

Senate Standing Committees on Environment and Communications

Inquiry into

Recent trends in and preparedness for extreme weather events

Submission from the Department of Health and Ageing

December 2012

Submission to Senate inquiry into *Recent trends in and preparedness for extreme weather events*

This submission will refer specifically to the terms (c), (e) and (g) focussing on health preparedness and the health sector roles of states, territories and the Australian Government as the other terms fall outside the remit of the Department of Health and Ageing.

(c) an assessment of the preparedness of key sectors for extreme weather events, including major infrastructure (electricity, water, transport, telecommunications), health, construction and property, and agriculture and forestry;

(e) the current roles and effectiveness of the division of responsibilities between different levels of government (federal, state and local) to manage extreme weather events

The role of the health sector in preparing for extreme weather events is to plan for the management of human health consequences related to extreme weather events, such as drought, bushfires, heatwaves, floods and storm surges. The health sector prepares for and manages the consequences through well-articulated arrangements that the Australian Government coordinates with state and territory governments.

The National Health Emergency Response Arrangements (NatHealth Arrangements)¹ articulate the strategic arrangements and mechanisms for the coordination of the Australian health sector in response to emergencies of national consequence.

The experiences from the Victorian bushfires in February 2009 (including the significant heat stress event precipitating the fires) and the floods in Queensland over the 2010–2011 summer have identified lessons that require further development in planning and preparedness. In the health sector, apart from the acute care management of a range of trauma and infection presentations to medical professionals in hospitals and private practices, the focal points for action were the aged care and mental health areas. Other health related lessons included the health supply chain for pharmaceuticals and health consumables.

In recognition of the need for a whole of nation approach to health protection the Australian Government produced the NatHealth Arrangements under the authority of the Australian Health Protection Principal Committee (AHPPC) which reports to the Australian Health Ministers' Advisory Council (AHMAC). The AHPPC is the peak national health emergency management committee with the authority to plan, prepare and coordinate the national health response to significant incidents with the assistance of the Department of Health and Ageing (DoHA).

The NatHealth Arrangements direct how the Australian health sector (incorporating state and territory health authorities and relevant Australian Government agencies) would work cooperatively and collaboratively to contribute to the response to, and recovery from, emergencies of national consequence. Emergencies of national consequence are emergencies that require consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements.

In the event of an emergency of national consequence, the primary role of DoHA is to provide leadership and national health sector coordination. Functionally, this may include provision of expert health advice and national policy development, logistical coordination of

¹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-response-arrangement-nov11>

extra jurisdictional health sector resources (human, equipment and peripherals) and linkages to international health authorities and bodies.

The Office of Health Protection (OHP) designs and implements evidence-based and targeted programs, which contribute to the sustainability of the Australian health system by reducing preventable illness and mortality during an emergency. OHP supports the administration of the AHPPC and maintains the National Incident Room (NIR) which is its emergency operations centre for national coordination of responses to health emergencies.

State and territory health authorities have well established emergency management legislation, and well-rehearsed and integrated emergency management arrangements. Jurisdictional health authorities have existing command and control structures for the management of health facilities, public health units and pathology laboratory services. Additionally, in some jurisdictions ambulance services also come under the health authority response arrangements.

Each state and territory is responsible for determining its own internal coordination mechanisms to give effect to the NatHealth Arrangements, both as an affected jurisdiction in requesting national coordination and as an unaffected jurisdiction that may provide resources and assistance.

After the 2009 Victorian bushfires, the National Health Emergency Management Standing Committee (NHEMS), a standing committee of AHPPC, shared the Victorian and South Australian heat stress planning concepts amongst its national membership.

Under the NatHealth Arrangements the Emergency Response Plan for Communicable Diseases and Environmental Health Threats of National Significance will include national heat stress plans as they are developed.

DoHA has a robust regulatory framework to promote the delivery of high quality care by aged care service providers.

The *Aged Care Act 1997* and associated aged care principles provide the regulatory framework for Australian Government subsidised aged care providers and protection for people receiving aged care. The *Quality of Care Principles 1997* also establish the Community Care Common Standards which apply to service providers who are receiving funding under the Home and Community Care Program, packaged care programs and the National Respite for Carers Program. Aged care service providers are supported by the department to meet legislative and/or contractual requirements in relation to risk management for emergency events to ensure continuity of care for people who receive aged care services, with minimal disruption.

