



Senate Select Committee on Disaster Recovery and Resilience

Lifeline Australia Submission

February 2023



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Executive summary

As Australia's largest and longest-serving suicide prevention organisation, the Lifeline network is privileged to hold a place of significant community trust, particularly in times of crisis. In keeping with this, and with the large and growing body of evidence of the significant negative impacts of disaster on mental health and wellbeing including suicidality, Lifeline currently plays a key role supporting communities impacted by disaster: Nationally, Lifeline's tailored digital service offerings provide 24/7 support to those in need including a dedicated disaster recovery line (13HELP), whilst locally our Centres provide a coordinated on the ground response across multiple jurisdictions. Looking towards a future characterised by more frequent and intense disasters, with recent evidence of significant related public concern, Lifeline Australia submits there is a clear need for a comprehensive approach to disaster resilience planning in Australia. Here, drawing from recommendations recently offered by the World Health Organisation (2022), we endorse the need for mental health and wellbeing to be considered a core element of resilience workforce planning. And as a service provider that - uniquely - has national reach whilst simultaneously being grounded in local communities nation-wide, Lifeline looks forward to the opportunity to discuss our role supporting a disaster resilient future.

About Lifeline

Operating for 60 years, Lifeline is Australia's largest suicide prevention service provider, with a vision of an Australia free of suicide.

Lifeline Australia has 23-member organisations. Together, these organisations form a network of 41 Lifeline Centres, operating in all states and territories. Our network delivers digital services to Australian people in crisis wherever they might be, whenever they are needed and on the platform in which they are most comfortable accessing our support. Examples include Lifeline's 13 11 14 crisis line; an Crisis Support Chat and Text service; a dedicated disaster recovery helpline (13HELP); a suicide Hot Spot Service targeting known suicide locations; 13 YARN, an Aboriginal and Torres Strait Islander Crisis Support service (13YARN), and a range of online self-help and referral resources. Lifeline Centres also deliver accredited education and training programs focusing on suicide awareness and prevention and community-based suicide prevention initiatives, including upstream services (for example, financial counselling and legal services) and postvention services (for example, counselling, aftercare and bereavement groups) for those impacted by suicide. Importantly, Lifeline has the capability to refer between services operating across platforms and between digital and community services.



Context

“It’s as much about broken spirits as damaged buildings”

Associate Professor Grant Blashki, Monash University

In a recent national YouGov poll, no less than 80% of the 2032 Australians surveyed reported having experienced some form disaster at least once since 2019 (Climate Council of Australia, 2023). These included heatwaves (63%), flooding (47%), bushfires (42%), and drought (36%). Based on such high exposure levels, it is unsurprising that more than half (51%) of respondents also reported being ‘very’ or ‘fairly worried’ about extreme weather events in future. Such data serve as a snapshot not only of existing high prevalence of disaster exposure amongst the Australian public, but also of the levels of concern harboured by Australians about future disasters. Lifeline Australia submits there is an opportunity through careful planning to strengthen future disaster response and management, and in so doing to manage a range of risks around more frequent and intense disaster events.

Lifeline further submits that any consideration of the impacts of disaster must include those related to mental health and wellbeing. Existing evidence attests to the importance of the psychological impacts of disaster over time. Using data related to bushfire events as one example, there is evidence that in the short term, communities with high exposure experience increased levels of post-traumatic stress disorder (PTSD), depression, distress, and heavy alcohol use (Bryant et al., 2014; Laugharne et al., 2011). In the medium to long term, rates of probable depression and severe distress (Bryant et al., 2018), and symptoms of PTSD (McFarlane & van Hooff, 2009) remain elevated, particularly when compounded by loss and hardship secondary to the traumatic event.

Compounding concerns relating to mental health consequences of natural disaster is the established relationship of such events with increased levels of family and domestic violence. It has been reported that Hurricane Katrina was associated with a marked increase in family and domestic violence, and that a similar spike was observed as a consequence of the Canterbury earthquakes (Parkinson & Zara, 2013). Rates of family and domestic violence are also, concerningly, associated with increased risk of suicidality (Devries et al., 2011).

