

# GUIDANCE NOTE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IMPLICATIONS OF WILDFIRES

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This document provides an overview of the psychosocial consequences of wildfires and outlines key considerations for MHPSS programming.

This guidance note is intended for Red Cross Red Crescent Movement components who may be responding to wildfires in their country, or region. It includes guidance on:

- common reactions and behaviors during and after wildfires
- integration of MHPSS considerations for for disaster responses
- links to existing relevant materials

#### **FACTS ABOUT WILDFIRES**

Wildfires were 3% of all disasters with 238 occurrences between 2000 and 2019. In the upcoming years, the percentage is likely to increase with higher frequency and higher intensity events as a consequence of climate change. Direct consequences of wildfires on mental health and wellbeing are impactful and long lasting. Fire fatalities and injury, by smoke inhalation or burns, can be traumatic for the people affected by or who witness death or injury.

During disasters, including wildfires, difficulty accessing accurate and relevant information is common. Mis- and disinformation, especially on social media, and too much or too little accurate and relevant information can amplify fear and distress and make it hard for people to make decisions. It is important that volunteers and staff have clear, relevant, and accurate information about the hazard and local responses. Volunteers and staff should be provided with regular, updated, fact-based information to share with people they are supporting in their work.

### COMMON REACTIONS AND BEHAVIOURS DURING AND AFTER WILDFIRES

(Guidance adapted from Australian Red Cross)

It is expected that people may express distinct feelings of fear and distress which will affect their reactions and behavior before, during and after wildfires. This can be a helpful response as it alerts people to changes that they may need to make to their behaviors to protect themselves and their loved ones. However, the mental health and psychosocial effects of wildfires can also be serious and long lasting (Bryant, et al. 2017).





## Common reactions during and after emergencies include:

- Fear about the safety of self and others (including pets)
- Fear and uncertainty about the future
- Distress and sadness about personal losses, including home and belongings
- Fear of displacement and the loss of familiar environment
- Distress related to the disruption of daily routine associated with the loss of familiar places
- Numbness and helplessness from the lack of control
- Replaying the frightening moments of the approaching disaster or during evacuation
- Feelings of grief over the loss of familiar places, memories, etc
- Feelings of worry, overwhelm or anxiety about the future, especially towards loss of livelihood and income

## Specific reactions after wildfires include:

- Fear of wildfires spreading or new fires starting
- Reminders of wildfire, including smoke, burning smell, burnt landscape/buildings, weather associated with fire danger, may cause increased distress and feelings of anxiety
- Feelings of anxiety and hypervigilance related to repeated, or potential, evacuation

## Common physical, cognitive affects, and behaviors include:

- Higher mood swings with irritability, angry outbursts
- Changes in sleep and appetite
- · Lack of interest in routine
- Increased physical health problems
- Difficulties with concentration or memory
- Cognitive challenges impairing daily life and well being
- Increase lung and heart cancer for older adults

#### Specific behaviors after wildfires include:

- Withdrawal from others or avoiding reminders of the fire
- Hypervigilance state for smoke and signs of danger associated to fire
- Avoidance behaviors with places or news reminding of fire

## INTEGRATION OF MHPSS CONSIDERATIONS INTO DISASTER RESPONSES

Where possible, MHPSS activities should be integrated into disaster responses. Activities will differ depending on the local context, type of emergency, and impacts of the disaster. Ongoing assessments and monitoring will inform which MHPSS activities are the most appropriate at any given time. The





following outlines some recommended minimum actions for the integration of MHPSS consideration into disaster responses.

## Minimum actions for disaster/emergency teams:

- Disseminate key psychoeducation messages about common reactions linked with mental health and wellbeing during and after wildfires, their duration, when and where to seek additional help.
- Ensure frontline workers are briefed on sensitization messages relevant to the disaster so that they can provide correct information to the community. This can increase calm, promote a sense of safety, and trust in disaster responders and their efficacy.
- Prepare referral pathways while evacuating people with mental health conditions and people with physical disabilities.
- Train frontline workers and community leaders in basic psychosocial support skills, including dealing with difficult and aggressive behavior.
- Add MHPSS assessment questions to ongoing assessments, ensuring to include age sensitive communication following the protection standards for children and people of older age.

#### Minimum actions for MHPSS teams:

- Advocate for integration of MHPSS activities and for access to care for people with mental health conditions.
- Support emergency response teams to integrate key messages mental health and wellbeing impacts of disasters.
- Support emergency response teams to integrate MHPSS assessment questions to ongoing assessments.
- Support emergency response teams with analysis of assessment results and planning for MHPSS activities, as needed.
- Support emergency response teams to develop, adapt, and distribute clear, relevant, and accurate information, education and communication materials that includes both physical and mental health information.
- With your HR function, ensure that staff and volunteers support activities are being implemented and if not, advocate to your HR department to implement staff and volunteer support including peer support.
- Deliver basic training in psychological first aid and supportive communication for volunteers, health, and community workers.
- Update referral mapping and referral pathways.
- Assist with dealing with complex and severe reactions.





