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Katungul Aboriginal Corporation Regional Health & Community Services

Your position in the organisation (if applicable)

Katungul Aboriginal Corporation Regional Health & Community Services

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Your story

Research shows NSW South Coast First Nations communities face immense challenges in wake of bushfire crisis. The recent bushfires on the NSW South Coast have undoubtedly had catastrophic impacts on many local residents, but pressure on our already vulnerable First Nations communities has been amplified, a recent report has found. Studies conducted by HealthANSWERS partners the Australian National University and Katungul Aboriginal Corporation Regional Health and Community Services have found that the immediate and long term ripple- effects of the recent bushfire crisis on the social and mental wellbeing of the NSW south coast communities will be significant.

"The Aboriginal community, like all communities are doing it tough during this time. However, when an already vulnerable

group of people are faced with such significant physical, emotional, spiritual and cultural challenges, it inevitably puts our First Nations community under immense pressure" explains Katungul CEO, Joanne Grant.

"Proactive research such as this provides the south coast community with tangible results and a powerful voice as we move into recovery and planning for the future.

It can be challenging to provide holistic psychological supports for regional communities during normal operations with current funding, let alone in response to such a crisis as this. Our community is resilient, but we need extra support. This research verifies this." Grant explains.

Since re-opening clinic doors 7 weeks ago, Katungul experienced immediate spikes in respiratory issues, an increased need for mental health supports for trauma and anxiety, and self-referrals to the health organisation's community services arm for those facing financial hardship, family breakdown, domestic violence and an increase in substance misuse.

The spiritual and cultural impacts the bush fires have had on the local First Nations community during the summer period also cannot be ignored. The Mogo Aboriginal Land Council was destroyed on New Years Eve along with all of the local cultural and historical documentation, legal documentation and historical artefacts kept within. Further south, the impact the bushfires have had on cultural sites between Gulaga and Mumbulla Mountains is not yet known.

"The health and wellbeing of our community is tightly interlinked with the trees and the bush and vibrancy of our culture. The impact these bushfires have had on our community's ability to find solace in these elements and practice culture will no doubt have significant long term effects on all areas of our health. Having this challenge acknowledged is important" Katungul Chairperson Ron Nye explains.

Katungul provides both clinical and community services needs to the NSW South Coast Aboriginal community from under the one roof which is widely recognised as best practice in Indigenous Primary Health. With the right support, Katungul is ready, willing and above all best-placed to deliver Aboriginal Community-led supports to First Nations communities in our region.

1.1 Causes and contributing factors

1.2 Preparation and planning

1.3 Response to bushfires

1.4 Any other matters

Upload files

Engagement-Report-SWNSW-BushFires.pdf - [Download File](#)
 Jan-2020-Katungul-Media-Release-Bushfire-Affects-First-Nations-Communities-CW-250220.docx - [Download File](#)



**Scoping and Engagement Report:
Health Needs Assessment
Katungul, NSW
2020**

***Strengthening the primary health care response to disaster
through understanding community needs: A case study of an
Aboriginal Controlled Community Health Organisation
affected by the New South Wales bushfire crisis.***



Australian
National
University



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Cover photo: Bush Fire Response. © The Daily Telegraph
<https://www.bing.com/images/search?q=bush+fires+NSW&form=HDRSC2&first=1&cw=1117&ch=911>

SUMMARY

This report summarises the results of the scoping and community engagement conducted in preparation for a health needs assessment in bushfire affected areas of the South Coast of New South Wales. This exercise was led by a team from the Australian National University (ANU) in partnership with Katungul Aboriginal Corporation Health and Community Services.

Katungul provides a range of primary health care services to Aboriginal, Torres Strait Islander and non-Indigenous people living in and visiting its catchment area of Regional Southeast New South Wales (NSW). Services include primary care clinics, allied health services, mental health services, alcohol and other drugs addiction support and aged care.

In December 2019 and January 2020 Katungul's catchment area was affected by the bushfire crisis. Many communities and families were evacuated due to direct and indirect impacts of the bushfires and clinical services were interrupted. Between 9-12 February 2020 we undertook a scoping and engagement exercise to determine if there was utility in conducting a health needs assessment to better direct and advocate for resources.

