

# Greater Christchurch Psychosocial Committee

## Meeting Minutes – 15<sup>th</sup> March 2019

<b>Date / Time</b>	Friday, 15 <sup>th</sup> March 2019, 1 – 3 pm	
<b>Location</b>	Pegasus Health, Madras Street, (Meeting Room 1.03)	
<b>Attendees:</b>	Adele Wilkinson (MHERC), Claire Philips (CCC), Darren Wright (GCCRS), Fiona Bartley (MoE), Gareth Birch (CDEM), Glenys Browne (LINZ), Karaitiana Tickell (One Voice Te Reo Kotahi), Lucy D’Aeth (CDHB), Nigel Ripley (BCC – Inter Church Forum), Rachael Walkinton (EQC), Sara Epperson (CDHB) Guests: Dame Silvia Cartwright, Adair Bruorton, Dallas Welch, Jane Meres Anna Hunter (CDHB) – in place of Sandy McLean Alison Maccoll (NZ Red Cross) in place of Pip Mabin Jacqueline Moore (Pathways)	
<b>Apologies:</b>	Bob Henderson (ICF), Ciaran Fox (All Right?), Donna Ellen (Pegasus), Eileen Britt (Canterbury University), Helen Leahy (Te Pūtahitanga), Holly Griffin (One Voice Te Reo Kotahi), Maania Farrar (Te Pūtahitanga), Pip Mabin (NZ Red Cross), Rose Henderson (CDHB), Ruth Jones (EDLG), Sandy McLean (CDHB)	
Facilitator: Lucy D’Aeth (CDHB)		Minute Taker: Debbie Baugh (CDHB)
<b>1</b>	<b>Welcome; Apologies</b> Lucy welcomed the group to the meeting. Apologies were noted.	
<b>4</b>	<p><b>Greater Christchurch Claims Resolution Service/Pathways Update – Darren Wright/Jackie Moore</b> <b>Darren Wright – GCCRS update.</b> As at today – 800 claims into the service. This week has seen 40 people into the service. Have seen an increase due to Sunday – Earthquake Services media piece. Biggest focus is on the Internal Dispute Resolution Service and Engineering services. 58 cases have been transferred to Engineering Services, 24 cases into the Internal Dispute Resolution Service. Increase in number of people being transferred to Pathways, due to wellbeing issues. These are not declining, presenting with more complex wellbeing issues. Increase .5FTE support worker, .5FTE social worker.</p> <p><b>Jacqueline Moore - Pathways</b> Working along GCCRS since July after initial assessment completed. Themes that are coming through – ongoing stress issues with EQC, physical health issues, they need to talk to somebody as they have exhausted all other avenues i.e. family, friends. Internalising most of their trauma, due any number of circumstances i.e. personal experience plus housing and the process they have had to take to resolve their housing issues, with none of it being resolved. Financial issues, isolation, breakdown of relationships, family violence. Need for people to come in and out of the service. Start doing well, then are triggered and come back. Successful process – introducing mindfulness i.e. All Right? Supporting people to relax. Open conversations – may also include all members of the family. Language approach is asking - What we can do for you? A whole holistic approach, by looking at everything. Engaging with people, to support them to look into the future, what that future may look like. Strengths based goals. Have initiated some free or subsidised counselling. Helping people understand they have the capacity to help themselves feel better. Trying to re-engage them into previous activities i.e. clubs. Using cheap/cost neutral events. They are cash poor, but asset rich. Assist with community connection i.e. Lantern festival. Access to Mental Health and Addiction services. Providing reflection without judgment. Connecting people to the world again.</p>	

Support also available for GCCRS brokers—building understanding of what’s within the range of ‘normal’ and when people need to be referred to clinical services.

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**EQC Inquiry – Dame Silvia Cartwright**



EQC inquiry -  
psychosocial resour



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Governance Group



SummaryDocument  
EQCInformation&E

***Purpose: To gain public experiences of EQC. Will report by end of the year. Inquiry is future focused. How do you turn the ship around? Inquiry will learn from individuals/group experiences. Will make recommendations to improve EQC into the future. EQC will continue. Inquiry will not look into claims. Looking at model for dispute resolutions based on people of Christchurch. Extent of trauma and the way which communities can recovery more effectively. Research shows EQC was equally stressful as the actual earthquakes.***

***Monday, launch of website – outline of scope of submissions that members of the public can make, including groups/organisations. This group could submit or do so individually. Inquiry is completely independent to Government.***

***Report will be presented back to the Governor General and copy of report to Minister.***

***TOR – investigate and report on the lessons that can be learnt on the application of the commission of operations and approaches to claim outcomes and to other events.***

***Lessons to be learnt from places other than Canterbury, but Canterbury is the most complex.***

***Will be conducting public forums. This is where this group would assist – connecting with public and doing no further harm i.e. not re-traumatising in any way. Obtain useful information and be able to record what has actually happened for future use. Important to record. Fundamental issues that are to be reported on. What was the impact of EQC practices?***

***Will also look into the Insurance system i.e. over cap, what worked and what didn’t work.***

***No allocation of blame.***

***How can change be enduring?***

Questions to this group –

***How you got involved together? Where support comes from at the Psychosocial level at a natural disaster.***

RAS – took three years to work out – How do we connect homeowners to services? CDHB, Privacy Commissioner, RAS meet.

