

## Psychosocial Update 2 March 2023

Update from the National Mental Wellbeing and Psychosocial Co-Leads

### Immediate response

1. In response to disaster and adverse event, it is normal for people to feel distressed due to significant disruption to their lives, and much of this distress will be driven by the need for basic supports. It is important to note that every organisation and helping person who assists is providing an important form of psychological support.
2. The immediate priority within the psychosocial response has been to respond to people's immediate safety needs and basic requirements, including shelter, food, water, and clothing through the welfare response. Ensuring people's basic needs are met will have the biggest impact on people's mental wellbeing and alleviating distress. Health is complementing the welfare response by leading the mental wellbeing response.

### Service continuity and workforce support

3. As part of the mental wellbeing response, both Te Whatu Ora and Te Aka Whai Ora are in close contact with local mental health and addiction service providers and hauora Māori partners to understand damage sustained to facilities, impacts on service continuity, and response needs. While there have been some damages and workforce impacts, overall, we understand that providers continue to operate and deliver services with adaptations and support from each other and external deployed support.
4. Te Whatu Ora and Te Aka Whai Ora are leveraging existing services and deploying mental health and addiction workforces to increase support in affected areas. While, at present, all mental health and addiction services are continuing to operate within the impacted areas, many of the staff in these services have also been personally impacted by the weather events.
  - a. Te Aka Whai Ora sent additional mental wellbeing support into Tairāwhiti on Monday 27 February 2023, and the local primary mental health and addiction service is providing on-the-ground support.
  - b. Additional mental health clinicians are being organised to deploy into Hawke's Bay (across communities); from Monday 6<sup>th</sup> March Te Whatu Ora deployed a Pacific psychologist and 2 psychiatric nurses into Hawke's Bay this past weekend, with an aim to provide additional support this week.
  - c. Access and Choice primary mental health and addiction providers have pivoted and will deploy staff to strengthen frontline support in affected areas. Youth Access and Choice providers in Auckland are proactively reaching into communities.
5. Both Te Whatu Ora and Te Aka Whai Ora are closely connected to regional and local responses and needs, for example:

- a. There are regular meetings with cross-sector leaders in Hawke's Bay to hear first-hand what the needs are and will be meeting regularly with the local health-led psychosocial leadership group in that area this week.
- b. The Te Whatu Ora Regional Wayfinder is leading the Tairāwhiti health response and connecting daily with the national mental wellbeing leads. A plan is being developed this week.
- c. Te Aka Whai Ora connect meet with the Māori response leads in Hawkes Bay including hauora Māori providers and Iwi representatives. Needs identified include psychosocial training based on the "Powhiri Poutama" te ao Māori model of health, and additional kaimahi support to be deployed into augment, support and relieve kaimahi within hauora Māori partners.
- d. With the Te Whatu Ora emergency management team, we are connecting with psychosocial coordinators and are aware that they are active in their communities and are providing connection to central discussions.

### **Mental wellbeing communication and messaging**

6. Health entities are focussing strongly on mental wellbeing messaging and ensuring access to digital, and telehealth supports.
  - a. Te Whatu Ora is working with Whakarongorau, the national telehealth provider of helplines (including Need to Talk? 1737, which offers free counselling 24/7). Call volumes to 1737 remain stable but continue to be monitored closely.
  - b. Te Whatu Ora and Te Aka Whai Ora have been working with the Mental Health Foundation to adapt and expand the national All Sorts Campaign, which originated as part of the psycho-social response to the spread of COVID-19 in the community. It includes a range of targeted wellbeing materials and resources, messaging, a dedicated website and media campaign. Refer **Part B Campaign information** for more detail about recent activities.
7. Youthline have secured assistance from Meta (Facebook) for advertising credits to promote support to geolocated youth over the weeks to come. This has Auckland, the Far North, Hauraki, Tairāwhiti, and Hawke's Bay.

### **Drug-related issues**

8. The information sheet provided by the NZ Drug Foundation on safe use of drugs and managing unplanned withdrawal has been shared widely.
9. Manatū Hauora is updating guidance around access to Naloxone and opioid substitution treatment continues to be developed.

## Short- to medium-term response

10. The Minister of Health recently approved a request from Te Whatu Ora and Te Aka Whai Ora to reprioritise up to \$3.25m to support the short-term response.
11. Amongst other activities, this will allow the entities to continue and expand mental wellbeing messaging and campaigns by:
  - a. maintaining a strong social media presence through posting regularly on psycho-social wellbeing
  - b. translating flyers into Te Reo and other languages in accessible formats (with work underway)
  - c. offering psychosocial webinars through a range of channels.
12. Planning is underway regarding options for the mental wellbeing recovery phase in the coming weeks. The specifics of which will be developed based on need at the time and will be achieved in consultation with local representative, stakeholders and networks

