Psychosocial support post emergencies is best delivered as a community-based activity.

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Abstract

At approximately 9:00pm on 17 March, 2018 a fierce windstorm hit the South West of Victoria. In excess of 23 grass and scrub fires were ignited. Fortunately, most of the fires were extinguished quickly, however two of the fires continued to burn well into the next day. Both fires had devastating consequences for the rural farming communities that were impacted. More than 40,000 hectares were destroyed along with 29 homes and over 10,000 livestock across 219 farms were lost.

To engage with the affected community, we designed a recovery outreach model called "Vantastic". The "van" initially provided information to fire affected rural communities on the side of the road. It was a one stop shop to obtain forms and seek advice about grants or funding. The van however, was designed to be much more than that.

The van provided a non-clinical, safe, supported community-based psychosocial model that drew the community to it. It drew the community out from their homes to participate in a weekly event that was relaxed and safe and a place to stop and share a meal, the van allowed the fire affected communities to talk to each other and most importantly to check in on each other.

The van provided consistency and respite for individuals who chose not to engage with formal mental health services. The concept of a non-clinical community-based model is not new and is supported by the Australian Psychological Society's Psychological First Aid Booklet and the Victoria Suicide Prevention Framework, however this form of engagement is not commonly practiced in an emergency recovery environment.

A resident affected by the devastating fires and a regular at the van said, "The van provided immediate access to information and disguised itself as a mental health support service to those who needed it. The van literally saved lives." Another fire affected resident attributed much of the survival of her community to the van and the comfortable approach it brings. "Initially I thought it was a hocus pocus idea as I've worked in community and rural health for 25 years. But the engagement of the van has been absolutely incredible."

The van was on the side of the road across four separate locations for over 40 weeks.

Context

Makwana states that, "After emergencies people are more likely to suffer from a range of mental health problems. Emotional instability, stress reactions, anxiety, trauma and other psychological symptoms are observed commonly after the disaster and other traumatic experiences. These psychological effects have a massive impact on the concerned individual and also on communities."[1] Hackbarth *et al.* state that disasters may put the victims in a state of despair and shock. This traumatic experience disrupts the fully-functioning life of the victims and brings loss for individuals, families and communities. Families experiencing natural disasters face a loss of their identity by losing the work they have been engaged. Also, there is a lack of hope and a disturbance of their roles in the respective community post-disaster.[2]

Having this knowledge enabled us to understand the challenges that the community would be confronted with following these fires. Based on this research we knew that there would be an increase in the need for mental health support post emergency. The World Health Organisation (WHO) further supported our belief by determining that a wide range of mental health problems increase as the result of emergencies as indicated in Table 1.

[1] Nikunj Makwana, Disaster and its impact on mental health: A narrative review, October 2019

[2] Hackbarth, M, Pavkov T, Wetchler J & Flannery M, Natural disasters: an assessment of family resilience following Hurricane Katrina. April 2012; 38(2):340-51.

Table 1. World Health Organization projections of mental disorders in adult populations affected by emergencies

	Before the emergency: 12-month prevalence[a]	After the emergency: 12-month prevalence[b]
Severe disorder (e.g. psychosis, severe depression, severely disabling form of anxiety disorder)	2–3%	3–4%[c]
Mild or moderate mental disorder (e.g. mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)	10%	15–20%[d]
Normal distress (no disorder)	No estimate	Large percentage

Notes: Adapted from WHO (2005; *3*). PTSD indicates post-traumatic stress disorder.
[a] The assumed baseline rates are median rates across countries as observed in World Mental Health Surveys.
[b] The values are median rates across countries. Observed rates vary with assessment method (e.g. choice of assessment instrument) and setting (e.g. time since the emergency, sociocultural factors in coping and community social support, previous and current exposure to adversity).
[c] This is a best guess based on the assumption that traumatic events and loss may contribute to a relapse in previously stable mental disorders, and may cause severely disabling forms of mood and anxiety disorders.
[d] It is established that traumatic events and loss increase the risk of depression and anxiety disorders, including PTSD.

