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Supporting rural communities in Australia to recover from the bushfire season of 2019-20

Senate Finance and Public Administration Committees

April 5th, 2020.

List of acronyms.

BOM	Bureau of Meteorology
DoH	Department of Health
FFU	Farm Fire Unit
GP	General Practitioner
NBRF	National Bushfire Recovery Fund
NERCW	National Enterprise for Rural Community Wellbeing
PHN	Primary Health Network
SPN	Suicide Prevention Network

Title	Supporting rural communities in Australia to recover from the bushfire season of 2019-20
Government	Australian Federal Government, Senate Finance and Public Administration Committees
Summary	<p>Australian rural communities have been disproportionately affected by the devastation of 2019-2020 bushfire season. This is particularly concerning for agricultural-based communities whose experience of bushfires is compounded by ongoing adversities such as drought, geographic isolation and reduced resources; and whose very livelihood depends upon the land. And yet, Australian policies of recovery in relation to physical and mental health have consistently been crisis-driven. Funding and services are delivered during the time of a crisis, but removed or scaled back once the crisis is deemed over. The current National Bushfire Recovery Fund includes a measure to support the mental health of people affected by the recent bushfires. However, this policy is adopts a highly medicalised and economic approach to recovery that does not adequately consider the timeframe of the recovery process, the diversity of the recovery process, the limited mental health resources available in rural communities, the non-financial barriers to accessing support, the expertise of rural communities in understanding their unique needs, nor the broader societal factors involved in wellbeing. The very viability of rural and regional communities is at stake if policies do not focus on long-term, socially-oriented, community resilience over short-term, reactive, individualised aid</p>
Recommendations	<p>The NERCW makes the following recommendations for enhancing the Australian Federal Government’s responses to the mental health of those recovering from the bushfire season of 2019-2020:</p> <ol style="list-style-type: none">(1) Social, financial and mental health services in bushfire-affected communities need to be ongoing.(2) Policy and funding initiatives need to build the capacity of rural mental health services.(3) Mental health recovery in rural communities needs to focus more on outreach services.(4) Rural communities need to be consulted in the development of recovery initiatives.(5) Funding needs to support a community and social model of health.

National Enterprise for Rural Community Wellbeing.

Professor Lia Bryant is an internationally known rural studies scholar and has worked in rural social research since 1992. In 2017 she established The National Enterprise for Rural Community Wellbeing (NERCW) at the University of South Australia which is comprised of energetic and passionate people from agricultural industries, government departments, and rural researchers. NERCW is supported by an Advisory Panel including representatives from Departments of Agriculture in SA, VIC and NSW and farmers. NERCW facilitates the building of resilient rural communities to manage recurrent rural stressors through locally targeted and supported interventions and create greater impact and sustainable solutions. The NERCW identify highly relevant issues currently impacting on the wellbeing of rural communities and provide creative solutions for rural community health and wellbeing that are co-designed and co-produced through collaborative research and programs with rural communities, government, not-for-profit, and for-profit organisations, local stakeholders and researchers.

In this submission, we primarily seek to address the following terms of reference:

- (f) existing structures, measures and policies implemented by the Federal Government, charities and others to assist communities to recover from the 2019-20 bushfires, including the performance of the National Bushfire Recovery Agency
- (h) an examination of the physical and mental health impacts of bushfires on the population, and the Federal Government's response to those impacts

Rationale.

Background.

Australia's latest bushfire season followed its hottest and driest year on record¹, thereby amplifying an array of pre-existing environmental, economic and social dilemmas and generating a number of unprecedented challenges. A significant factor was the widespread reach of the fires, however, it is apparent that rural and regional communities have been impacted disproportionately to metropolitan areas. We note that agricultural-based communities are particularly at risk because in addition to the devastating loss of lives and homes, the destruction of land, property and livestock during bushfires undermines their very livelihood and identity.² Recognising that such crises are compounded by the ongoing adversities of drought, geographical distance, reduced services and inadequate resources³, it is clear that short-term recovery initiatives are insufficient to encompass the scope of support needed by these vulnerable communities.

