

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

**Organisation:** The Royal Australian and New Zealand College of Psychiatrists  
(RANZCP)

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Inquiry into the response to major flooding across NSW in 2022 – May 2022

# 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.

## About our submission

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 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 comments on the following Terms of Reference:**

### **(a) The preparation, coordination and response to the Western Sydney and North Coast floods by the Government and (f) The overall effectiveness of the flood response**

An obvious concern for psychiatrists is the adverse impact such disasters have on the mental health of individuals trying to recover from the immediate crisis of losing loved ones, seeing their homes and livelihoods destroyed (in many cases permanently), 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 exacerbation of other underlying mental health problems. [1] The studies cited in our position statement also point to increased risk of poverty, unemployment, homelessness, disconnection from community, and family breakdown.

#### ***Specific concerns raised by our Members***

We heard from our Fellows that better coordination is needed between federal, state, and local governments, health and emergency services, and the community sector, to improve disaster management preparation, response, recovery, and build resilience. This is imperative, given the predicted increase in intensity and frequency of natural disasters because of the climate crisis.

We heard that one of the biggest challenges they faced was finding suitable accommodation for people who lost their homes. We heard many became homeless and were consequently forced to live in evacuation centres which were not an appropriate setting for people with anxiety disorders and other serious mental illnesses. Fellows told us homeless people faced unnecessary bureaucratic demands such as insisting they provide a birth certificate before they could register for housing. We question whether having a myGov account would suffice for people in this circumstance. Demand like these only add weeks to getting people suitably housed.

We also 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.

Fellows told us the massive disruption to community infrastructure, including schools means a significant extension to remote learning for children while schools are being rebuilt. This will compound the disruption to development and education of the COVID period. All the evidence supports increased mental health issues and disrupted development for kids associated with disasters in general, and NSW 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.

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

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<sup>1</sup> 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](#)

to comprehensive management and continuous care are 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 North Coast 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 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.

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

We also 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. [2]

## Recommendations

The scope of our recommendations can be categorised accordingly:

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. It also needs to be trauma-informed.

**Supports technology-enhanced care and telehealth to complement face-to-face service delivery.** Currently, systems differ 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.

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<sup>2</sup> 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

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 (rural loading) 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 it is critically needed. Without the rural loading, telehealth services have been withdrawn at a time 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.

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 services for mental health issues, 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. This generally includes children, Aboriginal people and people with mental health conditions, but may include people involved in the relief effort such as first responders and other essential workers.

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, such 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. [3]

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.

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<sup>3</sup> 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>