



**Submission to Senate Finance and Public  
Administration References Committee Inquiry  
into lessons to be learned in relation to the  
Australian bushfire season 2019-2020**

**MAY 2020**

*Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. Mental Health Australia was established as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. Our members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.*

*Mental Health Australia aims to promote mentally healthy communities, educate Australians on mental health issues, influence mental health reform so that government policies address all contemporary mental health issues, conduct research on mental health issues, and carry out regular consultation to represent the best interests of our members, partners and the community. These endeavours in education and policy reform are matched by our commitment to researching more innovative approaches to the provision of mental health care. In addition, Mental Health Australia continues to focus on the human rights of people with a mental illness.*

*Mental health issues affect one in every five Australians. We cannot afford to be complacent in our efforts to achieve changes to our mental health care system when we consider the impact of mental health on our community.*



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## Introduction

Mental Health Australia is pleased to contribute to the Senate Finance and Public Administration References Committee Inquiry into lessons to be learned in relation to the Australian bushfire season 2019-2020 (the Inquiry).

This submission has a specific focus on responding to section (h) of the Terms of Reference, which refer to “*an examination of the physical and mental health impacts of bushfires on the population, and the Federal Government’s response to those impacts.*” This submission primarily focuses on mental health impacts of the bushfires, with related commentary on physical health impacts due to the interrelated nature of physical and mental health.

During 2019, Australians experienced the hottest and driest year since meteorological records began.<sup>1</sup> When the bushfire season started early in September, fires burned in the context of years of widespread drought, low water supply and a host of other climate change effects. To date, there has been minimal response and action from politicians and federal policy-makers in Australia to recognise climate change as a health threat or offer robust and effective national policy solutions to address it. National mitigation and adaptation strategies in Australia do not sufficiently incorporate the significant impact of climate change on the health and mental health of the population. This Inquiry is an opportunity to shape how all levels of government prepare for worsening climate events in the near future, and undertake broader reforms to minimise the impacts of climate change as soon as possible.

Vulnerable populations continue to bear the brunt of these impacts as Australia continues to feel the effects of climate change. Regional, rural and remote communities are disproportionately affected by bushfires due to their proximity to bushlands, and have suffered years of drought and low water supplies. Regional, rural and remote communities also generally have lower rates of access to mental health services, due to a combination of stigma, inadequate service capacity and insufficient workforce capabilities. Across these vulnerable communities most impacted by climate change effects are people with a diverse range of identities and experiences which impact on their mental health and wellbeing. For example, Aboriginal and Torres Strait Islander peoples in bushfire-affected communities have different responses to bushfires due to their ongoing connection to, and custodianship of, country. Accordingly, the community context and social determinants of health must frame all policy responses to the bushfires.

Throughout the bushfire season, impacts on mental health and wellbeing were rightly acknowledged both by governments and the media. This represents a significant shift towards reduced stigma and increasing understanding of mental health. During the crisis, the Australian Government rapidly introduced ten Medicare-rebated sessions (in addition to the ten sessions available through the Better Access scheme) as well as additional counselling through Primary Health Networks (PHNs) in bushfire-affected communities.<sup>2</sup> In May 2020, a further \$13.5 million of funding was announced for “community participation and wellbeing”, to be distributed through PHNs.<sup>3</sup> While Mental Health Australia commends the Australian Government for their investments and actions acknowledging the importance

<sup>1</sup> Bureau of Meteorology (2019). *Annual Climate Statement 2019*, Canberra: Australian Government.

<sup>2</sup> National Mental Health Commission (2020). *Australia’s mental health and wellbeing is priority for bushfire recovery*. Retrieved 20 May 2020 from <https://www.mentalhealthcommission.gov.au/news/2020/january/mental-health-priority-for-bushfire-recovery>.

<sup>3</sup> Prime Minister of Australia (11 May 2020). *Media Release: Boost for Bushfire Recovery*. Retrieved 20 May 2020 from <https://www.pm.gov.au/media/boost-bushfire-recovery>.



of mental health as a key component of disaster recovery, they must be sustained and considered over the long term.

