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Department of Health
and Aged Care

Inquiry into Australia's Disaster Resilience

Submission from the Department of Health and Aged Care
to the Senate Select Committee on Australia's Disaster Resilience

17 February 2023



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Introduction

The Department of Health and Aged Care (the department) welcomes the opportunity to make a submission to the *Senate Select Committee on Australia's Disaster Resilience*.

The submission outlines how the department supports response to, and recovery from, natural disaster events. The submission also outlines how the Australian Defence Force (ADF) supported the department in response to COVID-19.

Overview of Health Emergency Planning and Preparedness

Health emergency response planning

Australia has well established arrangements in place to respond quickly and effectively to a range of health emergencies. The National Health Emergency Response Arrangements (NHERA) outline the strategic authorities, responsibilities, arrangements and the mechanisms that enable a coordinated national health sector response to emergencies of national significance.

Under the NHERA sit plans which address the key types of health emergencies. These plans are supported by hazard specific plans, including Australia's Domestic Health Response Plan for All Hazards Incidents of National Significance (AUSHEALTHRESPLAN).

AUSHEALTHRESPLAN provides an agreed framework for the coordination and response arrangements for national health sector operations, with a focus on patient management and transfer, health workforce availability, and the provision of resources in response to an all-hazards incident of national significance.

AUSHEALTHRESPLAN can operate independently of the Australian Government Disaster Response Plan (COMDISPLAN). However, if COMDISPLAN is activated, AUSHEALTHRESPLAN acknowledges that the formal pathways and requests for national health sector assistance must follow the prescribed arrangements.

Health emergency response plans are informed by, and developed under, the Australia Government Crisis Management Framework (AGCMF). The national health sector emergency response plans are consistent with, and complementary to, broader Australian Government emergency response plans and frameworks; and are supported by plans at the state and territory government level, which have been designed to meet the specific needs and resources of individual jurisdictions.

All national health sector emergency response plans are written to be flexible and scalable, to ensure that Australia can make the most efficient use of its resources, while causing the least burden for the health system and for the community.

Deployable emergency response capability

The National Critical Care and Trauma Response Centre (NCCTRC) was established in 2004 and has since attracted national and international recognition for its role in providing a coordinated and national approach to disaster preparedness and trauma response. The NCCTRC provides trauma response services and surge workforce capacity to the Royal Darwin Hospital and provides national training and coordination of personnel registered to deploy with Australian Medical Assistance Teams (AUSMAT) and Rapid Response Teams (RRT).



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Emergency Medical Teams (EMT) are groups of health professionals (doctors, nurses, paramedics etc.) that treat patients affected by an emergency or disaster. As an EMT Type 2, AUSMAT can provide fixed and/or mobile units for stabilisation of acute trauma and non-trauma presentations, referrals, and community-based primary care, in addition to a full team of 58 personnel to support a fully self-sufficient field hospital within 24-36 hours of arrival to an affected area for a minimum period of three weeks. AUSMAT are also able to provide specialist care cells consisting of four to six specialist health professionals in nine additional specific medical fields.

AUSMAT's original focus was on trauma and acute care incidents with most professionals in its employ able to support the procedures and logistics required in a rapid-onset, acute timeframe incident of national significance. This included mass casualty incidents as well as trauma incidents induced by weather events such as tsunamis and earthquakes.

Over time, AUSMAT's capabilities have grown to include broader swathes of the healthcare profession, including communicable disease and public health experts, as well as qualified healthcare individuals with other skillsets such as cave diving, and allied health professionals.

Domestic AUSMAT deployments occur at the request of an affected state or territory and are activated by the Director-General, National Emergency Management Agency, under the COMDISPLAN.

In response to a Request for Assistance, expressions of interest are prepared by NCCTRC and distributed to Australian Health Protection Principal Committee (AHPPC) National Health Emergency Management Sub-committee (NHEMS) members for dissemination amongst state and territory networks. NHEMS members then advise NCCTRC and the department which personnel are eligible for deployment. Eligibility includes both registration on the AUSMAT database, and approval to be released from jurisdictional normal employment.

AHPPC approval is then sought to authorise the deployment and release of staff from their normal employment.

Health sector preparedness for the impacts of climate change

In line with the Government's commitment to making climate change a national health priority, the department has established a National Health Sustainability and Climate Unit. The Unit is currently developing Australia's first National Health and Climate Strategy (the Strategy) in close collaboration with states and territories, non-profit organisations, peak bodies, private sector health providers and academics. The Strategy will identify priority areas for action to reduce health sector emissions, ensure the health sector is well prepared for the impacts of climate change and maximise the synergies between climate and health policy.

As part of its objective to ensure health sector preparedness, it is anticipated that the Strategy will consider the role of current preparedness, response and recovery workforce models in building health sector resilience and meeting the health needs of the Australian community. The department recommends that the Select Committee on Australia's Disaster Resilience include health considerations when inquiring into, and reporting on, the roles of both current and alternative preparedness, response and recovery models. For example, the



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Inquiry should seek to identify how current or alternative models impact immediate and long-term community health outcomes in the aftermath of disaster, and whether they are inclusive of the health needs of vulnerable communities.

