

# North West Flood Recovery and Resilience Summit

NOVEMBER 30 2020, JULIA CREEK – NW QUEENSLAND

Summit Narratives and Report



*I think it's patchy, in some areas people are handling it all well and probably in areas where they've had years and years of drought and possibly a few debt problems, not so good. Most people now have picked up the pieces and are getting on with life."*

Mark Bryant  
JULIA CREEK GRAZIER







More than 20 months after the unprecedented monsoon event in North West Queensland, key stakeholders once again came together to take stock of the region's recovery efforts and seek feedback and strategic guidance on what the region needs to continue the recovery process.

The **Flood Recovery and Resilience Summit 2020** honours a commitment made at the 2019 Summit for services to gather again and test the effectiveness of the response 12 months on.

At least half the attendees at this year's event were also present in 2019, suggesting a strong desire to understand what's been occurring in the past year, and to uncover answers to some key questions.

- Is there access to care on the ground?
- Are services coordinated and collaborating?
- What new services have been introduced?
- Is there evidence these services are working well?

We should never underestimate the inner strength of communities to manage their own recovery and wellbeing through building local capacity in readiness for the next challenge, be it drought, flood or pandemic.

At the Summit we heard from helicopter pilots who in essence were the "first responders" to the flood disaster and how

some have since developed their own strategies to recover from the trauma they witnessed in doing what they could to save lives and livelihoods.

Local clinicians gave us testimony from their experience with patients over the past 12 months, explaining the importance of steady rehabilitation of the mind after trauma, much like a physical injury would take time to heal.

Service Provider and Consumer Panels again proved a valuable exercise by spotlighting what's been delivered to communities by providers and how the recipients of those services have engaged with care on the ground. We also saw a willingness to shift outside the norms of an organisation and create connections with other service providers through collaboration and teamwork, resisting the temptation to only look inwards. We acknowledge this takes effort.

Importantly, the 2020 Summit was not just a reflection on the journey since the floods in February 2019, but also a focus on capacity-building for the future. The afternoon sessions were dedicated to workshops exploring deeply the concept of preparedness, and mechanisms to support the inherent strength in communities.

Overwhelming, we heard that the North West wants disaster response and recovery to be locally-led by people and services willing to connect with communities through consistent, trusted linkages that evolve and mature over time.

In the affected region there is now firm evidence of an increased willingness for locals to open up about mental health and seek support, and this will only improve with the identification of well-matched, trusted local advocates to facilitate that vital "first-contact".

Finally, what reaffirmed the value of the Summit was the level of sophistication we're now seeing with the strategies and outcomes emerging from this engagement process, which you'll discover as you read on in this document.

Thanks to all who attended and contributed their time and expertise to the 2020 Summit.

### Stuart Gordon

CEO - Western Qld  
Primary Health Network

### Meredith Staib

CEO - Royal Flying Doctor  
Service (Qld Section)





# Background



## The 2019 Flood Event

In late January 2019, Queensland received an extended period of heavy rainfall as a result of an intense slow-moving monsoon and tropical lows. This rain event continued to affect Queensland until 9 February 2019. The Gulf Country and northwest Queensland, including long-term drought affected regions, received record-breaking rainfall, with some locations recording accumulated totals more than four times their normal February average. The rainfall caused major flooding across the Gulf River catchments including the Flinders, Cloncurry and Leichardt Rivers. The longest river in Queensland, the Flinders River, recorded its most significant flood in at least 50 years. In all, 39 local government areas covering 100 million hectares were activated under Disaster Recovery Funding Arrangements. These local government areas make up 56 per cent Queensland's land mass. The 2019 Monsoon Trough Rainfall and Flood event (Monsoon Trough event) was a significant event for many Queenslanders and brought widespread damage and loss to north and north west Queensland. This event forms the backdrop for the 2019 and 2020 Recovery and Resilience Summits.

## The 2019 Summit

The Western Queensland Primary Health Network (WQPHN) partnered with the Royal Flying Doctor Service (RFDS) to host a Summit for commissioned mental health service providers and other stakeholders in November 2019. The National Drought and North Queensland Flood Response and Recovery Agency attended this summit, which explored the response to the Monsoon Flood event in February 2019. Stakeholders discussed the response and recovery efforts so far and expressed their commitment to continued collaboration, coordination and improved access to care and services for community members. It was agreed at that first summit, to convene a second summit a year later. The 2020 summit was intended to continue to discuss improvements to services and disaster management response and recovery.



# The 2020 Summit

The 2020 Summit was a collaboration between the *Western Queensland Primary Health Network (WQPHN)* and *Royal Flying Doctor Service (RFDS)* (under the Western Alliance of Mental Health) in partnership with the *National Drought and North Queensland Flood Response and Recovery Agency*.

