol, can meet the specific needs across communities.

The attendees also recommended having a decentralisation of funds provided directly to smaller communities in contrast to being retained by larger communities. This would support smaller projects and community-led events, subsequently assisting in reviving hope, promoting self-efficacy and rebuilding morale in the community.

Recognising the government announcement regarding additional resources for coordination, such as the advent of Bushfire Trauma Response Coordinators, attendees still expressed frustration toward a poorly coordinated approach for clean-up and reconstruction. It's true that there are a variety of complications in coordinating community activities to cater to multiple needs and naturally, when there are fewer resources, there's more stress. This represents a disconnect between community awareness of resources available and a potential delay in implementing the relief response. In addition to communities drafting their specific needs, addressing gaps between knowledge of available supports and how to access them is needed to progress on the road to recovery.

Recommendation

Funding – system changes

- Commonwealth and states/territories develop a Natural Disaster Recovery Protocol, to streamline the response and information sharing between service providers, agencies and the whole of government. This will better aid recovery and address community needs.



11 Advocacy and support recommendations

The Bushfire Crisis Roundtable Conversations engaged each of the attendees in brainstorming and strategising tangible and practical support Wesley LifeForce, the government, service agencies and PHNs could provide networks and communities as they progress through the recovery process, particularly in relation to mental health and suicide prevention. In response to the recent government announcement to establish bushfire relief work in all impacted communities, when community suicide prevention networks were asked how different relief bodies could support the community further, networks said the following recommendations would aid their recovery efforts:

Recommendations to government	
Funding – system changes	<ol style="list-style-type: none"> 1 Review eligibility criteria and the implementation of grant packages to better respond to community needs in a timely way. 2 Consider the longer-term implications and plan for resources accordingly as the bushfire crisis is still unfolding and the true impact is yet to be determined. 3 Develop a Natural Disaster Recovery Protocol, to streamline the response and information sharing between service providers, agencies and the whole of government. This protocol will better aid recovery and address community needs.
Funding – specific initiatives	<ol style="list-style-type: none"> 4 Increase investment in Bushfire Trauma Response Coordinators, as having a single resource per local government area will not allow for an effective and tailored response to those most affected. 5 Promote engagement between the PHN Bushfire Trauma Response Coordinator and other critical suicide prevention and mental health programs. 6 Commonwealth Government to fund and support the implementation of a 'best practice protocol' for the reporting on natural disaster events, inclusive of interview procedures with survivors and community members who have experienced trauma. 7 Government to support and fund the development of a natural disaster recovery road map/resource for communities. 8 Develop a Mental Health and Suicide Prevention Strategy in relation to mental health and suicide prevention in the aftermath of natural disasters such as the bushfire crisis. 9 Continue to fund and expand access to quality suicide prevention and mental health training for community members, emergency personnel and healthcare professionals to equip them with the ability to recognise and respond to the risk of suicide, particularly in bushfire impacted areas. 10 Fund community-led programs mainly targeted at children and young people in bushfire impacted communities.

Recommendations to government	
	<p>11 For Government to fund the development and adaption of existing suicide prevention and mental health training programs to support bushfire impacted communities.</p> <p>12 Despite the provision of funds to PHNs and local government areas, there's a need for government to further tailor support to the local communities in bushfire impacted areas. Wesley LifeForce Networks can provide for local implementation of support.</p>
Community awareness/consultation	<p>13 Improve the awareness of and access to flexible funding to equip communities in delivering local initiatives/events, while further reinforcing social connections and whole of community support.</p>
Workforce	<p>14 Government to consult and adequately resource existing service providers in bushfire impacted communities to build workforce capacity, prevent the incidence of vicarious trauma and aid longer-term recovery efforts particularly in suicide prevention and mental health wellbeing for community members.</p>

Collective recommendations for suicide prevention and mental health sector

- 1 Develop and run 'Disaster Recovery' resource materials in communities that support and normalise feelings through/after disaster e.g. 'Let's Talk' from Christchurch.
- 2 Assist with practical support to navigate relief responses, such as support with grant applications.
- 3 Focus resourcing on workshops and initiatives that build resilience and wellbeing.
- 4 Engage with communities when designing and delivering services.
- 5 Establish recovery groups and non-clinical support groups for individuals that are reluctant to access professional support. There's a need to prioritise education and passive education where necessary. Targeted social/hobby groups, such as soap-making, bingo and knitting can allow for organic/passive conversations about mental health and suicide prevention.