In the months since the official end of the bushfire season, Australia has had to respond to and manage a second disaster – COVID-19. Suppression measures have had widespread economic and social ramifications, which are particularly felt in communities already impacted by bushfires. Necessary travel restrictions have meant communities have not received the anticipated surge of tourism during 2020 to compensate for tourism losses during the bushfire season. Physical distancing requirements have halted planned regeneration, restoration and healing activities within communities. Much like the fires, the ramifications of COVID-19 will continue to be felt in the years to come, and it is critical that all policy responses are cognisant of the compounding traumatic experiences these communities have experienced.

There is already considerable research into the mental health impacts of disasters (including specific to bushfires) to guide Australia's response in the short, medium and long term. Australian research shows that people in bushfire-affected communities will require mental health support for years to come. Longitudinal studies<sup>4,5</sup> into both Black Saturday and Ash Wednesday fires have shown elevated mental illness and other mental health impacts for years and decades after those bushfires. It is therefore critical the Senate Committee undertaking this Inquiry work alongside the National Bushfire Recovery Agency, the Royal Commission into Bushfires and the mental health sector to understand how to better prepare and respond to the 2020-2021 bushfire season, and those beyond.

## Pre-conditions to the 2019-2020 bushfire season

The most destructive bushfire season Australia has experienced occurred in a context of a range of other climate change symptoms. Australia's climate makes our country particularly vulnerable to drought, dried vegetation and low water supplies,<sup>6</sup> all of which were contributing factors to the severity of the 2019-2020 bushfires.<sup>7</sup> Regional, rural and remote communities are disproportionately affected by bushfires due to their proximity to bushlands.

Other environmental effects of climate change include droughts, unpredictable and extreme weather events, rising sea levels, shortages of water, shortages of food and shortages of other essential resources and supplies.<sup>8</sup> These interrelated impacts of climate change exacerbated the effects of the 2019-2020 bushfire season.

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<sup>4</sup> Bryant, RA. et al. (2014) 'Psychological outcomes following the Victorian Black Saturday bushfires,' *Australian and New Zealand Journal of Psychiatry* 48:634-643.

<sup>5</sup> Black Dog Institute (2020). *Mental Health Interventions Following Disasters*. Retrieved 20 May 2020 from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0>.

<sup>6</sup> GeoScience Australia (2020) *Bushfire*. Retrieved 20 May 2020 from <https://www.ga.gov.au/scientific-topics/community-safety/bushfire>.

<sup>7</sup> CSIRO (2020) *The 2019-20 bushfires: a CSIRO explainer*. Retrieved 20 May 2020 from <https://www.csiro.au/en/Research/Environment/Extreme-Events/Bushfire/preparing-for-climate-change/2019-20-bushfires-explainer>.

<sup>8</sup> Australian Psychological Society (2011). *Submission to the Inquiry into Regulatory and Policy Barriers to Effective Climate Change Adaption*. Retrieved 20 May 2020 from <https://www.psychology.org.au/getmedia/1ea237a6-06c1-46ba-8893-e6bb3dc472d2/2012-APS-Submission-Barriers-to-adaptation-submission-1.pdf>.



As recognised by leading mental health experts, “climate change is ... the greatest health threat of the 21st century and has significant impacts on physical and mental health and psychosocial wellbeing.”<sup>9</sup> The psychological health effects of climate change include:<sup>10, 11</sup>

- increasing frequency and intensity of extreme weather events, which have been shown to trigger “post-traumatic stress disorder, major depressive disorder, anxiety, depression, complicated grief, survivor guilt, vicarious trauma, recovery fatigue, substance abuse, and suicidal ideation”<sup>12</sup>
- more frequent and widespread heatwaves and extreme heat, exacerbating chronic conditions and psychiatric illness
- more frequent, severe and widespread bushfires, increasing trauma and long-term mental health impacts
- more extreme rainfall events, flooding and storm surges, increasing distress, and acute and chronic anxiety disorders
- more frequent, prolonged and widespread droughts, a significant cause of adverse mental health among rural Australians
- increasing fear, stress, and anxiety, leading to the creation of terms such as “eco-anxiety” or “climate anxiety”.