Key Findings

- Katungul primary care staff have experienced trauma and are now dealing with the trauma of their clients and community. Many have not had a break and have continued to work throughout the emergency and response. Staff are at high risk of burnout
- Mental health is a major concern across the community
- Specific needs of Aboriginal people have not been considered in response and recovery programs run by external organisations
- To date no other organisation has conducted a health needs assessment
- Disruption to primary care services during and in the immediate few weeks after the bushfires led to lack of access to care and treatment for chronic and acute conditions
- Aboriginal and Torres Strait Islander People living outside of major rural towns are feeling abandoned and angry by the lack of mobile services

Recommendations

1. Psychological debriefing and support should be provided urgently to Katungul primary care staff
2. Urgent investment in mental health services for the general population is required, including targeted mental health services for children, adolescents, the elderly, people living with disabilities and people living with drug and alcohol addictions and other complex needs
3. Conduct a health service needs assessment across the wider community to inform allocation of resources and incorporation of primary care into disaster preparedness and response planning
4. The shire councils should prioritise disaster recovery planning in collaboration with communities, including representation from the Aboriginal communities and specific vulnerable groups with a focus on health systems strengthening
5. Disaster preparedness planning with communities should be conducted to ensure communities are prepared for and able to respond to future emergencies
6. National and local disaster preparedness planning should include a clear primary care plan that caters for mainstream service disruption

I fought to keep my home and the homes of my neighbours.....there are complete blanks in my memory, I don't remember how I got back to the motel, showered and went to bed. I came straight from that to work and have not had a break. Health worker describing their experience during the bushfire crisis and recovery period.

BACKGROUND

The 2019-2020 Australian bushfire crisis has placed unprecedented demands on populations in areas of Victoria, New South Wales and the Australian Capital Territory. Communities on the front lines of affected areas have had to contend with loss of life and property, repeated evacuations from their homes for several days at a time, disruptions to essential services, loss of communication networks and ongoing exposure to high levels of smoke. Exposures to the emergency have direct physical health effects including higher risks of respiratory symptoms, cardiovascular events, burns, eye injuries as well as significant levels of grief, trauma and other emotional distress. These effects are likely to be compounded in those communities who already experience higher levels of chronic disease and inequitable distribution of services, such as Aboriginal Communities.

Bushfires like these, as well as increased frequency other types of extreme health events are likely to become the 'new normal' in Australia and across the globe. To support communities to effectively prepare and respond to disasters it is necessary to have an in-depth understanding of affected communities' current and ongoing health needs and how well the health system is able to meet these. Primary health care, which in Australia is predominantly delivered through General Practice, is the foundation of the health care system and can manage the majority of common health needs. In disasters, qualitative evidence shows that primary health care continues to manage the bulk of community health needs, including those directly and indirectly linked to the disaster during the response and recovery phase. Despite this, primary health care is traditionally not well integrated into disaster planning and there is an evidence gap around the level and type of activities undertaken by primary health care services during and after disasters. This report presents the findings of the first phase of a larger study. The overall project aims to strengthen the health system response to disasters by providing evidence on community and primary health care needs, and how these can best be met, during the response and recovery phases of a disaster. In this arm of the project we focus on a large Aboriginal Controlled Community Health Organisation and their population, in the other arm of the project we focus on reason for presentation at general practice clinics across a number of disaster affected areas.

Objective of the scoping and community engagement exercise

The main aim of the scoping exercise was to initiate contact with key stakeholders in the Katungul area to assess utility of a health needs assessment and to ensure the health needs assessment data collection phase is informed by the community and the methodology is culturally appropriate, acceptable and relevant.

The overall aims of the project are to

1. To understand the health needs of the population served by Katungul during the response and recovery phases of the NSW bushfire crisis in order to inform the allocation of primary care resourcing
2. To inform the prioritisation and integration of primary health care into state and national emergency management policy

Scope

Interviews and engagement conducted during this exercise was focussed on Katungul, the community they serve (highlighted in Figure 1) and organisations working out of the disaster recovery centres. It was not in the scope of this field trip to engage with the wider primary care providers servicing the broader population.

Initial contact has been made with the primary health care network (PHN) and Coordinare who have expressed interest in being involved in a wider assessment looking at the whole population.



Figure 1: Catchment area and planned catchment areas for Katungul Aboriginal Corporation Health and Community Services.