Not only can emergencies have a profound effect on body and mind, but as Gordon's research shows it also affects a person's social system. Following an emergency, people go through a debonding or social disconnection phase. Gordon states that, "Emergencies create widespread social disruption, which easily translates into degraded quality of life and undermines the social fabric of the affected community. [3] Ommeren et al found that by encouraging normal activities with active participation in the community, community stress could be reduced[4] and people should be encouraged to engage in tangible, purposeful activities of common interests. Strengthening community bonds would also help to reduce the effects the disaster would have on people's mental health.

[3] Gordon, R (2004) The social system as a site of disaster impact and resource for recovery. Australian Journal of Emergency Management, 19(4), 16-22

[4] Ommeren, M, Saxena S & Saraceno B, (2005) Mental and social health during and after acute emergencies: emergency consensus? Bulletin of the World Health Organisation, January 2005, 83 (1)

Mental Health Statistics

Combined with the above evidence that mental health deteriorates post disaster and the negative impacts emergencies have on social bonds, the below statistics in relation to mental health pre disaster provide a grim overview of the communities mental health status in our region. Suicide in South West Victoria is growing. Research by the University of Melbourne using data from the Victorian Suicide Register (2009-2014) revealed that:

- *Deaths from suicide in the Great South Coast region doubled between 2009-2014 with*
    - *65% of suicides were people working on farms*
    - *84% of Great South Coast suicides were middle aged men aged between 35 and 63 years*
    - *44% who died were being treated for physical illness and pain or injury*
    - *25% of men w*ho died by suicide were perpetrators of partner violence.

Combing the data of suicide statistics in the region pre disaster with the evidence of an increase in the need for mental health support post disaster and with most of the affected farmers male and over the age of 45, we knew we had to provide a model that would engage them but also be inclusive of women and children. Through initial engagement, we quickly learnt that farming men also lived up to some of the stereotypical clichés in that they were too proud to talk about mental health, and that they were strong and invincible on the outside. Initially we phoned all of the fire affected communities and a common response was, "I'm ok. There are others that have been more affected than me." From this consistent response, we knew that they were not going to respond to telephone calls asking them about how they were going. And we knew that during early discussions that they would not actively engage with social workers or psychologists, who they would often refer to as "quacks". One state based agency had a flyer that contained the words "financial counselling" and with just the word "counselling" many farmers discounted the service because they were of the opinion that they did not need to be counselled.

Further concerning statistics were that:

- 54% of people with mental illness do not access any treatment[5]

[5] Commonwealth of Australia. (2010). National Mental Health Report 2010. Canberra, Australia.

- Suicide is the number one cause of death for people aged between 15 and 44 in Australia [6]
- Men are at greatest risk of suicide but least likely to seek help. In 2011 men accounted for over three quarters (76%) of deaths from suicide [7]
- An estimated 72% of males do not seek help for mental disorders[8]
- One in seven Australians will experience depression in their lifetime[9]
- The World Health Organisation estimates that depression will be the number one health concern in both the developed and developing nations by 2030[10]

Our community-based strategy

Armed with the research and statistics, combined with discussions with the community we knew that we had to have a model that encouraged not only male farmers but women and children to come together regularly, informally and at a convenient location. The model needed to fit with their farming lifestyle and be flexible and be a place where they felt they could express their opinions and views without judgement.

Knowing that "It has been recognised both in Australia and internationally that psychosocial support in emergencies is best delivered as a community-based activity, rather than within a medical health system"[11] we had discussions with the community about what types of community-based activities they would engage in. They all said they were not interested in attending formal committee style activities, or other large events that required them to dress up and be paraded around town at inconvenient times.

What they did want is for us to come to them, as a sheep farmer from the Gazette fire stated, "People wouldn't drive to a hall or into town." It also needed to be informal, a place that didn't require farmers to change their clothes and it needed to be at a convenient location and time (not

[6] Black Dog Institute (https://www.blackdoginstitute.org.au/research-areas/suicide-prevention/)
[7] Department of Health and Ageing. (2013). National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Commonwealth of Australia, Canberra. 9. Australian
[8] Black Dog Institute (https://www.blackdoginstitute.org.au/research-areas/suicide-prevention/)
[9] Australian Bureau of Statistics. (2009). National Survey of Mental Health and Wellbeing
[10] World Health Organisation. (2008). The global burden of disease: 2004 update
[11] Australian Psychological Society's Psychological First Aid Booklet

during milking) and provide them a purpose to visit. We decided that the best method to meet their needs would be with a van.

