Human Social Health Plan (Primary & Community, Psychosocial & Mental Health)

An annex of the Queensland Health Disaster Plan 2014

May 2016
Human Social Health Plan (Primary & Community, Psychosocial & Mental Health)

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Authorisation

The Queensland Health Human-Social Health Plan (the Plan) is issued under the authority of the Director-General (DG) Queensland Health and is a functional health plan that supports the Queensland Health Disaster Plan.

The Plan is an “all hazards” (natural and technological) approach to emergency management.

The Plan provides a coordinated multi-disciplinary human-social response for the provision of health care for maintaining, improving or restoring people’s health and wellbeing.

The Plan is maintained by the Executive Director, Mental Health Alcohol and Other Drugs Branch and Executive Director, Health Protection Branch on behalf of the Director-General, Queensland Health.

Approved by:

Dr Jeannette Young
Chief Health Officer and Deputy Director-General, Prevention Division
Date:

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Date:

Amendments

Proposed amendments to this Plan are to be forwarded to:

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This plan will be updated electronically and available on the Queensland Health website. The electronic copy is the master copy and, as such, is the only copy which is recognised as being current.

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| 0.2     | 22 December 2014   | V. Turituri | Document updated to reflect health reform changes.
Document inserted into new template |
| 0.3     | August 2015        | J. Mulkearns| Updated as part of review to include new changes and additional mental health processes |
| 0.4     | August 2015        | L. Blatchford| Incorporated Health Protection Directorate comments and Public Health Action Plan (Appendix 3)
Inserted Mental Health Disaster Management Framework (Appendix 4)
Template updated |
PART 1 STRUCTURE AND GOVERNANCE

1.1 Purpose and Scope

The Human-Social Health Plan (the Plan) provides a coordinated multi-disciplinary human-social response for the provision of health care for maintaining, improving or restoring people’s health and wellbeing.

This involves coordinating support provided to communities in the event of a potential or actual disaster situation. This includes mitigating against health risks arising from disasters, and the response and recovery aspects of psychosocial support, and community health.

The Plan is an annex of the Queensland Health Disaster Plan 2014.

The Queensland Mental Health Disaster Management Framework (Appendix 4) has been developed by the Mental Health Alcohol and Other Drugs (MHAOD) Branch, Clinical Excellence Division (CED) as part of the Human Social Disaster Plan, to provide management of the mental health response to disaster events in Queensland, in alignment with the Queensland Health Disaster Plan 2014.

The diagram shows how this framework sits within the Queensland Health Disaster Plan:

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Queensland Government Disaster Management Plan

Queensland Health Disaster Plan 2015

Annex 8: Human Social Health Plan

Annex 4: Mental Health Disaster Management Framework
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This Plan forms part of the Queensland Disaster Management Arrangements (QDMA) for disaster affected communities and involves the following:

- Analysis of the impact with the identification of needs and capacity of health services for the disaster affected community.
• Command Control and Coordination of health resources to enable effective health services response and recovery activities.

• Maintaining core medical, community, population and mental health services during an incident, disaster or terrorism event to both new and existing recipients.

• Establishing and coordinating appropriate pre-hospital onsite health response management with the establishment of primary health clinics in association with other healthcare providers.

• Providing public health advice, warnings and directions to health service providers and the community.

• Applying standards and the provision of a mental health disaster framework (Appendix 4) for psychological and counselling services for disaster affected persons of the general community, and recovery workers.

• Providing psychosocial expertise at a site and in State and District Disaster Coordination Centres in the event of a prolonged health event.

• Providing advice and support services in the event of evacuation of a community (within the State, nationally or overseas) as the result of an event.

• Development, promotion and utilisation of public information resources for distribution to affected persons of the general community, emergency workers and recovery workers.

1.2 Governance

Legislation

The Queensland Disaster Management Act 2003 provides the legislative basis for disaster management arrangements in Queensland. It makes provision for the establishment of disaster management groups for State, districts and local government areas.

The Disaster Management Act 2003 provides the legislative basis for the preparation of disaster management plans and guidelines including the State Disaster Management Plan.

In addition to the Disaster Management Act, the Public Health Act 2005 sets out provisions for public health emergencies, defined as events or a series of events that have contributed to, or may contribute to, serious adverse effects of the health of persons in Queensland. In most situations where a disaster is declared under the Disaster Management Act, there is no need for a public health emergency to be declared, and public health risks are managed under general provisions of the Public Health Act and disaster management arrangements.
PART 2 PREVENTION AND PREPAREDNESS PHASE

2.1 Functional Lead Agency Responsibility—Queensland Health

The Plan addresses the functions of disaster management where Queensland Health has a functional lead agency role. The plans and procedures are developed by the functional lead agency. Although Queensland Health will have primary responsibility, disaster management functions can spread beyond the capabilities of the department and the arrangements for the coordination of interested parties that play a supporting role are outlined in the plans.

To ensure appropriate input to the planning, response and recovery processes, the following is established:

2.1.1 State Level

State Health Emergency Coordination Centre (SHECC) - the State Health Coordinator is responsible for activating SHECC in response to a disaster event or incident.

State Human Social Recovery Group (SHSRG) - this group assists with community recovery through coordination, networking and collaboration across and between agencies to assist a disaster response. Members gather and share disaster related information and intelligence to ensure a consistent and accurate disaster response. Queensland Health is represented on SHSRG by the Psychosocial & Mental Health and Other Drugs (MHAOD) Sector Commander who is responsible for reporting back to SHECC. The Department of Communities, Child Safety and Disability Services (DCCSDS) is the lead agency for Human Social Recovery in Queensland and is responsible for convening SHSRG.

2.1.2 District Level

The District Disaster Management Group (DDMG) - a Health functional committee is established to specifically address key issues associated with the delivery of health related functions. This functional committee should comprise of health professionals who can provide advice on community health and psychosocial support.

Departmental appointments to the DDMG are made in accordance with Section 24 of the Disaster Management Act 2003.

The Director-General will formally endorse the departmental designated position/s that will represent Queensland Health on the DDMG.

The Director-General will inform the designated position incumbent of the DDMG appointment as the departmental representative. The departmental nominee should be at a level that can commit the resources of the agency in accordance with the agency’s disaster management responsibilities and/or as determined by the agency’s functional plan, following a risk based analysis, with the full authority and responsibility of the Director-General.
PART 3 RESPONSE AND RECOVERY PHASES

3.1 Response Phase

Queensland Health has a legislative obligation to prepare for and respond to events. The response phase of disaster management involves the conduct of activities and appropriate measures necessary to respond to an event.

Response is undertaken as a component of disaster operations, being those activities undertaken before, during and after an event to help reduce loss of human life, illness or injury to humans, property loss or damage, or damage to the environment, including for example, activities to mitigate the adverse effects of the event.

The Disaster Management Act 2003 refers to responding to a disaster as including,

- issuing warnings of a disaster
- establishing and operating emergency operations centres
- conducting search and rescue missions
- providing emergency medical assistance
- providing emergency food and shelter
- planning and implementing the evacuation of persons affected by disasters
- establishing and operating evacuation centres
- carrying out assessments of the impact of a disaster.

