The Royal Australian & New Zealand College of Psychiatrists

NSW Independent Flood Inquiry

Improving the mental health of the community

Introduction

The NSW Branch of the Royal Australian and New Zealand College of Psychiatrists welcomes the opportunity to respond to the NSW Independent Flood Inquiry. Inquiries like these are an important opportunity to reflect on the effectiveness of the government's response effort to the floods and to identify lessons learned to better plan for future disaster events.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has more than 7400 members including more than 5400 qualified psychiatrists and members who are training to qualify as psychiatrists.

The NSW Branch represents nearly 1900 members, including some 1330 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Our submission focuses on the psychosocial impact of natural disasters and the need to strengthen rural communities through increased investment in essential health services and related infrastructure, as well as on the development of a State-wide coordinated Mental Health Disaster Response Plan. To this end, our submission seeks to inform this Inquiry on the following key points:

- Address the underlying causes of natural disasters by developing and implementing effective climate change policies and mitigating strategies
- Ensure the social determinants of health guide policy responses to flood crises
- Ensure that adequate and tailored trauma-informed mental health support is available to flood-affected communities to respond to trauma in the immediate, medium, and long term
- Support communities to recover by providing short to medium term accommodation as communities rebuild
- Provide collaborative and coordinated service delivery and wraparound support for people seeking help through information and data sharing, collaborative funding structures, and comprehensive response plans

Psychiatrists can play an important role in supporting individuals and communities to deal with the immediate effects of a natural disaster and enhance resilience to mitigate the impacts of climate related anxiety and depression.

The NSW Branch offers specific comment on the following Terms of Reference:

1a. The causes of, and factors contributing to, the frequency, intensity, timing and location of floods in NSW in the 2022 catastrophic flood event, including consideration of any role of weather, climate change, and human activity

There is no question, in our view, that climate change impacted, and will continue to impact, the intensity and frequency of disasters such as the recent devastating floods. We agree

with the finding of the Royal Commission into National Natural Disaster Arrangements that "Extreme weather has already become more frequent and intense because of climate change; further global warming over the next 20 to 30 years is inevitable. Floods…are expected to become more frequent and more intense". [1] In its most recent special report, the IPCC (Intergovernmental Panel on Climate Change) noted that "it is increasingly clear that climate change 'has detectably influenced' several of the water-related variables that contribute to floods". [2] Urgent action by governments is needed to address causes of climate change and mitigate its impact on our communities.

Psychiatrists are particularly concerned about the impact of such disasters on the mental health of individuals after losing loved ones, homes, and livelihoods, with the longer-term effects of trauma and dislocation from community. As noted in our position statement on the mental health impacts of climate change, natural disasters give rise to increased rates of stress, depression, anxiety, post-traumatic stress disorders (PTSD), alcohol and substance abuse, domestic violence, self-harm and suicide, and exacerbate other underlying mental health problems. [3] The studies cited in our position statement also point to increased risk of poverty, unemployment, homelessness, disconnection from community, and family breakdown.

Addressing the underlying causes of climate change is critical to preventing future natural disasters of the scale witnessed recently with the floods and three years ago with the bushfires. Governments need to take climate change seriously by implementing policies that reduce carbon emissions and measures that mitigate the health, environmental, and economic risks of climate change.

In September last year, we collaborated with other medical colleges in an open letter to the Prime Minister, calling for urgent action to address climate change, and specifically to:

- Commit to an ambitious national plan to protect health by cutting Australia's greenhouse gas emissions, aligned to science-based targets, this decade. Such a plan would include:
    - Policies that acknowledge the health benefits of renewable energy and accelerate the transition; and
    - Significantly increasing Australia's Nationally Determined Contribution to the Paris Agreement at UN climate negotiations (COP26), in line with limiting global warming to 1.5°C.
- Develop a national climate change and health strategy to facilitate planning for future climate health impacts; and
- Establish a national Sustainable Healthcare Unit to support environmentally sustainable practice in healthcare and reduce the sector's own significant emissions.

Rural and remote communities in particular often bear the brunt of natural disasters. Natural disasters also compound existing vulnerabilities in rural communities and the many risk factors (or social determinants) that contribute to mental ill-health. These include

[1] Commonwealth of Australia 'Royal Commission into National Natural Disaster Arrangements Report.' 2021. P.22.