A van would enable us to visit multiple locations across the two fires each week at a consistent time and simply pull up on the side of the road. Initially the van provided a transactional service where forms and information were dispensed and advice and information shared. These regular interactions is where relationships were established and trust was built. As time progressed the length of time people would spend at the van increased and we witnessed people meeting for the first time and having a conversation over a cup of coffee. To further enhance the social bonding that was occurring and to encourage opportunities for longer discussions we started to provide meals at each location. By providing a meal it established a weekly routine where they looked forward to coming each week.

A Garvoc dairy farmer who regularly visited the van said, “Why I visit the van is that it was a good meeting place, it was a great meeting place. It was important for the community to have the van, the importance of the van can’t be underestimated. It brings people together, it's a place to meet and greet and chat, and also eat, it just gives you time out and something to look forward too. You can vent your anger and frustrations out with others, we are all in it together and as a community the van brings people together and I think that's really important. It's helped bring our community together, it's also been a wonderful resource centre to be able to access information on how to do what and how to access what, how to get help where and when. The most important thing is checking up on your neighbours, if your neighbour is not there well why isn’t your neighbour there? It's a very non-intrusive way of just checking up on your neighbours and ensuring that they are ok - from a mental health perspective it's just been fantastic. I love going down there.”

There were many in-depth and emotional conversations had at the van. Some were conducted as very private discussions during a walk up the road, and others occurred amongst peers. Many of these conversations conducted between peers created a foundation for social bonding and care for each to develop. The Sphere Handbook outlines that, “Strengthening community psychosocial support and self-help creates a protective environment, allowing those affected to help each other towards social and emotional recovery. Focused individual, family or group interventions are

important, but do not necessarily have to be provided by mental health professionals. They can also be provided by trained and supervised lay people." [12]

As time went on relationships continued to develop both at the van as well as outside the van. The van had provided the opportunity for friendships to be developed to a point where they could support each other as part of their day to day lives. There were many occasions where the challenges of recovery were overwhelming and because of the van, they could rely on each other for support. A Garvoc dairy farmer, attributes much of the survival of her community to the van and the comfortable approach it brings. "Initially I thought it was a hocus pocus idea as I've worked in community and rural health for 25 years. But the engagement of the van has been absolutely incredible." She further added that the van worked because it wasn't labelled as a mental health van it was there for all the community to gather if they wanted.

Why it worked

A resident affected by the devastating fires and a regular at the van said, "The van provided immediate access to information and disguised itself as a mental health support service to those who needed it. The van literally saved lives."

A dairy farmer from Garvoc, who regularly attended the van said, "That when you go to the van you found out that other farmers had similar problems and were going through the same things you were going through. It was just good to talk to them and discuss things with them. Sometimes we had the same worries and other times it was just a day out. A coffee and a talk. It was a good place to get rid of your stress."

A community-based activity is not new; Keet, *et al*, describes community-based mental health services, typically consist of a multidisciplinary, multi-service therapeutic care network that can provide a broad spectrum of flexible interventions tailored to the needs of users, which will ultimately allow people to recover in their home environment with support from their social

[12] The Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018

network.[13] Although psychosocial support delivered as a community-based activity is not new in general mental health services it is rarely practised, post disaster. But what the van highlights is that this model of outreach could be used in any community and provide benefits.

The van provided an informal, safe place where friends and neighbours could check up on their mates. "If somebody wasn't at the van, why weren't they?"

