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Psychosocial support after disaster

A literature review on effectiveness

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The Role and Approach of Australian Red Cross in Psychosocial Disaster Support

As a humanitarian organisation, Australian Red Cross holds a mandate to care for and support the wellbeing of individuals and communities affected by disasters and crises. These include natural hazards events (i.e. fires, floods, heatwave, drought) as well as human-induced events (i.e. collective trauma, armed conflict). The Australian Red Cross Emergency Services program is designed to help people prepare for, respond to, and recover from the psychosocial impacts of emergencies in Australia. The Australian Red Cross approach to psychosocial support is grounded in internationally recognised principles that aim to ensure people feel safe, calm, connected to others, capable of helping themselves, and able to access necessary services and support (Hobfoll et al., 2007).

Australian Red Cross programs and delivery are shaped by global best practices, particularly those developed by the International Red Cross and Red Crescent Movement, and are aligned with the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. These guidelines, and the accompanying intervention pyramid (see Figure 3), provide a systematic approach to planning, coordinating, and delivering responses aimed at safeguarding mental health and psychosocial wellbeing during and after crises. Australian Red Cross operations are also informed by the Core Humanitarian Standard, the Humanitarian Charter, the Sphere Standards, and a growing body of peer-reviewed and practice-based evidence.

Since 1918, Australian Red Cross has played a key role in supporting disaster-affected communities across urban, regional and rural contexts in Australia, and with diverse communities, including First Nations peoples and multicultural communities. Its actions are framed by its status as an Auxiliary to public authorities in the humanitarian field and are guided by the Fundamental Principles of the Red Cross and Red Crescent Movement. Australian Red Cross disaster activities are all-hazards and consequence-focused, and involve close collaboration with all levels of government, local services, and community organisations.

The organisation's independent and trusted presence in communities allows it to contribute effectively to relief and recovery planning. This capacity is strengthened by access to a global and national network of knowledge partners, including other National Societies, people with lived disaster experience, academic institutions, private sector partners, and civil society organisations.

Australian Red Cross contributes to recovery through scalable, evidence-informed psychosocial interventions that promote core elements of wellbeing. These include:

- Creating space for expression: Providing a listening ear helps people process their experiences and feel acknowledged. The act of verbalising emotions is a critical step in cognitive and emotional integration.
- Normalising stress responses: Educating people that their psychological and physical reactions are common and expected reduces distress and builds psychological resilience.
- Promoting self-efficacy: Helping individuals feel capable of managing their recovery supports adaptive coping and strengthens confidence.
- Fostering social connection: Connected communities share information, co-regulate emotional distress, and facilitate collective problem-solving, which are key elements of trauma recovery (Hobfoll et al., 2007).

This literature review was commissioned by Australian Red Cross and prepared by the Humanitarian and Development Research Initiative (HADRI) to consolidate recent and current research on psychosocial support theory and practice. Its purpose is to strengthen the capacity of Australian Red Cross and the wider sector to deliver evidence-informed, high-quality humanitarian support.

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Psychosocial support after disaster

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Contextualising post-disaster mental health support

Research on psychosocial support interventions after a crisis has gained increasing attention in recent years as the world faces a growing number of disasters, conflicts, and health emergencies. Psychosocial support focuses on the wellbeing of individuals and communities affected by traumatic events, addressing their emotional, psychological, and social needs. Current research in this field is exploring a variety of intervention approaches, including trauma-informed care, community-based mental health services, and digital tools that provide remote support. A key area of focus is identifying the most effective strategies for different contexts, such as disasters, conflict, and pandemics, and understanding how these interventions can promote long-term recovery and resilience.

The effectiveness of psychosocial interventions is influenced by multiple factors, including cultural contexts, accessibility of resources, and the timing of interventions. Recent studies have highlighted the importance of early intervention and community-driven approaches that empower local populations to take an active role in their healing process. Additionally, research has been examining the role of technology, such as mobile apps and online platforms, in providing psychological support in crisis settings, especially in resource-constrained environments. There is also an increasing emphasis on the integration of psychosocial support within broader humanitarian aid frameworks to ensure a holistic response to crises. However, challenges remain in assessing the impact of these interventions and ensuring that they are adaptable, scalable, and sustainable over time.