The effects of climate change, as outlined above, clearly attributed to the severity and spread of fires in the 2019-2020 bushfire season. Furthermore, bushfires are predicted to worsen in the years ahead.<sup>13</sup> To prevent further catastrophic damage in future fire seasons, all levels of government must immediately take steps to halt climate change.

Mental Health Australia supports the position of the Climate and Health Alliance that government must build on the National Climate Resilience and Adaptation Strategy (2015) to develop a National Strategy on Climate, Health and Wellbeing.<sup>14</sup> Successful change will require cross-portfolio, cross-governmental collaboration.

**Recommendation:** Address the underlying causes of worsening bushfires by developing and implementing a National Strategy on Climate, Health and Wellbeing.

## Mental health impacts and responses to the 2019-2020 bushfire season

Mental health and wellbeing is intrinsically related to physical wellbeing and safety. During the recent bushfire season, thousands of Australians struggled to meet their basic needs, due to restricted access to shelter, food, drinkable water and breathable air. For many this

<sup>9</sup> Australian Psychological Society (2020). *Climate change and health*. Retrieved 20 May 2020 from <https://www.psychology.org.au/About-Us/What-we-do/advocacy/Advocacy-social-issues/Environment-climate-change-psychology/Resources-for-Psychologists-and-others-advocating/Climate-change-and-health>.

<sup>10</sup> Royal Australian College of General Practitioners (2019) *Climate and human health: Position statement*. Retrieved 20 May 2020 from <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Climate-change-and-human-health.pdf>.

<sup>11</sup> Hayes, K, Blashki, G, Wiseman, J. et al. (2018). ‘Climate change and mental health: risks, impacts and priority actions,’ *International Journal of Mental Health Systems*, 12, 28. Retrieved 20 May 2020 from <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-018-0210-6#citeas>.

<sup>12</sup> Hayes, K, Blashki, G, Wiseman, J. et al. (2018). ‘Climate change and mental health: risks, impacts and priority actions,’ *International Journal of Mental Health Systems*, 12, 28. Retrieved 20 May 2020 from <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-018-0210-6#citeas>.

<sup>13</sup> Bureau of Meteorology (2020). *Annual Climate Statement 2020*, Canberra: Australian Government.

<sup>14</sup> Climate and Health Alliance (2017). *Framework for a National Strategy on Climate, Health and Well-being for Australia*. Retrieved 20 May 2020 from [https://www.caha.org.au/national\\_strategy\\_framework\\_launch](https://www.caha.org.au/national_strategy_framework_launch).



was also compounded by a lack of safety from loss of security, employment, property, and access to social support.

Through excellent local community and government crisis responses, most fire-affected communities throughout Australia are now in the process of having their physiological needs met. As these immediate needs are met, we must turn to the mental health and wellbeing recovery of communities. The Australian Government's recognition of the need for increased mental health support, and inclusion of funding for additional support in the disaster recovery package, is most welcome.<sup>15</sup> However, there remain major gaps in meeting the mental health needs of communities, both in the short and long-term.

### Ongoing mental health impacts of the 2019-2020 bushfire season

Increased levels of psychological distress and mental health issues can be expected during all stages of a disaster, from the immediate impact of the experience to long-term recovery. There are protective factors that can assist individuals and communities to adapt to, and recover from, such traumatic experiences.

Heightened distress is very likely during a bushfire and in the immediate aftermath, given the significant trauma stressors such as loss of property, loss of life and significant disruption to normal lives.<sup>16</sup> For most people, this will fade over time.<sup>17</sup> Research with disaster survivors consistently finds that “most people recover without professional intervention within a number of months, and maintain a healthy level of functioning over time ... [but] a sizeable proportion will experience mental health problems in the months or even years after the initial event.”<sup>18</sup> Psychological trauma and its effects can be long lasting, emerging or re-emerging throughout any time in an affected individual's life. Service providers must be funded adequately to prepare for the proportion of people in affected communities who will need access to mental health services well after the event, to recover from disaster-related trauma.

