



Phoenix  
AUSTRALIA

# Trauma experienced by Australian communities following a natural disaster

Preliminary economic assessment



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## Executive summary

Australian mental health and wellbeing has been, and will continue to be, impacted by natural disasters and events. In the recent years, Australians have lived through a series of natural disasters. This includes the 2019–20 Australian bushfire season (Black Summer) which burnt over 17 million hectares nationwide, destroyed around 3,000 homes and killed 33 people. This also includes the 2022 flooding events across Southern Queensland and Northern NSW and the 2009 Victorian Black Saturday bushfires.

Despite this series of natural disasters, Australia continues to lack a 'cohesive and proactive approach to the mental health and wellbeing of disaster-affected Australians'.<sup>1</sup> The current approach to address natural disasters focuses more on the physical aspects of recovery than it does on health or mental health prevention and recovery. In addition, this reactive approach results in a significant time delay in determination and implementation of whatever mental health initiatives are subsequently provided.<sup>2</sup>

PwC Australia supported Phoenix Australia to undertake an economic assessment to quantify the cost of unaddressed trauma and the benefits of alleviating the stress from major incidents at the community level. Phoenix Australia is committed to implementing a proactive approach to minimise the mental health impact from disasters. This report is a preliminary assessment of the estimated economic burden of unaddressed mental health consequences following the main types of disasters: bushfire, flood and cyclone. It will serve to conduct a preliminary cost-benefit analysis of an active intervention through 'screen and treat' to reduce an increase in mental health issues over the medium to long term.

An economic framework was developed that takes into consideration the prevalence of seven main mental health impacts following and attributable to a disaster. Costs were applied to each impact to estimate the economic burden over five years (economic burden is reported in annual costs). Publicly available Australian data was sourced for prevalence and costs.

The economic burden of three case studies were estimated as follows:

- Bushfire in Northern Victoria and Southern New South Wales impacting 10 LGAs (approximately 150,000 people).
- Flood in Northern New South Wales and South Queensland impacting six LGAs (approximately 100,000 people).
- Cyclone (storm) in a regional area in Queensland impacting one LGA (approximately 60,000 people).

The annualised economic burden of mental health impacts following a disaster was estimated to each case-study and is shown in Table 1. A bushfire event impacting 150,000 people would cause annualised economic burden of \$337M, a flood affecting even 100,000 people would account for \$262M and a cyclone affecting 60,000 people would account for \$157M.

Mental health impact can last for five to 10 years, and the long-term impact is higher than the numbers in Table 1.

<sup>1</sup> Royal Commission into National Natural Disaster Arrangements Report (October 2020)

<sup>2</sup> Phoenix Australia

*Table 1: Population impact and average annualised economic burden following a disaster*

Hypothetical Disasters	# of LGAs impacted	Population impacted	Mental Health impact
Bushfire in Vic and NSW	10	150,000	\$337M
Flood in Vic and NSW	6	100,000	\$262M
Cyclone in QLD	1	60,000	\$157M

Preliminary cost-benefit analysis of a proposed intervention focused on prevention using a 'screen and treat' mechanism and translational research was used to address mental health impacts over five years. It shows that for each dollar invested, there is an estimated return of \$1.20 (flood) to \$1.40 (bushfire and cyclone) to governments, businesses and individuals. For the purpose of this analysis, annualised estimates have been used to reflect the potential impact.

*Table 2: Estimated preliminary cost-benefit assessment (five-years assessment)*

Assessment components <sup>3</sup>	Flood in Vic and NSW	Bushfire in Vic and NSW	Cyclone in QLD
Program costs	\$76.4M	\$114.5M	\$45.8M
Program benefits	\$107.2M	\$138.0M	\$64.3M
NPV	\$30.9M	\$23.4M	\$18.5M
Break-even (years)	4	4	4
BCR	1.2	1.4	1.4

To estimate the potential cost-benefit of this intervention to address mental health impacts, the

running costs of similar programs were leveraged (excl. implementation costs). It was assumed that the program has the potential to reduce mental health impacts by 10 per cent.

