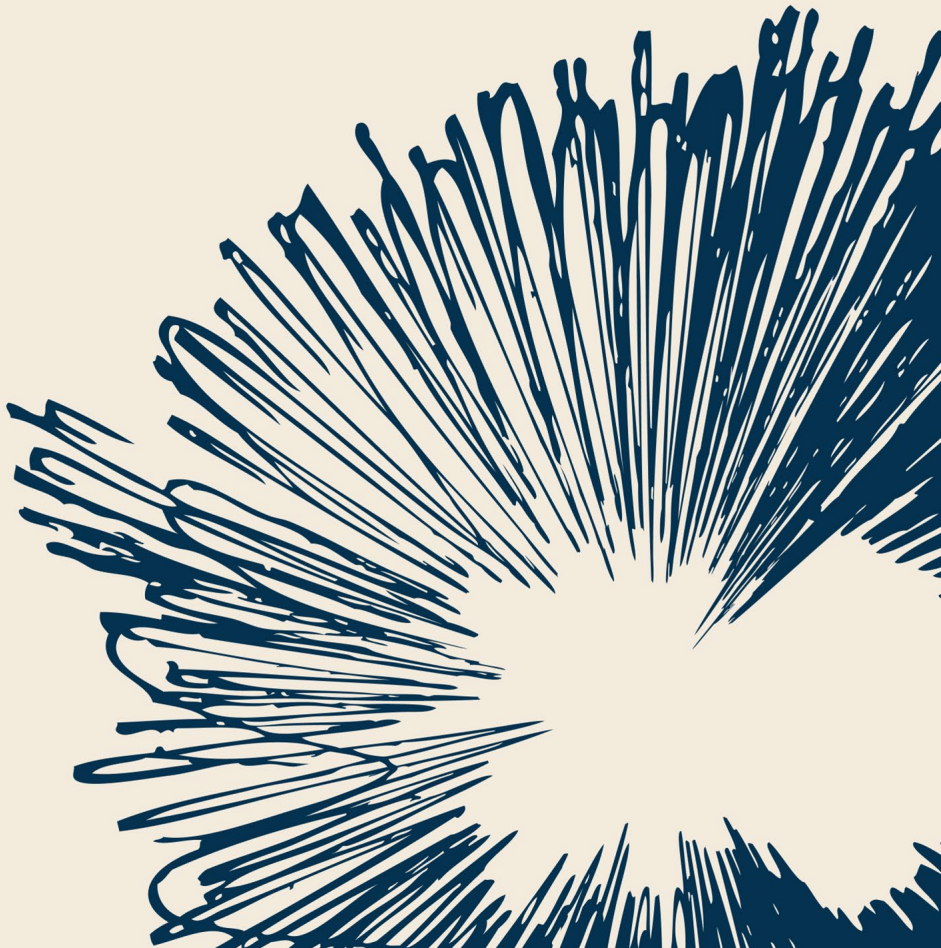
Submission to the Victorian Adaptation Action Plans 2027-2031 Consultation

Australian Psychological Society (APS)

15 July 2026



Prepared by The Australian Psychological Society for the Victorian Government

Dr Zena Burgess FAPS FAICD
Chief Executive Officer
(03) 8662 3300
z.burgess@psychology.org.au

Proprietary notice

Executive summary

The Australian Psychological Society (APS) welcomes the opportunity to provide input into Victoria's Health and Human Services Adaptation Action Plan 2027–2031.

Victoria's communities are experiencing increasing exposure to climate-related disasters, including bushfires, floods, heatwaves, drought, and other emergency and collective trauma events. These events create significant and enduring psychological impacts for individuals, communities, and the workforces responsible for preparedness, response, recovery, and ongoing support.

The APS strongly advocates for mental health preparedness, response, and recovery to be recognised as essential adaptation infrastructure. Psychological resilience must be embedded alongside physical infrastructure, emergency coordination, and operational capability as a core requirement for a safe, sustainable, and effective disaster management system.

