

Disaster Recovery Toolkit for Community Mental Health and Wellness



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Qualifying Statement

This document provides guidance and identifies best practices based on a thorough review of current literature and publications available at the time of writing. It reflects the best clinical knowledge and evidence available as of the date of publication. Notions of best practice will change over time due to new research and other evidence. For this reason, policy makers, managers, clinicians, physicians and members of the community referencing this document for decision-making are asked to consult further with other resources for updated information.

Introduction

The Disaster Recovery Toolkit for Community MH and Wellness draws directly upon the British Columbia's Mental Health and Substance Use Disaster Recovery Guide that was completed following the unprecedented 2017 flood and wildfire seasons. This toolkit is intended to provide practical guidance and resources to facilitate cohesive and consistent planning and delivery of psychosocial recovery activities in the aftermath of disasters.

The toolkit is not intended to be either prescriptive or exhaustive but is based on the premise that there are differences between communities in terms of access to and availability of resources, specific planning processes, and services and programs available to support the well-being of community members. It is intended to facilitate a scalable, flexible and adaptable approach around which all partners can coalesce in support of the planning and implementation of community wellness recovery (after disasters) in British Columbia. As such, the tools within this document may be used accordingly by authorities, organizations and agencies involved in community psychosocial programming and services. The toolkit is an evergreen document that will be updated to remain current and to reflect change and improvements in recovery strategies and resources. The intention is that it will reflect the experiences and learnings of local governments, First Nations, provincial ministries and agencies, health authorities, First Nations Health Authority (FNHA), federal departments, Métis Nation BC, service providers, and mental health and substance use experts, as well as by the experiences shared by affected individuals.

Disaster Wellness Planning Assumptions

There are a few key planning assumptions to be aware of while developing appropriate recovery plans and/or initiatives:

1. In response to any disaster or emergency, incident stress-related reactions such as fear, uncertainty, and insecurity, increased substance use, or mood effects such as anxiety, sadness and grief are to be expected, and are not necessarily indicative of an impending mental illness. **Only a small proportion of individuals will experience serious and persistent mental health difficulties** such as depressive and anxiety disorders (including Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) following a disaster. Similarly, while substance use and problematic substance use may increase during or immediately after a disaster, consumption patterns will generally not become addictions. **Most people affected will recover well without prolonged distress and without the event significantly impacting their mental health and wellness.**
2. Following a disaster, an individual's psychological recovery over time usually occurs in proportion to their capacity to recover from their losses. **The capacity of individuals, families and communities to restore losses**

and re-establish normal living patterns following disasters will vary depending upon a number of factors including their own resilience, history with trauma, the specific circumstances of the disaster and its effect upon them.

3. **Social support, especially from close family and friends, makes an important difference, even after exceptionally destructive events with widespread damages.** Community or system-wide characteristics associated with building a sense of engagement, connectedness and hope are also important in mitigating the negative consequences of disasters.
4. Throughout the recovery process, **it is essential that disaster-affected persons and communities participate in the management of their own recovery.** While assistance from outside may be required to overcome these difficulties, it is important that such assistance does not overwhelm those affected and detract from their participation in the management of their own recovery. When possible, **it is best to use local, trusted providers** who have a strong awareness and understanding of psychosocial wellbeing, local circumstances, and are embedded in the affected communities.
5. **One of the most critical aspects of the recovery management process is the withdrawal of outside services.** If this step in the process is not managed successfully, the positive effects of all previous efforts may be undone. **A planned withdrawal** includes community involvement and collaboration to ensure a void will not be left. This is an area in which community recovery committees and mental health and wellness working groups and social sector supports have a crucial role to play.

Individual and Community Psychosocial Supports and Services

Psychosocial support consists of all processes and actions that promote the holistic well-being of people in their social world, including supports provided by family, friends and the wider community. It comprises what people (individuals, families, and communities) do themselves to protect their psychosocial well-being, and the interventions by outsiders to serve the psychological, social, emotional and practical needs of those affected, with the goal of protecting, promoting and improving psychosocial well-being. (UNICEF, 2011)

All those involved in an emergency, no matter how they are affected, are likely to benefit from some form of psychosocial support. For many, their distress in the short term can be eased with the care and support of family, friends and the community. Others, however, need more formal or professional intervention and a small proportion need specialized mental health services. This distinction is important as it influences the types of interventions that should be provided.

Psychosocial support requires integrated, multi-layered and targeted initiatives, and activities and service coordination that can be scaled up or down as needed to address the complex and dynamic needs of individuals and communities. Psychosocial interventions should use a multidisciplinary approach and should be part of primary health care services and the overall emergency response. This toolkit uses the MHPSS Intervention

Pyramid (Figure 1) to assist in the planning of various interventions that will be embedded in the chronological phases of support detailed in this toolkit.

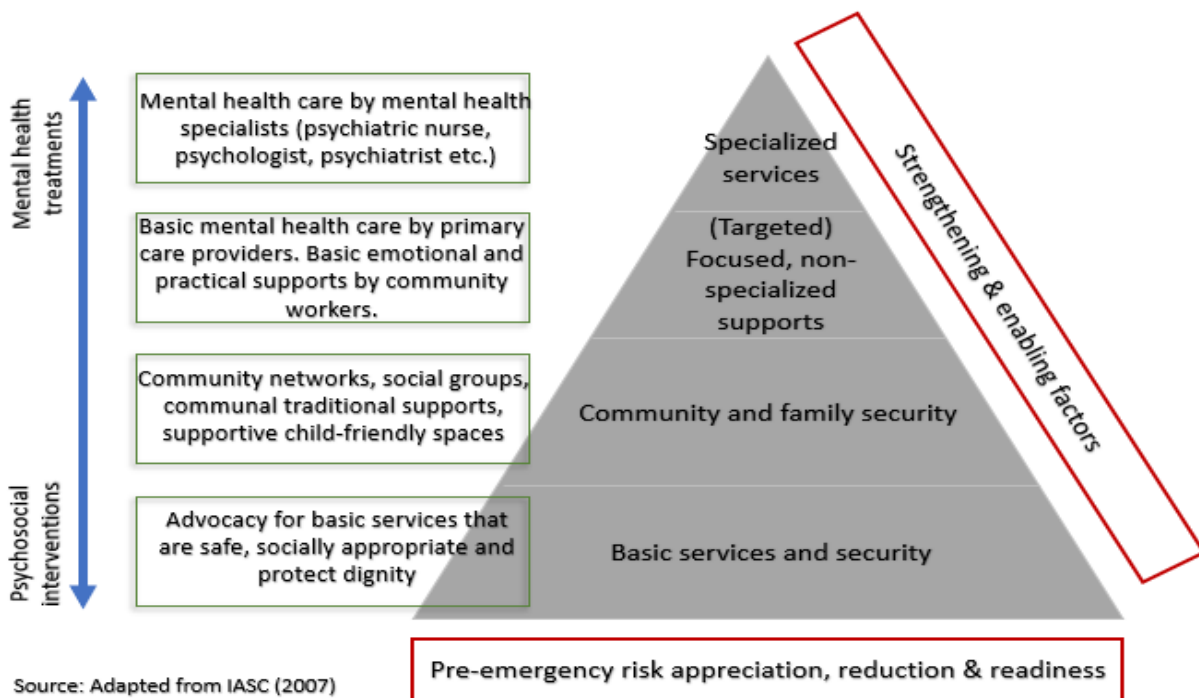
Level One refers to the most basic response in the immediate aftermath of a disaster including access to relevant information and support for individuals and the community. Psychological First Aid (PFA) trained residents and/or responders can provide support, calm, and stabilization in the hours, days and weeks following disaster.