It takes four years for program benefits to outweigh program costs and the estimated net benefit varies from \$18M (cyclone), \$23M (bushfire) and \$31M (flood).

Bushfires, floods and cyclones significantly impact the mental health of the Australian population and generate considerable costs. A program such as Phoenix Australia's 'screen and treat' and translational research program has the potential to reduce costs associated with mental health impacts.

As a preliminary assessment, this economic evaluation has limitations, notably:

- it does not consider the effect of multiple/concurrent disasters.
- not all program implementation costs have been considered.
- the current analysis does not take into account the program uptake.

A pilot proof-of-concept 'screen and treat' intervention feasibility, evaluation and costing study are recommended as the first step in a rollout of the implementation of the 'screen and treat' program. This should be conducted in a small area/region with a higher likelihood of experiencing such a disaster. It would support addressing some of the aforementioned limitations.

<sup>3</sup> NPV: net present value, BCR: benefit-cost ratio, Break-even: time to accumulate benefits outweighs the costs

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## Context and objectives

Australian mental health and wellbeing has been impacted by natural disasters and events. In recent years, Australians have lived through a series of natural disasters, including the NSW bushfires in 2019-20 which burnt 46 million acres, destroyed 5900 homes and killed at least 34 people.

Despite having this string of natural disasters, Australia continues to lack a 'cohesive and proactive approach to the mental health and wellbeing of disaster-affected Australians'.<sup>4</sup> The current approach focuses more on the physical aspects of recovery than it does health or mental health prevention and recovery. This reactive approach results in a significant time delay in determination and implementation of whatever mental health initiatives are subsequently provided.<sup>5</sup>

To fill the gap, Phoenix Australia is committed to implementing a proactive approach to minimising the mental health impact from disasters. This commitment aims for Australia to be prepared in supporting its citizens the next time a disaster impacts the nation. As part of its commitment, Phoenix Australia recommends the development of 'a new collaborative National Centre with a focus on mental health, wellbeing and recovery in the context of disaster'.

Phoenix Australia also suggests the implementation of an Australian specific disaster model of 'assess and implement' that leverages the learnings from the UK 'screen and treat' protocols to treat impacted communities following major disasters and threats. This model would be more comprehensive to cater for the mental health consequences given the varying types of disasters experienced in Australia. It is essential that it incorporates a stepped care approach, so that sub-clinical and diagnostic-level symptom responses can be recognised with an appropriate level of care. It should also be focused on areas most impacted in the first instance.

The 'screen and treat' protocol is based on an initial period of 'watchful waiting' where the majority of people exposed to a disaster will use natural coping mechanisms and social support to cope with mental health impact and mitigate the deployment of treatments and healthcare professionals. After this initial period, a screening, using validated instruments, is offered to populations at high risk of developing mental health conditions. This model of care aims to assess and facilitate access to mental health services if initial and short-term distress does not resolve.<sup>6</sup>

For those with persistent distress, Trauma-focused Cognitive Behavioural Therapy (TF-CBT) is recommended to help an individual come to terms with trauma through exposure to, and emotional processing of, memories of the event. This includes prolonged exposure, cognitive restructuring, cognitive processing therapy and cognitive therapy.<sup>7</sup>

Approaches that link evidence-based treatment with outreach and screening are known as 'screen and treat' or 'outreach and screen'.<sup>5</sup>

PwC Australia has supported Phoenix Australia to undertake an economic assessment to quantify the cost of unaddressed trauma and the benefits of alleviating the stress from major incidents at the community level.

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<sup>4</sup> Royal Commission into National Natural Disaster Arrangements Report (October 2020)

<sup>5</sup> Phoenix Australia

<sup>6</sup> Hogan N, Knapp M, McDaid D, Davies M, Brewin CR. Cost-effectiveness of 'screen-and-treat' interventions for post-traumatic stress disorder following major incidents. *BMJ Open*. 2021 Oct 7;11(10):e049472.

<sup>7</sup> Phoenix Australia. Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD.

