The Great British Columbia **ShakeOut**

Annual Provincial-Wide Earthquake Drill

Disability Organizations
Get Ready to ShakeOut!

On the third Thursday of October, thousands of British Columbians will "Drop, Cover, and Hold On" in *The Great British Columbia ShakeOut*, the largest earthquake drill in BC History! Everyone is encouraged to participate in the drill wherever you are at on the third Thursday of October.

British Columbia is located in a seismically active region where a few thousand earthquakes occur each year in and adjacent to the province. The threat of a major earthquake in the province is real and all British Columbians must know how to be prepared.

The ShakeOut drill is our chance to practice how to protect ourselves, and for everyone to become prepared. The goal is to prevent disasters from becoming catastrophes.

Once you register, participation can be as simple as three easy steps:

1. If you can: **Drop** to the ground, take **Cover** under a table or desk, and **Hold On** to it as if a major earthquake were happening (stay down for at least 60 seconds).
   If you are in a **wheel chair**, move to an inner wall if safe to do so, lock the brakes and cover your head. If available, use a blanket or pillow to shield your face from falling debris and broken glass.
   If you have other **mobility issues**, arrange your favorite seating areas away from windows so you can stay seated and use seat cushions or pillows to shield yourself from falling debris and broken glass.
2. While still under the table, or wherever you are, look around and imagine what would happen in a major earthquake. What would fall on you or others? What would be damaged? What would life be like after?
3. Finally, you can practice what you will do after the shaking stops.

Everyone can participate! Individuals, families, businesses and schools are all invited to register.
Be a part of the largest earthquake drill in Canadian history on the third Thursday of October!

IBC | Insurance Bureau of Canada

Presenting Sponsor

BC Earthquake Alliance

FORTIS BC

Register today at **shakeoutbc.ca**

HOW PEOPLE WITH A DISABILITY CAN PARTICIPATE

Here are a few suggestions for what people with a disability can do to participate in the ShakeOut. More ideas, materials, and other resources can be found at www.shakeoutbc.ca.

Plan Your Drill:

- Register at www.shakeoutbc.ca to be counted in the ShakeOut Drill, get email updates, and more.
- Have a "Drop, Cover, and Hold On" drill on the third Thursday of October. You can also exercise other aspects of your emergency plan.
- Discuss what you learned and make improvements.

Get Prepared for Earthquakes:

- Check your emergency supplies and equipment; make sure they are accessible and functional. After an earthquake you may need to remain in place for at least 72 hours or up to a week, so ensure you have the necessary supplies.
- Establish a personal support network to ensure you will have the necessary assistance after an earthquake.
- Do a "hazard hunt" for items that might fall down during an earthquake.
- For more information on personal preparedness for people with disabilities please visit: www.getprepared.gc.ca/cnt/rsrcs/pblctns/pplwthdsblts/index-eng.aspx
- Other actions are at www.shakeoutbc.ca

Share the ShakeOut:

- Encourage your community, employer, or other groups you are involved with to participate.
- Posters, flyers, and other materials for promoting the ShakeOut are at www.shakeoutbc.ca.
- Share your experience at www.shakeoutbc.ca.

As a registered ShakeOut participant you will:

- **Learn what you can do to get prepared**
- **Receive ShakeOut news and other earthquake information**
- **Be counted in the largest earthquake drill ever!**
- **Set an example that motivates others to participate**

British Columbia's Mental Health and Wellness Disaster Recovery Guide

BRITISH COLUMBIA | Ministry of Health

Provincial Health Services Authority
Province-wide solutions. Better health.

HEMBC Health Emergency Management

As of July 24, 2019

British Columbia's Mental Health and Wellness Disaster Recovery Guide has been informed by the Alberta *Wood Buffalo Psychosocial Recovery Framework*, the United Nations Disaster Risk Reduction Sendai Framework, and the United Nations Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings, as well as by the advice and perspectives of those who had firsthand experience in addressing mental health recovery following recent emergencies in British Columbia.

This is an evergreen document that will continue to evolve and be improved over time, reflecting the experience and learnings of local governments, First Nations, provincial ministries and agencies, health authorities, First Nations Health Authority, federal departments, Métis Nation BC, service providers, and mental health and wellness experts, as well as by the stories shared by affected individuals.

Participating Partners – *Guide* Development

The Ministry of Health would like to thank the numerous partners who were engaged in the development of this *Guide* and with whom the Ministry will continue to work to improve and evolve the *Guide* and its toolkit over time:

- BC Ministries of Mental Health and Addictions, Children and Family Development, Education, Advanced Education, Skills and Training, Public Safety and Solicitor General (Emergency Management BC, Victim Services, Corrections), Indigenous Relations and Reconciliation, Forests, Lands, Natural Resource Operations and Rural Development, and the BC Public Service Agency
- Health Emergency Management BC (Provincial Health Services Authority)
- First Nations Health Authority
- Regional Health Authorities: Interior, Northern, Fraser, Vancouver Coastal and Island
- Local Government and First Nation advice/recommendations through the debriefing process
- Indigenous Services Canada
- Métis Nation BC
- Canadian Red Cross – BC Region
- First Nations Emergency Services Society
- Canadian Mental Health Association - BC Region
- United Way
- Boundary Family Services

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1. Introduction

Following the unprecedented 2017 flood and wildfire season, the provincial government commissioned a comprehensive, independent review of emergency management. Led by Chief Maureen Chapman and George Abbott, the review resulted in the May 2018 report, *Addressing the New Normal: 21st Century Disaster Management in BC.* Among the 108 recommendations, the report recommended that

> "…the Ministry of Health, in collaboration with regional health authorities and the First Nations Health Authority, develop stable and sustainable mental health recovery programs that acknowledge cultural linkages to the land and the compounding challenge of historical trauma.[1]"

This document, *British Columbia's Mental Health and Wellness Disaster Recovery Guide* (the *Guide)*, addresses this 2018 recommendation to improve the timeliness of and access to culturally safe mental health and wellness supports following a disaster. The international evidence demonstrates clearly that planning and delivering mental health and wellness supports is critical during the recovery period. With predicted climate change, it is expected that BC will experience an increasing number of emergency events that will cause trauma and require increased mental health and substance use supports.

This *Guide* is intended to establish a scalable, flexible and adaptable approach around which all partners will coalesce in support of the planning and implementation of mental health recovery in British Columbia.

2. Intended Audience

This *Guide* supports the Ministry of Health's leadership, following a disaster, to activate a timely coordinated approach to the delivery of mental health supports by articulating roles and inviting partners to use the *Guide* and attached toolkit to facilitate more cohesive and consistent planning and delivery of psychosocial recovery activities.

3. The Impact – Recent BC Experience

Emergencies create a wide range of problems experienced at the individual, family, community and societal levels. At every level, emergencies erode normally protective supports, increase the risks of diverse problems and tend to amplify pre-existing problems of social inequities. For example, natural disasters such as floods and wildfire typically have a disproportionate impact on people with low incomes, who may be living in relatively higher risk areas. Mental health and social issues are highly interconnected, and social and psychological factors both affect the severity of psychosocial impacts to individuals and communities.[2]

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[1] Maureen Chapman, George Abbott. Addressing the new normal: 21st century disaster management in British Columbia (Report for Government: April 30, 2018) p.101

[2] [2]Inter-Agency Standing Committee (IASC), IASC guidelines on mental health and psychosocial support in emergency settings, (Geneva: Inter-Agency Standing Committee; 2007).

3.1. Flood and Wildfire Season, 2017

During the 2017 spring freshet season, persistent rain and snow melt caused significant flooding throughout the interior region, with the Okanagan Lake area seeing some of the highest sustained lake levels in recorded history. First Nations communities were disproportionately impacted, with 10 First Nations suffering damage.

During the 2017 wildfire season, a provincial state of emergency was in effect for 71 days, with over 1,000 fires burning 1.2 million hectares and displacing 65,000 residents, and with more than 500 buildings lost. As a result of the wildfires, the impacted communities, including 28 First Nations communities, saw measurable increases in the need for mental health services including increased visits to the emergency departments for mental health and substance use services and increased demand for family support, counselling and victim services.

