

A guide to emergency psychosocial supports

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Contents

Document overview	4
Context	4
Audience	4
Using this guide	4
Edition	5
Section A - Emergency psychosocial supports	6
Introduction	6
What are 'emergency psychosocial supports'?	6
How are emergency psychosocial supports provided?	9
Section B - Role of the Victorian Government departments and agencies in coordinating psychosocial supports in emergencies	15
Victorian emergency management arrangements	15
State Emergency Management Plan	15
Department-coordinated emergency psychosocial supports	15
Psychosocial supports delivered by department-funded agencies	17
Targeted and focused psychosocial support activities	17
Reporting	18
Funding arrangements	18
Section C - Psychosocial risks, impacts and mitigation of emergencies	19
Risks and impacts of emergencies on communities	19
Psychosocial impacts before, during, and after an emergency	19
Mitigating psychosocial impacts of emergencies	21
Strengthening the delivery of psychosocial support services	24
Attachment 1 - Template to capture intelligence on Emergency Relief Activities – Psychosocial Support Services	27
Attachment 2 - Disaster Recovery Funding Arrangements	28
Attachment 3 - Further information	30

Document overview

Context

A guide to emergency psychosocial supports (the guide) provides an overview of the emergency psychological and social (collectively referred to as psychosocial) supports that the Department of Families, Fairness and Housing (the department) coordinates for the state in response to emergencies. This includes outlining the different types of psychosocial supports provided at different stages in emergency events. This is underpinned by the Victorian State Emergency Management Plan's (SEMP) outline of the department's role and responsibilities as the state Relief Coordinating Agency and Recovery Coordinating Agency for psychosocial supports.

Audience

The intended audience for this guide is anyone seeking information about emergency psychosocial supports, the psychosocial supports the department coordinates in emergencies as part of its role and responsibilities under the SEMP, and the psychosocial risks, impacts and mitigation before, during, and after an emergency. This guide could inform strategies, policies, programs, and approaches by a wide-ranging number of people and organisations that may be directly or indirectly involved with the provision of psychosocial supports. For example, councils, relief and recovery agencies, community health services, community service organisations, and other organisations working in the sector that provide relief and recovery services to support people and communities impacted by emergencies.

Using this guide

This guide is intended to provide the reader with information about the emergency psychosocial supports that the department coordinates. This includes:

- outlining the types and range of emergency psychosocial supports
- the prescribed roles and responsibilities of the department under the SEMP, other agencies, partners and stakeholders in coordinating and/or providing psychosocial supports to the community in response to emergencies in Victoria
- identifying the impact of emergencies (or the threat of an impending or fluctuating emergency event) on the psychological and social wellbeing of affected people and communities
- principles and considerations to inform psychosocial supports service delivery offerings.
- providing further considerations to strengthen the efficacy of delivering psychosocial support services (i.e., training, partnerships, care pathways, monitoring and evaluating approaches).

Structure of the guide

The guide is arranged in the following separate, yet complementary sections for easy access and reference:

- [Section A - Emergency psychosocial supports](#)
- [Section B - Role of Victorian Government departments and agencies in coordinating psychosocial supports in emergencies](#)
- [Section C - Psychosocial risks, impacts and mitigation of emergencies.](#)

Key terms

For the purposes of this document the following key terms used in the guide are defined as follows:

Emergency / emergencies – is used to refer to major disasters, hazards, and emergency events. In this context, emergencies may be considered to be:

- cascading (i.e., primary events that generate further secondary emergency events)
- compounding (i.e., combinations of simultaneous or successive emergency events)
- recurrent (i.e., where the same hazard repeats).

Emergency management – refers to the arrangements and/or ways to mitigate, respond and/or recovery from emergencies, such as fires, floods etc.

Psychosocial supports – are defined as emergency relief and recovery services that address both the 'psychological' and 'social' wellbeing needs of people and communities affected by emergency events. This includes social recovery programs and recovery support programs and services.

Social recovery programs – focus on broader community-level support, aiming to rebuild social connections, enhance resilience and restore 'a new normal' after an emergency. These programs often include community events, mental health initiatives, peer support network and outreach services.

Recovery support programs – are more structured initiatives that provide targeted support to individuals, families and communities. They may include access to psychosocial services, financial assistance and/or housing support. Case support and case management services play a crucial role in coordinating and delivering these programs.

Edition

This is the first edition of this guide.

It replaces the *Psychosocial Support: a framework for emergencies* (2014).

Section A - Emergency psychosocial supports

Introduction

Emergencies such as bushfires, floods, storms, emergency human, animal or plant diseases, and other major emergency events such as accidents/incidents resulting in injuries or loss of life can significantly impact the psychological and social wellbeing of individuals, families and communities. Impacts of emergencies can range anywhere from mild through to severe, and may be short, medium or long-lasting, often changing over time.

Research suggests that most people who experience an emergency event will recover in time if they have support from personal and informal community networks, requiring little or no support from government services. However, the social fabric of communities can also be significantly impacted by emergencies, disrupting these personal and informal community networks, and in addition, for some people, the impacts may continue or only become evident months or years after the emergency event.

As highlighted in the *National Strategy for Disaster Resilience*, emergencies do not impact everyone in the same way, and people already at greater risk in the community before an emergency are often the hardest hit. Furthermore, evidence shows that a significant proportion of people involved in an emergency may be at risk of experiencing severe, sustained, and protracted psychological injury. As such, there is a growing demand and need for psychosocial support services that meet diverse community needs with the increasing frequency of emergencies.

Early support provided during and after emergencies is, therefore, essential in preventing or reducing the likelihood of more serious and long-term damage to the psychological and social wellbeing of both individuals and communities.

The work of emergency relief and recovery lead agencies and non-government organisations in providing psychosocial support to affected communities is challenging and complex but can go a long way to ease, reduce and limit the psychological and social (as well as emotional, spiritual, and cultural) impacts of an emergency, and has been demonstrated to help people return to an effective level of functioning in their daily lives after the emergency event (what is commonly referred to as a 'new normal' way of living).

What are 'emergency psychosocial supports'?

Types of psychosocial supports provided in emergencies

Emergency psychosocial supports are specifically designed to address the immediate psychological and social needs triggered by an emergency event.

Psychosocial supports in the context of emergencies are services, programs and other types of assistance that are designed to support the psychological, social, emotional, spiritual, cultural or other wellbeing needs of people impacted by emergencies.

Psychosocial supports can provide people affected by emergencies with essential information, resources, and skills to enable them to improve and protect their psychological and social wellbeing, and to support them to return to an effective level of functioning.

Psychosocial supports can and should be accessible across the emergency continuum - before, during, and after emergencies - where the focus is on supporting people most at risk in emergencies, who have little or no other supports, to plan, prepare, manage, and recover. Within

this, support services need to be presented in a way that is consistent with communal values of independence, strengths-based and self-sufficiency.

Table 1 provides an overview of the most common types of psychosocial supports that are currently provided in Victoria to support people affected by emergency events. These activities are provided by experienced practitioners who can demonstrate skills in listening carefully to people's experiences, assessing basic and immediate support needs, promoting psychological and social wellbeing, supporting people to protect themselves from harm, and connecting people with relevant services, programs, other essential resources and their broader community.

Where possible, the following activities should be coordinated with other local agencies responding to emergencies so that affected people are not asked to repeat their information or their story more than is necessary to receive their required supports.