[2] Seneviratne, S.I., N. Nicholls, D. Easterling, C.M. Goodess, et al, 2012: Changes in climate extremes and their impacts on the natural physical environment. In: Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change (IPCC). Cambridge University Press, Cambridge, UK, and New York, NY, USA, pp. 109-230. [Cited 27 April 2022] available at 3 - Changes in Climate Extremes and their Impacts on the Natural Physical Environment (ipcc.ch)

[3] RANZCP. The mental health impacts of climate change. Position Statement 106. [Cited 26 April 2022] available at The mental health impacts of climate change | RANZCP

environmental adversity, isolation, socioeconomic disadvantage, and limited access to essential health services.

1c. Responses to floods, particularly measures to protect life, property and the environment, including (iii) equipment and communication systems

The RANZCP is not able to provide expert comment on immediate responses to floods, and we provide more extensive comment below on recovery (1d). However, we do wish to make brief comments to inform the Inquiry of the mental health aspect of the immediate response to the floods.

When we consulted our Northern Rivers RANZCP members, we heard that one of the biggest challenges was finding suitable accommodation for people who lost their homes. From a mental health perspective, this impacted on two levels: mentally ill patients who became homeless and forced to live in evacuation centres, which is not an appropriate setting for people with mental illnesses, and acute shortages in healthcare staff who also lost homes or where unable to travel to work due to flooded roads.

We heard that rates of PTSD were high and that many people experiencing this disorder were struggling, in part because they could not access private treatment and the public system did not regard these patients as needing urgent treatment. We also heard there was a lack of information about PTSD, the effectiveness of treatment and where people could go for help.

We heard telecommunication outages created challenges with tracking the location of patients and staff. Outages prevented communities from receiving timely information, advice and warnings about rising water levels.

Continuing outages, together with bureaucratic hurdles post floods presented additional challenges in the immediate recovery phase, such as accessing accommodation. For instance, Fellows told us homeless people faced bureaucratic demands such as having to provide a birth certificate before they could register for housing. We question whether having a myGov account would suffice for people in this circumstance. Demands like these add weeks to getting people suitably housed.

1d. The transition from incident response to recovery, including the roles, structure and procedures of agencies, government, other entities and the community and 1 (e) ii. longer-term community rebuilding support

The scope of our recommendations can be categorised as follows:

1. Develop a statewide coordinated Disaster Relief Mental Health Plan that:
    a. Supports technology-enhanced care and telehealth to complement face-to-face service delivery
    b. Supports the capability of the workforce to increase access to better mental health care
    c. Supports collaborative planning and coordination for regions
    d. Supports access to health services for rural and vulnerable populations, including children, older Australians, and Aboriginal people.
2. Address social determinants of mental health impacts to improve population health and strengthen resilience

The RANZCP strongly recommends the development of a state coordinated **Disaster Relief Mental Health Plan**. The plan must address the particular distress experienced by those with mental ill health, and take into account the increase in anxiety and PTSD following a disaster. The plan needs to have clear strategies around technology and system integration (PHNs/primary care, private sector, State Health services, community managed sector), workforce capability, planning and coordination, and the special needs of vulnerable communities.

Supports technology-enhanced care and telehealth to complement face-to-face service delivery. Currently, systems between hospitals, private practices, and other service providers differ. Having integrated systems that communicate between all health services, particularly in rural and remote NSW, would remove some barriers related to service access and support the delivery of coordinated care.

Despite limited and/or damaged communications infrastructure following disasters, telehealth can be an effective alternative to face-to-face primary care in rural areas. The inclusion of telehealth services in the Medical Benefits Schedule (MBS) is of considerable benefit to rural areas, where mental health services are limited, as it encourages metropolitan-based practitioners to offer services.

However, as the Inquiry may be aware, MBS item 288, specifically created to make psychiatric care more accessible and affordable to people in rural areas, has been cut. This has resulted in a lack of affordable psychiatric care at a time when critically needed, and when face-to-face services were difficult to get off the ground. As a matter of urgency, we believe the Inquiry should recommend the NSW Government advocate for the re-inclusion of this item on the MBS by the Commonwealth.

Supports the capability of the workforce. Without a workforce, there is no service. Access to skilled mental health professionals to support recovery is a fundamental component of any disaster response. However, many regional communities that were most affected by the recent floods already lacked access to mental health professionals.

Members told us the transient nature of the healthcare staff cohort and high vacancy rates, particularly in rural areas, exacerbates the challenge of responding to need in a crisis. This was especially highlighted after the floods where some staff were unable to return to work because they had lost their home, and staffing levels were low. They also stated that access to comprehensive management and continuous care is severely disrupted during a natural disaster event. We note that staff have been deployed from other LHDs and that NSW Health moved quickly to facilitate this.