3.2 Recovery Phase

Queensland Health participates in community recovery to assist individuals, families and communities to regain a proper level of functioning following a disaster, as well as to participate in the management of their own recovery.

The Disaster Management Act 2003 refers to recovering from a disaster as including, for example;

- providing relief measures to assist persons affected by the disaster who do not have the resources to provide for their own financial and economic wellbeing
- restoring essential infrastructure in the area or areas affected by the disaster
- restoring the environment in areas affected by the disaster
- providing health care to persons affected by the disaster, including temporary hospital accommodation, emergency medical supplies and counselling services.

As recovery is a complex and potentially protracted process, to assist with overall and effective coordination, aspects of recovery in Queensland are conceptually grouped into four inter-related functions applicable in an all hazards environment including:

- Human-Social
- Economic
There are three broad stages of disaster recovery, namely immediate/short-term recovery, medium-term recovery and long-term recovery.

- Immediate/short-term recovery (relief) aims to address and support the immediate needs of individuals, businesses and the community affected by an event. This may occur while essential services are being restored to the level where response agencies are no longer required to maintain them.
- Medium-term recovery continues the coordinated process of supporting affected communities in the reconstruction of physical infrastructure, restoration of the economy and of the environment, and support for the emotional, social, and physical wellbeing of those affected.
- Long-term recovery continues this and can occur for months and years after the event.

Part 4 investigates Queensland Health’s role in human-social recovery in more detail.
PART 4 HUMAN SOCIAL RECOVERY MANAGEMENT

Human-Social Recovery

Human-social recovery includes the coordinated process of supporting affected communities in the provision of:

- community support and the restoration of community support services and networks
- supporting individuals and households
- social impact and needs assessment and monitoring
- personal support and information
- physical health and emotional support
- psychological, spiritual, cultural and social wellbeing support
- public safety and education support
- activities that ensure affected communities and interest groups are involved in the decision making process
- temporary accommodation
- financial assistance to meet immediate individual needs and uninsured household loss and damage. ¹

The functional lead agency for Human-Social recovery is the Department of Communities, Child Safety and Disability Services (DCCSDS) and Queensland Health is a supporting agency for the provision of human-social health care.

Queensland has adopted the nationally established principles for recovery which recognise that successful recovery relies on:

- Understanding the context
- Recognising complexity
- Using community-led approaches
- Ensuring coordination of all activities
- Employing effective communication
- Acknowledging and building capacity
- Re-establishing resilience as soon as possible after an event

Individual and community recovery involves immediate to short term, medium and long term phases consistent with the Psychosocial Support Interventional model (refer Figure 1).

4.1 Psychosocial recovery

4.1.1 Immediate to Short Term
The Immediate to Short Term Recovery phase covers immediate interventions of psychological first aid and emergency relief measures to meet identified individual and community needs and to restore services to the level where Local Government and the normal responsible agencies can manage the continuing recovery process. The importance of building on existing community resilience strategies with early intervention strategies is vitally important.

4.1.2 Medium Term
The Medium Term phase includes social support, ongoing case management, community development and rehabilitation measures, re-establishment of social and cultural activities, support networks and services.

4.1.3 Long Term
Most people will recover from traumatic events like emergencies and disasters without professional intervention by psychological and counselling services. However, some are likely to need additional support to help them cope.

A small minority of people (10-20%) is a risk of developing significant mental health conditions and may require specialised mental health care. Decisions regarding the level and timing of this care require careful clinical judgment, with the recognition that formal intervention may not be appropriate until sometime after the event. In the interim, appropriate support and advice, along with careful monitoring, is usually indicated.

4.1.4 Intervention pyramid for psychosocial support

![Image of Intervention pyramid for psychosocial support]

Figure 1 Intervention pyramid for psychosocial support
The pyramid is adapted from the Inter-Agency Standing Committee guidelines on mental health and psychosocial support and illustrates that psychosocial support is built on ensuring access to basic services, community and family support, psychological and counselling services and specialised services.

**Basic Services**

Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.

Psychological First Aid is an eight step communication process and is approved by the National Medical and Health Research Council and is based on eight core actions: Contact and Engagement, Safety and Comfort, Stabilisation (where needed), Information Gathering: Current Needs and Concerns, Practical Assistance, Connection with Social Supports, Information on Coping, and Linkage with Collaborative Services.

Psychological First Aid includes provision of information, comfort, emotional and instrumental support to those seeking help. Psychological first aid should be provided in a stepwise fashion tailored to the person's needs.

Psychological First Aid is funded and managed by the Department of Communities, Child Safety and Disability Services (DCCSDS). Queensland Health supports this approach and partners with funded agencies at a local level.

**Community and Family Supports**

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial wellbeing if they receive help in accessing key community and family supports. In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive programs such as loss and grief, formal and non-formal educational activities, screen and treat programs for children, livelihood activities and the activation of social networks.

Where Psychological First Aid is not sufficient, the next level, Skills for Psychological Recovery is often useful.

Skills for Psychological Recovery is an evidenced informed skills training model to help children, adolescents, adults and families in the weeks and months after disasters and trauma. It is designed for those with low level problems that continue after the period in which Psychological First Aid is utilised.

Skills for Psychological Recovery skills include problem solving, promoting positive activities, managing reactions, promoting helpful thinking and building social connections.

**Focused Supports**

Trauma survivors who develop more severe psychological problems should be provided with formal psychological and/or pharmacological interventions.
Additional support may be required for the small percentage of the population, whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include care pathways established by general practitioners and other health professionals such as psychologists, social workers, occupational therapists, community and mental health nurses.

**Disaster Psychiatry**

Disaster Psychiatry builds on specialised services of existing consultation-liaison psychiatry services with definitive care. Disaster psychiatry also provides specialised subject matter expertise of psychological, biological and social processes for response and recovery interventions during disasters.

### 4.2 Identification of Vulnerable Groups

Each and every disaster affected community has special population groups. At-risk groups should be identified but not limited to the following:

![Special Population Groups](image)

**Figure 2 Special Population Groups**

Individuals that may be at risk after a disaster include:

- Children, especially those:
  - Separated from parents/caregivers
  - Whose parents/caregivers, family members, or friends have died
  - Whose parents/caregivers were significantly injured or are missing
  - Involved in the foster care system
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness
• Those with physical disability, illness or sensory deficit
• Adolescents who may be risk-takers
• Adolescents and adults with substance abuse problems
• Pregnant women
• Mothers with babies and small children
• Those with significant loss of possessions (for example, home, pets, family memorabilia)
• Those exposed first hand to grotesque scenes or extreme life threat
PART 5 HEALTH CARE SERVICE DELIVERY

An analysis of the health impact with the identification of needs and capacity of health services is required, for the disaster affected community. (Refer Standard Operating Procedure 1)

Queensland Health will participate with other agencies in exchanging information about roles and responsibilities, pre-disaster planning, response and recovery activities, consistent with the Disaster Management Act 2003 and Hospital and Health Boards Act 2011.