Table 1: Types of emergency psychosocial supports

Types of emergency psychosocial supports	Description
Case management	Case management is a temporary service to coordinate a range of supports for people who have been significantly impacted by an emergency to services. Significant impact may include but is not limited to the following: • displacement from/loss of housing, including destruction of property or a change in housing circumstances because of the event • loss of other assets (e.g., transportation, clothing, personal items including documentation etc.) • significant mental and/or psychological stress/trauma • physical trauma • impact to employment, including business impact or loss, loss of livelihood • bereavement because of the event. This approach may include outreach visits and organising wrap around supports e.g., providing support services at an easily accessible location.
Case support	Case support involves staff assisting people to navigate and access a range of supports and is typically less intensive than case management.
Communication	Includes communicating emergency management public messages and providing psychosocial information using a broad range of traditional and digital methods and channels to the whole community.
Community engagement	Community engagement aims to enhance social networks and connections, promote community cohesion and respond to concerns that may arise during the recovery period. This may include community information group sessions that provide current advice about the emergency and common reactions to an emergency; and should be aligned with trauma-informed priorities and

Types of emergency psychosocial supports	Description
	principles. Over time these sessions are more targeted to the specific needs of the community and may include psychosocial supports.
Counselling	Counselling assists people with emotional and social issues arising from emergencies and may be undertaken individually or in group settings.
Emotional / spiritual care	Emotional spiritual care recognises that emergency events can challenge a person's sense of value, meaning and worth. Emotional spiritual care seeks to provide a safe space for people to give voice to, and struggle with, these deep questions. Unmet emotional spiritual needs can impact the wellbeing of people impacted by an emergency.
Outreach	Outreach involves visiting affected people in their homes, or a local community setting, to provide emergency supports and links to advice and services. Outreach can also be undertaken as part of Secondary Impact Assessment coordinated by councils.
Personal support	Personal support is provided to people impacted by emergencies during relief operations. It may include providing information, practical assistance, emotional support, assessment of immediate needs and referrals to other support agencies and services.
Psychological First Aid	Psychological First Aid (commonly referred to as PFA) is described as emergency 'first aid' for the mind, to prevent or minimise the impact of psychological trauma or injury following an emergency event. PFA is a widely practiced psychosocial support activity that helps people affected by an emergency. It involves providing activities that help people feel physically safe, emotionally secure, and socially connected following an emergency event. It aims to reduce initial distress, meet current needs, promote flexible coping, and encourage adjustment. PFA supports people to identify their own immediate needs, as well as their strengths and abilities to meet these needs, and links them to further services/supports, as required. It adopts a "look, listen, link" approach to helping people.

What is 'not' an emergency psychosocial support?

It is important to differentiate emergency psychosocial supports from non-emergency psychosocial supports.

Non-emergency psychosocial supports are existing universal, secondary, tertiary and specialist services and programs, within the service system, designed to support people with their health and wellbeing needs

Non-emergency supports, while crucial to overall health and wellbeing, are those which are not rapidly deployed for a specific emergency event, may not require specialised training in understanding and responding to trauma associated with an emergency, and are not set up or able to be modified to address the immediate needs of communities in emergencies.

How are emergency psychosocial supports provided?

Levels of emergency psychosocial and mental health supports

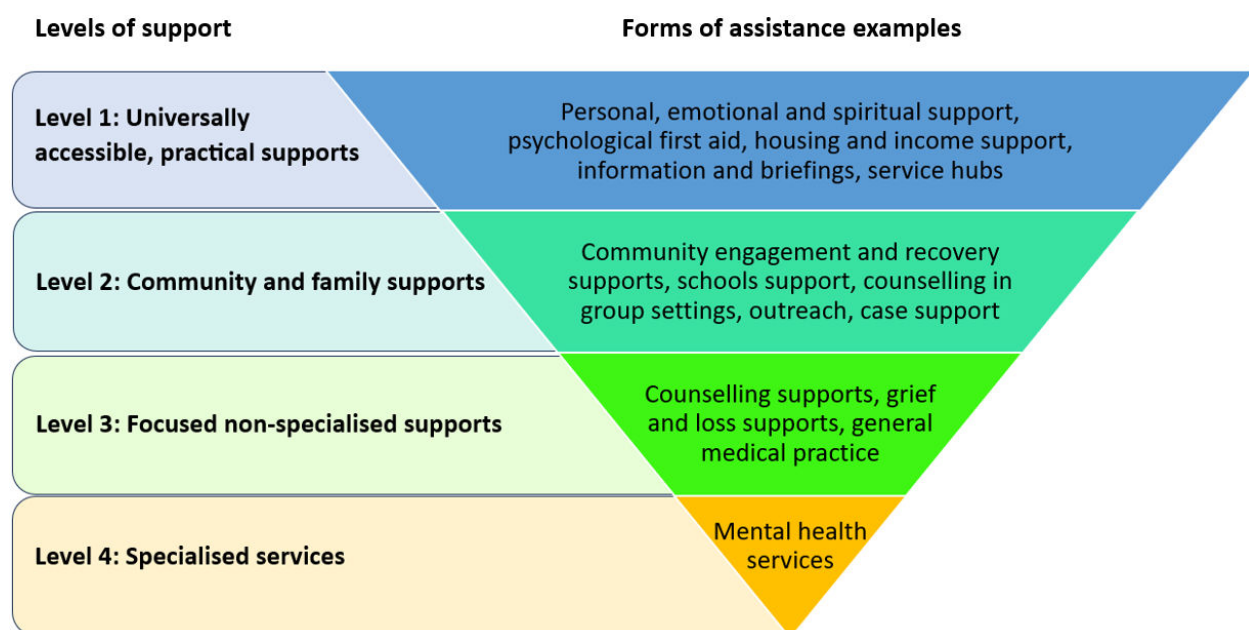
The levels of psychosocial and mental health supports depicted in Figure 1 have been adapted from the *Australian National Disaster Mental Health and Wellbeing Framework*, which provides a structured approach to delivering emergency psychosocial and mental health supports following emergencies. The diagram emphasises the interconnectedness and equal importance of each level and form of psychosocial assistance, and the related processes that are enhanced through these comprehensive forms of assistance.

Levels of emergency psychosocial and mental health supports

Psychosocial and mental health supports are broadly categorised into four discrete yet interlinking levels, ranging from practical supports (widely accessible) to specialised mental health care for people with a mental illness or significant psychological distress. Each level includes specific assistance and is supported by processes that enhance service delivery, creating a holistic support system for individuals affected by emergencies.

Figure 1: Levels of emergency psychosocial and mental health supports

Note: Figure 1 includes both emergency and non-emergency psychosocial and mental health supports, as referrals can be made from emergency to non-emergency psychosocial supports.



Current research shows that not everyone affected by an emergency will require every level of support. The need for support will vary significantly amongst individuals and communities and may also change over time.

Research also demonstrates that early support, including initial needs assessments and appropriate referral, is effective in supporting affected people in their recovery from emergencies. Providing early support not only addresses the immediate safety needs but also lays the groundwork for effective long-term wellbeing recovery by supporting people with their recovery journey.

Stepped support for evolving psychosocial needs

The different levels of psychosocial supports in Figure 1 align with the Australian National Disaster Mental Health and Wellbeing Framework's stepped care model.

Stepped care aims to provide the right level of support to the right person at the right time, and that services are proportionate to a person's needs, starting with low-intensity support (Level 1) for all and progressing to high-intensity specialised care (Level 4), if required. Under a stepped care approach, people can move up and down through the different levels of support as their needs change.

The delivery of psychosocial support services can be strengthened through enhancing processes such as training, partnerships, care pathways and monitoring and evaluation. These processes make sure services are effective, well-coordinated, and meet people's needs. For example,

- Training helps staff provide and deliver basic and effective support.
- Partnerships (e.g. between government, non-government and community groups) improve how services deliver support and work together.
- Care pathways guide people to the right kind of help at the right time.
- Monitoring and evaluation make sure services are working well and improving over time.

