Appropriate mental health support services for communities in a post-crisis stage

Unfortunately, when people say or hear the term "mental health" they often think in standard and stereotyped ways. In their minds eye they see psychologists in offices, telephone counselling and support services, or they see people being prescribed and taking medication by GPs or psychiatrists. They sometimes think of psychiatric wards and hospitals, or they might see a pile of self-help books, or increasingly, mobile phone apps and online mental health services.

While the above all have their place, a much more community embedded approach is what is needed.

What the significant body of evidence from around the world shows is that what works during the recovery from disasters is like having the combination of local fire fighters with support from those coming from outside. That is, we need (a) people from that community (peers), supported where necessary by (b) additional external people with resources and professional training.

We need them to be embedded in, and part of, each and every community, proactively seeking out and connecting particularly with isolated people and families, to locate, check in, and assist with those often-hidden embers of smouldering trauma that are everywhere after such a crisis. Each person, family and community is different and the supports they require and what will work for them have to be adjusted to their individual preferences and circumstances. There is a long list of such supports to choose from and combine in specific situations and these include:

1. Practical assistance (both short term and long term) and, where possible, this includes financial assistance
2. Connecting and being with people or group(s), ideally groups a person can identify with, feel they are a part of and belong
3. Safe and welcoming places to go, to be with others and maybe undertake some activities
4. Doing things together with others, particularly helping others in the groups to which a person identifies
5. Assistance in getting back into some sort of routine, or at least to do something that seems meaningful and contributing
6. Where possible, assistance with plans and their implementation to rebuild (and maybe even improve upon) whatever was lost, or conversely to let go and find another pathway and move on

In addition to these basic needs, what is also of great assistance is having the support of trained personnel:

7. For families and communities (often supported by those trained counsellors) to be tolerant and accepting of individual ways of handling loss, including overt displays of emotion, or its opposite of retaining inclusive connection with those who wish to be very private, without expectation
8. Having safe spaces (one-on-one or in a group) where a person has "permission" (within boundaries around not hurting or attacking others) to be sad, anxious, grieving, angry, depressed, without losing support, friendship and respect
9. Understanding that the recent trauma of the fire crisis may have triggered for some people, older pre-existing traumas. Extra trauma-informed care is required in this case, but also opportunities for deep healing can present themselves.

Upon this foundation then all the standard "mental health interventions" mentioned in the first paragraph above can find their place, if needed. Without this foundation such services are in danger of being irrelevant, inadequate or even, in some cases, damaging.

A key finding is that most people do not go into what is called "help-seeking" behaviour when it comes to their mental health. Most people will choose to tough it out, hide their vulnerability, not disclose to anyone what seems private and personal, blame others or "act out" in sometimes destructive ways. This is why it is such a common story for friends and family of people who have taken their own lives to say that they had no idea that they were suffering so much.

Thus, returning to the analogy of firefighting, what we need is for people (with appropriate supports), to get out into their dispersed communities, to seek out and connect with all people, to proactively check for unresolved trauma and mental health deterioration or other hidden issues which may later flare up as significant personal or family mental health crises that may even be life threatening.

Moving forward, what Australia needs is something like a Community Mental Health First Responder Service (CMHFRS) embedded in, and part of, every community in Australia. It may need a more acceptable name by which it is known, but it will be needed to (a) accelerate our adaption to a world and environment of increasing challenges and (b) promote individual, family and community wellbeing a national priority. Australia needs to begin to forge, over the next decade, such a community-based service. With its combination of local trained volunteers supported by professionals, it will amongst other things be much more acceptable, effective, sustainable and cost-effective.

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