3.2. Flood and Wildfire Season, 2018

In May 2018, Grand Forks experienced a catastrophic flood, roughly two feet (0.6 metres) higher than ever recorded. About 1,500 buildings were evacuated across the Boundary region and more than 400 homes and 100 businesses were severely damaged, resulting in significant economic, psychosocial, infrastructure and environmental impacts. Many families will not be able to return to their homes permanently as it has been decided to relocate some neighbourhoods due to future risk of flooding. Throughout the flooding and in the aftermath, mental health case workers identified a significant increase in substance use/overdose, depression, anxiety, domestic violence and children's behavioural disruptions. In addition to Grand Forks, there were also 13 First Nations communities that suffered home and infrastructure damage, as well as damage to traditional ceremonial and food gathering sites, because of the 2018 flood season.

With over 1.3 million hectares burned and more than 2,000 forest fires, 2018 was BC's worst wildfire year for area burned. A provincial state of emergency was in place for 24 days, with 27 local authorities and 23 First Nations communities (totalling over 20,000 properties) impacted by evacuation orders or alerts, including significant impacts to the Tahltan First Nation and Telegraph Creek area. The Canadian Red Cross - BC Region, First Nations Health Authority and Northern Health Authority saw increases in mental health and substance use needs in impacted communities over the winter of 2019, and it is expected that there will be increased needs going forward.

4. Scope

4.1. Scope and *Guide* Elements

Disaster recovery is the period following an emergency response when the affected population is supported to return to their communities (if evacuated and if possible) and restart their family lives, their businesses and their community activities.

A recovery plan recognizes that as we move from a state of emergency and direct response to a state of recovery, considerable government coordination is required. In fact, planning for mental health recovery needs to begin during the response phase, so that appropriate mental health supports are mobilized and accessible as soon as needed.

During and following an emergency event, we learn from those impacted at the community level. Communities know how to best support those affected and what services and resources best reflect the recovery needs within their community. This *Guide* and its toolkit will be reviewed and revised regularly to ensure it remains relevant and reflects these learnings. It is an "evergreen" document that will evolve and improve our approach to mental health and wellness disaster recovery over time.

The *Guide* is intended to be a guiding document with a focus on how government, the health system and partners will be organized and supported effectively to meet mental health and wellness needs during the recovery phase. The accompanying toolkit provides supports for ministries, health authorities including the First Nations Health Authority, First Nations and local governments, Métis Nation BC, the Canadian Red Cross, non-profit agencies and other partners. These supports will help facilitate planning, community mobilization, and implementation of the activities, interventions and services that may need to occur both in the short term and on an ongoing basis. The *Guide* lays the foundation to support the following:

- Common principle and value statements, including a commitment to Indigenous Cultural Safety and Gender-based Analysis Plus (GBA+);
- A clear activation and committee structure, with mandates and accountabilities to facilitate interagency collaboration at the provincial, regional, local, and First Nation levels – and its connection to the BC Emergency Management System Governance and Activation Structure;
- Provincial, regional and local planning and coordination of programs, services and interventions, with specific attention to planning and supporting culturally safe programs, services and interventions in partnership with First Nations and Indigenous service organizations;
- Transparent and equitable funding mechanisms to support timely access to the financial resources needed to implement mental health recovery services and supports; and
- Monitoring, reporting and evaluation to inform continuous improvement.

For each of these areas, the *Guide* and toolkit look ensure the most effective and relevant data is informing planning and implementation efforts for all populations impacted by the emergency.

4.2. Alignment to Provincial Government Priorities

4.2.1. Reconciliation

This *Guide* is aligned to and intended to work in concert with the Draft Reconciliation Principles that guide the Province of British Columbia's Relationship with Indigenous Peoples, the United Nations Declaration of the Rights of Indigenous Peoples, and the Truth and Reconciliation Commission's Calls to Action. First Nations Health Authority (FNHA) has been a key partner in helping to shape this document, bringing forward the lessons learned from First Nations across the province who have been impacted by the recent wildfire and flood emergencies.

First Nations are frequently on the frontline of wildfire and flood emergencies in BC due to the location of their communities, which are often in more rural and remote areas (due in part to how reserves were situated on more marginal lands). The historic trauma of dispossession of land, resources and traditional territories, loss of language and culture, and impacts of residential schools and hospitals, have resulted in the transmission of trauma between generations.

Given this history, special attention is required to develop positive relationships to ensure mental health and wellness supports during recovery are culturally safe, connect to traditional approaches to healing, and are planned and delivered by, or in partnership with, First Nations communities and FNHA.

The *Guide* is intended to clarify how the provincial government will organize itself effectively to support the planning and delivery of mental health recovery supports through relationships with FNHA, Indigenous Services Canada and First Nations themselves at the provincial, regional and local levels. It also calls attention to the need for cultural safety and humility during the planning and delivery of mental health and wellness services with and for all Indigenous peoples affected by emergencies, whether living in a First Nation community or an urban centre. Métis Nation BC is a key partner in working to ensure the cultural safety of these services for Métis people impacted by disasters. In many communities, Indigenous service organizations such as Aboriginal Friendship Centres may also be available to deliver culturally safe interventions and social supports.

4.2.2. Gender-based Analysis Plus (GBA+)

The provincial government is committed to Gender-based Analysis Plus (GBA+).[3] The tools and approaches for planning and supporting mental health recovery embrace the concept of intersectionality[4,5] and the need to identify the different groups of people requiring unique, often specific, interventions to achieve positive results—from different genders, ages, and geographies, to Indigenous status or ethnic background, to mental health and addiction diagnoses, to income and housing status. Disasters affect different people in different ways and the planned response needs to

[3] GBA+ is an analytical tool used to assess how diverse groups of people may experience policies, programs and initiatives. The "plus" in GBA+ acknowledges that this goes beyond biological (sex) and socio-cultural (gender) differences. It also considers many other identifying factors such as race, ethnicity, religion, age and mental or physical disability.

[4] Intersectionality is a tool for analysis, advocacy and policy development that addresses intersecting inequalities. It helps us understand how different sets of identities impact on access to rights and opportunities. An intersectional approach to gender equality acknowledges the fact that women have different experiences based on aspects of their identity including race, social class, ethnicity, sexual orientation, religion, age as well as other forms of identity. Intersectionality is therefore also aligned with GBA+.

[5] United Nations, *Intersectionality An Inclusive and Effective Approach To Gender Equality,* Norway: Mar. 13, 2017 (date accessed: July 23, 2019). https://www.un.org/webcast/pdfs/170313am-csw61-se-netherlands.pdf.

reflect and prioritize accordingly. GBA+ requires a focus on data to understand the intersectionality of a disaster's impact on different populations.

The use of GBA+ will allow for a broader assessment of how diverse groups of British Columbians may experience mental health recovery and the interventions designed to support them. GBA+ is incorporated into the *Guide's* toolkit to support communities and partners to use available data to inform their planning of mental health recovery interventions, as well as to look at what data to collect throughout the recovery period to evaluate the impact of these interventions on diverse population groups.

4.2.3. Sendai Framework for Disaster Risk Reduction 2015-2030

On October 31, 2018, the provincial government adopted the United Nations Sendai Framework for Disaster Risk Reduction.[6] This *Framework*, to which Canada is a signatory, aims to prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience. More specifically, the *Framework* lays out a shared responsibility model to build an inclusive, intersectional and integrated approach to recovery that acknowledges the social constructs of disasters.

4.2.4. Emergency Management BC Interim Disaster Recovery Framework

Emergency Management BC (EMBC) has developed an Interim Provincial Disaster Recovery Framework (*Provincial Framework*) to establish clear roles and responsibilities, ensure accountability and provide overall guidance to recovery operations. The *Provincial Framework* describes the principles, processes and capabilities essential for local government, First Nations, provincial ministries and agencies, the private sector and non-government organizations to collaborate, coordinate and manage recovery more effectively following a disaster. EMBC will continue to work with partners to develop a permanent disaster recovery framework by 2020.

The *Provincial Framework* organizes recovery into four interconnected sectors to support and integrate recovery efforts (see Figure 1). This *Mental Health and Wellness Disaster Recovery Guide* nests under EMBC's *Provincial Framework* and is aligned under the People and Communities sector, for which the Ministry of Health is the lead.

[6] Emergency Management BC, *Government's action plan: responding to wildfire and flood risks*, (Victoria: Emergency Management BC, Oct. 31, 2018).