These four enhancing processes are relevant across all levels (from level 1 to level 4) in Figure 1. For more information, refer to section [Strengthening psychosocial support services](#).

Level 1 – Universally accessible, practical supports (foundation level)

Level 1 supports provide immediate relief and practical support to affected individual and communities. These services are universally accessible to everyone impacted by the emergency. Early assessment of the immediate impacts on individuals and the community guides the rapid rollout of these services and helps identify gaps in resources, enabling response and recovery planning.

Many individuals recover with practical supports alone. Those with ongoing distress will require further levels of support such as community, family, or counselling-based assistance.

Forms of assistance at this level include, but is not limited to:

- in-person access to psychosocial and practical support e.g., housing and income support, service hubs, psychological first aid (individual/family)
- personal, emotional and spiritual support
- provision of emergency psychosocial information.

Information on psychosocial impacts of emergencies and how to access psychosocial supports can be provided through a number of channels, including:

- emergency relief centres and/or emergency recovery centres
- immediate outreach activities
- communication of psychosocial messaging to the community via online platforms (e.g., VicEmergency website, council website), radio or via community briefings.

Psychosocial support provision under Level 1

In relation to emergency management, the department is the state level Relief Coordinating Agency and Recovery Coordinating Agency for emergency psychosocial supports.

Councils coordinate emergency relief services and community-led recovery at the municipal level including the distribution of information, organising of personal support and PFA via community outreach and community briefings and supporting referrals to local support services.

Members of the department's Emergency Management Psychosocial Services Panel (see [Section B - Role of the Victorian Government departments and agencies in coordinating psychosocial supports in emergencies for more information](#)) support community meetings to provide group/specialised psychosocial counselling services.

Agencies delivering these services include:

- Australian Red Cross (ARC) which provides a range of psychosocial support services in emergencies, including PFA to people and communities in emergency relief centres and/or emergency recovery centres, through community outreach, and in other settings as required. ARC also provides psychosocial supports services to other agencies and organisations (where agreed and/or funded), including in partnership with councils and other organisations in recovery and information centres, where agreed
- Department of Health which delivers public health communication and information and public health advice and responses, and funds mental health services
- The Salvation Army which supports the Australian Red Cross and Victorian Council of Churches Emergencies Ministry in providing psychosocial support services via emergency relief centres and through community outreach programs
- Victorian Council of Churches Emergencies Ministry which provides psychosocial support services in the form of personal support (PFA and emotional and spiritual care) to affected people and communities via emergency relief centres and through community outreach.

Level 2 – Community and family supports

This support level has two elements that focus on individual and community social needs.

This includes supports that strengthen social and community connections to promote long-term recovery and resilience. These connections are often sufficient for many to commence recovery without formal intervention. Individuals and families who are significantly impacted by the emergency and require additional support to recover can access or be referred to these support programs/initiatives.

Some individuals will make a full recovery when supported at this level. Those experiencing prolonged distress or mental ill health may require additional support, including counselling (Level 3) and/or specialist mental health services (Level 4).

Forms of assistance at this level may include, but are not limited to:

- school-based support programs for children and young people
- community engagement initiatives to rebuild social networks and support recovery from emergencies
- PFA in group settings
- counselling sessions in group settings
- outreach
- case support and/or case management for individuals needing structured assistance that may include coordination of supports and services.

Psychosocial support provision under Level 2

Councils at the municipal level, and Victorian Government departments coordinate these services:

- Department of Families, Fairness and Housing as the state level Relief Coordinating Agency or Recovery Coordinating Agency for psychosocial supports when coordinating supports across multiple councils and dispersed communities (or communities of interest)

The department is also the Recovery Lead Agency to coordinate support services by the department's psychosocial services panel to affected people and communities

- Department of Education for school-based supports
- Emergency Recovery Victoria as the Relief Coordinating Agency and Recovery Coordinating Agency at the state and regional levels, partners with all levels of government, businesses and not-for-profit organisations to ensure appropriate relief and/or recovery supports are in place and well-integrated to meet community needs.

Other agencies that may deliver these services include:

- non-government organisations, and/or community groups may deliver community support programs to support affected communities with their recovery from emergency events
- the Department of Health funds mental health and wellbeing services.

Level 3 – Focused, non-specialised support

Focused, non-specialised psychosocial and/or mental health supports may be required for individuals experiencing longer-term moderate distress. Education on the effects of emergencies, stress management strategies, and encouraging help-seeking behaviours should be provided to facilitate recovery.

Many people will recover with short-term supports and may step down to lower levels of support (Level 1 or Level 2) as they recover. Individuals with escalating symptoms or severe distress may progress to seeking specialist mental health care (Level 4).

Forms of assistance at this level may include, but are not limited to:

- counselling services (trauma-informed psychological support)
- grief and loss support programs
- general practice consultations with mental health support and referrals.

Other support provision under Level 3

In addition to the above-mentioned supports and services led by a range of departments and agencies; the Department of Health is the Recovery Coordinating Agency for coordinating health and medical assistance, and the Recovery Lead Agency for providing and promoting mental health support services and information.

Agencies delivering these services may include:

- primary health networks which coordinate access to general practitioners and mental health programs funded by the Commonwealth government
- community health services which offer grief support and wellbeing supports
- helplines such as Beyond Blue, which provides phone and online chat counselling, a mental health coaching program and online peer support community, and Lifeline, which provides crisis support services.

Level 4 – Specialised services

People experiencing enduring and severe responses such as anxiety, depression, or posttraumatic stress disorder may require specialist mental health treatment, care and support. These impacts may emerge shortly after an emergency or may develop over time. The provision of these services is critical to reducing the onset of long-term psychological disorders.

Individuals receiving treatment may step down to lower levels of support as they recover. If symptoms worsen, continued specialist support is provided with the aim of improving services effectiveness and outcomes.

Other support provision under Level 4

In addition to the above-mentioned supports and services led by a range of departments and agencies; the Department of Health is the Recovery Coordinating Agency for coordinating health and medical assistance, and the Recovery Lead Agency for providing and promoting mental health support services and information.

The Victorian Department of Health and the Commonwealth Government fund a range of mental health and wellbeing services, including Mental Health and Wellbeing Hubs, Mental Health and Wellbeing Locals, headspace services (for people aged 12 to 25 years), hospital-delivered Area Mental Health and Wellbeing Services (which provide inpatient and community-programs), other non-government organisation programs and helplines. Pre-existing services, like the Mental Health and Wellbeing Hubs, provide a suitable platform from which the Department of Health can scale-up its support to a community if required.

Delivery considerations

There are several key considerations foundational to the provision of psychosocial support to ensure support provided is responsive, comprehensive, and tailored to the evolving needs of affected individuals and communities. These include:

- **service accessibility** – recognising that emergencies may bring individuals into contact with government or different services for the first time, therefore it is important to provide clear, accessible and non-judgemental information and support
- **psychological and social interdependence** – successful access to and use of psychosocial support services are influenced by a complex interplay of social (e.g., stigma, perceptions, social cohesion) and psychological (e.g., self-efficacy and previous experiences) factors. Understanding these dynamics is crucial for designing services that are accessible and effective
- **strength-based recovery** – emphasises resilience and existing resources within individuals and communities. It includes providing appropriate information about the impacts of emergencies, effective stress management strategies, the importance of existing support networks and guidance on accessing further services when needed
- **reconnection opportunities** – facilitating opportunities to reconnect post-emergency is vital. These opportunities help restore the social fabric and promote psychosocial recovery, enabling communities to rebuild and strengthen their resilience against future emergencies.

