

Phoenix Project: Mental Health Integrated Bushfire Preparedness

Curriculum Manual

1 day training



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Phoenix Project Team:

In Australia: A/Prof Suzie Cosh, A/Prof Amy Lykins, Dr Phil Tully, A/Prof Warren Bartik, A/Prof Clara Murray, Ms Caitlin Pike (PhD candidate), Ms Joanne Robinson and Ms Henriette Dohnt, University of New England; Intervention Research Advisor: Courtney Welton-Mitchell, Colorado School of Public Health & Natural Hazards Center; Community Co-facilitator: Rob Perkins

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For permission to use the Australian adaptation manual, please contact Suzie Cosh (scosh@une.edu.au), Amy Lykins (alykins@une.edu.au) or Courtney Welton-Mitchell (Courtney.welton-mitchell@cuanschutz.edu)

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INTRODUCTION TO PHOENIX PROJECT BUSHFIRE CURRICULUM

OBJECTIVES

MODULE 0 - Introduction to Phoenix Project – Bushfire Curriculum

Obj1: Understand the history, evolution and purpose of the manual.

Obj2: Understand the intended training outcomes.

Obj3: Be aware of the supplies needed to facilitate various components of the training.

OVERVIEW

Climate change is increasing the intensity and frequency of natural hazards, including bushfires. As such, it is crucial that communities are prepared for future bushfires. Preparedness is often focused on material components (such as preparing the landscape, putting together a 'go bag') and evacuation planning. Rarely are psychological or social components addressed in preparedness training. This mental health integrated bushfire preparedness curriculum has been designed to fill that gap.

The "Phoenix Project: Mental Health Integrated Bushfire Preparedness" Curriculum Manual - 1 day training, was designed to enhance the physical and psychological preparedness and resilience of communities impacted by bushfires in Australia during 2019/2020 (known as 'Black Summer'). The intervention is intended to address challenges resulting from past exposure, and to support communities that are at continued risk from bushfires.

This curriculum manual has been prepared by a consultant research advisor working with the Phoenix Project team, Dr. Courtney Welton-Mitchell, Director of the Climate and Disaster Resilience program at the Colorado School of Public Health. In addition to her broader work in climate, disasters and emergencies globally, she is a trained mental health therapist and intervention researcher, specialising in traumatic stress and disaster mental health. This intervention draws on elements of mental health integrated disaster preparedness interventions she has used successfully with earthquake, flood and violence-affected communities across a wide range of contexts and countries, adapted for the bushfire context in Australia (1-6). The intervention also incorporates a broader literature and recent research on risk and protective factors among fire affected communities in settings outside of Australia, such as those impacted by the Marshall Fire in Colorado (7).

The manualized "Mental Health Integrated Bushfire Preparedness" Curriculum-based intervention is an evidence-informed approach to building community resilience for those at risk from natural hazards, specifically bushfires. This curriculum is referred to as '*evidence informed*' because it builds on intervention curricula that has been rigorously tested, but not in this specific setting (Australia) or for this specific purpose (bushfires). Once additional data is collected on the efficacy of this specific intervention, we can refer to it as '*evidence-based*'.

Like the interventions upon which this is based, this curriculum manual is designed to be adaptable across contexts. In order to facilitate adaptations, community members must be part of the co-creation process (which is intended to be an interactive process). Community members should also be trained to facilitate or co-facilitate and support any evaluation of the intervention. As part of this process, a Community Advisory Committee can also be formed to provide additional guidance and input throughout the process of design, implementation and evaluation.

Additionally, an initial consultation phase is recommended as part of this adaptation process. In Australia 12 semi-structured interviews were conducted by the Australia team with community members during this formative phase. This qualitative feedback was reviewed for themes associated with 'bushfire preparedness',

social cohesion, help-giving and help-seeking, and mental health/psychological distress, among other content. Understanding more about the community helped to inform the initial draft of this intervention.

BACKGROUND

Before moving forward with this curriculum it may be useful to provide some content on the catastrophic “Black Summer” bushfires in Australia 2019/2020. The fires:

- Lasted nearly 12 months in various parts of the country, although bushfires were mainly in the east,
- Burned an estimated 60 million acres (8,9),
- Destroyed over 6000 buildings (primarily homes) (10),
- Resulted in the death of 462 people - 33 directly fire related (10), 429 from smoke inhalation (11),
- Contributed to the deaths of an estimated 3 billion animals (12).
- Resulted in psychological distress, especially for those with direct exposure, including high rates of depression, anxiety and PTSD (13,14).

When our team spoke to people in this community at the start of the project we heard: “...it was horrendous to watch four or five thousand acres just burn out in two hours... it’s not something we have ever seen before.”

We know from a broader literature and recent research on fire affected communities, that such bushfire exposure can have mental health impacts (15). Studies from wildfires in California and Australia underscore the potential for high rates of depression and PTSD months after a fire, especially among those experiencing property loss (15). Higher rates of suicidal thoughts and increased substance use have also been reported among fire-affected communities compared to nearby areas (17). Research among Australian bushfire survivors five years after an event indicates that such mental health challenges can persist for years (18).

Some factors may increase the potential for adverse mental health outcomes following a disaster, while other factors may be protective. For example, being exposed to reminders of disasters has been associated with worse psychological outcomes over time, including PTSD, depression, anxiety, and functional impairment (19,20). There is evidence to suggest however, that social support and social cohesion may mitigate distress among disaster victims, including those experiencing fires (16). Furthermore, psychological preparedness, certain forms of coping and resilience-related approaches - including benefit-finding and post-traumatic growth, have been associated with wellbeing following exposure to disasters (21, 22, 23, 24,7).

This curriculum manual is designed to incorporate many of these components, mitigating risk and enhancing resilience.

TRAINING OUTCOMES

In communities at risk for bushfires and other natural hazard related disasters this training aims to –

- Increase social/peer support and community cohesion;
- Increase physical preparedness;
- Increase psychological preparedness;
- Increase coping skills (focused on both acute and chronic stressors);
- Reduce mental health symptoms, and enhance wellbeing.

LOGISTICS

For this initial pilot version of the Bushfire training in Australia, the Phoenix Project team is working with the local Rural Fire Service (Armidale LGA, NSW). The primary community supported through this project is the village of Ebor in rural New South Wales. Ebor has a population of 149 residents, most of whom are Euro-Australian farmers or pensioners. Ebor experienced two major bushfires during Black Summer that threatened the village. Although no houses were lost, structures were destroyed, livestock died (primarily cattle), and there was significant damage to fencing infrastructure and local national parks. The village is at continued risk of future bushfires.

This curriculum contains an introductory module (module 0) and five content-specific modules (modules 1-5).

| Module | Content |
|--------|--|
| 0 | Introduction to Phoenix Project – Bushfire Curriculum |
| 1 | Working Together (Peer Support and Community Cohesion) |
| 2 | Protecting Your Home and Family (Physical Preparedness) |
| 3 | Feeling Emotionally Prepared (Psychological Preparedness) |
| 4 | Wellbeing and Burnout, Facing Stress and Challenges (Mental Health Literacy, Stress and Coping) |
| 5 | Bringing It All Together |

Each module is associated with objectives, listed below and at the front of each section in the manual.

MODULE 0 - Introduction to Phoenix Project – Bushfire Curriculum

Obj1: Understand the history, evolution and purpose of the manual.

Obj2: Understand the intended training outcomes.

Obj3: Be aware of the supplies needed to facilitate various components of the training.

MODULE 1 - Working Together (Peer Support and Community Cohesion)

Obj1: Understand the power of the community in terms of support and problem-solving.

Obj2: Become aware of the value of peer support.

Obj3: Acquire knowledge of peer support skills.

Obj 4: Practise utilising peer support skills.

MODULE 2 - Protecting Your Home and Family (Physical Preparedness)

Obj1: Become familiar with and utilise 'Bushfire Ready' knowledge.

Obj2: *[can add more as needed, check with RFS].*

MODULE 3 - Feeling Emotionally Prepared (Psychological Preparedness)

Obj1: Become familiar with psychological preparedness.

Obj2: Identify personal responses to threats.

Obj3: Become familiar with grounding as a form of coping with immediate threats.

Obj 4: Develop a personal coping plan for situations of immediate threat.

MODULE 4 - Wellbeing and Burnout, Facing Stress and Challenges (Mental Health Literacy, Stress and Coping)

Obj1: Become familiar with definitions of mental health and wellbeing.

Obj2: Understanding and recognize common mental health concerns in ourselves and others, including grief/loss, depression, suicidal thoughts, alcohol and drug abuse.

Obj3: Identify stressors and understand how stressors can overwhelm our coping abilities.

Obj4: Identify preferred forms of coping with chronic stressors.

MODULE 5 - Bringing It All Together

Obj1: Practise Recalling Knowledge and Skills Covered in Prior Modules.

Obj2: Practise Utilising Knowledge and Skills Covered in Prior Modules.

