FRAMEWORK FOR A BUSHFIRE COMMUNITY-BASED MENTAL HEALTH AND PREPAREDNESS PROGRAM FOR RURAL AUSTRALIAN COMMUNITIES

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Framework Development

A scalable framework for community recovery and preparedness was developed from the Phoenix Project across four phases.

Phase 1

Community and stakeholder consultation were used to better understand rural Australian community needs. This phase included stakeholder mapping, engagement and meeting with key stakeholders in the regions as well as extensive community outreach and engagement activities. A series of in depth interviews with community members was undertaken, to understand rural Australia community wellbeing and support needs, preparedness and recovery needs, community strengths, and program preferences.

Phase 2

The information gleaned from Phase 1 was used to refine the international community-based disaster mental health intervention (CBDMHI) to suit the context of rural Australia and bushfires. During this phase a local advisory group was formed, and community leaders were consulted with regard to the program adaptation to ensure that the program met the needs and preferences of rural Australian communities.

Phase 3

The program was then implemented within a rural Australian community and trialled for its utility, feasibility, acceptability, and helpfulness. Community members who attended completed a series of measures before and after the program, and again after 6 weeks, and also took part in an interview 1 month after program completion. Results showed utility in increasing preparedness, as well as in improving resilience and decreasing distress. Community members found the program to be helpful and enjoyable. Acceptability was high and the program was also shown to be feasible for rural communities. Additional insights into the program were also gained through the follow up interviews.

Phase 4

Following implementing the program within rural Australia, the feedback and outcomes from the trial were reviewed by the project team. Further consultation with stakeholders and the wider research literature was then undertaken, with the program further refined in line with learnings from the trial. Taken together, a framework for supporting rural Australian communities was developed.

A Framework Tailored for Rural Australia

Rural Australians are most likely to be impacted by extreme weather events, being both more likely to be exposed and also more economically impacted (Palinkas & Wong, 2020) than those living in metropolitan areas. Following Black Summer and during the first wave of COVID, it was noted that rates of clinically

relevant psychological distress was 2.5 times higher among young people living in rural areas compared with those residing in major cities (Lykins et al., 2024). Further, repeated exposure to extreme weather events both a) increases the risk of developing a mental health disorder, and b) amplifies and increases existing levels of psychological distress (Bryant et al., 2021). Yet, service access remains limited in rural Australia, with reduced accessibility of mental health professionals (AIHW, 2024). Further, additional barriers to accessing mental health services, including heightened stigma, are noted in rural Australia (Cheesmond et al., 2019). Accordingly, accessible mental health programs that overcome traditional barriers such as access and stigma are critical to supporting rural populations, especially as climate change intensifies and risk of exposure and repeated exposure to extreme weather events increases. The current framework is developed specifically for rural Australian communities and is designed for the program to be community based and led, and tailored to local community needs.

Community Led and Based

The framework is an approach that supports local community needs. A community is understood as members of a geographical area who view themselves as being a community. A community may thus represent a village, town, LGA or region. The Australian CBDMHI is designed to be community based, and conducted in central locations within each local community. The program is designed to be run or co-run by local community members for the local community.

Tailored for Community Needs

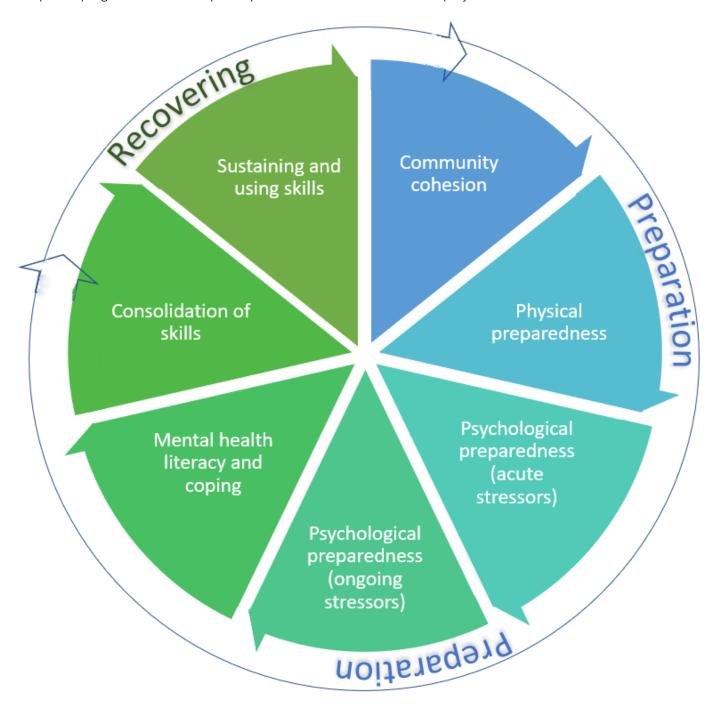
It is critical that programs are adapted to suit each local community context, drawing on community strengths and preferences, and addressing community vulnerabilities. Local adaptations may include language, examples and scenarios used, specific activities, and delivery mode. The tailoring of the program should be guided by local community members and take into consideration local knowledge and expertise.

Preparation and Recovery

Preparation and recovery are inextricably linked and should be viewed as one continuous process. Recovery from a hazard exposure needs to include preparation for any future event, with preparation critical in mitigating mental health and community cohesion impacts of natural hazard exposures. Natural hazard-based wellbeing programs need to consider the continuous cycle of recovery and preparedness and may best be timed outside of recovery only.

Community-Based Mental Health Framework

Specific program manuals are publicly available from the authors and project website.



| Community cohesion | Working together | Understand the value of working together; Peer and community support and problem-solving; Develop peer support skills |
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| Physical preparedness | Protecting your home and family | Be familiar with disaster management and plans; Understand resilience and mitigation measures; Know strategies to prepare for extreme weather events |
| Psychological preparedness (Acute stressors) | Feeling emotionally prepared | Become familiar with psychological preparedness; Use grounding as a form of coping; Identify personal responses to immediate threats; Develop a coping plan |
| Psychological preparedness (Ongoing stressors) | Feeling emotionally prepared | Differentiate what is and what is not within control; Be familiar with strategies to help distance unhelpful thoughts; Understand the value of being able to focus attention on the present |
| Mental Health Literacy and Coping | Wellbeing, burnout and facing stress and challenges | Be familiar with definitions of mental health; Understand and recognise common mental health concerns; Identify stressors and understand how these can overwhelm coping abilities; Identify coping strategies |
| Consolidation of Skills | Bringing it together | Consolidate and practice skills |
| Sustaining and using Skills | Future Planning | Retain knowledge and skills to ensure can be used when needed |

Community Embedding

Success of community-based programs is supported by embedding knowledge and resources within the community. Training of co-facilitators support knowledge retention. Additional methods of retaining knowledge and embedding the program within each local community supports sustainability of impact. Embedding mechanisms will be community dependent, but may involve integration into existing organisations (e.g., knowledge being transferred as part of an existing community role or leadership) or community groups, or through other stakeholders in the regions, alongside embedding through knowledge dissemination within the community. Planning with community members, groups and stakeholders is crucial for supporting local communities into the future and supporting the sustainability and impact of programs. Embedding the knowledge and retaining skills help to maintain ongoing preparedness and also helps the community in the event of a stressor or exposure to extreme weather event—forming a critical part of supporting communities throughout the recovery to preparedness cycle. Utilising the skills and knowledge learned will support a community through recovery and rebuild to preparedness for any future events or exposures.