# Preliminary economic assessment framework

## Categories of conditions and disasters considered in analysis

The following mental health impacts were the focus of the economic analysis. Refer to Appendix A for further detail on what is considered under each of these categories.



Each of these mental health impacts were assessed for bushfires, floods and cyclones.<sup>8</sup>

The majority of supporting evidence was derived from the research of the Black Saturday bushfires and floods in rural Australia. In instances where data was not available or limited, information from bushfire or flood data was used as appropriate proxies.

We have incorporated three case studies into the analysis to highlight the potential economic impact to specific regions.

<sup>8</sup> Although not covered in the analysis, COVID-19 has impacted Australians' mental health and possible future pandemics will also have an impact. As data about the mental health impact of COVID-19 is still being collected, in terms of magnitude and also impact duration, it was not included in this analysis. However, a program to support mental health impact on Australians following a disaster would also be beneficial in future events such as the COVID-19 pandemic.

# Mental health burden of disasters and impact of the proposed interventions

## Cost of programs to reduce mental health impacts

The program Phoenix Australia intends to implement to address the mental health impact of disasters in Australia covers the following elements:

1. **Psycho-social prevention, preparedness and resilience at community level:** A community engagement program around issues that build protective and resilience factors and mitigate risk through education and training include to:
  - build hopefulness and optimism increasing perceived capacity to deal with adversities.
  - actively facilitate social cohesion related actions and activities at personal, community service and organisational levels.
  - provide disaster-related information and wellbeing guidance.
  - upskill community leaders for optimal support as well as simultaneous provision of support for community leadership.
2. **Focussed non-specialised support** for adjustment difficulties to create:
  - replicable low-intensity psychosocial skills intervention for those experiencing sub-clinical adjustment problems post-disaster or severe stressors. This aims to reduce psychological distress and prevent the onset of relatively severe mental health problems.
3. **‘Screen and treat’ model for trauma-related difficulties (including PTSD, depression, substance abuse, family violence and suicide ideation)**
  - to identify early, triage and treat those most at risk of developing long-term mental health symptoms following a disaster with a targeted episode of evidence-based psychological treatment.
4. **Translational ‘research in action’ framework and continuous improvement process.** This is to:
  - allow for point of service data collection in real time and evaluation of outcomes.
  - modify interventions for communities as they occur.
  - learn and refine interventions for future events in communities.
  - provide disaster-related information and wellbeing guidance to improve mental health literacy.

For this preliminary economic assessment, we have not costed the implementation element of this program or the running costs of all initiatives. Instead, we have costed the delivery of some activities linked to the initiatives intended by Phoenix Australia (refer to Appendix A for the list of activities and costs). Future cost analysis is required to define the implementation and actual costs of all initiatives encompassing all four initiatives.

Based on consultations conducted with subject matter experts from Phoenix Australia, we have assumed that the program could potentially reduce prevalence of mental health impacts following a disaster by up to 10 per cent. It is a conservative approach, as evidence shows a greater impact of this kind of program on mental health impacts (PTSD, depression, substance abuse, family violence, suicide ideation etc). For PTSD, for example, TF-CBT can reduce up to 48 per cent of the risk of a PTSD diagnosis compared to current treatment strategies.<sup>9</sup>

## Impact of a proposed intervention on the mental health burden

This section encapsulates the costs of mental health impacts following three types of disasters (bushfire, flood and cyclone) impacting three hypothetical areas (case studies). This summarises the preliminary cost-benefit assessment of a proposed intervention to address mental health impact following a disaster in Australia. The main outcomes reported are:

- total benefits
- costs and net benefit in five years
- Benefit-cost ratio (BCR)
- program break-even point.

All costs are shown in present value, applying an annual discount rate of 7 per cent.

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<sup>9</sup> Newton S, Parsons J, Ellery B, et al. (2012) Evidence Report prepared for the Australian Centre for Posttraumatic Mental Health. Update of the NHMRC clinical practice guidelines on the treatment of acute stress disorder and posttraumatic stress disorder. Adelaide Health Technology Assessment Unit, Adelaide University.