The framework and timing for the 1-day training is described below:

| Time | Activity |
|-------------|---|
| 9:30-10 | Welcome/coffee |
| 10-10:15 | Introduction to Phoenix Project – Bushfire Curriculum |
| 10:15-11:15 | Module 1: Working Together (intro and peer support/community cohesion session) |
| 11:15-12 | Module 2: Protecting Your Home and Family (physical preparedness) |
| 12-12:45/1 | <i>Lunch</i> |
| 1-2 | Module 3: Feeling Emotionally Prepared (psychological preparedness) |
| 2-3 | Module 4: Wellbeing and Burnout, Facing Stress and Challenges (mental health literacy, stress and coping) |
| 3-3:15 | <i>Break</i> |
| 3:15-4:00 | Module 5: Bringing It All Together |
| 4:00 | Post training survey |
| 5:30 | Dinner |

SUPPLY LIST

To prepare for the interactive activities you will need to have some materials available.

1. You may also want to print out copies of the manual for the team to have on hand.
2. Print out worksheets that are associated with some sections (such as 'psychological preparedness').
3. Consider printing any important images from the manual (such as those in the 'psychological preparedness' section).
4. Large newsprint can be used if you want to create materials to summarise important content of the manual in advance.
5. Large newsprint can also be useful as a way to take notes or highlight participant feedback that comes up during the training.
6. If you do bring newsprint you may want to bring a few pads and remember to bring enough markers to use.
7. Rock Exercise - you will need a small to medium rock (of about 1-2 kgs) for participants to try to lift with 1 finger (it should not be possible for one person to lift with one finger but it should be possible for more than one person, ideally 3-5 people, to lift if all using one finger, each at the same time).
8. Marble and Tissue Exercise - you will need marbles or small stones, plastic cups, rubber bands, tissues, spray bottle with water.
9. Ball Exercise - you will need approximately 10 sheets of blank paper for 'ball' activity. Prepare items on each sheet of paper in the ball in advance.
10. You may want to provide notebooks and pens for participants to take notes during the training.
11. You may want to provide bags for participants to carry any materials during the training. Inexpensive cloth bags can also be used to print information related to the training for reference for participants after they leave the training.

MODULE 1: WORKING TOGETHER (PEER SUPPORT AND COMMUNITY COHESION)

OBJECTIVES

MODULE 1 - Working Together (Peer Support and Community Cohesion)

Obj1: Understand the power of the community in terms of support and problem-solving.

Obj2: Become aware of the value of peer support.

Obj3: Acquire knowledge of peer support skills.

Obj 4: Practise utilising peer support skills.

FACILITATOR NOTE: You may want to provide incentives (such as a training certificate, gift cards, food) for participants. You may want to go over some ground rules at the start of the training (for example, related to confidentiality, use of phones, breaks, etc.). Facilitators should determine what is appropriate in the local setting.

Welcome to this interactive training. We're very happy that you have chosen to participate and we hope that you will learn things that will benefit you, your family and your community. We also look forward to hearing ideas from you throughout this training. You are experts on your own experiences and those of your community, and we can all learn more if everyone here is open to sharing with each other.

Let's spend a few minutes on introductions. Let's each say our name, and you can mention something about your work, family, or something interesting or funny about yourself.

Now, I would like to share a bit about how and why we developed this training...

FACILITATOR NOTE: paraphrase for content above (explanation of the training) from introductory section, using as much or as little detail as is useful.

Before we move on to the actual training -

We would like to begin by acknowledging the Traditional Owners of the land on which we meet today. We would also like to pay our respects to Elders past and present. For more, see:

<https://www.reconciliation.org.au/>

Next... **FACILITATOR NOTE:** include any discussion of ground rules as necessary here..]

Finally, we want to recognize that some people get anxious and uncomfortable when discussing, or imagining, emergency or disaster events.

- Some of us have experienced specific events that may make us anxious, for example, a bushfire or other emergency or disaster event.

For example, when our team spoke to people in this community about past bushfires, they explained how difficult it can be to talk about: "...you know, it's all stressful, but it's hard, yeah bring(ing) back and talk(ing) about it gets a bit tough at times..."

- Also keep in mind that even people who have never experienced a bushfire can feel anxious, avoidant or overwhelmed when talking about emergency preparedness.
 - Despite this, I believe many of us would agree that it is still very important to talk about and prepare for emergencies.

Please feel free to step out if you are uncomfortable or overwhelmed. If you do step out, we hope you will rejoin us if you can. We can connect you with specific supports if you like.

FACILITATOR NOTE: need to have mental health and possibly other types of referrals ready to provide during the training if needed. In this specific setting and community, per the Australia project team, “telehealth or travel to Armidale/Coffs, and Healthwise and RAMHP may have resources.” Additionally, determine a plan for checking on anyone who steps out during the training (for example, do you want to ask participants to give a ‘thumbs up’ if they are going to the toilet or taking a call?). Can normalise distress. This can be discussed at the outset in terms of the training logistics/rules as useful.

ROCK EXERCISE

Now, I would like to do a brief exercise that I hope you will find to be fun and a bit silly. This exercise actually has a serious purpose however. It is designed to help us to think about the power of a group.

FACILITATOR NOTE: Collect a medium sized rock that weighs a few kilograms in advance. Before the participant lifts the rock, emphasise that the person can only use one finger. Ask for several other volunteers to try to lift the rock with only one finger. It won’t be possible. However, when others are asked to join in (with one finger each), the rock is able to be lifted. Practice in advance to ensure that you are selecting a rock of an appropriate size.

- Do you notice the large rock sitting in this room?
- I would like someone to volunteer to lift this rock using only one finger.
- It does not seem possible to lift with one finger, does it? Would someone else like to try?
- Now, let’s see what happens when many people work together to do this difficult task. It seems the rock can be lifted now.

FACILITATOR NOTE: Ask the WHOLE group to lift the rock together with each member only using one finger. After the group successfully lifts the rock (together, with multiple people using one finger each), lead the group in a discussion about the significance of this activity.

What does this suggest about the power of a group to support an individual?

Suggested brief discussion to follow:

Perhaps discuss how we can accomplish difficult tasks together that we might not have been able to do individually (like disaster preparation); support each other in carrying our burdens (including mental health burdens).

- Can you think of other examples of ‘strength in numbers’ or how the group can be more powerful than an individual?

This activity is designed to show us the value of the group, in other words - how there is strength in numbers.

Some communities work together well, others work more independently, but we can all benefit from focusing on the value of coming together as a community and helping our neighbours (or ‘strength in numbers’).

Events like a bushfire or other emergencies or disasters can sometimes bring communities together and other times seem to tear communities apart.

We heard a bit about how the community bands together in times of crisis. For example, this quote...

When our team spoke to people in this community about social relationships we heard: "...when there's an emergency, people do rally... but as far as contributing, there's not a lot of social interaction 'round the village ...people just float along and do their own thing..."

Do you have any thoughts or reflections about how the bushfires might have impacted this community in terms of coming together?

The support of a community during difficult times can make a big difference in the wellbeing of the community. Reaching out to and supporting our neighbours can have a positive impact on their wellbeing, sometimes making a bigger difference than even the support of a professional. However, some people don't feel comfortable reaching out or providing emotional support for others because they aren't sure what to do or say, or perhaps they are worried they will say the wrong thing.

Next, we will spend a bit of time thinking about how best to support our family, friends and neighbours.

PEER SUPPORT INTRODUCTION

Now we will turn our attention to thinking about ways to support each other, in times of stress, and at other times.

It is not uncommon for people to prefer talking to their family as well as friends, co-workers, neighbours when they are experiencing stress, rather than talking to a professional or service provider from outside the community. Would you say that is true in this community?

Could you share some thoughts and examples about this? (without sharing names or others' personal details)

'Peer support' refers to a process through which people who face similar challenges come together as equals to give and receive help. Our neighbours may know best how to help us because they might have experiences that are similar to our own.

Peer support is really about providing a listening ear. We know that this type of support can make a huge difference in someone's life, improving wellbeing and even helping our friends and neighbours to feel less stressed out or frustrated.



Peer support changes lives.

FACILITATOR NOTE: In this section you might want to ask a few questions at the start such as –

- Do people in this community think it is OK going to each other for material support (such as borrowing tools, equipment, or asking for help with the kids)? What about for emotional support (such as asking to talk to someone when they are feeling sad or lonely)? Is that an OK thing to do?
- Would you feel comfortable going to someone in this community for material support? What about for emotional support?
- Are there things that can get in the way (barriers) to asking for or receiving certain types of support?
- What are some 'social rules' about asking for help? Is that something that is discouraged, and if yes, why?
- We will be talking about bushfire preparedness today. Did people in this community help each other when the bushfires happened during 2019-2020? Can you provide some examples?

ASKING FOR HELP AND HAVING DIFFICULT CONVERSATIONS

Before we go on to the next section focused on peer support skills, let's take a moment to think about how to ask for support, how to give support, and how to have difficult conversations.

Example1: A man wants to ask his friend for suggestions about how to deal with his chronic insomnia/inability to sleep that started just after the bushfires. However, he feels uncomfortable and doesn't know how to approach this friend.

- **How might you tell him to approach his friend?**
- **What would you tell someone who was afraid to ask for help?**
- **How would you respond to someone who reached out for this type of help?**

Example2: A family wants to ask their neighbour to reduce the fuel (dead tree branches) around their house to reduce the risk from bushfires.

- **How might you tell the family to approach their neighbour to minimise potential conflict and not make their neighbour feel uncomfortable?**

PEER SUPPORT: CORE SKILLS

You do not need to be a trained mental health expert to offer peer support to someone. Let's take a few minutes to go over some basic skills.