The van:

- Allowed peers to check in with each other in a non-intrusive manner;
- Provided a safe place to share experiences;
- Provided respite;
- Connected people;
- Was informal and nonthreatening;
- Engaged with a demographic that is notoriously difficult to engage with, without excluding women and children;
- Improved the mental health of the impacted community by building new routines, provided an opportunity to have a chat, encouraged them to undertake activities that made them feel happy; it created a new environment where they felt safe and comfortable – something to look forward too;
- Created a trusted environment where people felt comfortable to seek further mental health support;
- Connected people with further support services
- Provided a means for us to monitor/evaluate the health and wellbeing of attendees and organise interventions when required
- Built resilience within an affected community
- Was consistent. It met at the same four locations on the same day and time for over 40 weeks
- Facilitated the opportunities for micro projects to occur

[13] Keet R, Recovery for all in the community; position paper on principles and key elements of community-based mental health care, BMC Psychiatry volume 19, Article number: 174 (2019)

National suicide prevention implementation strategy 2020-2025 states that, "…non-clinical, community-based, home-like environments with services staffed by a combination of peers and community support workers, where they feel safe, supported and genuinely understood, would best help them through a crisis and promote recovery."[14] By coming to them, we provided that home-like environment and most importantly we provided the space that enabled social bonding to occur, in a neutral environment that allowed community friendships and trust with one another to develop. Once segregated communities were now coming together to support each other; resilience was being built. It was not just in one location it was across all four locations and quite remarkably, relationships developed between community members from all the fires, because of the social bonding that occurred at social gatherings that were coordinated by us.

Whilst many people attended the van for many reasons a common outcome was that they were provided with psychosocial support from their peers.

The statistics

Over 700 people visited the van with an average of 20.4 each week. The statistics below provide further details:

Van Statistics		Total
Individuals who visit the van	71 (Garvoc) 33 (Gazette)	104 people
Gender	Males 20 (Gazette) Females 13 (Gazette) Males 43 (Garvoc) Females 28 (Garvoc)	Males 63 Females 41

	Weekly	Total (40 weeks)
Sausages cooked at the van	48	1,920 sausages
Kilometres driven by the van	213.4 kms	8,536 kms
Fuel to fill up the van	40 litres	1600 litres
Tim Tams eaten at the van	48 tim tams	1,920 tim tams
Hot drinks served at the van	36 hot drinks	1,440 hot drinks
Connections	416 connections	14,976

[14] National suicide prevention implementation strategy 2020-2025

Communication and building of trust has proven outcomes for the community. The following communication statistics outline our commitment to conversation.

Communication	Weekly	Totals (40 weeks)
Weekly SMS/Texting	160 messages sent weekly	6,400 texts 320 hours (mostly after hours)
Newsletter distribution	280 per month	2800
Telephone conversations	12 calls weekly (on average)	480 calls 80 hours of conversations
Home visits	4 per week	160 visits
Non-judgemental conversations at the van	10 hours	400 hours

The van was extremely successful in engaging with men between the age of 35 to 63 years which is a critical age group at a higher risk of suicide.

Age of males who visit the van		Total
Males (35-63yoa)	16 (Gazette) 23 (Garvoc)	39
Males (+63yoa)	3 (Gazette) 13 (Garvoc)	15
Males (<35 yoa)	7 (Garvoc) 1 (Gazette)	8

Conclusion

The van enabled us to provide a truly community-led approach that not only provided psychosocial support as a community-based activity to devastated communities but also rebuilt social connections and therefore, built communities. Remarkably, this model worked over the four locations it visited, and it worked because we listened to the community and changed and adapted the model to meet their needs. The beauty of the model is that it enabled the van to go directly to the devastated community and pull up on the side of the road. The van encouraged and successfully drew the community out from their homes, initially to get information, but it evolved into a weekly activity that the community looked forward to. It was a place to stop and gather, share a meal and talk to each other. It allowed neighbours to come together and provide advice

and support to each other. It was a safe place where people could discuss concerns or issues with their peers and they could talk about how they were feeling and even cry if they needed - no one was judged at the van.

Most importantly it wasn't labelled as a "mental health van" or a place to go and get mental health support but it was a place where psychosocial support was provided. As a result of the supportive environment the van created, it enabled the community to connect with each other and build social bonds that would last long after the van had gone.

There is no doubt that disaster recovery works best when it is led by the community and the van is testament to that. As a place to offer psychosocial support, the van has been an overwhelming success. The van saved lives.