5.1 Services

5.1.1 Primary and Community Health

Primary and Community Health provides a range of services to vulnerable clients but not limited to the following:

- Adult community health
- Adult mental health
- Alcohol and drug
- Breast screening
- Child and youth mental health
- Child development
- Community child health
- Community palliative care
- Chronic Diseases
- Home based services
- Independent self-care haemodialysis
- Indigenous health
- Maternal and Newborn Visiting Services
- Occupational therapy
- Physiotherapy
- Podiatry
- Recreational therapy
- Sexual health
- Social work
- Speech pathology
5.1.2 Mental Health

Mental Health provides a range of services to vulnerable clients including but not limited to the following:

- Acute Care
- Community Mental Health
- Consultation Liaison Psychiatry
- CYMHS
- Disaster Psychiatry
- Drug and Alcohol Service
- Homeless Health Outreach
- Older Persons Mental Health Service
- Transcultural Mental Health

5.1.3 Public Health

Public health recovery activities focus on actual or potential health risks to the community as a result of a disaster. Public health risks to manage include:

- communicable diseases
- drinking water quality
- drugs and poisons
- food safety
- hazardous waste, including asbestos
- mosquito management
- radiation events
- recreational water quality
- pest management
- vaccine supply (including cold chain management)

Many of these risks are managed by local government supported by Hospital and Health Services (HHS), Public Health Units (PHUs) and Prevention Division, Department of Health, coordinated through the State Health Emergency Coordination Centre. Refer to Appendix 3 for more details.

All staff deployed to evacuation and recovery centres should be aware of public health risks, and appropriate contacts to provide advice on mitigation and management of public health risks. Queensland Health produces a variety of resources that are able to be provided to community members. These resources provide contact details for PHUs to provide any additional advice.

5.1.4 13 Health

13 HEALTH provides health information, referral and tele-triage services to the public in all parts of Queensland for the cost of a local call.
13 HEALTH’s triage services are provided by Registered Nurses using a clinical decision support system which uses clinically proven protocols to assist the nurses in determining the appropriate recommendation of care. The protocols have been reviewed by the established Clinical Advisory Panel which includes metropolitan, rural and remote GPs, dentists and pharmacists.

5.1.5 Medical Aids Subsidy Scheme (MASS)

MASS provides access to subsidy funding for the provision of MASS endorsed aids and equipment to eligible Queensland residents with permanent and stabilised conditions or disabilities.

Home Oxygen clients should be assisted with their Emergency Plan for Users of Oxygen Concentrators in the Event of Power Failure.

5.1.6 General Practitioners and Other Health Professionals

The coordination and collaboration with general practitioners, specialists and health professionals such as psychologists, social workers, occupational therapists, and nurses remains the responsibility of Queensland Health.

5.1.7 Referral Contact Point

A central referral point should be identified by Queensland Health should the need arise to refer vulnerable persons in need of health care.
PART 6 STAFF DEPLOYMENT

Staff being deployed in emergency situations should have a holistic understanding of human social health. HHS disaster management plans will provide details on the management of deployed persons, however these plans should consider deploying local staff to recovery centres, with persons deployed from other areas used in central primary health centres. Local knowledge is an important part of assisting community members in recovery centres.

6.1 Evacuation Centres

Evacuation centres provide accommodation, but not necessarily protection, for evacuees from the effects of an event. The deployment of staff such as a Community Health Nurse and Social Worker may be desirable during the event. Local government and HHS Environmental Health Officers will regularly attend evacuation centres, to assist in ensuring public health risks are managed appropriately in these centres. These officers are also available to provide advice and assistance to other staff and community members in these centres.

6.2 Recovery Centres

Recovery centres provide a central location for access to a variety of services and information to assist community in recovery from a disaster. Recovery centres will generally have representatives and/or information from a variety of government and non-government agencies to assist in cleaning up (including managing public health risks), financial support, personal and family support.

6.3 Reception Centres

Reception operations provide the framework for support should evacuees or displaced persons be evacuated into Queensland.

6.4 Primary Health Clinics

Should the need exist to establish a primary health clinic, in conjunction with Queensland Ambulance Service, the skill mix of Community Health Nurses and Social Workers should be considered. The local HHS should consider developing an integrated disaster management plan in partnership with the local Primary Healthcare Network to determine the level of involvement for local primary healthcare providers and associated non-government organisations. These providers should include, but not limited to, dentists, general practitioners, multicultural health workers, nurse practitioners, physiotherapists,
psychologists, occupational therapists, pharmacists, podiatrists, social workers, aged care facilities and/or retirement villages.

6.5 Mass Casualties

The treatment of mass casualties, including the deceased, is the responsibility of Queensland Health and the Queensland Ambulance Service.

6.5.1 Site Triage

Should a triage area be established in a large scale event, appropriately qualified staff will be deployed to assist in monitoring the application of Psychological First Aid as an early intervention as per the Australasian Triage Scale.²

6.5.2 Emergency Department

In the case of a terrorist related event, a consultation-liaison psychiatrist should be deployed to assist in the monitoring of the application of the CBRN Psychosocial First Responder Guidelines³.

Support should be given for injured, traumatised individuals, families through hospital-based Emergency Department social workers who are trained to deal with these circumstances.

The incident management team convened for a mass casualty event should comprise of a consultation-liaison psychiatrist, a psychologist and social worker Mental Health Consultation linked to Emergency Department response.

6.5.3 Hospital Inpatients

Psychological First Aid and Skills for Psychological Recovery as well as support services, assessment and screening for those distressed and potentially psychologically traumatised.

These services may build on assisting consultation-liaison psychiatry services in these settings.

² Australasian Government Department of Health and Ageing, Emergency Triage Education Kit

³ Psychosocial Response to CBRN Terrorism, University of Western Sydney, NSW Health 2008
Appendix 1     Activation

Command-Control—Coordination, Collaboration and Consultation

State Health Coordinator and Human-Social Sector Commander (State)—Chief Health Officer and Clinical Excellence Division

Statewide direction and mobilisation of primary, community, psychosocial support in a disaster is the responsibility of the Human-Social Sector Commander in consultation with the Psychosocial & Mental Health Alcohol and Other Drugs (MHAOD) Sector Commander (Executive Director Mental Health Alcohol and Other Drugs Branch (MHAODB)).

The Executive Director, MHAODB is the Clinical Advisor to the Queensland State Health Emergency Coordination Centre (SHECC).

The Executive Director, MHAODB liaises and coordinates arrangements with the District Human-Social Sector Commanders and is responsible for advising the State Health Coordinator. In addition, this role liaises and coordinates arrangement with the State Human Social Recovery Group (SHSRG).

An appointment to a State level Human-Social Recovery Group (SHSRG) will be a person with expertise in psychosocial support, that can commit the resources of the agency in accordance with the agency’s disaster management responsibilities and/or as determined by the agency’s functional plan, following a risk based analysis, with the full authority and responsibility of the Director-General.