This approach is supported by longitudinal studies of the aftermath of the Victorian 'Black Saturday' fires. This research has shown that several years after the fires, most of the people affected did not have indications of ongoing psychological distress. However, “a significant minority of people in the high-affected communities reported persistent PTSD, depression, and psychological distress, indicating the need for promotion of the use of health and complementary services, community-based initiatives, and family and other informal supports, to target these persistent problems.”<sup>19</sup>

It will be critical then for Australians impacted by the 2019-2020 bushfire season to have access to mental health supports in the years to come, to address any ongoing severe psychological distress.

<sup>15</sup> Prime Minister of Australia (11 May 2020). *Media Release: Boost for Bushfire Recovery*. Retrieved 20 May 2020 from <https://www.pm.gov.au/media/boost-bushfire-recovery>.

<sup>16</sup> F Norris et al. (2002). '60,000 disaster victims speak: Part I. An empirical review of the empirical literature 1981-2001,' *Psychiatry* 65(3): 207-39 in Black Dog Institute (2020). *Mental Health Interventions Following Disasters*. Retrieved 20 May 2020 from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0>.

<sup>17</sup> Bryant RA, Gibbs L, Gallagher HC, et al. (2018). 'Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires,' *Aust N Z J Psychiatry* 52(6): 542-51.

<sup>18</sup> Black Dog Institute (2020). *Mental Health Interventions Following Disasters*. Retrieved 20 May 2020 from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0>.

<sup>19</sup> Bryant, RA. et al (2014). 'Psychological outcomes following the Victorian Black Saturday bushfires,' *Australia and New Zealand Journal of Psychiatry*, 48(7):634-43. Retrieved 20 May 2020 from <https://www.ncbi.nlm.nih.gov/pubmed/24852323>.



**Recommendation:** Ensure policy and funding responses recognise the long-lasting mental health impacts of the bushfires, by providing access to psychological support over the long-term.

## Mental health service response

Mental health support must be integrated with other coordinated recovery efforts, led by the National Bushfire Recovery Agency (the Agency) and affected communities. This Inquiry and the Agency should be guided by the Australian Psychological Society's evidence-based guidelines for the three levels of psychological support that should be offered to people affected by disasters:<sup>20</sup>

1. psychological first aid in the immediate aftermath (days and weeks after disaster)
2. skills for psychological recovery (following weeks and months)
3. mental health interventions when more intensive treatment is required (following months and years).

In implementing ongoing mental health support in communities, it is critical to empower those most vulnerable to decide what is required. While a coordinated response across Australia is important, it is more important to respond to specific local and community needs in a tailored way. In many communities, assertive outreach activities will be key to providing mental health care to all Australians who require support.

Working with existing and emerging leaders in local communities will be critical to the success of that community's recovery. Emerging research into leadership during crisis has found "[o]ften, when we reflect on the response to a natural disaster ... we observe that leadership fundamentally influenced outcomes."<sup>21</sup> In disasters, leaders are not just formal or pre-existing leaders, but also can be any community member who uses their resources and networks to lead and assist with community recovery.

While it is important that communities across Australia are supported in integrated and consistent ways, recovery solutions must be tailored to the unique context, history and sociodemographic makeup of the affected community. Where possible, any recovery plan for mental health support in communities should build on, or re-build, existing systems.

A successful plan to provide mental health support in communities will be to build on their strengths and not re-invent the wheel. It will leverage existing guidance and frameworks specific to the Australian context. Research into the aftermath of the Black Saturday fires in Victoria can provide a wealth of guidance, as well as lessons learned during smaller scale bushfire crises throughout recent history. It is also critical that this plan complements the work within the health and social sectors, for example, the National Mental Health Commission's plan for responding to disasters (in light of COVID-19).

**Recommendation:** Work with affected local communities to understand need, build on their strengths and provide evidence-based mental health support tailored to need.

<sup>20</sup> Australian Psychological Society (2014). *Guidelines for provision of psychological support to people affected by disasters*. Retrieved 20 May 2020 from <https://www.psychology.org.au/getmedia/8408c212-ac71-485d-9edc-417b79cadb1c/Disasters-guidelines-provision-psychological-support.pdf>.