### Māori psychosocial response package

13. There is a focussed Māori psychosocial response. Te Aka Whai Ora have developed a mental wellbeing response plan with initial funding being reprioritised. The plan outlines national and regional approaches.
14. The national approach includes rapid procurement of initiatives, such as:
  - a. uplifting wairua through te ao Māori solutions for whānau and kaimahi (eg, whānaungatanga, kōrerorero, wānanga, karakia, waiata, pūrakau, maramataka, mahi toi, whakapapa of tikanga me kawa of disasters, and other aspects)
  - b. a targeted multi-media campaign to support Māori with psychosocial messaging
  - c. hinengaro tautoko (te ao Māori-focussed mental health first aid training and resources)
  - d. rongoā kete (packs for whānau including teas, soaps and oils for self-care, healing and mirimiri).
15. The regional approach is through the provision of psychosocial support funding (yet to be allocated) to each region. Each Te Aka Whai Ora regional director will determine how to distribute funding based on local knowledge and networks, and specific needs within each rohe.
16. Te Aka Whai Ora has funded Te Kurahuna, a hauora Māori partner to deliver initiatives that aim to uplift whānau wairua, provide whānau hinengaro tautoko, and support to strengthen overall whānau wellbeing and ability to adapt to a changed reality. This is the first of a range of initiatives

### Advisory groups and engagement

17. The National Mental Wellbeing and Psychosocial Technical Advisory Group has been established to link with the National Health Coordination Centre to assess

needs and coordinate the psychosocial response. This Group consists of national commissioning and operational mental health and addiction leads from Te Whatu Ora and Te Aka Whai Ora, as well as engaging Sarb Johal, who specialises in psychosocial support. The Technical Advisory Group will meet twice weekly.

18. The National Psychosocial Agency Group meet twice a week and function as a key intel and liaison group for the Technical Advisory Group. The Agency Group has extended their makeup to include the Suicide Prevention Office, Whaikaha, the National Public Health Service, the Ministry of Social Development, and Victim Support.
19. There is also a national psychosocial coordinators group that meets twice weekly and feeds into the National Psychosocial Agency Group from all Te Whatu Ora district psychosocial coordinator representatives.

## Challenges and opportunities

20. This is a fast-moving situation and needs are changing regularly.
21. As noted above, there are also ongoing challenges with logistics of getting additional mental health and addiction support into affected areas and understanding the most isolated areas and their needs as communications are restored. Health entities will continue to work through these challenges.
22. In relation to opportunities for other agencies to support mental wellbeing:
  - a. There remains an ongoing need to ensure we are meeting people's basic needs and addressing the underlying determinants of mental wellbeing, including shelter and accommodation, food and water, and income and employment.
  - b. It will be important to continue to share information and insights, with issues directed to the National Health Coordination Centre Welfare and Psychosocial Desk at nhcc\_welfare@health.govt.nz.
  - c. All agencies can promote consistent mental wellbeing messaging, resources, and campaigns to the populations they are supporting. Refer **Part B Campaign information** for key messages and resources.
23. Experience from other similar events is that the onset of effects on people's mental wellbeing may be delayed, but the consequences can be wide-reaching and continue for a number of years following the event. Dealing with the impacts of the recent events will require an ongoing response and support. The response will need additional resourcing.
24. This will mean our relationships, and how we work across agency partners (like the Ministry of Social Development, Te Puni Kōkiri, and the Ministry for Pacific Peoples) and leverage off each other will be critical.

## Appendix 1: Impacts and drivers

1. Cyclones and other severe weather/flooding events have impacted across a broad range of areas – Northland, Auckland, Tairāwhiti, Bay of Plenty, Waikato, Hawke's Bay and Wairarapa.
2. It is normal for people to feel distressed due to significant disruption to their lives. Losing one's home and basic provisions is destabilising, and people will feel isolated due to loss of electricity communications, and a lack of transport. For Māori, there will be significant distress related to loss of marae and urupa. The ongoing threat of continuing severe weather also increases people's anxiety and distress. As with other emergencies, the impact of these recent events has the potential to exacerbate existing inequities.
3. The extent of the effects of these extreme weather events are not yet fully known. However, research on the psychological impacts of flooding and similar weather events suggest that individuals who experienced a severe event have a higher risk of developing disorders as a direct result of psychological distress. The most common mental illnesses reported in flood victims include anxiety, depression, sleep disorders, and post-traumatic stress disorder.
4. Unlike risk to physical health, the risk of developing these psychological disorders appears to increase over time. Studies indicate that the prevalence of psychological distress in survivors without intervention increases over time with estimates ranging from 8.6 percent to 53 percent. The mental health case burden and management time required to address individual flood victim needs appears to vary.<sup>i ii iii</sup>
5. There is also evidence that even if people are not directly impacted, those who live in the vicinity of flooding or in a community affected also experience psychological impacts. Significant stressors associated with flood-related mental health burden include:
  - a. loss of access to electricity and running water
  - b. additional financial burden
  - c. concern about family, friends, and pets
  - d. loss of access to health and social care services
  - e. health concerns.<sup>iv</sup>



## References

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<sup>i</sup> Assessment of the Health Impacts of the 2011 Summer Floods in Brisbane, 2013

<https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/abs/assessment-of-the-health-impacts-of-the-2011-summer-floods-in-brisbane/BE54412F672E7F879AE0745AB50DCC68>.

<sup>ii</sup> The long-term physical and psychological health impacts of flooding: A systematic mapping, 2018

<https://www.sciencedirect.com/science/article/abs/pii/S0048969718300494>.

<sup>iii</sup> Persistence of mental health needs among children affected by Hurricane Katrina in New Orleans, 2011

<https://pubmed.ncbi.nlm.nih.gov/21838059/>.

<sup>iv</sup> Flooding and health: assessment and management of public mental health,

<https://www.gov.uk/government/publications/flooding-and-public-mental-health-assessment-and-management/flooding-and-health-assessment-and-management-of-public-mental-health>. Accessed 02 February 2023