Human-Social Sector Commanders (District)

The Health Service District Human-Social Sector Commander is responsible for coordinating integrated primary, community, psychosocial and mental health services. The Sector Commander is responsible for advising the Health Incident Controller (usually the District Chief Executive Officer) of the planning, response and recovery strategies.

The Sector Commander is responsible for establishing and coordinating multidisciplinary teams.

An appointment to a District level Human-Social Recovery Group will be a person with expertise in psychosocial support, that can commit the resources of the agency in accordance with the agency’s disaster management responsibilities and/or as determined by the agency’s functional plan, following a risk based analysis, with the full authority and responsibility of the District Chief Executive Officer.

Liaison Officers

Health Liaison Officers represent Queensland Health’s interests on matter relevant to the emergency response, and provide a point of contact for interaction with other agencies and across health services.
The Health Liaison Officers have the knowledge and authority to commit resources toward the resolution of the incident on behalf of the Incident Controller, and liaise with the Health Incident Controller.

Liaison Officers play an integral part in the State Health Emergency Coordination Centre, Incident Management Teams, Health Emergency Operations Centre and State and District Disaster Coordination Centre and Recovery Management structures.

Functional Support Arrangements

Queensland Human Social Incident Management Team
### Appendix 2 Standard Operating Procedures

A number of Standard Operating Procedures (SOP) support the Human-Social Health Plan:

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<thead>
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<th>SOP 1</th>
<th>Human-Social Recovery Management Action Guide</th>
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<tr>
<td>SOP 2</td>
<td>Psychological First Aid</td>
</tr>
<tr>
<td>SOP 3</td>
<td>Psychological Debriefing</td>
</tr>
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<td>SOP 4</td>
<td>Staffing Evacuation Centres and Reception Centres</td>
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### Appendix 2A SOP 1 Human-Social Recovery Management Guide

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<tr>
<th>Strategy</th>
<th>Plan</th>
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<tbody>
<tr>
<td>Analysis of the disaster with the estimated number of people affected by the disaster in maintaining, improving or restoring people’s health and wellbeing.</td>
<td>Analyse the impact to identify the needs and capacity of health for the disaster affected community</td>
</tr>
<tr>
<td>Identification of individuals affected by the hazard event especially who may have special needs (children, youth, aged, indigenous, refugee and migrant populations and people with diverse cultural backgrounds).</td>
<td>Command, Control, Coordinate, Collaborate health resources to enable effective health services response and recovery activities</td>
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<tr>
<td>Identification of the number of existing vulnerable clients who may be in need of acute, community and/or primary healthcare services support. (refer to 4.1 Identification of Vulnerable Groups, p9)</td>
<td>Maintain core medical, community, population and mental health services during the disaster for both new and existing recipients</td>
</tr>
<tr>
<td>Identification and collaboration with the local Primary Healthcare Network, NGOs and other relevant primary health providers to determine the primary healthcare clinic resources</td>
<td>Establish and coordinate appropriate pre-hospital onsite health response management for primary health clinics in association with other healthcare providers Provide a minimum skill mix of community health nurse and social worker in providing access to health services.</td>
</tr>
<tr>
<td>Queensland Health determines the standards and the provision of a Mental Health Disaster Framework (see Appendix 4) for psychological and counselling services for disaster affected persons of the general community, emergency workers and recovery workers.</td>
<td>Apply standards and the provision of a framework for psychological and counselling services for disaster affected persons of the general community, emergency workers and recovery workers.</td>
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Standards and Services include but not limited to; Basic Needs.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Plan</th>
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<tr>
<td><strong>Psychological First Aid</strong> is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.</td>
<td>community, and recovery workers.</td>
</tr>
<tr>
<td><strong>Community and Family Supports</strong></td>
<td>Provide psychosocial expertise at a site and in State and District Disaster Coordination Centres in the event of a prolonged health event</td>
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<tr>
<td>• <strong>Skills for Psychological Recovery</strong> is the preferred intervention strategy where Psychological First Aid is not sufficient</td>
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<tr>
<td>• Screen and Treat programs</td>
<td></td>
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<tr>
<td>• Development of referral system to Queensland Health for health care</td>
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<tr>
<td><strong>Focused Supports</strong></td>
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<tr>
<td>Care Pathways by Health Professionals</td>
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<tr>
<td><strong>Disaster Psychiatry</strong></td>
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<tr>
<td>Consultation-liaison</td>
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<tr>
<td><strong>Identification, promotion and utilisation of appropriate National and State or Local Government, NGO and/or other relevant healthcare services and resources. These could include social media, websites, or telehealth services to facilitate human social needs for acute or primary health care such as psychological and counselling services.</strong></td>
<td>Develop local and/or utilise various public information resources for human social needs such as psychological and counselling services for the affected persons of the general community, emergency workers and recovery workers.</td>
</tr>
<tr>
<td><strong>Example contacts:</strong></td>
<td></td>
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<tr>
<td>• <strong>PH 13 Health (13 43 25 84)</strong> provides health information, referral and teletriage services to the public in all parts of Queensland for the cost of a local call. Calls from mobile phones may be charged at a higher rate. For calls via VoIP (Voice over Internet Protocol) it is advised that you check with your telephone service provider as to the cost. 13 HEALTH is available 24 hours a day, seven days a week, 365 days a year.</td>
<td>Provide health advice, warnings and directions to health service providers and the community</td>
</tr>
<tr>
<td>• Queensland Government <strong>1800 173 349</strong> Community Recovery Hotline</td>
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</tr>
<tr>
<td>• <strong>Lifeline Australia</strong> PH 13 11 14 <a href="https://www.lifeline.org.au/">https://www.lifeline.org.au/</a></td>
<td></td>
</tr>
<tr>
<td>• <strong>beyondblue</strong> PH 1300 22 4636 <a href="https://www.beyondblue.org.au/">https://www.beyondblue.org.au/</a></td>
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</table>
Appendix 2B SOP 2 Psychological First Aid

Queensland Health endorses the concept of Psychological First Aid (PFA).

PFA is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event.

The National Medical and Health Research Council has approved PFA and has been defined with eight steps in the Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder 2013. (the Guideline)

The Guideline indicates that PFA is an “intervention for all in the exposed populations” and it “seeks to reduce distress and attend to basic needs following a potentially traumatic event by providing simple interventions such as comfort, information, support and practical assistance”.

- For adults exposed to trauma, clinicians should implement psychological first aid in which survivors of potentially traumatic events are supported, immediate needs met, and monitored over time.

- For children the Guideline indicates the following Good Point Practices;
  **GPP71** Psychological first aid may be appropriate with children in the immediate aftermath of trauma, however if it is used there must be access available to infant, child and adolescent mental health specialists if and when required.
  **GPP68 to GPP72** provides further information for health care providers, parents and caregivers to consider.

- For specific populations, including Aboriginal and Torres strait Islander peoples, refugees and asylum seekers, military and ex-military personnel, older people and emergency services and trauma types several considerations are highlighted.