<sup>21</sup> Anderson, L. (2018) 'Leadership during crisis: Navigating complexity and uncertainty,' *Leader to Leader*, 2018(19). Retrieved 20 May 2020 from <https://onlinelibrary.wiley.com/doi/10.1002/ltl.20389>.





## Enabling the mental health workforce to respond to disasters

Access to skilled mental health professionals to support immediate and ongoing personal recovery is a fundamental component of any disaster response. However, many regional communities – who were most affected by the 2019-2020 bushfires – already lacked access to mental health professionals.

The distribution of mental health workers is skewed towards major urban areas. For psychiatrists and mental health nurses, this under-representation in rural and remote areas is even more pronounced than other comparable medical professionals, pointing to the particular difficulty in accessing mental health services in regional Australia.<sup>22</sup> Many rural and remote communities only have variable access to medical mental health supports through visiting locums or telehealth appointments. There are similar difficulties accessing community mental health workers.<sup>23</sup>

As part of disaster response planning, the Australian Government should develop a workforce plan to enable mental health professionals to provide trauma-informed psychological first aid and follow up to communities impacted by disasters. This could mean identifying and maintaining a network of organisations and professionals who are able to temporarily relocate to provide immediate assistance following a disaster (similar to an ‘army reserve’ for mental health). It is important that this immediate mental health workforce response is coordinated at the same level as other responses to the disaster, to ensure appropriate distribution of resources and avoid either overwhelming or under-supporting impacted communities.

Beyond this immediate response, workforce planning must also include consideration of ongoing access to mental health care for disaster affected communities. Continuity of care is particularly important in supporting people experiencing severe, persistent or complex mental health problems, such as severe trauma related to a disaster incident.<sup>24</sup> As such, increasing accessibility to services by building and incentivising the regional and remote mental health workforce must be an ongoing government priority.

Increasing the size and capability of the regional and remote mental health workforce will require consideration of the diversity of people’s needs and the workforce required to provide holistic care. A range of mental health professionals are able to work together to support the diverse needs of people experiencing mental health issues in any community – including peer workers, community mental health workers, psychosocial disability support workers, mental health nurses, psychologists, psychiatrists, other allied health workers and professionals with particular cultural or language skills. Balancing both the range of mental health professionals from different disciplines, and the ratio of local staff to those who travel in, are essential factors to the accessibility and sustainability of regional and remote mental health services.

The Australian Government’s mental health workforce disaster response plan should strengthen the regional and remote mental health workforce, in line with national findings

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<sup>22</sup> Australian Institute of Health and Welfare (2020). *Mental health services in Australia: Mental Health Workforce*. Retrieved 20 May 2020 from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce>.

<sup>23</sup> Mental Illness Fellowship of Australia (2018). *Submission to inquiry into accessibility and quality of mental health services in rural and remote Australia*. Retrieved 20 May 2020 from [https://mifa.org.au/images/Documents/Submissions/1805\\_Submission\\_to\\_Rural\\_MH\\_Inquiry\\_FINAL.pdf](https://mifa.org.au/images/Documents/Submissions/1805_Submission_to_Rural_MH_Inquiry_FINAL.pdf).

<sup>24</sup> Rosen, A (2020) *Re: Beyond the Commonwealth of Australia Government Mental Health Package*.



and recommendations from the Productivity Commission inquiry into mental health, and the National Mental Health Workforce Strategy Taskforce.<sup>25</sup>

**Recommendation:** The Australian Government develop a mental health workforce disaster response plan with a focus on rural and remote workforces as a priority to ensure immediate and ongoing mental health assistance following a disaster.

## Recognising the impact of trauma

During these compounding disasters, the word “resilient” has been used frequently to describe the character of Australians. While important to the recovery journey, resilience is not the same as stoicism, and being resilient does not negate the need for assistance to process traumatic events.

