Qualitative Research Underpinning the Psychosocial Wellbeing Program

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Introduction

The Psychosocial Wellbeing Program stems from insights gained through my doctoral research, titled Psychosocial Wellbeing and Disaster Recovery in the Hawkesbury. This article explains what led me to engage in this research, provides background information about the impact of disasters on psychosocial wellbeing and why psychosocial support is critical for disaster recovery.

I particularly like the term *psychosocial* in relation to wellbeing because it encompasses the multi-faceted dynamics that influence health and functioning. It incorporates the physical, psychological, emotional, spiritual and economic factors known to influence health (Kumar, 2020, p. 626), as well as social and collective dimensions of community, family networks and cultural practices (Eiroa-Orosa, 2020; Richardson, Kelly, & Mackay, 2023). In short, it refers to psychological, emotional, social and collective wellbeing.

Researcher position statement

My background is in mental health nursing, with clinical experience spanning thirty years in public healthcare across a diverse range of specialty services within mental health. I am also a registered homeopath, and my clinical roles include both modalities. I have a private practice located in Windsor, a key local business district within the Hawkesbury. I receive referrals from Wentworth Healthcare, which is the Nepean Blue Mountains Primary Health Network (NBM PHN) and local GPs,

for people needing support for a diverse range of situations, including acute and chronic psychological distress, chronic and lifelong mental illness, suicidal ideation and people impacted by the recent bushfires and flooding in the Hawkesbury.

In addition to my clinical practice, I instigated and managed SoDa (Social & Dance events), a collaborative community-led social enterprise that utilised partner dancing in conjunction with psychosocial support to foster connection, support social recovery and build community resilience for people impacted by bushfires. This was a Bushfire Community Recovery and Resilience Fund (BCRRF) project through the joint Commonwealth/State Disaster Recovery Funding Arrangements. Partner dance experts and psychosocial support services facilitated regular events in four rural/remote parts of the Hawkesbury.

My diverse professional roles provided insight into the complex challenges in communities associated with disaster recovery, which ignited my interest to explore more deeply what people were experiencing and how we could better support their psychosocial wellbeing. My personal objective was to contribute to an evidence base in the field of disaster recovery that promoted psychosocial wellbeing and served humanity.

Background

The Hawkesbury is a local government area on the north-western fringe of the Sydney metropolitan area, with a topography predisposed to natural disasters. Residents were impacted by catastrophic bushfires and major flooding events between 2019 and 2022, whilst simultaneously navigating the SARS-Cov-2 pandemic, bringing 'unprecedented challenges' for psychosocial wellbeing (National Suicide Prevention Taskforce, 2020).

Method

My study aimed to address some of the gaps in the disaster literature and contribute to solutions with regards to psychosocial wellbeing in disaster recovery. The qualitative study used phenomenological research methodology, utilising Reflexive Thematic Analysis. Ten disaster management agency staff (DMA) and ten community members residing in urban, rural and remote parts of the Hawkesbury participated in the study via in-depth interviews.

Psychosocial impacts

People and communities exposed to natural disasters may experience psychological stress reactions and mental/emotional distress, including anxiety, depression, post-traumatic stress disorder (PTSD) and grief. Harms et al.'s (2015) study identified that disaster-related bereavement can lead to poor mental health outcomes, though the associated factors are not fully understood. Expanding further, these experiences may manifest in somatic symptoms, difficulty adjusting, increased alcohol or substance use, and increased suicidality in some people (Dodgen et al., 2016; Hrabok et al., 2020; Yang & Bae, 2022). Increased levels of domestic violence have also been identified in the aftermath of disasters (Gibbs et al., 2021). The personal impact of disasters varies. For some people, reactions may interfere with biological, social and occupational functioning, however it is considered that most acute psychological reactions to natural disasters last up to three months and are self-limiting (Math et al., 2015). Some people who have lived through a natural disaster, however, can continue to experience distress long after the event has passed, and may require additional individualised therapeutic support. In particular, people who have a history of emotional trauma may experience a recurrence of distress (Diaz & Agarwal, 2018) and people who have pre-existing mental health conditions may also experience a relapse (Math et al., 2015).