*Approved by the National Health and Medical Research Council (NHMRC), the Guidelines were developed by Phoenix Australia (formerly Australian Centre for Posttraumatic Mental Health) and a team of Australia’s leading trauma experts, in collaboration with representatives of the professional associations for psychiatrists, psychologists, general practitioners, social workers, occupational therapists, mental health nurses, school counsellors, and service users. Recommendations were based on best practice evidence found through a systematic review of the Australian and international trauma literature.*

---

Appendix 2C SOP 3 Psychological Debriefing

Queensland Health adopts the following position for Psychological Debriefing.

The National Medical and Health Research Council approved the updated 2007 *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder 2013* (the Guideline).*

The Guideline, Guidelines Summary and A Practitioner Guide to Treatment can be located online at [http://phoenixaustralia.org/resources/ptsd-guidelines](http://phoenixaustralia.org/resources/ptsd-guidelines)

The following provides a brief summary of recommendations and good practice points to consider:

**Recommendations:**

R1 - For adults exposed to a potentially traumatic event, a one-session, structured psychological intervention sin the acute phase, such as psychological debriefing should not be offered on a routine basis for the prevention of PTSD.

R12- For children exposed to a potentially traumatic event, psychological debriefing should not be offered.

**Good Practice Points**

GPP44- For adults exposed to a potentially traumatic event, if required, provide practical and emotional support, facilitate ways to manage distress and access social supports and promote positive expectations.

GPP45 - Adults exposed to a potentially traumatic event who wish to discuss the experience and demonstrate a capacity to tolerate associated distress, should be supported in doing so. In doing this, the practitioner should keep in mind the potential adverse effects of excessive ventilation in those who are very distressed.

GPP68 to GPP72 provides information for health care providers, parents and caregivers to consider.

*Approved by the National Health and Medical Research Council (NHMRC), the Guidelines were developed by Phoenix Australia (formerly Australian Centre for Posttraumatic Mental Health) and a team of Australia’s leading trauma experts, in collaboration with representatives of the professional associations for psychiatrists, psychologists, general practitioners, social workers, occupational therapists, mental health nurses, school counsellors, and service users. Recommendations were based on best practice evidence found through a systematic review of the Australian and international trauma literature.⁵*

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Appendix 2D SOP 4 Staffing Evacuation and Reception Centres

1. Queensland Health adopts the following position for staffing Evacuation and Reception Centres.
   a) A minimum skill set of a community health nurse and social worker will be deployed should the need arise.
   b) The community health nurse and social worker will provide access to health care within the health system.
   c) Queensland Health staff will wear identifiable Queensland Health tabards.
   d) The Evacuation and Reception Centre will not be used to conduct interventions other than the concept of Psychological First Aid.
## Appendix 3 Public Health Action Plan

### Response and recovery phase

<table>
<thead>
<tr>
<th>Area</th>
<th>Strategies</th>
<th>Actions</th>
<th>Tasked to</th>
</tr>
</thead>
</table>
| **Water Quality**     | To provide expert health risk assessment on water quality, water quantity and supply in disaster affected communities. | • Provide expert technical advice to drinking water suppliers to manage any public health risks associated with compromised water supplies and their reinstatement, including advice on use of highly treated recycled water for clean-up.  
• HHS PHUs to notify the Water Quality Unit of matters of a critical or serious nature relating to water quality and/or supply  
• HHS PHUs to manage local water quality and/or supply issues.  
• Monitor the status of boil water alerts.  
• Continue to receive reports of outbreaks of water-borne illness through existing arrangements.  
• Provide advice as required to SEQ Healthy Waterways as well as local governments regarding local water issues i.e. recreational water. | HHS –PHU in affected areas with support by Water Quality Unit                                      |
|                       | To provide expert advice on the management of water quality, water quantity and supply of Metro North Brisbane, Metro South Brisbane and West Morton | • Liaise with health care service providers (HHS, Private Hospital and Residential Aged Care Services) on water quality and quantity public health risks specific to Brisbane area  
• Provide public health messages on water quality and quantity specific to Brisbane area.  
• Queensland Urban Utilities, SEQwater, and Department of Premier and Cabinet to manage other water supply messaging. | Water Quality Unit supported by HHS –PHU in affected areas                                          |
| **Food Safety**       | To liaise with Safe Food Production Queensland, and DAFF to coordinate the management of food production with food producers and suppliers impacted by disaster to ascertain any implications for food supply. | • Work with Safe Food Queensland, DAFF and local government to ensure a safe food supply to affected communities, and the destruction of compromised food to ensure it does not re-enter the food chain  
• Provide a liaison point between the Department of Health and Safe Food Production Queensland (SFPQ) regarding information sharing, and issues identified by Public Health Units for their information/action  
• Negotiate with other agencies and industry bodies to develop policy and practical solutions to maintain and or restore the quality and safety of the food supply in disaster affected areas. | Food Safety Standards and Regulation Unit                                                            |
|                       | To provide expert advice to                                                | • Work with local governments to maintain food safety in disaster affected communities                                                                                                                  | HHS– PHU –                                                                                       |
| Local Governments on food safety in disaster affected communities | including operational support, food business inspections and expert advice if required  
- Report any novel or emerging public health issues to the State Public Health Incident Controller, and liaise with Food Safety Standards and Regulation Team to provide information on the management of such issues.  
- Distribute public health information on food safety via the Department of Health Disaster website: [http://www.health.qld.gov.au/disaster](http://www.health.qld.gov.au/disaster) to local governments, community members and other relevant agencies. | disaster affected areas |
|---|---|---|
| Hazardous Waste including Asbestos | To provide health risk advice to HHS-PHUs regarding hazardous waste including asbestos  
- Collaborate with the lead agency and other stakeholders on effective management of hazardous waste including asbestos; and  
- Provide health risk advice to other state government departments, HHS PHUs, and local government as required.  
- HHS PHUs to identify and maintain liaison with key stakeholders in local disaster-affected communities (e.g. local government) including environmental health advice as appropriate. | Environmental Hazards and Public Health Units |
| Radiation Health | To provide expert advice and support to radioactive source licensees in disaster affected communities  
- Contact licensees in identified disaster affected communities to determine the number and level of damage to radioactive sources; and  
- Provide expert advice to licensees in relation to the management and mitigation for compromised sources and provide assistance to keep radioactive sources safe and secure | Radiation Health Unit |
| Private Hospitals | To liaise and support private hospital facilities in disaster affected areas  
- Liaise with private hospital facilities and networks regarding emerging issues in affected communities. | Private Health Regulation |
| Vaccine supply and cold chain breaches | Monitor the supply chain for vaccines in Queensland  
- Receive notifications of cold chain breaches from vaccine service providers in disaster-affected communities and forward to relevant HHS-PHUs for follow up and management.  
- Provide technical advice and support to HHS-PHUs and vaccine service providers as required. | Queensland Health Immunisation Program (Communicable) |
<table>
<thead>
<tr>
<th><strong>Human Social Health Plan (Primary &amp; Community, Psychosocial &amp; Mental Health)</strong></th>
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<tbody>
<tr>
<td><strong>May 2016</strong></td>
<td><strong>Public Health Action Plan</strong></td>
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</table>

- Liaise with the contracted vaccine distributor and vaccine service providers regarding vaccine deliveries and the re-establishment of vaccine stocks in Queensland’s disaster affected communities.  