Australian policies have repeatedly responded to the physical and mental health of rural communities and people in farming during emergencies by delivering additional services at the time of the crisis, then removing or scaling these back once the crisis is deemed to be over.⁴ This is of particular concern because agricultural-based rural communities consistently experience economic and climate hardship such as flooding, drought, market fluctuation and debt.⁵ The frequent and ongoing nature of these challenges deplete already limited resources and mean that recovery after crisis situations is prolonged. As Australian bushfire seasons are predicted to worsen⁶, communities face shorter timeframes to rebuild and adapt.

¹ Bureau of Meteorology, *Annual Climate Statement 2019* (Canberra: The Australian Federal Government, 2020).

² Lia Bryant and Bridget Garnham, "The Fallen Hero: Masculinity, Shame and Farmer Suicide in Australia," *Gender, Place and Culture* 22 (2015): 67-82.

³ Anthony S. Kiem et al., *Drought and the Future of Rural Communities: Drought Impacts and Adaptation in Regional Victoria, Australia* (Gold Coast: National Climate Change Adaptation Research Facility, 2010).

⁴ Michael Eburn et al., "Learning from Adversity: What has 75 years of Bushfire Inquiries (1939-2013) Taught Us?," (Wellington: Bushfire and Natural Hazards CRC, 2014).

⁵ Helen L. Berry et al., "Climate Change and Farmers' Mental Health: Risks and Responses," *Asia-Pacific Journal of Public Health* 23 (2011): 119-132.

⁶ BOM, *Annual Climate Statement*, 2020.

Consequently, the very viability of rural and regional communities is at stake if policies do not focus on supporting long-term resilience over short-term, reactive aid.

Current policy context.

Current responses by the Australian Federal Government to the bushfire season of 2019-2020 are primarily drawn from the National Bushfire Recovery Fund, managed by the National Bushfire Recovery Agency. The *Supporting the Mental Health of Australians Affected by Bushfires* measure adopts a highly medicalised and economic-based approach to recovery, which is problematic because it does not adequately promote community resilience, allow space for alternative paths to recovery, engage broader societal factors in wellbeing, or account for non-financial barriers to mental health assistance.

Firstly, the NBRF allocates \$76 million over two years for the above measure.⁷ However, our studies demonstrate that, firstly, this timeframe is far too short to support physical and mental health recovery through climate adversity. For example, farmers report that even after rainfall following a period of drought, it can take at least 3 years to recover financially, emotionally and in relation to physical and mental health.⁸ Similarly, rates of mental illness among communities affected by the Black Saturday bushfires were still elevated five years later, when compared to the general population.⁹ Approving a two-year recovery plan reinforces policies that burgeon during a crisis and withdraw resources once the crisis is deemed over. Furthermore, when funding is allocated over a short, specified timeframe for crisis purposes, recovery initiatives are often installed in a haphazard manner. There is limited communication between agencies, NGOs and community groups about what services are already in place or will be implemented, leading to lack of coordination and an inefficient use of skills, time and resources.

⁷ Department of Health, *Mental Health Support for Australians affected by the 2019-20 Bushfires* (Canberra: The Australian Federal Government, 2020).

⁸ Lia Bryant and Jodie George, *Water and Rural Communities: Local Politics, Meaning and Place* (Abingdon: Routledge, 2016).

⁹ Richard A. Bryant et al., "Psychological outcomes following the Victorian Black Saturday bushfires," *Australian and New Zealand Journal of Psychiatry* 48 (2014): 634-643.

Secondly, the measure stipulates “coordinated and tailored support” and “on the ground mental health support”, rolled out through 10 free counselling sessions offered by Primary Health Networks and up to 10 Medicare-rebated psychological therapy sessions offered by professionals without referral from a GP.¹⁰ Such an overwhelming emphasis upon individual counselling does not account for diversity within the recovery process. Farmers have consistently commended the value of community workshops, social gatherings and physical health programs such as Fat Farmers, for their mental wellbeing.¹¹ These initiatives move beyond individual therapy to foster connectedness in times of crisis and trauma. Additionally, waiving the assessment process for Medicare-based psychologists does not address the problem of limited resources and within rural areas. Even in times of non-crisis our interviews with SPNs and psychologists in rural South Australia have repeatedly highlighted long waiting-lists and staff burnout.¹² Without building the capacity of mental health services, subsidised counselling cannot adequately support recovery in regional areas. Furthermore, long waiting-lists presents only one of multiple barriers faced by rural communities in accessing wellbeing services. We have found that men in farming especially, are unlikely to proactively seek counselling.¹³ Hence, in the unique context of agricultural-based rural communities, “on-ground counselling” is not maximised by offering free sessions at the local PHN. Instead, our research has raised the many benefits of outreach services for community engagement and connectedness.¹⁴

