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17 May 2019

9(2)(a)

RE Official Information Act request CDHB 10082

I refer to your email dated 17 April 2019 requesting the following information under the Official Information Act from Canterbury DHB.

David's CEO update this week (15/4/2019) mentions the CDHB now has a draft wellbeing and mental health plan to respond to the Christchurch terror attack.

- **Can you please provide a copy of the plan?**

Please find attached as **Appendix 1** the Canterbury Wellbeing and Mental Health Recovery Plan as it relates to the Mosque attack 15 March 2019, which was submitted to the Ministry of Health on 9 April 2019, (please refer to email from David Meates to Ministry of Health attached).

Please note we have redacted financial information and Appendix 6: Police Summary of Anticipated Psychosocial Response Needs, under section 9(2)(j) of the Official Information Act i.e. *"....enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations"*.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

From: David Meates

Sent: Tuesday, 9 April 2019 6:10 p.m.

To: 'Robyn_Shearer@moh.govt.nz' <Robyn_Shearer@moh.govt.nz>;
'Ashley_Bloomfield@moh.govt.nz' <Ashley_Bloomfield@moh.govt.nz>;
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Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Greg Hamilton
<Greg.Hamilton@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Sandy Mclean
<Sandy.Mclean@cdhb.health.nz>

Subject: Mosque attack proposal for MoH

Kia ora Ashley, Robyn and Michelle

Please find attached the final version of our recovery plan. This has been agreed with city leaders this morning.

Previous experiences have taught us that issues will continue to emerge over time and we will need to continue to work with you closely to provide an agile response to meet our population's needs.

Some points of clarification

- The recovery plan includes cross agency responses, however the resource request relates only to additional health contribution and services which require funding.
- The Recovery plan excludes the response phase and related costs. These will be sent through separately to yourself and Michelle Arrowsmith.
- There are complexities with identifying the responses and related costs for this event. Although we have reviewed the literature the unique circumstances of this attack have occurred within an ongoing disaster context and there is no blueprint or way of fully quantifying the impacts on our already fragile population.
- There will be costs associated with the inflow of family members and supporters who are not eligible for health services.
- The ongoing loss of revenue from reduced IDF inflows and increased costs associated with IDFs (both the victims and those who were transferred out of district) will take some time to quantify.
- This plan is predicated on resourcing services that are not currently funded and the rollover of the 'All Right? campaign' funding which initially ran from 2016 until 2019 and includes a range of mental health services.

Nga mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua

Canterbury Wellbeing and Mental Health Recovery Plan

8 April 2019

Foreword

The emergency, health and welfare response to the horrific Mosque terrorist attack of 15 March 2019 has been extraordinary and in many ways exemplary. Although we are still operating in the acute response phase, we in the Canterbury DHB and Christchurch city leaders from central and local government agencies have been turning our focus to recovery planning.

We know from experience that recovery from disasters is complex, requires a nuanced response and takes a very long time. This event has caused very deep harm to Cantabrians. It has occurred within a community that is already feeling the consequences of the many different disasters and events that have occurred in our region since 2010.

- 4 September, 2010, Mag 7.1 earthquake
- 22 February, 2011, Mag 6.3 earthquake
- 13 June 2011, Mag 6.4 earthquake
- 23 December 2011, Mag 6.0 earthquake
- 2013 and 2014, Several Serious Floods
- 14 February 2016, Mag 5.7 earthquake
- 14 November 2016, Mag 7.8 earthquake
- 13 February 2017, Port Hills Fire
- 15 March 2019, Terrorist Attack on Mosque

This document provides the Canterbury Wellbeing and Mental Health plan for the recovery phase. It identifies the affected groups and populations and proposes a range of supports and interventions.

It reflects the alliancing approach that is strongly embedded in Canterbury, both within the Health System and with partner agencies including Police, Ngai Tahu, Ministry of Social Development, Ministry of Education, Department of Corrections, Oranga Tamariki, Local Government and Christchurch City Council.

This plan is primarily focused on health responses using the full resources from across the health system. Importantly it also includes community resources from outside health. This reflects the importance of our partnerships and interconnections and acknowledges how essential the contribution of all agencies mentioned in this plan are to our community's recovery.

This recovery plan is a living document that will be regularly updated and adapted according to the changing needs of our community. The wellbeing and mental health recovery programme has been and will continue to reflect connection and coordination across local community organisations.

Nga mihi

David Meates
Chief Executive Officer
Canterbury District Health Board

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1. The Wellbeing Status of Canterbury People

The mental health and wellbeing of Canterbury's population is compromised. This was illustrated in a recently released NZMJ article by Pledger et al (2019)¹ who describe the decline of the mental health of Canterbury people using the New Zealand Health Survey following the quakes in 2010 and 2011 (see Appendix 3).

