

# Better mental health care for the local communities in Queensland

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The cascading and compounding effects of recent natural hazards and disruptive events in Australia have been much discussed. It's timely to examine the cascading and compounding benefits that can be achieved through successive disaster-response initiatives.

Australia's *Disaster Recovery Funding Arrangements 2018*<sup>1</sup> is a joint Australian Government and state and territory funding agreement. Category C assistance is only made available when a disaster is severe. In Queensland, a community disaster mental health response has been funded under Category C for 3 consecutive activations: Monsoonal Flooding 2019 in the north and west, Eastern Queensland Bushfires 2019 in the south-east and Rainfall and Flooding 2021–22 across much of the south.

Birdie's Tree<sup>2</sup> is hosted by the Queensland Centre for Perinatal and Infant Mental Health within Children's Health Queensland Hospital and Health Service. Birdie's Tree provides specialist support for the mental health of expectant and new parents, babies and children in areas with an activated disaster recovery mental health response. The overlap in Queensland's local government areas receiving a mental health response related to bushfires in 2019 and flooding in 2021–22 provided the Birdie's Tree team with an unusual opportunity (dare we say a 'bird's-eye view') to observe the cascading and cumulative benefits of successive disaster-response initiatives in the same area.

'Sharing the driving' refers to the general notion of partnership, which we believe is essential to human and social recovery. This paper unpacks 5 principles that, from our experience, enable effective partnerships and are worthy of consideration in policy and practice. Practical examples of barriers and enablers are cited to demonstrate how these principles have operated in the real world over the past 4 years.

## Principle 1: the recovery cycle

Preparedness, response and recovery should be considered cyclical rather than linear, with a focus

on all-hazards resilience rather than a narrow approach of 'recovery' from specific events.

There is consensus in the emergency management community that natural hazards are increasing in frequency and severity.<sup>3,4</sup> A theoretical model that considers natural hazards unusual, and the process of preparedness, response and recovery linear, will not prepare emergency management services and communities to cope with the cascading and compounding effects of simultaneous and consecutive events.<sup>5</sup>

Somerset is one of several Queensland local government areas where a disaster mental health team was still responding under the 2019 bushfire activation when the same area was hit by floods in early 2022. The Birdie's Tree team participated in a community event organised to support recovery from the fires. A group of 7 children aged 3 to 9 years old from 4 families had just lost their homes to flood. All had been evacuated under stressful conditions and had experienced family separation, financial hardship and disruption to their education and social situations. These families were concurrently dealing with the threat of COVID-19 and the effects of pandemic restrictions and shortages. Parents and caregivers were anxious about the possibility of future flooding due to an expected third La Niña weather pattern.

These families were far from unique among communities in the West Moreton, Darling Downs and Sunshine Coast areas for whom short-term recovery from floods was entangled with long-term recovery from fires, an immediate response to the pandemic and preparedness for more potential floods in the coming season. The presence of mental health teams, including the Birdie's Tree team, with authority to respond to community mental health needs as they presented, enabled effective support for individuals and families.



Dr Andrea Baldwin and Kathy Morrow help children develop coping skills for upheavals in their lives. Sharing the driving means partnering and working together.

Image: Angie Gorry, Children's Hospital and Health Service, Brisbane, Queensland

## Principle 2: 'products' progress partnerships

The principle of 'build back better' is demonstrated, not only in the use of recovery funding to provide communities with better hazard-resistant housing and infrastructure, but also in capacity building for people's mental health and wellbeing. Just as resilient infrastructure relies on the availability of materials, technology and design to provide bushfire-resistant houses and flood-capable roads and bridges, mental health resilience requires resources, programs and training that support people's wellbeing and coping. The process of distributing resources, running programs and providing training can help partnerships quickly coalesce around a shared goal.

The Queensland Health Mental Health Alcohol and Other Drugs Branch routinely trains disaster recovery teams in a suite of programs including Stormbirds, Seasons for Growth and Trauma-focused Cognitive Behaviour Therapy. Disaster recovery teams and members of a standing program, Tackling Regional Adversity through Co-ordinated Care, are trained to deliver programs of Psychological First Aid for responders. Some disaster recovery teams also develop information sessions and training programs

to meet local needs. Rolling out these programs strengthens relationships between the teams and local service providers, supports local service providers to network with one another, builds capacity within the community to respond to and recover from recent and future events and creates referral pathways for individuals experiencing distress to access support.

The Birdie's Tree team provides 2 training programs: Birdie's Tree Early Learning Program for early childhood educators and Birdie's Tree Universal Resources Training for a wide range of personnel. It provides 2 mental health promotion programs, Birdie Calls and Birdie's Community, and a clinical early intervention program called Birdie Cares. These programs support children's recovery from recent events while growing emotional preparedness for the possibility of future events. A component of the programs is distribution of Birdie's Tree resource kits across councils, libraries, primary schools, early learning centres and other services. The training programs help to reduce the likelihood that these resources sit on shelves. Rather, they are used to help children and families recover from recent events. With this foundation of familiar characters and stories, children can better understand and cope with the response and recovery phases of future events.



Birdie and Mr Frog with books.

Image: Diane Wiki.

### Principle 3: working together

Disaster response and recovery personnel distinguish between local services (that belong to a community and operate day-to-day) and external services (that come in from outside to assist in response and recovery). A common discussion topic is how best to combine the advantages of both groups in a general approach to disaster response and in the unique circumstances of a specific event. The aspiration of 'community-led response' expresses the expertise of communities in their own place, social capital and autonomy. However, the effects of the event may temporarily disable organisations and individuals tasked with response and/or rapidly exhaust the physical, mental and emotional capacities of local personnel. External organisations are sometimes termed 'expert companions', not to imply that local services lack expertise, but in recognition that people whose homes, families and businesses have recently been disrupted by an event may need to work alongside people who are not in that position.