The recommendations from this Inquiry must be a trauma-informed, given the widespread trauma and psychological distress which has and will continue to be experienced as a result of the 2019-2020 bushfire season. Trauma-informed approaches to care have been described as a strengths-based framework that is responsive to the effects of trauma.<sup>26</sup> Trauma-informed mental health care involves realising the prevalence and impacts of trauma in a person (or community), recognising how trauma has affected the person (or community), and responding by using this knowledge in practice to provide care that does not re-traumatise.<sup>27</sup>

Research continues to show that “experiences of trauma are associated with the development of mental distress and there is evidence of a dose effect and association between the severity, frequency and range of adverse experiences, and the impact on overall mental, behavioural and physical health.”<sup>28</sup> Experiences of trauma can affect an individual long after the initial traumatic event, meaning that support for survivors of trauma must be long-term. Consequently, it is critical that mental health services in bushfire-affected communities are equipped to deal with trauma through a trauma-informed approach to practice.

Unfortunately, many health care settings and systems currently do not operate from trauma-informed models, which risks re-traumatising people affected by bushfire. Local and temporary workforces must be supported to undertake evidence-based trauma training. While all areas of the health workforce will benefit from mental health and trauma training, it is critical general practitioners in fire-affected (and likely to be future fire-affected) communities are trained in providing mental health care as they will often be the first point of call.<sup>29</sup>

<sup>25</sup> The National Mental Health Workforce Strategy is expected to be provided to the Australian Government by the Taskforce in late 2020. Retrieved 20 May 2020 from <https://www.directory.gov.au/portfolios/health/national-mental-health-workforce-strategy-taskforce>.

<sup>26</sup> J Bateman et al. (2013). *Trauma-informed care and practice: Towards a cultural shift in policy reform across mental health and human services in Australia. A national strategic direction*. Position paper and recommendations of the National Trauma-Informed Care and Practice Advisory Working Group. Lilyfield: Mental Health Coordinating Council.

<sup>27</sup> Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Maryland USA: SAMHSA. Retrieved 20 May 2020 from [https://www.nasmhpd.org/sites/default/files/SAMHSA\\_Concept\\_of\\_Trauma\\_and\\_Guidance.pdf](https://www.nasmhpd.org/sites/default/files/SAMHSA_Concept_of_Trauma_and_Guidance.pdf).

<sup>28</sup> NSW Agency for Clinical Innovation (2019) *Trauma-informed care in NSW*. Sydney: ACI. Retrieved 20 May 2020 from [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0008/561977/ACI-Mental-Health-Trauma-informed-care-mental-health-NSW.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0008/561977/ACI-Mental-Health-Trauma-informed-care-mental-health-NSW.pdf).

<sup>29</sup> Black Dog Institute (2020). *Mental Health Interventions Following Disasters*. Retrieved 20 May 2020 from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0>.



**Recommendation:** Ensure all mental health support to bushfire-affected communities is trauma-informed.

### Addressing social determinants of mental health impacts

It is critical the Inquiry recognises that different Australians had different experiences during the bushfire season. In developing plans for recovery, the Australian Government should ensure that all responses account for the diversity of needs within communities. It is widely accepted that disasters compound existing social and economic inequalities, meaning vulnerable Australians have higher risk of health complications as a consequence of the bushfire season.

Social determinants of health serve as a guide to understand and project the kind of future mental health (and other) supports that will be needed on the path of recovery. Social determinants of health are defined as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”<sup>30</sup> Social determinants explain why adverse effects from bushfires will disproportionately impact particular groups of Australians. This includes people living with mental and other chronic health issues, older people, women, people with disabilities, people who are homeless and marginalised, Aboriginal and Torres Strait Islander peoples, people living in regional, rural and remote areas including farming communities impacted by extended droughts, people with caring responsibilities and people on lower incomes.

Research has consistently found that women and children are at higher risk of post-disaster mental health problems.<sup>31</sup> Women and men experience bushfires and recovery periods differently, influenced by gender roles and social expectations. Women typically have caring roles (both formal and informal) that influence their behaviour; for example, they are more likely to take children to evacuate while men are more likely to stay to defend their family home.<sup>32</sup> Research about the relationship between gender and bushfire recovery in the Australian context has emerged in the last decade, and should be used to inform recovery and preparation planning.