Pledger et al (2019)¹ note "...the [earthquake of 22 Feb 2011] was not just an event that had an effect on one day; large aftershocks continued for some time and the indirect effects [secondary stressors] of the earthquake lasted many years after the event and for some people it is still ongoing" In addition, the Canterbury population has suffered a number of other significant events which may have impacted on the mental wellbeing of the population. It is not known to what degree the earthquakes and their aftermath, other events (including the 2013 Seddon earthquakes, 2013 and 2014 floods, the 2016 Waiau/Kaikoura earthquakes, and the 2017 Port Hills fires) will interact with terror attack. It is possible these may have an additive effect or act as a trigger for poor mental health and wellbeing outcomes. This is a population at risk; it requires an active, well-coordinated response.

The Impact of Traumatic Events

Following a large scale emergency such as a terrorist attack, distress is to be expected and will usually be short-lived. Reflecting this most people affected by the March 15 terror attack in Christchurch will experience some level of distress and all those affected are likely to benefit from some form of support.

The majority of people will recover with time, however others are at risk of experiencing more severe and long-lasting problems. International meta-analyses indicate that between 1.3 and 22 percent of people could be at risk of developing a post-traumatic stress disorder after experiencing a mass violence event.² The literature also indicates that other mental health disorders such as depression other anxiety disorders and somatic presentations are also increased after such events.

The primary objectives of recovery planning after an event such as this is to minimise the physical, psychological and social consequences of the event and to enhance the emotional, social and physical wellbeing of individuals, families, whanau and communities.

Recovery support aims to support wellbeing associated with three core domains:

1. supporting and promoting human capacity (strengths and values);
2. improving social ecology (connections and support, through relationships, social networks and existing support systems of people in their communities); and
3. understanding the influence of culture and value systems and their importance alongside individual and social expectations.

The initial actions taken to date by the Canterbury health and community system have been focussed on providing basic security and safety, responding to acute psychological distress and responding jointly with a range of community agencies and partners to respond to emerging issues within a dynamic environment. A summary of these actions can be found in Appendix 1.

¹ Pledger MJ, McDonald J, Cumming J. SF-12 indicators of health following the 22 February 2011 Christchurch earthquake. NZMJ. 2019; 132 (1489): 69-80.

² Wilson LC, A systematic review of probable post-traumatic stress disorder in first responders following mass-made violence. Psychiatry Research. 2015; 229: 21-26.

What mental health impacts are we likely to see?

The mental health impacts can be minimised by providing proactive support and interventions to people/communities that are known to have some vulnerability.

We anticipate an increase in mental health impacts across a spectrum of severity from a mild increase in psychological distress to significant mental health disorders. The mental health disorders which are anticipated to increase are post-traumatic stress disorder (PTSD), other anxiety disorders and depression.

Just as with the earthquake recovery, secondary stressors will be increasingly important over time. We anticipate the secondary stressors to this event to include financial stress, immigration challenges, stigma and discrimination, family stress and adjustment etc. We expect family violence and therefore family harm to increase also. There is also the risk of further events in Christchurch, New Zealand or across the world that are related to this event which may impact on population groups. The trial process, participation requirements and publicity are also likely to have an impact.

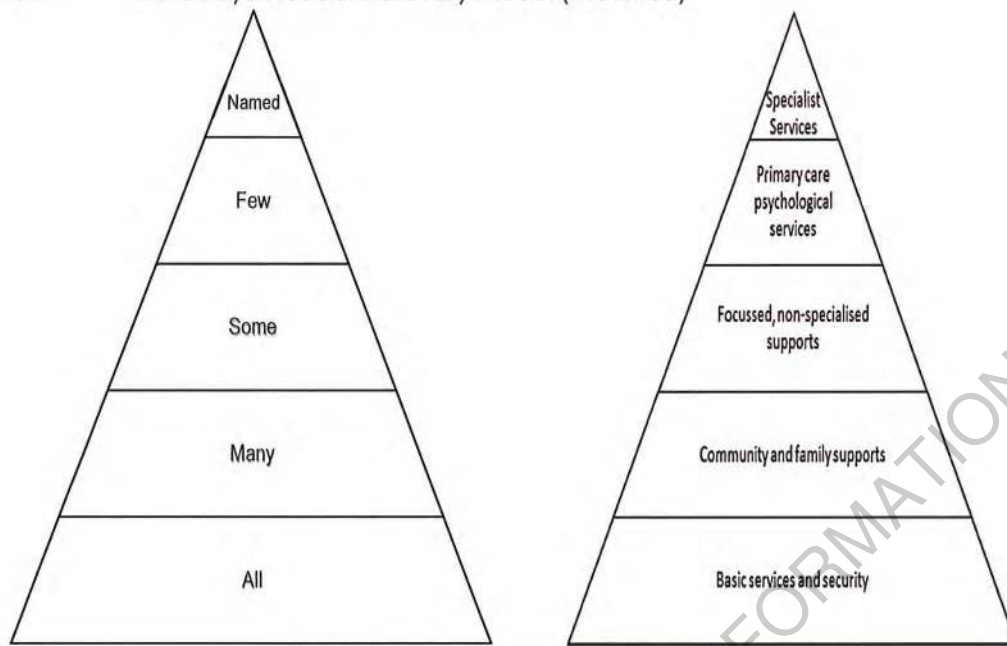
Increased psychological distress was apparent immediately after the event and continues. The impact of the stress and distress on people with a known mental health disorder is becoming apparent, with an increase in phone calls and presentation to crisis services and several acute inpatient admissions. Significant mental health disorders will become apparent several months from now and will continue for years. In particular some people may have been exposed to previous trauma which may increase the complexity of their presentation and may have been bereaved (in addition to cultural, language and the other factors identified above).