Since 2019, the role of disaster recovery team clinicians has been gradually negotiated across the large number of local government areas in which these teams have operated. The disaster recovery team program is seen as an 'external' service as its funding is temporary (2 years), operations are centrally coordinated and teams usually work across a wide geographical area. While the individual clinician appointed to a disaster recovery team may be a long-term resident of the hospital and health service in which their team is located, they are unlikely to have existing relationships across all local government areas where they are expected to work. This means clinicians must quickly identify networks of service providers that operate in an affected area, establish relationships through these networks and deliver resources, programs and services through partnerships with network members.

The same applies for other positions funded under Disaster Recovery Funding Arrangements Category C such as community recovery and resilience officers in councils and a range of other positions funded under short-term programs. While not always explicitly outlined in role descriptions, these positions play

an important part in alleviating distress, supporting people's wellbeing and building resilience in individuals and families.

The process of introducing external services has become streamlined over the past 4 years. The Birdie's Tree team has learnt to connect early with councils, libraries and community and neighbourhood centres to identify existing networks such as Local Level Alliance, local disaster management groups and interagency groups or subgroups that focus on early childhood and/or disaster resilience and recovery.

Other external organisations, including non-government organisations whose ongoing operations are statewide or embrace several local government areas, have proved vital partners, providing access to networks and processes on the ground. Trust and goodwill has been built and relationships have been strengthened and expanded through successive responses. Joint strategic planning and statewide preparedness are becoming possible through these partnerships.

### Principle 4: cooperative relationships at all levels

Cooperation at different levels of partner organisations can help deliver effective support for communities. In essence, if the same intention is shared vertically (top-down and bottom-up) through each partner organisation, as well as horizontally (across the organisations), communication and action are facilitated.

The Birdie's Tree team has pursued this goal by meeting with partner organisations. For example, the relationship between Birdie's Tree and BUSHkids began in Mt Isa under the Monsoonal Flooding 2019 activation. Under the Rainfall and Flooding 2021–22 activation, the Birdie's Tree team worked with BUSHkids clinical teams within 3 rural communities. BUSHkids has facilitated the provision of Birdie's Tree early learning programs for early childhood educators in all 3 towns. The Birdie's Tree team met with the Friends of BUSHkids community support committee and provided Birdie's Tree Universal Resources Training for the BUSHkids clinical leadership team. The intention is to provide training for individual clinical teams in future. The Birdie's



Birdie and Mr Frog on dashboard

Image: Andrea Baldwin

Tree team meets periodically with the CEO and Director of Clinical Services and Strategy of BUSHkids. The trust and understanding that has grown through meetings and activities has translated into effective support for children, communities and families.

## Principle 5: continuity helps, discontinuity hinders

A complaint from communities affected by floods in 2021–22 concerned the lag between short-term counselling services ceasing at community recovery hubs and clinical services becoming available through disaster recovery teams. Processes required to set up a mental health response under a new activation can be time-consuming. These include allocation of funding, approvals and agreements among the funding and administrating areas of the Australian and state governments, establishment of positions in hospital and health services, recruitment and appointment processes and onboarding and training for new staff.

The Birdie’s Tree team has been able to deliver services most effectively where there is more continuity and less disruption to staffing and relationships. A choice was made by Queensland Centre for Perinatal and Infant Mental Health to fund its team to deliver services in flood-affected areas over the gap between the end of the eastern Queensland bushfires response and the commencement of the flooding response. One council in an affected area similarly chose to fund a community development officer across this time gap. As this individual had filled the same role in a different area, their working relationship with the Birdie’s Tree team had already been built over 3 years. The community development officer and the Birdie’s Tree team worked powerfully together to support children and families recovering from bushfires and floods in the context of a pandemic, without the discontinuity that would otherwise have resulted from the gap in funded programs.

The challenges posed by the 2-year limit of Category C funding have been much discussed in various forums. Positions in disaster recovery teams and other roles such as community resilience and recovery officers must be established as temporary under the funded program. For Queensland Health employees, this means the successful applicant is either recruited to a temporary position in a team or seconded from their substantive position to fill the role. Temporary employees are motivated to seek a

permanent position elsewhere and therefore leave the disaster recovery role and seconded employees are often recalled to their substantive position due to operational demand. Over the past 3 activations, it has been the exception rather than the rule for clinicians to remain in the role for the entire 2-year duration. The Rainfall and Flooding activation approached its halfway mark during mid-2023 and has experienced considerable staff turnover in disaster recovery teams and community recovery and resilience officers.

Factors that help mitigate the risks associated with discontinuity of funding and staff turnover come back to the main theme of ‘sharing the driving’ and the policy and practice principles outlined here. These include the use of a standardised suite of programs and training delivered by disaster recovery team clinicians, networks of relationships among local and external service providers and partnerships actively nurtured at multiple levels of partner organisations. It bears repeating that the continuity of service provision that builds community resilience arises from a mindset that views preparedness, response and recovery as a cycle rather than steps in a linear and time-limited process.

## A final note

It is clear from traditional environmental practices and oral histories that Aboriginal and Torres Strait Islander peoples have long understood the cycles of storms, cyclones, floods, droughts, heatwaves and fire. They also understand their place in the environment as integral rather than separate and their actions on Country as ‘doing with’ rather than either ‘doing to’ or ‘being done to’. Accepting, anticipating and preparing for weather events is one of many lessons that contemporary emergency management is learning. In practice, for mental health responses, this approach suggests funding and workforce arrangements should move away from the current discontinuous responses to specific events, towards ongoing resilience building in communities.

## Endnotes

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