



Building psychosocial resilience through disasters

An interpretive summary of the
Psychosocial Support Literature Review

December 2025

WESTERN SYDNEY
UNIVERSITY



Humanitarian and
Development Research
Initiative



In the aftermath of disaster, communities grapple not only with physical loss, but with invisible wounds: emotional trauma, psychological shock, and a sense of disconnection. Psychosocial support (PSS) is a humanitarian response that helps individuals and communities cope, connect, and recover. It might be compared to an ambulance arriving at the scene of an accident. The care provided in those first moments can reduce long-term harm. The same is true in disaster contexts—when people feel safe, supported, and part of a community, even while experiencing the worst trauma of their lives, they are more likely to recover quickly and more wholly than without that care (IFRC, 2019).

Yet evaluating the effectiveness of psychosocial support remains a global challenge. For ethical reasons, it's often impossible to run controlled trials in crisis situations. Moreover, interventions differ widely—tailored to local culture, capacity, and need—which makes comparing outcomes across contexts difficult. Despite these constraints, we must strive to better understand, document and replicate what works.

To support this effort, Australian Red Cross commissioned a literature review conducted by Dr. Valentina Baú, of the Humanitarian and Development Research Initiative, which synthesises the current body of knowledge on psychosocial support after disasters. The review offers a valuable snapshot of the current landscape: identifying promising practices, surfacing areas of emerging evidence, and highlighting where more research is still needed.

Despite these knowledge gaps, we cannot pause support until we know more. As a humanitarian organisation, Australian Red Cross will continue delivering psychosocial support to those affected by disasters—support grounded in best practice, refined through experience, and aligned with core principles of humanity, dignity, and impartiality.

We thank Dr. Valentina Baú for her thorough and thoughtful review, which provides not only a summary of where the evidence currently stands, but a strong foundation for future study. This work is a valuable guide as we continue improving how we support psychosocial wellbeing before, during, and after disasters.

Penny Harrison
December 2025

Why psychosocial support matters

Disasters strike more than just physical structures—they disrupt lives, shatter routines, and unsettle the emotional and social foundations of communities. As the frequency and intensity of disasters rise, so too does the urgency to respond not only with emergency relief but also with tools that help people emotionally recover, reconnect, and rebuild their lives. Psychosocial support (PSS) plays a pivotal role in this process.

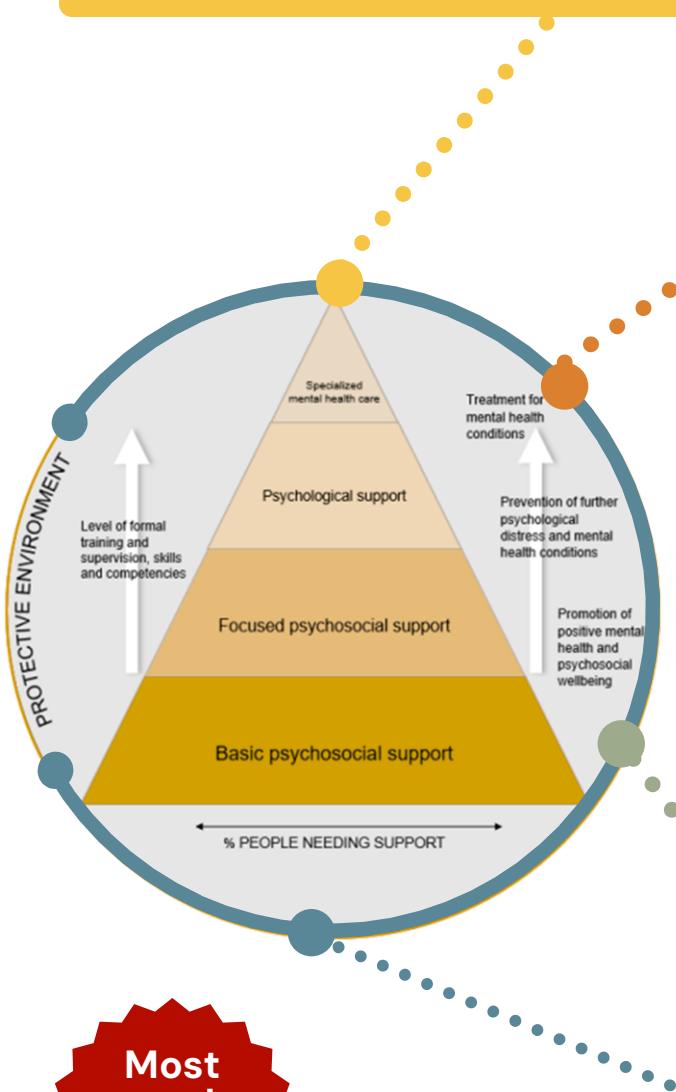
Psychosocial support is defined as actions that address the psychological and social needs of individuals, families, and communities. It helps people feel safe, calm, connected to others, hopeful, and capable of managing their recovery.