Wellbeing and Mental Health Support and Interventions

We anticipate increased demand for services across all levels of severity. Evidence suggests interventions will need to use a tiered approach to address the spectrum of need (following the World Health Organization (WHO) Psychosocial Recovery model; Figure 1).

Our plan outlines a multi-layered approach that utilises the 'whole of the health and community system'. It utilises clinical and other subject matter experts to provide expertise and guidance on recovery and mental health matters, is strongly connected with local Muslim community leadership, and informed by our experiences with the earthquake recovery processes.

Figure 1 WHO Psychosocial Recovery Model (modified)



Key things we learned from the Earthquakes

The following experiences to the Canterbury earthquakes and other disasters have guided our emergency response and recovery planning.

- Importance of listening and responding to the developing needs of the community, being flexible and maximising and expanding existing pathways
- Close interagency way of working, at every level of the system
- Importance of dealing with the practical issues
- Impact of secondary stressors on wellbeing
- The long timeframe
- Impact on children and young people – parental stress, developmental delays, increased anxiety and behavioural problems with more presentations to mental health services.

Unique aspects and differences from the earthquakes

- The nature of the traumatic event being a terrorist attack rather than a natural disaster
- The magnitude of the event - number of people killed and severely injured - and all coming to one hospital (unusual for event of this size when multiple hospitals often involved)
- The faith/cultural nature of the attack
- The impact on already earthquake-exposed community
- The on-line exposure
- The lockdowns
- Likely somatic component to presentations in Muslim groups.

Impact on Workforce

This event has had a significant impact on many of the people that work in central and local government, health, support and emergency services across Christchurch. Many staff were caught up in the immediate aftermath of the event and in the response that followed. They have faced unprecedented levels of exposure to trauma which is already manifesting in a variety of stress responses from first responders to those involved in patient care to those supporting very distressed whanau.

Although there is a lot of experience and expertise in providing emergency responses in Christchurch, this experience has been very different due to the magnitude, intensity and gravity of what people in this group have faced over and above pre-existing levels of fatigue, distress and exhaustion. The significant number of incidents and emergencies that have occurred in Canterbury since 2010 have taken a toll on the helpers. All agencies informing this collective recovery response have expressed significant concern about the impact of this event on their people. A separate working group of senior Human Resource managers has been created to provide guidance and steerage of a comprehensive programme of work to support the health and wellbeing of our people and their whanau. Terms of Reference are attached in Appendix 4.

Target Groups and Organised Responses

To assist our planning we have identified five distinct groups (which are artificial and in reality there will be significant overlaps) and considered their specific needs and community response requirements.

1. Muslim severely impacted group
2. Muslim not directly exposed but likely increased feelings of anxiety and vulnerability
3. People who were severely exposed eg, helpers on scene, witnesses, neighbours
4. Uniquely involved – difficult to quantify effects of lockdown, exposure to on-line content, people that have been highly exposed
5. General population; generalised sense of fear and loss of safety, impacted by previous experiences of trauma. Higher rates of impact are expected than after natural disaster or accidental injury.

2. The Response so Far

There are a range of multi-agency meetings occurring regularly, from senior leaders through to operational and service levels, all reporting back through their organisations and to the wider networks with agencies intent on providing integrated support. A range of actions implemented is provided in Appendix 1 and the organising structures are outlined in Appendix 2.

The Welfare Centre has provided a gathering place for the community and agencies, mental health services have maintained a presence at the Centre to provide ready access to the practical and emotional support and connect people into the health system as needed.

Christchurch Hospital developed its own 'hub' for patients and families where financial, housing and immigration matters have been resolved for families directly impacted.

General Practice visits are available free of charge and the primary mental health services are working closely with Victim Support and other community agencies to streamline access to immediate support.

Cultural competence is building particularly with input from an Auckland-based organisation who have provided Muslim staff to Christchurch since 18 March. This team is providing guidance as well as tailoring individual services to the Muslim community.

Mana Ake, a wellbeing initiative between Canterbury DHB and the Ministry of Education (MOE) is providing an ideal platform to reach into school communities to provide consistent information, determine need and respond accordingly. The MOE has a range of activities and interventions in place, particularly in early childhood centres.

The initial response has aimed to ensure that existing resources were re-prioritised to meet the immediate needs. A broader community system is currently responding to support needs. While these responses are listed separately in Table 1 below, they are inextricably linked.