We heard the Northern Rivers area already experienced difficulties recruiting nursing, allied health, and medical staff due to COVID and a shortage of affordable housing in the area. This was compounded with devastation to property when new staff were needed to augment the existing depleted workforce. This has resulted in not being able to keep beds open at a time when there was a high demand for mental health services.

Additional support needs to be provided to disaster-affected areas by augmenting existing and well-established services now. This maximises community trust in, and engagement with, services and maintains long-term continuity of care. For this to be effective, it is important to understand the range of mental health services and programs available in a local area before a disaster, including capacity and resourcing constraints, and plan at the local level.

Supports collaborative planning and coordination for regions. In addition to integrated systems, we need better coordination across parts of the health sector. A lack of coordination in relation to ongoing mental health services, especially between federal and state government programs, has led to a continuing lack of high-quality clinicians to

undertake the much-needed counselling post disasters. In our view, mental health support must be integrated with other coordinated recovery efforts driven locally by primary and community care teams.

Supports access to health services for rural and vulnerable populations. We heard from our Fellows that certain groups living in rural areas are at higher risk of post-disaster mental health problems. Those groups generally include children, Aboriginal and Torres Strait Islander people and people with mental health conditions, but may also include people involved in the relief effort, such as first responders and other essential workers.

For children, the destruction of community infrastructure including schools, means a significant extension to remote learning. This will compound the COVID-related disruption to development and education. All the evidence supports increased mental health issues and disrupted development for kids associated with disasters, and the Northern Rivers region was impacted by two major events in which community recovery is delayed and incremental. From a mental health perspective, there is a need for an integrated effort across the public services, and community and non-government organisations.

Disasters compound existing social and economic inequalities, meaning vulnerable groups have a higher risk of long-lasting psychological trauma. While a range of programs and funding are provided, we submit that recommendations from this Inquiry must be trauma-informed, given the widespread trauma and psychological distress which has and will continue to be experienced because of the floods.

Addressing rural adversity and the social determinants of mental ill health, including the existing vulnerabilities in rural communities, has the potential to reduce the propensity of people developing mental illness. Governments must ensure those at risk have access to basic needs such as affordable and stable housing, employment, education and training, and affordable healthcare.

Rural communities have pre-existing prevalent community sociodemographic adversity. For several reasons, including geographic constraints, rural areas often suffer from a shortage of health care facilities such as hospitals and clinics, and have difficulties in attracting and retaining new service providers and health care professionals. Rural communities therefore have significant difficulty in accessing health and mental health care (See recently released report into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales). As a result, they have little buffer to withstand disasters and lack capacity to respond effectively during a natural disaster.

Residents in rural NSW report high or very high levels of psychological distress and higher rates of suicide and self-harm compared with the rest of NSW. We also know that Aboriginal and Torres Strait Islander people are twice as likely to be hospitalised for mental health disorders and have higher rates of self-harm and suicide. [4]

We heard from our Members that people exposed to multiple disasters can experience accumulative stress and may perceive a sense of injustice or abandonment when services are unable to respond to their immediate needs. Over time, these events can erode community economic and social resources which are important for maintaining mental health and wellbeing. This, in turn, can increase disadvantage and precipitate a decline in social support, both of which are associated with an increase in mental health problems. [5]

[4] Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results. 2009. 4326.0, 2007. Canberra. [Cited 3 May 2022]. Available from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0

[5] Lawrence-Bourne, J. Dalton, H. Perkins, Farmer, J. Luscombe, G. et al 2020 What Is Rural Adversity, How Does It Affect Wellbeing and What Are the Implications for Action? *International Journal of Environmental Research and Public Health P1-13* doi:10.3390/ijerph17197205

Finally, people with mental health problems tend to experience depleted personal resources and are therefore less likely to be able to cope with the impacts of adversity or participate in climate change mitigation and adaptation activities.

Addressing rural adversity requires all parts of the community and government services sector to work together in a coordinated and flexible manner to intervene at all 'entry points' to prevent further escalation of mental ill-health when natural disasters strike. These services also need to be sustainably funded by governments to ensure people affected by disasters can recover quickly and with minimal impact to health.

Conclusion

NSW has experienced two major natural disasters in the past three years – bushfires and floods. Such events are likely to become the norm if climate change continues unaddressed. This Inquiry has the opportunity to turn lessons learned from this flood event into a best practice recovery response and ensure that NSW is better prepared for future natural disaster events. Preparation needs to include adequate funding to ensure communities impacted by disasters have "surge capacity" to respond to mental health support needs.