Level Two focuses on community services and family supports aimed at improving coping and promoting recovery. An example of a simple strength-based skills intervention suggested at this level is Skills for Psychological Recovery (SPR).

Level Three refers to more focused supports and psycho-education interventions for individuals and families typically provided by practitioners working in primary care, mental health, and community-based settings.

Level Four includes specialized clinical services for the small percentage of the population experiencing more severe symptoms of depression, anxiety, and post-traumatic stress disorder, as well as pre-existing mental health, substance use and complex difficulties.

Figure 1. Inter-Agency Standing Committee’s Mental Health and Psychosocial Support (MHPSS) Intervention Pyramid¹



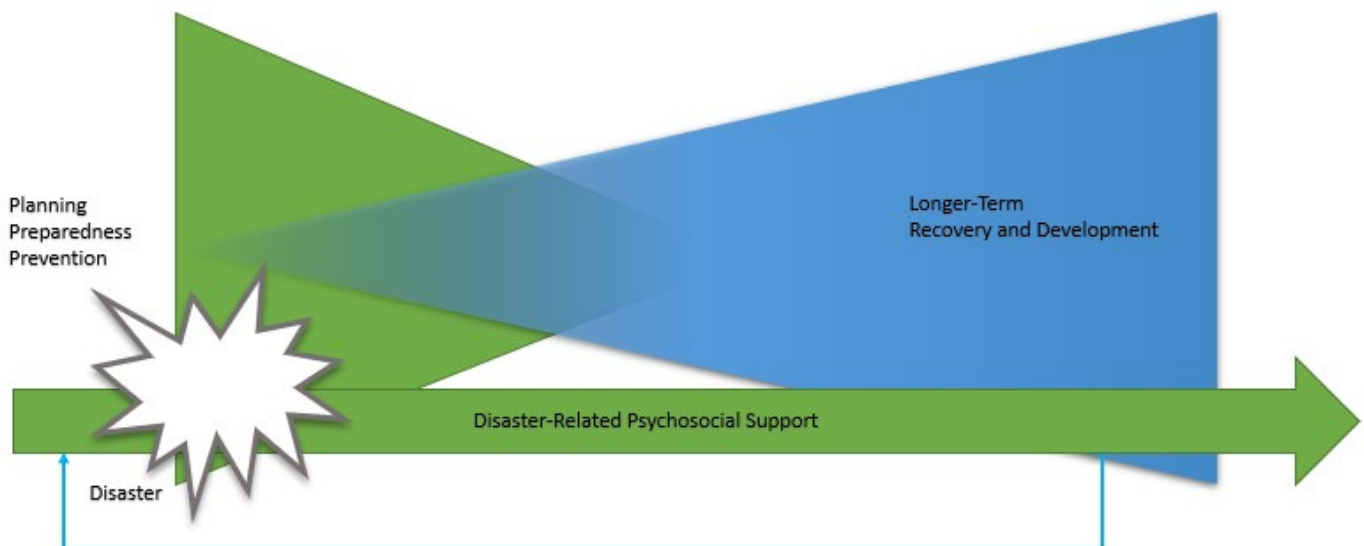
¹ International Federation of Red Cross and Red Crescent Societies Centre for Psychosocial Support (2009). *Psychosocial Interventions – a handbook*. Copenhagen. P.34

Planning Across the Recovery Timeline

Recovery from disasters is best achieved when the recovery process begins shortly after the disaster strikes. While the focus of response and recovery activities are not identical across the recovery spectrum, they are also not separate or sequential activities. Rather, these phases often overlap and may share similar interventions, though the focus of different interventions may vary depending on the particular phase. This is illustrated in Figure 2.

In the immediate aftermath of a disaster, the psychosocial intervention focus is on re-establishing a sense of safety, calm, and connectedness. As recovery and rebuilding progresses, there is a shift to re-establishing a sense of place and a new normalcy. However, this should not be viewed as a linear process; while many people may experience increased hope and optimism as rebuilding progresses, others may experience frustration and new stressors as they encounter financial and other difficulties in rebuilding their lives. As such, it is important that disaster recovery wellness supports continue to address the varied needs of a community by reinforcing social connectedness as well as ensuring access to supports for an extended period of time following a disaster.

Figure 2. Recovery Spectrum in relation to Disaster-Related Psychosocial Support



Activation of Community-Led Support (Chronological)

Escalation of recovery coordination from the local level to the regional or provincial level are determined based on scope and scale of the event. If the capacity at the local level is exceeded or is expected to be exceeded, regional and/or provincial support may be requested from the provincial government. Following the escalation of recovery activities from the community level to the regional or provincial level, coordination will be maintained at the local level as much as possible. As such, regional and provincial level activities should **support** recovery activities at the local level, rather than replace them.

There are many mental health and wellness activities, supports, and services that are considered best practices based on previous experiences and the predicted community impacts resulting from a large-scale event or disaster. In the following sections, those best practices are outlined within four chronological timeframes (immediate, short, medium and long-term), with activities and supports categorized as shown in the MHPSS Pyramid diagram (*Figure 1, page 5*).

Note: The length of time for community wellness recovery after a disaster will vary for each event and community. The timeframes used in this document should therefore be considered as general guidelines only. They may be condensed or extended depending on the impacts of the disaster and other relevant factors such as recent disasters in the affected area.

When using the toolkit, the activities and supports suggested in each of the identified phases (1-4), should not be considered to be specific to, or solely for, that phase, as some of them may be required in multiple phase, or throughout the entire recovery period (e.g. primary care, mental health and substance use supports).