Table 1 Welfare and Mental Health response: immediate and short-term actions

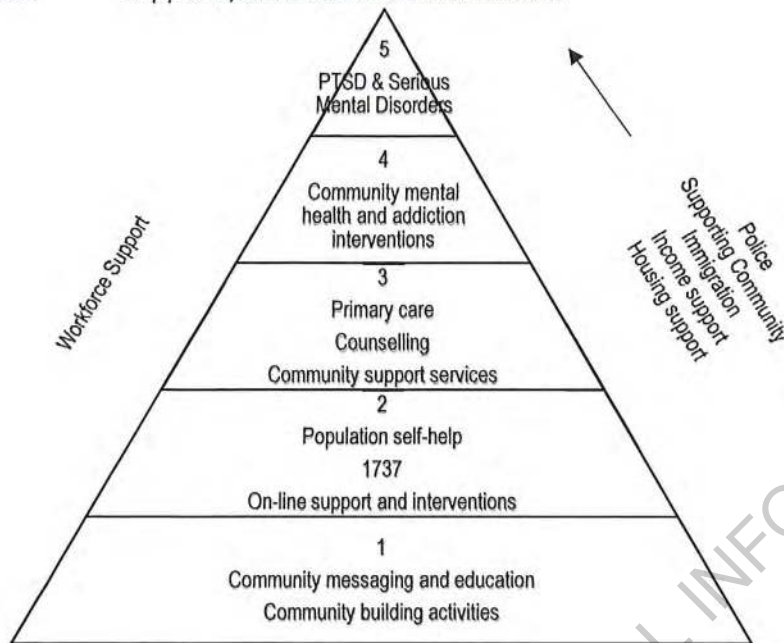
Agency/ Provider	Response provided	Target population
Canterbury Health System	<ul style="list-style-type: none"> • Helpline: anyone can call or text 1737 (from a mobile) and talk to a trained counsellor. Call free from a landline on 0800 1737 1737. This is a free 24 hour service. • Canterbury Health System are coordinating and prioritising health services to meet demand. • Free GP consults as required. • Primary mental health services are available through General Practice. • Direct access to primary mental health from other agencies; eg Victim Support • Canterbury Mental Health Clinicians are available at the temporary welfare centre. • Social workers liaising with families • Community Home Based Services • Planning treatment interventions for those who develop enduring conditions. 	<p>All New Zealanders</p> <p>People impacted.</p>
Education	<ul style="list-style-type: none"> • Provided trauma support directly into schools • Mana Ake partner with Canterbury Health System. Supporting schools through Mana Ake workers, resources and information. 	
Ngai Tahu	<ul style="list-style-type: none"> • Has provided pivotal leadership to Canterbury people and been actively providing support and manaakitanga to those directly affected and the many visitors and dignitaries. 	

Police	<ul style="list-style-type: none"> Police Family Liaison teams are working with all families. Working with the MSD and Muslim Community Leaders Group to transition to MSD and other agencies 	Those directly affected.
Victim Support	<ul style="list-style-type: none"> Immediate emotional support in a crisis Practical support such as completing forms, applying for grants Emergency grants and financial assistance Information and advice Someone to listen and talk with Referral to counselling and other government and community services. 	<p>Family members of someone who has died</p> <p>People who were admitted to hospital following the attack, and their family members</p> <p>Witnesses to the attack</p> <p>Other people impacted</p> <p>NB: Don't need to be NZ citizen or resident.</p>
ACC	<ul style="list-style-type: none"> Payment for medical care Compensation for loss of earnings Help at home Childcare and help at home to care for children <p>For families who have lost a loved one:</p> <ul style="list-style-type: none"> Help with funeral costs Survivor grants for families Ongoing support for children in New Zealand when a parent/caregiver has died Weekly compensation for families 	<p>People injured in the attack, their family and support people</p> <p>People who lost a loved one in the attack</p> <p>NB: Includes visitors to NZ.</p>
Work and income (MSD)	<ul style="list-style-type: none"> Case management with affected families- transitioning from Police Family Liaison officers – leading the establishment of a whanau wellbeing integrated response with other agencies Payments for urgent or unexpected costs such as food, bedding, petrol and other travel costs within NZ. Advance payment of benefit of up to six weeks. Emergency Benefit for people who don't qualify for any other benefit. Civil Defence Payment for loss of income. Civil Defence Payment for having to leave home. 	<p>People affected by the Christchurch tragedy or who need to travel to Christchurch because of it (don't have to be on a benefit).</p> <p>Those who have lost income due to workplace closed, cannot travel to work or need to stay with family/ whānau. Having to leave home due to living in an area within a Police cordon, providing a place to stay for friends or family, food, clothing or bedding.</p>
Department of Immigration	<ul style="list-style-type: none"> Supporting people to deal with visa issues. 	People on temporary visas and families coming in from overseas.