Act out a 'good listener' and 'bad listener' in this section. Have team members model 'bad listening' and then ask the participants what they noticed that may have contributed to the 'bad listening' and how 'good listening' might look different.

FACILITATOR NOTE: In this section you don't want people to feel bored or disengaged. You might make it fun, interesting and interactive by asking questions such as –

- Who thinks they are a good listener?
- Do any of you know people you think are good listeners? What qualities do they tend to have that makes them a good listener?
- What about bad listeners, can you describe some of those qualities?
- Bad listeners might be judgmental, they might give advice right away before even really listening, they might not keep information you share private.
- Is it hard to be non-judgmental at times? Is it hard not to give advice right away and just listen? Is it hard to keep something a neighbour tells you private?
- In this community are people who keep things private considered trustworthy? What about people who

do not keep things private?

- Are there some limits to the type of emotional support a friend or neighbour can provide?
- (if yes to the above) Do you think you could convince a friend or neighbour to get some emotional support if you encouraged them to get help from somewhere like Beyondblue, Lifeline, Mensline, R U OK?

FACILITATOR NOTE: After the 'bad listener' modelling and discussion, go over each section below in brief, working to make it as interactive as possible.

Active Non Judgmental Listening. Listening is the most important element of interpersonal communication skills. It is an active process that takes effort. The listener should focus on the person speaking, and should remain neutral and non-judgmental. The speaker should not immediately jump in and share their own experience. Instead, they should accept pauses and short periods of silence. Active listening includes giving the other person time to explore their thoughts and feelings.

Reflective Listening and Open-questions. Try to avoid the pull to immediately jump into problem-solving or advice giving. One way of encouraging people to continue to share and helping them to feel listened to and validated is to reflect back to them a piece or summary of what they have shared. If you want to ask questions, ask open-ended questions about how the person is feeling to provide them with an opportunity to share further. For example, "Can you tell me a bit more about what happened...or what do you think about that then??"

Empathy. Empathy is a deep understanding of another person's emotional experience as if you were in their shoes. When a person has empathy from a peer this can be a very powerful and healing experience. Active and reflective listening is a path to empathy.

Confidentiality. Confidentiality is about keeping something private. Nearly everyone knows various people at work, or in their personal life, whom they think they can and cannot trust to keep things private. When a peer shares something with you, assume that it is theirs to share with others – don't share their information with others without permission. Having someone share private information with others without permission is a violation of trust. This can leave the person feeling worse than they did before they confided in you. However, if you are worried about the person's safety it is important that you have a conversation with them about getting connected to additional resources. In some situations, you may have to violate trust if you have immediate safety concerns, for example, a concern that the person might harm themselves or others.

Information Sharing and Referrals. It is important to know when you should encourage a peer to seek additional support, including support from mental health professionals. As mentioned above, it is very important to support our peers in connecting with additional resources if you have safety concerns. However, there are other times when it may be evident that a peer can use some additional support. There are many online resources that you can encourage them to access and we also have resources available at the end of today's workshop.

PEER SUPPORT OPPORTUNITIES

Let's think about a time when you or a peer might be upset and benefit from some support. We have a worksheet with a few examples that are based on what people in this community told us (following surgery/ill health, support needed during a controlled burn, challenges associated with drought, concerns about bushfires).

FACILITATOR NOTE: Refer to the worksheet below which has been updated with community specific examples. Break into small groups and give each group a bit of time to discuss on their own. When returning to the large

group you can ask for a few examples. Try to take your time with this section, giving participants enough time to interact with each other and in the larger group.

WORKING TOGETHER WORKSHEET

Instructions: Review the scenarios below in your small groups. Pick one or more of the scenarios below as a group. These scenarios have been selected because they are situations in which peer support could be very helpful.

Read the scenario in the group. Consider -

1. What advice might you give to your neighbour in this situation?
2. How might you handle the situation in terms of offering peer support?
3. What might you say?
4. What might you try not to do or say?
5. Can you imagine benefitting from peer support yourself in the scenario?
6. Might additional referral sources be useful in the situation? If so, what type of referrals?

Scenario 1: POOR HEALTH

A neighbour has been in poor health for a while. In the past, and ongoing, they have needed help with their lawn (mowing, etc.). Recently they had surgery and have been having even greater difficulty getting around. They are having trouble even getting out of bed to feed their dog. However, they are worried that they have been a burden to others in the past due to their ill health and they don't want to reach out to ask for help with feeding their dog. They feel ashamed asking for help, but they are also very anxious about how to take care of their dog.

Scenario 2: CONTROLLED BURN

A neighbour is planning for a controlled hazard reduction burn on their property. They would like to ask the fire truck to attend the burn, but they are feeling uncomfortable asking for this. They think they shouldn't need the fire truck and should just handle the situation themselves. They worry asking for the fire truck might make a negative impression, as if they aren't in control of the situation or as if they are weak because they need help.

Scenario 3: DROUGHT-RELATED

Due to a return to drought conditions, the cattle market dropping off your neighbour is having serious financial troubles. The family sold off stock rather than buying feed for the cattle as they did through the last drought. However, because of this they have suffered financial losses - made worse because they took out loans to buy the cattle. Your neighbour is considering different options to deal with their financial problems, including taking out more loans, borrowing money from family, and/or selling off more assets. They would really appreciate someone to discuss these options with, but they are feeling embarrassed and ashamed and they don't know how to reach out and ask for help. They are also struggling with problems sleeping, awake every night due to feeling anxious/nervous. They are afraid of looking weak. You can tell they are suffering based on a few comments they have made around you.

Scenario 4: BUSHFIRE-RELATED

In the bushfires of 2019/2020 your neighbour lost some property and livestock. They were very worried at the time that the damage might have been even worse. While they feel fortunate that it wasn't worse, they do worry about a future bushfire. Every time they listen to the news - whether focused on current events, or historical information about the fires in 2019/2020, they feel very anxious and irritable and have trouble sleeping. They have having trouble concentrating on their work during the day because they are feeling very burnt out and tired.

If you were to add a **'Scenario 5'** what would you add based on your experience?

End worksheet —

In the next few sections of the training, we will learn about physical and emotional preparedness for events such as bushfires. As we move towards this content it is important to remember how important it can be to help our friends and neighbours prepare for and respond to emergencies. Can you provide some examples of how neighbours have helped each other in the past during emergencies such as bushfires?

MODULE 2: PROTECTING YOUR HOME AND FAMILY (PHYSICAL PREPAREDNESS)

OBJECTIVES

MODULE 2 - Protecting Your Home and Family (Physical Preparedness)

Obj1: Become familiar with and utilise 'Bushfire Ready' knowledge.

Obj2: *[can add more as needed, check with RFS].*

Now we will hear from the local Rural Fire Service.

FACILITATOR NOTE: local Rural Fire Service (Armidale LGA, NSW) will facilitate this module drawing on the content from this website, based on the topics highlighted below:

<https://www.rfs.nsw.gov.au/plan-and-prepare> This content can be updated with specific details once the specific content that the RFS will focus on for this training is finalised.



DOWNLOAD THE GUIDE
and start your discussion



FOUR SIMPLE STEPS

There are four simple steps to get ready for a bush fire:



DISCUSS

STEP 1 DISCUSS WHAT TO DO IF A BUSH FIRE THREATENS YOUR HOME

Many households find that having a discussion over dinner works best as everybody is together and focussed.

[Download the Step 1 discussion guide \(PDF, 985.3 KB\).](#)



PREPARE

STEP 2 PREPARE YOUR HOME AND GET IT READY FOR BUSH FIRE SEASON

There are simple things you can do around your home to prepare it for a bush fire, like keeping the grass low and having a cleared area around your home.

[Download the Step 2 checklist \(PDF, 595.5 KB\).](#)



KNOW

STEP 3 KNOW THE BUSH FIRE ALERT LEVELS

If there is a fire in your area you will find its alert level on the NSW RFS website and in the 'Fires Near Me' app. You need to keep track of the alert level so you know what you should do.

[Download Step 3 \(PDF, 227.4 KB\).](#)



KEEP

STEP 4 KEEP ALL THE BUSH FIRE INFORMATION NUMBERS, WEBSITES AND THE SMARTPHONE APP

In a bush fire, it's important that you stay up to date on conditions in your area.

[Download Step 4 \(PDF, 219.1 KB\).](#)

It's a fact. If you and your home are well prepared, you stand a better chance of surviving a bush fire. Download the four simple steps today.

Plan and prepare



BUSH FIRE SURVIVAL PLAN

Bush fire survival plan

Getting ready for a bush fire is easier than you think. Make a bush fire survival plan so you know what you will do if there's a fire near you.

[READ MORE](#)



Know your risk

If you live even close to bushland, you're at risk of bush fire. Bushland can also mean areas such as scrub, grassland, crops, woodland and farmland.

[READ MORE](#)



Fire Danger Ratings

The Bush Fire Danger Ratings give you an indication of the possible consequences of a fire, if one was to start. Use them as your trigger for action.

[READ MORE](#)



Alert Levels

During a bush fire, Alert Levels are used to give you an indication of the level of threat from a fire. Remember – don't wait for a warning. Some fires start and spread so quickly there may not be any time for a warning.