Methodology

Semi-structured interviews and group discussions were held with a variety of stakeholders including primary care and management staff in Batemans Bay, Narooma and Bega, representatives from NSW Health Service, Non-Government Organisations (NGOs) working out of the disaster recovery centres, and Aboriginal community members in Batemans Bay, Wallaga Lake and Mogo. A list of stakeholders can be found at the end of this document and a list of guiding questions can be found in [Appendix 1](#).

Field notes were collated daily, team debriefings occurred at the end of each day where the team triangulated findings and identified common themes and incongruences for clarification. An iterative approach to analysing qualitative data was conducted and findings presented in this report.

Summary of Findings

The Eurobodalla and Bega Valley local government areas (LGAs) have a combined population of 70,486 with approximately 35% under the age of 15 years and 6% over the age of 65 years of age (Source: ABS Community Profile, 2019).

According to a report by the NSW Department of Communities and Justice, Eurobodalla has the highest proportion of vulnerable 0-5 year olds (41%) with the largest proportion of children under 15 affected by mental illness (19%). The Eurobodalla region has over 7% unemployment, which is the highest in Southern NSW. Katungul Aboriginal Corporation Health and Community Services provide primary care services for this population

A summary of key findings under main themes is provided below.

Mental Health Needs

Mental health needs of health staff working at Katungul and the mental health of the community were consistently mentioned as the main health priority

- Local primary care staff who are both victims and responders are at high risk of trauma and burnout
- Staff debriefing and psychological support is an urgent priority with staff reporting little/no access to external support in this area
- Training in psychological first aid for relief staff should be prioritised so they can support clients
- Relief staff are at high risk of experiencing vicarious trauma
- The demand for mental health services far exceeded availability prior to the disaster, the increased need post bushfire disaster has resulted in many more people not receiving the care and support they need. Bushfire related mental health issues include:
 - Exacerbation of prior mental health problems
 - Survivors guilt (associated with house not burning down and others losing their homes)
 - Complex trauma and post-traumatic stress disorder
 - Trauma associated with loss and destruction of Country
 - Floods following the fires
 - Isolation
 - Suicidal ideation (3 youth suicides since New Year's Eve)
- Some community groups have been facilitated to assist communities with processing traumatic events associated with the fires, others are planned in the coming weeks. However, more is needed, with a focus on vulnerable populations such as children, adolescents, elderly, people living with a disability and people living with drug and alcohol addictions
- There is a need for community forums and 'healing' and reassurance. The collective experience needs to be acknowledged to move on more positively. Cultural loss has not been addressed. Recovery/day of healing planned for 6 weeks time
- There was an expressed need for more rapid interventions

Primary Health Care needs

- There was a lag in providing basic services immediately after the bushfires. Timeliness of service delivery was a challenge in the response phase. Katungul was closed for 3 weeks over the crisis period
- Decentralised coordinated models of providing services are needed. People are often reluctant to come in to town to access services
- Concern with 'out of towners' providing health care - being unfamiliar with the context, complexities of local culture, health and mental health
- Primary services needed in the initial response and recovery phase included
 - Acute follow-up for suicidal ideation
 - Filling of pharmaceutical scripts
 - Treatment and management of withdrawal associated with drug and alcohol addiction
 - Management of respiratory conditions including respiratory symptoms associated with bushfire smoke, exacerbation of asthma, chronic obstructive airway disease
 - First aid - treatment and management of burns and wounds
- Pre-identified surge capacity to ensure local staff are able to have some time to deal with their own trauma and organise their lives after the disaster
- Preparedness planning for how to manage evacuation and care of people with high dependency health issues without access to carers
- Need sustainable health systems solutions rather than 'quick fix' approaches
- There are no resources to help staff (GPs) with culturally appropriate responses to Indigenous-specific issues such as the individual and collective sadness around loss of Country
- Disaster planning and preparedness should include hospital planning and back-up options
- The group agreed that health services should be assessed and that existing programs should be reinforced so they can be sustainable. More human resources are needed to support these programs and to improve wait times for consultations
 - Urgent need for detox and rehabilitation facilities locally (and for Aboriginal people on Country), to support local people suffering from addiction that have had a life changing experience and wish to stop using drugs and/or alcohol

Disaster Recovery Centres

- No informant had any knowledge of a health needs assessment being done by their own or any other agency
- There was overwhelming support from informants for a health needs assessment
- With very few exceptions, services were provided at the DRC alone. Some agencies had occasional outreach or mobile visits
- With a few exceptions, clients learnt about the services provided by each agency by word of mouth

