THE FALL OUT OF TRAUMA

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For survivors, the aftermath of disaster can go on for years, but experience from recent calamities shows how to make sure those affected get the right emotional support, writes Russell Skelton.

AFTER saving his home, Ross Buchanan returned to Kinglake to find that his children, Neeve, 9, and MacKenzie, 15, had died in the wall of flame that swept through the hamlet.

A Kinglake resident found the charred remains of close neighbours locked in a final embrace under twisted roofing iron. Distraught and helpless parents have told of making their farewells on the phone to teenage children trapped in a house.

Triple-zero operators fielded 4200 phone calls on Black Saturday, many from people pleading for help moments before they died. This week police and firefighters talked about impossible decisions made: abandoning the unreachable in order to save others. For two weeks the media has been flooded with shocking accounts and stark images of terror, trauma and grief. A cluster of cars that became instant coffins. A small boy stroking his shaking, sobbing father in silence. Children without parents, parents without children.

The victims are not only the more than 200 confirmed by authorities to have perished in the infernos that roared through towns such as Marysville, Kinglake and Flowerdale, but the thousands who survived, their memories deep etched by the terrible circumstances in which friends, neighbours, loved ones and even strangers died. A world of certainty and predictability has been replaced by nightmarish recollections for countless teachers, police, firefighters and emergency workers.

Dealing with the horror, the overwhelming grief and the mental torment wreaked by the firestorms may take six or seven years. For some, probably about 20 per cent, it will take far longer than the physical rebuilding of homes and communities. For a slightly smaller group, the outcome will be a lifelong struggle with depression under the shadow of post-traumatic stress disorder — a condition found in front-line soldiers and Holocaust survivors.

The emotional fallout from the nation's largest natural disaster will be, according to mental health experts, every bit as catastrophic as the effects of a terrorist attack at a major public venue. In some ways it may be worse. According to psychologists and psychiatrists contacted by The Age, the emotional scar tissue will be especially significant because of the way people died. If arsonists were responsible for some of the blazes, including the one that consumed Marysville, the fires will have much in common with the evil intent associated with terrorist attacks. Anger will be added to the cocktail of swirling emotions.

Victoria's recovery plan activated last week was devised years ago with funds supplied by the Howard government in the wake of the September 11 terror attacks, when the states and territories were encouraged to develop contingencies to deal with large-scale civilian casualties. At the heart of
the plan is a complex and well mapped out strategy — based on experience from recent calamities — to deal with trauma, post-traumatic stress and other mental health complications.

Rob Gordon, a clinical psychologist who has worked with disaster survivors, helped devise Victoria’s emergency recovery plan. He also advises the Red Cross. "What we don't want is fly-in, fly-out counsellors; that is the last thing we need now," says Gordon who has been involved with the aftermath of the Hoddle Street and Queen Street shootings, the Bali bombings, the Port Arthur massacre and the Ash Wednesday and Grampians fires.

He believes, and there is a body of considered expert opinion to endorse this approach, that traumatised people need certainty, safety, security and reassurance. What they don't require is immediate intensive trauma counselling, even though each survivor will have an individual caseworker to streamline access to services. Counselling employed at the time of the Port Arthur massacre was found to have had negative results by compounding trauma in people's minds before they had a chance to process the agonising memories. After Port Arthur some people became more, not less, traumatised.

"There were more Victorians present at the Port Arthur site than there were Tasmanians," Gordon says. "We had a massive recovery program and it taught us a lot. We know that it takes about six months before people are ready to talk. That is when the adrenaline stops running and people run out of energy and problems emerge."

He says the first phase of the recovery program, the first layer of intervention is designed to help people meet their physical and financial needs, to support survivors to make decisions about what to do next. He says people in the grip of "fight or flight" syndrome have difficulty processing information because their survival instincts calling for fast, aggressive decisions remain switched on.

Professor Mark Creamer, director of the Australian Centre for Post-traumatic Mental Health at Melbourne University, describes the first stage as psychological first aid. "It's really about providing basic emotional support, the provision of shelter, information and the restoration of order in a world that has been profoundly disturbed." The concept of recovery takes in all the people affected, not only those living in a particular locality.

Since Black Saturday, the Department of Human Services has assigned community development officers to fire-devastated communities to assess immediate needs — without resort to intrusive counselling. Outreach workers have also been deployed to help people decide about their futures.

Gordon says: "There is trauma from the threat and danger people faced, and grief from the loss. In some cases people are in the grip of both. It is a very complicated situation. We need to identify those who may need help further down the track, but people will always want to talk.

"I caution people against throwing all their energies into re-establishing their old lifestyles. When they do this, they can put relationships on hold, care for kids on hold, put jobs on hold and life becomes single dimensional. It's then that problems arise."

And he warns governments and community "do gooders" to be wary of misplaced attempts to help. After Ash Wednesday some home sites were immediately bulldozed, which infuriated those who wanted to sift through ashes in search of personal mementoes such as a lost wedding ring. The good intentions led to enormous hostility and anger.

