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Dear Senators,

Please find attached the responses to the additional questions that were asked of the Australian Psychological Society following their submission to, and given evidence, at the **Inquiry into the capacity of communication networks and emergency warning systems to deal with emergencies and natural disasters.**

Yours sincerely,

Dr Susie Burke

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Public Interest, Environment, and Disaster Response

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Has the role of psychologists increased as a result of the spate of natural disasters in Australia in recent years?

Not only have psychologists already working in disaster affected communities seen an increase in case work with distressed individuals and families, but there has also been an increased demand for psychologists volunteering to provide psychosocial support outside of their professional practice. More Psychologists than usual have been providing peer support to front line organisations and NGO's, like Red Cross, Centrelink etc, in the months immediately following disaster events.

This increased role of psychologists is also evident in the membership of Beverley Raphael's group, in the number of psychologists who have received disaster training over the past several years, in the partnerships with psychologists and psychology organisations which have developed over the past few years, etc. Clearly events such as the bushfires in Canberra and Black Saturday in Victoria have heightened public and government body awareness of the importance of psychological considerations, both at the point of pre-event warning and risk communications, pre-'season' community education and awareness, and post-event, in terms of coping and longer term consequences and psychosocial impacts.

Are there currently a sufficient number of mental health professionals to work with the affected populations?

Providing additional training to the existing workforce is the critical consideration. Following the Black Saturday bushfires in February 2009, a cross professional group of disaster experts from all of the professional health organisations (Psychologists, psychiatrists, GP's, social workers, Occupational Therapists and mental health nurses) developed an education and training framework for professionals providing psychological care for people affected by disasters. The framework identified three levels of training requirements for professionals (see below), to help people in the early phase after disaster, to support those with moderate distress, and to work with the proportion of an affected community who are at risk of developing significant mental health problems.

In Victoria in 2009 and 2010, the Victorian Department of Human Services, and the Federal Department of Health and Ageing funded an extensive roll out of training in all bushfire affected areas in levels 1, 2 and 3, to meet the needs of people affected by the disaster.

In QLD, following the 2011 floods and cyclones, Queensland Health is currently rolling out training in level 2 Skills for Psychological Recovery, across all flood and cyclone affected regions in QLD, and will commence level 3 training in the next few months.

Ideally, this 3 tiered approach to upskilling professionals working in disaster affected communities should be rolled out within a month to 6 weeks of the disaster so that people's needs can be met in a timely manner, to maximise the reduction of distress, and minimise the risk of people developing significant mental health disorders.

<u>3 level training framework</u>

Level 1: Psychological First Aid

This level of training is aimed at those personnel who come into contact with survivors in a non-health provision role but who may be required to respond to mental health needs. Teachers, clergy, and a wide variety of other professionals could be provided with general education about (a) general disaster reactions, (b) psychological first aid, and (c) basic indicators to identify survivors who may need to be encouraged to see a health professional. This will equip these personnel to assist survivors experiencing mild distress, helping them to promote a normal recovery trajectory. It will also equip them to know when and how to refer on for more specialised assistance.

Level 2: Primary Care Health Workers (ATAPS, GPs, Nurses, Counsellors, Etc) – 1 Day Workshop.

This level of training is aimed at those health providers who will often be treating (either in a mental health or general health setting) survivors. These professionals can be trained in an approach called Skills for Psychological recovery, at a higher level than the generic workers, to augment their existing health skills.

'Skills for psychological recovery (SPR)' is an approach to facilitating psychological recovery in the weeks and months following the disaster, and consists of more advanced psychological techniques and skills for restoring a sense of competence and control in people affected more severely by the experience of the disaster or emergency. These might be people who are not starting to feel any better after two weeks, who may still be feeling highly anxious or distressed, and finding that their reactions to the traumatic event are interfering with home, work or relationships, and who are needing help to develop situation-specific adaptive coping. SPR requires delivery by psychologists or similarly trained professionals. SPR includes the following core techniques: problem solving, enhancement of social support, activity scheduling, managing distress, and appraisals.

Skills for Psychological recovery was developed after Hurricane Katrina, and is fast becoming a best practice approach worldwide for working with survivors (Forbes et al., 2010).

Level 3: Specialist Mental Health Workers (Postgraduate Psychologists, Psychiatrists, some ATAPS)

This level of training will provide mental health specialists with specific expertise in managing the expected mental health conditions with evidence-based strategies that represent the gold standard internationally. It will include training in assessment, and specific evidence-based strategies. Training will need to be focused specifically for those working with adults and those working with child/adolescent/family populations. These skills will equip participants to assess and treat the minority of survivors who develop diagnosable mental health conditions and experience the highest levels of distress and functional impairment. The training would also discuss appropriate documentation and requirements for outcome monitoring.

In the context of early warnings, do you consider that there is an optimal number of times that such warnings should be issued before they start to lose their impact on the intended recipients?

In general, early warnings are more effective if they have not become repetitive, as there is a risk that people will become habituated to the message, and take less heed of the warning. However, it is always better to err on the side of having too many early warnings than not enough. An important strategy is to vary the content of subsequent messages somewhat, but without changing the core message and meaning. This way, the message is more reinforcing and consistent rather than simply repetitive, so people still pay attention, and the core message is being reinforced, which helps people to remember and heed the basic information. The intervals and pattern of the messaging can also be used to assist in communicating an escalation or diminishing of risk, as a dangerous situation approaches or recedes. It is also important for residents to continue to monitor warning messages and communications at regular intervals to counter a fading of alertness or a too continuous and anxiety-inducing vigilance.