Phase 1: Immediate Days Post-Disaster

Considerations

In the immediate aftermath of a disaster, the main focus for people is the safety and security of themselves and loved ones. This includes securing shelter, food, access to and continuity of health care services (including the provision of harm reduction supplies for people who use drugs), and other immediate needs. Meeting the basic needs of impacted residents helps to provide some much needed calm and initial sense of security.

Suggested Interventions and Services

Table 1. MHPSS Intervention Pyramid: Basic Services and Security

Basic Services and Security		
Examples of activities and services, target populations and potential service providers that are beneficial in the immediate days and first few weeks following a disaster.		
Activities and Services	Target Population	Service Providers/Organizations
<ul style="list-style-type: none"> • Psychological First Aid (PFA) • Spiritual care • Indigenous wellbeing activities • Coping and wellness information • Shelter and financial assistance • Information on recovery services (community forums, service hubs, call centres) • Advocacy, legal aid, insurance • Food banks • Community outreach to at-risk persons • Shelter for survivors of domestic violence • Establish a Mental Health and Wellness Working Group • Primary health care • If interrupted, health will establish overdose prevention services including harm reduction services 	<ul style="list-style-type: none"> • Individuals and families affected by disaster • Households and businesses with losses/damages • At-risk and isolated populations including the elderly, persons with disabilities and survivors of domestic violence • Low income households and people who are unhoused or precariously housed • People who use substances, particularly unregulated substances. 	<ul style="list-style-type: none"> • Community-based organizations • Non-government organizations • Emergency Support Services (ESS) • Charitable organizations • Faith-based organizations • Health, government and other representatives from agencies suggested for the Community Mental Health and Wellness Recovery Working Group (<i>see next page for details</i>) • Peer based substance user organizations and support groups,

- **Work with the Emergency Operations Centre (EOC) to collaborate on the following:**
 - Dissemination of up-to-date information on the situation and available services to ensure all community members (including those who are isolated, unhoused, immigrants etc.) have access to basic services such as food, housing, and medical care.
 - Provide and coordinate information about mental health, substance use/harm reduction needs, and local service providers/resources and disseminate the information widely through local news/radio or TV stations, bulletin boards, and social media outlets. Psychosocial information on crisis line numbers, coping and wellness tips, and resources available at mental health support websites should be

accessible online, at reception centres, group lodging sites, and service centres. Consider dissemination of the information on social media and to less connected populations such as peer run substance user support networks.

- If needed, provide basic psychosocial support by offering **Psychological First Aid (PFA)** at group gatherings (e.g. reception centres, group-lodging sites, and community meetings) from trained locals, trained NGO's, or Disaster Psychosocial Program volunteers. PFA support may be requested provided from [Disaster Psychosocial Services](#) (DPS), through the Ministry of Health Duty Officer at (250) 686-6061 or hlth.dutyofficer@gov.bc.ca
- **Establish** a Mental Health and Wellness Recovery Working Group (*see pages 10-14*)
 - *The WG can work closely with an **Unmet Needs Committee** (if established). If community impacts are considerable and local resources permit, establishing both an Unmet Needs committee and WG is favorable to allow the WG to focus solely on the mental health needs. If all tasks and goals need to be met by a singular group due to limited local resources, then this toolkit can be used as a reference guide to identify and address issues and needs and and/or to seek external resources and assistance if required. Consultation can be provided by HEMBC Recovery and health authority representatives.*
 - Initiate a Rapid (initial) MH and Wellness Assessment to determine immediate needs and resources readily available by working with Working Group members using information gathered by their organizations, ESS, Canadian Red Cross and any other responding and/or local organizations. If available, Provincial Psychosocial Services, Health Emergency Management BC (HEMBC) can support local governments with implementing the Community Working Group if/as needed.
- **Coordinate** with Health who with work with local government and community representatives to:
 - Emphasize the need for substance use related harm reduction
 - Promote efforts to reduce mental health and substance use related stigma in the provision of services
 - Provide stigma reduction education and engage peer support workers when possible

Action Items

- Collaborate with the EOC
- Form a Mental Health and Wellness Recovery Working Group (WG)
- WG can conduct a rapid, initial, high level Mental Health and Wellness Needs Assessment with information from the following sources:
 - Working Group representative status reports
 - EOC/Recovery reports – types/numbers of influenced (people, homes, business, essential services etc.)
 - Supplemental reports/anecdotal information from responding First Nation Governments or Local Authorities and NGO's (does not include personal or confidential information – general observations on community status and impacts only)

Mental Health and Wellness Recovery Working Group

Purpose

The purpose of the local MH and Wellness Working Group is to establish and maintain a group with essential service providers and key community representatives (government and NGOs), to address community wellness needs (including mental health and substance use) throughout the recovery phases (short, medium to long-term) of a disaster. Using a trauma-informed, community-based, and holistic approach, the working group (WG) members can assist local government to determine local needs, provide applicable supports, and monitor progress to strengthen overall resilience while helping those in greatest need.

Terms of Reference

In Scope Activities and Outputs:

- Provision of regular verbal status reports/updates from informed working group representatives and their respective organizations.
- Pro-active identification of known risks to specific community populations including (but not limited to) those directly affected and displaced from their homes; individuals impacted by loss of employment and income; social development clients; children and youth; people with disabilities and chronic health problems; and the elderly.
- Identification of wellness, mental health, and substance use services capacity, the needs and gaps identified related to disaster recovery.
- Development or supplementation of local programs to address identified needs/gaps that are within the mandate of existing organizations.
- Development of formal requests (verbal and/or written) to address identified needs that are beyond local capabilities (e.g., psychosocial supports, training and education, case managers) and/or applicable funding.
- Development of a multi-month/year timetable (as applicable), associated actions and initiatives to address known community stressors and to understand the effectiveness of implemented mental health activities.
- Promotion of programs and services through organizational communication channels.
- Recommendations regarding programs and services required to meet community needs.
- Provision of meeting summary updates to local governance and provincial (health/ mental health and wellness sector if activated) supports as needed.
- Contributions to provincial recovery planning and after-action reviews to enable improved recovery planning and delivery in future emergency events.

Out of Scope Activities and Outputs:

- Mental health and substance use systems or processes (e.g., re-design of existing systems).
- Provincial level recommendations (systemic province-wide delivery of service).
- External communications from the working group to the broader public related to the mental health system (other than promotion of new/existing programs), without approval of and collaboration with local government.