Climate-related disasters affect not only those directly impacted, but also the frontline, emergency, health, human services, local government, community, and volunteer workforces who support Victorian communities through crisis and recovery. These workforces experience sustained exposure to trauma, cumulative stress, fatigue, moral distress, and prolonged operational demands, placing their wellbeing and workforce sustainability at risk.

The APS recommends that the Victorian Government strengthen the Health and Human Services Adaptation Action Plan by embedding a comprehensive approach to psychological resilience across the disaster cycle by:

1) Building psychological preparedness before disasters occur through workforce training, prevention, and early intervention.

2) Integrating mental health capability into disaster response structures through embedded psychological support and disaster and trauma-informed leadership.

3) Strengthening long-term recovery pathways for workers exposed to disaster-related psychological risks.

4) Embedding psychosocial risk management and workforce sustainability strategies across health and human services planning.

5) Supporting scalable psychological response capability through the APS Disaster Response Network (DRN) to strengthen Victorian workforce readiness and recovery.

A resilient Victoria requires not only prepared systems and infrastructure, but psychologically supported people who sustain those systems during times of increasing demand.

Building psychological resilience as a foundation of Victoria's climate adaptation

The APS welcomes the Victorian Government's commitment to strengthening climate adaptation and recognises the importance of preparing Victoria's health and human services systems for increasing climate-related risks.

Victoria's disaster landscape is changing. Bushfires, floods, extreme heat events, storms, drought, and other emergencies are increasing in complexity and placing sustained pressure on communities and the systems that support them.

The psychological consequences of these events are significant. Experiences of disaster, uncertainty, loss, displacement, disruption, and repeated exposure can affect mental health and wellbeing long after the immediate event has ended.

Importantly, the impacts extend beyond directly affected communities. Victoria's ability to prepare for, respond to, and recover from disasters relies on the wellbeing and sustainability of the people who provide essential services, including:

- emergency service workers and first responders
- health and human services professionals
- disaster recovery and community support workers
- local government and neighbourhood-based services
- crisis and support line workers
- volunteers supporting affected communities.

These workforces are essential to Victoria's disaster resilience. However, they are increasingly exposed to psychological risks associated with their roles, including trauma exposure, cumulative stress, fatigue, moral distress, and prolonged operational demands.

The APS emphasises that psychological wellbeing cannot be considered an additional or optional component of disaster planning. It is a fundamental capability required to ensure Victoria's emergency and human services systems remain effective, sustainable, and responsive.

Embedding mental health and wellbeing across Victoria's adaptation approach

The psychological impacts of disasters can emerge immediately following an event or develop over time. Repeated exposure to emergencies can compound distress, increase psychological burden, and create ongoing challenges for communities and workforces. Despite this, mental health responses are often activated after an event has occurred, with limited focus on prevention, preparedness, and sustained recovery.

Victoria has an opportunity to strengthen its adaptation approach by moving from a predominantly reactive model towards one that prioritises:

- psychological preparedness before disasters
- early intervention during periods of increased demand
- sustained workforce wellbeing throughout recovery
- long-term psychological resilience.

The APS recommends that mental health and psychosocial wellbeing be embedded throughout the Health and Human Services Adaptation Action Plan, recognising that the capacity of services to respond during disasters depends directly on the wellbeing of the people delivering those services.

This requires investment in two complementary capabilities:

1. **A psychologically prepared workforce**

   Workers who support communities during disasters must have access to training, resources, and organisational systems that enable them to anticipate, manage, and recover from the psychological impacts of their roles.

2. **A coordinated psychological support capability**

   Victoria requires scalable and accessible psychological support mechanisms that can be activated before, during, and after significant disasters and emergencies.

Priority focus: Frontline, emergency and community-facing workforce mental health

Frontline and emergency service workers, including paramedics, firefighters, police, emergency health workers, disaster recovery personnel, volunteers, and other community-facing workers, play a critical role in protecting Victorian communities. However, these workers are frequently exposed to:

- traumatic incidents and human suffering
- repeated disaster exposure
- ethically complex decisions and moral injury
- fatigue associated with prolonged operational demand
- workforce pressures and resource constraints
- delayed psychological impacts following critical incidents.

