

Collective Impact Board

c/o CIB Secretariat, Ministry of Social Development
Level 4, 161 Cashel Street, Christchurch
AskCIB@msd.govt.nz

22 March 2022

Sandy Maclean
Clinical Lead, Canterbury District Health Board
By email

Ref: Mental health support for the affected community

Tēnā koe Sandy, assalamu alaikum

Thank you to you and members of your team for attending a meeting with the Collective Impact Board (CIB) on 7 October 2021. At this meeting you provided an overview of what Canterbury District Health Board (CDHB) has put in place and the different timepoints on the recovery journey. You also outlined the steps you have taken to raise cultural awareness within the service and the efforts being made to try and increase cultural responsiveness in your workforce. We appreciate these efforts and the ongoing support provided to the affected community.

When you met with us on 7 October 2021 the CIB raised that members of the community are telling them they are finding it difficult to access appropriate mental health support. You acknowledged the community is multi-faceted and that there needs to be more knowledge about the Muslim faith. We discussed the need for consistent messaging, continuity, and the ability to incorporate faith into treatment plans. We outlined to you that there is still stigma surrounding mental health in the community and better connections with faith informed groups may help to break down some of these barriers. We also outlined that where a service has incorporated a holistic, flexible approach, that includes faith, it has been well-received by the community.

The CIB raised with you that stigma and cultural barriers may be preventing some men from seeking help and that some members of the community are finding that they are now experiencing delayed trauma. When some men in the community seek help, culturally appropriate mental health support is not readily available, and it can cause them to disengage from the healing process. We understand that men in the affected community generally prefer to talk to another male about their issues and counselling needs to have an Islamic lens for it to be more effective. It was also raised that English as a second language was impeding the success of the counselling for some and feedback to CIB members is that they would prefer to access a counsellor who can deliver support in their native language.

We appreciate you and your team acknowledging this gap in service and confirming that it is an area you are trying to address. You asked the CIB for ideas and we requested you consider contracting overseas Muslim counsellors from a comparable health system

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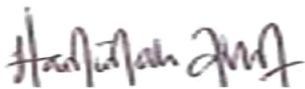
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(such as Canada, United Kingdom, Australia, USA) to provide counselling sessions by Zoom. We discussed that whilst face-to-face is preferable, there is a lack of counsellors in Canterbury that fit within this remit and Zoom sessions may be a suitable compromise whilst a wider, longer-term plan to increase diversity in your workforce is realised.

It has been over four months since we last met and we would like to advise that the lack of access to culturally appropriate, trauma-informed, faith-based mental health services remains a key issue for the affected community. This was raised again at the last CIB meeting on 17 February 2022. Some members of the community are still experiencing residual trauma, with the coronial hearing, and the impending 3-year anniversary exacerbating it. The CIB would appreciate a written response from CDHB to confirm what steps have been taken to fill this void and to share your plan for making appropriate trauma-informed, faith-based counselling available to the community soon.

Once again, thank you for your on-going support to our community and the CIB look forward to receiving an update from you.

Nāku noa, nā, assalamu alaikum



Hamimah Ahmat (Chair)

Collective Impact Board



Jane Parfitt (Co-Chair)

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