Factors such as accessibility, resource allocation, and local community involvement play a critical role in shaping the success of interventions, yet there remains a lack of standardised measurement tools to assess the impact of psychosocial support

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programs in post-crisis settings. As a result, this literature review identifies relevant frameworks and interventions that have worked in various crisis situations, with the aim of providing evidence that psychosocial support can be effective in restoring community wellbeing.

Definitions

Based on its policy on addressing mental health and psychosocial needs, the Red Cross and Red Crescent (RCRC) Movement defines psychosocial as 'a term used to describe the interconnection between the individual (i.e. a person's internal, emotional and thought processes, feelings and reactions) and her or his environment, interpersonal relationships, community and/or culture (i.e. her or his social context)' (MOMENT 2019, p.4). At the same time, according to Terre des Hommes (2010), a psychosocial approach is considered as 'a way to engage with and analyse a situation, build an intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation' (p.11).

The RCRC Movement refers to psychosocial support as the 'actions relating to the social and psychological needs of individuals, families and communities' (MOMENT 2019, p.4). We have found that, in the literature, a psychosocial intervention is generally understood as a program mainly aimed at enhancing psychosocial wellbeing, such as group counselling, or a more comprehensive approach that also targets other key areas like nutrition or livelihoods, while still focusing on psychosocial goals (Meyer & Morand, 2015). For Terre des Hommes (2010), more specifically, a psychosocial intervention is 'composed of one or several activities that aims to increase the coping capacity of children, families and communities, and to reinforce their integration within society' (p.11).


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In this report, we refer to Mental Health and Psychosocial Support (MHPSS) to indicate those programs and related activities that aim to provide mental health support to individuals in the social context of the impacted communities to which they belong.

Searching the literature

Searches were conducted in APA PsychInfo and Social Services Abstracts in 2025. Search criteria involved academic literature published between 2010 and 2025 with the terms 'psychosocial intervention' and 'disaster' found in the abstract. Document types included articles published in peer-reviewed journals, book chapters and encyclopedia entries, while publication types included both authored and edited books aswell as scholarly journals. The search was limited to materials in the English language.

The search identified 185 records in APA PsychInfo and 44 in Social Services Abstracts. After removing duplicates and examining titles and abstracts more closely, 20 records were selected for full-text assessment. To this pool of resources, additional academic papers and reports from the grey literature that had previously informed the work of Australian Red Cross were entered. After full-text assessment, some publications were eventually excluded as they did not directly or sufficiently address the areas of effectiveness of or evidence on psychosocial interventions after disasters. A small number of papers outside this final selection were added using a snowballing approach based on relevant references cited in publications.

Whilst both psychosocial support and mental health interventions, more in general, can be interpreted and devised in accordance with their cultural context, this review does not address the distinctiveness of contextual cultural factors that may have played a role in the results highlighted by the studies.

Frameworks for psychosocial support

Various models for delivering psychosocial support have been proposed and implemented across different contexts, with each approach emphasising distinct methods of intervention and organisational frameworks. Drawing from the literature on psychosocial support in disaster settings, this section presents three key models that have shaped the delivery of MHPSS globally.

The inverted pyramid by de Jong (2002) represents a comprehensive and practical conceptual model for psychosocial and mental health interventions (see Figure 1). Somasundaram (2014) adds this model to his conceptualisations for addressing collective trauma. At the top of the pyramid are societal-level interventions aimed at the entire population, such as laws, public safety, policies, social justice, free press, and public programs. Moving down the pyramid, interventions focus on progressively smaller groups. The next two layers are community-level interventions, which include public education, support for community leaders, social infrastructure development, empowerment, cultural rituals and ceremonies, service coordination, grassroots worker training, and capacity building. The fourth layer focuses on family interventions, addressing both the individual within the family context and strategies for promoting the wellbeing of the entire family. The bottom layer targets interventions for individuals with psychological symptoms or psychiatric disorders, such as psychiatric, medical, and psychological treatments. These one-on-one interventions are the most costly and labour-intensive, necessitating highly trained professionals.

Community-level interventions are mass public mental health strategies that aim to foster social healing through community dynamics and processes (Somasundaram, 2014).