Intersection of communities and disaster management

Natural disasters affect psychosocial wellbeing in two main ways: The trauma associated with the actual event and the way the emergency management is delivered within communities (Australian Institute for Disaster Recovery, 2018). Systemically, natural disasters impact local government/healthcare systems, and affected communities experience disruptions to social, economic and environmental structures that support well-being (Fritze et al., 2008). At the intersection between disaster management agencies and community recovery initiatives lies fertile ground for tension (Owen, 2018) and inequity, with the potential to increase or repair psychosocial distress (Gow & Mohay, 2013).

How to support community-initiated approaches whilst effectively coordinating a disaster response is a key challenge in disaster management, with evidence in the literature that there is a misalignment between community expectations and government interventions (Dibley et al., 2019; Satizábal et al., 2022). Whilst there is consensus about the benefits of engaging communities in recovery processes, Vallance (2012) reports a lack of research examining factors that hinder it arguing that effective engagement seems hard to achieve. Diaz and Agarwal (2018) argue that people and communities impacted by natural disasters can undergo a profound reorganisation of psychosocial aspects of their community life. They consider recovery and wellbeing are

interdisciplinary processes, which include families, communities and agencies to re-establish psychological, social and functional aspects of their lives. However, the relationships between community members and disaster management agencies requires further exploration, better processes, policy and practice (Archer et al., 2015; Owen, 2018) to inform future practices and supports for psychosocial wellbeing.

Findings

The extensive data collected in this study has been analysed, and I am currently writing up the findings for my thesis, the final stage of my PhD journey. Results will soon become available through presentations and peer-reviewed journals to contribute to the body of work in this field. For the purpose of this article, I would like to share a few insights that informed the Psychosocial Wellbeing Program:

Participants reported a 'roller coaster' of emotions, including adrenaline to fatigue, grief and loss, fear and anxiety, shame and blame and trauma responses. Psychosocial impacts were uniquely individual, could emerge at any time, and were often not realised until long after the events, once people had the chance to stop and reflect. Most people experienced 'normal responses to abnormal situations' and recovered in time, requiring informal support. In these instances, activities such as choir or dancing helped them feel better and were reported to be "better than counselling." However, other people were significantly impacted and needed professional services to help restore wellbeing, evidencing the need for flexible long-term approaches for psychosocial wellbeing.

Systemically, disasters impacted local government/healthcare systems, and Hawkesbury communities experienced disruptions to social, economic and environmental structures that supported wellbeing. Participants reported that disasters brought them together in solidarity to help each other through adversity, strengthening community ties. However, disaster-related changes in dynamics and the influence of disaster management contributed to a breakdown in social capital, driving communities apart. Impacts were described as emanating outward like 'ripples in a pond', demonstrating the complex nature of disaster recovery, requiring collaborative multidisciplinary approaches to restore psychosocial wellbeing.

Conclusion

Many Australian communities are facing situations that have disrupted life and affected wellbeing. Global events and a series of natural disasters have impacted people, families and businesses, compounding life stressors, making it more difficult for people to cope. Often, when people face

difficulties, it is hard to know where to turn. In many communities, there can be a tendency for people to feel shame about needing help and may have grown up believing this a weakness. However, when life gets tough, the right support at the right time and place can be lifesaving.

The Psychosocial Wellbeing Program, informed by my doctoral research, provides four tiers of support to address emotional, psychological, social and collective wellbeing in the local environment. Programs are tailored to the needs of individuals, groups and workplaces, helping people to navigate stress, change and complex challenges. A Wellbeing Program may include any combination of the following supports: Individual, family, workplace and community groups, leadership and management support.

References

Archer, F., Roberts, F., McArdle, D., & Spencer, C. (2015). Literature review: What does good or successful recovery look like. *Monash University Injury Research Unit, Melbourne*.