<table>
<thead>
<tr>
<th><strong>Drugs and Poisons</strong></th>
<th><strong>To provide expert advice to support local HHS-PHUs and private sector initiatives in affected communities.</strong></th>
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</thead>
</table>
|  | **Provide policy and expert advice to PHUs, pharmacies, the Pharmacy Guild, health facilities, pharmaceutical wholesalers and other relevant organisations regarding the safe disposal of damaged pharmaceuticals.**  
|  | **Provide a liaison point between Department of Health and state/national agency/industry for information sharing and issues identified by Public Health Units for their information/action**  
|  | **Negotiate with agencies and industry bodies to develop policy and practice solutions where required, to maintain or restore the quality of local drug and poison supplies to affected communities.**  
|  | **Monitor, review and support the implementation and administration of legislative and regulatory responsibilities for drugs and poisons.**  
|  | **Support HHS-PHUs in the provision of emergency legislation and approvals for the establishment of temporary facilities to support the establishment of local services for affected communities.**  

<table>
<thead>
<tr>
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|  | **Negotiate with agencies and industry bodies to develop policy and practice solutions where required, to maintain or restore the quality of local drug and poison supplies to affected communities.**  
|  | **Monitor, review and support the implementation and administration of legislative and regulatory responsibilities for drugs and poisons.**  
|  | **Support HHS-PHUs in the provision of emergency legislation and approvals for the establishment of temporary facilities to support the establishment of local services for affected communities.**  

<table>
<thead>
<tr>
<th><strong>Medicines Regulation and Quality Unit</strong></th>
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</table>
|  | **Undertake site inspections as required, to ensure the safe disposal of damaged product, and maintain the integrity of drugs and poisons available to local communities (Note: where required and necessary, inspectors can use certain powers in disaster or emergency situations, including destroying controlled, restricted drugs or poisons).**  
|  | **Respond to requests for information from providers of prescription services, to enable continuity of appropriate treatment of patients on opioid substitution and other approved pharmacotherapies.**  

<table>
<thead>
<tr>
<th><strong>General public health messages to the community</strong></th>
<th><strong>Develop and implement a communication strategy to inform disaster-affected communities</strong></th>
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</thead>
</table>
|  | **Refer all agencies to the Department of Health Disaster website: [http://www.health.qld.gov.au/disaster](http://www.health.qld.gov.au/disaster) as a point of truth for all public health information, and the management of risk in the community.**  
|  | **Use standard information in fact sheets, face book, tweeter and media to communicate messages to the public.**  
|  | **Disseminate packages through public affairs network to all Hospital and Health Services.**  
|  | **Provide targeted public health information and advice for emerging issues to specific populations or affected communities.**  
|  | **Liaise with 13HEALTH to manage specific issues if requested.**  

<table>
<thead>
<tr>
<th><strong>HHS - PHU</strong></th>
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</table>
|  | **Undertake site inspections as required, to ensure the safe disposal of damaged product, and maintain the integrity of drugs and poisons available to local communities (Note: where required and necessary, inspectors can use certain powers in disaster or emergency situations, including destroying controlled, restricted drugs or poisons).**  
|  | **Respond to requests for information from providers of prescription services, to enable continuity of appropriate treatment of patients on opioid substitution and other approved pharmacotherapies.**  

<table>
<thead>
<tr>
<th><strong>Health Protection Branch and Communicable Diseases Branch</strong></th>
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</table>
|  | **Undertake site inspections as required, to ensure the safe disposal of damaged product, and maintain the integrity of drugs and poisons available to local communities (Note: where required and necessary, inspectors can use certain powers in disaster or emergency situations, including destroying controlled, restricted drugs or poisons).**  
|  | **Respond to requests for information from providers of prescription services, to enable continuity of appropriate treatment of patients on opioid substitution and other approved pharmacotherapies.**  

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<thead>
<tr>
<th><strong>Diseases Branch</strong></th>
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</table>
|  | **Undertake site inspections as required, to ensure the safe disposal of damaged product, and maintain the integrity of drugs and poisons available to local communities (Note: where required and necessary, inspectors can use certain powers in disaster or emergency situations, including destroying controlled, restricted drugs or poisons).**  
|  | **Respond to requests for information from providers of prescription services, to enable continuity of appropriate treatment of patients on opioid substitution and other approved pharmacotherapies.**  

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|  | **Use standard information in fact sheets, face book, tweeter and media to communicate messages to the public.**  
|  | **Disseminate packages through public affairs network to all Hospital and Health Services.**  
|  | **Provide targeted public health information and advice for emerging issues to specific populations or affected communities.**  
|  | **Liaise with 13HEALTH to manage specific issues if requested.**
| **Evacuation and Recovery Centre** | Develop and implement strategies to enhance and support government and non-government organisations. | • Assist local government and non-government organisations in managing public health risks associated with evacuation and recovery centre operations  
• HHSs to deploy EHOs to support local government environmental health services if requested. | HHS PHU |
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<tbody>
<tr>
<td><strong>Staff deployment</strong></td>
<td>Develop and implement strategies to enhance and support local councils.</td>
<td>• Coordinate and negotiate the deployment of skilled staff from non-disaster affected areas from Department of Health and the Hospital and Health Services to support affected local councils and PHUs to assist with public health response efforts.</td>
<td>Health Protection Branch and HHS PHUs</td>
</tr>
</tbody>
</table>
| **Surveillance** | Monitor and investigate reports of potential public health associated risks or threats. | • Undertake regular review of surveillance and vaccination coverage data to identify disaster related increases in vaccine preventable diseases (medium term) and decreases in vaccination coverage (medium to long term).  
• Monitor, scan and investigate rumours, media and other social media medium regarding potential adverse public health associated risks.  
• Monitor and report on any cases or outbreaks of food-borne illness.  
• Provide enhanced disease and injury surveillance in partnership with general practitioners and hospitals | Communicable Diseases Branch and HHS PHUs |
Overview

The Queensland Mental Health Disaster Management Framework (the Framework) has been developed by the Mental Health Alcohol and Other Drugs (MHAOD) Branch, Clinical Excellence Division (CED) as part of the Human Social Disaster Plan, to provide management of the mental health response to disaster events in Queensland, in alignment with the Queensland Health Disaster Plan 2014.

The diagram shows how this framework sits within the Disaster Plan framework:

```
Queensland Government Disaster Management Plan

Queensland Health Disaster Plan 2015

Annex 1
Annex 2
Annex 3
Annex 4
Annex 5
Annex 6
Annex 7

Annex 8: Human Social Health Plan

Appendix 4: Mental Health Disaster Management Framework
```

Rationale

The Framework is informed by the Queensland Disaster Management Act 2003 and the Human-Social Annex of the Queensland Health Disaster Plan 2014. The purpose of the Framework is to enable the MHAOD Branch to provide effective disaster management for the Queensland Mental Health System and to ensure a consistent approach to disaster management across the state. The Framework serves to assist Queensland Health mental health entities to mitigate and manage the adverse effects and to effectively respond to a disaster event.