In the aftermath of the 2009 Black Saturday bushfires, a three-tiered model of psychological interventions was advanced in Australia through expert advice. As shown in Figure 2, Level 1 of the model involves early, universal support (e.g., education and resources) that benefits everyone in the affected community. Level 2 interventions are necessary when, months after the disaster, people continue to experience distress and adjustment issues or show sub-clinical mental health disorders, requiring basic psychosocial and emotional regulation skills training. The third and final level involves specialised psychological treatments provided by qualified mental health professionals to address post-traumatic mental health disorders.

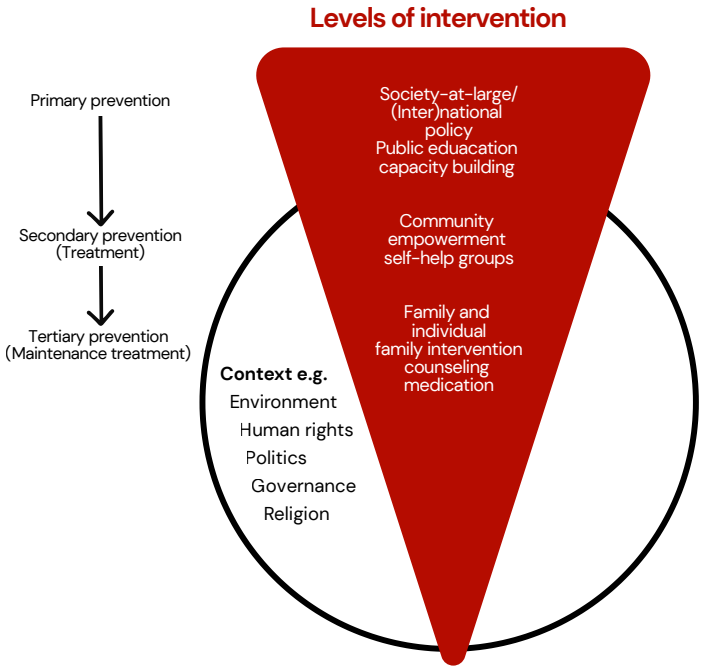

Figure 1. Conceptual model for psychosocial and mental health interventions (de Jong, 2002, p.66).


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More recently, the RCRC Movement has also developed a mental health and psychosocial support framework. The model, shown in Figure 3, represents the framework of mental health and psychosocial support services that are required to address the needs of individuals, families and communities in all contexts (see Figure 3).

For the Movement, actions and decisions related to addressing mental health and psychosocial needs are grounded in assessments of individuals' varying needs, vulnerabilities to specific impacts, risk factors, and barriers to support. These actions are context-specific, culturally sensitive, and aligned with the principles of humanity and impartiality, including non-discrimination. Ensuring prompt access to mental health and psychosocial support is crucial, especially for those affected by emergencies (MOMENT, 2019).