Christchurch City Council	<ul style="list-style-type: none"> • Coordination of agencies and communities to share information • Support and accommodation for Muslim Leadership Group • Establishment of the Welfare Centre and Hub. It also provided support and accommodation for the emerging Muslim Leadership Team • Implementation of a multi-cultural strategy with the aim of enhancing inclusiveness and unity. 	Christchurch community.
Ministry of Health	<ul style="list-style-type: none"> • Support to Canterbury DHB • Provision of national text and phone line (1737) • On-line national resources (including translations) • Developing national repository of expertise (for future assistance in Canterbury). 	National population response.
Oranga Tamariki	<ul style="list-style-type: none"> • 	
Department of Corrections	<ul style="list-style-type: none"> • Support for affected staff including referrals to external agencies • Support for affected prisoners/offenders in the community through trauma informed practice • Intel contribution with Police • Support to Victim's Support through Psychologist deployment. 	Staff Offenders.
Department of Internal Affairs	<ul style="list-style-type: none"> • Providing advice/overseeing? allocation of donations 	

3. The Recovery Approach

Figure 2 Supports, activities and interventions



We have organised a range of supports, activities and interventions aligned to the WHO psychosocial model above. Some of these occur across all levels and cannot be isolated to a single tier.

Evidence Informed Approaches

Canterbury DHB has established an advisory group of clinical leaders who are subject matter experts on responses to traumatic events and treatment of trauma. This group comprises clinicians, academics and specialists and includes Muslim clinicians. This group is seeking and receiving information from other countries that have experienced mass shootings and providing guidance on the learnings that can be directly applied or are most relevant to our context. Otago University staff are directly involved in this group. The advisory group provides advice and guidance on the wellbeing and mental health response and the Canterbury DHB workforce support programme specifically, however it is also available to other agencies.

Cultural Engagement

The Muslim community are at the centre of the approach and planning for all agencies. The evolving Muslim Leadership Group are providing insights from their community and aspirations around which we have planned and implemented responses.

Close engagement with the Muslim community is vital for all aspects of the recovery. For those people that need to access treatment and/or support services it is essential that the services are appropriate and trusted. Wherever possible services will be flexible and adapt as necessary to meet the cultural needs of different population groups.

Virtual Wellbeing and Mental Health Hub

We will develop a single 'go-to' point for the people of Canterbury to support responses for health and linkage to other social services. The hub will be a repository for resources to assist and guide members of the public, carers, professionals, employers and others in their response to the specific needs of their respective groups. For example, it will provide Guidance Sheets on how to have difficult conversations about topics such as racism, how to respond to the support people of those affected by trauma to have safer conversations, and support for parents.

This will build on the experiences of the Manchester Resilience Hub which provides a single portal to support those professionals who are ensuring they can provide access to any service they require.

Health Focussed Support and Interventions

Level 5: Post-Traumatic Stress Disorder (PTSD) treatment and other serious mental health disorders

Canterbury DHB provides the only specialist anxiety disorders service in the country. The clinical expertise in this service was drawn on to develop a PTSD treatment programme following the earthquakes and the team has now commenced planning for an adaption of this programme to meet the needs of those most severely affected by this event. This programme will be delivered by the Canterbury DHB anxiety disorders service.

A joint venture by the anxiety disorders service and Pegasus Health has developed a group treatment programme for treatment of less severe anxiety. This programme is suitable to be rolled out in its current format and resources are being organised to enable this to happen. There is an immediate need for this service, not for those that have experienced the Mosque event first hand but those with underlying or previous issues that have been seriously affected by recent events.

Depression and other serious mental health disorders are expected to increase over time. Canterbury DHB's Specialist Mental Health Services will need to increase cultural confidence and general capacity for those not able to be treated within primary care.

Level 4: Community mental health and addiction interventions

Additional capacity in primary and community mental health and addiction treatment services will be needed for people who develop anxiety, depression and substance use problems. This is an immediate need.

Level 3: Primary care, Counselling, Community support services

More generic services can provide support, reassurance and problem solving techniques for people with non-complex issues. This is an immediate need and the workforce will require upskilling in cultural competence and identification of trauma that requires a more specialised response.

Level 2: Population self-help, 1737, On-line support and interventions

Self-directed options and navigation to appropriate services both play an important role in providing immediate access for people who may not need treatment.

Level 1: Community messaging and education, Community building activities

Health is one of a number of organisations and community groups that contribute to this tier. Consistent messaging that provides health and wellbeing information and advice is important, including where to get help if it is needed. Equally important is supporting communities, groups and

individuals to look after themselves and each other. This can take a variety of forms such as community events and provision of leadership support to local people.

The clinical advisory group will provide specialist advice on content and contribute to the generation of information. The virtual wellbeing and mental health hub website will be the 'go to' point for information related to the event. Content will be developed proactively and in response to specific requests.

Integrated Whanau Wellbeing Response

The Ministry of Social Development is leading the establishment of an integrated whanau wellbeing response. Initially this will be focussed on the bereaved families, the injured and their families with potential to broaden. The process is based on successful models elsewhere and involves a single shared database with multi-agency accountability for determining need and implementing packages of care in a well-coordinated manner. Health is committing to a strong presence with clearly defined access pathways into all areas, including mental health.