Recovery Sectors of the EMBC Interim Provincial Framework

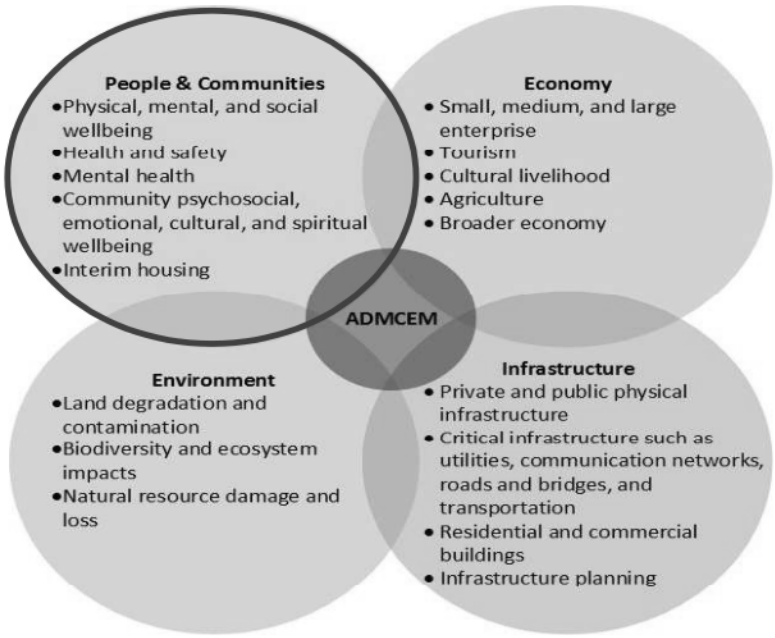

Figure 1

The governing committee for the *Provincial Framework*, the Assistant Deputy Ministers' Committee on Emergency Management (ADMCEM), was established to lead cross-government integration, coordination, and prioritization of emergency management work related to mitigation, preparedness, response and recovery. The ADMCEM will provide leadership for overall provincial recovery efforts.

4.2.5. BC Mental Health and Addictions Strategy

The provincial government is developing a Mental Health and Addictions Strategy (*Strategy*) to create a seamless mental health and addictions system of care. The initial focus will be on addressing the needs of Indigenous peoples and of children and youth through prevention and early intervention, while improving access to evidence-informed and culturally safe mental health and addictions treatment and recovery services and supports.

The *Strategy* takes a whole-of-government, cross-sector approach and is being developed collaboratively with system partners including First Nations, Métis and other Indigenous peoples. It includes a strong multi-cultural and equity lens and emphasizes the importance of the social and economic factors that impact mental health and well-being, such as poverty, housing, involvement with the criminal justice system, education, employment and stigma.

Within the *Strategy* there are goals and actions that relate to improving access to and the quality of services. Helping communities prepare and recover from disasters is in alignment with the *Strategy's* emphasis on prevention, early intervention and recovery. The *Strategy* outlines the initial work needed to improve the system so that British Columbians can ask for help once and get help fast.

4.2.6. First Nations Health Authority's Policy on Mental Health and Wellness

FNHA's policy on mental health and wellness is included here to support and inform the *Guide:*

> "The FNHA, through our relationships and partnerships, will ensure that all First Nations people have access to a culturally safe, comprehensive, and coordinated continuum of mental health and wellness approaches that affirms, facilitates and restores the mental health and wellness of our people, and which contributes to reconciliation and Nation rebuilding."[7]

To read FNHA's complete policy document, go to the FNHA Website.

5. What the Research Tells Us

5.1. Phases of Disaster

A mental health and wellness disaster recovery program implies a deliberate effort to forestall or overcome the adverse mental health impacts of an emergency event. Mental health recovery is best understood in the context of the phases of disaster (see Figure 2), with varying degrees of psychosocial support required over the weeks, months and years following an event in order to address the needs of individuals, families, staff and communities. The context of the disaster will vary and needs to be considered when developing mental health and wellness recovery plans. In B.C., we are seeing an increased frequency of significant emergency events and the resulting compounding impacts on the population's mental health.

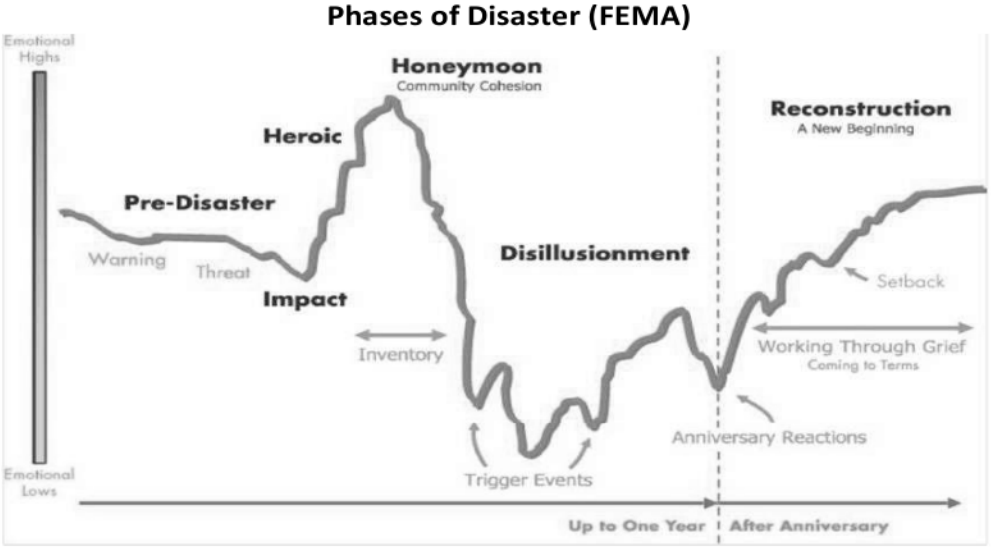

Figure 2

Disaster relief organizations such as the Canadian Red Cross indicate that addressing community, family and individual mental health and wellness is paramount to support community members as they undertake the significant work of rebuilding and addressing environmental, economic and infrastructure recovery.

[7] "First Nations Health Authority Releases New Mental Health and Wellness Policy," *First Nations Health Authority,* last modified: Feb. 15, 2019, date accessed: July 23, 2019, http://www.fnha.ca/about/news-and-events/news/first-nations-health-authority-releases-new-mental-health-and-wellness-policy

5.2. Psychological Impacts of Disaster

The impacts of disaster on the mental health and wellness of affected citizens are well documented internationally. In the immediate aftermath of a disaster, most of the affected population needs only basic psychosocial supports. A much smaller proportion may eventually need more specialized mental health care.[8] One study in Australia looked at three communities three to four years after the 2009 Black Saturday Fires.[9] The results indicated in Figure 3 demonstrate the varying impacts experienced in the aftermath of the disaster.

Percentage of Population Reporting Psychological Impacts in Communities Impacted by the 2009 Black Saturday Fires in Australia

Psychopathologies	High Impact Community	Medium Impact Community	Low Impact Community
Probable PTSD	15.6%	7.2%	1%
Depression	12.9%	8.8%	6.3%
Increased Heavy Drinking	24.7%	18.7%	19.6%
Severe Psychological Distress	9.8%	5.0%	4.9%

Figure 3[10]

Each person's experience of a disaster is unique and shaped by previous experiences and world views. For some, existing mental health and substance use disorders will worsen after an emergency. Some residents may experience depression, anxiety, substance use problems, post-traumatic stress, grief and family violence. Trauma, economic, environmental, and personal losses are felt at individual, family and community levels. For example, the unresolved inter-generational trauma experienced by many Indigenous people are compounded or can be triggered by an emergency event and the response. The institutional nature of an emergency response, including evacuation processes, can be reminiscent of residential schools and other colonial processes that disempowered First Nations and Métis individuals and Nations. Upon return to their communities, First Nations and Métis people may need to focus on not only healing from the recent emergency event but also the triggering of past traumas.