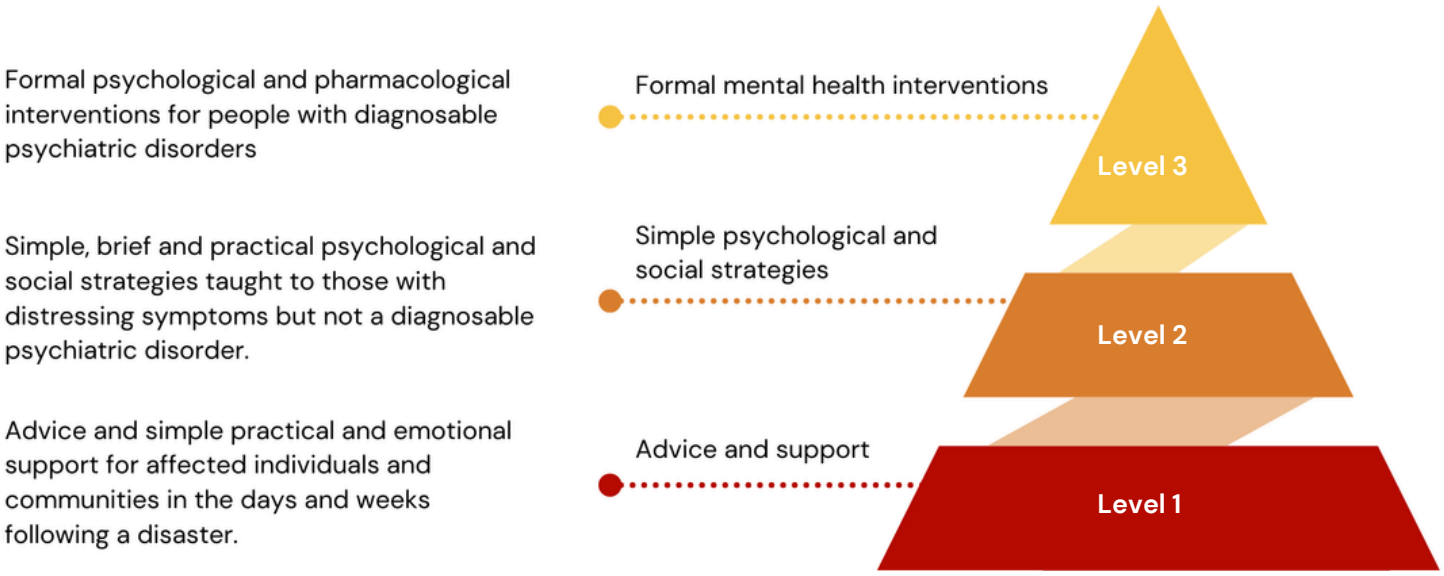

Figure 2. Stepped care approach to psychosocial interventions for survivors of disasters – in Strauven et al., 2025, p.3, based on Wade et al., 2012.

The three models outlined here share a common focus on providing layered interventions to address the diverse needs of individuals and communities following a disaster. Each model emphasises the importance of a holistic approach, incorporating various levels of intervention to ensure that the mental health and psychosocial needs of all affected populations are met. Nevertheless, there are key differences in the emphasis and structure of these models. The inverted pyramid (Figure 1) places significant importance on societal and community-level interventions, focusing on building long-term social cohesion and resilience through education, empowerment, and social infrastructure. This broader societal focus contrasts with the more clinically focused three-tiered Australian model (Figure 2), which prioritises mental health interventions for individuals at different levels of severity. This model's clear distinction between early, universal support, follow-up interventions, and specialised treatments advances a more structured, stepwise approach to psychological care. In comparison, the International Red Cross and Red Crescent framework (Figure 3) is distinguished by its strong emphasis on context-specific needs assessments, ensuring that interventions are tailored to the unique circumstances of each disaster. Unlike the other models, it underscores the importance of cultural sensitivity and non-discrimination, ensuring that interventions align with humanitarian principles and respect for local contexts.

Evidencing effectiveness in psychosocial support

Although considerable knowledge exists about disaster-related health issues, their trajectories, associated risk and protective factors, evidence on effective Mental Health and Psychosocial Support (MHPSS) approaches remains weak. While organisations increasingly monitor and evaluate MHPSS programs, these efforts often lack the detailed information needed to compare outcomes. This gap in data hinders the development of further knowledge and improvements in practice. To address this, Dückers et al. (2018) conducted a theory-driven quantitative analysis assessing the quality of 40 MHPSS programs, mainly conducted in Europe. Their goal was to evaluate several quality domains identified as important in existing literature, and to empirically test the relationships between these domains through a multidimensional theoretical framework.