Following on from this, the relationship between suicide and natural disasters is complex (Kölves et al., 2013). Importantly, it appears that the impact of natural disasters on suicide rates is dependent on the nature and severity of the disaster (Matsubayashi et al., 2013). Though smaller-scale disasters have been associated with a decrease in suicides, disasters imposing high levels of destruction have been associated with an increase in suicide rates in the following years. Increases in suicidality have been observed amongst survivors of Hurricane Katrina (Kessler et al., 2008), the



Fort Murray wildfire (Brown et al., 2019), and the Niigata-Chuetsu Earthquake (Suzuki et al., 2011). Further, a systematic review of the relationship between natural disasters and suicide concluded that the current evidence supports a rise in suicide rates after a disaster for droughts, dust storms, hurricanes, and geomagnetic disturbances, but that there was insufficient evidence to draw conclusions regarding floods (Davoudi et al., 2022).

A further consideration of measures designed to support mental health and prevent suicide relates to the dynamic and enduring nature of the disaster's impact. There is evidence that increases in suicide rates following a disaster can have a delayed onset (Davoudi et al., 2022). This is consistent with evidence that an individuals' response to disaster has a series of psychosocial phases, with fluctuating emotional highs and lows (see for example Figure 1, Substance Abuse and Mental Health Services Administration, 2020). Those phases can unfold over timeframes measured not in weeks or months but *years*. After living through the immediate physical, social, and safety threats the community cohesion that coincides with the immediate recovery effort, the aftermath of disaster can trigger new or exacerbate existing mental health issues. Negative mental health consequences of the Black Saturday fires were measurable even five years post-disaster (Gibbs et al., 2013).

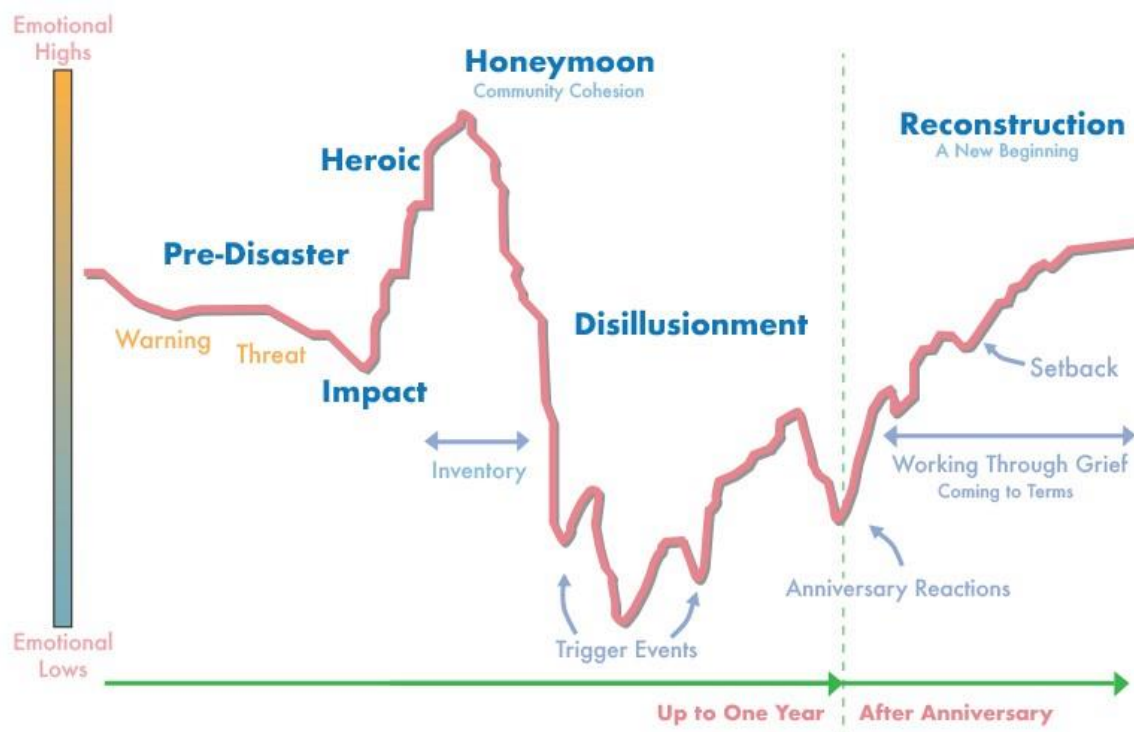


Figure 1. “Phases of Disaster” (Adapted from Zunin & Myers as cited in Substance Abuse and Mental Health Services Administration [2020])