Structure:

It is suggested that the working group be co-chaired either by two local public-sector staff members or with a local service organization representative, with the responsibility to oversee the WG, engagement of members and overall effectiveness of related activities. The latter would consist of feedback, observations and evidence from multiple sources including WG organizations, public interactions and other monitors specific to each community.

Working group members will be involved in the regular monitoring of overall wellness needs and the delivery of those needed supports within the community through their respective organizations' service delivery.

Recommendations for these supports (training, education or services) not currently within the mandate or financial capacity of the group may be brought forward to local government for consideration, furtherance, approval and/or funding as appropriate through Government of British Columbia ministry representatives. Working Group consensus will apply to determine the recommendations and priorities.

Timeline:

Regular interactions of the WG will be needed to fully support the overall wellness needs of the community. It is expected that the working group will be meeting regularly in person or virtually for a minimum of six months. Meeting frequency will be determined by disaster severity, community needs, and availability of members. The WG will stand down once there is consensus among members that the coordination efforts are no longer required.

Administrative Supports:

It is expected that the working group itself would not have specific costs and consideration should be given for use of local government offices for meetings (as available). HEMBC Recovery staff may be able to provide on-going support for the WG (if required, requested and available).

This list of Community MH and Wellness Recovery Working Group members are **suggestions only** as the demographics, resources, and local organizations will vary in each community. The list illustrates the broad scope of representation, which may be considered for a comprehensive assessment involving community members and services required for a recovery strategy. The provincial cross sector sub-committee and/or Health Emergency Management BC can support the working group if/as required depending on whether the supporting government structure activated.

Organization Representative	Name or Position	Contact Information
Local government representative		
Local NGO / non-profit social/family services providers		
Local Indigenous Community Representative(s)		
Canadian Red Cross		
United Way and Canadian Mental Health Association		
Community Living BC		
Ministry of Children and Family Development		
Ministry of Social Development and Poverty Reduction		
Regional Health Authority <ul style="list-style-type: none"> • Mental Health and Substance Use • Acute / Clinic Representative(s) • Long-term Elder Care • Public Health / Community Health Facilitator 		
First Nations Health Authority / Indigenous Services Canada		
Primary Care Physicians / Local Clinic Representatives		
Victim Services (PSSG)		
Local Faith Based Group Representative(s)		
School District		
Police / RCMP		
Food Bank		
Local Shelters (women's / unhoused)		
Pet therapy support		
Other		

Sample Meeting Agenda

A report summary based on working group-meeting notes should be produced for each meeting when possible. The terms of reference will need to be reviewed and referenced to ensure all critical tasks are understood and undertaken.

Introductions
<p>Roundtable organization updates:</p> <ul style="list-style-type: none"> • Current status • Organizational / staff observances • Newly identified and / or on-going needs • Support available by the organization or support required by the organization • Recommendations or requests (e.g. local government considerations, external supports etc.) • Successes / good news stories / recognitions
Municipal / local community updates (<i>relevant</i>)
Provincial Recovery updates (<i>relevant</i>)
Group discussion and decisions (<i>as needed to address information updates</i>)
<p>Summary of Actionable items for summary report and consensus membership agreement including:</p> <ul style="list-style-type: none"> • Recommendations and formal requests for identified needs / resources either local or external. • Assigned responsibility for activation of local resources or to formally request external resources and / or funding required. • Next meeting date/time

Initial and On-going Working Group Considerations

Populations to whom there may be special considerations given during the planning process
<ul style="list-style-type: none"> • Children and youth, parents/caregivers • Seniors / Elders • LGBTQ2S+ people • Front line staff / First Responders • People with physical and / or developmental disabilities • People with complex medical conditions • People that are unhoused • Those at risk of intimate partner violence • People with pre-existing mental health issues and substance misuse • People on parole or in institutions • Immigrants / English Language Learners

Initial assessment and planning questions for Working Group consideration

Stress-Related Questions

- How has the event affected people in your community?
- What are the main changes and stressors caused by the event?
- How would you describe a normal day before the event? How would you describe one now?
- How can you tell when people in your community are not doing well or are in distress?
- What changes have you noticed in yourself and others since the event?

Coping-Related Questions

- How do people in the community usually get through difficult times?
- Are there supports that you would usually rely on but cannot now?
- What are some solutions that might help people cope with the stress caused by the event?
- What would be helpful to children, youth, and other groups that might be especially affected?
- What traditions or community practices are important to people here? Are these happening now?

Formal and Informal Resources

- How do people usually support each other in the community?
- What formal or informal support resources are in place in your community to help people cope with the event?
- How do people access these services? Are there barriers to the services and if so, what can be done to overcome them?
- Are there supports that are missing and would be helpful to you and others?
- What would you say are good ways to spread awareness of psychological wellbeing and the importance of social connection in the community?

Guiding Principles to Maintain throughout Recovery Period

- **Do No Harm** – No action, intervention or other service response should cause harm. Practical examples:
 - Response agencies/local government should collaborate so the impacted population is not asked for the same/similar information multiple times
 - Provide trauma-informed care (e.g. understand potential cultural, historical and gender issues) of the people you are helping
- **Promote Self Help** – In all actions, encourage individuals and communities to care for themselves and others and to seek further help when needed. These actions should also help to restore people’s agency and perceptions of themselves as effective individuals.
- **Response and Recovery Workers** – Acknowledge both paid and volunteer workers and take steps to protect them from harm. This protection should cover the risk of both acute and cumulative impacts on their psychosocial and mental wellbeing.
- **Harm Reduction** – Disasters can trigger and disrupt access to safer consumption supplies and supports, and previously trusted sources for substances that leads to more dangerous patterns of consumption. Efforts should be made by *health representatives* to assist people in the safest manner possible through harm reduction supplies / services, managed alcohol programs and continuity of care for safer supply initiatives and other medications.
- **Anti-Stigma** – Street involved people, and people who use substances often encounter discrimination, and efforts should be made to provide low barrier services.

Phase 2: Short-term (1 – 6 months post disaster)

Considerations

In the first one to six months following a disaster, it is important that general mental health and wellness information continues to be extended to the community. In addition to messaging about stress, coping and self-care, include information on how to access specific existing services including crisis lines and counselling services. Attention should also be given to completing community assessments and planning for broader activities aimed at re-establishing a sense of safety and stability in the community with a particular focus on children and youth.