Resource Requirements

Additional resources are required across the health system to support and enable wellbeing and mental health recovery across our community. There is a requirement to expand existing capacity for services such as mental health support for refugees and migrants, and to develop completely new programmes such as PTSD treatment within ethnically diverse populations (Appendix 5). Importantly the resource requirements include a workforce support component; Canterbury DHB directly employs 10,500 employees with a further 8,000 employed across the wider health system (Appendix 6). This event has significantly impacted on the workforce, on those that were directly involved and on many more who were experiencing cumulative stress and pressure as a consequence of the many events that have occurred across Canterbury over the last eight years.

We have outlined annual costs for the recovery. It is anticipated an initial three year period will be required for the recovery. The out-years will require different, emerging service configurations that will require review each year. This resource plan provides services that are not currently funded and the rollover of the 'All Right? campaign' funding which initially ran from 2016 until 2019 and includes a range of mental health services.

Summary

Supporting a community that has been exposed to multiple disasters while also providing targeted responses to particular groups is a complex process. Canterbury has a strong history of multi-agency approaches that make the most efficient and effective use of resources but the tragic events of 15 March add a new layer of challenges to our communities and the organisations providing responses.

The actions taken to date and those proposed going forward are essential components of a robust recovery plan but this is a long term process that requires significant investment to achieve.

The future wellbeing of the Canterbury population is reliant on a responsive and flexible approach that is informed by local need and supported by central government.

Appendix 1: Actions taken to date Christchurch

- Mental health expertise and specialist support, primarily from Specialist Mental Health Services (SMHS) and Refugee Resettlement, has been on the ground at the Welfare Centre since 16 March and will continue as needed
- Free access to primary health care (GP visits) has been available to those directly affected by the attacks through Pegasus Health.
- Direct access to primary mental health services is in place with clear pathways agreed for people identified by organisations such as Victim Support. This team includes Muslim people from outside Christchurch (from Kahui Tu Kaha) who will be in place until at least the end of April
- Primary and specialist health services are collaborating to meet the needs of victims. People discharged from hospital have a wrap-around package of care.
- Canterbury DHB are setting up a 'virtual hub' as a central place that people can access information.
- Victim Support continues to work with the families of the deceased, the injured and their families, and witnesses to the event. They are linking people through to primary mental health services as appropriate. The core group of victims are those who were attacked in the mosques, and there is a wider group of people that have affected in and around the area.
- The *All Right?* campaign³ is rolling out new messages tailored to the whole community.
- The Mana Ake⁴ initiative network is a way to recognise the support needs of children in Canterbury, and is supporting the response of the Ministry of Education's Traumatic Incident teams. The Mana Ake project team established a hub based at the Canterbury Design Lab to triage requests for support and they have connected with all schools to determine need.
- A fact sheet, amalgamating information from Police and Canterbury DHB was provided to all schools. An information pack for parents has been developed and provided to schools in response to queries from schools where parent drop in sessions have been held.
- The 'Leading Lights' website (one of the Mana Ake initiative's key elements) is supporting the Mana Ake response across the education sector.
- ACC has started to receive claims for mental injury (27 claims as at 27 March 2019).
- Workforce needs: supervision needs are being considered to increase cultural capacity and capability
- A clinical leadership group that includes Muslim expertise is overseeing the immediate response and planning for the coming phases
- CDHB is participating in cross agency processes at all levels, including the development of a case management/navigator approach to ensure a coordinated response across agencies (based on Integrated Safety Response model)
- CDHB is taking advice from the Muslim Leaders from within Christchurch and from other districts.

The Health response has been integrated across services and providers in the health system and beyond. The following groups have informed the health response to date:

Primary and community services

Clinical Leaders Group

Canterbury DHB lead services

- Community and Public Health – population, All Right?

³ *All Right?* is a wellbeing promotion initiative funded by the Ministry of Health and led by the Canterbury District Health Board and the Mental Health Foundation of New Zealand.

⁴ *Mana Ake – Stronger for Tomorrow* provides support for children aged five to 12 years across Canterbury. There are 62 FTE Mana Ake kaimahi working in 165 Canterbury primary schools. The final complement of a further 18 kaimahi will be welcomed into the role on 1 April 2019.

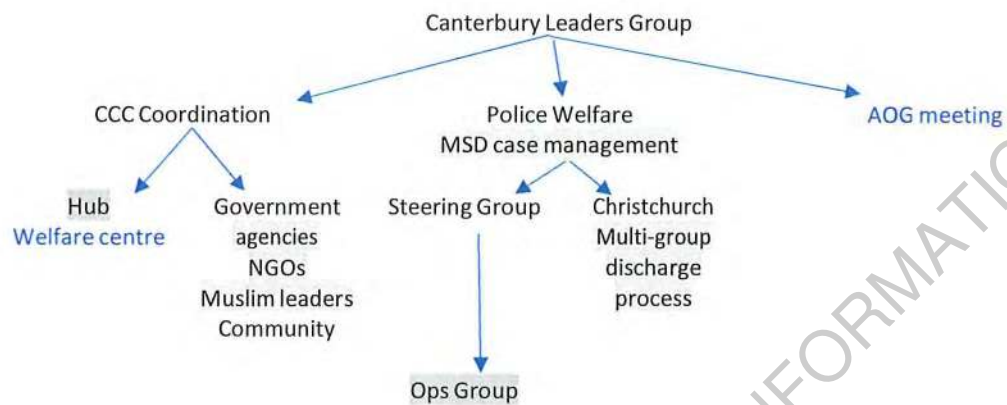
- Planning and Funding – rehab in the community (CREST providing supported discharge service to continue rehabilitation in people's home)
- Education response – Mana Ake supported.