In summary, psychosocial supports can and should be accessible across the emergency continuum - before, during, and after emergencies - where the focus is on supporting people most at risk in emergencies, who have little or no other supports, to plan, prepare, manage, and recover.

Services provided need to be presented in a way that is consistent with communal values of independence, strengths-based, and self-sufficiency (see [Section C - Psychosocial risks, impacts and mitigation of emergencies](#) for further information).

Providing emergency psychosocial supports complementary to the existing service system - with strong connections to universal services, and clearly defined and complementary secondary and targeted service responses - is critical to enabling support that meets the changing needs of people and communities affected by emergencies.

The ability to access and mobilise existing social and community services as part of an integrated emergency psychosocial support system is also critical. Furthermore, as emergency psychosocial supports are designed to meet a wide range of psychological and social needs, assisting people to understand and navigate unfamiliar service systems in order to access the services they need is also an important consideration.

Section B - Role of the Victorian Government departments and agencies in coordinating psychosocial supports in emergencies

Victorian Government departments and agencies play a critical role in coordinating psychosocial support across the state during and after emergencies.

Victorian emergency management arrangements

Victoria's emergency management arrangements are set out in the *Emergency Management Act 1986* and the *Emergency Management Act 2013*. They are supported by the State Emergency Management Plan (SEMP) and other regulatory instruments. Together these documents establish the 'all hazards, all agencies' approach underpinning Victoria's emergency management arrangements. Victorian Government departments and agencies work together to ensure that psychosocial support is integrated into emergency management by coordinating resources, agencies, and services across the state.

State Emergency Management Plan

The [State Emergency Management Plan \(SEMP\)](https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp)¹ outlines shared responsibility for emergency management for the individuals, families and households, communities, businesses and agencies in relief and recovery from emergencies in Victoria. The plan also defines the governance and roles, particularly where other agencies have coordinating, lead and supporting roles in psychosocial support, as well as responsibilities for psychosocial support within Victoria's broader emergency relief and recovery framework.

The SEMP defines:

- **relief** as 'providing assistance during and immediately after an emergency to meet essential individual and community needs'
- **recovery** as 'assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning.'

Relief and recovery begin when an emergency occurs, and many response, relief, and recovery activities are often undertaken concurrently. The SEMP recognises that sharing responsibility for emergency management planning and preparedness is everyone's business. That means that everyone has a role to play in planning for, responding to, and recovering from emergencies.

Department-coordinated emergency psychosocial supports

The department works to minimise the impact of emergencies on the health and wellbeing of communities and individuals, especially of Victorians who face greater risk in emergencies.

Under the SEMP, the department coordinates funded emergency psychosocial programs across the state. The department does this in partnership with other Victorian government departments and agencies and non-government organisations to support a whole-of-government approach to psychosocial support.

¹ <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp>

Within this, the department also coordinates the delivery of the Emergency Recovery Support Program, when funded. For more information on the department's responsibilities outlined under the SEMP, refer to the department's role statement on the Emergency Management Victoria website.

Emergency Management Psychosocial Services Panel

The department's Emergency Management Psychosocial Services Panel (the Panel) is available for emergency management practitioners, including those in councils and other government departments and agencies, to request psychosocial support services from appointed panel members in any or all emergency phases. When approved during relief and recovery phases, services provided by the panel may be an eligible service under Category A of the Australian Government's Disaster Recovery Funding Arrangements for agreed joint funding by the Commonwealth and Victorian governments, under the established cost-sharing arrangements.

The Panel consists of qualified psychologists and other specialist practitioners with demonstrated experience in providing psychosocial supports to affected communities.

The Panel members have expertise across a wide range of specialisations, including:

- children and families impacted by emergencies and complex trauma
- supporting school communities after critical incidents
- community preparedness and recovery
- trauma-informed training for emergency management staff.

The Panel offers a wide range of psychosocial services in, group settings, face-to-face and online, including:

- supporting community meetings to provide group/specialised psychosocial counselling services
- Psychological first aid training
- trauma-informed counselling
- emergency personal support
- emergency debriefing for staff and volunteers.

For more information about the Panel and/or to submit a request for psychosocial support services, please email the department's Emergency Management Psychosocial Services Panel Secretariat at PSSPanel@dfmh.vic.gov.au.

Emergency Recovery Support Program

Emergency Recovery Support Programs (ERSP) support people impacted by emergencies in their recovery journey.

ERSP is implemented in emergencies when approved, which may be as an eligible service under Category A of the Australian Government's Disaster Recovery Funding Arrangements and agreed joint funding by the Commonwealth and Victorian governments, under the established cost-sharing arrangements.

When implemented, the ERSP considers specific local support needs (including culturally and cohort specific needs) of affected communities, and local supports, in addition to any statewide programs. Components of the ERSP may include some or all of the following: intake, assessment, case support, case management, outreach services, and referrals to other services such as financial counselling, mental health and/or other health services, and relief and recovery programs.

Psychosocial supports delivered by department-funded agencies

The Australian Red Cross (ARC) and the Victorian Council of Churches Emergencies Ministry (VCCCEM) both have a defined role in the SEMP as a Relief Lead Agency to deliver psychosocial support services in emergencies. The department funds ARC and VCCCEM to maintain the capability and capacity to deliver upon these responsibilities.

Psychosocial support services provided by ARC and VCCCEM include outreach, PFA, personal support and where relevant emotional and spiritual care, to help communities build capability and resilience.

Targeted and focused psychosocial support activities

In addition to the department's responsibilities for psychosocial support, a number of other departments and agencies have designated responsibilities under the SEMP to ensure a coordinated, multi-agency approach to meeting the emotional, psychological, and social needs of affected individuals and communities.

The following agencies play key roles in providing targeted and focused psychosocial support activities.

Table 2: Targeted and focused psychosocial support activities by other agencies under the SEMP.

Psychosocial support activity	Recovery lead agencies	Recovery support agencies
Support for the bereaved	- Victorian Institute for Forensic Medicine (coronial) - Department of Health (non-coronial)	- ARC - Coroners Court of Victoria - Department of Health - VCCCEM
Support in emergencies caused by criminal acts, an act intended to cause harm to the community or as a result of a Class 3 emergency event	Victim Services, Support and Reform	- ARC - Salvation Army - VCCCEM
Support and advice to aid schools and early childhood services	Department of Education	
Referrals to psychosocial services for primary producers and animal owners	Department of Environment, Energy and Climate Action	Department of Families, Fairness and Housing
Family Violence services and information	Department of Families, Fairness and Housing (through funded agencies)	- Mental health services - Private providers - Specialist family violence services
Provide and promote mental health support services and information	Department of Health	Department of Families, Fairness and Housing

Councils may engage local agencies to provide psychosocial supports. In doing so, it is important to ensure that any agency engaged is appropriately qualified/trained and is compliant with relevant guidelines that have been issued, including those related to funding arrangements.

Reporting

To support the department in its role as the state Relief Coordinating Agency and Recovery Coordinating Agency for emergency psychosocial supports when coordinating supports across municipalities, a reporting template has been developed for agencies to use when they are providing psychosocial services and/or engaging local agencies to provide psychosocial services.

The template report captures the types of services delivered and the numbers of people that have been supported and will assist in providing a picture across the state to inform the coordination of services.

See [Attachment 1 - Template to capture intelligence on Emergency Relief Activities – Psychosocial Support Services](#) for further details.