Mental health impacts may not surface immediately and as shown in Figure 2, the road to recovery is often longer than anticipated. Community members may suffer setbacks months and even years after

[8] Addiction and Mental Health Recovery Coordinating Committee, Wood Buffalo psychosocial recovery framework, (Wood Buffalo: Government of Alberta, July 24, 2017) 14

[9] Richard A. Bryant, Elizabeth Waters, Lisa Gibbs, H. Colin Gallagher, Philippa Pattison, Dean Lusher, Colin MacDougall, et al. "Psychological Outcomes Following the Victorian Black Saturday Bushfires." Australian & New Zealand Journal of Psychiatry 48, no. 7 (2014): 634-643

[10] Bryant, Elizabeth Waters, Lisa Gibbs, H. Colin Gallagher, Philippa Pattison, Dean Lusher, Colin MacDougall, et al. "Psychological Outcomes Following the Victorian Black Saturday Bushfires." Australian & New Zealand Journal of Psychiatry 48, no. 7 (2014): 634-643

the event (e.g., on the anniversary date of an evacuation). However, evidence demonstrates that for most people, acute stress responses following a disaster will subside and that most people will experience a relatively stable pattern of healthy functioning in time, given the right supports and resources.[11]

There is also growing consensus that resilience does not indicate the complete absence of any psychological symptoms after traumatic event exposure; rather, it describes the ability to "bounce back". Resilience has been documented in populations exposed to disasters. Resilient individuals generally experience distress for a short period and quickly return to pre-disaster levels of functioning, which distinguishes them from those who experience a longer period of dysfunction and a more gradual return to baseline functioning.[12]

Stress and trauma impact people differently and although most people will be able to manage the stress themselves or with the support of family, Alberta Health Services notes:

> "…certain populations more than others, might find their ability to cope with the additional stress overwhelming. About 20%, including the frail, those with pre-existing trauma and mental health and substance use issues, will require focused or specialized supports.[13]"

Research indicates that children exposed to disasters are often among the most resilient in the population. However, due to their generally vulnerable position and the potential lifetime impacts of trauma, additional supports for children and youth are highly recommended. The most common psychological impacts in children are anxiety and depression.

The risk factors to consider include degree of exposure to an event, severity of event, number of traumatic events exposed to, post-disaster life stressors, and the availability of social supports. The more prolonged the impacts of an incident, the more severe and longer lasting the mental health impacts. Generally, the faster that life returns to normal, the less severe the mental health impacts. The highest risk demographic for psychological impact from a disaster is middle-aged adults, likely because of the stress due to income loss, pressure to rebuild and the need to care for others.[14]

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[11] Hutton D. Psychosocial aspects of disaster recovery: integrating communities into disaster planning and policy making" Institute for Catastrophic Loss Reduction (2001), https://www.iclr.org/wp-content/uploads/PDFS/psychosocial-aspects-of-disaster-recovery-integrating-communities-into-disaster-planning-and-policy-making.pdf.

[12] Emily Goldman and Sandro Galea, "Mental Health Consequences of Disasters," *Annual Review of Public Health 2014*, no. 35 (October 25, 2013) 169-179. https://doi.org/10.1146/annurev-publhealth-032013-182435

[13] Addiction and Mental Health Recovery Coordinating Committee, *Wood Buffalo Psychosocial Recovery Framework*, (Wood Buffalo: Government of Alberta, July 24, 2017)

[14] Emily Goldman and Sandro Galea, "Mental Health Consequences of Disasters," *Annual Review of Public Health 2014*, no. 35 (October 25, 2013) 169-179. https://doi.org/10.1146/annurev-publhealth-032013-182435

To be successful, mental health recovery needs to include a range of supports, including universal supports available to all those impacted, more focussed and wholistic psychosocial activities for individuals and families at risk, and specialized interventions for those who are experiencing significant mental health and/or addiction issues related to the disaster. This stepped approach should result in relatively few individuals needing specialized clinical care.

The *Guide* and toolkit also provide information and tools to support the identification of key populations who may be at a higher risk.

5.3. Short, Medium and Long-Term Recovery

In planning for mental health recovery, it is helpful to consider interventions in three stages that may overlap depending on the circumstances: short, medium and long term. The timing of the transition between recovery stages will vary depending on the circumstances. Figure 4 provides some examples of actions and services that may occur during each of the three stages.

Short Term
(Days – Weeks)
Example Activities

- Disaster psychosocial supports
- Initial post-disaster needs assessment
- Mental health communication supports (awareness raising, crisis supports)

Medium Term
(Weeks – Months)
Example Activities

- Emotional/Psychological supports
- Targeted outreach programs
- Community dialogues (debriefs)
- Community working groups
- Traditional and cultural healing ceremonies and approaches

Long Term
(Months – Years)
Example Activities

- Counselling and support programs, virtual and in community/schools
- Traditional and cultural healing approaches
- Community wellness initiatives/anniversary events
- Supports to respond to increased acuity of mental health and substance use incidents, family discord, family violence services

Figure 4

5.4. Building Community Capacity

The United Nations' Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) highlights that

> …a key principle—even in the early stages of an emergency—is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate [mental health services] and frequently have limited sustainability.[15]

Communities affected by disasters have pre-existing groups and members with assets that should be capitalized on to support psychosocial well-being. Local communities, First Nations, and individuals should be supported to build or rebuild their capacity. The identification of skills and capacities of local government and community members allows for timely mobilization. Participation at the local level is critical, including, for example, identification and support of existing leaders who are committed to their communities and trusted by their community members, since they are experts on the local context, families and needs of the community. Such leaders are also instrumental in supporting community involvement and social interactions.[16]

The importance of community ownership of the recovery strategy is also highlighted in Alberta's *Wood Buffalo Psychosocial Recovery Framework*.[17] The *Guide* and *toolkit* have incorporated the importance of this lens in various ways; however, at times, outside support and expertise may be needed to ensure that local providers are supported through the recovery period and avoid burnout.

6. The *Guide*

6.1. Outline of the *Guide*:

- Principle and Value Statements
- First Nations, Métis and Indigenous Populations – Cultural Safety and Humility
- Areas of Focus
    - Activation and Committee Structure
    - Planning and Coordination
    - Programs, Services and Interventions
    - Financing
    - Monitoring, Reporting and Evaluation

[15] United Nations, Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, (Geneva: IASC. 2007)
[16] Virginia Gil-Rivas and Ryan Kilmer, "Building community capacity and fostering disaster resilience," *Journal of Clinical Psychology*, v.72 no. 12 (Dec. 2016) https://doi.org/10.1002/jclp.22281
[17] Addiction and Mental Health Recovery Coordinating Committee, *Wood Buffalo Psychosocial Recovery Framework*, (Wood Buffalo: Government of Alberta, July 24, 2017) p.14

6.2. Principle and Value Statements

A set of principle and value statements has been developed to support implementation of the *Guide*. These statements are informed by, and connect back to, the overarching guiding principles of the interim *Provincial Framework*, which are listed in the toolkit.

The following principle and value statements provide guidance to governments, partners and agencies in how we will work together in the planning, coordination and delivery of programs, services and interventions to support mental health and wellness recovery following an emergency event:

- We will start with building on the programs, services and supports which already exist locally to assist in making sure mental health recovery plans are community-informed and community-driven.
- We will support and recognize the strengths and knowledge First Nations and Métis leadership and Indigenous service organizations bring to building and implementing mental health recovery plans that are comprehensive, coordinated, culturally safe, trauma-informed and support healing for and with First Nations, Métis and other Indigenous peoples who have been impacted. "Nothing about us, without us" will guide our collective actions in support of empowerment and self-determination.
- Using GBA+, we will collect data as part of the monitoring and evaluation framework to better understand how specific groups of people and communities need different supports at different times over the recovery period, so that each receives what supports they need to manage mental health recovery in a dignified and respectful way.
- We will work in partnership to ensure coordination and reduce duplication of efforts, while having a clear understanding of roles and responsibilities to facilitate streamlined decision-making. We will depend on each other in the spirit of collective action and reciprocal accountability – that each partner can be counted on to participate and deliver on their commitments.
- We will work collaboratively to plan and deliver additional programs, services and interventions that are timely, highly available, and flexible to best meet the needs of those impacted, including a focus on self-care and providing information early to help de-stigmatize mental health issues.
- We will learn as we are doing, embracing continuous improvement by ensuring careful data collection and monitoring, analysis and reporting in transparent and strength-based ways.
- We understand that some individuals, families, and communities impacted by a disaster may need mental health supports over a two to five-year period, a longer-term commitment than is often anticipated.

6.3. First Nations, Métis and Indigenous Populations – Cultural Safety and Humility

> …the unique circumstances faced by Indigenous peoples…underscore[s] the need for improved thinking and approaches by governments in adequately responding to Indigenous Peoples, notably First Nations, in emergency situations. Emergency management policies are required to ensure the long-term economic, environmental and cultural survival of Indigenous communities and cultural survival of Indigenous communities and must advance First Nations' inherent, inalienable right self-determination, Aboriginal title and rights and Treaty rights, and must improve the socio-economic conditions of First Nations people and communities. [18]

During the 2017 wildfire season, First Nations reported feeling invisible in the BC emergency response system.[19] Actions are being taken to improve the necessary relationships and processes in emergency management to partner more effectively with First Nations, and the provincial government's commitment to reconciliation with BC First Nations, Métis Nation BC, and other Indigenous peoples underpins our work. The *Guide* was developed with input from First Nations recently impacted by wildfire and freshet emergencies, through the many after-action reports and engagements, including the report from FNHA Interior region, *With Us, Not for Us*, and the Chapman/Abbott report: *Addressing the New Normal: 21st Century Disaster Management in British Columbia*.