The purpose of this summit was:

- To reflect on the experiences of service providers and community stakeholders, following the 2019 monsoonal rain and flood event.
- To consider the ways in which the service planning, response and recovery was effective, what can be improved for future emergency or disaster events.
- To consider the usefulness of a rural and remote disaster management framework to guide the supply and configuration of mental health service support before, during and after any future emergencies or disaster events.





# Key Themes

Overall, the Summit revealed communities of the North West were showing good signs of recovery, demonstrated community capacity and a strong sense of hope and optimism. Mayors and elected Councillors, community and industry representatives and consumer advocates were positive of the contribution of PHNs, the WAMH, and commissioned service providers.

The resilience and strength of local communities and the important relationships formed with local service providers were highlighted as important when considering future readiness, response and recovery across the community and the mental health service sector.

It is important to be aware that the key themes that emerged from the Summit are consistent with key themes and 'learnings' emerging from communities across Australia, and from reviews such as the 2019 *Monsoon Trough Rainfall and Flood Review* (State of Queensland Inspector-General Emergency Management) and Inquiries such as the 2020 *Royal Commission into National Natural Disaster Arrangements*.



*“Our guiding principle is local led, locally understood and locally implemented, and we’ve developed a long-term recovery strategy which the region’s own people believe is the best way forward for a stronger, more prosperous future.”*

**Shane Stone**

**NATIONAL COORDINATOR-GENERAL DROUGHT  
AND NORTH QUEENSLAND FLOOD**



The following **key themes** emerged from the Summit:

**1 Disaster planning, response and recovery must be community led;** thereby reflecting the strong local character, local capacity, and a clear desire for local control of all elements and phases of disaster resilience. Community led approaches are widely understood to provide the strongest and most effective preparation, response, relief and recovery in relation to extreme weather and other emergency events.

**2 Locally led planning and preparation for response, relief and recovery** are all essential – to ensure good outcomes tailored for local communities. Planning for relief and recovery often attracts less emphasis when planning for disaster response. Planning for an efficient, effective and prompt 'standing up' of the mental health support system when needed, is essential, however equally important is recognising those human and system elements that support preparedness and recovery after events.

**3** The strongest community recovery will occur where **key issues** are discussed and a (locally driven and relevant) balance is found, between:

- a. Mental health services being provided by local services and/or by (external) services based elsewhere.
- b. Support being provided by clinical professionals, services and organisations and by non-clinical people, services and organisations.
- c. Identifying, supporting and re-purposing 'local assets' is crucial during a disaster and important to support a strong and flexible recovery, largely because of the trust that local community members have in these 'local assets' and the local knowledge and connections that they already have. For example, local General Practices, as well as nonclinical industry representatives, are able to maintain their usual business, while deploying staff with knowledge and relationships established in local regions to provide additional capacity for mental health and wellbeing recovery support and preparedness.

- d. Supporting this potentially new and flexible disaster resilience and mental health functional capability will require training and resource allocation.
- e. Addressing stigma about accessing mental health support and services, and normalising help seeking behaviours.
- f. Ensuring integration of visiting and local services and enhance the 'maturity' of the service configuration through enabling more team-based approaches and cross advocacy.
- g. Sharing ideas and approaches across the NW Shires, and tailoring approaches in recognition of the diversity of individual towns and villages.
- h. Recognising the value that (supported and trained) local community members (variously referred to as 'trusted advocates', 'champions', 'leaders', and 'social connectors' throughout the Summit) can provide in supporting community resilience and the mental health of their neighbours and fellow community members, while not placing undue or unfair burden on these individuals.

## Recovery

Relationships

Trauma Informed

Business Options

Building individual capacity





# Summit Findings



*"I don't think anyone that's been through that flood event will ever get over it, it's still something that's discussed, it's still something that crops up every now and again, we do see people that are still breaking down and we're still taking them through that journey."*

Dr Leonie Fromberg  
JULIA CREEK GP

A number of **clear findings** emerged from the Summit contributions:

- 1 There is a shared view that recovery from the monsoonal rain and flood event of 2019 has progressed well and the services and communities have all worked to support local and regional recovery.
- 2 Many graziers, businesses and other locals are recovering and the future is promising for them. There is a strong sense that locals are (for the most part) very resilient.
- 3 There is considerable gratitude for the support provided from the *National Drought and North Queensland Flood Response and Recovery Agency*, its Coordinator General (the Honourable Shane Stone AC QC), the Federal Government and the Prime Minister.
- 4 There remain concerns about mental health across the region, and a desire to support or strengthen the role and response of the PHNs, RFDS and the commissioned service providers, and Queensland Health for the benefit of local communities.
- 5 There is a clear view that some local individuals and businesses continue to struggle (financially, with flood recovery generally, and in terms of their mental health) and that ongoing support is needed.
- 6 There is a realisation that the resilience, advocacy and engagement demonstrated by many community members across the region, need to be supported by ensuring access to support when they need it (ensuring we look after those who are supporting others).
- 7 There is no doubt that the various stakeholders in the service system (as represented at the Summit) are strongly committed to, and supportive of a locally-led plan for the preparedness of mental health services ahead of any future crisis. There is strong support for an ongoing focus on this work, so that the system can be 'geared up' quickly when needed.
- 8 There is a clear appetite for a rural and remote mental health and disaster resilience framework to be developed to ensure preparedness, standing up and recovery elements of service configuration, and monitoring and surveillance of health intelligence is embedded in practice.