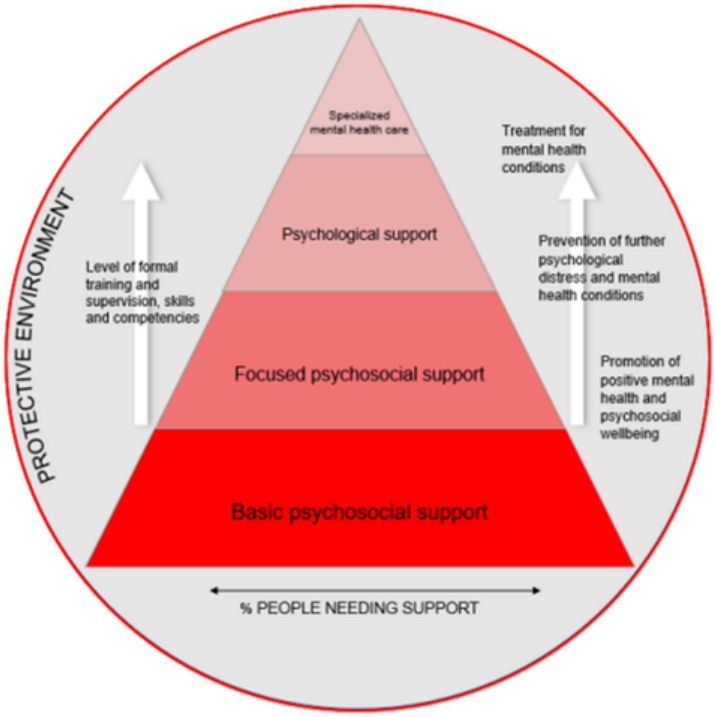

Figure 3. International Red Cross and Red Crescent Movement's mental health and psychosocial support framework - MOMENT 2019, p.5.

Photo: Conor Ashleigh

The authors adopted the Donabedian model (see Donabedian, 1980) and its categorisation of 'quality criteria' to think hypothetically about quality domains for the evaluation of MHPSS programs. According to Donabedian (1980), information related to quality can be detected in three categories: structure, process, and outcome. The researchers empirically tested associations between the domains listed below through the hypothesis that the quality domains are positively associated with one another:

- Planning and delivery system;
- Measures and interventions applied;
- Psychosocial principles;
- General evaluation criteria (Dückers et al., 2018, p.3).

A survey was conducted in order to compare the quality of MHPSS programs, analysing information collected on each of the four domains. Data was collected during the European Union-funded project "Operationalising Psychosocial Support in Crisis" (OPSIC). The survey was completed by coordinators of MHPSS programs implemented in response to disasters across various countries. Approximately 75% of the coordinators involved in the survey were affiliated with the Red Cross and Red Crescent. Nearly half of the programs (45%) were launched following disasters such as floods, earthquakes, and volcanic eruptions. Around 28% were in response to terrorist attacks, shootings, or large-scale conflicts, while the remaining programs addressed populations affected by accidents, including plane crashes, fires, and bus or boat incidents.

In general, program coordinators rated the various evaluation criteria positively. The highest ratings were given for the equal treatment of affected individuals and the suitability of measures and interventions. Scores for the overall preparedness plan's effectiveness during the response and the program's efficiency in reaching vulnerable groups were somewhat lower. Overall, programs with more developed planning and delivery systems tended to adopt more evidence-based measures and interventions, receiving higher scores across various evaluation criteria, as well as for the importance and implementation of key MHPSS principles (Dückers et al., 2018).

Powell and Bui (2016) investigated the effects of school-based psychosocial program, Journey of Hope (JoH). This intervention, comprised of eight sessions, aimed to lessen the impact of a disaster by strengthening protective factors like social support, coping skills, and mental health education. The evaluation was conducted during the 2014–2015 school year, in the aftermath of an EF5 tornado that hit Moore, Oklahoma, which led to 24 deaths, 377 injuries, and the destruction of two schools. The study used both quantitative and qualitative methods to assess the effectiveness of the JoH intervention.

The quantitative results showed a significant improvement in positive coping skills, including communication, tension management, and prosocial behaviours from pre-test to post-test for the Journey of Hope group. However, no significant differences were observed in self-efficacy or overall distress. Qualitative analysis of interview data revealed that participating in JoH helped improve peer relationships, including developing new friendships and promoting mutual support; and provided participants with coping skills, including strategies for managing emotions like anger, anxiety, and grief. Overall, the study suggests that involvement in a widely accessible psychoeducational program can

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support individuals in coping with the trauma caused by disasters (Powell and Bui, 2016).

Becker (2009) evaluated the effectiveness of psychosocial care delivered through a community-based mental health program for survivors of the 2004 tsunami disaster in India. The National Institute of Mental Health and Neurosciences (NIMHANS) in India provided three months of psychosocial care to an intervention group of women, while a control group was selected from a neighbouring village that had also been affected by the disaster but did not receive the intervention. Impact of Event Scale (IES) scores were collected for both the intervention and control groups and used to measure outcomes. The results showed that for the intervention group, post-test IES scores were significantly lower than pre-test scores, indicating an improvement in post-

[1] Information on Impact of Scale can be found on the NSW Government website.

trauma symptoms following the three-month psychosocial care intervention. For ethical reasons, researchers in this study did not collect pre-test data on the control group; hence, establishing specific impact on this group was not possible.