Suggested Interventions and Services

Table 2. MHPSS Intervention Pyramid: Community and Family Supports

Community and Family Supports		
Examples of activities and services, target populations and potential service providers that are beneficial in the first few to six months following a disaster.		
Activities and Services	Target Population	Service Providers/Organizations
<ul style="list-style-type: none"> Wellbeing workshops and information fairs Indigenous healing and cultural wellbeing activities Recovery activities supported by civic and neighborhood groups Memorials Community and social groups Online wellness/coping resources Community and social events (barbeques, dinners, fairs) Skills for Psychological Recovery Health will work to re-establish community harm reduction and safe supply programs 	<ul style="list-style-type: none"> Households and businesses with losses/damage Children and youth Persons with disabilities Frail and/or isolated elderly Other at-risk persons Front-line workers (extensive activation/workload) People with mental health and substance use challenges 	<ul style="list-style-type: none"> Community-based organizations Non-government organizations Charitable organizations Faith-based organizations Indigenous community organizations: indigenous health workers and community leaders Health care agencies Peer based support groups, Peer run substance user support groups

- **A Community Mental Health and Wellness Needs Assessment** may be coordinated by the Wellness Recovery Working Group. This would differ from the initial immediate needs and resources assessment as it would now determine the short, medium, and possibly long-term recovery needs and priorities of the community. Provincial support may be available from Health Emergency Management BC (HEMBC). See [Annex 2](#) for the Mental Health and Wellness Assessment Summary and Planning Tool.
- The Community Recovery Manager when hired may determine whether support from a Case Management program is required. The decision would be based on local capacity and the number of complex needs residents and supports available to help them. If case management is established, the MH and Wellness WG

would want to collaborate closely due to the knowledge through interactions with residents of the overall needs and trends of those impacted.

- Consider additional PFA and / or wellness check-ins for specific groups (teachers, front-line staff).
- Increase awareness of the free, 24/7 confidential support/crisis lines in BC: 310-6789 (no area code required), Wellness Together Canada resources and the KUU-US Indigenous line 1-800-588-8717.
- Traditional Healers may be accessed through First Nations Health Authority (FNHA) to provide one-on-one healing and support for community members in need. Larger community healing / wellness gatherings can also be supported by FNHA and Indigenous Services Canada.
- Suggest wellness initiatives for implementation by local government Recovery team (buddy system, daily or weekly check-ins etc.) to strengthen their resiliency and promote their continued health and wellness during long activations.
- Wellness Workshops may be initiated to support emergency operation/recovery staff, first responders, and other frontline workers. The workshops are important in supporting the overall health, wellness, and resilience of essential service providers. The workshops should be conducted by experienced facilitators familiar with trauma, current wellness practices, knowledge of EOC operations and emergency response roles. This service can be accessed/discussed with [HEMBC Provincial Psychosocial Services](#).
- Consider Harm Reduction and Anti-Stigma Workshops for recovery staff, volunteers and other front line workers to help ensure recovery services are delivered in a manner that is accessible to street involved people and people with mental health and substance use challenges.
- Skills for Psychological Recovery (SPR) is a consideration to enhance practical coping skills such as problem-solving, managing emotional reactions, and helpful thinking. SPR can be provided by trained local non-profit service providers and external mental health providers. More information on SPR can be accessed by contacting the HEMBC Provincial Psychosocial Program.
- **Strengthening community and family supports** through a focus on resuming or mobilizing social and community activities that reinforce people's sense of connectedness and normalcy. These activities should be closely organized in collaboration with the community, and be seen as being fundamental to the wellbeing of a community throughout the recovery process.

Action Items

- Local Mental Health and Wellness Recovery Working Group continues to meet regularly
- Conduct a more in-depth Community Health and Wellness Needs Assessment (within WG member capacity, Case Managers and others to determine best means to obtain and analyze additional information as needed) *See Annexes 2 and 3*
- Promote community/neighbourhood activities and ensure social/meeting places are available if usual sites are impacted or destroyed
- Continue to identify vulnerable populations in the community and local services that can be mobilized to support their needs

Phase 3: Medium-term (7 to 12 months post disaster)

Considerations

In the medium term, recovery difficulties and strains many contribute to increasing levels of exhaustion, fatigue, depression, anxiety, substance use and family violence. In addition to ensuring continued access to crisis lines and wellness resources, additional and/or review of current mental health recovery initiatives and training should be considered based on community needs. Smaller communities may have limited access to such programs so the MH Working Group may need to request external supports and possible funding.

Suggested Interventions and Services

Table 3. MHPSS Intervention Pyramid: Focused, Non-Specialized Services

Focused, Non-Specialized Services		
Examples of activities and services, target populations and potential service providers that are beneficial in the 7 – 12 months following a disaster.		
Activities and Services	Target Population	Service Providers/Organizations
<ul style="list-style-type: none"> • CMHA courses • Individual counselling • Family counselling • Bereavement support • Assisted support groups • Initial or continued Case Management for complex needs of impacted residents (if required) • Primary care services • Harm reduction and overdose prevention services (health services). 	<ul style="list-style-type: none"> • Individuals and families experiencing continued disruptions to living circumstances (e.g. temporary accommodations, trailers etc.) • Persons at risk of intimate partner violence • Emergency Responders and First Responders • Other at-risk persons experiencing recovery difficulties • People with mental health issues and people who use substances. 	<ul style="list-style-type: none"> • Mental health, substance use and wellness organizations • Counselling services / NGOs • Victim services • Family services organizations • Crisis lines / Wellness Together Canada • Primary care physicians • Local government responsible for case management • Health care providers • Peer based support groups, including drug user led organizations.

- Victim support and bereavement support services such as one-to-one support and support groups.
- Primary care services providing first level mental health assessment and treatment services for people with mild to moderate MHSU challenges.
- Counselling is usually available through employee assistance programs. Local counselling services should be consulted regarding capacity and funding. Advertise the free virtual counselling available from 24/7 from [Wellness Together Canada | Talk Service Page](#) 1-866-858-0445
- **Mental Health and substance use support** includes mental health services for more significant support and assessment needs (e.g., signs of PTSD, severe anxiety or depression, trauma, psychosis or substance use disorder) for individuals who are self-referred or physician-referred. These walk-in, inpatient or outpatient mental health services are offered by Mental Health and Substance Use clinicians, usually through the local Health Authorities and the First Nations Health Authority.

- **ASIST** (Applied Suicide Intervention Skills Training) is a two-day interactive workshop in suicide intervention and safety planning. Over 100,000 people in 30 countries attend ASIST each year and many disaster-impacted communities in BC have accessed this workshop to train crisis support staff. ASIST training is provided by several organizations including the [Canadian Mental Health Association](#) and the Crisis Intervention and Suicide Prevention Centre of BC ([Crisis Centre](#)).
- **Canadian Mental Health Association (CMHA) Programs** offer a variety of services and resources to support mental health and wellness, including skill-building courses, links to free and low cost counselling services, mental health check-ins and strategies for parents. A list of resources for coping with natural disaster stress can be found [here](#). Other CMHA resources include:
 - **Bounce Back** Online support and psycho-education program for individuals with mild depression and/or anxiety. Phone coaching is also available with physician referral.
 - **Living Life to the Full** (group) Participants will attend 8-12 hours of weekly in-person group sessions for eight weeks to learn tools to maximize their ability to manage life's challenges. There are groups for adults, older adults and youth.

