Letter to the EDITOR

Extending the Role of Primary Care Agencies in Mental Health Responses to Disaster

Lennart Reifels, Dipl-Psych, Bridget Bassilios, DPsych, and Jane Pirkis, PhD

Natural disasters increasingly affect individuals, resulting in a greater need for health care services. We believe that it is time to review the traditional roles of different elements of the health system and extend the capacity of agencies that provide mental health services. Primary care systems have been recognized as vital components of disaster mental health responses,[1] but the role of primary care services after disasters has traditionally been defined in comparatively narrow terms, mostly through family physicians, in mental health screening, treatment, and referral.[2-4]

We conducted a pilot evaluation of the Australian government's mental health response to Australia's largest wildfire disaster, the Victorian Black Saturday Bushfires of 2009, which highlighted the extended scope for primary care involvement in community disaster recovery.[5] As part of the response, 5 federally funded and regionally operating primary care agencies, called divisions of general practice (or divisions), provided targeted community initiatives to aid the psychological recovery of affected communities. These initiatives were capacity-building and mental health promotion. With limited prior disaster experience, these divisions have played a traditional role centered on family physician workforce support; primary care integration; and provision or facilitation of illness prevention, health promotion, and primary mental health care programs.

The summative pilot evaluation examined the provision of these initiatives in terms of their nature and scope; levels of uptake; benefits; disadvantages; and issues associated with them. Data sources included 5 division program reports and interviews with 9 key informants involved in the wildfire response, which were analyzed through descriptive and thematic analyses.

Following community stakeholder consultations, the divisions provided 35 initiatives that included locally targeted community events (eg, health and well-being nights), mental health and resilience training for community leaders and health professionals, provision of service information, support programs for farming families and frontline recovery workers, and replacement funding for school staff. The divisions either directly provided and facilitated the programs or subcontracted them to external providers. More than 7000 community members participated in the various initiatives.

Although limited in scope, program evaluation data indicated that the initiatives were overwhelmingly positively received by and conducive to the recovery of participants. Benefits to the participant included normalization of disaster reactions, increased mental health awareness, reduced barriers in access to care, breaks from disaster immersion, and opportunities for people and communities to reconnect. Minor disadvantages included limited after-hours access to training and availability of replacement teachers in rural areas.

Postdisaster challenges affecting the provision of initiatives included destroyed infrastructure, community rifts, multiple competing priorities, heightened sensitivities during anniversary periods, fatigue among local agency staff, delayed availability of funding, variable division community profiles, and delivery timelines of greater than 1 year postdisaster.

A strong partnership approach facilitated service provision, as did community engagement and consultation, flexible funding parameters, tailoring of initiatives to local needs, use of existing allied health and drought workers, and integration with local area and disaster-response structures.

The findings of the evaluation highlight the important multiple roles that primary care agencies can play in facilitating community recovery from disaster. These roles include provider, broker, facilitator of mental health capacity-building initiatives, and the mitigation of existing barriers in access to care.[6] The profile, preparedness, and capacity of these agencies to provide disaster recovery services may need to be strengthened further to increase the timeliness and efficiency of responses to future disasters.

https://doi.org/10.1017/dmp.2013.18 Published online by Cambridge University Press

The integration of climate-related primary care response capacities is potentially a key consideration for future disaster planning.

About the authors

Centre for Health Policy, Programs and Economics, Melbourne School of Population and Global Health, The University of Melbourne, Australia (Drs Reifels, Bassilios, and Pirkis).

Address correspondence and reprint requests to Lennart Reifels, Dipl-Psych, Centre for Health Policy, Programs and Economics, Melbourne School of Population and Global Health, The University of Melbourne, Victoria, Australia (e-mail: l.reifels@unimelb.edu.au).

Acknowledgments

This work was supported by the Australian Government Department of Health and Ageing.

Published online: April 8, 2013.

REFERENCES

1. Lima BR, Santacruz H, Lozano J, et al. Planning for health/mental health integration in emergencies. In: Lystad M, ed. *Mental Health Response to Mass Emergencies: Theory and Practice*. New York: Brunner/Mazel; 1988: 371-393.
2. Stein BD, Myers D. Emotional sequelae of disasters: a primary care physician's guide. *J Am Med Women's Assoc*. 1999;54:60-64.
3. Freedy JR, Simpson WM. Disaster-related physical and mental health: a role for the family physician. *Am Fam Physician*. 2007;15:841-846.
4. Forbes D, Creamer MC, Phelps AJ, et al. Treating adults with acute stress disorder and post-traumatic stress disorder in general practice: a clinical update. *Med J Aust*. 2007;187:120-123.
5. Reifels L, Bassilios B, Pirkis J. *Evaluation of the Australian Federal Government Mental Health Response to the Victorian Bushfires*. Melbourne, Australia: Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, The University of Melbourne; 2010.
6. World Health Organization, World Organization of Family Doctors. *Integrating Mental Health into Primary Care: A Global Perspective*. Geneva, Switzerland: World Health Organization; 2008.

https://doi.org/10.1017/dmp.2013.18 Published online by Cambridge University Press