## Burden of bushfires in Australia

In Australia, there are four million people living in medium exposure bushfire areas and 2.1 million Australians who live in high exposure areas. This means around 23 per cent of the total Australian population is exposed to bushfires to some degree. New South Wales has the largest population exposed to bushfire (1.7 million) and Tasmania has the highest percentage of its population exposed to this type of natural event (94 per cent).

### Case study 1: Bushfire event in Northern Victoria and Southern New South Wales

- We estimated annualised mental health-related costs for the period of five years following a bushfire event affecting Northern Victoria and Southern New South Wales impacting 10 LGAs (around 150,000 people).
- Annualised mental health costs were estimated at \$337M over five years.
- State and Federal governments bear the majority costs (around 39%), following by individuals (31%) and businesses (30%).

*Table 3: Average annualised cost per stakeholder following the disaster*

Stakeholder	Costs	Percentage
Government	\$131M	39%
Individual	\$105M	31%
Business	\$101M	30%
<b>Total</b>	<b>\$337M</b>	<b>100%</b>

Detailed costs captured in the table above can be found in Appendix A.

## Summary of insights

- The economic analysis results show that an intervention to address mental health impact following a bushfire can deliver economic value, with total benefits estimated at around \$138M over five years period.
- Costs to deliver the program was estimated (in terms of present value) at \$114M, which is lower than the benefits achieved.
- The BCR is estimated to be 1.2. This means that for every dollar spent on the program, Australia's economy (governments, individuals and businesses) will receive \$1.20 value in return.
- The break-even is estimated to happen at year four, where the accumulated benefit is higher than the program costs.



## Burden of floods in Australia

In Australia, 6.8 million people live in medium exposure areas for floods and 5.4 million Australians live in high exposure areas. This means around 45 per cent of the Australian population is exposed to floods. New South Wales has the largest population exposed to floods (4.1 million) and Queensland has the highest percentage of its population exposed to this disaster (70 per cent).

### Case study 2: Flood event in Northern New South Wales and South Queensland

- We estimated annualised mental health related costs for the period of five years following a flood event in Northern New South Wales and South Queensland, impacting six LGAs (around 100,000 people)
- Annualised mental health costs were estimated at \$262M over five years.
- State and Federal governments bear most of these estimated costs (around 46%), followed by individuals (29%) and businesses (26%).

*Table 4: Average annualised cost per stakeholder following the disaster*

Stakeholder	Costs	Percentage
Government	\$120M	46%
Individual	\$75M	29%
Business	\$67M	26%
<b>Total</b>	<b>\$262M</b>	<b>100%</b>

Detailed costs captured in the table above can be found in Appendix A.

## Summary of insights

- The economic analysis results show that an intervention to address mental health impact following a flood can deliver economic value, with total benefits of \$107M over a five-year period.
- Costs to deliver the program was estimated (in terms of present value) at \$76M, which is lower than the benefits achieved.
- The BCR is estimated to be 1.4. This means that for every dollar spent on the program, Australia’s economy (governments, individuals and businesses) will receive \$1.40 value in return.
- The break-even is estimated to happen at year four, where the accumulated benefit is higher than the program costs.



## Burden of cyclones in Australia

In Australia, 5.4 million people live in medium exposure areas for cyclones/storms and 0.3 million in high exposure areas. This means around 21% of the Australian population is exposed to cyclones/storms. Queensland has the largest population exposed to cyclones/storms (3.3 million) and it also has the highest percentage of its population exposed to this type of disaster (62 per cent).

### Case study 3: Cyclone event in a regional area in Queensland

- We estimated annualised mental health related costs for the period of five years following a cyclone event in a regional area in Queensland impacting one LGA of around 60,000 people.
- Annualised mental health costs were estimated at \$157M over five years.
- State and Federal governments bear most of the costs (around 46%), following by individuals (29%) and businesses (26%).

*Table 5: Average annualised cost per stakeholder following the disaster*

Stakeholder	Costs	Percentage
Government	\$72M	46%
Individual	\$45M	29%
Business	\$40M	26%
<b>Total</b>	<b>\$157M</b>	<b>100%</b>

Detailed costs captured in the table above can be found in Appendix A.