- No agencies at the DRCs had protocols or guidelines on assisting Aboriginal people
- Three agencies (St John's, Red Cross, Shire Councils) said that their organisation provided Aboriginal cultural awareness training to their staff or volunteers
- Three agencies (Centrelink, Salvation Army, St Vincent de Paul) collected Indigenous status when registering or assisting clients. We are currently in the process of trying to obtain access to statistics about the number or percentage of Aboriginal people who attended the DRCs
- Representatives of other agencies, which did not ask Indigenous status, opined that it was racist to ask Indigenous status and that 'everyone should be treated the same' or 'we are all equal'
- When asked about their own view of the health needs of Aboriginal people affected by the bushfires, the response was overwhelming about the need for mental health care, with some informants also identifying asthma or respiratory conditions as an important concern
- Other issues suggested by informants were 'complex social needs', housing, lack of preventative healthcare, unemployment, casual and low-paid employment, 'long term needs', infrastructure (e.g. lack of power and water), lack of primary health care in the emergency phase (i.e. immediately after or during the bushfires), health care facilities being difficult to access due to location and lack of facilities and support for people with disabilities (especially children with autism) and frail aged people
- There are issues with the cultural appropriateness of the DRC. Elders and community members are overwhelmed and are given many forms, some are illiterate and require assistance to fill them out. There is no Aboriginal Liaison or focal point to assist in the DRC

Health Service Needs Assessment

Mental health was highlighted as the primary need in communities. Rather than a health needs assessment it became evident a health service needs assessment would have utility and is needed across the region.

Content

- Evacuation history
- Access to utilities, food, clean water
- Liveability of the home. The whole home may not have been destroyed but there are many issues associated with the liveability of homes
- Whether people have returned home
- Health services required during the bushfires
- Access to health services during and immediately post the bushfires
- What the community would have liked during the response and recovery phase from Katungul - *"How could Katungul have supported you and your family better?", "What did you need", "What health services did you need during and immediately after the bushfire?", "How did you access this services"*
- Query the inclusion of the aPHQ-9 (see [Appendix 2](#))

Methodology

- Illiteracy is an issue in the community Katungul serves
- Survey could work but would need to be short and interview administered
 - Katungul community has a facebook page with 900 members - the survey could be made available through this and also be available at the clinic (family members could assist with administration)
 - Survey can also be administered during community group events/discussions, during the narrative data collection
 - Use of emojis effective in surveys
- Narrative data collection - group engagement is the most appropriate, offer food and a yarn about the bushfires
 - Share stories - *"what did this bushfire mean to you?", "How do you feel about the bushfires impact on Country?"*
 - Shared experiences - community healing
- School survey suggested in collaboration with school Aboriginal liaison officers - Adolescents were identified as an at-risk group prior to the bushfires. Potentially, this group may now be feeling increased vulnerability and it would be important to capture their needs

Other suggestions

- Assets that exist in the community should be coordinated in a response (e.g. pub courtesy bus for transporting evacuees)
- Education to all about disasters must be offered:
 - Choice to stay was often made without a real understanding of what needed to happen after that. People need to understand the possible ramifications of the choice they make
 - Need to know that an AM radio is a must (and why)
 - Need to understand what should be saved (go bag)
 - Medications and why they need to be kept up to date
- Research needs to monitor vulnerable groups, this includes seasonal workers who have not been able to work over the summer due to the fires and will have less income to live on over the coming months

What has worked

- Reestablishment of community activities such as sports and community groups has been important in providing a space for people to get together and share their stories
- Reestablishment of school has allowed parents to have time and space to sort out their lives, while normalising life for children
- Grand Pacific Health will be holding vicarious trauma workshops with staff. They have also conducted outreach into communities with a focus on mental health. Other agencies are doing something similar. At the Batemans Bay Disaster Recovery Centre there was a trauma counsellor specifically identified for staff and volunteers. Group briefings on handling stress was also provided. Some agencies had additional support. The Eurobodalla Shire Council staff have psychological counselling provided, which was organised by the human resources department. The Salvation Army has a psychologist who calls up all volunteers after their deployment to check on their mental wellbeing
- Red Dust Healing has been offering community debriefs around Narooma in community

Conclusion

A number of stakeholders were engaged during this scoping and engagement exercise including staff from Katungul services in Batemans Bay, Narooma and Bega, members of the community Katungul serves, organisations working out of the Disaster Recovery Centres and other members of the bushfire disaster and response teams.