Funding arrangements

For certain eligible emergencies the Australian Government's Disaster Recovery Funding Arrangements (DRFA) may be activated for one or more of the four categories i.e., Categories A, B, C and/or D. When approved cost-sharing arrangements between the Commonwealth and the state are used for certain relief and recovery assistance.

In Victoria, DRFA assistance measures are funded from the Victorian Natural Disaster Relief Trust administered by Emergency Recovery Victoria (ERV) within the Department of Justice and Community Safety.

In relation to emergency psychosocial supports, where applicable, the DRFA - Category A typically applies as it relates to assistance to individuals to alleviate personal hardship or distress. For significant emergencies other categories may be activated. For more information about this type of assistance, see: [Attachment 2 – Disaster Recovery Funding Arrangements](#).

Note: Not all services identified in [Figure 1: Levels of emergency psychosocial and mental health supports](#) would be considered eligible for DRFA claims.

Section C - Psychosocial risks, impacts and mitigation of emergencies

Risks and impacts of emergencies on communities

The impact of exposure to emergency events on an individual's psychological and/or social wellbeing can be mild or severe, short term or long lasting. Anyone may be psychologically impacted through experience of an emergency event.

Research indicates, however, that those who may be at disproportionately greater risk include children (including unborn children, infants, young children, teenagers and adolescents), families and adults (including older adults/seniors) with additional and/or more complex support needs.

Depending on the type, scope and impact of the emergency, different cohorts and/or communities may be most at risk. Emergencies may exacerbate existing inequalities between different groups, putting some groups at greater risk of psychosocial impacts. This may lead to community tensions and changes in friendship networks.

Psychosocial impacts before, during, and after an emergency

Emergencies are commonly described using three distinct, yet interrelated phases based on the timeframe of an emergency event:

- **before** an emergency (mitigation, planning and preparedness)
- **during** an emergency (immediate response and relief)
- **after** an emergency (relief and recovery).

Whilst the following information identifies potential psychosocial impacts by emergency phases, it is noted that in the context of recurrent, cascading and/or concurrent emergencies these impacts may not be linear and can overlap across emergency phases.

The following section will outline potential psychosocial impacts affected people may experience in each phase of an emergency, noting that each person's experience will be individual to their personal circumstance.

Psychosocial impacts before an emergency

People may feel concerned in the lead up to an emergency, particularly during high-risk weather seasons. These concerns may lead to anxiety if they are not managed. Communities who have been directly or indirectly affected by emergencies, particularly people with lived experience, may be at greater risk. This could be triggered by things such as an emergency warning about a potential immediate threat; prevailing hot winds or heavy rains; media reports of pending weather events and unusual high-risk weather conditions.

Psychosocial impacts during an emergency

During an emergency, people may experience a range of complex impacts, including physical, emotional, cognitive, social, and spiritual impacts.

Impacts can vary from person to person depending on their life circumstances, as well as what age and life stage they are at (e.g., whether the person impacted is an infant, child, young person,

adolescent, adult or senior). Impacts are also influenced by the nature and severity of the emergency event itself, as well as the unique protective and risk factors of the individual impacted.

Many reactions to an emergency are a normal response to distress and trauma, and will subside with time, however a small proportion of more severe reactions may require early stabilisation and support, just as physical injuries do.

Psychosocial impacts after an emergency

People impacted by an emergency have strengths, assets and resources that support their wellbeing, and it is important to recognise and build on these.

Early stage (first few days after an emergency event)

In the days following an emergency people may have difficulty with planning, decision making, setting priorities, or anticipating their future needs. They may also have significant difficulty concentrating and remembering essential information or find that they are experiencing intrusive memories or nightmares about the event.

They may feel distressed, angry, numb, shocked, disoriented, confused or uncertain about the future, or they may lose touch with their needs in the intense activity following an emergency. Emotional reactions may also be postponed or displaced onto unimportant things. These are all normal responses to a traumatic event.

People may be drawing on their usual coping strategies and sources of support, and they should be encouraged to draw on their existing strengths and resources. It is important, however, to be mindful that some people may resort to unhelpful ways of coping such as substance use or isolating themselves from social supports.

In addition to immediate physical and material needs, service providers should also ensure that the psychosocial needs of people and communities are met. For example, there may be considerable additional strain placed on families as a result of the range of emotions and reactions experienced after an emergency, which should be considered. Furthermore, routines and lifestyle are often disrupted with the loss of family roles and responsibilities, and this can have serious long-term consequences.

Medium-term stage (first few weeks to months after an emergency event)

In the weeks and months after an emergency people may go through a wide range of emotions including distress, fear, grief, guilt, sadness, anger, uncertainty, and insecurity about the future. There can also be strong feelings of selflessness, togetherness, and concern. It is a time of intense, changing emotions. People may react strongly to political or other community events. There can be a tendency for emotions to be expressed via attending to or focussing on practical problems or other events in their lives.

People may also be overloaded or in a state of constant stress for many months in the recovery period. Physical, psychological and/or social wellbeing may deteriorate, accidents increase, and relationships become tense. Often these problems develop slowly without those concerned noticing because of their preoccupation with more pressing events. The family unit may experience considerable burden during this time as different members respond in their own way to recovery.

Misunderstanding and confusion can be common, together with doubt and scepticism about who and what can be trusted. Gender and age differences can be magnified in the aftermath of emergency events. Stereotyped roles and reactions may also become hindrances to a person's recovery.

Long-term stage (a year or more after an emergency event)

For some people, the effects of an emergency are still obvious after a year or more, and for others it may be that the psychosocial impacts of the emergency are only starting to emerge. A person may also feel more impacted during certain times such as emergency anniversaries or the threat of another emergency. Long-term effects can include:

- economic hardship
- effects of living under stress for a prolonged period of time
- depression, post-traumatic stress disorder that can include complicated grief
- substance use disorders as well as mental health disorders
- developmental, academic and/or behavioural changes in children
- a sense of loss (e.g., leisure and recreation, friendship networks, direction in life, etc.) or continuing memories of the emergency.

Emergencies challenge the resources and resilience of individuals and communities. Pre-existing life situations, and stressors arising after but unrelated to the event, may hinder people's ability to move through their recovery.

People who find their recovery taking longer than others may feel isolated from their friends and family and no longer feel comfortable to speak about how they are feeling. Instead of being supportive, some relationships may also become a source of rejection and further loss. The community may have also undergone changes and no longer feel the same, which can lead to feelings of further isolation.

Many aspects of a person's lifestyle may have been postponed because of other demands in the early recovery period may now come to the fore, often in the form of psychosocial crises that disrupt or prevent recovery.

Mitigating psychosocial impacts of emergencies

The information below provides a range of considerations to inform the planning and delivery of psychosocial support services.