Thirdly, the measure includes small community grants of up to \$10,000 for activities to strengthen connectedness and peer support in regions “severely” affected by the bushfires.¹⁵ However, this perpetuates the medicalised approach to recovery by positioning grass-roots and social avenues for recovery as secondary to psychiatric ones. Our evidences highlights that rural communities have been

¹⁰ DoH, *Mental Health Support for Australians*, 2020.

¹¹ Lia Bryant et al., *Tailoring suicide prevention strategies for men in farming occupations project* (Adelaide: NERCW, 2019-ongoing).

¹² Bryant et al., *Tailoring suicide prevention strategies*, 2019-ongoing.

¹³ Bryant and Garnham, “The Fallen Hero”, 67-82.

¹⁴ Bryant et al., *Tailoring suicide prevention strategies*, 2019-ongoing.

¹⁵ DoH, *Mental Health Support for Australians*, 2020.

handling suicide, mental health and environmental crisis among farmers for generations.¹⁶ They report that grants create further stress because they present a significant administrative burden and often espouse short application periods.¹⁷ To ensure sustainable, ongoing recovery is supported in rural areas, government policy needs to value communities as the experts of their situation and consult with them. Such bottom-up initiatives reduce the likelihood that groups of people are overlooked in recovery. For example, the NBRF includes trauma-training and debriefing for emergency service personnel, but neglects smaller volunteer groups such as Farm Fire Units.

While there is a space for the clinical approach taken by the Australian Federal Government to bushfire recovery, evidence around the worsening nature of global climate and the prolonged mental health impacts of environmental disaster, point to a compelling need for long-term, social-based, community-led initiatives that move away from a crisis-dominated framework.

¹⁶ Lia Bryant and Bridget Garnham, “Glocal Terrains of Farmer Distress and Suicide,” In Mona Livholts and Lia Bryant, *Social Work in a Glocalised World* (Abingdon: Routledge, 2017).

¹⁷ Bryant et al., *Tailoring suicide prevention strategies*, 2019-ongoing.

Recommendations.

1. Social, financial and mental health services in bushfire-affected communities need to be ongoing.

Even if there is a greater focus on tele-health services or greater partnerships with non-government organisations, recovery policies and services can no longer be crisis-driven. Funding should account for a timeframe of at least 3-5 years.

2. Policy and funding initiatives need to build the capacity of rural mental health services.

Funding needs to be directed towards sustainability and expansion of services, including employment of more staff on a long-term basis. This is especially critical for agricultural-based, bushfire-affected communities where waiting lists for counselling are already over-burdened.

3. Mental health recovery in rural communities needs to focus more on outreach services.

Social workers and mental health professionals need to be employed for “door-to-door” check-ins and counselling to accommodate the unique context of agricultural-based communities. Locating mental health support at PHNs does not address barriers to engagement and help-seeking.

4. Rural communities need to be consulted in the development of recovery initiatives.

Policy development requires acknowledgement that rural and farming people across age, gender, Indigeneity and ethnicity are experts in what their communities require to recover from bushfire. Diverse groups of rural and farming people will need to be consulted on what responses are required, for example consulting teachers regarding the needs of children, FFUs regarding the needs of their volunteers, and SPNs regarding the needs of community members they have built rapport with.

Funding allocation and service delivery during times of crisis, must consider what initiatives are already in place, and promote better coordination between Federal, State, NGO and community-based organisations. This is imperative to streamline delivery, ensure that resources are utilised more efficiently, and reduce confusion for people accessing recovery supports.

5. Funding needs to support a community and social model of health.

More funding should be directed to community activities and programs that promote connectedness. Rural communities often harbour “champions” or specific people who are heavily involved in promoting social support, events, recovery initiatives and more. Policy needs to incorporate aims that support these champions so that they do not burn out. Further endorsement of a social model of health might include small financial aid to allow community groups (e.g. SNPs) to employ a committee member for administrative assistance, or might include localised training for peer support in how to talk to people about grief and loss.