The *Guide* acknowledges that First Nations communities, impacted by emergencies, should lead the development and implementation of their own mental health and wellness recovery plans, with partners ready to assist when requested and possible. It also recognizes that many Indigenous people live away from their home communities and so directs partners commit to working with Indigenous service organizations, local First Nations, Métis Nation BC and FNHA to support Indigenous healing in the recovery period. Every effort will be made to work in partnership so that programs and interventions are co-created, culturally safe, trauma-informed and inclusive.

We are all learning to work together collaboratively on this path to reconciliation. In the aftermath of a disaster, we will no doubt face very challenging circumstances that could strain the relationships we need to support mental health and wellness recovery. To prepare for this, all partners need to be committed to upholding the "With Us, Not For Us" direction from First Nations leaders in the aftermath of the 2017 wildfire emergency. All partners need to commit to cultural safety and humility and ensure their staff have ongoing training and supports to offer culturally safe service to First Nations and Métis communities, families and individuals; recognize intergenerational trauma; and support healing, cultural and traditional practices, self-determination and Nation-rebuilding.

CULTURAL SAFETY *IS AN OUTCOME BASED ON RESPECTFUL ENGAGEMENT THAT RECOGNIZES AND STRIVES TO ADDRESS POWER IMBALANCES INHERENT IN THE HEALTH CARE SYSTEM. IT RESULTS IN AN ENVIRONMENT FREE OF RACISM AND DISCRIMINATION, WHERE PEOPLE FEEL SAFE WHEN RECEIVING HEALTH CARE.*

CULTURAL HUMILITY *IS A PROCESS OF SELF REFLECTION TO UNDERSTAND PERSONAL AND SYSTEMIC CONDITIONED BIASES, AND TO DEVELOP AND MAINTAIN RESPECTFUL PROCESSES AND RELATIONSHIPS BASED ON MUTUAL TRUST. CULTURAL HUMILITY INVOLVES HUMBLY ACKNOWLEDGING ONE'S SELF AS A LIFE-LONG LEARNER WHEN IT COMES TO UNDERSTANDING ANOTHER'S EXPERIENCE. CULTURAL HUMILITY ENABLES CULTURAL SAFETY.*

[18] Maureen Chapman, George Abbott. Addressing the New Normal: 21st Century Disaster Management in British Columbia (Report for Government: April 30, 2018) p. 10

[19] First Nations Health Authority, *With us, not for us, Interior Region Report on Wildfires,* (FNHA: 2018) p. 4

It is important to recognize that First Nations communities may need support to develop their own mental health and wellness recovery plans due to capacity challenges. This *Guide* envisions that First Nations communities are supported to do this planning and deliver these interventions, and that Western clinical resources (e.g., mental health counsellors) are culturally safe and available when needed and requested by First Nations communities. FNHA is a key health system partner in supporting First Nations to develop the tailored approaches to support people during and following an emergency and has a range of planning and program supports. Similarly, for Indigenous people living away from their communities or in rural/urban centres, there are usually Indigenous-led service organizations that have an understanding and knowledge of the local Indigenous population and can support planning and implementation of disaster-related mental health recovery services and interventions.

This *Guide*, and specifically the content included in the principle and value statements, areas of focus and supporting toolkit, are intended to facilitate partnerships and collaboration with First Nations, Métis and Indigenous organizations to ensure that Indigenous cultures, values and unique needs are acknowledged and supported throughout the recovery period.

6.4. Areas of Focus

Five areas of focus will support implementation of the *Guide*:

1. Activation and Committee Structure
2. Planning and Coordination
3. Programs, Services and Interventions
4. Financing
5. Monitoring, Reporting and Evaluation

6.5. Activation and Committee Structure

A clear decision-making structure is needed to ensure a coordinated, appropriate and timely approach to mental health recovery following a disaster. This *Guide* outlines a decision-making structure at the provincial level, connected to EMBC's interim *Provincial Framework* structure for overall recovery decision-making, and provides some suggested direction at the regional, local and First Nations levels. Understanding mandates and accountabilities will facilitate interagency collaboration and priority-setting—and is directly connected to the Financing section.

Figure 5 outlines the governance and activation structure in EMBC's *Provincial Framework*. This aligns with the BC Emergency Management System, which is activated following an emergency or disaster that requires coordination of provincial emergency management activities and/or has received a request for support from a First Nations community, local authority, regional district or another ministry.

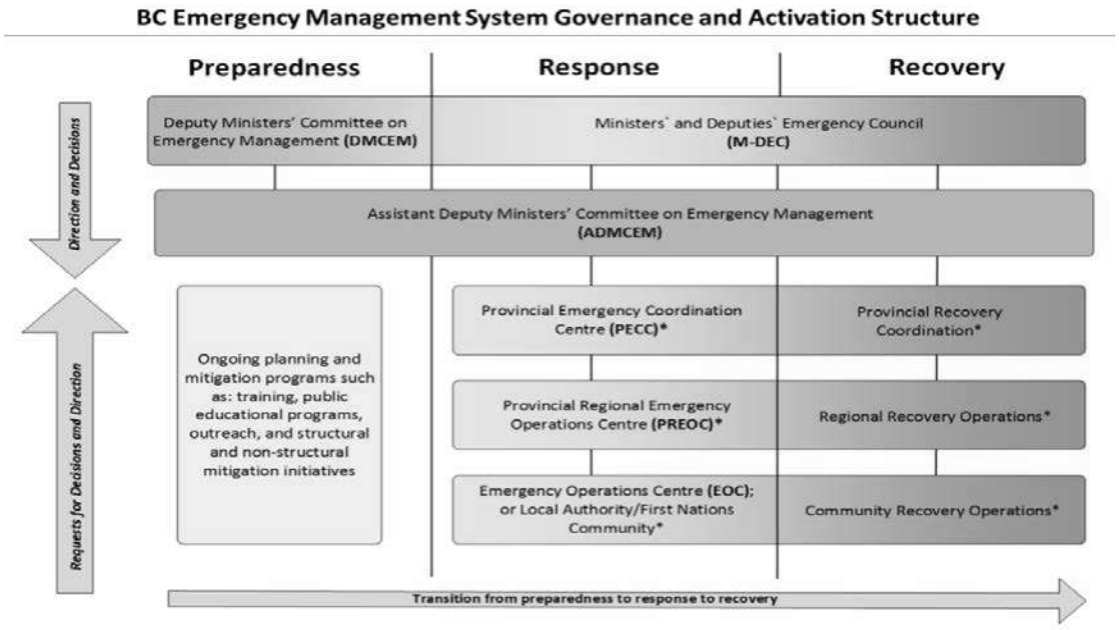

Figure 5

Figure 6 outlines the governance and activation structure of the *Mental Health and Wellness Disaster Recovery Guide*, led by the Ministry of Health. Having senior-executive level mobilization will provide clear direction to regional provincial government and health authority staff, relaying the urgency and priority of preparing plans to support the population impacted for re-entry to communities, and the short, medium and longer-term recovery period. FNHA will be a full partner in this activation and committee structure to inform the provincial government's work and, on the invitation of First Nations, will lead the coordination of mental health and wellness recovery among First Nations impacted.