# Recommendations

The following recommendations arise from the Summit (and are consistent with good practice emerging across regions and jurisdictions affected by emergency events in recent years and during 2020):

- 1 That the WQPHN and the NQPHN establish a group (or utilise/activate the WAMH) to further consider a framework to plan for mental health service provision across these regions of Queensland. The purpose of such a rural and remote disaster management framework would be:
  - To ensure that (mental health) services and support can be quickly and effectively mobilised or 'scaled up' to support local communities in the event of a future community disaster, emergency or critical event.
- 2 Maintain an enduring mental health support service system; build on existing local strengths to further develop the system; and ensure regular collaboration, coordination, and access to care and support for local communities whenever it is needed.
  - a. Develop a (draft) mental health for disaster resilience framework for the region and consider whether each PHN will develop their own or amend this protocol, to suit their local service system and circumstances.
  - b. Consult with relevant stakeholders and align with existing emergency and disaster arrangements and obtain commitments to action - including local governments, mental health services and commissioners of services, and key local community members/leaders.
  - c. Analyse the current inclusion or otherwise of PHNs as members of the Local Disaster Management Group (LDMG), and mental health as a priority in existing disaster management plans. Conduct this analysis for each LGA by contacting each LDMG and consulting with them – producing a report to capture the findings. It may be useful to conduct a survey (including each Council) to determine the state of LDMGs, disaster plans, local recovery groups, and the focus on mental health as part of human/social recovery planning.
  - d. Produce a comprehensive 'map' of mental health services currently operating in the region, leading to a list of preferred suppliers of services and a preferred approach to developing and maintaining a list of preferred suppliers (to enable change over time). This list may be multi-tiered including mental health services, community and other organisations, GPs and

others with a role in providing mental health support or services.

- e. Ensure a process for regular review of existing arrangements on how mental health information and services are currently provided in the region, including a 'map' of which services are tailored or targeted to particular client groups e.g. children, youth, small businesses, graziers, men, women, families etc. This information can inform effort to address any gaps or deficiencies in the service system.







- f. Undertake a review to identify and support the establishment of a network of 'trusted advocates', also referred to as 'community champions'. These will be local community based and people who know their community well, potentially with lived experience and good communication skills. This work will include developing role statements, training and skills development options, and an effective model to support these people over the long term. This group might utilise "Weathering Well", 'Mental Health First Aid', 'Psychological First Aid', or other models utilised by the RFDS and others. It may be necessary to undertake a short analysis of these and other models to enable a decision about what will work most effectively for the region.
- g. Ensure the framework also brings into illustration any sections of the community where there are special requirements, unmet need or where service customisation is essential to ensure access to care and engagement. (e.g. children, young people, men, women, small business owners, etc.)

- 3 That (subject to and consistent with the earlier recommendation 2f) a package of structured learning and upskilling for mental health awareness and competency is developed and implemented across the region (utilising existing community events and networks to spread the word, encourage engagement and minimise stigma) for a wide range of 'trusted community members' and advocates. This would ideally include a wide range of people – children and young people, educators, graziers, hairdressers, other small business owners, teachers, helicopter pilots etc.
- 4 That consideration is given to establishing a 'flexible funding pool' to support complementary recovery focused future events and community inclusion/ engagement and also support expenses associated with the 'Trusted Advocates' network. This would require an agreed policy for establishing, managing and accessing these funds.

- 5 That suitable infrastructure is identified in all communities for multipurpose, informal use suited to families or small groups, ideally aligned with clinical infrastructure such as General Practices to strengthen and enhance existing organisations and locations. It is important that the chosen locations have no existing 'stigma' or issues of privacy for people attending them. Many communities utilise neighbourhood or community houses for these hubs. It is most important that the chosen venue or building is the most suitable available for each community.
- 6 That funding is sought from State and/or Federal Governments or business sources (as necessary) to engage resources and support this work over the next 6 months and potentially in an ongoing capacity.

- [Short Summit Summary Video](#)
- [Summit Feature Video](#)
- [Summit Report Attachment A: Speakers and Panel Summaries](#)
- [Summit Report Attachment B: Workshop Summaries](#)