These five principles—identified by Hobfoll et al. (2007)—anchor both the academic literature and Red Cross practice, forming a consistent basis for how and why PSS works.



Australian Red Cross framework for psychosocial support

Specialised services Clinical mental health services for those with severe symptoms or who are suffering to the extent they are unable to carry out basic daily functions. This group is usually made up of those with pre-existing mental health disorders and emergency-induced problems. Following a disaster or crisis approximately 10 to 20 % of individuals experience reactions that may require clinical disaster mental health intervention. To ensure adequate and appropriate care is provided in a timely and professional way, linkages are created to mental health professionals.



Focused, non-specialised support

Focused psychosocial support to provide emotional and practical support through non-specialised workers in health, education or community services in individual, family or group interventions to those who are having difficulty coping. Psychosocial interventions (Layers 4-2) are beneficial even for individuals who require clinical support, and in fact may diminish the number of individuals who end up needing specialised services

Community and family supports Strengthening community and family supports to promote activities that foster social cohesion among affected populations, including supporting the re-establishment, or development, of community-based structures that are representative of the population in terms of age, gender and diversity.

Basic services and security: The wellbeing of all people should be protected through the (re) establishment of security, adequate governance and services that address basic physical needs (food, water, shelter, basic health care etc.). Psychosocial response at this level may include: advocating that these services are required, documenting psychosocial impact and influencing humanitarian actors to deliver services in a way that promotes psychosocial wellbeing.

The evidence for psychosocial support: What the research tells us

Immediate and Long-Term Mental Health Impacts

Evidence consistently shows that disasters can result in profound emotional distress. PTSD, anxiety, and depression are common among survivors:

- [Gibbs et al. 2016](#) highlighted increased rates of mental health problems following disasters (twice the level you would find in a population not affected by disaster).
- Mental health prevention provides estimated returns of \$1.20 (flood) to \$1.40 (bushfire and cyclone) for every dollar invested ([Phoenix Australia, 2022](#)).
- The Australian Red Cross has documented persistent emotional distress in communities affected by the Black Summer bushfires, with needs extending months and years beyond the initial impact.

These findings reinforce the importance of **early, sustained psychosocial support** to prevent long-term mental health deterioration.

Early Intervention and Psychosocial Support

Psychosocial support, which involves a compassionate, supportive, and non-intrusive response, has shown promise in reducing risks of long-term trauma:

- The World Health Organization found that psychosocial support can reduce the risk of long term mental health conditions ([WHO, 2022](#)).
- The SOLAR program—a brief, skills-based intervention—showed large short-term reductions in anxiety and PTSD symptoms when delivered by trained community members ([Cowlishaw et al., 2023](#)).
- For children and adolescents, SOLAR adaptations have shown significant benefits in reducing trauma-related symptoms ([Strauven et al., 2025](#)).