[READ MORE](#)



Prepare your home

A well prepared home is more likely to survive a bush fire. Even if your plan is to leave early, the more you prepare your home, the more likely it will be to survive a bush fire or ember attack.

[READ MORE](#)



Prepare yourself and family

Preparation isn't just about cleaning up around the house and having a plan. It's also about making sure you consider your physical, mental and emotional preparedness.

[READ MORE](#)



Neighbourhood Safer Places

Neighbourhood Safer Places are a place of last resort during a bush fire. They can be used if all other options in your bush fire survival plan can't be put into action.

[READ MORE](#)



Building in a bush fire area

Living with the bush is part of life in Australia – but so is living with bush fire. If you're in a bush fire prone area, you can reduce the risk to your home to make it safer for you and your family.

[READ MORE](#)





AIDER

AIDER stands for Assistance for Infirm, Disabled and Elderly Residents. It's a free, on-off service that helps some of our most at-risk community members.

[READ MORE](#)



Home fire safety

House fires can happen at any time of the year. Just like bush or grass fires, the key to surviving a fire that starts inside your home is being prepared.

[READ MORE](#)



Farm fire safety

Fire is a part of life on the land. While it can be a useful tool on farms, fire can also be dangerous, destroying homes, livestock, machinery and equipment, crops and livelihoods.

[READ MORE](#)



Fire Trails

Fire trails are an important part of ensuring firefighters can access fires and safely contain them. They are also used to assist with management of bush fire risk across the landscape.

[READ MORE](#)



10/50 vegetation clearing

New laws are being finalised to help you better prepare your property for bush fires

[READ MORE](#)

Rural Boundary Clearing Tool

[READ MORE](#)



[READ MORE](#)



LUNCH BREAK

MODULE 3: FEELING EMOTIONALLY PREPARED (PSYCHOLOGICAL PREPAREDNESS)

OBJECTIVES

MODULE 3 - Feeling Emotionally Prepared (Psychological Preparedness)

Obj1: Become familiar with psychological preparedness.

Obj2: Identify personal responses to threats.

Obj3: Become familiar with grounding as a form of coping with immediate threats.

Obj 4: Develop a personal coping plan for situations of immediate threat.

INTRODUCTION

Now that we have heard about 'physical preparedness' for bushfire, we will talk about **feeling emotionally prepared or having the mental fitness for disasters** like bushfires defined as -

- knowledge of probable mental reactions to threats like hazards and extreme stress (such as a bushfire)
- identifying and practising coping skills to help us when we face something like an approaching bushfire

Mental fitness emphasises how we can manage our reactions to a major threat or hazard. We all can benefit from learning how to manage our stress responses to feel more in control of how we respond during emergencies and to feel less burnt out after them.

How would you define 'burnout'?

Some people might define it as "emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. As the stress continues, you begin to lose the interest and motivation that led you to take on a certain role in the first place. Burnout reduces productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, you may feel like you have nothing more to give. The negative effects of burnout spill over into every area of life—including your home, work, and social life. Burnout can also cause long-term changes to your body that make you vulnerable to illnesses." (from: <https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm>)

Does this definition make sense to you?

Burnout is often associated with chronic stress. In this next section, we will focus a bit on acute stress, or a type of stress that happens in the moment, perhaps associated with an event like an approaching bushfire.

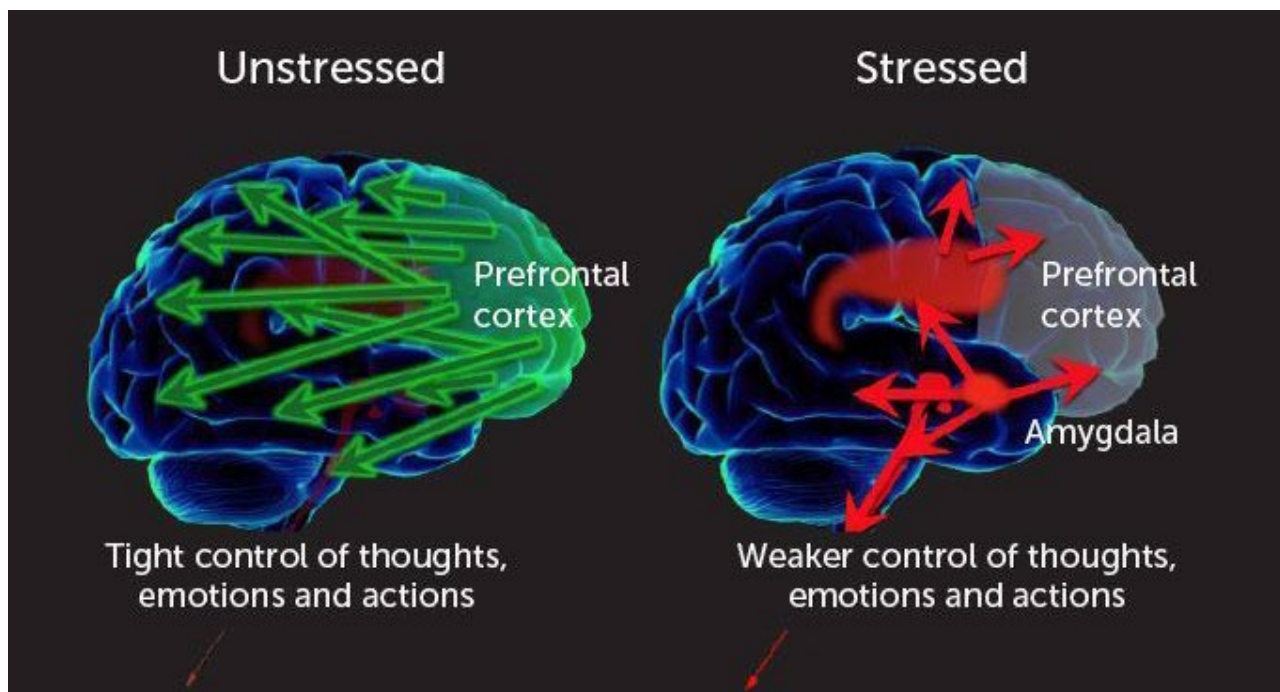
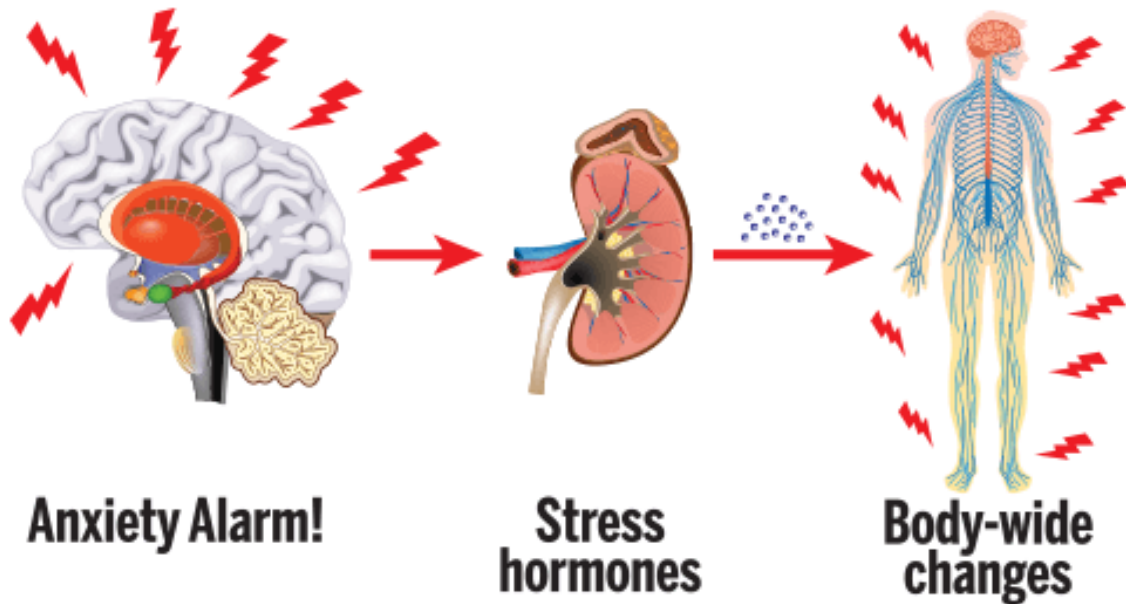
The techniques we will discuss in this next section are widely taught and used, for example, in First Responder Training.

First, let's examine Common Psychological (and Physiological) Responses to Threat.

FACILITATOR NOTE: Reflect on ways to use/reference and explain the images in the following sections. If not using slides, perhaps print out images to show/share. Can determine which images are likely to be received well,

depending on the culture and context.

What can happen to us when we experience extreme stress, such as stress from an immediate threat (such as a rapidly advancing bushfire)? Our body actually responds in very specific ways that impact how our brain processes information and result in body wide changes.



Normally, a highly alert person's brain has moderate amounts of (chemical) messengers that lead parts of the brain (the prefrontal cortex) to take charge and perform high-level thinking (left). But with stress, chemical

signals can flood the brain, activating (amygdala-linked) brain networks involved in sensing and responding to threats (right).