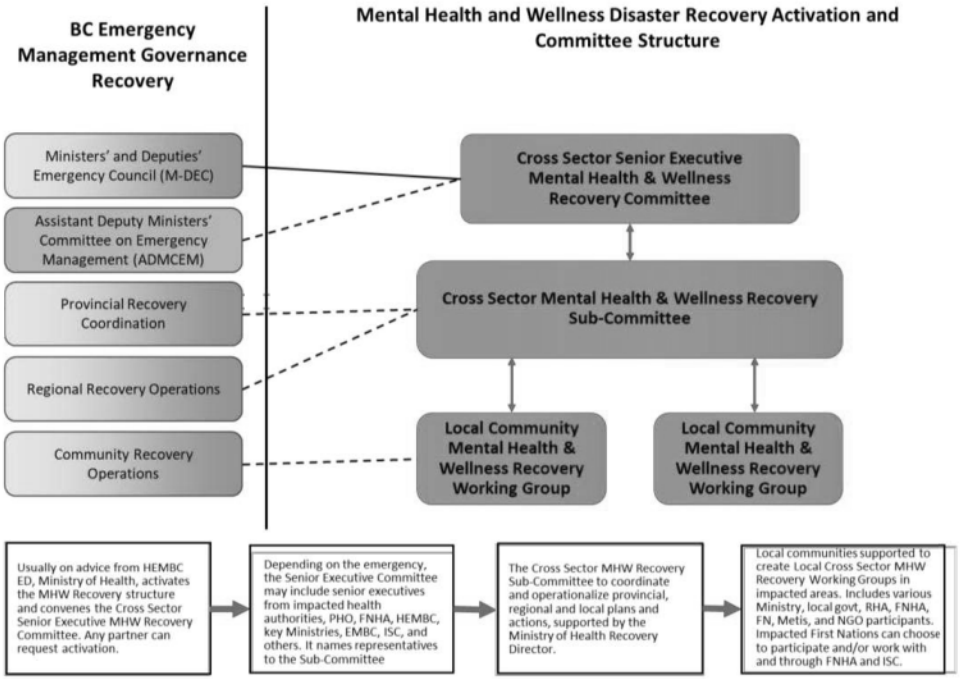

Figure 6

There is a need to respect a First Nation's autonomy to choose how it wishes to participate in mental health recovery. Figure 7 depicts the close relationship between First Nations, Indigenous Services Canada and FNHA, connections to the provincial structure can be made as needed. The ideal state is one where each impacted First Nation has wrap-around supports grounded in traditional healing and cultural activities, acknowledging its strengths, resilience, and unique circumstances. The intention is not to isolate First Nations from the provincial system but to integrate planning and implementation activities in the best way possible. The form this takes will be dependant on circumstances.

For example, if an urban First Nation is affected by a flood along with the city in which it is located, the First Nation may decide to sit on a local community mental health and wellness recovery working group where FNHA may also attend in support. Alternatively, in a situation like the 2017 wildfire season, when 28 First Nations were impacted, FNHA prepared an overall proposal for mental health recovery on behalf of all of the First Nations, which was then funded. In either case, First Nations communities and Indigenous people living in urban centres are identified as key populations in the toolkit for planning purposes and implementation of programs.

First Nations Activation and Connection to Provincial Mental Health and Wellness Disaster Recovery Committee Structure

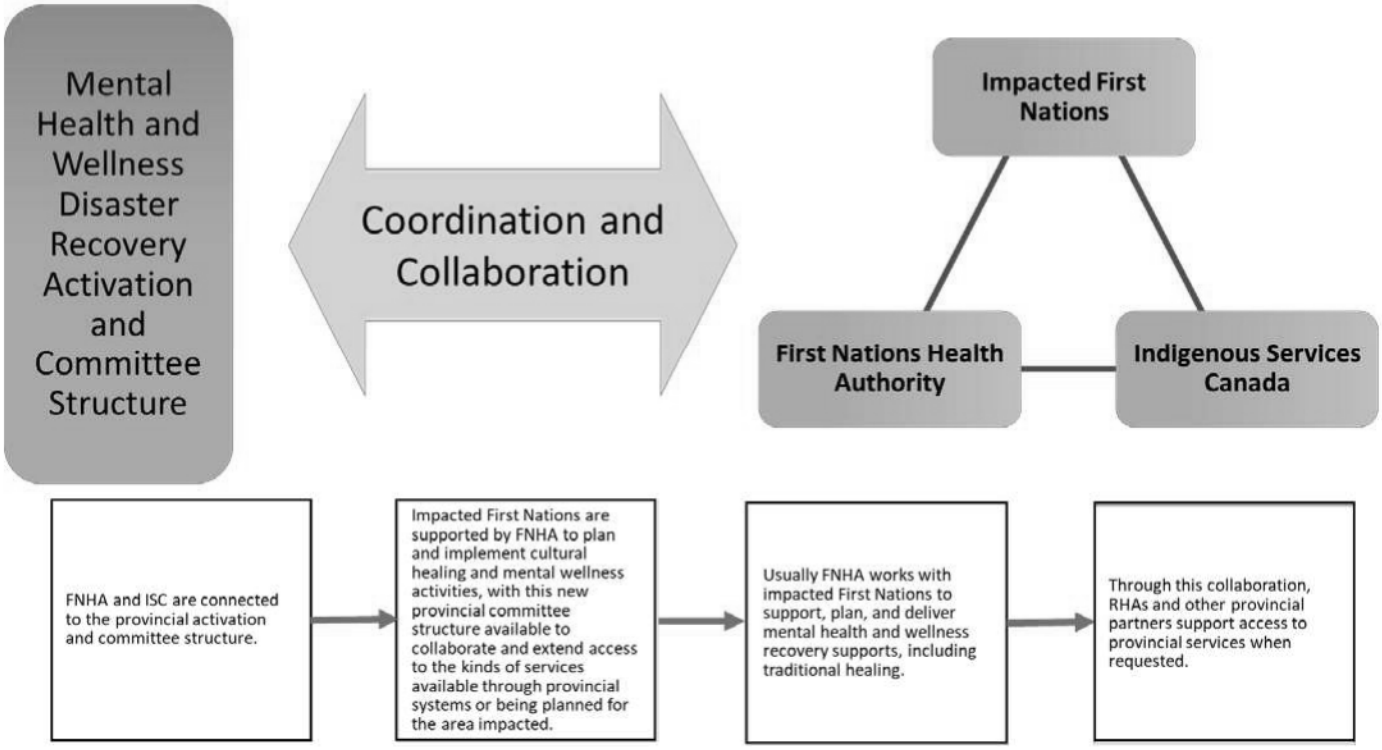

Figure 7

6.5.1. Role of Cross Sector Senior Executive Mental Health and Wellness Recovery Committee

The Ministry of Health will activate the Cross Sector Senior Executive Mental Health and Wellness Recovery Committee, during the response period of an emergency, supported by the Executive Director of Health Emergency Management BC (HEMBC), Provincial Health Services Authority. Membership will be somewhat dependent on the type of emergency but will usually include the appropriate ADMs from the Ministries of Health, Mental Health and Addictions, Children and Family Development, Public Safety and Solicitor General, and Education, as well as the Provincial Health Officer, Emergency Management BC, the Public Service Agency, and executive-level representation from the affected regional health authorities and FNHA. An executive-level representative from Indigenous Services Canada will also usually be included. This committee's role will be to determine strategic priorities in the emergency situation, in order to start preparing for mental health and wellness recovery, ensure communication and escalation of issues up to Deputies, Ministers and Chief Executive Officers as needed, and outline the priority work of, and name representatives to, the Cross Sector Mental Health and Wellness Recovery Sub-Committee (the Sub-Committee). The Ministry of Health's Emergency Management Unit will provide secretariat support to both the executive-level committee and the Sub-Committee.

Any of the partners, First Nations, or local authorities can request activation of this committee structure from HEMBC or the Ministry of Health; in some cases, the request may simply be for additional disaster mental health supports. In most cases, the scale and scope of the emergency (e.g., number of people evacuated) will make the need for activation apparent. It is also anticipated that this committee would only need to meet a small number of times during and following an emergency once the Sub-Committee is established.

6.5.2. Role of the Cross Sector Mental Health and Wellness Recovery Sub-Committee

The Sub-Committee will mobilize mental health recovery planning, troubleshoot issues at the provincial level and support regional staff and the local working groups and First Nations as needed. It will review mental health and wellness recovery plans, facilitate access to funding (see Financing Section) and existing services, as well as ensure streamlined reporting and evaluation.

Where First Nations communities have been impacted, FNHA regional staff will normally take the lead in working with the First Nations leadership to assess needs, develop a plan to address those needs and outline needed financial and staffing resources. Depending on the assessment, the plan developed may connect First Nations with services and supports delivered by other partners (e.g., non-government organizations [NGOs], regional health authority/ministry services, etc.). The Cross Sector Mental Health and Wellness Recovery Sub-Committee would include FNHA representation so that there is coordination and collaboration among the parties to ensure needs are being met effectively.

6.5.3. Role of the Local Community Mental Health and Wellness Recovery Working Group

At the local community level, HEMBC or the lead identified by the Sub-Committee will work with partners to establish a Local Community Mental Health and Wellness Recovery Working Group, whose role will be to mobilize local resources and opportunities and identify where additional services and interventions are needed (See Toolkit for more information/guidance). First Nations may choose to participate in a local community working group, or work with FNHA directly, depending on how they wish to utilize their connection to the Sub-Committee for coordination and problem-solving.