Preparedness and planning considerations

Preparedness and planning considerations to inform the delivery of emergency psychosocial supports include (but are not limited to) the following:

- taking an 'all-hazards, all emergencies' approach to preparedness and emergency planning (i.e., having a plan for psychosocial supports that could be rolled out following any kind of hazard)
- planning for each emergency phase. It is important to recognise that support services may be required before an emergency as well as some time after the immediate threat has passed
- identifying if communities are impacted by multiple and/or concurrent emergencies, or if there is a history of previous emergencies in the community
- planning for individuals, families and/or communities that may be at greater risk in emergencies

- recognising the need for the offerings to be flexible, dynamic, responsive, adaptive, inclusive, and scalable as the needs of individuals and communities will evolve over time
- recognising the significant role that social capital and social infrastructure have within communities at risk of and/or impacted by an emergency
- determining how delivery can be embedded within trusted pieces of social infrastructure (e.g., schools, community hubs, etc.)
- identifying ways in which to support trusted social infrastructure resources as they assist impacted individuals and communities
- the need for a variety of psychosocial support services (i.e., depending on the circumstances, and recognising the unique, complex, and dynamic nature of emergencies and their unique impacts on different individuals and communities)
- being community informed, community led, culturally safe, inclusive, accessible and appropriate
- engaging with individuals and communities to promote self-efficacy, and where possible to meet some of their own relief and recovery needs
- identifying how to coordinate and collaborate with impacted communities as well as the non-government organisations, businesses and government agencies that have existing relationships with them
- support should be underpinned by the understanding that people have had different experiences and impacts and be aligned with trauma-informed priorities and principles
- focussing on consequence management, where everyone involved understands the potential consequence of their decisions and actions
- being able to support the delivery of concurrent community, local, regional, and state response, relief, and recovery activities
- planning a provisional exit strategy from the outset, which is updated as needed, to enable continuity of care and in turn, reduces the potential of further damage to communities, when recovery transitions to business as usual.

It is important for agencies to understand that everything done in response to an emergency has a psychosocial implication during recovery, further highlighting the importance of accessing trauma-informed expertise to inform approaches. Anyone working with or coming into contact with people impacted by an emergency, regardless of their role, can influence the wellbeing of others and contribute to their recovery. Understanding the changes outlined earlier in this document that are likely to occur in individuals and communities during the recovery period will enable them to interact in ways that support their recovery.

The months following an emergency are a critical time to provide information on health, trauma, and access to services and for equipping service providers to meet the needs of individuals and communities - especially given the increased demand for a range of support services. Deploying personal support workers, who are trained in providing psychological first aid at the earliest possible time in an emergency will support the recovery of individuals and communities.

Agencies must also consider how they will best engage with people most at risk and/or significantly impacted by an emergency at all stages - from planning and preparedness through to post event recovery. A growing body of research on recent emergencies highlights that certain cohorts may be disproportionately impacted by emergencies.

These include - but are by no means limited to - pregnant woman, parents, infants, children (including unborn children, infants, young children, adolescents/teenagers and young people), families, older people, culturally diverse communities, people with disability, people who identify as LGBTIQ+, those experiencing homelessness or living in insecure housing, and individuals who may be socially isolated, impacted by previous emergencies, or managing pre-existing health conditions (e.g., mental health, etc.).

The [*Victorian Emergency Management Planning Toolkit for People Most at Risk*](#)² can be used for this purpose.

Delivery considerations

In response to an emergency, it is essential to establish a variety of delivery methods for emergency psychosocial supports to meet the diverse needs and circumstances of affected individuals and communities and to adapt to the changing post-emergency environment. Pre-existing community challenges (e.g., social, and economic inequalities) can be exacerbated post-emergency, necessitating flexible and proactive service approaches. Therefore, planning, and regular monitoring of service accessibility is important to prevent potential obstacles such as blocked transport routes, disrupted communications, and financial constraints.

Considerations for the establishment and delivery of emergency psychosocial supports include (but are not limited to):

- assessing and screening – initial needs assessment to identify specific needs
- proactive outreach – engaging with communities actively to prevent escalation of distress
- coordination of emergency psychosocial support and information
- trauma-informed service provision – approaches that recognise and address the varied impacts of trauma
- diverse service methods – utilising face-to-face, digital, and other methods to enhance accessibility
- school and workplace delivery – integrating support directly into daily environments
- tracking mobile populations – making certain that support reaches all, including transient groups such as tourists, seasonal workers, people experiencing homelessness, etc.

Recovery principles

The SEMP provides the following recovery principles to guide the delivery of emergency psychosocial supports. These principles align with the *National Principles for Disaster Recovery* developed by the national Social Recovery Reference Group and can be adapted to meet the needs of people and communities impacted by emergencies.

All agencies must incorporate these recovery principles, outlined in Table 3: Victorian State Emergency Management Plan recovery principles, into their service planning and delivery to support a smooth transition between emergency response and mainstream service delivery.

² <https://www.emv.vic.gov.au/responsibilities/emergency-management-planning/emergency-management-planning-resource-library-0/victorian-emergency-management-planning-toolkit-for-people-most-at-risk>

Table 3: Victorian State Emergency Management Plan recovery principles

Recovery principle	Description
Capacity building	Successful recovery recognises, supports, and builds on individual, community and organisational capacity and resilience. These principles align recovery efforts across jurisdictions, and they can also guide recovery planning and activities that is flexible and locally driven and delivered. Engagement with the many groups that make up Victoria's communities, including Traditional Owners, is necessary to ensure the recovery process is effective and culturally appropriate.
Communicate effectively	Successful recovery is built on effective communication between the affected community and other partners.
Community-led approaches	Successful recovery is community-led and community-centred, responsive, and flexible, engaging with communities and supporting them to move forward. It is managed locally, closest to the community, and can be scaled up to deal with more widespread, complex issues and support needs. This recognises the key role of non-government organisations, community groups, businesses, and others.
Coordinate all activities	Successful recovery requires a planned, coordinated, and adaptive approach between community and partner agencies, based on continuing assessment of impacts and needs.
Recognise complexity	Successful recovery recognises and responds to the complex, dynamic nature of emergencies and communities.
Understanding context	Successful recovery is based on an understanding of the specific communities affected by recovery activities: each community has its own history, values, and dynamics.

Strengthening the delivery of psychosocial support services

Psychosocial support services are strengthened through access to training, partnerships and care pathways, and monitoring and evaluation.

Training

Psychosocial support training considerations

Training and/or refresher training is important to build and maintain capabilities. Agencies providing services in the emergency context must be appropriately trained, supported, and have access to regular supervision and secondary consultations. Training programs need to:

- be culturally and locally appropriate
- address the diverse needs of people across all age groups and abilities
- focus on the skills and knowledge required when supporting people impacted by a major emergency

- enhance people's understanding of how they can contribute to the recovery process for those they work with.

Training should be targeted at the following three broad groups.

Group 1: People working with individuals and communities, but who do not have the primary role of providing psychosocial interventions/supports (e.g., council staff and people actively involved in a range of community work). This training recognises the significant role anyone in contact with people impacted by emergencies can play in aiding recovery, even if their primary role is not to provide psychosocial support. It informs participants about:

- listening and assessing basic needs
- the impact of emergency events on psychosocial wellbeing
- what to expect as people go through the recovery process
- things that may / do help, and things that may / do not
- signs that may indicate a person requires additional support to recover
- promoting social support
- where to go for additional help and support/services and resources
- organisational and self-care.

Note: PFA training is an example of this sort of training.

Group 2: People who provide general psychosocial supports (e.g., community health centre counsellors, psychologists, and social workers). This training will build on this group's existing skills by enhancing their understanding of responding to the needs of people and communities after a major emergency.

Note: Phoenix Australia's *Disaster Mental Health* training is an example of this sort of training.

Group 3: Specialist mental health system services (e.g., public, and private mental health professionals). This training will build on this group's existing skills by providing an advanced understanding of responding to the needs of existing and new clients from impacted areas.

Note: APS Disaster Response Network specialist training is an example of this sort of training.

Supporting staff

It is important to consider staff capabilities in all groups and how to support workforce wellbeing, including fatigue management. Often people providing psychosocial support in emergencies have a dual role (i.e., as a supporter and also having lived experience of the emergency and/or are living within the impacted community) which can put them at a higher risk for burnout and vicarious trauma.