Gordon does not underestimate the extent of personal distress from the fires. He points out that six years after the Oklahoma City bombing, in which 168 people died, about 30 per cent of survivors were diagnosed with mental and related health problems including anxiety, depression, substance abuse and post-traumatic stress. Similarly, three years after the 2003 Canberra fires, victims were
suffering higher than normal rates of mental illness, serious financial difficulties, relationship failures and alcohol and drug-related issues. Academic research revealed almost one in five people surveyed still felt psychologically stressed.

Elspeth Macdonald, director of the Australian National University's Australian Child and Adolescent Trauma, Loss and Grief Network, says almost 13 per cent of 500 people surveyed reported post-traumatic stress symptoms likely to meet diagnostic criteria. "Nearly one in five reported very high levels of psychological distress three years after the fires," she says.

Gordon agrees: "We know that with Bali, victims thought everything was OK and then six months later on they were waking up with nightmares, some were self-medicating and deeply anxious. They did not necessarily see their symptoms as the symptoms of a disaster. They felt that life sucks. That is when you need people with specialised skills to help with the recovery process."

Patrick Byrne, a 2002 Bali bomb survivor, is well acquainted with recurring mental anguish. Byrne suffered post-traumatic stress disorder after trying for five hours to keep severely maimed and badly burnt people alive. He had left the Sari nightclub two minutes before the explosion ripped it apart and ran back in to be confronted by the dead and dying. "Traumatised people were running away in fear as I ran in. There was no help, it was total despair. You start making decisions that you have to deal with a lot later on. You soon realise that you cannot help everybody because it is simply impossible, it's beyond you."

Byrne, a president of the Coogee Dolphins football club in Sydney, won an award for his bravery, but that did little to help him overcome the trauma and stress that gripped him. He had to console parents of three close mates who died, attend the funerals and before he knew it six months had slipped by.

He thought he had no right to complain or feel sympathy for himself because he was lucky, he had survived.

"But you think to yourself, I am not sleeping, I am having nightmares, drinking heaps, I'm self-medicating. Your mind is going at a million miles an hour. That is what is called post-traumatic stress, but you don't know it at the time. You think you're OK."

Byrne, who is ready to talk to Black Saturday survivors, believes psychologist Julie Dunsmore saved his life. After initially fobbing her off and refusing to take her calls, he finally sat down and talked for three hours. After years of intensive counselling he became strong again, although he is still haunted by nightmares. "It's a full-on ride and you have to talk about it and get help, because it can rule your life. At one point I was on the brink of killing myself. I had to learn that I made life and death decisions in Bali under acute stress," he says.

Dunsmore, who has worked with many Bali survivors as part of the national Bali trauma recovery coordination team, believes it is essential that authorities contact as many survivors as possible, because some do not want to be regarded as victims and others don't know when to seek help.

"People get overwhelmed by the yearning for a loved one who is missed. In the case of violent death, complex grief can be with a person for five years."

She believes it is common for traumatised people to respond in a variety of ways: flight, fight, freeze or fornicate. Seeking excitement through sex is not uncommon as a way of avoiding pain. So is self-medication, resorting to alcohol and drugs, prescribed or otherwise.
But she says post-traumatic stress disorder, an internationally recognised medical condition often overused by lawyers, is a crippling condition. "People graphically relive their experiences, they smell the charred bodies, the nightmares are unbearably real."

PROFESSOR Beverley Raphael, chairwoman of the national working party on mental health responses to disasters and terrorism, fully endorses the approach adopted by Victorian authorities. She says disasters such as hurricane Katrina and the China earthquakes, the sites of which she visited last year, show there is a natural resilience that gets people through hard times.

"We need to help people through the process of victim identification. I am concerned about the location and identification of the deceased. This will be a major trauma people will have to deal with. And we know that process makes people vulnerable. It may go on for a very long time. Funerals will be weeks away."

But she believes the more people work together with others, the more it will help with recovery. "Closure is not a good word, some things will never be closed for these people, but they can go on living and have a life even though for some that will now seem like an impossibility."

She says there is no magic that will take away the pain of lost loved ones. "It is a question of how you work out your life. People cope in different ways. Some World War II veterans only began talking about their experiences at the time of the 50-year anniversary. Vietnam veterans are still coming forward."

She says that each disaster or violent conflict can produce a unique set of mental health problems, and cites "shell shock" among World War I troops and the "Gulf War syndrome" as examples. Black Saturday may well result in a particular mental malady. But the immediate issue is how to help people live with their trauma rather than disintegrate under it.

Gordon predicts the initial recovery process will go on for 18 months to two years. Research indicates that it takes communities seven years to complete the rebuilding cycle. That is the time it took the Mount Macedon and Cockatoo communities to restore their quality of life after Ash Wednesday.

And for some people, Gordon says, recovery will be significantly longer. In the meantime, he cautions governments not to rush to set benchmarks or impose reconstruction timetables, because experience shows this can only add to the trauma by marginalising survivors. He notes that the long-term outcome of most disasters is that people do recover, and some even grow stronger and benefit.

"We are not just about caring for those that develop a disorder, but those who are strong and healthy enough not to go over the cusp. They are at risk too and we cannot forget them."

Russell Skelton is a contributing editor.

For help or information visit www.beyondblue.org.au, call Suicide Helpline Victoria on 1300 651 251, or Lifeline on 131 114.