Action Items

- Continued Mental Health and Wellness Recovery Working Group meetings to monitor and report community status, local capacity and need for more targeted supports and training
- Liaise and inform local government recovery teams and Provincial Committees/HEMBC as needed regarding the status and any additional identified MH needs and supports available
- Consider working with peer run groups to identify the unique needs of people with mental health and substance use challenges.
- In the latter half of this phase, consider planning a day or events to commemorate the anniversary of the disaster to provide opportunities to acknowledge the disaster anniversary, provide recognition of community resilience, show appreciation for helpers and neighbours, and recognize community strengths and/or wellness. As examples, 100 Mile House held a *Community Wildfire Resiliency Celebration* the year after the 2017 wildfires, Grand Forks held recovery and preparedness events a year after the catastrophic flooding of May 2018 and the City of Merritt held a *Thank your Neighbour Day* a year after their November 2021 flood.

Phase 4: Long-term (12 to 36+ months post disaster)

Considerations

Most people recover from a disaster without requiring mental health services, however, a certain percentage of the population may need additional support. It is not uncommon to see symptoms appear months or even years later, and recovery needs and support for individuals and communities can last from a few to years to a decade. Level 4 of the MHPSS Pyramid (Figure 2/page 5 - Specialized Services) is designed particularly for the 4% to 5% of the population **more severely impacted and experiencing severe symptoms** associated with depression, anxiety, post-traumatic stress disorder, as well as pre-existing mental health and complex substance use difficulties (IASC, 2007, p.123). Examples of supports include:

- Mental health and substance use outpatient assessment and treatment services.
- Inpatient mental health treatment for severe mental health and substance use challenges.
- Pharmacological interventions for the prevention or treatment and management of mental health problems.
- Non-pharmacological interventions provided by psychiatrists, psychologists and general practitioners (GP) with specialized mental health training and/or can provide needed referrals.

Suggested Interventions and Services

Table 4. MHPSS Intervention Pyramid: Specialized Services

Specialized Services		
Examples of activities and services , target populations and potential service providers that are beneficial in the 12 – 36 months following a disaster.		
Activities and Services	Target Population	Service Providers/Organizations
<ul style="list-style-type: none"> • Mental health and substance use services • Clinical psychology and psychiatric services • Crisis intervention services • Family violence support • Primary care services 	<ul style="list-style-type: none"> • Individuals with complex mental health needs • People with pre-existing mental health and addictions issues • Persons newly referred or self-identifying with mental health and substance use issues 	<ul style="list-style-type: none"> • Mental health and substance use clinics • Psychology/psychiatry private practices • Specialized clinics • Ministry of Children and Family Development • Primary care physicians (identifying issues, needs and support referrals)

Action Items

In addition to the provision of specialized services, the following initiatives are important steps for this phase of Recovery:

- **Develop an annual Status Report** (Mental Health Wellness Recovery Working Group) that includes successes, on-going initiatives, and outstanding needs to formally inform local and provincial government and request additional supports if required.

- Hold Community Commemoration and/or Wellness Days** (planned in phase 3) to bring the community together and recognize strength and resilience, promote health and appreciate helpers and recovery teams.
- Continue to promote and provide de-stigmatizing wellness information and resources** to ensure people are aware of potential long-lasting impacts of disasters and the availability of assistance.

Annex 1. Community Recovery Communication Strategies

In the aftermath of a disaster, a community's sense of wellbeing, empowerment and ability to make informed decisions is contingent on communication that is provided early, that is ongoing, and that uses accessible and consistent means. These actions enhance the recovery process and strengthen community resiliency.

Providing information to a community following a disaster is generally the responsibility of the communications department in larger municipalities. In smaller communities this responsibility may be contracted or reassigned. The communication strategies outlined in this document are intended for integration within the larger municipalities' crisis communications plans.

Purpose

The purpose of the Community Recovery Communication Strategies information is to facilitate community recovery using a holistic approach, drawing on the support of mental health, substance use and wellness resources to strengthen overall community resilience while addressing individual vulnerabilities.

Objectives

- Raise awareness of the potential mental health, and wellness impacts following a disaster and the necessity to target individual and community vulnerabilities and needs:
 - Recognize the signs of stress at the individual and community level.
 - Recognize that recovery is a prolonged process that may be affected by triggering events.
- Destigmatize and normalize mental health and wellness concerns (e.g. stress, anxiety, depression) as expected reactions following a disaster.
- Promote a variety of mental health and wellness resources throughout the duration of the recovery phase (i.e. spanning several months to multiple years).

Timeline

A comprehensive mental health and wellness communication strategy will include the provision of information through an assortment of means, including print (handouts, fliers), the internet (social media and worksites), local radio as well as other means that are relevant and/or unique to the community. Different messaging initiatives and types of information will be required throughout the recovery phase and need to be disseminated accordingly. An example of such a timeline is outlined below.

- **Short term**
 - Identify normal reactions to trauma and the signs/symptoms of stress.
 - Promote effective coping methods and tips for self-care and community care.
- **Medium term**
 - Raise awareness regarding available mental health, wellness and substance use supports for community members, front-line staff, first responders, and local government
- **Long term**
 - Support community events that recognize and celebrate resiliency (e.g. wellness days, anniversaries, and memorials).

Key Messages for the Community:

- Fear, anxiety and depression are common reactions to traumatic events and can often appear months after the event has ended. An example of this type of messaging: *“You may experience symptoms of sadness and/or anger and have difficulties coping. These feelings are completely normal and are common reactions following a traumatic event.”*
- Talking to others is a proven and effective coping mechanism following a traumatic event. An example of this type of messaging: *“Talking HELPS – Reach out to family, friends, a physician or mental health provider, or call the BC crisis support lines.”* Provide phone numbers and community-specific resources. See <https://www.crisislines.bc.ca/mapcrisis-lines> for more information on the regional/provincial lines. At minimum, include the provincial line 310-6789, the KUU-US Indigenous line 1-800-588-8717, and the Suicide Support Line 1-800-784-2433.
- Recovery is a prolonged process that is improved by the offering and receiving of support. An example of this type of messaging: *“The path to recovery takes time and offering and receiving support is an important part of the healing journey.”*
- Provide tailored messaging from local supports (e.g. Regional Health Authority/MHSUS) with details of available resources within the community.