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Appendix 2: Organisational Structures

The response is summarised by the following diagram. The blue text represents structures that are planned to close down.

Situation Response

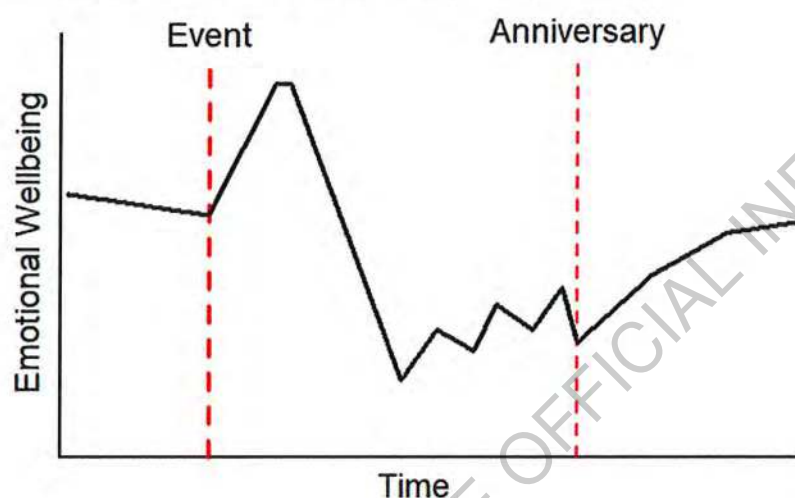


Appendix 3: Impact of Earthquakes, Multiple Exposures, Re-traumatisation

The Christchurch Mosque attack has impacted on New Zealand society and has been felt abroad. Within Christchurch this event has come on top of a series of events that have resulted in some fragility across the population. In particular the earthquake series of 2010 and 2011 have led to higher demand for mental health services for some portions of the population, which are evident in the mental health access rates.

Canterbury's experience of earthquakes has demonstrated the negative impact of disaster events over an extended period, following an early "honeymoon" phase. This is demonstrated in Pledger et al's (2019)⁵ findings with phases described in their Figure 1 below.

Figure 1: A simplified version of the phases of response to a disaster over time.



Source: California Department of Mental Health (2012), based on Zunin & Meyers (2000), cited in Britt 2012, p33.²³ (from Pledger et al, 2019)⁵

Pledger et al (2019)⁵ note "the C22Feb11E [earthquake of 22 Feb 2011] was not just an event that had an effect on one day; large aftershocks continued for some time and the indirect effects of the earthquake lasted many years after the event and for some people it is still ongoing. The data seem consistent with Figure 1 but over a longer time frame."

In addition, the Canterbury population has suffered a number of other significant events which may have impacted on the mental health wellbeing of the population. It is not known to what degree these are additive or act as a trigger for poor outcomes.

These events include

- Two strong earthquakes in July and August 2013 in Seddon 300km NNE of Christchurch (6.5 and 6.6 magnitude)
- Floods in 2013 and 2014 (partially resulting from earthquake-related land subsidence)
- A magnitude 7.8 earthquake in November 2016 (95km north of Christchurch)
- Port Hills fires in February 2017
- Widespread flooding from cyclone Cook in April 2017.

⁵ Pledger MJ, McDonald J, Cumming J. SF-12 indicators of health following the 22 February 2011 Christchurch earthquake. NZMJ. 2019; 132 (1489): 69-80.

Appendix 4: Programme to support the health and wellbeing of 'our people' (workforce)

BACKGROUND

A number of agencies were, and continue to be, part of the initial and subsequent responses to the events in Christchurch on the 15 March 2019. Each agency has responded to the initial impacts that have emerged for a number of their people.

Our ongoing responses need to be considered in the context of the cumulative and ongoing pressures on the Canterbury community and our health and social care workforce arising from the Canterbury earthquakes and these latest events. Agencies acknowledge that the resources required to respond to the needs of our people are precious and constrained, and that the impacts on our people will manifest - and change - over the coming months and potentially years.

Agencies are committed to achieving the best outcome for our people through a coherent, connected and integrated programme of work to support the various needs of people impacted by these events, including their colleagues and whanau.

PURPOSE AND OUTCOMES

Member agencies have committed to an Inter-Agency Workforce Welfare Governance Group that will provide guidance and steerage of a comprehensive programme of work to support the health and wellbeing of our people and their whanau. Agencies will continue to hold responsibility for their people and whanau, with the opportunity being to leverage the respective strengths of each agency to deliver the best outcome.