6.6. Planning and Coordination

While the activation and committee structure outlined in the previous section and in the toolkit will help set the stage for clear direction and decision-making at the provincial, regional and local levels, there needs to be staff specifically tasked with coordinating mental health and wellness recovery. They should have knowledge of the research and evidence on mental health and wellness disaster recovery, have direct experience, be a trusted partner to communities or organizations, and be able to start the process of planning and convening the right partners locally, while the emergency is still happening and in the first few months following the emergency, with regular check-ins thereafter.

An early priority will be to identify a regional lead who can connect to the provincial-level system to address policy issues, obtain timely funding decisions, ensure effective communications and mobilize the local working group. With the anticipated frequency of emergency situations, some ongoing positions would be ideal to assist with preparedness, planning and recovery for mental health and wellness recovery at the regional level.

The Ministry of Health has created a Recovery Director position in its Emergency Management Unit to provide the provincial coordination role, including support to the HEMBC team. HEMBC's mental health and wellness disaster lead will support regional and local planning and implementation coordination. The role of this HEMBC position is to be the focal point for mental health and wellness recovery planning and implementation across sectors during and following an emergency event. This will be done by connecting effectively with local communities, with FNHA and First Nations communities, regional health authority mental health and substance use teams, Canadian Red Cross and other local partners, to prepare for mental health and wellness recovery ahead of emergencies, to plan during the emergency response phase, and to support planning and implementation during the recovery period. HEMBC will usually turn to the FNHA for leadership in coordinating and planning with impacted First Nations, recognizing its existing mental health and crisis response capacities. Impacted First Nations can choose to work with through FNHA to make use of their connections with provincial structures, or engage directly with other partners.

In 2012, the Province of British Columbia and the Canadian Red Cross signed an Auxiliary to Government agreement. This agreement is a commitment of the Ministry of Public Safety and Solicitor General, the Ministry of Health, the Ministry of Social Development and the Red Cross to work together more closely to address humanitarian needs, in particular around Red Cross resources that can be utilized in preparing for, responding to and recovering from disasters. As auxiliary to government and working alongside communities, the Red Cross has a unique role in recovery operations, planning and coordination and is recognized as separate from NGOs.

In Grand Forks, a local NGO took on the leadership role once the local mental health recovery working group was formed and, with assistance, was able to develop an innovative mental health assessment process to determine what mental health and wellness supports were required by key populations. This is a good example of how, once a local working group is mobilized, the best local approach can be supported.

6.7. Programs, Services and Interventions

To support the staged and timely delivery of mental health and wellness recovery programs, services and interventions, partners have suggested some tools based on past experience. A mental health and wellness recovery "program" may include various interventions to support a community and key populations over a two-to-five-year period.

The toolkit delves into this in more detail, but the following are some key considerations in planning programs, services and interventions following a disaster:

Specific populations to plan with may include:

- *Indigenous people, many of whom live with intergenerational trauma*
- *Children and youth, parents*
- *Seniors and elders*
- *LGBTQ2S+ people*
- *Frontline staff/first responders*
- *People with disabilities or complex medical conditions*
- *People experiencing homelessness*
- *Those at risk of intimate partner violence*
- *People with pre-existing mental health and addictions issues*
- *People on parole or in institutions*
- *Rural/Remote populations*

- **Different groups of people will need different interventions.** GBA+ is a particularly helpful tool to recognize those groups who are affected in multiple ways and therefore may be more vulnerable, both to the disaster and its effects on mental wellness. Local working groups need to be supported to consider appropriate or unique approaches to the needs of specific populations.
- Planning for mental health and wellness recovery also looks across a timeline – **which group of people needs what services and interventions at what time**. For example, community debriefings are often used in the early stage of recovery, then around events at anniversary dates a year and two years later. Psychosocial interventions could be critical during the first year, then referrals to clinical counselling may be more appropriate later in the process.
- The literature emphasizes that **frontline emergency staff need to be supported both during and following the disaster**, to reduce the levels of stress and after-effects. Frontline staff may include a band administrator, chief administrative officer, local fire chief, First Nations Health Director, emergency manager, paramedic, health authority staff, wildfire fighters, etc. The people in these kinds of positions are at high risk of burnout if supports are not in place for them. In some cases they go above and beyond during the emergency and then can find themselves dealing with some aspects of post-traumatic stress disorder and fatigue for months and even years after
- **Mental health supports for elected leaders are often overlooked**. The mayors, chiefs, ministers and councillors are often so focused on addressing the emergency, making difficult decisions based on sometimes limited information, and maintaining a calm and strong face, all in the public eye, that they may not be taking time out for their own self-care. Elected officials sometimes do not run for election again after an emergency, despite strong skills and proven leadership, due to the toll that experience has had on them personally.

Mental health and wellness recovery plans usually span a range of interventions: from universal awareness-raising, community de-briefings, wellness promotion and self-care, to early intervention and targeted services, to clinical treatment.

IASC (see Section 5.4) has issued guidelines to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being during and after an emergency. The intervention pyramid, Figure 8, supports a layered system of complementary interventions to meet the mental health needs of different groups. All layers of the pyramid are important and should ideally be implemented concurrently. Basic services and security such as shelter will fall at the bottom of the pyramid, while community and family supports may include mainstream interventions such as Psychological First Aid. The majority of those impacted will fall within this layer. A small percentage of those impacted with pre-existing mental health disorders will require the more specialized services identified in the top two layers of the pyramid. The toolkit uses this pyramid to assist in planning and implementation of the various types of interventions to support recovery.

Intervention Pyramid – Interagency Standing Committee for Interagency Coordination and Humanitarian Partners

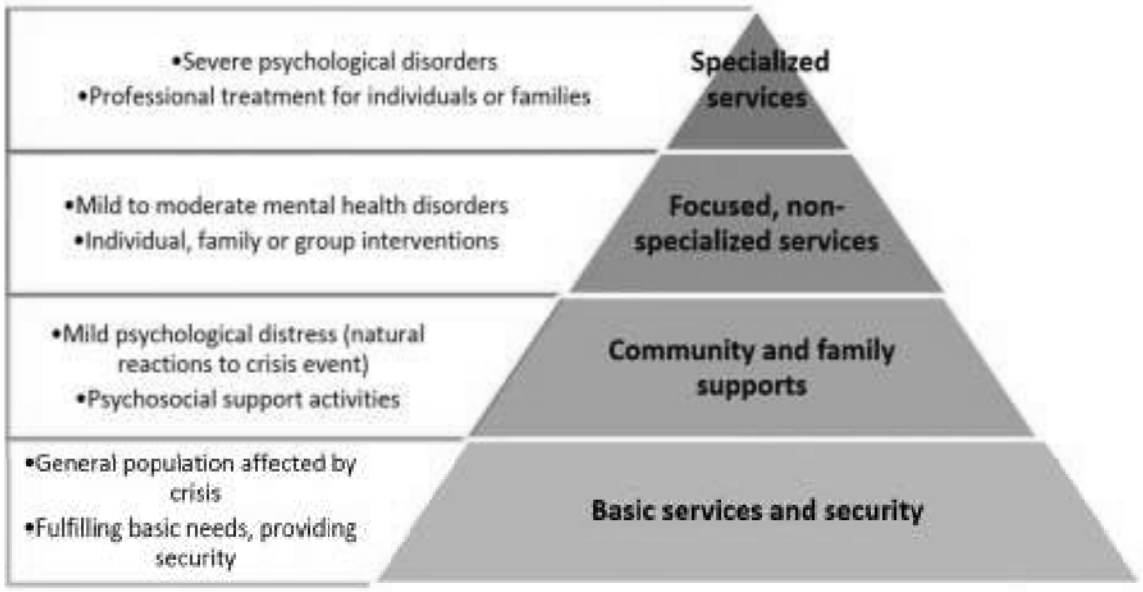

Figure 8[20]

[20] United Nations, Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, (Geneva: IASC. 2007)

6.7.1. Existing Programs and Services

Existing programs and services will be leveraged to support the mental health and wellness of communities impacted. Services and interventions to be considered as part of the planning and program delivery during the recovery period should include but are not limited to:

- The Provincial Health Services Authority's Disaster Psychosocial Services Program (DPS), which provides a continuum of supportive services targeting both the public, frontline staff and first responders immediately affected by an emergency that overwhelms local capacity (e.g., on-site psychological first aid support from volunteer professionals). DPS encourages community recovery by providing educational tools, training and resources to increase resilience and local disaster mental health support capacity.

