

22nd September 2022

To: Collective Impact Board

RE: Update on Te Whatu Ora Health New Zealand Waitaha Canterbury services for people affected by the 15 March 2019 terrorist attacks.

Overview:

Following the terrorist attacks in March 2019, the Canterbury District Health Board developed an agreement with the Ministry of Health to implement targeted services and enhance existing services to support the mental health and wellbeing of those affected.

We were immediately supported by the Auckland based Kahui Te Kaha Muslim Team who brought staff to Christchurch and worked alongside our primary and community services.

Recognising the limitations of our system, we engaged a Muslim Advisory Team who supported staff training/cultural upskilling across the system while implementing community meetings to engage, educate and support people dealing with the impact.

Alongside partner agencies, clinical and support services continued to be provided with barriers, such as the cost of general practice, removed to encourage access and a dedicated pathway developed for specialist mental health services.

Many of the services have not been able to isolate the specific referrals related to the attacks but there has been ongoing monitoring of overall demand to identify where additional capacity could make a difference.

By late 2019 Christchurch Resettlement Service had more than double capacity to support people and a Muslim Team was being established at Purapura Whetu to allow the Kahui Te Kaha Team to eventually return to their Auckland based core work.

Both these agencies remain a key part of the response with tailored approaches for people with a range of needs.

The network of mental health and wellbeing service providers across primary, community and secondary services, with support from the Advisory Team, established regular forums to connect with workforce in other agencies such as MSD, Victim Support, ACC, Education etc.

There have also been a number of community based treatment groups developed for specific cohorts by specialist clinicians and these have shown positive outcomes for the people engaged. Similarly, the dedicated Child and Adolescent psychologists working across the community are reported to be highly valued by those who have accessed their services.

Performance:

It is not possible to report all the activity undertaken to date with people affected by the attacks. There is a range of data collection mechanisms across and within the organisations involved and many services are not able to specifically identify Muslim people from the total population they have engaged with.

In relation to the targeted services the following is an illustration of activity:

- There have been 55 people referred to Specialist Mental Health Anxiety Disorders Service since the attacks – this is an expert team to respond to trauma/severe anxiety presentations
- During the twelve months to 30 June 22, Purapura Whetu had 132 referrals in addition to 50 the year earlier – they provide support based on connection and engagement with clinical treatment services as needed (psychology, physiotherapy, counselling etc)
- Christchurch Resettlement Services supported 211 during the twelve months to 30 June 22 in addition to their Refugee and Migrant Counselling Service that is also accessed by people impacted by the attacks – they provide clinical social work with psychiatry oversight and community support/connection.

In addition to support and treatment provided within the health system, people have engaged with Victim Support and ACC for counselling and psychological treatment.

While some people have given permission for their stories of recovery to be shared in reporting, they are personal and potentially identifiable so will not be added. They are moving accounts of courage and endurance to achieve recovery and re-build lives.

Direction Forward:

The publically funded health system continues to be challenged by high demand overall and limited resources, particularly staff. While mental health and wellbeing is a priority, investment decisions must reflect a balanced approach with equity at the forefront.

There has been a reduction in funding for some aspects of the post March 2019 response but targeted treatment and support continues to be available from Te Whatu Ora Waitaha Mental Health Services (Anxiety Disorders and Child and Adolescent Psychologists); Purapura Whetu (community support with clinical oversight); Christchurch Resettlement Services (clinical social work and community support with psychiatric oversight). All these organisations offer a wider range of services that Muslim people can be connected with.

Similarly the generic mental health and wellbeing services and supports that can be accessed by going to a general practice or other NGO/community agencies are all available to Muslim people.

Anecdotal reports indicate there are people who will only engage with someone they know is Muslim and such practitioners are not readily available locally. To respond to this reported need in a clinically safe way, an episode of virtual/online therapy with a practitioner who is Muslim should soon be available. This will be provided as part of a longer term engagement with a local health service that maintains connection with the person during and after the targeted therapy sessions.

To build our future workforce a scholarship fund is being established to encourage Muslim people to undertake training/education for a career in the mental health services and system. Once this is finalised, information will be distributed widely about how to apply, eligibility etc.

We sincerely hope this will increase the diversity of our workforce and better reflect the communities we serve.

