
Community mental health and wellness recovery tool kit

Guidance for leaders and organizations to support their communities after disasters. Learn best practices for crisis response

This content is based on the British Columbia Mental Health and Wellness Recovery Toolkit
(<http://www.phsa.ca/health-emergency-management-bc-site/Documents/Mental%20Health%20and%20Wellness%20Toolkit%20July%202021.pdf>).

This tool kit provides **practical guidance and resources** to authorities, organizations, and agencies involved in community mental health programs and services. It helps **plan and deliver support** for community recovery after disasters.

Psychosocial supports and services

Anyone who experiences a crisis may need **psychosocial support**.

For many, the care and support of family, friends, or the community eases short-term distress. Some people may need professional care, and a few may require specialized mental health services.

Recognizing these differences helps determine the right support or interventions.

Activation of community-led support

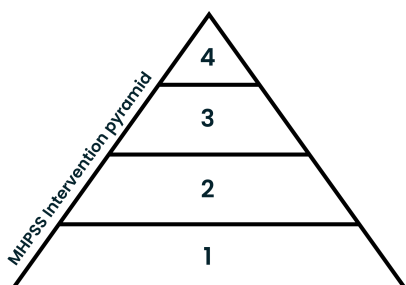
After a large disaster, certain mental health and wellness services are considered best practices. These are divided into four phases: immediate, short-term, medium-term, and long-term.

The Mental Health and Psychosocial Support (MHPSS) Intervention Pyramid, described below, outlines each phase's activities. Recovery times vary by event and community, so the suggested timeframes are only guidelines.

Also, bear in mind that supports like primary care, mental health, and substance use services can be used throughout the recovery process.

Phases of intervention

This tool kit follows the Mental Health and Psychosocial Support Intervention Pyramid (MHPSS Intervention Pyramid), described below.



1. **Basic services and security:** The most basic response in the aftermath of a disaster. Psychological First Aid (PFA)–trained responders provide support, calm, and stabilization in the hours, days, and weeks following the event.
2. **Community- and family-strengthening supports:** Focuses on community services and family supports aimed at improving coping and promoting recovery (e.g., strength-based skills interventions).
3. **Focused, non-specialized supports:** Refers to more focused supports and psychoeducation interventions for individuals and families. Typically provided by practitioners working in primary care, mental health, and community-based settings.
4. **Specialized services:** Includes specialized clinical services for the small percentage of the population experiencing more severe symptoms of depression, anxiety, and PTSD, as well as pre-existing difficulties with mental health and complex substance use.

Phase 1: Immediate aftermath

What to do in the days following a disaster

Right after a disaster, people focus on keeping themselves and loved ones safe. They need shelter, food, health care, and other urgent support. Meeting these needs helps restore calm and security.

Suggested activities and services

| Activities and services | Target populations | Service providers |
|--|--|--|
| <ul style="list-style-type: none"> Primary care services Psychological First Aid (PFA) (https://doi.org/10.1080/00332747.2021.2005379) Spiritual care Establish a Mental Health and Wellness Working Group (MHWVG) Indigenous well-being activities Coping and wellness information (https://iris.paho.org/handle/10665.2/51484) Shelter and financial assistance (https://doi.org/10.1007/978-1-4471-6362-6_44) Distribute information on recovery services | <ul style="list-style-type: none"> Individuals and families affected by disaster Households and businesses with losses and damages At-risk and isolated populations including the elderly, persons with disabilities, and survivors of domestic violence Low-income households | <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 MHWVG |

| Activities and services | Target populations | Service providers |
|--|--------------------|-------------------|
| <p>(community forums, service hubs, call centres)</p> <p>(https://training.fema.gov/emiweb/is/is242b/student%20manual/sm_03.pdf)</p> <ul style="list-style-type: none"> • Advocacy, legal aid, insurance • Food banks • Community outreach to at-risk persons (https://www.ptsd.va.gov/professional/treat/type/skills_psych_recovery_manual.asp) • Shelter for survivors of domestic violence | | |

Three main actions to put in place

- Collaborate with the Emergency Operations Centre (EOC) to:**
 - Ensure community members benefit from basic services (e.g., food, housing, medical care).
 - Spread important information through the media, such as crisis line numbers, coping tips, etc.
- Form a local Mental Health and Wellness Working Group (MHWWG)** to determine local needs, provide psychological support, and strengthen overall resilience.
- Conduct a rapid needs assessment** with information from your initial working group, EOC reports (e.g., types/numbers of those impacted), additional reports from responding First Nation governments or local authorities, and NGOs.