This Committee was responsible for – public messaging around the fact you will be having normal reactions. Committee designed All Right? Campaign.

***How is the information captured?***

Launching next week – website He Waka Ora. This will have lessons learnt from the All Right? Campaign for the regions. Presentations at the Earthquake symposium. Shared Programme of Action booklet.

***What is the future of this whole group?***

A review at the end of each year. 2021 is the settled date – Psychosocial recovery usually takes 5-10 years. We have moved to a wellbeing focus and may evolve to add more value to this area in the future.

***What lead people to respond in the survey around stress?***

Lack of control. Particularly in the male age group 40-65. Real challenge was not having control over the situation, when and what it would say, where the family will be at. This has now actively been put back in through RAS.

Lack of clear information on what was going to happen next with EQC and Insurers.

***Is there a role for EQC at the start of a natural disaster that they had say they simply don't know what is going to happen next?***

If this had happened, people would have had a higher trust in EQC. If there had been obvious transparency from the start that they didn't quite know what was going to happen next would have made a difference. If there had been a more transparent process around scoping and assessing would also have resulted in that higher trust.

***With post, post disaster planning – at what stage does EQC come in?*** Let the specialist enter first i.e. first responders (Search and Rescue). EQC responded quickly and they did not have enough capacity in the system.

Write speeches for the Politicians prior – not to over promise, not to downplay, not to minimise. Leaders to have crash course in what to communicate. Political pressure to act immediately. Remove the speed and do it right the first time. Realistic time responses.

Issues caused by pushing for speed but not using skilled people in the correct positions i.e. assessing/scoping (ex policemen from Australia, people with no knowledge of building)

Communication model – using the same people. Not have to tell 'your story' a number of times, to different people. Scales of response.

Public messages – once the All Right? Campaign was launched, this vehicle was so important. People don't need it until they do need it. Local, felt like it was by us and for us because it was.

Local component is important. Relationships are important. 'Social economy' in this community, and it is this economy that works effectively after a disaster. Governments need to tap into this.

Politicians needed to commence communicating effectively with Local Government. CERA needed to work alongside Local Government not separately or against it. Community became a football. Build on local expertise. Didn't need to set up any more new structures at a local community level. These emerged naturally. Initially confusing with first working with CERA, in regards to what their role was. Already formed relationships with councillors. local boards. Structures were already there. CERA establishment and hiring meant a natural vacuum of leadership, leaders taken out. Credit vacuum on great work being completed and presented even if CERA had not played a role in it.

CERA missed an opportunity in helping to co-ordinate a role with funding.

Academic evaluation - broker that contract at the start.

***Summary:***

Start at a community level and use the resources already there and draw together, additional expertise brought in. Ability to connect back to Wellington or Local Government. Not a new infrastructure. Window of care, which is extended as long as possible with a high level of trust, treating people respectfully.

Dame Silvia Cartwright to be invited back to a later meeting.

**Next meeting: Friday, 31<sup>st</sup> May 2019 – 1.00pm – 3.00pm**

### Actions – 25<sup>th</sup> January 2019

Action	Who	Due
<b>4.a Action Point: Lucy to invite Pathways to present at the next Psychosocial Committee meeting</b>	Lucy	Completed
<p><b>Terms of Reference Review/meetings and speakers for 2019:</b></p>  <p>ToRPsychosocialCte e2019draft.docx</p> <p><b>9. a Action Point: Group to review track changes and feedback any proposed changes by next Friday. Will be brought back to March meeting for sign off.</b></p>	All	To be presented May meeting.

### Actions – 23<sup>rd</sup> November 2018

Action	Who	Due
<p><b>Community Resilience Partnerships Fund Update:</b> Report has been presented to Governance Group. Round 1 Groups completed – 13 groups received funds year 1. Second year commitments are going out. Reports have gone out and will share with this group.</p> <p><b>10.a Action Point: Claire to send final version of report.</b></p>	Claire	ASAP

#### Possible speakers

School of Psychological Medicine – Research into how people who were perceived to be resilient post-earthquake and people who were anxious post quakes. Research has been renewed for next year.

Mana Aka Project team – midyear June/July.

People/Communities who are not homeowners

Rose Henderson – Psychosocial model response in Kaikoura.

First responders – identified late presenters.

Primary care/ (Pilot in Auckland) Procure Group- Primary Care – Rural Mental Health.

Mental Health Inquiry.

Resilience Partnership Funds Group Receivers.

Homeowners Group

**Next meeting: Friday, 31<sup>st</sup> May 2019**