When faced with extreme stress or a direct threat, such as a fast-approaching bushfire, flood, cyclone, or other threat, we might find our body reacts with -

- Increased - breathing, heart rate and blood pressure, sweating - typically associated with a fight or flight or freeze response.
 - You should know that these physical responses can have some benefits too, such as - heightened sensory perceptions that can help you respond to a threat to your safety or wellbeing.
- However, such physical responses may get in the way of our ability to respond and think through a crisis.
- Stress arousal may –
 - interfere with our ability to think clearly and plan;
 - may make it hard to follow or carry out all the steps in your bushfire plan;
 - make it difficult for us to process complex information such as changes to emergency warnings;
 - impair our ability to engage in thoughtful and clear decision-making.

Our reactions can get in the way of us responding how we would like to in a crisis, specifically:

- Stress arousal can make us **miss cues or details in our environment**;
- Stress arousal can make it **difficult to pay attention to more than one thing at a time**;
- We may have **tunnel vision**, seeing one narrow thing clearly, but not seeing other things;
- We **may not hear well**, we may hear sounds, but we may not be processing these sounds very effectively;
- We may **'freeze' and be unable to react** or move;
- We may **run**, feeling unable to make clear and rational decisions about when and where to run, but feeling an overwhelming urge to get away or escape.

These types of stress responses are common, but can differ a bit based on the individual.

These are a few things that can influence our stress response. For example, our prior experience can influence our stress response. A person with experience with similar types of threatening events (for example, a bushfire or flood), may react in specific ways to an emergency.

Sights, sounds, smells or thoughts can remind the person of the previous event. In addition to increased heart rate, impaired ability to concentrate, they may also experience –

- Strong memories and images in our mind of a previous event, even nightmares;
- Really strong and unwanted thoughts about the past event;
- A overwhelming sense of anxiety, fear (possibly panic attacks);
- Dissociation: feelings of being detached from yourself, as if things are surreal and like you are watching yourself in a movie.

However, this is not to say that those of us with previous experience in a stressful event, like a bushfire, flood, or other hazard will be overwhelmed during a new event. Sometimes the opposite is actually true, and those with previous experience may learn to function very well when a similar hazard or stressful event happens.

FACILITATOR NOTE: It is important that participants not assume that a history of past trauma exposure, means a person will not respond well to future events. Past experience may help or hinder, depending on the individual and specific situation. You may want to elaborate on this point and facilitate a brief discussion.

Now we will ask each of you to reflect on your own responses in times of extreme stress.

FACILITATOR NOTE: Share psychological preparedness worksheet and ask participants to complete and then encourage them to share if willing. It is important to ensure that participants are not forced or feeling coerced into bringing up a potentially traumatic incident but instead are encouraged to think about any time when their stress response was activated. An example that can be shared with participants – what if you were driving along and someone is overtaking on double lines and coming towards you head on at speed and there is no shoulder or anywhere safe to move over, just moving across at the last second, just narrowly missing hitting you. You might feel startled, anxious and perhaps grateful that the car did not hit your vehicle. You might even start shaking and need to pull over to collect yourself.

At this point, each participant should be given a PSYCHOLOGICAL PREPAREDNESS WORKSHEET (Parts I & II).

MENTAL FITNESS AND READINESS WORKSHEET PART I

PART I: IDENTIFYING PERSONAL RESPONSES TO THREAT - Let's take a moment to consider how you respond to extreme stress.

How Do You Typically Respond to Extreme Stress? Can you think of a time when you were in a situation of Extreme Stress?

Are you aware of experiencing any of these reactions? Check all that apply.

- ☐ Increased breathing or trouble breathing
- ☐ Heart racing
- ☐ Sweating
- ☐ Trouble thinking clearly
- ☐ Trouble processing information
- ☐ Trouble remembering complex instructions or details
- ☐ Trouble making decisions
- ☐ Difficulty paying attention to everything in the environment
- ☐ A close focus on only one task or item to the detriment of other things
- ☐ Trouble hearing clearly
- ☐ Feeling frozen, unable to move or act
- ☐ Running without realising that you made a choice to run or where you are going
- ☐ Feeling overwhelmed by memories of a past event
- ☐ Feeling like you are outside of your body, floating or watching yourself in a movie, feeling as if events happening are surreal or aren't real
- Other, specify _____

Did you respond to Extreme Stress in other ways? If yes, please share below or with others (optional):

For more on the above, see - Stress-Activity Mapping: Physiological Responses During General Duty Police Encounters. Front. Psychol., 04 October 2019, Sec. Health Psychology, <https://doi.org/10.3389/fpsyg.2019.02216>

Would anyone like to share some of your physiological responses to extreme stress with the group?

Thank you for sharing. Next, let's talk about how to manage, or feel more in control of, our reactions to threat.

- When an emergency happens, we need to be ready to react in the moment to unfolding events.
- How do we prevent our stress response from impairing our ability to react as we would like in an emergency?
- For example, how do we reduce the likelihood of “freezing” or having trouble thinking clearly and making decisions or following our bushfire plan?

When our team spoke with some people in this community at the beginning of this project, we heard people speak about how easy it to be confused or emotionally overwhelmed in the moment: “...when the evacuation order came, people didn't know what to do...”

GROUNDING

One technique, ‘**Grounding**’ can ‘override’ our stress response. But what does this mean?

Grounding is a tool for managing stress that reconnects you with the present.

Grounding techniques can interrupt your body's stress response and **put you back in control** of your thinking, feelings and actions.

Here are some examples of grounding techniques –



Strong Taste



**Pungent
Smell**



**Cold water
splash**



**Intentional
Breathing**

Here is an additional example of a pungent smell (an onion) that could also result in ‘crying’ that could service a further grounding function.



Pungent Smell

FACILITATOR NOTE: If of interest or relevance to the group, you can share that grounding techniques can also help you to manage anxiety, panic attacks, flashbacks, unwanted memories, and dissociative reactions that may occur during or after a stressful event. Depending on the group, if you do share this information you may want to spend a few minutes defining terms.

Now we will examine some specific grounding techniques and consider which of these may appeal to you.

MENTAL FITNESS AND READINESS WORKSHEET PART II

PART II: COPING PLAN - Let's take a moment to consider how you prefer to ground yourself when you feel your stress reactions kicking into overdrive.

How might you prefer to ground yourself if you find yourself in a situation of Extreme Stress and you are having trouble responding because you are feeling overwhelmed? *Check any of the grounding techniques below that you think might be useful. For more, see: <https://choosementalhealth.org/25-grounding-techniques-for-anxiety/>*

Ways to ground yourself, including during an emergency event (these techniques only take a few seconds):

___ **Breathing** (pull in your diaphragm, take one long slow breath in and then slowly let it out counting silently - 1-2-3-4-5, repeat as needed)

___ Prepare in advance and then review a **'to do' reminder notecard** - with phrases to remind you of what you need and want to do in an emergency, for example: steps related to evacuation, including contents of a 'go bag'.

___ Prepare in advance and then review a **'you got this' reminder notecard** - with a few short empowerment phrases (something that helps you to focus, makes you feel calm or empowered), for example - phrases such as 'I have a plan and I know what I need to do to keep myself and my family safe'

___ Prepare in advance a **grounding image** (something that helps you to focus, makes you feel calm or empowered), such as a beautiful landscape, kitten, or something funny – this can be something you keep at your home, place or work, or in your bag or wallet.

___ **Touch objects** (example: bristles on a hairbrush or something cold, hot, slimy, or otherwise unique)

___ Running your hands under **(cold) water** and/or splashing your face

Physical sensations that you control (example: pressing or light pinching on the back of your hand, arms crossed in front of the body hugging yourself tight for 3-5 seconds)

Smelling something (example: have a small bottle of lavender or eucalyptus oil available)

Tasting (example: strong peppermint chewing gum, a fisherman's friend, or really sour lollies)

Mentally list items in a category (example: types of dogs, types of cattle, vegetables)

Recite a song, poem, or phrase silently (something you know well/have already memorised)

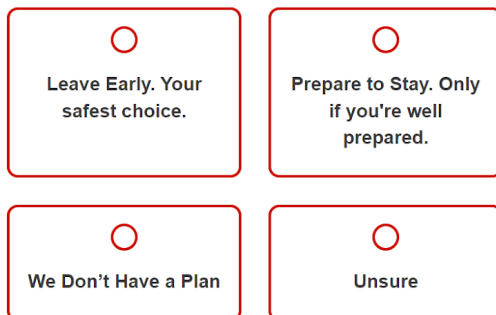
Scanning an area, or breaking your focus on one object, can stop the tunnel vision that can occur under stress (limiting our ability to see things in our periphery). In a room this might mean starting from one part of the room and trying to notice all of the details in each section of the room, moving from one section to the next.

Using other SHORTCUTS. For example, you might have made your bushfire plan online at:

<https://www.myfireplan.com.au/> Going over the details associated with your plan can be grounding. This might include reviewing your 'leave' (evacuate) criteria or stay (only if you're well prepared) criteria.

OUR CURRENT PLAN IS

One of the most important things to do before a bush fire is to decide what you will do if one should start.



Do you have other ideas or suggestions about ways to cope with Extreme Stress in the moment, or something you can prepare in advance? If so, please feel free to share your ideas.