Additional resources

For more details about Psychological First Aid (PFA) and immediate community assistance in the days after a disaster, visit:

- Pan American Health Organization | Mass Casualty Management System, Course Manual
(https://iris.paho.org/bitstream/handle/10665.2/51484/9789275121221_eng.pdf)

For more details about how to communicate with your community in the context of a disastrous event, visit:

- US Federal Emergency Management Agency | Communicating in an emergency
(https://training.fema.gov/emiweb/is/is242b/student%20manual/sm_03.pdf)
- Pan American Health Organization | Information management and communication in emergencies and disasters
(https://iris.paho.org/bitstream/handle/10665.2/34886/9789275129937_eng.pdf?sequence=1&isAllowed=y)
- US Substance Abuse and Mental Health Services Administration | Communicating in a Crisis (<https://library.samhsa.gov/sites/default/files/pep19-01-01-005.pdf>)

Phase 2: Short-term aftermath

What to do 1–6 months following a disaster

In the first six months after a disaster, it is important to keep sharing mental health information with those affected. This information should offer tools to manage stress, build coping skills, and focus on self-care. It should also include ways to access support, like crisis lines and counseling. Providing these resources helps restore a sense of safety, especially for children and youth.

Suggested activities and services

| Activities and services | Target populations | Service providers |
|---|--|--|
| <ul style="list-style-type: none"> • Primary care services • Well-being workshops and information fairs • Indigenous healing and cultural well-being activities • Recovery activities supported by civic and neighbourhood groups • Memorials • Community and social groups • Online wellness/coping resources • Community and social events (barbeques, dinners, fairs) • Skills for psychological recovery | <ul style="list-style-type: none"> • Households and businesses with losses/damages • Children and youth • Persons with disabilities • Frail and/or isolated elderly • Other at-risk persons • Front-line workers (extensive activation/workload) | <ul style="list-style-type: none"> • Community-based organizations • Non-government organizations • Charitable organizations • Faith-based organizations • Indigenous community organizations • Health care agencies |

Four main actions to put in place

1. Ensure the MHWWG **continues to meet regularly**.
2. **Conduct a community needs assessment** to determine short-, medium-, and long-term recovery needs and priorities.
3. **Promote community activities** and ensure meeting places are available.
4. **Keep identifying vulnerable populations** and local services that can support them.

Additional resources

For more details about emergency management and the role of the MHWWG, visit:

- Public Safety Canada | An Emergency Management Framework for Canada (<https://www.publicsafety.gc.ca/cnt/rsracs/pblctns/2017-mrgnc-mngmnt-frmwrk/2017-mrgnc-mngmnt-frmwrk-en.pdf>)

For coping resources, activities, and services to share with affected survivors, visit:

- US Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services | Skills for Psychological Recovery (https://www.ptsd.va.gov/professional/treat/type/SPR/SPR_Manual.pdf)

Phase 3: Medium-term aftermath

What to do 7–12 months following a disaster

Between seven and twelve months after a disaster, recovery may become harder. People might feel more exhausted, depressed, or anxious. Some may turn to substances or experience family violence. To help, mental health programs and training should match the community's needs. Smaller communities may need outside support, which the MHWWG can request.