Without structured psychological supports across the full disaster lifecycle, Victoria faces increased risks of:

- psychological injury
- workforce burnout and attrition
- reduced operational capacity
- impacts on service continuity
- increased pressure on already stretched mental health services.

Supporting these workforces is therefore not only a workforce wellbeing issue, but also a critical component of Victoria’s disaster resilience.

APS Recommendations

Recommendation 1: Embed psychological preparedness before disasters occur

The APS recommends that Victoria establish proactive psychological preparedness approaches for emergency, health, and frontline community-facing workforces. This should include:

- integration of psychological preparedness into workforce induction and ongoing professional development
- proactive wellbeing supports in the preparation, response and recovery phases of disaster events
- workforce planning that incorporates psychosocial risk management.

Preparedness must occur before workers are exposed to significant psychological demands, not only after harm has occurred.

Recommendation 2: Integrate mental health capability into disaster response structures

Mental health expertise should be embedded within disaster response systems as an operational capability. The APS recommends:

- access to psychologists and mental health professionals within relevant response and recovery structures
- psychological support models that can be rapidly activated during emergencies
- trauma-informed approaches across disaster operations
- leadership training for emergency and frontline organisations focused on
    - identifying psychosocial hazards
    - supporting mentally healthy workplaces
    - recognising signs of distress
    - facilitating supportive conversations
    - strengthening psychological safety.

Effective leadership is a key protective factor in reducing psychological harm during prolonged and high-pressure events.

Recommendation 3: Strengthen long-term recovery and support pathways

Psychological recovery from disasters does not end when emergency operations conclude. The APS recommends:

- sustained access to evidence-informed psychological support following disaster exposure
- specialist trauma support pathways for emergency and frontline workers
- psychologically informed return-to-work and rehabilitation approaches
- recognition of the ongoing impacts of disaster work on families and support networks.

Recovery systems must acknowledge that psychological impacts may emerge months or years after exposure and require timely, appropriate support.

Recommendation 4: Build psychologically healthy and sustainable systems

The APS recommends that psychosocial safety be embedded within health and human services adaptation planning. This should include:

- integration of psychosocial risk management into emergency and health planning
- recognition of psychological injury and workforce sustainability as adaptation priorities
- monitoring of workforce wellbeing and psychological injury trends
- strategies to support workforce retention and long-term capability.

Victoria's resilience depends on sustainable workforces that can continue to provide essential services during increasingly complex emergencies.

Recommendation 5: Ensure culturally safe and inclusive disaster mental health responses

Disaster impacts are experienced differently across communities. Adaptation planning must support approaches that are culturally safe, inclusive, and responsive. The APS recommends:

- strengthening culturally responsive mental health approaches
- recognising the knowledge, strengths, and experiences of Aboriginal and Torres Strait Islander communities
- ensuring supports are accessible for culturally and linguistically diverse communities
- incorporating community knowledge into preparedness, response, and recovery approaches.

Strengthening Victorian disaster mental health capability through the APS Disaster Response Network (DRN)

Since its establishment in 2009, the APS Disaster Response Network (DRN) has become an established, nationally recognised program for delivering coordinated psychological support before, during and after disasters. Through its network of registered psychologists, the DRN strengthens the psychological preparedness, response and recovery capability of organisations and workforces supporting Victorian communities.

Initially formed to support the Australian Red Cross, the DRN has expanded into a trusted, whole-of-workforce wellbeing program which is now comprised of more than 1,200 volunteer psychologists across all Australian jurisdictions, reflecting its strong reputation and engagement within the profession.

Since 2021, the DRN has grown rapidly – from a single organisational partnership to 36 not-for-profit, healthcare, emergency, recovery, and community organisations – all of whom have chosen to partner with the APS due to the demonstrated value of the DRN's evidence-informed services and the coordination and support provided by a dedicated APS team. Initial Commonwealth investment enabled the APS to significantly expand the DRN, increasing the provision of wellbeing services by 1,274% between 2021 and 2025. As the DRN has matured into an established national program, there is now an opportunity for state-based investment to support the ongoing delivery of DRN functions and ensure the network continues to meet the needs of Victorian organisations, workforces and communities.