There are many resources available that can provide mental health and wellness support (refer to [Annex 4](#) of this document for a list of resources).

Organizational Communications Supports:

The following is a list of potential organizations or categories that may contribute to the communications strategies whether through collaboration, activation of supports or information, or by validating and endorsing the information provided and initiatives undertaken.

Organization	Interest / Supports
Local non-profit community service providers	Services and support for local families
First Nations Health Authority (FHHA)	Services and support for Indigenous community members, including culturally safe programming and trauma counseling as well as First Nations Traditional Wellness practices
Regional Health Authority	Services and support for residents
First Nations Community Representative(s)	If preferring to participate in a joint initiative instead of individual FN community specific
United Way	Promote BC211.ca in impacted regions
Canadian Mental Health Association	Promote “Bounce Back” and other initiatives/services
Canadian Red Cross	Support Red Cross service delivery in affected regions
School District	Liaison for student and teacher messaging and support initiatives
Provincial / Local Recovery structure – Health, Mental Health and Wellness Sector Lead and / or Recovery Manager, Case Managers	Depending on the size of the disaster (single or multiple communities, event impact/magnitude, Provincial Recovery sectors established), different positions may be assigned to support recovery locally.

Ministry of Health and HEMBC Recovery through Local Community Mental Health and Wellness Working Group	Support coordinated, collaborative outreach; support partner efforts; contribute to overall Provincial recovery efforts.
Ministry of Social Development and Poverty Reduction	Support with rebuilding and recovery for marginalized and economically disadvantaged members of the population.
Ministry of Child and Family Development	Support for families needing additional services to cope with changes brought on by disaster.
Community Living BC	Support for individuals with disabilities.
Mood Disorders Association of BC	Support for individuals living with mood disorders.
Division of Family Practice	Local divisions undertake various initiatives, projects, and programs to address specific areas of patient care, administration, and physician support.
City / Municipality	Supporting needs of residents/communities - integrating with outreach efforts.
Regional District	Supporting needs of residents/communities within jurisdiction – integration of initial outreach efforts.
Substance user Led Organizations	Liaison for appropriate message development and vector for message delivery.

Performance Measurement for Messaging Campaign (samples)

The campaign’s efficacy will be measured using several Key Performance Indicators (KPIs) designed to assess awareness levels and program uptake. The goal is to refine the campaign as needed over time to help maximize benefits for affected British Columbians. Community partners are asked to track, measure and report on progress per the KPI table below. What to measure will vary, depending on what the campaign is promoting (e.g. use of crisis lines, connecting with case managers, attendance at a community event, volunteer recruitment).

KPI	What to measure	When to measure
Online strategy	<ul style="list-style-type: none"> • # FB page impressions • # of comments • # of enquiries • # of participants in online campaigns 	<ul style="list-style-type: none"> • At launch • At regular intervals • At key trigger events
Community media	<ul style="list-style-type: none"> • # of interviews • # of articles • Tone – positive/negative 	<ul style="list-style-type: none"> • At regular intervals • After events / media relations
Direct Mail	<ul style="list-style-type: none"> • # of pieces mailed • (e.g. Increase in crisis line calls) 	<ul style="list-style-type: none"> • At time of mail drop • Two weeks after drop
Posters	<ul style="list-style-type: none"> • # mailed or distributed posters • # of placements 	<ul style="list-style-type: none"> • At time of post • Two weeks after post
Events	<ul style="list-style-type: none"> • # of events • # of attendees • Tone – positive/negative 	<ul style="list-style-type: none"> • At event

Annex 2. Community MH and Wellness Assessment Summary and Planning Tool

The Mental Health and Wellness Assessment Summary and Planning Tool is intended to provide a consolidated summary of agency assessments, types of provided supports and respective target populations, as well as the intended outcomes of these interventions. Taken together, this simple ‘clustering’ approach allows for an integrated and comprehensive community assessment and planning approach. This in turn minimizes the duplication of efforts, whether by filling gaps or preventing overlap, and ensures different organizations are synchronized to work together to achieve a common objective.

Community _____ Date of Completion: _____

Description of event / disaster					
Mental Health/Wellness Assessment Initial Findings					
Populations requiring Special / Focused Consideration					
MHPSS Tier <i>(see Pyramid page 5)</i>	Type of Support	Special Population	Organization	Outcome/Indicator	Comments
Basic Services & Security					
Community & Family Supports					
Focused, Non-Specialized services					
Specialized Services					

Annex 3. Basic Health and Wellness Assessment Questions

The following questions may be used for as basic assessment questions when/if assisting impacted residents. This may be part of, or replaced by the newer *Household Post-Disaster Needs Assessment* when it is issued by EMCR later in 2024/2025.

To support your well-being, please let us know if you or any members of your immediate family or household require assistance with any health and wellness needs including the following examples:

1. Any needed medical appointments that you have been unable to schedule on your own? For example: appointment with a General Practitioner or follow-up with a specialist (appointments interrupted due to an incident or unforeseen event).
No Yes if yes, please provide details:
2. Are there regular Health Authority or local community supports that you were receiving prior to the event that have now been interrupted? For example: home-care nursing, home support services, mental health and substance use services.
No Yes if yes, please provide details:
3. Have you been experiencing any mental health and wellness difficulties (sleep issues, stress, anxiety, depression) that may be caused by the event, that you would like support for, such as counselling or a talk with a general practitioner?
No Yes if yes, please provide your preferences:
4. Are you missing any medical or supportive essentials such as medications, corrective lenses, dentures, walker, physical mobility aids that you need assistance to replace?
No Yes if yes, please provide details:
5. Are there any other needs required for you or your household members related to physical, mental, or spiritual, cultural health and wellness needs that have not already been identified?
No Yes if yes, please provide details:

Annex 4. Mental Health, Substance Use and Wellness Resources

Below is a list of wellness, mental health, and substance use services and resources available during emergency events and disasters.

BC 211: BC 211 provides online links as well as telephone support to connect residents across BC with services in their community for needs such as getting basic necessities and housing to victim services, substance use support and counselling. Call 211 or visit <http://www.bc211.ca/home>.

Canadian Mental Health <https://cmha.bc.ca/types-programs-services/wellness-programs/>

CMHA has information and tools on mental health and wellness. This includes skill-building courses, links to free and low cost counselling services, mental health check-ins and strategies for parents. A list of resources for coping with natural disaster stress can be found [here](#).