Team leaders should at a minimum have the skills identified in group 1 above and be able to effectively support staff by monitoring, mitigating, and/or managing work-related stressors, staff wellbeing and connecting to services, as required.

Partnerships and care pathways

Flexible and coordinated responses rely on strong local partnerships and clear care pathways between services. Responses should be flexible and well-coordinated to meet the needs of individuals and communities after an emergency.

- **Coordination/integration** — services should work together as part of a connected system. Support should be organised in a way that makes it easier for people to access the help they

need. At the same time, professional involvement should support people's independence and choice in their recovery.

- **Community based** — responses should use and enhance existing local services. This helps build long-term, sustainable support for those affected by emergency.
- **Community involvement** — people affected by the emergency should be actively involved in all stages of the recovery process. Planning should focus on building existing strengths, identifying any unmet needs, and supporting resilience.
- **Flexibility/informality** — support must be adaptable, as people's needs can vary over time. Some individuals may prefer access to help through informal or community-based rather than formal services.
- **Sharing information** — sharing information between services should be based on what is needed to support the individual, and must follow agreed protocols, privacy rules and legislation.

Partnerships are essential for building strong, integrated support networks. By collaborating with other organisations, service providers can extend their reach, pool resources, and ensure that people receive timely and appropriate care.

Key elements of effective partnership are shared goals, clear roles and responsibilities, effective communication, capacity building, and sustainability. Practical steps for strengthening partnerships include:

- establishing memorandums of understanding (MOUs) to formalise partnerships
- participating in local emergency management committees and cross-sector forums
- developing referral systems to connect people with appropriate services
- creating co-design opportunities where lived experience is embedded into service planning
- fostering regular engagement between services to discuss needs, barriers, and emerging risks.

To strengthen care pathways, appropriate organisations may:

- develop clear referral systems between different service levels
- implement screening and triage processes to identify individuals who need additional support
- use case management approaches to coordinate multiple services
- ensure care pathways are culturally responsive and accessible to diverse communities
- promote self-determination and person-centred approaches that allow people to determine their own recovery journey.

Monitoring, review, and evaluation

Monitoring, review, and evaluation of processes and approaches are critical to support efficacy and continuous improvement in the delivery of emergency services.

Agencies providing psychosocial support services are responsible for monitoring, reviewing, and evaluating their activities to determine the extent to which they meet their objectives and the needs of the people and communities they are being provided to. This is because it is important to not only capture what worked well, but also to identify any opportunities for refinements and/or service improvements, and to document, share and incorporate this information into current and future service delivery and planning processes.

Attachment 1 - Template to capture intelligence on Emergency Relief Activities – Psychosocial Support Services

To support the department in its role as the state Relief Coordinating Agency and Recovery Coordinating Agency for emergency psychosocial supports, a template to capture intelligence on Emergency Relief Activities – Psychosocial Support Services (reporting template) has been developed for agencies providing or engaging local agencies to provide psychosocial services.

This reporting template captures the types of services delivered and the numbers of people supported, helping to create a statewide overview to inform the effective coordination of services.

The reporting template is available at the department's [Disaster and emergency recovery webpage](https://www.dffh.vic.gov.au/recovery)³

³ <https://www.dffh.vic.gov.au/recovery>

Attachment 2 - Disaster Recovery Funding Arrangements

For certain eligible emergencies, the Australian Government's Disaster Recovery Funding Arrangements (DRFA) may be activated for one or more of the four categories i.e., Categories A, B, C and/or D.

In relation to emergency psychosocial supports, Category A typically applies as it relates to assistance to individuals to alleviate personal hardship or distress. For significant emergencies other categories may be activated.

When approved, cost sharing arrangements between the Commonwealth and the state are used for certain relief and recovery assistance; and councils can claim for some immediate and early relief and recovery activities that are directly related to eligible emergency events.

For psychosocial supports under the DRFA Category A, the framework covers activities that provide direct assistance to individuals or communities affected by emergencies to help them cope with the immediate psychological and social impacts:

DRFA Clause 4.2.2 (g) personal and financial counselling: some costs associated with the provision of psychological first aid and financial counselling to disaster affected individuals in the immediate aftermath of a disaster are eligible for reimbursement. This measure is intended to help individuals who are suffering personal hardship and distress as a direct result of an eligible disaster by providing them with personal and financial counselling in the immediate aftermath of the eligible disaster.

Examples of costs associated with the provision of personal and financial counselling intended to help individuals who are suffering personal hardship and distress as a direct result of an eligible disaster, in the immediate aftermath of the disaster, includes those associated with the following activities:

- the assessment of the financial, personal, emotional, and psychological needs of disaster affected individuals and families
- offering specialised individual or group counselling services to those suffering the effects of the eligible disaster
- providing information about the range of assistance measures available to disaster affected individuals and liaising with disaster assistance delivery agencies
- undertaking outreach strategies to provide eligible measures in remote and regional disaster affected communities
- assisting with disaster related claims to insurance companies
- providing referrals to specialist financial, legal, and psychological services regarding disaster and non-disaster related matters.

For more detailed guidelines on what can be claimed under DRFA Category A, and how to submit these claims, councils should refer to the [Victorian government's DRFA guidelines](https://www.vic.gov.au/disaster-recovery-funding-arrangements)⁴.

⁴ <https://www.vic.gov.au/disaster-recovery-funding-arrangements>

More information on DRFA Category A - Personal and financial counselling (Guideline 3, tip sheets and forms to support claim for counselling measures) can be found on the [Victorian government's DRFA library](https://www.vic.gov.au/personal-and-financial-counselling)⁵.

⁵ <https://www.vic.gov.au/personal-and-financial-counselling>

Attachment 3 - Further information

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Resources

The following resources have been developed to support individuals, families, communities and practitioners in emergency preparedness, response, and recovery. They cover topics related to emergency psychosocial supports and trauma recovery, mental health, wellbeing and resilience.

Children and families, and specific cohorts resources

Australian Psychological Society – provides guidance on helping children who have been affected by bushfires, offering strategies to support their emotional recovery and resilience. For more information, visit [Australian Psychological Society](https://psychology.org.au/search-results?searchtext=Helping%20children%20who%20have%20been%20affected%20by%20bushfires&searchmode=anyword) <https://psychology.org.au/search-results?searchtext=Helping%20children%20who%20have%20been%20affected%20by%20bushfires&searchmode=anyword>.

Children's Health Queensland Hospital and Health Service – provides Birdie's Tree Stories, a series of storybooks designed to help young children understand and process emergencies. For more information, visit [Children's Health Queensland Hospital and Health Service](https://www.childrens.health.qld.gov.au/our-work/birdies-tree-natural-disaster-recovery) <https://www.childrens.health.qld.gov.au/our-work/birdies-tree-natural-disaster-recovery>.

Sonoma County ACEs Connection – offers insights on helping young children recover after the Northern California wildfires, providing guidance for parents and caregivers to support children's emotional well-being post-emergency. For more information, visit [Sonoma County ACEs Connection](https://www.pacesconnection.com/g/sonoma-county-aces-connection/blog/helping-young-children-recover-after-the-northern-california-wild-fires) <https://www.pacesconnection.com/g/sonoma-county-aces-connection/blog/helping-young-children-recover-after-the-northern-california-wild-fires>.

Community resources

Australian Journal of Rural Health – presents research on the skills and attributes rural mental health clinicians use when engaging with consumers in face-to-face interactions. The article explores the unique challenges and approaches in delivering mental health support in rural communities. For more information, visit [Australian Journal of Rural Health](https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12204) <https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12204>.