Australian Institute for Disaster Recovery. (2018). *Australian disaster resilence community recovery handbook*. Retrieved from https://knowledge.aidr.org.au/resources/handbook-community-recovery/

Diaz, J. O. P., & Agarwal, S. (2018). Theoretical Building Blocks for Community-Based Psychosocial Support. In *Disaster Recovery* (pp. 3-34). Apple Academic Press.

Dibley, G., Mitchell, L., Ireton, G., Gordon, R., & Gordon, M. (2019). Government's role in supporting community-led approaches to recovery. *Department of Health and Human Services*.

Dodgen, D., Donato, D., Kelly, N., La Greca, A., Morganstein, J., Reser, J., Ruzek, J., Schweitzer, S., Shimamoto, M. M., Thigpen Tart, K., & Ursano, R. (2016). Ch. 8: Mental Health and Well-Being. In *The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment* (pp. 217–246). U.S. Global Change Research Program. https://doi.org/10.7930/J0TX3C9H

Eiroa-Orosa, F. J. (2020). Understanding Psychosocial Wellbeing in the Context of Complex and Multidimensional Problems. *Int J Environ Res Public Health*, *17*(16). https://doi.org/10.3390/ijerph17165937

Fritze, J. G., Blashki, G. A., Burke, S., & Wiseman, J. (2008). Hope, despair and transformation: Climate change and the promotion of mental health and wellbeing. *International Journal of Mental Health Systems*, *2*(1), 13. https://doi.org/10.1186/1752-4458-2-13

Gibbs, L., Harms, L., Block, K., Bryant, R., Forbes, D., Ireton, G., Richardson, J., MacDougall, C., Gallagher, C., & O'Donnell, M. (2021). 10 years beyond bushfires report.

Gow, K., & Mohay, H. (2013). When community resilience breaks down after natural disasters. *Mass trauma: Impact and recovery issues*, 257-280.

Harms, L., Block, K., Gallagher, H. C., Gibbs, L., Bryant, R. A., Lusher, D., Richardson, J., MacDougall, C., Baker, E., & Sinnott, V. (2015). Conceptualising post-disaster recovery: Incorporating grief experiences. *British Journal of Social Work*, *45*(suppl_1), i170-i187.

Hrabok, M., Delorme, A., & Agyapong, V. I. O. (2020). Threats to Mental Health and Well-Being Associated with Climate Change. *Journal of Anxiety Disorders*, *76*, 102295. https://doi.org/https://doi.org/10.1016/j.janxdis.2020.102295

Kumar, C. (2020). Psychosocial Well-Being of Individuals. In W. Leal Filho, A. M. Azul, L. Brandli, P. G. Özuyar, & T. Wall (Eds.), *Quality Education* (pp. 676-686). Springer International Publishing. https://doi.org/10.1007/978-3-319-95870-5_45

Math, S. B., Nirmala, M. C., Moirangthem, S., & Kumar, N. C. (2015). Disaster management: mental health perspective. *Indian journal of psychological medicine*, *37*(3), 261-271.

National Suicide Prevention Taskforce. (2020). *Shifting the focus: A national whole-of-government approach to guide suicide prevention in Australia*. Canberra: Australian Government Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/4.%20Shifting%20The%20Focus.pdf

Owen, C. (2018). How can governments enable and support community-led disaster recovery? *Australian Journal of Emergency Management*, *33*(1), 66-69.

Richardson, J., Kelly, L., & Mackay, A. (2023). Australian red cross psychosocial approach to disaster preparedness. *TheAustralian Journal of Emergency Management*, *38*(3), 31-36.

Satizábal, P., Cornes, I., Zurita, M. d. L. M., & Cook, B. R. (2022). The power of connection: Navigating the constraints of community engagement for disaster risk reduction. *International Journal of Disaster Risk Reduction*, *68*, 102699.

Vallance, S. A. (2012). Facilitating successful community-led recovery after disasters. In. Nova Science Publishers.

Yang, Y.-S., & Bae, S.-M. (2022). Association between resilience, social support, and institutional trust and post-traumatic stress disorder after natural disasters. *Archives of Psychiatric Nursing*.