The DRN model delivers evidence-informed wellbeing services across the full disaster lifecycle, including proactive wellbeing checks, group psychoeducation, and in-person deployments to workplaces and event-affected sites (see Figure 1). Its ability to scale, attract, and retain a large national cohort of trained volunteer psychologists, and to consistently provide structured, trauma-informed support across diverse settings, underscores the initiative's effectiveness and credibility.

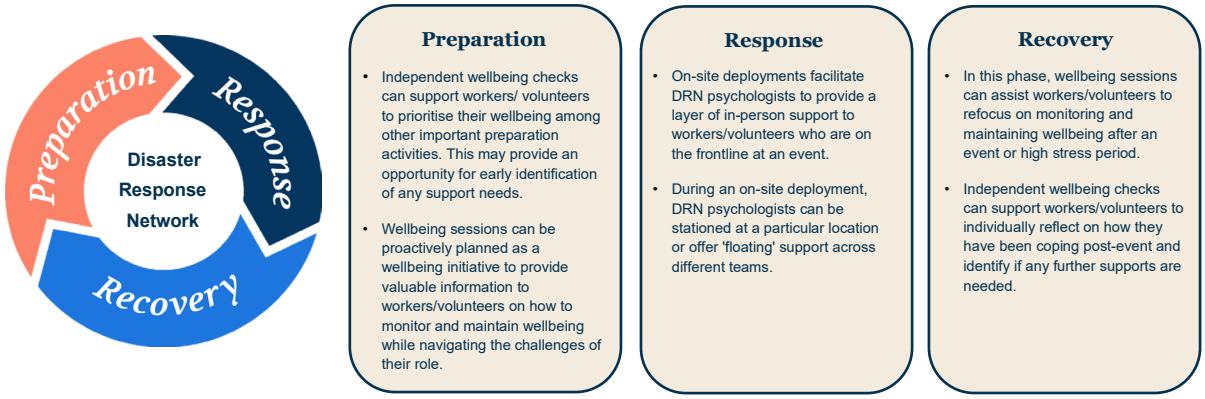


***Figure 1*. The different elements of the DRN in the disaster lifecycle**

The DRN has been mobilised across a wide range of disaster, emergency, and collective trauma contexts, reflecting both its flexibility and its relevance beyond natural hazards alone. This has included sustained recovery support for health and community workforces affected by major flooding events in Victoria, Queensland, the Northern Territory, and New South Wales; rapid response and recovery support following multiple bushfire events in Victoria and Western Australia; deployments in response to cyclones and severe storms in Western Australia and Queensland; and psychologically informed support for frontline and community-facing workers following collective trauma events, including mass-casualty and community violence incidents, such as the December 2025 terrorist incident at a Jewish community event at Bondi Beach, Sydney.

Demand for DRN supports continues to increase as organisations recognise the importance of psychological preparedness, response, and recovery and the tangible benefits the DRN provides in strengthening workforce wellbeing, capability, and readiness for disasters, emergencies, and collective trauma events.

The DRN supports organisations by providing evidence-informed workforce wellbeing services across the disaster lifecycle, including:

- proactive wellbeing initiatives
- psychological preparedness education
- workplace-based support
- coordinated deployment of trained psychologists when additional support is required.

The DRN complements existing clinical mental health services by focusing on the wellbeing and sustainability of the workforces that support communities through disasters. Its model recognises that protecting community wellbeing requires investment in the people and organisations responsible for delivering essential services during times of crisis.

For Victoria, the DRN represents an opportunity to strengthen disaster readiness by:

- improving workforce psychological preparedness
- supporting emergency and community-facing organisations
- enhancing surge capacity during major events
- strengthening regional and local capability
- supporting sustained recovery following disasters.

The APS recommends that the Victorian Government recognise and support scalable workforce wellbeing capabilities such as the DRN as part of long-term disaster adaptation planning.