Overwhelmingly mental health was identified as the priority health issue with psychological support for staff at Katungul an urgent priority. Psychological support for communities affected by disasters, emergency service workers and health care workers is recognised as an essential service. The focus of these services should be not only the short term recovery phase but longer term needs of affected populations should be considered (McFarlane and Williams, 2012)¹.

Stakeholders suggested there was utility in conducting a health needs assessment with a focus on health service needs. The bushfire disaster highlighted primary care service gaps that existed prior to the disaster and the need to strengthen local health systems to be able to adequately respond to future disasters.

Experiences reported by health care staff, responding organisations and community members emphasise the need for primary care to be integrated into national and local disaster preparedness and response plans.

A health service needs assessment will help to provide evidence for and inform what the integration of primary care looks like in the domain of disaster preparedness and response. Additionally, the integration of primary care will provide an avenue for households, communities and health systems to be involved in disaster related risk management.

¹ McFarlane, A.C. and Williams, R. 2012. Mental health services required after disasters: Learning from the lasting effects of disasters. *Depressino, Research and Treatment*. doi:10.1155/2012/970194

RECOMMENDATIONS

From this initial engagement and scoping exercise a number of key recommendations have been developed for Katungul Aboriginal Corporation Health and Community Services and the broader bushfire emergency response and recovery teams.

'Mental health is very necessary here. No-one is talking about it yet. It might take a long time before we start talking.'

'Connection to Country and how to deal with this and process this...everyone is talking about buildings, not about Country'

"What is the new plan for us if the fires start again, a community plan is needed"

Recommendations for Katungul

Psychological support

- Psychological debriefing and support should be provided urgently to Katungul primary care staff
- Katungul should partner with services providing vicarious trauma workshops in the region
- Staff should be trained in psychological first aid

Recommendations for the broader bushfire recovery and response teams

Mental Health services

- All staff working for organisations during the response and recovery phase of this and future emergencies should receive psychological first aid training prior to deployment
- Urgent investment in mental health services for the general population is required, including targeted mental health services for children, adolescents, the elderly, people living with disabilities and people living with drug and alcohol addictions and other complex needs

Disaster preparedness and recovery planning

- Disaster response organisations should be provided with training on principles of equity and equality to ensure they understand the importance of culture in disaster response.
- The shire councils should prioritise disaster recovery planning in collaboration with communities, including representation from the Aboriginal communities and specific vulnerable groups with a focus on health systems strengthening
- Disaster preparedness planning with communities should be conducted to ensure communities are prepared for future emergencies
- National and local disaster preparedness planning should include a clear primary care plan that caters for mainstream service disruption and clearly outlines responsibilities

Health service needs assessment

- Conduct a health service needs assessment across the wider community to inform allocation of resources and incorporation of primary care into disaster preparedness and response planning

STAKEHOLDERS ENGAGED

Office of Emergency Management
OEM coordinator &
staff
Batemans Bay

Services NSW
Staff
Batemans Bay

Local Government
Eurobodalla Shire Council
Bega Shire Council
Environmental Health Officer -
Bega Council

Services Australia
Staff
Centrelink

Salvation Army
Officers
Batemans Bay
Bega

St Vincent de Paul
Volunteers
Bega

St John's Disaster Relief
One volunteer
Batemans Bay

Red Cross
Volunteer
Batemans Bay
Bega

Anglicare
Volunteer
Batemans Bay

**Disaster Recovery Chaplains
Network**
Chaplain
Batemans Bay

Katungul
CEO
Social Emotional Wellbeing (SEWB)
Alcohol and Other Drugs (AOD)
Nurses
General Practitioners
Frontline Staff
Service coordinator
Service administrator
Manager Clinical Services
Youth Worker
Koori Connect Workers
Aged Care

NSW Health Service
Psychologist
Social Worker
Registered Nurse

Grand Pacific Health
Aboriginal Liaison Officer

Community Members
Elder from Mogo
Elders group Batemans Bay
Boomerang meeting place Mogo

APPENDICES

Appendix 1: Question Guides



APPENDIX 1.docx

Appendix 2: aPHQ-9



aPHQ9.pdf



MEDIA RELEASE

January 2020

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