## Summary of insights

- The economic analysis results show that an intervention to address mental health impact following a cyclone/storm can deliver economic value, with total benefits of \$64M over a five-year period.
- Costs to deliver the program was estimated (in terms of present value) at \$46M, which is lower than the benefits achieved.
- The BCR is estimated to be 1.4. This means that for every dollar spent on the program, Australia economy (governments, individuals and businesses) will receive \$1.40 value in return.
- The break-even is estimated to happen at year four, where the accumulated benefit is higher than the program costs.



# Considerations and limitations

## Considerations

This preliminary economic assessment presents an estimated economic burden of three types of disasters (bushfire, flood and cyclone) in hypothetical scenarios (case studies). The economic burden of mental health impact following a disaster is substantial, varying from \$157M to \$337M per year.

This report has also assessed the cost-benefit of a program to address the mental health impacts following disasters. Results show a positive Cost-Benefit Ratio (CBR) even if the program costs increase by 20 per cent. Other researchers have also assessed the economic impact of such programs, but from the cost-effectiveness perspective.

Hogan N and colleagues have assessed the cost-effectiveness of 'screen and treat' interventions (stepped model of care to assess and facilitate access to mental health services) for posttraumatic stress disorder following major incidents. Their results have shown a favourable incremental cost per quality-adjusted life-year (QALY).<sup>10</sup>

Other researchers have assessed the 2013 Australian Treatment Guidelines for Posttraumatic Stress Disorder (the Guidelines) cost-effectiveness compared to current practice. This has shown that TF-CBT is highly cost-effective compared to current practice.<sup>11</sup>

A pilot costing study is recommended as part of the rollout of an intervention program to understand the implementation and running cost of a program including the four pillars suggested by Phoenix Australia. These are:

1. psycho-social prevention, preparedness and resilience at community level
2. focussed non-specialised support
3. 'screen and treat' approach
4. translational 'research in action' framework (see page three for more details).

This pilot should be conducted in a small area/region that is highly exposed to natural disaster.

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<sup>10</sup> Hogan N, Knapp M, McDaid D, Davies M, Brewin C. Cost-effectiveness of 'screen-and-treat' interventions for post-traumatic stress disorder following major incidents. *BMJ Open*. 2021 Oct 7;11(10):e049472.

<sup>11</sup> Mihalopoulos C, Magnus A, Lal A, Dell L, Forbes D, Phelps A. Is implementation of the 2013 Australian treatment guidelines for posttraumatic stress disorder cost-effective compared to current practice? A cost-utility analysis using QALYs and DALYs. *Aust N Z J Psychiatry*. 2015 Apr;49(4):360-76

## Limitations

As with analyses of this nature, there are limitations which have an impact on the findings. The following outline some such impacts that should be considered when testing the feasibility of the insights provided. Further analysis should be conducted to mitigate these concerns. These include:

- **Profiles per disasters:** Understand that disaster may happen concurrently, over different durations and that the same individual/family may face the same disasters multiple times consecutively. Due to data limitations, our analysis only looks at the impact of one disaster, noting that some efficiencies may be had for victims impacted by multiple disasters in a short time frame.
- **Program cost estimates:** For the purpose of this sprint feasibility study, cost estimates were used from similar programs found through literature research. They do not take into account set up and training costs which would also have an impact on the final outcome. These costs should be explored in further detail in the proposed pilot program referred to in the previous page.
- **Cost-benefit analysis:** Savings shown in the report represent the benefit of a 10 per cent reduction of selected mental health impacts following a disaster. This assumption of 10 per cent reduction was based on consultation with Phoenix Australia and evidence showing a reduced risk of PTSD using TF-CBT. Additional analysis is needed to estimate the impact of Phoenix Australia's program, including its four elements:
  1. psycho-social prevention, preparedness and resilience at community level
  2. focussed non-specialised support
  3. screen and treat approach
  4. translational 'research in action' framework.
- **Take up rate not considered:** Due to the variability of impact and frequency of the disasters, the analysis has been presented from a 'point-in-time' perspective. As such, the current analysis does not consider the take up of the proposed program. When assessing the feasibility of the program, a projected impact should be considered to support a more robust analysis of the impacts.