Though per the material above it's clear that the relationship between disaster and suicidality is complex – and subject to factors such as severity of disaster, a delayed and potentially prolonged time-course between disaster and psychological impacts, and the role of compounding factors such as domestic violence – there is nonetheless consensus that climate change-related disasters are indeed interlinked with mental health and wellbeing. One key example is a recent policy brief issued by the World Health Organisation (World Health Organisation, 2022). Within that brief the WHO identifies hazards such as floods and droughts, as well as threats such as repeated exposure to disaster, as forms of exposure that impact upon mental health and psychosocial outcomes including suicidal behaviour (see Figure 2 below). Notably, the model proposed by the WHO marries well with one of the most influential models of suicidality: The integrated motivational volitional model proposed by Rory O'Connor and colleagues (2018). Within the pre-motivational stage of that model – and per the threats and hazards elements proposed by the WHO - life events and environment are identified as factors that load onto the experience of suicidality.

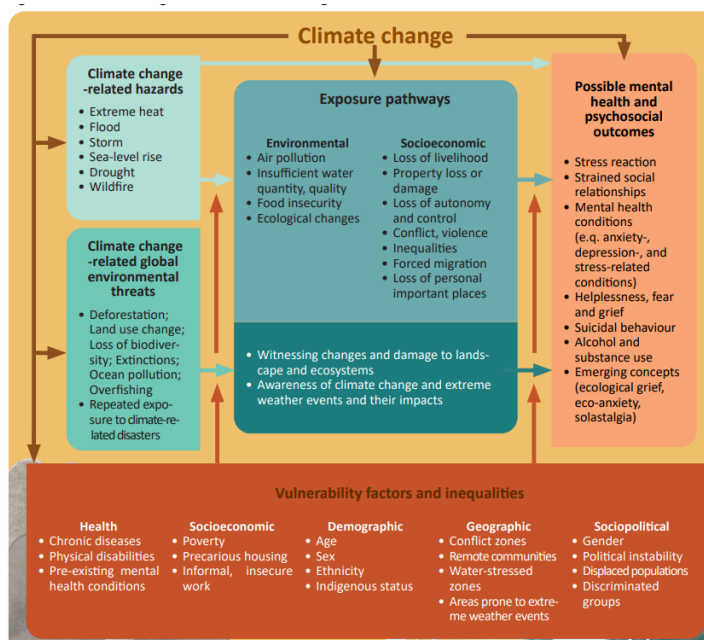


Figure 2. Main interlinkages between climate change and mental health (from WHO, 2022)

As such and on the basis of the evidence, Lifeline Australia submits that any approach to disaster response planning must, alongside immediate physical needs, address mental health and wellbeing as a core element: We submit that a comprehensive or whole-of-person and whole-of-community approach is required. We note that in our role as Australia's trusted national crisis support provider, Lifeline already plays an active role in disaster recovery in select jurisdictions, and flag that we welcome discussion about continuing and expanding that role into the future.



Current disaster response role and the impact of more frequent and intense disasters (TOR A, iv)

Not only is it now clear that disasters are interlinked with mental health and suicidality, but evidence points to a future in which disaster events are increasingly frequent and intense. It is now broadly accepted that in Australia climate change - and with it the associated risks of disaster - are increasing (Binskin et al., 2020; Pereira et al., 2022). More frequent and intense disasters will increase exposure and vulnerability of people, assets, and socioeconomic activities in a wider range of locations. Notably, such predicted increases in frequency and intensity of disasters have attendant increases in physical and psychological risk, with the latter including increased suicide risk and pervasive deterioration in mental health and wellbeing among the population (Pereira et al., 2022).

Presently, and based on the clear links between exposure to disaster and suicide risk, Lifeline has an established role in disaster recovery. As described in detail below, our network's established approach relies on provision of a 24/7 digital service, along with in-community (localised) service delivery. Whilst the impact of more frequent and intense disasters poses resourcing challenges to the Lifeline network's ongoing ability to provide service, we submit that – with appropriate support – our services can underpin a future of coordinated, comprehensive disaster recovery.

Lifeline's current capacity and capability to respond to the ongoing impact of climate change and disasters

Digital Services

A well-established cornerstone of Lifeline's digital disaster response is the telephone service 13HELP.

First established in February 2020 to support communities impacted by the Black Summer bushfires, our 13HELP line has evolved into a critical support service for those negatively impacted by disaster. Provision of this service 24 hours per day, 7 days per week relies on a team of specially trained Crisis Supporters. Those supporters are trained not only in the established Lifeline CARE framework for supporting people in crisis, but additionally in responding to and supporting people impacted by bushfire and other disasters. 13HELP crisis supporters' additional training focuses on identifying the types of issues most likely to present in relation to disasters; recognising the likely presentation of those seeking help including someone directly affected, someone concerned about others, those who have a history of trauma and those who are triggered; supporting callers in the specific context of the immediate aftermath of a disaster; and providing context-specific referrals, a capability that was enabled by access to a Government database.