**Recommendation:** Ensure the social determinants of health guide policy responses to bushfire crises.

### Unique mental health impacts for Aboriginal and Torres Strait Islander peoples

Due to their ongoing custodianship and connection to land, water and animals, the most recent bushfires were particularly devastating for Aboriginal and Torres Strait Islander peoples. Loss of country will have an enduring impact on the social and emotional wellbeing of affected communities, as well as to Aboriginal and Torres Strait Islander peoples throughout Australia.<sup>33</sup>

<sup>30</sup> World Health Organisation (2020). *Social determinants of health*. Retrieved 20 May 2020 from [https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/).

<sup>31</sup> Black Dog Institute (2020). *Mental Health Interventions Following Disasters*. Retrieved 20 May 2020 from <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0>.

<sup>32</sup> M Tyler (2013). 'Gender, masculinity and bushfire: Australia in an international context,' *Australian Journal of Emergency Management*, 28(2). Retrieved 20 May 2020 from <https://ajem.infoservices.com.au/items/AJEM-28-02-06>.

<sup>33</sup> Allam, L. (2020). 'For First Nations people the bushfires bring a particular grief, burning what makes us who we are' *Guardian Australia*, Opinion - 6 January 2020. Retrieved 20 May 2020 from <https://www.theguardian.com/commentisfree/2020/jan/06/for-first-nations-people-the-bushfires-bring-a-particular-grief-burning-what-makes-us-who-we-are>.



Failure to empower First Nations peoples to lead in fire management on country is directly linked to ongoing effects of colonisation and modern western assumptions about fire preparation. Many Aboriginal and Torres Strait Islander peoples will experience grief and other mental health challenges unique from the experience of non-First Nations peoples. The Australian Government should work with both Aboriginal Controlled Community Health Organisations, local First Nations groups and Gayaa Dhuwi (Proud Spirit) Australia to design and implement what this specialised support should look like.

**Recommendation:** Provide specialised, culturally competent mental health support for Aboriginal and Torres Strait Islander peoples.

## Mitigating impacts of future bushfire seasons

While this Inquiry will not be completed prior to the commencement of the 2020-2021 bushfire season, it is critical that all governments rapidly work together develop plans with clear, shared accountability for preparing and supporting at-risk communities. The lessons learned through this Inquiry should be communicated to all governments and National Bushfire Recovery Agency, who should play a lead role in developing a plan for shared accountability across levels of government.

During the 2019-2020 bushfire season, communities raised concerns that on-the-ground support was delayed due to bureaucratic processes and responsibility shifting between levels of government.<sup>34</sup> During a crisis, people in communities affected by disaster will often require immediate financial support and resources. Delays to immediate support (psychological and otherwise), can have longer mental health impacts on people in disaster-affected communities.<sup>35</sup> Furthermore, the complexity of government funding pathways and lack of accountability which continues to impact the mental health sector will be compounded during a crisis response if responsibilities are not clear and agreed to.

In contrast to the lack of government coordination during the bushfires, the National Cabinet which was assembled in response to COVID-19 has shown the ability of federal and jurisdictional governments to work co-operatively. When considering the working relationships between governments, the Inquiry must provide recommendations on how these relationships will be improved for future bushfire crises to ensure support and resources are quickly deployed to communities in need.

**Recommendation:** All levels of governments must agree on and enact a plan to share accountability and responsibility for resources to ensure efficient and adequate response to immediate post-disaster needs.

Due to the cyclical nature of bushfires, communities around Australia must simultaneously focus on recovery journeys from the 2019-2020 fire season and prepare for the 2020-21 fire season. Australians are no strangers to this duplicity, however the unprecedented scale of damage which occurred during the 2019-2020 fire season has been further complicated by the spread of COVID-19 during March, April and May.

<sup>34</sup> Anthony Albanese (2020) *Doorstop Interview – Wednesday 15 January 2020 (transcript)*. Retrieved 20 May 2020 from <https://anthonyalbanese.com.au/transcript-doorstop-interview-melbourne-wednesday-15-january-2020>.