Hobfoll et al. (2007) have outlined five principles that are supported by empirical evidence to inform the development of intervention practices and programs in the aftermath of disasters. They suggest that these practices and techniques, or key components of them, should be incorporated into intervention and prevention efforts during the early to mid-term stages.[1]

Hobfoll's five principles are:

1. Promote sense of safety
2. Promote calming
3. Promote sense of self- and collective efficacy
4. Promote connectedness
5. Promote hope (Hobfoll et al., 2007, p.223).

In order to generate these principles, and as a result of the absence of clinical trials or direct examinations that support them, the authors conducted a careful review of the empirical literature from a number of fields; compared it to their extensive experience working in disasters, terrorism, conflict and other mass casualty events; and offered informed recommendations. Hobfoll at al. (2007) emphasise the importance of the identified principles in light of the fact that governments, public health agencies, and aid organisations continue to lack a clear guide for intervention.

Wind and Komproe (2018) presents evidence through a different approach to psychosocial interventions. Based on study results from a cross-sectional community survey in the two disaster-affected communities of Uttar Pradesh, India (2008) and Morpeth, England (2008), these authors advocate for the need for interventions designed through a socio-ecological perspective. This perspective suggests that

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there are connections between the individual and community levels, so that these levels exert influence on one another. In their study, Wind and Komproe (2018) used multilevel analyses to uncover the relationship between the individual processes affecting disaster mental health and the social community in which a person lives.

Socio-ecological interventions that promote both social context and individual factors impact mental health through similar mechanisms. This is due to the fact that individuals may experience post-traumatic stress due to the disaster's effects on their community, even when they are not impacted directly. The study's findings show that the social context plays an indirect but important role in sustaining health. This demonstrates that community-based interventions aimed at improving this type of context are not merely supplementary to individual-focused interventions, but are essential for addressing post-disaster mental health. Overall, the research conducted suggests that fostering community social capital can reduce the need for individual psychological interventions (Wind and Komproe, 2018).

Through the socio-ecological perspective, Wind and Komproe (2018) emphasise the clear need for simultaneous intervention at both the community and individual levels. These two levels are deeply interconnected, and the success in alleviating individual suffering, such as post-traumatic stress, depends on addressing both levels. When social capital is restored within the community, individual members often experience improved functioning. Without supporting individuals' functioning within their communities, mental health issues are unlikely to improve.

Experience from Australia

The most significant studies conducted in Australia on the effectiveness of psychosocial interventions after disaster have focused on the Skills for Life Adjustment and Resilience (SOLAR) program. SOLAR is a brief, scalable, psychosocial skill-building program designed to reduce distress and adjustment difficulties following disaster. It was designed by an international group of disaster, trauma, and mental health experts (see O'Donnell et al., 2020).

Cowlishaw et al. (2023) assessed the effectiveness of the SOLAR program, delivered by trained, local community members in Australia following compound disasters such as drought, wildfires, and pandemic-related lockdowns. The mental health effects of disasters related to a changing climate are substantial, but access to mental health services is often limited

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due to a shortage of trained clinicians. While policies often prioritise building local community capacity for mental health responses, the absence of evidence-based programs remains a challenge. In this study, 36 community members were trained to deliver the SOLAR program. 66 individuals experiencing anxiety, depression, and/or post-traumatic stress symptoms, along with impairment, were randomly assigned to either the program or a Self-Help condition. Participants were assessed before, immediately after, and two months following the interventions.

The SOLAR program consisted of five one-hour sessions, either in-person or virtually. Those in the Self-Help condition received weekly emails with self-help resources, including links to online educational videos. The results from the multigroup analyses showed that participants in the program had significantly lower levels of anxiety, depression, and post-traumatic stress disorder (PTSD) symptom severity from pre- to post-intervention compared to the Self-Help group. However, these differences were not statistically significant at follow-up. In other words, the SOLAR program was associated with large effect size improvements in post-traumatic stress symptoms (PTSS) over time. Yet, at follow-up the effect size was similar to that of the Self-Help condition. Given the ongoing stressors from compounding disasters in the community, researchers concluded that it may be beneficial to include booster sessions to maintain the program's impact.