Preventive care matters. Interventions that **begin early, build social resilience and that are rooted in local communities** can mitigate the harmful psychological aftermath of disasters.



Targeted interventions like psychological first aid and peer support groups play an important role in the mental and emotional recovery after disasters:

- “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” (Wind and Komproe, 2018).

Community Connectedness and the Social Context of Recovery

Recovery doesn't happen in isolation. Strong social networks are one of the most powerful protective factors in disaster recovery:

- [Yin et al. \(2016\)](#) found that communities with high social cohesion report significantly lower PTSD rates.
- Australian Red Cross program experience highlights that people with stronger social ties are more likely to access support and cope better during recovery.

This reflects a broader shift in thinking—from treating trauma solely at the individual level to also addressing the social ecology in which people live. Interventions that foster belonging, rebuild trust, and activate community-led responses are essential.

The Australian Red Cross Framework: Bridging Practice and Evidence

The Australian Red Cross' *Emergency Services Psychosocial Framework* translates these principles into practice. Its structure echoes and reinforces key academic findings:

- **Five Core Principles:** Safety, calming, connectedness, self- and community-efficacy, and hope.
- **Layered Support Model:** From general information and community-level support to specialised mental health care.
- **Stepped Care Approach:** Beginning with low-intensity interventions (like PFA) and escalating to more targeted support if needed.

This framework ensures flexibility and scalability—critical for responding to varying levels of distress within disaster-affected populations.

Moreover, the Red Cross embeds psychosocial preparedness in communities *before* disasters. By building knowledge, fostering connection, and supporting vulnerable populations, communities are better equipped to face crises.





Reaching the Majority: Preventing Harm Before It Escalates

Contrary to popular belief, most people affected by disasters will not require clinical mental health care. Approximately 80% of survivors manage their distress with help from informal networks (Gordon, R., 2011). Yet, these individuals still benefit from support—particularly in the early stages when they are most vulnerable.

Psychosocial support—including peer groups, community hubs, and simple outreach—provides a valuable bridge: it prevents distress from becoming entrenched and avoids overwhelming clinical systems.

However, **funding for mental health services still leans heavily toward clinical interventions**. Preventive, community-based approaches remain underfunded despite their proven impact (Haroz et al., 2020). Investing early and broadly offers better returns—both in lives restored and economic costs averted (Phoenix Australia, 2022).

Key takeaways for humanitarian practitioners and stakeholders

1. **Psychosocial support is essential, not optional.** Its role in helping people recover emotionally and socially is as critical as physical aid.
2. **Psychosocial support is evidence-informed and scalable.** When embedded in community systems, it helps prevent long-term psychological harm.
3. **Community resilience is a core part of mental health recovery.** Investing in social capital—connection, trust, cohesion—is vital.
4. **Tailored, layered support meets people where they are.** Not everyone needs therapy. But everyone deserves to feel safe, supported, and hopeful.
5. **We need more investment in prevention.** Funding should prioritise scalable, community-based responses—not just clinical treatment after harm has occurred.



Conclusion

In times of disaster, the psychological toll can be just as devastating as the physical one. But through timely, compassionate, and community-driven support, we can help people not only recover but thrive. The full 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. It shows 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.

By continuing to strengthen and act on the growing evidence base, and with a clear, practice-ready psychosocial framework, humanitarian organisations like the Australian Red Cross are showing the way forward. This is not just about responding to crisis—it's about building stronger, more connected communities long before the next disaster hits.

[Read full report.](#) [Read report summary.](#)

Building psychosocial resilience through disaster response: Bridging evidence and practice, June 2025.

Produced by Australian Red Cross in collaboration with Western Sydney University's Humanitarian Development Research Initiative (HADRI).

Acknowledgment is made to Valentina Bau, Co-Director, Humanitarian and Development Research Initiative, for conducting the literature review much of this interpretation was based on.