<sup>35</sup> Math, S. et al. (2015) 'Disaster Management: Mental Health Perspective,' *Indian Journal of Psychological Medicine*, 37(3): 261-271. Retrieved 20 May 2020 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4649821/>.



Measures required to suppress the spread of COVID-19 will have a compounding impact on the mental health of people in bushfire-affected communities. Local economic downturn from lost tourism revenue during the fires has been compounded by national (and global) economic downturn related to the COVID-19 pandemic. Immediately following the bushfire season, “the community has been in a heightened state of anxiety and struggling to manage the uncertainty surrounding the possible spread and impact of COVID-19.”<sup>36</sup> As COVID-19 suppression measures begin to lift, it is critical health services are prepared to support people struggling with compounding trauma.

**Recommendation:** Provide adequate funding to ensure communities affected by bushfires (and COVID-19) have “surge capacity” to respond to mental health support needs due to compounding crises.

## Conclusion

The 2019-2020 bushfire season was predicated by years of climate change-related environmental effects, including longstanding droughts and poor water access. Bushfires, along with other climate change-related natural disasters, have a significant impact on both the physical and mental health of both directly and indirectly affected communities. In addition to immediate and short-term stressors, psychological trauma from losses suffered during bushfires can have long-lasting effects.

With locally-tailored, nationally-consistent recovery and preparation programs, bushfire-affected communities will be supported to recover from the 2019-2020 bushfire season, and prepare for future fire seasons. Effective, cross-governmental relationships with shared responsibility and accountability will underpin the success of bushfire recovery and planning. Recovery will require adequate funding to mental health services in bushfire-affected communities so there is local capacity and capability to deliver services that match community needs. The mental health workforce needs adequate, trauma-informed training to guide communities through the three levels of psychological support required after disasters. It is critical all service and workforce planning accounts for the diversity of experiences and identities within communities, to deliver supports required for recovery. Providing access to ongoing mental health supports is crucial, as the psychological impacts of bushfires are likely to be long-lasting for some people.

Mental Health Australia recommends this Inquiry consider the following recommendations to ensure that future bushfire planning and recovery efforts adequately respond to the mental health needs of affected communities:

- address the underlying causes of bushfires by building on the National Climate Resilience and Adaptation Strategy (2015) to develop a National Strategy on Climate, Health and Wellbeing
- ensure policy and funding responses recognise the long-lasting mental health impacts of the bushfires, by providing access to psychological support over the long-term
- work with affected local communities to understand need, build on their strengths and provide evidence-based mental health support tailored to need

<sup>36</sup> Black Dog Institute (2020). *Mental Health Ramifications of COVID-19: The Australian context*. Retrieved 20 May 2020 from [https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319\\_covid19-evidence-and-reccomendations.pdf](https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf).



- the Australian Government develop a mental health workforce disaster response plan with a focus on rural and remote workforces as a priority to ensure immediate and ongoing mental health assistance following a disaster is available
- ensure all mental health support to bushfire-affected communities is trauma-informed
- ensure the social determinants of health guide policy responses to bushfire crises
- provide specialised, culturally competent mental health support for Aboriginal and Torres Strait Islander peoples
- all levels of governments must agree on and enact a plan to share accountability and responsibility for resources to ensure efficient and adequate response to immediate post-disaster needs
- provide adequate funding to ensure communities affected by bushfires (and COVID-19) have “surge capacity” to respond to mental health support needs due to compounding crises.

While the 2019-2020 bushfire season was unprecedented in many ways, it was merely the beginning of worsening bushfire seasons if climate change continues unaddressed. This Inquiry, along with the National Bushfire Recovery Agency and the Royal Commission into Bushfires, has the opportunity to turn lessons learned from this fire season into a best-practice recovery response, and ensure that Australia is better prepared for future bushfire seasons. Provide adequate funding to ensure communities affected by bushfires (and COVID-19) have “surge capacity” to respond to mental health support needs due to compounding crises.



# Mental Health Australia



Mentally healthy people,  
mentally healthy communities

Mental Health Australia is the peak independent, national representative body of the mental health sector in Australia.

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