FACILITATOR NOTE: Encourage the group to come up with their own ideas and to share any ideas from the workshop that they think will work best.

To recap what we have covered in this section on Psychological Preparedness –

Stress arousal may –

- interfere with our ability to think clearly;
- make it difficult to process complex information;

- impair thoughtful decision-making.

Grounding techniques can help us to **regain control of your stress response** in the moment.

SHORT BREAK

MODULE 4: WELLBEING AND BURNOUT, FACING STRESS AND CHALLENGES (MENTAL HEALTH LITERACY, STRESS AND COPING)

OBJECTIVES

MODULE 4 - Wellbeing and Burnout, Facing Stress and Challenges (Mental Health Literacy, Stress and Coping)

Obj1: Become familiar with definitions of mental health and wellbeing.

Obj2: Understanding and recognize common mental health concerns in ourselves and others, including grief/loss, depression, suicidal thoughts, alcohol and drug abuse.

Obj3: Identify stressors and understand how stressors can overwhelm our coping abilities.

Obj4: Identify preferred forms of coping with chronic stressors.

When our team spoke with some people in this community at the beginning of the project we heard about the lingering effects of the bushfire: "...for the first twelve months, if you saw a column of smoke somewhere or smelt some bush, 'oh, there's a fire over there,' you'd kinda be a bit jumpy about it..."

MENTAL HEALTH LITERACY

I would like to talk about wellbeing, burnout, stress and mental health now, but I am wondering if we can talk first about **barriers to talking about mental health**.

For example, we often think 'Aussie farmers don't talk about their feelings' – is this true?

If so, why might this be true?

Might not talking about feelings present any problems? For example, we know from research that not being able to share difficult feelings may increase the risk of depression and self-harm.

Mental Health and Wellbeing definitions

What comes to mind when I say 'mental health' or 'wellbeing'?

Is this different or similar from the term 'burnout' and the burnout related definition that we discussed earlier?

Can you provide some definitions or examples of burnout, mental health and wellbeing?

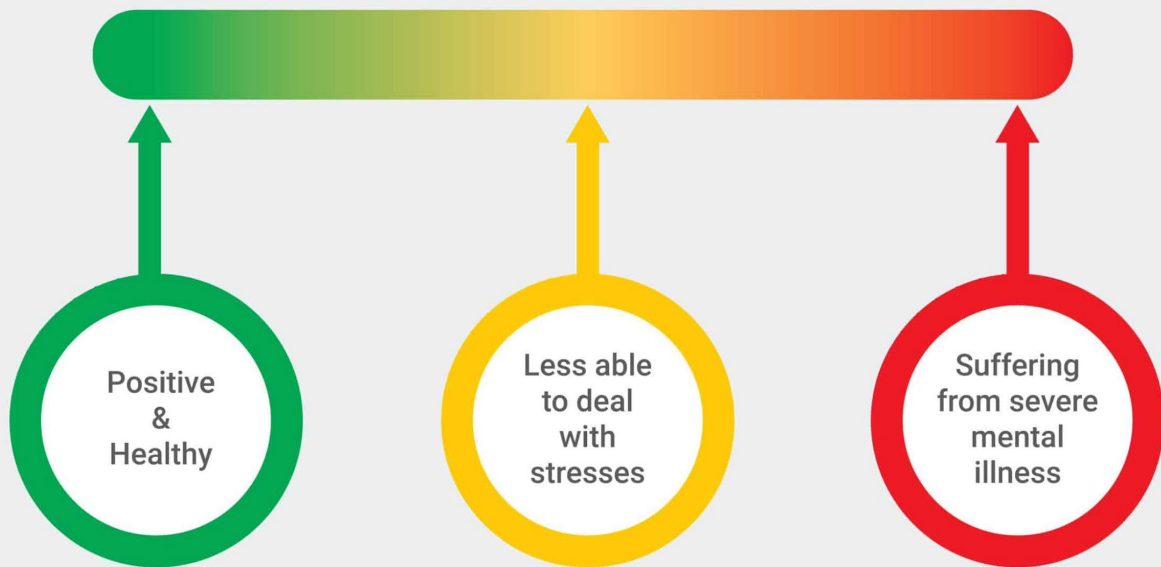
FACILITATOR NOTE: Can go back to earlier section when burnout was introduced and tie in here. In this section, ask for input and pause for a bit before providing the example definitions below.

In some other trainings we have heard 'mental health' or 'wellbeing' described as: a balanced psychological state, feeling that you are well, and nothing bothers you, feeling harmonious, an ability to understand and manage emotions and build relationships.

We can think about mental health and wellbeing as existing on a continuum, from functioning well to being unable to function (see image).

Can you think of an example of what a person might be experiencing if they are on the far left, middle or far right in this image?

The Mental Health Continuum



As we consider this image, why do you think it might be important to talk about mental health and wellbeing?

FACILITATOR NOTES: try to engage the group in a brief discussion about this. You might want to share these examples from other training groups –

- If you have poor mental health you can't fulfil your work or family obligations.
- If we are empty ourselves we can't help others (using a flight analogy, put on our own mask first).
- If we are in a positive or negative state we influence others around us.

Recognising Common Mental Health Concerns in Ourselves and Others

Let's take a look at a few common mental health concerns that can arise.

It is useful to have an understanding of common mental health concerns, including grief/loss, depression, suicidal thoughts, alcohol and drug abuse so we can recognize these signs and symptoms if we see them in ourselves or in others (family, friends, neighbors).

If we do see such signs, we can ask for help and we can provide peer support. When we have this mental health knowledge, we can also help children and adolescents in our community.

Although our peer support skills can go a long way, it is also important to think about community referrals for additional services if needed.

FACILITATOR NOTE: it is recommended that a referral sheet be provided at the start of the training (see Module 1), to be referenced again at this point in the training. The referral sheet should have local mental health resources, including hotline numbers and teletherapy options.

Grief and Loss

First, let's think about experiences that may not result in (clinical) depression but can influence our thoughts, feelings and behaviours associated with **grief and loss**. Recognising how **traumatic or chronic stress, loss or grief**, has impacted you is important because it may be impacting your work and personal relationships.

Following an event involving grief or loss, you may be:

- withdrawing from others
- irritable or aggressive, taking out stress on others
- avoiding (people and responsibilities)
- feeling anxious or depressed, or perhaps you experience sudden shifts in moods
- experiencing flashbacks that cause your body to experience physical reactions, like a rapid heartbeat or sweating
- experiencing increased concern or stress for your own health and safety, your family, and those you are responsible for
- fearful about losing your job and/or relationships

These types of reactions to grief and loss are understandable. However, sometimes these reactions can go on for a very long time and/or interfere with our ability to function.

Sometimes these reactions can also turn into Depression over time, although Depression can have other causes as well.

Draw examples from the group...

Some symptoms that may indicate Depression (similar to Burnout):

- Low or sad mood most of the day, nearly every day; this can be feeling sad, empty, hopeless, but also things that can be observed by other people (e.g. appears tearful or really irritable); especially in children and adolescents this can be an irritable mood
- Loss of interest/pleasure in all (or almost all) activities that used to be fun or nice to do, most of the day, nearly every day; may be subjective or observed by others
- Weight loss or gain. Significant weight loss (without dieting) or gain (change of >5% body weight in a month), or decrease or increase in appetite nearly every day; in children this can be failure to gain weight as expected
- Not sleeping like insomnia, or not being able to stay asleep, or sleeping too much . Nearly every day
- Restlessness or psychomotor agitation, or slowing down and retardation. Nearly every day and observable by others (not merely subjectively restless or slow)
- Fatigue or loss of energy, nearly every day
- Feeling worthless or excessive/inappropriate guilt Nearly every day; guilt may be delusional; not merely self reproach or guilt about being sick
- Decreased concentration. Nearly every day; may be indecisiveness; may be subjective or observed by others
- Thoughts of death/suicide. Recurrent thoughts of death (not just fear of dying), recurrent suicidal

ideation without specific plan, or suicide attempt, or a specific plan for suicide
([Depression](#) -DSM 5 criteria)

Some people with depression have thoughts of self-harm or suicide.

Suicide Warning Signs

- Threats: verbally threatening to kill themselves.
- Obtaining lethal means: gaining access to new guns, dangerous drugs, poisons or other means.
- Talking about death: bringing up death or suicide in conversations, writing about dying or posting on social media about suicide.
- Risky behaviours: acting recklessly or increasing drug or alcohol use.
- Uncharacteristic behaviours: sleeping too little or too much, avoiding friends and family members, giving away prized possessions and expressing goodbye sentiments to loved ones.
- Verbal suicide threats are among the most serious suicide warning signs. Some people may think that if a person talks about killing themselves then they aren't serious, but this is not true. Someone who talks about ending their life may already have a plan to do so.

Take every suicide threat seriously, even if it sounds like a joke or offhand remark.

(from [Mental Health First Aid for Suicidal Thoughts and Behaviors](#))

Alcohol and Drug Abuse - definition: persistent desire or unsuccessful efforts to cut down on drinking or drugs or to control alcohol or drug use. A great deal of time is spent in activities necessary to obtain alcohol or drugs, drinking or taking drugs, or recover from the effects of alcohol and drugs like a hangover or withdrawal.