- The Provincial Mobile Response Team (MRT) may act as an extension of DPS when needed to provide support for first responders and front-line workers. MRT is expanding its capacity to address the psychosocial toll on local government, First Nations, and responders in the months after the immediate crisis by providing "wellness debriefings." The wellness sessions are confidential and have already proven to be very helpful to a number of communities in the past two years. Currently, MRT is focused primarily on the overdose emergency.
- BC211, a provincial program that houses up-to-date local information on mental health and social services and supports, on an easy-to-navigate website.
- First Nations Emergency Services Society provides Critical Incident Stress Management (CISM) training, funded by FNHA.
- Canadian Red Cross can help people prepare for and recover from the effects of a disaster through providing emotional care and support to help people feel safe, connected and hopeful for their future. This may include the direct provision of psychosocial support, assessing needs, distributing information about relevant local and supportive resources, and providing referrals to local support services.
- Access to the Emergency Health Provider Registry, a database of volunteer health care providers willing to temporarily relocate to other health authorities to alleviate health provider burnout during and after an emergency event.
- Provincial crisis lines provide mental health supports throughout BC and local referral services in communities impacted, including the Indigenous-specific crisis line called KUU-US.
- Mental health clinical services and programs that are being delivered or funded by the regional health authorities and FNHA. FNHA also funds or administers funds to support mental health counselling, land-based healing, cultural supports, wellness, and crisis grants in First Nations communities.

*As an international leader in this field, the **Red Cross** has a significant library of research and established best practices related to recovery to guide their strategic and operational decisions. Of note are free resources from the International Federation of Red Cross Reference Centre for Psychosocial Support, including tools such as Psychosocial Interventions: A Handbook; Community Based Psychosocial Support – Participants Book; and Strengthening Resilience: A Global Selection of Psychosocial Interventions.*
These resources can be found here:
http://pscentre.org

- Access to mental health services provided or funded by government agencies, for example: the Ministry of Public Safety and Solicitor General funds victim services supports; the Ministry of Children and Family Development funds child and youth mental health services; and the Ministry of Education supports psychosocial disaster recovery and planning activities in school districts.
- Traditional healing and cultural supports funded through FNHA, local First Nations and/or at Indigenous service organizations like Friendship Centres may exist in the disaster affected area.
- BC Public Service employees (and eligible family members) have access to a range of mental health and well-being services through the BC Public Service Agency. These services support both individual employees and workplace groups.
- Large-scale employers may have additional workforce-specific services to support their employees or workplace groups

The local plans for mental health and wellness recovery are often based on initial assessments of the mental health and wellness needs of the population following a disaster. The toolkit provides some examples of approaches taken in the past. Best and promising practices talk about ensuring the mental health and wellness plans and their implementation are:

- community-based / driven;
- client-centred and informed;
- culturally safe;
- sustainable;
- collaborative and complementary, when possible building on existing services;
- adaptable and scalable;
- timely; and,
- equitable.

6.8. Financing

The *Provincial Framework* outlines how funding for recovery will be managed under the current legislative framework. Recovery actions, as detailed in the needs assessment or community recovery plan, are supported by an expenditure pre-authorization form. EMBC regional offices can review and approve expenditures within their spending authority. Should the amount exceed regional spending authority, the expenditures will be reviewed by EMBC's Executive Director, Recovery.

Mental health-related services are often not included in local community recovery plans, since these kinds of services are provided by regional health authorities and other ministries/sectors, not local governments. A parallel approach has therefore been developed to support mental health recovery. HEMBC's mental health and wellness recovery lead will assist local working groups (which usually include a representative from local government) to develop multi-year, staged mental health and wellness recovery plans so that they have an established plan for accessing support from existing regional and provincial programs and services across sectors where possible. The toolkit provides resources to assist with this assessment and planning phase.

The local mental health and wellness recovery plan(s) will be reviewed by the Ministry of Health's Recovery Director, who will ensure the plans are reviewed by the Cross Sector Mental Health and Wellness Recovery Sub-Committee to determine if existing resources are available to be reallocated to fund the plan. If no source of funding is identified, or if only partial funding is available, the plan(s) will be forwarded to EMBC's Executive Director, Recovery, as components of the plan may be eligible for *Emergency Program Act* funding, specifically expenditures for mental health and wellness within the first six months post disaster. The Ministry of Health's Recovery Director will also ensure that the Ministry of Health's executive is kept informed of this process and any associated timelines. The Ministry of Health may call a meeting of the Cross Sector Senior Executive Mental Health and Wellness Recovery Committee if funding issues are not addressed in a timely way.

For First Nations communities, the process will usually be to work with FNHA regional staff, who will assist in the preparation of a mental health and wellness recovery plan. The HEMBC mental health recovery lead will be available to support FNHA and First Nations in this work and also to assist with responding to requests for culturally safe provincial services and supports.

The toolkit is intended to provide some baseline interventions and costings to simplify the financial component of the mental health and wellness recovery planning process.

6.9. Monitoring, Reporting and Evaluation

Monitoring the progress of mental health and wellness recovery is critical to keep leaders and the public informed of activities for accountability purposes, to identify issues and gaps quickly, and to support continuous improvement. Monitoring, reporting, and evaluating mental health and wellness recovery programs, services and interventions will feed into EMBC's overall recovery monitoring.

The toolkit will provide examples of measures and considerations based in part on EMBC's *Provincial Framework* indicators. Reporting needs to be as streamlined as possible, to minimize the burden on partners during what can be a very challenging time.

Reporting on the plans and their implementation will be coordinated through HEMBC staff and with the Ministry of Health's Recovery Director. The Cross Sectoral Mental Health and Wellness Recovery Sub-Committee will review reports, assist with problem-solving, and escalate issues, as needed. Ministry of Health's Recovery Director will work closely with the EMBC Executive Director, Recovery, to facilitate timely reporting.

The Ministry of Health will work with partners to whenever possible to support research and evaluation into how mental health and wellness disaster recovery programs, services and interventions work, including the ongoing review of this *Guide* and toolkit.

7. Conclusion

Given the 2017 and 2018 wildfire and freshet seasons experienced in BC, and the strong indication that this may be the new normal in our province, this *Guide* is focused on developing the structures to support mental health recovery during future events. The *Guide* and toolkit are intended to be evergreen documents that evolve over time to include the experience and learnings of local governments and First Nations, provincial ministries and agencies, health authorities and First Nations Health Authority, Métis Nation BC, federal departments, service providers, mental health and wellness experts, and the Canadian Red Cross. It will also evolve based on the stories shared by impacted individuals.

Many organizations are involved in managing mental health and wellness recovery, therefore, clearly articulating how the various processes and systems connect is critical. Navigating these pathways following a disaster in the short, medium and long term requires a consistent, standardized approach to activation and implementation of the mental health services and supports required in communities and First Nations. This *Guide* supports an approach that is clear, collaborative and coordinated.

The Chapman/Abbot Report States:
"We need to think differently about recovery. In many cases we learned that almost one year after the events, be they flood/debris flows or wildfires, those who lived through these life-altering events continue to rebuild. That rebuilding extends beyond homes and physical structures, businesses and the subsequent livelihoods that may have been lost including the emotional trauma that lingers long after such events. This element of recovery goes far beyond any standard definitions that might reference restoring a community to its pre-disaster state. Recovery is far more deeply layered here given its social and emotional dimensions."

Appendix: Acronyms

ADM	Assistant Deputy Minister	IASC	Inter-Agency Standing Committee (United Nations)
ADMCEM	Assistant Deputy Ministers' Committee on Emergency Management	ISC	Indigenous Services Canada
CISM	Critical Incident Stress Management	M-Dec	Ministers' and Deputies' Emergency Council
DMCEM	Deputy Ministers' Committee on Emergency Management	MHW	Mental Health and Wellness
DPS	Disaster Psychosocial Services Program	MRT	Mobile Response Team
ED	Executive Director	NGO	Non-Government Organization
EMBC	Emergency Management BC	PECC	Provincial Emergency Coordination Centre
EOC	Emergency Operations Centre	PHO	Provincial Health Officer
FEMA	Federal Emergency Management Agency (USA)	PHSA	Provincial Health Services Authority
FNHA	First Nations Health Authority	PREOC	Provincial Regional Emergency Operations Centre
GBA+	Gender-based Analysis +	RHA	Regional Health Authority
HEMBC	Health Emergency Management BC		