Consistent with evidence of the medium- and long-term impacts of exposure to disaster, the calls to 13HELP have been increasing over time (see Figure 3). The Lifeline network received a record



number of 129,001 calls to 13HELP in FY22 (353 calls per day), representing an increase in caller volume of more than 20% from the previous financial year.

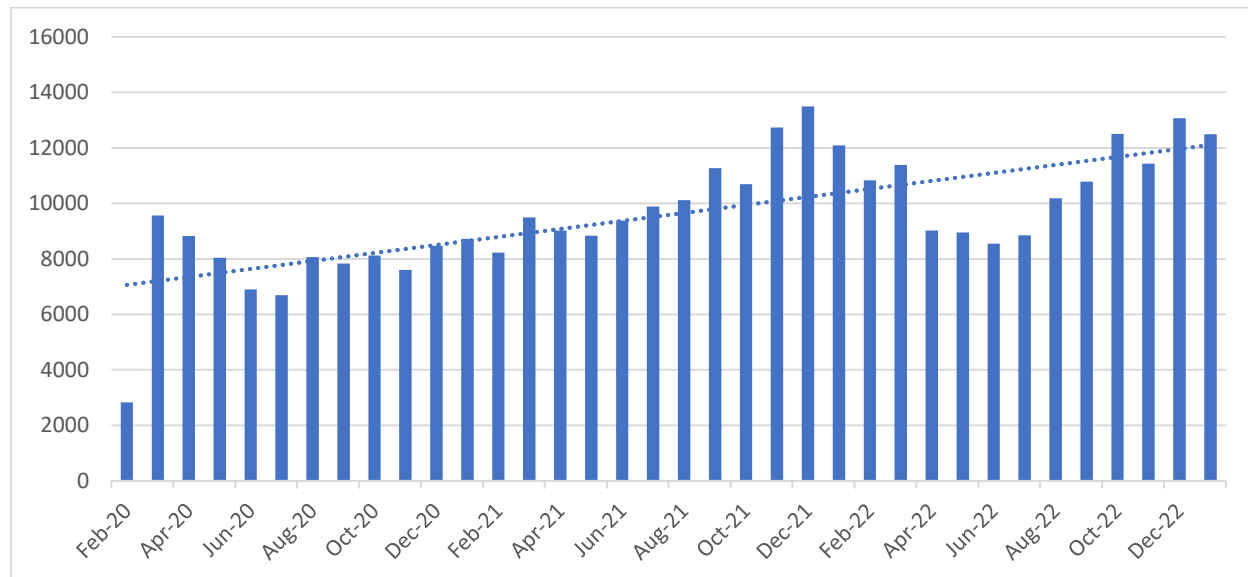


Figure 3. Number of calls by month to 13HELP between 2020 and 2022

With the projection that disasters will become more frequent and intense, and noting the protracted recovery times for people and communities impacted by disasters, Lifeline anticipates the volume of people seeking support from 13HELP will continue to grow. Though the service leverages Lifeline's established national helpline infrastructure and expertise, appropriately resourcing the recruitment and retention of a growing crisis supporter workforce represents a challenge as the service's user base grows.

Community Services

In addition to the 13HELP digital offering, Lifeline Centres around the nation provide on-the-ground/in-community support to those affected by disasters. These services are offered in a complex environment of multiple agencies and tailored to the needs of local communities.

Lifeline Centres have significant ties to their local community and typically are – consistent with our deep expertise and existing IP in supporting people during crisis - looked to for support in the context of significant distress experienced by disaster impacted communities.

In consultation with other agencies operating in respective communities, Lifeline Centres provide a range of general outreach, training, Psychological First Aid, and practical supports (clothing and provisions) to individuals in need. Services offered by Lifeline Centres leverage local capacity and capability in psychosocial support, in addition to drawing from expertise, skills and resources amongst the broader Lifeline network. For example, in response to the 2019 bushfires in NSW, local Centres were able to draw from the experience and expertise in Community Disaster Relief and Recovery of personnel based in Centres in Queensland.



