

## EMOTIONAL RESPONSES BY CHILDREN AFFECTED BY BUSHFIRES

### Tip Sheet #1 FEBRUARY 2009

#### Anxiety or Depressive Reactions common after bushfires

Children have a range of potential reactions which can be summarized as either anxiety or depressive reactions.

The most predictive factor of anxiety is a feeling that you may die, or thinking you were about to die during the bushfire.

The greater the child's exposure to the bushfires the greater the risk of PTSD.

#### Phobias after Bushfires

The post-bushfire phobia is a direct fear about something immediately relating to the frightening event, e.g: the sound of the fire; the touch of wind; the smell of smoke; or indeed the sight of fire.

A phobia involves an intense immediate fear reaction – your body tells you you're anxious and makes you want to avoid and run.

#### Posttraumatic Stress Disorder after bushfires

In the first aftermath following a frightening event PTSD symptoms are usually of the re-experiencing phenomena: nightmares, flash-backs and feeling like it is all happening again. Also the nervous system can be hyperaroused: being vigilant and jumpy; sweaty; with a high pulse rate or palpitations. Later on symptoms like feeling numb and detached may occur. Parents, especially parents of primary aged children, describe this as the child having a "personality change" becoming less reactive, more restrictive in feelings or avoidant.

#### Depression after Bushfires

Children are more likely to develop depression if they have experienced bereavement, or a significant loss of valued objects, possessions or pets.

Bereavement and depression present as lowered mood, loss of pleasure and interest in life, sleep problems, loss of appetite and weight, and negative or pessimistic thoughts.

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"Due to the horrendous loss of life in these Victorian bushfires, children's responses will be more complex and involve traumatic grief and bereavement."

Brett McDermott, 2009

#### Two Phases After a Disaster

(i) The acute phase - where the focus is on food, water, shelter and safety. In this phase people are encouraged to talk and are directed to the services they can access for immediate help.

(ii) In several months' time, when others not directly involved tend to move on, people can feel abandoned as their suffering continues. At this time 5-10% of children can still have emotional problems. They may still have sadness and depression or an anxiety reaction, like PTSD. This is an appropriate time to talk to a school counsellor, GP, or child & youth mental health team.