Strauven et al. (2025) have also tested the efficacy of the SOLAR program on children and adolescents in Australia. Children and adolescents are a particularly vulnerable group when facing disasters. By examining the physical effects of exposure and the lack of essential services during crises and stressors related to climate, it becomes clear that disasters affect children in a distinct way. Research into the psychological effects of disasters has highlighted the increased vulnerability of children and adolescents to experience psychological distress and functional impairment after such events.

After exposure to a disaster, a significant number of children and adolescents may develop PTSS that do not meet the diagnostic criteria for PTSD but still cause persistent distress. This study looked at the development and pilot testing of a SOLAR-Kids/Teens intervention, designed to be administered by non-mental health professionals to children and adolescents experiencing moderate PTSS following disasters. Through a series of surveys conducted before the intervention, after the first component, and once the intervention was completed, both parents and children/adolescents reported reductions in trauma and anxiety symptoms from pre- to post-treatment, with moderate to large effect sizes (Strauven et al., 2025).

Phoenix Australia (2022) has observed how the absence of a unified, proactive, and cost-efficient strategy to address the trauma experienced by millions of disaster-affected individuals, families, and communities is detrimental to the nation's overall wellbeing and economic stability. The financial impact of mental health issues following a disaster is significant, ranging from $157 million to $337 million annually according to the severity and type of event. The organisation highlights how investments in mental health prevention yield substantial gains, with an estimated return of $1.20 (for floods) to $1.40 (for bushfires and cyclones) for governments, businesses, and individuals within a year for each dollar spent.

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Moving beyond current limitations

Communities around the world may face disasters and crises that can significantly impact the health and wellbeing of those affected. The health consequences of such events have been extensively studied in the scientific literature, providing valuable insights for public authorities and service providers responsible for planning and delivering mental health and psychosocial support (MHPSS) to impacted communities. On an international scale, governments and service providers face the challenge of integrating a wide array of activities into a unified MHPSS program during disasters, as these interventions can vary greatly in duration, scope, and the number of organisations involved (Dückers et al., 2018).

MHPSS programs aim to prevent, identify, reduce, and address the complex psychosocial issues faced by affected populations. Yet, clear monitoring and evaluation systems to assess the impact of these activities often do not exist. There are typically time, resource, and capacity limitations to measuring outcomes effectively. Since reporting usually focuses on program outputs, the objectives and indicators often fail to adequately capture the full scope of an MHPSS initiative. To measure impact, it is essential to have strong monitoring and evaluation systems in place, with both quantitative and qualitative data collected from the outset of the program. However, this becomes challenging when working with implementing partners who may not have established data management systems (Tol et al., 2015).

There is also conflict between the need to tailor interventions to specific contexts and the need for standardised measures to produce comparable data. A frequent challenge in assessing the effectiveness of programs is the absence of baseline data. This limitation means that evaluations can only offer partial insights into the effectiveness of the specific activity implemented. Without these data, evaluations struggle to differentiate between broader improvements in psychosocial wellbeing over time or other social factors, and the actual influence of the intervention itself (Tol et al., 2015).

Evidence supporting the effectiveness of psychosocial interventions to reduce mental health symptoms on individuals shortly after a traumatic event is still developing. Yet, despite the limited scientific substantiation on their impact, such interventions are essential. Failing to act risks creating a sense of social isolation, which could lead to negative psychosocial outcomes. Moreover, inaction contradicts the humanitarian imperative and the right to both receive and offer assistance. There is strong indication that individuals have psychosocial needs following disasters and mass casualty events, and there is increasing acknowledgment, including within the RCRC Movement, of the significance of addressing these needs (Garoff, 2011).

Through a number of different studies conducted both in Australia and in otherparts of the world, this literature review has shown that targeted interventions, including psychological first aid, peer support groups, and professional counselling, play an important role in the mental and emotional recovery of disaster survivors. These interventions not only help individuals cope with trauma and loss but also foster a sense of community and resilience. The evidence presented here indicates that psychosocial support can mitigate the long-term psychological effects of disasters, such as PTSS, anxiety and grief, leading to improved wellbeing and community rebuilding.

Overall, the growing body of research addressing MHPSS points to the benefits of psychosocial support, urging a shift towards more comprehensive disaster and crisis response strategies that fully address both the physical and mental health needs of affected populations.

Photo: Chris Healy

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