Australia's mental health emergency response

The Australian Government recognises the compounding effects disaster events can have on a person's mental health. Findings from a recent *Royal Commission into National Natural Disaster Arrangements* indicate that natural disasters (and extreme weather) give rise to increased rates of stress, depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and substance abuse, aggression and violence, suicide, and exacerbation of other underlying mental health problems. Long-term mental health impacts are also linked to the practical challenges of rebuilding after a natural disaster, including experiences relating to housing, insurance and obtaining financial assistance.

Effective integration of mental health response is an essential part of disaster planning and ensures a proactive response to the short, medium and long-term mental health effects following natural disasters. The health and mental health response to natural disasters requires effective planning and those of national scale or consequence need to be supported by national coordination mechanisms.

In response to the 2019-2020 Black Summer Bushfires, the Government developed the *National Disaster Mental Health and Wellbeing Framework* (the Framework). The Framework is part of a package of mental health measures responding to these bushfires. Implementation of the Framework by the National Emergency Management Agency is a key piece of work that all levels of government will be undertaking over the coming years to ensure that mental health is prioritised during and after natural disasters.

The Australian Government has provided targeted funding to Australian communities impacted by recent natural disasters, such as the 2019-20 Bushfires, COVID-19 and the 2022 flooding events across eastern Australia, to support the mental health of impacted communities. These investments include:

- \$51.0 million to respond to the recent floods across eastern Australia in 2022.
- Over \$1.3 billion to respond to the COVID-19 pandemic.
- \$99.3 million in new funding to respond to the 2019-20 'Black Summer' bushfires.

Primary Health Networks (PHNs) also play a key role in primary care and mental health response to emergencies due to their localised knowledge and ability to work with state and territory governments. Community-led and community-focused responses such as what can be provided by PHN's are more likely to be utilised by the community as responses can be tailored to the nuances of different communities needs and identities. Providing culturally safe and appropriate mental health support is one of the Framework's key priorities.

The Australian Psychological Society's (APS) Disaster Response Network (DRN) provides volunteer psychologists to remote areas impacted by disasters. The APS is the peak body for psychologists in Australia with over 28,000 members.



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DRN is the APS's national volunteer network of almost 700 APS member psychologists who have a special interest and expertise in working with frontline workers who assist individuals and communities affected by disasters and emergencies in Australia.

DRN psychologists can provide support to frontline staff or emergency service providers responding to:

- Climate events - floods, cyclones, bushfires etc.
- Major car accidents, house fires, other significant incidents
- Domestic violence incidents
- Suicide, homicide etc. (Note the DRN does not provide critical response services)
- Other events and situations causing stress (COVID, epidemics etc)

Support can be provided in the immediate aftermath of an event or incident but also during the recovery phase.

The DRN was established in response to the Black Saturday Victorian bushfires of February 2009. In 2020, the department provided funding to the APS to train psychologists to join the DRN in response to the 2019/2020 Black Summer bushfires. In 2022, the department funded the APS to expand the reach of the DRN to PHNs impacted by floods.

People impacted by natural disasters are able to access a range of national, regional and localised mental health supports. Non-government organisations play an important role in supporting communities and vulnerable groups prepare for, respond to, and recover from disaster events. These include:

- Phoenix Australia who provide psychological first aid programs, trauma informed care and psychological first aid resources and training.
- The Black Dog Institute provides resources and support for first responders through their *National Emergency Worker Support Service*.
- Emerging Minds deliver the *National Workforce Centre for Child Mental Health* which provides mental health and wellbeing resources, and their Community Trauma Toolkit which provides a range of resources for communities to support the mental health and wellbeing of children and families following a traumatic event or disaster.
- The National Aboriginal Community Controlled Organisation (NACCHO) provides trauma counselling, healing and support for First Nations communities.
- Beyond Blue deliver a range of mental health and suicide prevention projects and services. Beyond Blue offers mental health information and support for Australians, including a 24/7 phone service and webchat, 24-hour email response, and online forums. Beyond Blue typically targets high prevalence disorders such as depression and anxiety.

A range of digital mental health services, including Lifeline Australia's 13 11 14 phone line, Kids Helpline, ReachOut, Mindspot (online clinic), and SANE Australia's online community forums are also available in supporting communities after a disaster event. These services are nationally available, free or low cost, and cover a range of counselling, treatment and crisis support services, including suicide prevention and peer support.



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Role of the Australian Defence Force in response to COVID-19

Aged Care Services

During 2022 the ADF was deployed to assist Residential Aged Care Facilities impacted by COVID-19. This deployment reflected the urgent need of the sector, the extreme demand for health care workers and the lack of any other deployable workforce. While this response was unique, it did highlight a need to better plan for how to support aged care providers impacted by disasters. In response, the department has developed the Aged Care Emergency Management Framework and has implemented processes and governance arrangements through the establishment of the Aged Care Emergency Management Operational Committee.

National Medical Stockpile

During 2021 and 2022, at the height of the COVID-19 Omicron variant wave, the National Medical Stockpile (NMS) Taskforce experienced extraordinary demand for Personal Protective Equipment (PPE) deployments from Residential Aged Care Facilities to support the continuation of frontline services. To assist with this unprecedented demand, the NMS Taskforce requested, and received, support from the ADF to provide additional resources between January to April 2022. Officers seconded from the ADF supported functions within the NMS Taskforce including:

- The processing and dispatch of PPE requests
- Operational and logistics support, including unloading stock into Residential Aged Care Facilities
- Contract management and assurance
- Policy and planning advice.

The department appreciates the support provided by the ADF during this time.