The Framework incorporates elements of preparedness, response, and evaluation with a long term strategic and operational focus, developed in accordance with the existing State Health Emergency Coordination Centre (SHECC) processes. Using a staged approach, the Framework enables the MHAOD
Branch to build disaster capability and support a continuous and comprehensive approach to disaster management.

In accordance with the Queensland Health Disaster Plan\(^1\), the *Framework* represents how MHAOD Branch in coordination with SHECC and State Human and Social Recovery Group (SHSRG), will achieve the following outcomes:

- Integrate mental health with emergency and disaster management arrangements across the community including public and private health sectors, in conjunction with the local, district, and State government, including the Department of Health and state-wide mental health services.
- Maintain an adequately trained workforce to respond and coordinate assets and resources as needed.
- Respond in an appropriate, flexible manner to any disaster event within a Hospital and Health Services (HHS), between HHSs and across the State, escalating responses as required.
- Assist in managing the local human-social response through a Health Emergency Operations Centre (HEOC), with coordination at state level through SHECC and SHSRG as required.
- Support the continued provision of essential mental health services during an incident, as far as can safely be provided.

Maintain records of response activities following activations of emergency preparedness, continuity management arrangements and major exercises.

**Roles and Responsibilities**

**Mental Health Alcohol and Other Drugs (MHAOD) Branch**

Regardless of profession or position, a Queensland Health employee may be asked to perform a wide variety of roles in response to a disaster event. It is therefore essential that, as a minimum, MHAOD Branch staff understand the basic concepts and principles of disaster management, the current *Framework* and the functions of SHECC and SHSRG. Preparedness activities for MHAOD Branch may also include staff attending a SHECC information session and a representative from the MHAOD Branch should also attend the quarterly SHRSG meetings.

Outlined below are the prescribed roles and responsibilities that enable an effective mental health response to a disaster situation, across the local, district and State level. Subsequent workflow activities provide the information, systems and processes to inform and support a continuous and comprehensive approach to disaster management.

**Psychosocial & Mental Health Alcohol & Other Drug Sector Commander (PMHAOD) (Executive Director, MHAOD Branch, Clinical Excellence Division)**

PMHAOD Sector Commander is the clinical advisor to the SHECC. This role liaises and coordinates arrangements with the District Human-Social Sector Commander/s and is responsible for advising the State Health Coordinator and Human-Social Sector Commander. In addition liaises and coordinates arrangements with SHRSG.
Psychosocial & Mental Health Alcohol and Other Drug Liaison Officer (PMHAOD) (Director, Strategy Planning and Partnerships Unit, MHAOD Branch, Clinical Excellence Division)

The Health Liaison Officer represents Queensland Health’s interests on matters relevant to the emergency response and provides a point of contact for interaction with other agencies and across health services. The PMHAOD Liaison Officer will have the knowledge and authority to commit mental health resources toward the resolution of the disaster event on behalf of the PMHAOD Sector Commander.

Mental Health Alcohol and Other Drug Branch Human Social Incident Management Team (HSIMT)

In response to a disaster event the MHAOD Branch HSIMT may be enacted to provide responsive support to the PMHAOD Sector Commander and PMHAOD Liaison Officer. The HSIMT is a virtual team made up of representation across all units of MHAODB and members are responsible for the provision of expert advice on relevant areas within mental health. When required the PMHAOD Liaison Officer will approve member/s of the MHAOD Branch HSIMT to represent Queensland Health’s interest on matters relevant to the emergency response and provide a point of contact for interaction with other agencies and across health services.

District Human-Social Sector Commander (HHS Level) (Hospital and Health Service Mental Health & ATOD Services Executive Director or delgate)

The District (HHS) Human-Social Sector Commander is responsible for coordinating integrated primary, community, psychosocial and mental health services for establishing and coordinating multidisciplinary teams. The role is responsible for advising the District (HHS) Health Incident Controller of the planning, response and recovery strategies. The District (HHS) Human-Social Sector Commander is responsible for liaising with the PMHAOD Sector Commander, PMHAOD Liaison Officer and MHAOD Branch HSIMT.
Framework Workflow

Queensland Human Social Incident Management Framework – Mental Health Alcohol and Other Drugs Branch

Ongoing

Prevention & Preparedness Phase
Mental Health Alcohol & Other Drugs (MHAOD) Branch

Identify MHAOD Branch responsibilities

Inform & maintain capability

State Human & Social Recovery Group (HSECC) – Coordinated by the Queensland Department of Communities, Child Safety, Disability Services

State Health Emergency Coordination Centre (SHECC) – Coordinated by Queensland Health

MHAOD Branch

Update HSM Framework to reflect most current disaster event learnings

Communicate & Consult

Stage one

Response Phase
Point of escalation
Queensland Health response

Establish the context

MHAOD Branch coordinate & collaborate MHAOD response

Psychosocial & MHAOD Sector Commander, Psychosocial & MHAOD Liaison Officer & MHAOD Branch HSLM Team

State Human & Social Recovery Group (HSECC) – Coordinated by Queensland Department of Communities, Child Safety, Disability Services

State Health Emergency Coordination Centre (SHECC) – Coordinated by Queensland Health

Hospital and Health Services (HHS)

Mental Health Services within HHS

Define MHAOD Branch resource requirements

Define local resources & interdependency requirements

Conduct MHAOD Branch Business Impact Analysis & where required undertake a Continuity Plan

Monitor & Review

Stage two

Recovery Phase
De-escalation
Queensland Health response

Evaluate MHAOD Branch response & ongoing capability

MHAOD Branch debrief – MHAOD Branch HSLM Team, Psychosocial & MHAOD Sector Commander and Psychosocial & MHAOD Liaison Officer, and if required with SHECC and SHECC and document learnings

MHAOD Branch provide ongoing reporting on the disaster event, as required, in a timely manner
Prevention and Preparedness Phase: MHAOD Branch

The MHAOD Branch is responsible for identifying, building and maintaining workforce disaster capability and capacity through the preparedness phase. This phase prioritises MHAOD Branch actions around ongoing preparedness for a disaster event. It is therefore essential that, as a minimum, all MHAOD Branch staff understand the basic concepts of disaster management, the current Framework and the functions of SHECC and SHSRG, by attending relevant training and SHECC information sessions. The MHAOD Branch should also be represented at the quarterly SHRSG meetings and the Framework kept current and updated after each disaster event.

Response Phase: Point of Escalation: Queensland Health Response

Queensland Health and mental health services have a legislative obligation to prepare and respond to disasters and significant events.

The framework for mental health services is activated as part of the Human-Social response within the Queensland Health Disaster Plan. It may be enacted at any time at the request of the SHC. The procedure is activated when:

- A disaster event is imminent or following its declaration
- The context of the event (e.g. influenza pandemic, flooding, cyclone) has been established and a specific mental health and wellbeing response is required.

