

TWELVE MONTHS AFTER THE BUSHFIRE

A FOLLOW-UP STUDY OF THE 1983 SOUTH AUSTRALIAN BUSHFIRES

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The Mental Health Research and Evaluation Centre was approached by the South Australian Health Commission to undertake a study of the victims of the 1983 Ash Wednesday bushfires. It was decided that the study should attempt to assess the impact of the disaster in terms of; (i) overt forms of difficulties; (ii) covert psychological problems, reported over 12 months after the fires; and (iii) the effectiveness of any subsequent interventions.

In recent years there has been a growth in knowledge of the effects of natural and man-made disasters on the psychological functioning (Kinston & Rosser, 1974), as well as the social and economic problems, of those affected. However, a review of disaster literature indicates that not only does very little research exist on the effects of bushfires, (Wettenhall, 1975), but comprehensive studies of populations affected by any disaster are virtually non-existent. Furthermore, it is suggested that as bushfires represent a relatively frequent, recurrent and devastating threat, it is difficult to generalize general disaster research to the bushfire experience.

Investigations using systematic questionnaire analysis have suggested that, given time, a large proportion of the psychiatric morbidity is resolved within the first year after a catastrophic event. Parker's (1977) study into the effects of Cyclone Tracy on a group of evacuees showed that, using the General Health Questionnaire (GHQ), the level of psychiatric morbidity had returned to an Australian general population control level at 14 months. This raises many important questions which remain to be answered. For example, although many of the individuals examined in clinical case studies, such as those of Raphael (1977) and Cobb and Lindeman (1943), may have significant psychiatric symptomatology; (i) do those individuals see themselves as being psychiatrically ill; (ii) would they consider seeking treatment if they were not already in contact with psychiatric services?; and (iii) the possibility that covert mental health problems may be presented and treated as physical health problems must always be considered. In a disaster situation where physical injuries are likely to occur, the likelihood of this happening may be increased.

Andrews and Tenant (1978) indicated that there is much need to examine the pattern of health care utilization after

disaster because there is considerable debate about the cause for the increased frequency of presentation to general practitioners. Following the floods in Bristol (Bennet, 1970) in 1968, and the floods in Brisbane (Abrahams et al, 1976) in 1974, it was suggested that a significant increase in physical disease followed such calamities. However, the dilemma always exists as to whether these disasters simply lead to the early manifestation of preexisting morbidity or whether psychological disorders were presenting as physical symptoms and being misdiagnosed.

This question is an important issue for mental health service administrators if they are going to be able to accurately anticipate the demand of mental health services following a natural disaster.

A number of problems exist in transforming the research that has been conducted to date into the practical provision of services. One such problem arises out of the methodology used in a number of research projects, where there has been no attempt to define the question of "caseness" and the perception of need for treatment, as designated by the victims. Another problem also arises from the fact that few studies and reports ask the victims about the use and satisfaction of services in relation to the problems reported. Clearly, in terms of planning services following a disaster, it is important to consider the victims' experiences and opinions.

The present study attempts to overcome, to some extent, these and other such difficulties.

AIMS

1. Assess the psychological impact of the fires on those affected in terms of the socio/economic and health difficulties experienced since the fires.
2. Investigate the services that victims obtained and the degree to which such services were found to be of help.
3. Obtain information concerning the extent of the difficulties, both overt and covert, faced by those affected by the fires immediately after, as well as during and after the twelve month period following the bushfire.

INSTRUMENT

Due to the large number of subjects to be included in the study, a self-administered questionnaire was considered

appropriate. The following points were included in the questionnaire.

- (i) Identification of the circumstances of persons involved in the fire, particularly at the time of the fire, because of the likelihood that those circumstances could be important variables in the development of subsequent difficulties. Questions concerning whether or not the individual's life was threatened, and separation from family at the time of first hearing about the fire;
- (ii) Illness suffered before the bushfires, as well as during the year after the fires. A brief subjective list of illnesses was devised and included such illnesses as "heart problems", mental illness and arthritis.

As a further indication of mental health, the 28 item General Health Questionnaire, (G.H.Q.), was also included. This scaled version separates the scales concerning severe depression and anxiety and was therefore considered the most appropriate shortened version. In order to establish comparative data, the 28 item G.H.Q. will be given to a representative sample who were unaffected by the fires.

- (iii) Nature of problems experienced since the fires. A list of possible problems, such as financial, property, and work difficulties was devised and respondents were asked to rate the degree of severity of the problem immediately following the fires, during the year, and at the time of responding.
- (iv) Assistance obtained. Respondents were asked to indicate whether or not assistance was received from a range of possible sources, such as family, government and voluntary agencies. They were further asked to indicate up to 3 problems (from iii) for which the source was contacted and to rate the time and extent of help received. Questions related to counselling were also asked and will be compared with the G.H.Q. score obtained.
- (v) Demographic data.
- (vi) Open questions. Respondents were asked to express their opinion of services they encountered and were given the opportunity of making any further comment they felt to be appropriate.

Several issues were considered in determining the content of the questionnaire.

- (1) Whilst it was realized that a lengthy questionnaire would undoubtedly discourage some recipients, it was considered preferable to a shorter or more superficial format.
- (2) It was also recognized that some of the questions could disturb respondents by drawing attention to painful events and problems. For this reason, the attempt was made to exclude intrusive questions.
- (3) A contact name and phone number was also given should the respondent require assistance and/or advice.