MEMBER AGENCIES

The member agencies are:

- Canterbury District Health Board
- New Zealand Police
- Christchurch City Council
- Department of Corrections
- Ministry of Education
- Ministry of Social Development
- Ngāi Tahu
- Pegasus Health [on behalf of primary health care services]
- St John New Zealand

GUIDING PRINCIPLES

The Inter-Agency Staff Welfare Governance Group commits to developing an approach:

- Focussing on the people who work within the member agencies and their whanau;
- Adopting best practice and evidence based approaches and solutions;
- Responding to the needs of individuals and groups based on their feedback; and
- Taking a whole of system approach, harnessing the strength of each member.

STRUCTURE

Given the need to provide meaningful guidance and effect change within each agency, representatives on the group will be an executive sponsor who can make decisions on behalf of the agency, including aligning resources to the programme of work.

- **Membership:** An executive sponsor from each member [Chief People Officer or equivalent]
- **Chair:** tbc
- **Meeting frequency:** Initially weekly and then as agreed

- **Quorum:** Half-plus one member
- **Minutes and Agendas:** Co-ordinated by Canterbury District Health Board

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Appendix 5: Resource Requirements

This Table provides annual costs for the recovery plan. It is anticipated an initial three year period will be required for the recovery. The out-years will require different, emerging service configurations that will require review each year. This resource plan provides services that are not currently funded.

	Volume	Cost pa
Whole of Community Response (including Canterbury health system workforce)		
SMO	0.5FTE	9(2)(j)
Psychologists – Muslim	2FTE	
Psychologists other	1FTE	
Interpreters and interpreter support ⁶	programme	
Basic Services and Security		
Community information and messaging (includes creation of virtual Resilience Hub) ⁷		9(2)(j)
Health Info expansion		
Community and Family Supports		
1737		9(2)(j)
Education – Anxiety, cultural competency (MHERC)		
Free GP visits for directly affected ⁸		
Mental health extended GP consults for directly affected ⁹		
Mana Ake support for Education response ¹⁰		
Mana Ake support for early Childhood (Education-led)		
Leading Lights support for Early Childhood and Secondary School	Building content and addition to platform	
Focussed supports – Coordinated Community Family Response		
Mental Health Workers ¹¹	2FTE	9(2)(j)
Refugee Resettlement	4FTE	
Multiagency response to Family Violence	2.4	

⁶ Increased need for translators is anticipated and they will require additional support as will be exposed to distressing content.

⁷ We anticipate reprioritising the MOH resource identified for AllRight? (based on contract rollover from 2019/20 of existing contracts which were due to be terminated) to include a broader range of communications, including establishing a virtual resilience hub, creation and management of content for this.

⁸ Directly affected and families; 2,000 people at 2 visits 9(2)(j)

⁹ Partial reorientation of current extended consults plus 2,000 additional consults.

¹⁰ Mana Ake is expanding its programme to include Early Childhood Centres (Ministry of Education resourced) and online resource support into secondary schools. This is funded within the Mana Ake programme.

¹¹ The resource requirements for the Integrated Whanau Support are not yet clear. MSD are leading the development of the 'backbone support' for this programme.

Police/St John/SMHS ¹²		
Primary care psychological services		
Primary MH (group treatment for anxiety in primary setting)	2FTE	9(2)(j)
Online CBT	NGO	
Muslim support workers	2FTE	
Specialist services		
Clinical Staff PTSD treatment	5FTE	9(2)(j)
SMO	0.5FTE	
Refugee and Migrant worker	1FTE	
Support for Workforce – Canterbury DHB		
Clinical Psychologist	0.5 FTE	9(2)(j)
Immediate trauma support [In-sourced from specialist providers] ¹³	One-off 9(2)(j)	
Organisational Psychology expertise [In-sourced from specialist provider]		9(2)(j)
Expand occupational health service with increased focus on mental health		
Increased (30%) EAP/Workplace Support		
Poutātaki/Welfare Advisors ¹⁴		
Expansion of absence management programme with focus on mental health		
Staff training resource development and delivery		

¹² This resource request is for the St John and SMHS components, Police callouts for mental health reasons, family violence and suicide attempts have increased significantly since 2011. These types of incidents often require Ambulance and Mental Health staff input in an adhoc, highly responsive but unpredictable way. It is anticipated that these incidents will increase more sharply as a result of recent events. It is proposed that we undertake a multiagency pilot involving to trial a different way of responding to distressed people that require a response from Police. Similar approaches overseas have been successful in reducing demand for the respective agencies involved and provide swifter resolution of the distress for the person affected due to the broad range of skill and expertise available from the outset.

¹³ Cost already incurred in acute response (see acute response costs).

¹⁴ The role of these workers is based on the Welfare model employed by Police. It recognises that the needs of staff impacted by stress at work can be greater than a line manager can manage and affects the family of the employee. The welfare advisor connects with the family and helps to link up a range of internal supports as required eg ACC, occupational health, return to work processes etc.

Appendix 6: Police Summary of Anticipated Psychosocial Response Needs

9(2)(j)