Actions by Wesley LifeForce

- 1 Assist existing suicide prevention networks in bushfire impacted areas to navigate through recovery and response services.
 - 2 Coordinate access to financial support, counselling and grief and loss programs.
 - 3 Develop additional resources for communities to aid their recovery, including a roadmap for recovery post a natural disaster, and communication protocol template for local service organisations to utilise and aid the sharing of information in the interests of the community.
 - 4 To continue to provide forums for Wesley LifeForce Networks to share their experiences, including through the Wesley LifeForce Online Community Hub Resource. This allows networks to connect and promote new and existing initiatives.
 - 5 Establish additional suicide prevention networks to encourage post-catastrophe community education and awareness on suicide prevention and positive mental health and wellbeing.
 - 6 Adapt training packages to be tailored and modified to natural disaster and recovery settings. Deploy an initial first draft of an adapted training program in areas impacted by bushfires to empower communities and build community resilience and capacity.
 - 7 Continue to engage with Commonwealth, State and Local Governments and PHNs to bridge community need and supports available.
-

12 Conclusion

Development of individual and collective knowledge, through forums and platforms such as the Bushfire Crisis Roundtable Conversations is a highly effective strategy that preserves social capital and economic capability of the community in the long run (West et al., 2020).

The Roundtable Conversations allowed community member voices to be heard and validated. With the resources and strategies discussed, attendees were encouraged and empowered to return to their communities and continue the long process of recovery. Attendees identified their current status amidst the impact of the bushfires, individually and as a community. Given the sense of normality harnessed around their emotions and mental health status, participants indicated a renewal of hope that they can support their communities by conveying their knowledge around what state of mental health and wellbeing to be expected after facing a natural disaster.

The invitation and opportunity for such discussions was one that none of the participants had come across before, highlighting the opportunity for future community forums and platforms. The consensus from respondents regarding what would work well in relation to support for bushfire impacted communities was that hosting similar forums as the Bushfire Crisis Roundtable Conversations is paramount to better understanding the support required during the restoration and rehabilitation process.

Communities that are trained and supported before and after a catastrophe such as the bushfires can persist and are prepared to respond well to future distressing events. The term resilience in this manner can be defined more so as being a continuous and progressive component in the growth and development of the community, as opposed to 'bouncing back to the original state' (West et al., 2020).

As the lead Commonwealth funded provider of community-led suicide prevention initiatives and training programs, Wesley LifeForce prioritises the need to building community resilience and equipping communities with the resources to support themselves in a time of crisis. We recognise that the process of grief and recovery is not linear, but by developing self-efficiency, communities are better prepared to tackle the challenges that accompany future, inevitable and multi-faceted events of drought, fire and rain.

In terms of long-term planning to support ongoing recovery, Wesley LifeForce Networks play a critical role in connecting the community to available supports. The Wesley LifeForce Suicide Prevention Training and Wesley LifeForce Networks programs can allow individuals to use their experiences, community support and training education on suicide prevention and mental health wellbeing to find stability and move forward from the bushfire calamity.

In advocating for our communities, we believe that addressing the highlighted recommendations can enhance current and future disaster preparedness and recovery efforts.