SAMPLE

It was considered to be an essential part of the study that the population contacted be as representative and as inclusive of bushfire victims as possible. It was decided that rather than select a smaller "representative" sample, all registrants should be provided the opportunity to express and share their experiences in an organised way.

Although many organisations had lists of such victims, most were incomplete and a great deal of duplication was present. The Department for Community Welfare agreed to assist by making available to us their master register. This register contained all individuals who had registered with Red Cross immediately following the fires (approximately 90%), and those who later registered with D.C.W. for financial assistance (approximately 10%). The total number of people on this file is 2,997. However, those with the same address, or who had incomplete or no forwarding address, were excluded from the sample, leaving a study population of 2,254.

Five groups of persons are represented in the sample; those who :

- (i) suffered personal injury;
- (ii) lost a relative or whose relative/s may have suffered injury;
- (iii) lost property;
- (iv) were threatened by the fire, but suffered no injury or loss,
- (v) were not directly threatened by the fire.

METHOD

Approximately one week after the first anniversary of the 1983 Ash Wednesday bushfires families, who were registered by the Department for Community Welfare as victims in South Australia, were contacted. Two thousand two hundred and fifty four families were mailed two copies of the questionnaire, together with a request that two adult family members complete one copy each, as it pertained to them. A reminder letter was sent out several weeks later and the media broadcast and publicised the importance of the study in order to encourage victims to respond.

RESPONSE

This paper does not attempt to present any of the data received which is still in the process of collation and analysis. However, approximately 1,500 people have completed the questionnaire. Approximately 200 envelopes have been returned because of addresses being unknown. An attempt to locate these persons was made with the assistance of the Department for Community Welfare, which reduced this number to 140. It was noted that the majority of returned envelopes were marked "left address". It is reasonable to suggest that, as this represents a group of victims who had not returned to their "homes" over a year after the fires, they may have severely suffered as a result of the fires. It is very unfortunate that we were unable to reach more people from this population. Unfortunately, there is also an unknown quantity of duplicated names and addresses included in the original figure of 2,254.

An important factor that was anticipated, but underestimated, was the emotional impact that the questionnaire had upon the study population. Many of those contacted responded by phone or mail to express their willingness to complete the questionnaire and their inability to do so. In some cases, distress expressed was of such significance that the person was referred to an appropriate professional to obtain assistance.

The following comment, which was received, exemplifies the major difficulty of this kind.

"I feel it's about time to tell you how I feel about the disturbing past.

1. I was out fighting the fire and when I came home I found nothing left.
2. All the help which was promised never came. I fixed my fence 6 months before the fire, then it was burnt out and I didn't receive any help. Some farmers didn't have a fence to start with, and a few weeks after the fire they were given a new one.

3. The Lions Club promised to shift the rubbish away and in the end I had to do it myself.
4. The Red Cross kindly helped me financially and I was also helped by the public, but it looks to me as if the insurance company is running some kind of racket, because the money that I was insured for I never received. I had to accept what they offered me because I am financially broke due to the fire. You think that when you pay your premium you're covered, and when you're in trouble you find you're in dire straits.
5. Since the bushfire, I have never done a decent day's work because I am mentally and physically unfit, it's just problem after problem.

In the evening I can still hear my mate when he was calling to me as he was burning.

Your papers stir up all these bad memories, so you can understand why I don't want to answer it."

Although we received many letters such as the above, the questionnaire would not be returned, and are therefore not represented in the data. However, the nature of these responses highlights the importance of investigations such as this.

It was discovered that a number of families returned only one questionnaire, despite the fact that two were sent. In some cases it was noted that the return of two questionnaires was indicative of different opinions. For example, a husband would suggest that all was well, whereas the wife would report family difficulties.

It is also recognised that many people who were not badly affected by the fire would not have responded as they did not feel that they could contribute in a significant way.

DISCUSSION

Fires, such as the Ash Wednesday bushfires, will, unfortunately, occur again. Each summer, people living in high risk areas are confronted with this fear and many of the people affected last year face the possibility of the experience and trauma recurring. Because of this, bushfires can be seen to represent a unique form of disaster, and it is therefore difficult to generalise disaster research concerning psychiatric morbidity, for example, to the bushfire situation. The present study attempts to provide such baseline data.

Power and Wettenhall (1970), having studied the organisational systems involved in the 1967 Tasmanian bushfires, commented that disaster planning does not go much beyond rescue-phase activity.

Following the 1983 fires, numerous reports and investigations have been carried out by government, voluntary and community agencies. However, there appears to have been no attempt to assess the problems experienced by victims, their unmet needs, or their satisfaction with the services provided. In the initial stages following disasters, emphasis is given to providing food, housing, and financial assistance. Teams are set up to provide victims with help and support. But, how effective they tend to be in practice can only be ascertained by asking the victims directly. The authors also hold the view that, because of the emotional impact of the questionnaire, the extent of pathology and the problems experienced will be incompletely represented. The study, it is felt, will probably underestimate these problems.

Given that such limitations exist, the response by letters and phone calls alone indicated that many people are still suffering as a result of the fires. Whether this is due to feeling unable to approach services, or whether these people are being undetected by services, remains to be answered.

The need to obtain a clearer understanding of the impact of bushfires on the lives of those affected is apparent. It is hoped that the present study will provide a step in the direction of gaining that understanding, as well as providing effective responses in the future.

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