Mental Health Coordination Arrangements

State:

At the state level the SHC is responsible for leading the disaster response. The SHC mobilises the primary, community and psychosocial mental health support in consultation with the PMHAOD Sector Commander.

The PMHAOD Sector Commander is responsible for coordinating and developing the appropriate mental health response.

The PMHAOD Sector Commander, with support from the PMHAOD Liaison Officer and HSIMT, responds to requests for input from SHECC.

The PMHAOD Sector Commander/Liaison Officer will liaise and coordinate arrangement with the HHS Human-Social sector commander to maintain reciprocal reporting with SHSRG and SHECC.

Responses are determined by the context of the disaster and should be developed in partnerships with the relevant HHS, SHECC and SHRSG.

The PMHAOD Sector Commander will identify and analyse the state-wide mental health system needs by:

- Defining the resource requirements
- Defining local resources and requirements
- Assisting HHS to determine the impact of the event on local mental health services
• Liaison with the HHS in regards to bed capacity and deployment of a plan for evacuation of mental health patients as needed.
• Identification of resources required to provide an initial and sustainable mental health response.

If a HHS requires additional resources to meet demand the MHAOD Sector Commander facilitates the access of resources and deployment of staff from other areas in consultation with SHECC and SHSRG.

**HHS:**
The HHS Health Incident Controller leads and coordinates the health response at the local level. The HHS CE may activate an Incident Management Team (IMT) to support them in their role and may activate a Health Emergency Operations Centre (HEOC) for a district or local response.

The PMHAOD Sector Commander will liaise with the District Human-Social Sector Commander who is responsible for coordinating integrated primary, community, psychosocial and mental health services and establishing and coordinating multidisciplinary teams where required within the specific HHS.

The District Human-Social Sector Commander advises the District Health Incident Controller of the planning, response and recovery strategies.

The figure below shows the Queensland Health functional support and mental health arrangements for the Queensland Disaster Management system.

**Functional support arrangements**

**Recovery Phase:**

**Human Social Recovery:**
Human-Social recovery includes personal support and information, physical health and emotional, psychological, spiritual, cultural and social wellbeing, public safety and
education, temporary accommodation, financial assistance to meet immediate individual needs and uninsured household loss and damage.

The functional lead agency for Human-Social recovery is the Department of Communities, Child Safety and Disabilities (DCCSD). Queensland Health is a supporting agency for the provision of health care and contributes to community recovery as coordinated by DCCSD.

The PMHAOD Sector Commander is responsible for negotiating and coordinating the provision of mental health services in consultation with the District (HHS) Human Social Sector Commander/s and is the conduit to the SHSRG.

The process for the human social recovery process includes:

1. Triage: This is a critical process in disaster management. Triage is for those who are impaired and are at risk due to the level of distress, or otherwise acutely affected, or demonstrate a disturbed mental state, cognitive impairment or behavioural disturbance.

2. Defusing: A process intended to facilitate opportunities for workers to express their thoughts and feelings about the rescue tasks at hand without feeling obligated to do so.


4. Outreach visitation: An outreach service where a team call on residences in the disaster affected area to ensure all residents is aware of available recovery services; to allow residents the opportunity to relate their experiences; and to identify those residents in need of additional services.

5. Crisis counselling: Crisis intervention refers to the methods used to offer immediate, short term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems.


**De-escalation: MHAOD Branch exit strategy**

On notification from the SHECC, the Psychosocial & MHAOD Sector Commander and/or Psychosocial & MHAOD Liaison Officer, when required, will inform the MHAOD Branch HSIM Team when it is time to finalise the requirements of the Response Phase and commence recovery and de-escalation.

Once the SHSRG has been de-activated, the DCCSDS will schedule a de-brief with members of SHSRG to record lessons learned.

An internal de-brief should also occur between MHAOD Branch staff involved with the disaster event. The Framework should then be reviewed and lessons learnt from the SHECC, SHRSG and MHAOD Branch de-brief incorporated, to ensure a continually improving and evolving framework.

As required, the MHAOD Branch provides ongoing reporting on the disaster event which should be completed, in a timely manner.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CED</td>
<td>Clinical Excellence Division</td>
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<tr>
<td>DCCSDS</td>
<td>Department of Communities Child Safety and Disability Services</td>
</tr>
<tr>
<td>HEOC</td>
<td>Health Emergency Operations Centre</td>
</tr>
<tr>
<td>HHS</td>
<td>Hospital and Health Service</td>
</tr>
<tr>
<td>HSIMT</td>
<td>Human Social Incident Management Team</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>MHAODB</td>
<td>Mental Health Alcohol and Others Drugs Branch</td>
</tr>
<tr>
<td>PMHAOD</td>
<td>Psychosocial Mental Health Alcohol and Other Drugs</td>
</tr>
<tr>
<td>SHC</td>
<td>State Health Coordinator</td>
</tr>
<tr>
<td>SHECC</td>
<td>State Health Emergency Coordination Centre</td>
</tr>
<tr>
<td>SHSRG</td>
<td>State Human and Social Recovery Group</td>
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Appendix 5  

**Glossary**

**Disaster**  
A disaster is a serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the state and other entities to help the community recover from the disruption.

Serious disruption means:

- loss of human life, or illness or injury to humans
- widespread or severe property loss or damage
- widespread or severe damage to the environment (Disaster Management Act 2003).

**Disaster Psychiatry**  
Disaster psychiatry is the provision of specialised services by existing consultation-liaison psychiatry services for definitive care. Disaster psychiatry also provides specialised subject matter expertise of psychological, biological and social processes for response and recovery interventions during disasters.

**Mitigation**  
Measures taken in advance of an event aimed at decreasing or eliminating its impacts on the community or the environment.

**Prevention**  
The identification of hazards, the assessment of threats to life and property and the taking of measures to reduce or eliminate potential loss of life or damage to property whilst protecting economic development.

**Preparedness**  
The action to minimise loss of life and damage, and the organisation and facilitation of timely, effective rescue, relief and rehabilitation in case of disaster.

**Recovery**  
The process of returning an affected community to its appropriate level of functioning following a disaster situation.

**Response**  
The process of combating a disaster and providing immediate relief for persons affected by the situation.

**Psychological First Aid**  
Psychological First Aid is the preferred intervention strategy to be used to reduce distress in the immediate aftermath of a disaster event. Psychological First Aid includes provision of information, comfort, emotional and instrumental support to those seeking help. Psychological first aid should be provided in a stepwise fashion tailored to the person’s needs.
Psychological and Counselling

Psychological and counselling services are the additional support which may be required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include care pathways established by general practitioners and other health professionals such as psychologists, social workers, occupational therapists, community and mental health nurses.

Social Support

Social Support is the provision of family tracing and reunification, assistance with mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive programs such as loss and grief, formal and non-formal educational activities, screen and treat programs for children, livelihood activities and the activation of social networks.