Case studies

Lifeline Queensland – Community Recovery Team

The Lifeline Queensland Community Recovery Team (CRT) was originally established in 1996 in response to the Townsville Black Hawk helicopter disaster. Since then, the CRT has expanded across the state to provide support, counselling, and 'psychological first-aid' across QLD in the wake of crisis or natural disaster. At the request of state or local authorities and community leaders, the CRT supports those directly and indirectly impacted by disasters in the days, months and years after the event. The CRT has access to a network of services and staff across the state including trained social workers, psychologists, counsellors, and specialist volunteers. Additionally, the CRT develops relationships with local partner agencies and local governments who manage evacuation centres during events to ensure communities receive co-ordinated community support services.

Lifeline Direct – Recovery and Resilience Project

The Recovery and Resilience Project was established in response to the 2019/2020 Bushfires that devastated the east coast of Australia. Delivered by Lifeline Northern NSW and Lifeline New England, the project covers 10 Local Government Areas and provides training and crisis support services through bush-fire impacted communities. Eleven trained Community Advocates deliver the program by connecting people and communities to crisis support, accessible referrals, and education to support community capacity building. The Recovery and Resilience Project is funded to the end of 2023.

It is important to note that whilst the Lifeline network's approach to disaster support and recovery is mature, projected increases in frequency and intensity of disasters represent a significant resourcing challenge. That challenge is particularly marked for service provision that is periodic, often geographically specific, and (as necessitated by the need for in-community support), personnel-intensive.

Future state for Lifeline in responding to disasters (TOR b, i)

In the face of more frequent and intense climate-driven disasters, Lifeline Australia submits that a comprehensive preparedness, response, and recovery workforce model addressing mental health and wellbeing, alongside immediate physical and economic risks, is required. To achieve this, Lifeline Australia proposes an approach incorporating workforce mobilization of the mental health and crisis support workforce with a particular focus on volunteers.

Consistent with the World Health Organisation's Mental Health and Climate Change Policy Recommendations (WHO, 2022), Lifeline Australia recommends the following key measures to underpin the national approach to disaster resilience moving forward:



1. Updating national disaster and climate change preparedness, response, and recovery frameworks, including the National Disaster Risk Reduction Framework, to directly address the ongoing mental health and psychosocial impacts of climate change.

Based on our experience of providing mental health and crisis support in response to disasters, Lifeline Australia endorses the explicit inclusion of activities to address the ongoing mental health and psychosocial impacts of climate change within national disaster preparedness, response, and recovery frameworks. Current funding arrangements for mental health response and recovery activities vary by state, and are disaster driven which impedes workforce planning, training and coordination. Including mental health and psychosocial impacts of climate change in National disaster and climate change frameworks is an essential part of a whole-of-person, whole-of-community response, and is consistent with the WHO Mental Health and Climate Change Policy Recommendations (2022) and the Suicide Prevention Taskforce's Advice to the Prime Minister (The National Suicide Prevention Taskforce, 2020).

2. That any approach to disaster response workforce planning must include the mental health and crisis support workforce as a core element.

Lifeline Australia submits that the inclusion of mental health and crisis support workforce as a core element of disaster response workforce planning is essential in ensuring that the needs of the disaster-affected population are met and that their mental health and well-being are protected. Resourcing in the context of more frequent and intense disasters poses significant challenges for not-for-profit organizations that provide community-led and personnel-intensive support that is often funded in response to periodic and geographically specific disasters. Disaster workforce planning and funding must factor in the rolling phases of psychological response and risk, the coordination and delegation of roles between federal and state governments, and trusted non-profit and for-profit organisations in the mental health and crisis support sector. We note that including the mental health workforce in disaster planning is consistent with WHO Mental Health and Climate Change Policy Recommendations (2022).

3. That appropriate resourcing and investment in the recruitment, retention, and coordination of volunteers is adopted as a fundamental inclusion in disaster response workforce planning.

The recruitment and retention of volunteers represent significant challenges in an environment of increased pressures on both Lifeline's Digital and Community Services. Noting that important work in this space is being done by Volunteering Australia in the development of the National Strategy for Volunteering, Lifeline Australia advocates that it is vital for the appropriate resourcing of volunteer recruitment, retention and support is included in disaster response workforce planning.

Lifeline Australia submits that implementation of these recommendations will provide the foundation for a more sustainable approach to leveraging the infrastructure, expertise, and community trust in key not-for-profits - including the Lifeline network – in disaster response and recovery. On behalf of our national network of centres, Lifeline Australia welcomes the opportunity for further discussion with the Senate Select Committee on these matters and looks forward to playing a significant role in supporting a disaster resilient future.



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