Suggested activities and services

| Activities and services | Target populations | Service providers |
|---|---|---|
| <ul style="list-style-type: none">Primary care servicesCanadian Mental Health Association courses (https://cmha.ca/what- | <ul style="list-style-type: none">Individuals and families experiencing continued disruptions to living | <ul style="list-style-type: none">Community-based organizationsMental health and wellness organizationsCounselling services |

| Activities and services | Target populations | Service providers |
|---|---|--|
| <p>we-do/national-programs/recovery-colleges/)</p> <ul style="list-style-type: none"> • Individual counselling • Family counselling • Bereavement support • Assisted support groups • Initial or continued case management for complex needs of impacted residents (if required) | <ul style="list-style-type: none"> • Persons at risk of intimate partner violence • Emergency responders and first responders • Other at-risk persons experiencing recovery difficulties | <ul style="list-style-type: none"> • Victim services • Family services organizations • Crisis lines • Primary care physicians • Local government responsible for case management • Health care providers |

Three main actions to put in place:

1. **Continue MHWWG meetings** to track the community's status, local resources, and needs for extra support or training.
2. **Work with local government recovery teams** and provincial or territorial groups to share updates on mental health needs and available support.
3. **Plan events like commemoration or wellness days** to recognize community resilience, thank helpers, and promote strength.

Additional resources

For information sheets and helpful resources directed to bereaved survivors:

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- US Substance Abuse and Mental Health Services Administration | Tips for Survivors: Coping with Grief After a Disaster or Traumatic Event (<https://library.samhsa.gov/sites/default/files/sma17-5035.pdf>)

For information about how parents can help their children deal with bereavement:

- United Nations Office on Drugs and Crime | Caring for your child in crisis situations (https://www.unodc.org/res/drug-prevention-and-treatment/publications/data/drug-abuse-treatment-and-rehabilitation_caring-for-your-child-in-crisis-situations_html/UN-Caring-for-child-in-Crisis-Situations-booklet-200929-DIGITAL.pdf)

For a list of Canada's national crisis lines, visit this page on our website (<https://canemerg-urgencecan.com/category/mental-health-resources/national-en/>).

Phase 4: Long-term aftermath

What to do 12–36 months and more following a disaster

Many people recover from a disaster without needing mental health services, but some require extra support. Symptoms may appear months or even years later, and recovery can take anywhere from a few years to a decade. Level 4 of the MHPSS Intervention Pyramid focuses on the 4–5 percent of people most affected, who show severe symptoms linked to major mental health conditions like depression, anxiety, or PTSD. Support options include:

- Outpatient mental health and substance use treatment.
- Inpatient care for severe mental health and substance use issues.
- Medication to help manage mental health symptoms.
- Therapy from psychiatrists, psychologists, or trained general practitioners.

Suggested activities and services

| Activities and services | Target populations | Service providers |
|--|--|--|
| <ul style="list-style-type: none"> • Primary care services • Mental health and substance use services • Clinical psychology and psychiatric services • Crisis intervention services • Family violence support | <ul style="list-style-type: none"> • Individuals with complex mental health needs • People with pre-existing mental health and addictions issues • Newly referred or self-identifying persons 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) |

Three main actions to put in place

1. **Develop an annual status report** (MHWWG) to highlight successes, ongoing efforts, and remaining needs. This report should formally update local and provincial governments and request extra support if needed.
2. **Organize community commemoration and wellness days** (developed in Phase 3) to strengthen community bonds, promote health, recognize resilience, and thank helpers and recovery teams.
3. **Continue sharing mental health information** to reduce stigma, raise awareness about long-term disaster effects, and inform people about available support options.

Additional resources

For additional information about PTSD and helpful fact sheets for survivors of disasters, visit:

<https://canemerg-urgencecan.com/community-mental-health-and-wellness-recovery-tool-kit/>

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- Canadian Psychology Association | “Psychology Works” Fact Sheet: Post-Traumatic Stress Disorder
(https://cpa.ca/docs/File/Publications/FactSheets/FS_PostTraumaticStressDisorder_EN_2020.pdf)
 - Canadian Mental Health Association British Columbia | Post-Traumatic Stress Disorder
(https://www.heretohelp.bc.ca/sites/default/files/post-traumatic-stress-disorder_0.pdf)