Emerging Minds – provides the *Community Trauma Toolkit*, a resource designed to help children, families, and communities prepare for, respond to, and recover from traumatic events. The toolkit includes practical strategies for professionals and caregivers to support mental health and well-being. For more information, visit [Emerging Minds](https://emergingminds.com.au/) <https://emergingminds.com.au/>.

Department of Families, Fairness and Housing resources

DFFH Emergency Management – provides guidance and resources for emergency management in Victoria, focussing on preparedness, response, and recovery for at risk individuals and communities. For more information, visit [DFFH emergency management](https://www.dffh.vic.gov.au/emergency-management) <https://www.dffh.vic.gov.au/emergency-management>.

DFFH PSS Panel - is available for emergency management practitioners, including Local Government and other government departments and agencies, to request psychosocial support services in all emergency phases. The Panel consists of specialists with experience in psychosocial support services. For more information, visit [disaster and emergency recovery](https://www.dffh.vic.gov.au/recovery) <https://www.dffh.vic.gov.au/recovery>.

DFFH recovery – offers support services and recovery programs to assist individuals, families and communities affected by emergencies. For more information, visit [disaster and emergency recovery](https://www.dffh.vic.gov.au/recovery) <https://www.dffh.vic.gov.au/recovery>.

DFFH SEMP Role Statement – outlined the department's roles and responsibility in emergencies. For more information, visit [Emergency Management Victoria](https://www.emv.vic.gov.au/responsibilities/sempr/roles-and-responsibilities/role-statements/dffh) <https://www.emv.vic.gov.au/responsibilities/sempr/roles-and-responsibilities/role-statements/dffh>.

Road to Resilience Podcast – a series discussing resilience-building and recovery following emergencies, featuring expert insights on coping mechanisms and community support strategies. For more information, visit [Soundcloud](https://soundcloud.com/user-94598212/road-to-resilience) <https://soundcloud.com/user-94598212/road-to-resilience>.

Victorian Council of Churches Emergencies Ministry (VCCEM) – provides a range of resources and tip sheets to support individuals, communities, and emergency responders in emergency preparedness, response, and recovery. These resources cover topics such as psychosocial support, emotional and spiritual care, and community resilience. For more information, visit [VCCEM](https://vccem.org.au/resources/) <https://vccem.org.au/resources/>.

Emergency Management resources

State Emergency Management Plan – outlines Victoria's emergency management arrangements. For more information, visit [Emergency Management Victoria](https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp) <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp>.

Victorian Emergency Management Planning Toolkit for People Most at Risk – provides access to this new planning toolkit to support planning for people in the community most at risk in emergencies. For more information, visit [Emergency Management Victoria](https://www.emv.vic.gov.au/responsibilities/emergency-management-planning/emergency-management-planning-resource-library-0/victorian-emergency-management-planning-toolkit-for-people-most-at-risk) <https://www.emv.vic.gov.au/responsibilities/emergency-management-planning/emergency-management-planning-resource-library-0/victorian-emergency-management-planning-toolkit-for-people-most-at-risk>.

Monitoring, reviews, and evaluation considerations

Australian Disaster Resilience Knowledge Hub - offers the National Monitoring and Evaluation Framework for Disaster Recovery Programs, which provides guidelines for assessing emergency recovery efforts, ensuring continuous improvement and accountability in emergency management initiatives. For more information, visit [Australian Disaster Resilience Knowledge Hub](https://knowledge.aidr.org.au/resources/national-monitoring-and-evaluation-framework-for-disaster-recovery-programs/) <https://knowledge.aidr.org.au/resources/national-monitoring-and-evaluation-framework-for-disaster-recovery-programs/>.

Psychosocial First Aid

Australian Psychological Society - provides psychological first aid: A guide to supporting people affected by disaster in Australia, which outlines best practices for offering psychological support following emergencies. This guide is designed for first responders, health professionals and community members assisting affected individual. For more information, visit [Australian Psychological Society](https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster) <https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster>.

The National Child Traumatic Stress Network – offers a resource on psychological first aid and skills for psychological recovery, providing guidance on trauma-informed approaches to help individuals cope with a recover from emergencies. For more information, visit the [National Child Traumatic Stress Network](https://www.nctsn.org/) <https://www.nctsn.org/>.

Trauma & grief network – provides resources on psychological first aid, offering evidence-based strategies to support children and young people affected by traumatic events. For more information, visit [trauma & grief network](https://tgn.anu.edu.au/resource/disasters/) <https://tgn.anu.edu.au/resource/disasters/>.

Recovery resources (general)

Australian Child and Adolescent Trauma, Loss & Grief Network – provides bushfire-related resources to support children and adolescents experiencing trauma, loss, and grief due to emergencies. For more information, visit the [Australian Child and Adolescent Trauma, Loss and Grief Network](https://theactgroup.com.au) <https://theactgroup.com.au>.

Australian Childhood Trauma Group – offers guidance on supporting mental health and wellbeing in times of devastation, including trauma-informed strategies for children and families affected by bushfires. For more information, visit [Australian Childhood Trauma Group](https://theactgroup.com.au/bushfires-trauma/?fbclid=IwAR2PX1I-xYcm4sHS5bJqZdZb2SY2CHeFqD2V6M4zPikFmznG9j-y5-APF0) <https://theactgroup.com.au/bushfires-trauma/?fbclid=IwAR2PX1I-xYcm4sHS5bJqZdZb2SY2CHeFqD2V6M4zPikFmznG9j-y5-APF0>.

Australian Institute for Disaster Resilience – offers the Community Recovery Handbook, a comprehensive guide to supporting community resilience and recovery following emergencies. For more information, visit [Australian Institute for Disaster Resilience](https://knowledge.aidr.org.au/collections/handbook-collection/) <https://knowledge.aidr.org.au/collections/handbook-collection/>.

Australian Psychological Society - has resources to help people psychologically prepare for emergencies. They emphasise the importance of including these steps in personal emergency plans. For more information, visit [Australian Psychological Society](https://psychology.org.au/for-the-public/psychology-topics/disasters) <https://psychology.org.au/for-the-public/psychology-topics/disasters>.

Australian Psychological Society – An information sheet that provides guidance on how to psychologically prepare for bushfires to help individuals, families and communities. For more information, visit [Australian Psychological Society](https://psychology.org.au/search-results?aliaspath=%2fSearch-Results&searchtext=Preparing+for+bushfires&searchmode=anyword) <https://psychology.org.au/search-results?aliaspath=%2fSearch-Results&searchtext=Preparing+for+bushfires&searchmode=anyword>.

Better Health – trauma recovery services - provides information and resources on trauma recovery, offering guidance on psychological support services available for individuals affected by emergencies. For more information, visit [Better Health](https://www.betterhealth.vic.gov.au/servicesandsupport/trauma-recovery-services) <https://www.betterhealth.vic.gov.au/servicesandsupport/trauma-recovery-services>.

Life in Mind – offers mental health supports for bushfire-affected communities, including resources for individuals, families, and service providers to promote psychological recovery. For more information, visit [Life in Mind](https://lifeinmind.org.au/) <https://lifeinmind.org.au/>.

National Emergency Management Agency (NEMA) – National Disaster Mental Health & Wellbeing Framework – outlines strategies to support mental health and wellbeing before, during, and after emergencies, ensuring coordinated responses across government and community sectors. For more information, visit National Disaster Mental Health & Wellbeing Framework on [Supporting mental health and wellbeing](https://www.nema.gov.au/our-work/resilience/supporting-mental-health-and-wellbeing) <https://www.nema.gov.au/our-work/resilience/supporting-mental-health-and-wellbeing>.