Do you consider that early warning systems are currently overused or abused and accordingly the effectiveness of the message is reduced?

Currently, we do not think that early warning systems are being overused or abused. The reality is that early warning systems are very important and need to be communicated over and again at regular intervals, and in a variety of ways, to reach as much of the affected population as possible. We do need to communicate to people that this is a very real and emergency situation and something that they must pay serious attention to, and when and where necessary, respond to.

How communications are handled *after* the event is also extremely important, and probably requires more attention and improvement than pre-event communications at this point in time. In most instances local and regional media pays adequate attention to serious warning situations and emergency agency risk communications, but there is a common tendency to drop potential disaster or extreme weather coverage when the immediate danger has passed, with potential damaging consequences for communities needing to prepare for subsequent events in the future. (e.g., Reser, 1996).

Post event communication: How the media handles the post-event period is critically important to people's heeding of emergency warnings the next time their community is threatened by an extreme weather event. Post-event coverage once the threat ends will also determine whether the threat is viewed and remembered as a 'near miss' or a 'false alarm', and will either reinforce and validate a community's responsible preparedness behaviours, or substantially erode such behaviours in future emergencies. Calling an event a 'close call', and acknowledging a community's efforts to prepare themselves, validates people's efforts to psychologically and physically prepare themselves, and importantly, reinforces these behaviours for the next time. Calling an event a 'near miss' or a 'close call' is therefore a good message.

Calling an event a ‘false alarm’, by contrast, risks eroding people’s preparedness behaviours, thus putting people at risk of being under-prepared the next time a disaster warning is issued. It is important not to convey the impression that the only precautions worth taking were the precautions that turned out to be needed.

How can early warning systems be improved to ensure that the effectiveness of the message remains?

A consistent and clear conclusion of social science research is that the warning message itself is one of the most important factors that influence the effectiveness of the warning system (Peek & Mileti, 2002).

Research indicates that an effective warning needs to have the following characteristics to be successful, or to produce enough concern for action, but not so much that it overwhelms people’s capacity to act (Ronan & Johnston, 2005):

- Specificity
- Consistency
- Certainty
- Accuracy
- Clarity

Unfortunately, one or more of these important attributes are usually deficient or missing during a crisis.

Furthermore, according to Ronan and Johnston (2005), five topics are important when constructing a warning message: the risk itself, guidance, location, time, and source. The warning message must contain information about the impending hazard with sufficient but simple detail so that the public can understand the characteristics of the threat from which they need to protect themselves.

Three further general variables are identified in the emergency management research (see Lindell & Perry, 1992) which also play a critical part in how effective warning messages are:

- The definition of the threat as real.
- The level of perceived personal risk.
- The presence of a well-rehearsed plan, developed prior to a disaster, of what to do immediately preceding and during the disaster itself.

In the context of the 24/7 media cycle, how can we improve the post-event impact of a natural disaster to assist people in obtaining some form of closure with regard to the event? Who should be responsible for the post-event communications to those affected?

The Media does have an important role in post-event communications to help people obtain some sort of closure, especially if they have had a key role before and during the event, (e.g., ABC local radio, which has become a reliable and invaluable source of

warning and information to rural people in recent disasters). It is important that the media continue to broadcast and take talk-back about the disaster for some time after the event to help people make sense of what happened. Sense-making is a very important function for people following the experience of a traumatic event like an extreme weather event. It is particularly valuable for people to hear others share success stories and describe how they coped with the events. This modelling of good coping and helpful strategies is invaluable for people to hear and reflect on, and hopefully take up in their own recovery, or store away for future reference when next faced with an emergency.

What areas of research are currently being undertaken in the areas of natural disaster preparedness?

Our particular interest is in natural disaster psychological preparedness. We are interested in the human side of the preparation equation – how do people prepare themselves to cope with a frightening and threatening extreme weather event.

There has only been one in-depth validation study undertaken in Australia on psychological preparedness (Morrissey & Reser, 2003), in the context of a cyclone vulnerable community. This research was funded by the United Nations' International Decade of Natural Disaster Reduction. While considerable developmental work has followed from this research, by way of community education materials, training materials, and the incorporation of psychological preparedness content in the brochures and online advice of many agencies (e.g., Emergency management Australia, the Australian Red Cross, and APS) ongoing research has not kept up with interest, and incorporation into best practice. More research is needed in tailored applications of psychological preparedness, particularly in the context of the recurrent high risk of bushfire and floods for many communities. Ideally, this research would involve not only full scale community-based projects, but research exercises which articulate with a national monitoring program.

The psychological preparedness interventions and materials which have been developed are nonetheless based on a very substantial body of work encompassing stress inoculation training, cognitive behaviour interventions, and emotion management and self-regulation, with these convergent areas of research and best practice constituting one if not *the* most evidence-based body of psychological intervention work in clinical and health psychology. Joseph Reser and Shirley Morrissey have developed and expanded this work in a substantial number of publications (attached), but the evidence base for these applications *in terms of their own research* is modest.

There is a considerable body of work which has been more focused at a community level of analysis and the enhancement of collective coping and resilience. The work of Doug Paton is a good example of this (e.g., Gow & Paton, 2008; Paton, 2003), as is the work of Benight (2004) and others. The focus of this and others' work, however, is often post-event rather than pre-event, as with the extensive psychological literature which followed Hurricane Katrina.

Douglas Paton, Kevin Ronan and many other psychologists have done research on 'disaster preparedness' but arguably not '*psychological* preparedness for disasters'.

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