### **COMMUNICATIONS CONSIDERATIONS**

It is extremely important to communicate in a clear and supportive way when visiting and talking to people affected by wildfires. Staff and volunteers should be well briefed about the disaster, so they feel confident about the messages they deliver, and they should be trained in psychological first aid, supportive communication, and active listening

Every crisis is personal, and reactions will vary depending upon previous experiences, and what an affected person says may differ from what they are experiencing inside.

# When interacting consider and acknowledge the needs of every person and group, such as:

- age, as children need things explained in simpler language.
- gender e.g. women may prefer to talk to women and men to men.
- culture e.g. will affect how people communicate about mental health and wellbeing, their behavior and how they choose to access and engage with service providers.
- faith e.g. when people need to pray or what they can eat.
- needs and abilities that may affect where and how assistance may be accessed.

Ensuring that these considerations are included in the evacuation process to sensitize the DR teams.

# Key psychosocial phrases conveying interest and empathy:

- I hear your concerns ...
- You have the right to be (sad, angry ...) ....
- I hear what you are saying ...
- I am hearing that you are worried ...
- In this situation, your reaction is to be expected ...
- Maybe we can discuss possible solutions ...
- What we can offer is ...
- I am concerned about you ...
- With your consent, we would like to ...

## Phrases that are unhelpful:

- Everything will be okay...
- The most important, you are alive...
- Using the word "victim"; rather "survivor"
- Using the word "traumatized"; rather "affected person" or "person at risk"



#### COORDINATION OF MHPSS ACTIONS & MHPSS ASSESSMENT

Effective MHPSS programming requires close coordination among all aspects of the emergency response. It is recommended that MHPSS teams ensure they are coordinating with stakeholders inside their National Society as well as with external partners. During disaster responses, it is important to collaborate with communication teams so that public messaging includes MHPSS considerations.

In In terms of MHPSS assessment, it is important to assess needs to guide planning for potential MHPSS activities. Coordinate with disaster response teams to include MHPSS questions in general assessment, and if feasible join assessment teams or conduct in-depth MHPSS assessment. This may include with other departments within the National Society, with partner National Societies, the IFRC, the ICRC and with external stakeholders.

The following are suggested assessment questions that can be used to determine MHPSS needs and capacities.

# For rapid assessment (usually desk-based):

- How have the consequences of the disaster affected communities' ability to cope post disaster (considering the pre disaster context)?
  - What are the prior/existing stressors and/or traumatic events?
  - Existence of poverty, conflict, climate risks, inequality, and discrimination etc.
  - Communities' level of autonomy.
- Are there sufficient and appropriate MHPSS resources to cope with the demand for MHPSS support?
  - Are there sufficient MHPSS responses being provided/or planned (by any actor, nationally or internationally)?
  - Does the current NS have the capacity to respond to MHPSS needs?

## For initial assessment:

- What is the severity of the disaster's impact on people's mental health and ability to cope?
  - Since the event, what changes have you noticed in yourself and others?
  - Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond?
  - In the community, how is mental health perceived, do people support each other (how?) and what resources are there?





#### **REFERENCES**

- UNDRR, 2020. The human cost of disasters: an overview of the last 20 years (2000-2019)
- Bryant et al. (2017) Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. Australian & New Zealand Journal of Psychiatry. vol 52(6)
- Australian Red Cross, 2022, Recovery basics: looking after yourself during and after disasters
- Australian Red Cross, 2022, Recovery basics: the impact of disasters on communities and individuals
- Australian Red Cross, 2022. Recovery basics: working in recovery

## **RELEVANT MATERIALS**

## Caring for staff and volunteers

- Caring for staff and volunteers (video), IFRC Psychosocial Centre
- Caring for Volunteers: A Psychosocial Support Toolkit, IFRC Psychosocial Centre
- Guidelines for Caring for Staff and Volunteers in Crises, IFRC Psychosocial Centre

## **Integrating MHPSS**

- An engagement tool for introducing MHPSS, Working Group 1 of the MHPSS Roadmap
- <u>Key messages to support the integration of MHPSS across 4 specific sectors, Working Group 1 of the MHPSS Roadmap</u>

## Basic PSS and PFA

- Mapping of basic psychosocial support courses, Working Group 1 of the MHPSS Roadmap
- A Short Introduction to Psychological First Aid, IFRC Psychosocial Centre

#### Disaster recovery

- Recovery Basics During and After Disaster, Australian Red Cross
- Preparing to return home following a bushfire evacuation, Australian Red

#### Communicating with communities after emergencies

Communication in Recovery, Australian Red Cross

#### MHPSS assessment

- Rapid Assessment for Psychosocial Support and Violence Prevention, International Federation of Red Cross and Canadian Red Cross
- Lessons learnt: MHPSS Assessments, Working Group 4 of the MHPSS Roadmap
- Assessment Monitoring Tools and Preparedness Plan for MHPSS, Working Group 1 of the MHPSS Roadmap
- Multi-sectoral MHPSS Needs and Resources Assessments Toolkit, IASC MHPSS Reference Group