Conclusion

The APS strongly supports Victoria's commitment to climate adaptation planning. However, climate resilience cannot be achieved without deliberate investment in psychological resilience and psychosocial safety. Victoria's capacity to respond to increasing disasters depends on the wellbeing, preparedness, and sustainability of the people who support communities before, during, and after emergencies.

The APS calls on the Victorian Government to embed mental health preparedness, response, and recovery as core elements of the Health and Human Services Adaptation Action Plan 2027–2031. By investing in psychologically prepared workforces, trauma-informed systems, long-term recovery pathways, and scalable psychological support capability, Victoria can strengthen its resilience and ensure communities and those who serve them are supported through the challenges ahead.

The APS welcomes continued collaboration with the Victorian Government to support the development and implementation of these recommendations.

Bibliography

1. Select Committee on the Impact of Climate Risk on Insurance Premiums and Availability. (2024). *Chapter 2—Impact of climate change and more frequent and severe natural disasters. In Report—Inquiry into the Impact of Climate Risk on Insurance Premiums and Availability*. Parliament of Australia. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Impact_of_Climate_Risk_on_Insurance/ClimateRiskonInsurance/Report/Chapter_2_-_Impact_of_climate_change_and_more_frequent_and_severe_natural_disasters

2. Xu, R., Yu, P., Liu, Y., Chen, G., Yang, Z., Zhang, Y., Wu, Y., Beggs, P. J., Zhang, Y., Boocock, J., Ji, F., Hanigan, I., Jay, O., Bi, P., Vargas, N., Leder, K., Green, D., Quail, K., Huxley, R., … Guo, Y. (2023). Climate change, environmental extremes, and human health in Australia: Challenges, adaptation strategies, and policy gaps. *The Lancet Regional Health - Western Pacific, 40*, 100936. https://doi.org/10.1016/j.lanwpc.2023.100936

3. National Emergency Management Agency. (2023). *National Disaster Mental Health and Wellbeing Framework*. https://nema.gov.au/about-us/budget-2023-24/Mental-Health-Wellbeing-Framework

4. Brooks, S. K., Dunn, R., Amlôt, R., Greenberg, N., & Rubin, G. J. (2016). Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology, 4*(1), 18. https://doi.org/10.1186/s40359-016-0120-9

5. Mohtady Ali, H., Ranse, J., Roiko, A., & Desha, C. (2022). Healthcare Workers' Resilience Toolkit for Disaster Management and Climate Change Adaptation. *International Journal of Environmental Research and Public Health, 19*(19), 12440. https://doi.org/10.3390/ijerph191912440

6. The State of Victoria Department of Health. (2026). *Health and Human Services Adaptation Action Plan 2027–31.* Retrieved July 9, 2026, from https://engage.vic.gov.au/download/document/46883

7. Ballout S. (2025). Trauma, Mental Health Workforce Shortages, and Health Equity: A Crisis in Public Health. *International Journal of Environmental Research and Public Health, 22*(4), 620. https://doi.org/10.3390/ijerph22040620

8. Izdebski, Z., Kozakiewicz, A., Białorudzki, M., Dec-Pietrowska, J., & Mazur, J. (2023). Occupational Burnout in Healthcare Workers, Stress and Other Symptoms of Work Overload during the COVID-19 Pandemic in Poland. *International Journal of Environmental Research and Public Health*, 20(3), 2428. https://doi.org/10.3390/ijerph20032428

9. Teo, Christina & Brophy, Lisa & Smith, Fiona. (2026). Navigating workforce challenges and strategies for sustainable mental health inpatient services—perspectives from Victoria's public mental health sector. *International Journal of Mental Health Systems. 20*. https://doi.org/10.1186/s13033-026-00701-4.

10. The Australian Psychological Society. (n.d). *Disaster Response Network*. Retrieved July 9, 2026, from https://psychology.org.au/disaster-response-network

The Australian Psychological Society Limited
psychology.org.au

PO Box 38, Flinders Lane, VIC 8009
cap@psychology.org.au
Toll free 1800 333 497
(03) 8662 3300

ABN 23 000 543 788