FACILITATOR NOTE: Facilitate a discussion here with examples of alcohol drug use/abuse. For example -

- What is the most common type of alcohol in this community or the surrounding areas?
- What are the most common types of drugs in this community or the surrounding areas?
- Are there common ways that people hide alcohol and/or drug use?

Discussion - Do any of these things sound familiar to you in terms of what you have observed in your family, friends, neighbours or yourself? Grief/loss, depression, suicide risk, alcohol and drug abuse? Are any of these things surprising? What else would you add to the list, anything about anxiety for example or PTSD, etc.?

Let's take a minute now to think about **things that can impact our mental health and wellbeing.**

What are stressors?

- 'Stressors' refer to anything that causes the release of stress hormones, that can have a physical and mental health impact, undermining our wellbeing. A 'stressor' can include a demanding or difficult circumstance that can cause distress and that may be ongoing (a chronic stressor) or a one time perhaps extreme event (an acute stressor).

What are some examples of stressors facing this community and you all as individuals?

When we spoke with some community members they told us about the following sources of stress here:

- DROUGHT. Return to drought conditions, meaning that the cattle market has dropped off. People are selling off stock rather than trying to buy feed for them as they did through the last drought, but this is often at a financial loss due to drops in the market, and is especially stressful for those who took out loans to buy cattle (this applies to the farmers)
- BUSHFIRES. The impending fire season.

In terms of the bushfires and drought that have impacted this community in recent years, it is important to recognise there can be lingering effects on mental health and wellbeing. This is especially important as we think about the possibility of additional bushfires this season.

Your pain matters (minimising)

It is also important to realise that it is not uncommon for those experiencing difficult events to compare themselves to others who have experienced the same broad difficult event. For example, when thinking back on past bushfires some people may feel their pain doesn't matter because others "have suffered so much more."

Do you think it is common in this community to believe things such as –
"I'm fine because my house and property weren't affected, others should get more attention because they were 'actually' affected," only people who lost property were "affected"?

What about the pain of people who lost their cattle and other pets/animals? Had to evacuate?

FACILITATOR NOTES: Facilitate a discussion about the trouble with minimising and the value of all painful experiences. You may want to use examples to fill in the X and Y in this sentence: 'would you tell a person who experienced x that their pain didn't matter because they hadn't experienced y?'

E.g.

- 'would you tell someone working in a war zone in Ukraine that their pain doesn't matter because they aren't fighting on the front lines?'
- 'would you tell a person who wasn't coping with someone in their family going through chemotherapy that their pain didn't matter because they weren't the one with cancer?'

Note: additionally, it seems some people view themselves as having been more affected than those who received funding (support, grants). Some explain that they were not able to get the funding because they were preoccupied with everything related to recovery, dealing with the property damage, etc. to apply for the grants.

STRESS AND COPING

How do we cope with stressors? Individuals differ in terms of their preferred ways of dealing with stressful situations (aka coping skills), so it is important to think about what works best for you.

Before we examine some coping examples, let's consider the Relationship between Stressors and Coping using an exercise or game.

(optional) Tissue, Marbles, Cup Activity:

FACILITATOR NOTES: Gather marbles or small rocks, plastic cups or bowls with top covered by a tissue secured by a rubber band. Bring a spray bottle to make the tissue slightly wet as needed to facilitate the process of breaking through with the cumulative weight of the marbles. *This activity is designed to introduce the topic of stress and coping using a memorable metaphor; to demonstrate the effects of chronic stress on mental health.*

Instructions:

1. Divide participants into small groups of about three participants each (alternatively, each participant can do this activity individually) and give each group or individual a plastic cup covered with a thin slightly wet tissue and secured around the edges.
2. Explain that each marble represents a stressor and ask participants to share examples of possible stressors (or use ones provided in this guide).
3. Participants then take marbles and place them one at a time on the tissue.

4. Explain that some stressors come slowly and others happen suddenly (so marble could be dropped from above and quickly).
5. Wait until all groups/individuals break the tissue with enough marbles.
6. Facilitate a discussion, noting that with enough stressors (marbles) everyone will eventually feel overwhelmed just like when the tissue breaks. Minimising stressors is important (whenever possible), but it is also important to consider Coping Skills, because we can't always control external stressors, but we do have some control over how we cope with such stressors. *Coping Skills can help to strengthen the tissue.*
**if you needed to use the water/spray bottle to facilitate the breaking of the tissue consider what the water may represent - perhaps another force (stressor) eroding/overwhelming our ability to cope?*

Let's look over this list of coping skill examples provided by other training groups:

When I am stressed, in order to feel better, I...

- Play with animals/pets
- Listen to music
- Get into nature – go for a walk in the bush, go fishing, sit and look at the view, work in the garden
- Take a walk anywhere, exercise
- Housework, routine work around the house (house plants)
- Singing and playing guitar
- Chat with a friend or mate
- Arts and crafts like knitting, painting, drawing, sculpting
- Baking and cooking

Do any of the above work for you? What would you add?

Previously, we talked about grounding activities to help us to cope with a situation of immediate threat. Now we are primarily talking about how to deal with chronic or ongoing stressors. The type of coping skills we will use in each situation differs a bit.

Let's introduce and practice one type of coping that can be very useful when coping with chronic stress -

Breathing and Progressive Muscle Relaxation Exercise

FACILITATOR NOTES: This exercise focuses on getting participants to notice the mind-body connection, and consider - where do I feel stress in my body?)

Progressive Muscle Relaxation (PMR). For the next few minutes, we will practice a relaxation technique called progressive muscle relaxation. Before we begin, please take a moment to find a comfortable position in your seat. You may want to fold your hands in your lap, or rest them on the tops of your legs. However you choose to sit, be sure you are comfortable.

- Take three deep breaths, breathing out slowly each time, imagining the tension draining out of your body. We are now going to relax different body parts at a time. Each time, pay attention to the different feelings between tightening and relaxing the muscles.
- Tighten your feet by curling them downwards. Hold for 10 seconds and then relax. · Tighten your calf muscles by pulling your toes towards you. Hold for 10 seconds and then relax. · Squeeze the muscles in your thighs. Hold for 10 seconds and then relax.
- Tighten your stomach muscles by sucking your stomach in. Hold for 10 seconds and then relax. · Tighten the muscles in your arms and shoulders. Hold for 10 seconds and then relax.
- Clench your fists. Hold for 10 seconds before releasing and feeling the tension drain out of your body.
- Tighten your shoulders as if you are going to touch your ears. Hold for 10 seconds and then relax. ·

Tense the muscles in your face and forehead. Tighten the muscles around your eyes, nose, and mouth. Hold for 10 seconds and then relax.

- Mentally scan your body for any leftover tension. If any muscle group remains tense, repeat the exercise for those muscle groups.
- Now imagine a wave of relaxation spreading over your body (30 seconds).
- How do you feel now? You can practice this exercise on your own in its entirety or just parts of it (e.g. your legs and feet when you are sitting in a chair).

Let's take a moment to consider another important, yet deceptively simple, form of coping.

Breathing: breathing supplies our bodies with oxygen, which is vital for survival and helps minds and bodies to work to their full capacity. There is a scientific explanation for why slow, deep breathing can be calming, related to the relationship between our bodies and minds. Research shows that the way we breathe can directly influence emotions. Fast and shallow breathing sends a message to the brain that there is danger in the environment, and can increase feelings of anxiety and fear. Breathing deeply and slowly sends the message to the brain that the environment is safe and that it is ok to relax.

There are many approaches to breathing techniques, for example the '4-7-8' technique, the 4-2-4 technique...

- Find somewhere comfortable to sit. If you can, close your eyes.
- Breathe in through your nose to the count of four.
- Hold the breath to the count of seven.
- Exhale through your mouth to the count of eight.

Media exposure

I would like to end this section with a note about minimising exposure to the stressors that are in your control. One stressor that is in our control is media exposure of difficult events such as the bushfires. This includes graphic images in the media that can result in a form of 'secondary trauma', making our mental health worse.

Although not always in our control, it is recommended that you be careful how much and how often you and your loved ones are being exposed to reminders of the bushfires. Being exposed to various types of reminders of disasters, especially involuntary exposure (such as encountering a reminder unexpectedly in contrast to choosing to remember), has been associated with worse psychological outcomes over time, including PTSD, depression, anxiety, and functional impairment (19,20).

FACILITATOR NOTE: Time permitting, you can facilitate a discussion about how to approach this. For example, you can limit media exposure and reduce the risk of secondary trauma by perhaps - limiting exposure to social media, setting timers, balancing exposure to certain types of content with exposure to more positive and uplifting content? Other thoughts/Ideas?

For more on this see: Holman, E. A., Garfin, D. R., Lubens, P., & Silver, R. C. (2020). Media Exposure to Collective Trauma, Mental Health, and Functioning: Does It Matter What You See? *Clinical Psychological Science*, 8(1), 111–124. <https://doi.org/10.1177/2167702619858300>

SHORT BREAK

MODULE 5: BRINGING IT ALL TOGETHER

OBJECTIVES

MODULE 5 - Bringing It All Together

Obj1: Practise Recalling Knowledge and Skills Covered in Prior Modules.

Obj2: Practise Utilising Knowledge and Skills Covered in Prior Modules.