The department, through its aged care divisions, also provides advice and education to service providers to support them to develop adequate emergency management plans. In particular, providers are reminded of their responsibilities ahead of each high-risk season, and specific advice is also provided proximate to extreme heat events. The department also works closely with state and territory health and emergency service agencies to provide a coordinated response to emergency events that impact people receiving aged care.

The mental health response the Commonwealth provides, to an extreme climatic event is commensurate with the scale of the disaster and whether it involves significant loss of life and trauma at a local and population level.

The immediate response to natural disasters including extreme climatic events should be handled by state authorities, with assistance from organisations such as the State Emergency Services, Red Cross and Lifeline, to ensure basic needs are provided for. Contact by critical

incident teams, to assist with mental health recovery in this early stage can do more harm than good, until basic needs are satisfied.

Evidence indicates that around 80 per cent of people who experience a traumatic event, such as a bushfire tragedy, will recover without requiring ongoing assistance. It is important that people experiencing emotional distress talk to friends, family or professionals. There is a range of resources and organisations that can support and assist people coping with grief and loss caused by extreme climatic events. These include Lifeline Australia, Kids Helpline, Australian Child and Adolescent Trauma, Loss and Grief Network, *beyondblue*, Mensline Australia, Australian Psychological Society and Australian Centre for Post Traumatic Mental Health.

The key elements of a mental health response to any disaster including an extreme climatic event are as follows:

- Immediate emergency response – psychological first aid, usually provided by emergency services and state government;
- Crisis counselling at a population level – telephone support through Lifeline and Kids Helpline – keeping in touch with these services to gauge level of broader community concern, and ensuring specialised supervision and referral pathways available for more traumatised calls;
- Contributing to local response – liaising with Medicare Locals and other locally based services, such as headspace services, to support their capacity to provide mental health services, to meet the short and medium term needs arising from trauma and loss associated with the extreme climatic event;
- Communication – working with key professional groups and experts to facilitate coordinated messages through media about how to support people in the aftermath of an extreme climatic event – and how to avoid doing harm; and
- Coordination – ensuring any response provided by the Department of Health and Ageing (DoHA) dovetails with and does not duplicate other Commonwealth agencies and state and territory provided emergency response, or the role of other agencies.

There are often lasting mental health ramifications for people in areas affected by extreme climatic events that experienced loss or trauma. Trauma can be felt by people immediately involved and by people who have experienced similar situations in the past. Trauma reactions may occur immediately after the event, or in the weeks and months following the event. Likely reactions to the severe climatic events may range from people with few or no symptoms, people who develop symptoms that indicate a mental disorder, through to people with pre-existing psychiatric disorders whose problem is exacerbated by the floods or bushfire experience. It is important that an ongoing response is maintained as it can take up to 12 to 18 months, after an event of significant magnitude, for ongoing psychological symptoms, resulting from trauma and loss, to surface.

Evidence indicates that about 20 per cent of people affected by a significant extreme climatic event are likely to have ongoing and persistent psychological symptoms and mental health problems requiring ongoing specialised support and treatment.

There are existing Commonwealth funded mental health programs which can be used in the medium to long term to support people affected by loss and trauma as result of an extreme climatic event. These include the Access to Allied Psychological Services (ATAPS), Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule and Mental Health Services in Rural and Remote Areas. These programs allow GPs to refer patients who have been diagnosed as having a mental disorder of mild to

moderate severity to an allied health professional to provide short term focused psychological strategies services.

(g) any gaps in Australia's Climate Change Adaptation Framework and the steps required for effective national coordination of climate change response and risk management

In relation to gaps in Australia's Climate Change Adaptation Framework, the department is conducting a survey-based assessment across jurisdictions of the readiness of the Australian health system to respond to climate change. The assessment has a primary focus on governance and planning mechanisms within the health system and is not intended to address any clinical aspects of changes to Australia's climate. The assessment will enable identification of actions required to improve the health system's responsiveness to climate change. The Commonwealth, through the Australian Health Protection Principal Committee of AHMAC, is working with all jurisdictions on the assessment.