

**Submission
No 23**

INQUIRY INTO RESPONSE TO MAJOR FLOODING ACROSS NEW SOUTH WALES IN 2022

Organisation: University Centre for Rural Health (UCRH)

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Submission from James Bennett-Levy, Professor of Mental Health and Psychological Wellbeing, on behalf of the University Centre for Rural Health, The University of Sydney, Lismore, NSW.

Background

In early 2017 extreme rainfall from ex-Tropical Cyclone Debbie flooded many regions of the Northern Rivers inundating the major population centres of Lismore and Murwillumbah, with extensive damage to housing and infrastructure.

In response to the 2017 flood, the University Centre for Rural Health (UCRH) undertook a cross-sectional survey exploring people's experiences in the flood and their mental health and wellbeing six months after the flood, and with the same respondents 2 years after the flood. Using an approach which foregrounded a partnership approach between community and university, UCRH purposively surveyed a broad cross-section of the community including hard-to-reach population groups. Over 2500 people took part in the baseline survey and around 500 in the two-year follow-up survey.

The quantitative analyses assessed the relationship between severity of flood exposure and mental health measures which included brief measures of depression, anxiety and post-traumatic stress disorder (PTSD) and a more general measure "still distressed about the flood". There were also extensive content analyses of open comments provided by respondents.

Key Learnings from the 2017 Floods

From the UCRH's 2017 flood research and other flood research internationally, we can say with a high level of certainty that some people are at particularly high risk of persistent mental health problems (e.g. PTSD, depression, anxiety). Elevated mental health problems in flood affected people were observed at both the 6-month follow-up and 2-year follow-up.

Those are highest risk are:

- (1) Displaced people: people who were displaced from home for a significant period: in our 2017 research, for more than 6 months (Matthews et al., 2019)
- (2) People who were terrified during the flood: people who had frightening "peritraumatic experiences" when they thought they or family members might sustain significant injury or death during the flood or flood rescue (recent UCRH analyses, unpublished)
- (3) People who suffered flood inundation across multiple areas (e.g. suburb, non-liveable areas of home, liveable areas of home, home of a significant other, business/workplace). The more areas, the greater the likelihood of ongoing mental health problems (Matthews et al., 2019)
- (4) People from marginalised communities e.g. Aboriginal and Torres Strait Islanders, people with disabilities, people with low incomes, LGBTQI community. Many members of these socially disadvantaged communities may have had pre-existing vulnerabilities. In addition, they were more likely to be flood inundated because they were living in areas of poorer housing on the flood plain (Matthews et al., 2019, 2020; Rolfe et al., 2020, Bailie et al., 2022)
- (5) People who have ongoing insurance disputes and unsatisfactory insurance outcomes tend to experience ongoing distress (McKenzie et al., 2022)
- (6) Flood impacted business owners, in particular those experiencing insurance difficulties, and whose income had not returned to normal after 6 months (Fitzgerald et al., 2020)
- (7) Children and young people. The UCRH 2017 studies did not include children and young people, but research from other centres clearly illustrates that children and young people who are flood impacted are at particular risk for mental health problems.

In addition, the UCRH study found that people who experienced “indirect disruption” due to the flood e.g. difficulties accessing health and social care had a slightly more elevated risk of mental health problems at follow-up (King et al., 2020).

The primary protective factors which reduced the risk of psychological distress for the flood-affected communities were informal social connectedness and feelings of belonging (Matthews et al., 2020). Although Aboriginal people and people in financial hardship reported lower levels of social capital, these factors were still important for these communities in enhancing mental health and resilience (Matthews et al., 2020).

Comparing and Contrasting the Impacts of 2017 floods with the 2022 floods

On every metric, the scale and severity of mental health problems following the 2022 is likely to be vastly greater than for the 2017 floods. This is because:

- (1) Many more houses and businesses were impacted. Precise numbers are still difficult to ascertain, but one figure (March 12) is that SES deemed 3396 homes uninhabitable and another 6708 were inundated by flood. About 600 houses were impacted in 2017.
- (2) Many more people have been displaced from home. Estimates have varied considerably, but probably something like 15,000-20,000 people were displaced in the initial instance. Many of these people will be in the highest risk category: displaced from home for more than 6 months.
- (3) Many more people had very frightening (PTSD-inducing) peritraumatic experiences.
- (4) Many more people had multi-area inundation (homes, business/workplace, suburb etc).
- (5) Marginalised communities have been disproportionately affected. For instance, the Aboriginal community of Cabbage Tree Island lost all their houses and community facilities and will be displaced for several years. People with disabilities, the LGBTQI community and people on low incomes are others who have been severely impacted in the current floods.
- (6) It is already apparent that there are many insurance disputes with the 2022 floods
- (7) Children and young people have been severely impacted. For instance, several schools have had to move premises completely (e.g. Richmond River High School, the Living School). Many students are displaced in temporary accommodation; and have lost study items e.g. personal computers.
- (8) In 2017, there were three groups of people in Northern NSW:
 - (i) Those directly disrupted;
 - (ii) those indirectly disrupted;
 - (iii) those who experienced no disruption to services.