REVIEW

Activity: Peeling the Onion

FACILITATOR NOTE: In advance, create a ball of paper, each sheet wrapped around the next, with one question written on each piece of paper about the material covered during the training (as well as fun instructions such as “sing a song” or “dance for 15 seconds”) . This will be used to facilitate review and conversation among the group.

This ball is made of paper, each sheet wrapped around the next. On each sheet is a question or a set of brief instructions. We are going to throw this ball around from one person to the next. The person throwing should say the name of the person they are throwing to. The person catching the ball should answer the next question from the outside sheet of paper and can get help from the group when desired.

ROLE PLAY

Now we will act out one of the scenarios that you encountered earlier when reviewing the Peer Support Worksheet. When finished we will ask what you noticed related to what you learned today.

FACILITATOR NOTE: For this members of the team can act out one of the examples provided in the ‘Scenarios 1-4’ in the Peer Support Worksheet (see MODULE 1). They should act out realistic concerns for the person in the scenario, elaborating on specific mental health systems. They should model providing helpful peer support as the respondent (this is the counterpoint to the ‘bad listener’, as this time they are modelling good/helpful behaviour). Participants can react/critique and comment on the content at the end of the role play session. Try to facilitate a discussion that pulls in as many as possible of the following elements from the training - psychological preparedness; mental health literacy; coping, building on the help-giving and receiving and peer support framework covered in Module 1.

BUDDY SYSTEM

During this training we have talked about peer support, stressors and coping, among other topics. Before we close the training today, I would like you to engage in an exercise with me called ‘The Buddy System’.

FACILITATOR NOTE: Have participants pair up for this exercise. You might want to consider how best to pair people up, perhaps let them select someone (but make sure this will not leave anyone without a partner).

1. Turn to your partner and share one to two ways that you can tell that you (or someone you know if you prefer not to share about yourself), is under stress ("stressed out", overwhelmed or burntout). For

example, some people - 1) become impatient; 2) have trouble concentrating; 3) react with strong negative emotions instead of being thoughtful, measured and generally optimistic; 4) start drinking excessively or more than usual. These reactions are indicators that a person is feeling 'stressed out' or burnt out.

2. Share with your partner one to two ways that you (or someone you know if you prefer not to share about yourself), successfully copes with stress. For example, some people like to: 1) spend time with people they care about; 2) exercise, especially in nature (e.g., walking dogs, horse riding, dirt bike riding, swimming); 3) unwind with a movie or a book; 4) paint or draw.
3. **Now, consider - would you be willing to give a neighbour/trusted friend permission to tell you when you are behaving as if you are stressed and encourage you to use your preferred forms of coping?**

This is the type of preventative care that can be very useful for enhancing your mental health and welling.

WRAP UP

- Thank you for your time today. We hope the topics we covered were useful and will have a life beyond this training.
- We hope you will continue to think about and practice ways to become more physically and mentally prepared for a bushfire or other emergency..
- We hope you will reach out and will provide peer support for your friends and neighbours.

Note: Based on materials designed by the Australia team, pre-post information will be collected in survey (quantitative) form as well as the qualitative semi-structured interviews and focus groups.

Annex I.

References

1. Welton-Mitchell, C., James, L. E., Khanal, S. N., & James, A. S. (2018). An integrated approach to mental health and disaster preparedness: a cluster comparison with earthquake affected communities in Nepal. *BMC Psychiatry*, 18(1), 1-14.
2. James, L. E., Welton-Mitchell, C., Noel, J. R., & James, A. S. (2020). Integrating mental health and disaster preparedness in intervention: a randomized controlled trial with earthquake and flood-affected communities in Haiti. *Psychological Medicine*, 50(2), 342-352.
3. Welton-Mitchell, C., James, L., & Awale, R. (2016). Nepal 2015 earthquake: A rapid assessment of cultural, psychological and social factors with implications for recovery and disaster preparedness. *International Journal of Mass Emergencies & Disasters*, 34(3), 399-418.
4. James, L, Welton-Mitchell, C. & Soulajé Lespri Moun (2016). Community-based disaster mental health intervention (CBDMI): Curriculum manual for use with communities affected by natural hazards related disasters in Haiti. Available: <https://www.mhpss.net/>
5. Welton-Mitchell, C., James, L. & TPO Nepal (2016). Community-based disaster mental health intervention (CBDMI): Curriculum manual for use with communities affected by natural hazards related disasters in Nepal. Available: <https://www.mhpss.net/>
6. Welton-Mitchell, C., Schwatka, N.V., Lopez, I. (2023). Mental Health Emergency Preparedness for the pre-k-12 Public School Workforce. Center for Health, Work & Environment, Colorado School of Public Health, University of Colorado Anschutz Medical Campus.
7. (manuscript in process) Welton-Mitchell, C., Reid, C., Dickinson, K., Dally, M. Mental Health Impacts after the Marshall Fire: Factors Associated with Risk and Resilience. Journal tbd.
8. Davey, M. & Sarre, A. (2020) Editorial: the 2019/20 Black Summer bushfires, *Australian Forestry*, 83:2, 47-51, DOI: 10.1080/00049158.2020.1769899

9. Filkov, A. I., Ngo, T., Matthews, S., Telfer, S., & Penman, T. D. (2020). Impact of Australia's catastrophic 2019/20 bushfire season on communities and environment. Retrospective analysis and current trends. *Journal of Safety Science and Resilience*, 1, 44-56.
10. Binskin, M., Bennett, A., & Macintosh, A. (2020). Royal Commission into National Natural Disaster Arrangements: Report. <https://naturaldisaster.royalcommission.gov.au/>
11. Borchers-Arriagada, N., Palmer, A.J., Bowman, D.M.J.S., Morgan, G.G., Jalaludin, B.B., & Johnston, F.H. (2020). Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. *The Medical Journal of Australia*, 213(6), 282-283.
12. World Wildlife Fund (2020). Australia's 2019-2020 bushfires: The wildlife toll. From: <https://www.wwf.org.au/news/news/2020/3-billion-animals-impacted-by-australia-bushfire-crisis#gs.gz4brm>
13. Gergis, J., Blashki, G., Gardner, J., & Bradshaw, S. (2023). Climate trauma: The growing toll of climate change on the mental health of Australians. Climate Council of Australia Limited.
14. Macleod, E., Heffernan, T., Greenwood, L. M., Walker, I., Lane, J., Stanley, S. K., ... & Sutherland, S. (2023). Predictors of individual mental health and psychological resilience after Australia's 2019–2020 bushfires. *Australian & New Zealand Journal of Psychiatry*, 00048674231175618.
15. Xu, R., Yu, P., Abramson, M. J., Johnston, F. H., Samet, J. M., Bell, M. L., ... & Guo, Y. (2020). Wildfires, global climate change, and human health. *New England Journal of Medicine*, 383(22), 2173-2181.
16. Laugharne, Jonathan; Van de Watt, Gill; Janca, Aleksandar (2011). After the fire: the mental health consequences of fire disasters, *Current Opinion in Psychiatry*: January - Volume 24 - Issue 1 - p 72-77 doi: 10.1097/YCO.0b013e32833f5e4e
17. Brown, M.R.G., Agyapong, V., Greenshaw, A.J. et al. (2019). After the Fort McMurray wildfire there are significant increases in mental health symptoms in grade 7–12 students compared to controls. *BMC Psychiatry* 19, 18. <https://doi.org/10.1186/s12888-018-2007-1>
18. Bryant, R. A., Gibbs, L., Gallagher, H. C., Pattison, P., Lusher, D., MacDougall, C., ... & Forbes, D. (2018). Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. *Australian & New Zealand Journal of Psychiatry*, 52(6), 542-551.
19. Glad, K. A., Hafstad, G. S., Jensen, T. K., & Dyb, G. (2017). A longitudinal study of psychological distress and exposure to trauma reminders after terrorism. *Psychological trauma: theory, research, practice, and policy*, 9(S1), 145.
20. Howell, K. H., Kaplow, J. B., Layne, C. M., Benson, M. A., Compas, B. E., Katalinski, R., ... & Pynoos, R. (2015). Predicting adolescent posttraumatic stress in the aftermath of war: Differential effects of coping strategies across trauma reminder, loss reminder, and family conflict domains. *Anxiety, Stress, & Coping*, 28(1), 88-104.
21. Parsons, M., Glavac, S., Hastings, P., Marshall, G., McGregor, J., McNeill, J., ... & Stayner, R. (2016). Top-down assessment of disaster resilience: A conceptual framework using coping and adaptive capacities. *International Journal of Disaster Risk Reduction*, 19, 1-11.
22. Said, N. B., Molassiotis, A., & Chiang, V. C. (2020). Psychological preparedness for disasters among nurses with disaster field experience: An international online survey. *Int J Disaster Risk Reduct*, 46.
23. Siqveland, J., Nygaard, E., Hussain, A., Tedeschi, R. G., & Heir, T. (2015). Posttraumatic growth, depression and posttraumatic stress in relation to quality of life in tsunami survivors: a longitudinal study. *Health and quality of life outcomes*, 13(1), 1-8.
24. Włodarczyk, A., Basabe, N., Páez, D., Villagrán, L., & Reyes, C. (2017). Individual and collective posttraumatic growth in victims of natural disasters: A multidimensional perspective. *Journal of Loss and Trauma*, 22(5), 371-384.