# Appendix A: Detailed costs and benefit estimates

## Cost benefit and sensitivity analysis

To mitigate uncertainties, we applied a variation of  $\pm 20$  per cent to the estimated costs of running the Phoenix Australia program (\$817 per person). All scenarios returned a BCR higher than or equal to one, which means that there is a positive benefit, except for bushfires, where the total benefit after five years is equal to the investment in the program. With the program cost 20 per cent lower, the break-even point is universally achieved one year sooner. At 20 per cent higher, the break-even points remain at year four for flood and cyclones, with the only noticeable difference being for bushfires where it increases to year five.

*Table 6: Sensitivity analysis applied to Phoenix Australia's program costs estimates (five years): base case and program cost variation*

Scenarios	Bushfire in Vic & NSW	Flood in Vic & NSW	Cyclone in QLD
<b>Average program cost</b>			
Program costs	\$114.5M	\$76.4M	\$45.8M
Benefits	\$138.0M	\$107.2M	\$64.3M
NPV	\$23.4M	\$30.9M	\$18.5M
Break-even point	4	4	4
Benefit-cost ratio (BCR)	1.2	1.4	1.4
<b>Lower program cost (-20%)</b>			
Program costs	\$91.6M	\$61.1M	\$36.7M
Benefits	\$138.0M	\$107.2M	\$64.3M
NPV	\$46.3M	\$46.1M	\$27.7M
Break-even point	3	3	3
Benefit-cost ratio (BCR)	1.5	1.8	1.8
<b>Higher program cost (+20%)</b>			
Program costs	\$137.4M	\$91.6M	\$55.0M
Benefits	\$138.0M	\$107.2M	\$64.3M
NPV	\$0.5M	\$15.6M	\$9.4M
Break-even point	5	4	4
Benefit-cost ratio (BCR)	1.0	1.2	1.2

## Estimates of average annualised economic impact of disasters by mental health impact and stakeholder

The following table is a detailed breakdown of the estimated impact of disasters by mental health impact per stakeholder.

*Table 7: Estimated economic impact of mental health following a disaster expressed in \$ million*

Disaster	Stakeholder	PTSD	Depression	Substance abuse	Domestic violence	Suicide	Absenteeism	Presenteeism	Total
<b>Bushfire in Vic and NSW</b>	Government	26.0	23.7	79.5	1.4	-	-	-	<b>130.6</b>
	Individual	3.8	3.5	36.4	1.2	0.0	60.1	-	<b>105.1</b>
	Business	-	-	-	-	-	-	101.2	<b>101.2</b>
	<b>Total</b>	<b>29.8</b>	<b>27.2</b>	<b>115.9</b>	<b>2.6</b>	<b>0.0</b>	<b>60.1</b>	<b>101.2</b>	<b>336.9</b>
<b>Flood in Vic and NSW</b>	Government	33.8	31.5	53.5	0.9	-	-	-	<b>119.7</b>
	Individual	5.0	4.6	24.5	0.8	-	40.1	-	<b>75.0</b>
	Business	-	-	-	-	-	-	67.4	<b>67.4</b>
	<b>Total</b>	<b>38.8</b>	<b>36.1</b>	<b>78.9</b>	<b>1.8</b>	<b>0.0</b>	<b>40.1</b>	<b>67.4</b>	<b>262.2</b>
<b>Cyclone in QLD</b>	Government	20.3	18.9	32.1	0.6	-	-	-	<b>71.8</b>
	Individual	3.0	2.8	14.7	0.5	-	24.1	-	<b>45.0</b>
	Business	-	-	-	-	-	-	40.5	<b>40.5</b>
	<b>Total</b>	<b>23.3</b>	<b>21.7</b>	<b>46.8</b>	<b>1.1</b>	<b>0.0</b>	<b>24.1</b>	<b>40.5</b>	<b>157.3</b>