

PROFESSOR ALEXANDER MCFARLANE SPEAKS ABOUT LEARNINGS FROM ASH WEDNESDAY AND THE RECENT NATURAL DISASTERS IN VICTORIA AND QUEENSLAND. Part 2

Are the findings about bushfires generalizable to all natural disasters?

There are many similarities but there are some important differences. One of the things about bushfires is the immediacy of the threat is just overwhelming in way that doesn't happen with many other natural disasters. The risks to people in terms of getting killed, during the point where the front goes through, are extraordinarily high. You can't see because of the smoke. You get embers in your eyes. You can't hear because of what people describe as, "this atom bomb going off". You can't breathe. And there is this terrible isolation. I think probably of all the natural disasters, this is the one with the greatest sensory overload and immediate threat of death. In floods people do get a little bit of warning. Obviously earthquakes can be somewhat similar, but there is something about fire, that I think is particularly overwhelming.

The Australian community has joined together to donate whatever has been asked for. Is there any research about the impact upon kids who have escaped or survived bushfires of the influx of donations, particularly goods such as clothes, toys and books?

One of the interesting reflections for me looking at what's happening now on the background of the research we did, is that, whilst people's generosity is to be admired and indeed overwhelming, there is also a sense of frustration for those who have lost their objects. Often they are receiving people's discarded clothes and things they themselves don't want. These are objects the fire victims, particularly the children themselves wouldn't have wanted, if they hadn't lost their own possessions. So there is this strange sort of ambivalence about receiving peoples' cast-offs. Unfortunately I think that body of information doesn't get as documented as perhaps it should.

As professionals working with children, adolescents and their families, what should we be doing now in this one to three month period following the bushfires?

I think the most important issue is not to presume that you've got to do something now. People have their own ways of coping – their own ways of managing in these situations. We shouldn't presume that everyone is going to need professional assistance. I think the most important thing is to be developing the skills for dealing with these issues in the longer term – making sure there is some recognition of this long term trail of needs. The immediacy of the fire obviously attracts everyone's attention and wanting to do something to help ... but it may not necessarily be the time when the victims want it. We actually tracked, after the Ash Wednesday fires, when people came forward wanting assistance and it's not in the first twelve months. It is actually after the second year when people start to come forward. People expect to be distressed. They expect to have a sense of loss. With the children, that's not to say that there aren't things that can't be done – for example at schools, in terms of having programs that help children try and create a narrative of what's occurred. But, ultimately the issue within families often is the impact of the fire on the parent – because they mediate the impact of the disaster in the lives of the kids and translate the events that the kids don't grasp into some sort of meaning. So, helping the parents is also one of the critical issues.

Professor McFarlane you've researched the traumatic sequelae of bushfires in two distinct populations.

There were really four major bodies of research that I did. The first one was a study of children, where I looked at 800 kids who were exposed to the fires in the south-east areas of the State, and 750 children from a neighboring region who weren't affected by the fire. And we followed them over the first two years following the fire but we then also followed them up 21 years later. We managed to track down over a thousand in that sample.

The second study I did was of 500 firefighters who I followed over nine years. The third study was one with all the registered disaster victims. Then there were some separate publications of patients that I'd treated.

And what did you discover down the track?

I think that one of the things that generally happens after the disasters is that everyone focuses on the disaster, when you've got to remember that these are communities just like any other day-to-day community in Australia. The Australian Mental Health and Wellbeing Survey, which has just been repeated and published at the end of last year, shows that about 20% of the population at any particular point time will have a psychiatric disorder. Obviously, a proportion of children do too, but in the end there I'm talking about adults. It's not like all the problems you find in this community are going to be because of the disaster – there is going to be this background morbidity. The other thing we found is that traumatic experiences are very common, quite apart from the disaster. In fact, in the follow-up study we did of children, the number of people exposed to life threatening motor vehicle accidents, etc., is really far higher than we expected. So it is critical that when you look at a disaster affected population you think about it in terms of the longitudinal life of this community, and this is only one of many events that are likely to have occurred.

Is there any evidence supporting an inoculation model regarding the traumatic sequelae of natural disasters? In other words, do previous traumatic experiences protect individuals from future traumatic reactions?

We have looked at that question in the longitudinal study we did after the Ash Wednesday fires disaster and it doesn't appear that's the case. It really appears more like a cumulative risk model. The probability of getting some condition, like posttraumatic stress disorder or depression, after one exposure is significantly less than if you've had two exposures, significantly less than if you've had three exposures, and the graph continues to go up.

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