Canadian Red Cross: The Canadian Red Cross provides training courses, disaster support services and recovery guides such as [coping in crisis](#). The Canadian Red Cross also provides two online PFA courses; [Caring for oneself and Caring for Others](#).

Health Emergency Management BC (HEMBC) Provincial Psychosocial Services: HEMBC's Psychosocial Program, which includes the Disaster Psychosocial Service (DPS), provides psychosocial guidance to health authorities and communities before, during and after disasters. DPS provides Psychological First Aid (PFA) training and support to communities during emergencies and disasters. Services can be requested by contacting dpsprogram@phsa.ca.

First Nations Health Authority – [Mental Health & Cultural Supports](#): A list of support services specializing in indigenous mental health.

Health Link BC – A service by the government of BC including self-assessments, a fact sheet generator, resources and information sheets on topics such as physical and mental health, nutrition, exercise and medication. Resources are available in multiple languages.

Here to Help – Short articles with information on a variety of mental health and substance use topics for different audiences.

Interior Health Access to Mental Health and Substance Use Services

Call 310-6478 if you need support for:

- Ongoing difficulties with mental health concerns including anxiety, depression, paranoia, psychosis, or if you're unsure if you need support
- Ongoing difficulties with substance use

Substance Use Services for Youth <https://www.interiorhealth.ca/services-available-for-youth>

Toward the Heart – includes a site finder to help connect people to harm reduction services and has unsafe drug alerts <https://towardtheheart.com/> The site also has helpful posters <https://towardtheheart.com/update/language-matters> and Stigma Reduction Materials <https://www.ccsa.ca/changing-language-addiction-fact-sheet>

<https://www.ccsa.ca/when-it-comes-substance-use-disorders-words-matter-infographic>

Crisis Lines

Crisis lines provide free, 24/7 telephone services for individuals in immediate need for support:

[The Crisis Line \(Crisis Centres Association BC\)](#): 24/7 confidential Mental Health Support **call 310-6789** (no area code required) for emotional support, information and resources specific to mental health. If you are considering suicide or are concerned about someone who may be **call 1-800-SUICIDE: 1-800-784-2433**

[Crisis text Line](#): Trained Crisis Counselors help those wanting to text through active listening and collaborative problem solving.

[Hope for Wellness](#): Immediate wellness counselling, crisis line and online chat for Indigenous people across Canada. **1-855-242-3310**

Residential School Crisis Line at **1-866-925-4419** (24 Hour) if you require emotional support.

[Kids Help Phone](#): A bilingual (English/French) text, online chat and phone support for children and youth. **1-800-668-6868**

KUU-US Crisis Line Society: Provincial aboriginal crisis line for Adults/Elders: 250-723-4050, Child/Youth: 250-723-2040, Toll Free Line: **1-800-588-8717**. <https://www.kuu-uscrisisline.com/>

[Q Chat](#) A peer support line and resource database for 2SLGBTQ+ youth in British Columbia

[Seniors Distress](#) A free and confidential telephone support service for seniors, their caregivers or anyone concerned about a senior to help with loneliness, connection to resources and difficult life transitions. **604-872-1234**

[Youth in BC Distress Line](#): Distress Line for youth staffed by counsellors and trained volunteers who are committed to helping youths in crisis. 1-866-661-3311

Other Mental Health and Wellness Links

[Anxiety Canada](#): This website contains information about dealing with anxiety and links to free online courses and apps with coping resources for anxiety such as the [MindShift App](#). (Free)

[Bounce Back BC](#): An online resource with workbooks, activities, videos, and access to a trained coach who can provide up to (6) phone sessions to help with anxiety, depression, stress and worry.

FNHA [Residential School Information](#) and the Indian Residential School Survivors Society <https://www.irsss.ca/>

[Heads Up Guys](#): A website with information and resources on depression for men by men.

[Health Link BC](#): This website and service can help with information on general health questions, healthy eating and exercise and medications questions. Visit their [website](#) for more information or call 811 from anywhere in BC. Health Link BC also has a [list of available mental health services](#) for different populations.

[Here to Help BC](#): A website with mental health and substance use information and resources including screening self-tests, information sheets and workbooks.

[Kelty's Key](#): Online guided CBT therapy, courses and self-help resources on topics such as depression, anxiety, grief, insomnia, family support and substance use.

[Mood Disorders Association of BC](#): Provides education, treatment and support for individuals living with mood disorders.

[Mind Health BC](#): Information on a variety of mental wellness topics, self-screenings, and links to resources.

[The Alcohol & Drug Information and Referral Service](#): Find resources, support and referral information for treatment and counsellors across the province. Phone toll-free: 1 800 663-1441 or 604 660-9382 (Greater Vancouver).

[Wellbeing](#): A pathway for mental health and substance use supports across BC has a navigational tool that supports site users to identify the kinds of supports they are seeking

[Wellness Together Canada](#): Free 24/7 counselling or chat links are provided as well as a wealth of assessment tools, resources and links to support Canadians with all levels of mental health and substance use challenges.

Regional Mental Health and Substance Use Information in BC:

[Fraser Health](#)

[Interior Health](#)

[Island Health](#)

[Northern Health](#)

[Vancouver Coastal Health](#)

[Kelty Mental Health Resource Centre](#)

Ministry of Child and Family Development: [Local Child and Youth Mental Health Offices](#)

Pamphlets on Coping & Emotional Support

Alberta Health – [Recovery after a Disaster or Emergency Resources](#) provide an overview of strategies and supports for coping with grief, managing stress, social and emotional support and environmental concerns.

Canadian Mental Health Association – [Coping With Natural Disaster Stress](#). This resource provides an overview of coping skills, information and supports available for help with dealing with wildfires, mental health & wellness and stress. Short brochures on a number of topics including anxiety, depression, loneliness and anger can be found [here](#).

Canadian Red Cross – [Coping with Crisis](#): Information and resources for individuals affected by disaster and emergencies. Includes information on signs and symptoms of stress, helpful links and a [guide on well-being in recovery](#).

[Guide-to-Recovery Parents-and-Caregivers_EN.pdf \(redcross.ca\)](#)

[Guidebook-for-wellbeing-in-recovery-2021.pdf \(redcross.ca\)](#)

[E-Mental Health](#) – short information sheets and screening tools on a variety of mental health topics affecting children, youth and adults including dealing with traumatic events, grief and stress.

<https://www.ccsa.ca/changing-language-addiction-fact-sheet>

<https://www.ccsa.ca/when-it-comes-substance-use-disorders-words-matter-infographic>

<https://towardtheheart.com/update/language-matters>