In 2022, there have been two groups only: (i) the directly disrupted and (ii) the indirectly disrupted. In 2022, the whole northern NSW community has experienced some of the following:

- direct disruption to home, business or region;
- friends and/or relatives who have been directly disrupted;
- multiple service failures (e.g. loss of shopping facilities, loss of Wi-Fi/internet services, loss of mobile phone reception including 000 for many, food insecurity, petrol shortages, severe damage and/or loss of roads, reduced access to home/work etc)

The sense of overwhelm and collective trauma across the northern NSW community is on a scale which hugely surpasses that experienced in 2017.

Comparing and contrasting the impact of the 2022 floods with other Australian natural disasters, we suggest that while the number of deaths has been considerably higher in some of the bushfires (e.g. 2012, 2019-20), the numbers of people displaced and severity of the trauma experience is likely to mean that the northern NSW floods create more PTSD than any natural disaster since Cyclone Tracy in 1974.

Issues arising from the 2022 Floods

1. The Need for Accurate, Useful Data on those who have been Flood Impacted

Projecting mental health and other needs (e.g. housing, financial etc.) is critically dependent on good data. UCRH research from the 2017 floods indicates that people who are displaced from home – especially those displaced for more than 6 months – are extremely vulnerable to mental health problems (PTSD, depression, anxiety). It has become apparent that we do not have the tracking systems to determine numbers and needs at an early stage. At the time of writing, 11 weeks after the first flood, no-one is able to answer with any degree of certainty how many people are still displaced, where they are currently residing, and the conditions under which people who've returned to damaged homes are currently living.

Data that have been circulated by Resilience NSW and other agencies are: how many homes have been rendered uninhabitable, severely damaged, or moderately damaged. But this is very different to numbers of people displaced, and people's needs.

My understanding is that Resilience NSW are doing the best they can to assemble such data, but difficulties coordinating information from Service NSW and a host of other services make this exceedingly awkward. For instance, while we may know how many people are in government-supported camps or housing pods, we seem to have little or no idea about the numbers of "hidden homeless" or the conditions under which they are living e.g. how many people are living with friends or relatives (often overstaying their welcome with resulting conflicts), or in temporary rental accommodation with 16 week rental subsidies that may soon run out; or have moved out of the region; or have had to move multiple times; or are camping in their own damaged houses or gardens etc. All these people are highly vulnerable to mental health problems. The least we should be doing is making them aware of services and tracking their needs over time, but if we don't know who or where they are, this is a problem.

In the future – and to do what we can in the present crisis - we are going to need far better tracking and monitoring systems so that we can best determine level of need and offer the most appropriate services to this highly vulnerable group.

The 2017 UCRH studies could be very helpful in projecting future mental health needs and in targeting resources to those most in need. However, without much better data on the affected population in 2022, it is very difficult to target resources and make accurate projections.

Recommendation: From the outset, much better tracking systems need to be in place to track people affected in future natural disasters.

2. The Need to Avert an Impending Crisis in the northern NSW Health and Social Care Workforce

We suggest that there is an impending crisis in the northern NNSW health and social care workforce in the next 6-12 months unless action and initiatives are taken in the immediate.

Why?

- Prior impacts of (i) COVID (ii) housing stress had already led to critical staff shortages across a number of services (e.g. aged care, disability services). House prices and rentals have

increased by over 40% on the North Coast in past 2 years. Now there is an even more critical housing shortage due to housing stock loss and repair as a result of the floods.

- Many health/social care staff have been directly impacted and lost their houses (e.g. 33 local health district mental health staff). These staff are extremely vulnerable to mental health problems (UCRH studies).
- Most of the remaining health/social care staff have also suffered multiple inundations. For instance, family and/or friends have lost houses. Many of these workers in Lismore have lost their workplaces. Their suburbs and non-liveable areas of home may also have been impacted. Many have colleagues/friends/family living in their own (now overcrowded) homes. Even if their homes have not been inundated, these staff are still highly vulnerable.
- Vulnerability will be increased due to constant exposure to potential vicarious trauma at work, working with deeply traumatised clients, over the next months. Furthermore, they will be unable to provide satisfying solutions to desperate clients looking for housing and financial solutions and already there are reports that staff are abused on a daily basis
- There will be massively increased workload due to the trauma, housing, financial and social issues
- Staff will inevitably leave due to the overwhelming stress. That has already started.
- Critical staff shortages will put even more pressure on existing staff.

Recommendations

1. This downstream problem needs to be recognised by government, and strategies/actions set in motion now.
2. Growing our own health/social care staff. A counter-balance to the significant loss of staff from health/social care could be to grow our own health/social care staff from northern NSW residents who have lost their jobs in other sectors (e.g. business). Establishing schemes to retrain and provided added supervision for people who choose to re-train into health/social welfare sectors may well be the most cost-effective and practical solution to address this issue.
3. For more experienced staff to move from other parts of the country, government may need to provide attractive housing/employment packages which may, for example, help to subsidise high rents as part of employment contracts which guarantee that such staff will stay for a minimum of two years.
4. Providing extra salary support as an incentive for current staff who stay - and recognition of the difficulties they will face
5. The above are examples of recommendations. Workforce recruitment and retention is not my area of expertise. There may be other, better options. The point I wish to make here is that we will have a health/social care staff crisis which will severely impact the most vulnerable sections of society (e.g. people with physical or psychiatric disabilities, aged care etc). Unless this issue is addressed, strategized and actioned within the first 6 months post-February flood, I am deeply concerned that there will be a second crisis which in some ways may be even more calamitous than the initial flood.

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