13 References

Australian Government Mental Health Response to Bushfire Trauma. Australian Government Department of Health. Last Updated: 20 January 2020. Retrieved from: <https://www.health.gov.au/health-topics/emergency-health-management/bushfire-information-and-support/australian-government-mental-health-response-to-bushfire-trauma>

Beyond Bushfires: Community Resilience and Recovery Final Report. University of Melbourne, Victoria, Australia. November 2016. Retrieved from: <https://apo.org.au/node/70873>

Common Stages of Disaster Recovery. Counselling Connection-The Official Blog of the Australian Institute of Professional Counsellors. May 26, 2014. Retrieved from: <https://www.counsellingconnection.com/index.php/2014/05/26/common-stages-of-disaster-recovery/>

MyFireWatch (2020). Government of Western Australia. Retrieved from: <https://myfirewatch.landgate.wa.gov.au/map.html>

Gourlay, C., Leslie, T., Martino, M., Spraggon, B. How heat and drought turned Australia into a tinderbox. ABC News Story Lab. 24 February 2020. Retrieved from: <https://www.abc.net.au/news/2020-02-19/australia-bushfires-how-heat-and-drought-created-a-tinderbox/11976134>

Substance Abuse and Mental Health Services Administration (2014). Trauma informed care in behavioural health services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13–4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

West, S., Visentin, D.C., Neil, A., Kornhaber, R., Ingham, V. and Cleary, M. (2020), Forging, protecting, and repairing community resilience informed by the 2019–2020 Australian bushfires. *J Adv Nurs*. doi:10.1111/jan.14306

Yu, P., Xu, R., Abramson, M.J., Li, S., Guo, Y. (2020), Bushfires in Australia: a serious health emergency under climate change. *The Lancet Planetary Health*, Elsevier. Vol 4, Issue 1, PE7-E8. [https://doi.org/10.1016/S2542-5196\(19\)30267-0](https://doi.org/10.1016/S2542-5196(19)30267-0).

Access support

Need help right now?

[Lifeline](#) 13 11 14

[Suicide Call Back Service](#) 1300 659 467

[Ambulance and Police](#) 000

Need support?

[Wesley Financial Counselling](#)

1300 827 638

[National Debt Hotline](#)

1800 007 007

[Wesley Gambling Counselling](#)

1300 827 638

[Wesley Edward Eagar Centre](#)

Crisis accommodation 1300 259 789

[Open Arms, Veterans and Veterans](#)

[Family Counselling Service](#)

1800 011 046

[1800RESPECT](#)

Domestic violence, sexual assault
and family violence

[Kids Helpline](#)

1800 55 1800

[MensLine Australia](#)

1300 78 99 78

[Counselling Online](#)

Drug and alcohol counselling
counsellingonline.org.au

[Family Drug Support Australia](#)

1300 368 186

[National Alcohol and Other Drug hotline](#)

1800 250 015

Homelessness services by state

NSW

[Link2Home](#) 1800 152 152

Victoria

[Crisis Accom. Service](#) 1800 825 955

Queensland

[Homeless Hotline \(HPIQ\)](#) 1800 474 753

Australian Capital Territory

[Call OneLink](#) 1800 176 468

Northern Territory

[ShelterMe](#) shelterme.org.au

South Australia

[Homelessness Gateway](#) 1800 003 308

Youth Gateway

(aged between 15 and 25 years)
1300 306 046 or 1800 807 364

Tasmania

[Homeless Connect](#) 1800 800 588

Western Australia

[Crisis Care](#) 1800 199 008

How can I get involved?

Join a Wesley LifeForce Network, which brings together people and organisations in local communities to raise awareness about suicide, while empowering members to develop suicide prevention strategies at a grassroots level.

Call 1800 100 024 or **email** lifeforce@wesleymission.org.au

Book suicide prevention training with Wesley LifeForce Training, which aims to educate and equip Australians with the tools to recognise and help someone who is at risk of suicide.

Visit wesleymission.org.au/suicide-prevention-training

For media reporting

Refer to Mindframe at mindframe.org.au for safe media reporting, portrayal and communication guidelines about suicide e, mental health, alcohol and other drugs.

Wesley Mission
220 Pitt Street
Sydney NSW 2000
PO Box A5555
Sydney South NSW 1235
(02) 9263 5555
communications@wesleymission.org.au
wesleymission.org.au

ABN 42 164 655 145
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Do all the good you can
because every life matters