

WORKING FOR MENTAL HEALTH COUNTEER DISASTER SERVICES

VICTORIA'S EXPERIENCE OF ASH WEDNESDAY

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INTRODUCTION

The activities of mental health teams in the first twelve months of the bushfires showed that a number of roles and styles of service delivery can be utilized in providing assistance to a large scale community disaster. In that time, more than 80 workers drawn from 9 separate mental health agencies participated in the State disaster relief response. As the services evolved from a predisaster planning vacuum, considerable improvisation was required to integrate the mental health programme with other community recovery processes. Although planning errors were made and opportunities missed, the services produced some innovative and valuable strategies for mental health intervention in future disasters.

PREDISASTER PLANNING

Victoria's disaster planning framework prior to Ash Wednesday was broad in its coverage but included only a nominal psychological component. In fact, the two major support sub-plans - medical and welfare - each assumed a portion of responsibility for provision of psychological services in a disaster. The Medical Displan, based upon an emergency services model in which issues of rescue and protection of public health take precedence, included mental health representation, at least hypothetically, as part of the emergency medical team structure. The implication within the plan was that these services would be used for specialist assistance, to be called upon when and if psychiatric casualties emerged. No specific plan existed for putting services on the ground and roles of the mental health team members were left undefined. Similarly, there was no provision for the long-term nature of recovery. In contrast, the Welfare Displan focused upon short and long term recovery issues and anticipated that psychological needs would form a distinct feature of the human welfare crisis caused by disaster. An active outreach model, similar to the approach of Heffron (1977a) and other American workers, (eg Zarle, Hartsough and Ottinger, 1974; Tuckman, 1973) was favoured by disaster welfare planners and although not specifically written into the plan, had been discussed at pre Ash Wednesday planning meetings. No attempt was made to link the outreach approach to the activities of the mental health teams that were proposed to operate under Medical Displan.