

COVID-19 Impact Insights Paper #5

Supporting wellbeing after a crisis: Learning
from our COVID-19 Insights series

March 2023

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Summary

The first priority after any crisis, such as a natural disaster, is the essential work to ensure people are safe and sheltered, have the immediate trauma response they need, and to re-establish vital physical infrastructure. Our findings presented in this paper are concerned with the periods following that initial priority, to support short- and long-term – wellbeing for the people affected.

From our research on the wellbeing impacts of the COVID-19 pandemic in Aotearoa, we found:

Mental health, addiction, and wellbeing challenges are complex during times of crisis. People are facing uncertainty, loss, and disruption. The services and supports available to them – whether from health and wellbeing systems, or from whānau and friends, are severely disrupted.

The challenges will vary by location, by community, and by individual and whānau. Some people will feel isolated, some will be facing economic hardship, and some will be in unsafe situations and at risk of violence. In any crisis there will likely be a new community of people facing trauma and displacement. Their experiences of this will vary: the effects will be felt for some time, and we can expect rates of distress and addiction to increase.

Government focus should be on those already disadvantaged, including those communities identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.¹ We know that they tend to bear the worst effects of crises, and face the greatest challenges as economic, environment and societal recovery occurs following natural disasters and crises.



In the immediate term, community groups, such as churches, and particularly marae where whānau, hapū, Māori providers and hāpori (community) can come together, are integral to supporting wellbeing, through sharing information, resources and kai, and providing a sense of community and cultural wellbeing. Where government has been able to help these groups, be flexible with how support is provided, and trust, listen to, and act on local knowledge, this has been seen to provide fast and effective support.

In the medium-term, efforts to re-establish the infrastructure that supports connection and community services is vital – especially in rural communities where options are few. Social hubs provide physical and face-to-face connection; digital connectivity is important for sharing information and maintaining wellbeing (including through connection to whānau and friends); public messaging promoting mental health and wellbeing can include simple tips to help people deal with anxiety; and services that support wellbeing (including whānau support worker visits, and schools and mental health and addiction services opening) will help keep people safe.

In the longer-term, work to build a sense of community and ensure that social infrastructure is resilient is essential to help prevent many of the worst mental health, addiction, and wellbeing effects of the next crisis.

It is important that the support, particularly mental health services, are not time limited in their provision. There is a risk after any crisis that as the immediate need diminishes, attention and support will reduce. We know that the ongoing impacts will be long-lasting, and that experiencing multiple ‘shocks’ or crises compounds the impact and can contribute to cumulative and collective trauma – in the current context, communities had already been hit hard by COVID-19, and then by the floods and/or Cyclone Gabrielle.

We know that preparing for future crises will require ongoing support. It is important that this work is begun now, drawing and building on lessons learned from the many crises Aotearoa New Zealand’s communities have endured in recent times, and maintained past the immediate crisis.²



Based on the findings of this report, and explained in further detail below, we recommend that:

- Decision-making about responding to crises and supporting wellbeing more broadly, must be done in partnership with Māori and inclusive of Māori leadership.
- Other communities who are directly affected be involved in decision-making, including children, young people, rangatahi Māori, whānau, tangata whaikaha, people with disabilities, and culturally and linguistically diverse peoples.
- Accessible and responsive trauma and distress support be put in place without time limit on their provision.
- Alongside the effort to re-establish physical infrastructure and core services, social infrastructure be prioritised.
- Government support should help community organisations and marae now, and support their sustainability and resilience, so that they are well positioned to be both responsive during recovery, and ready for the next crisis.
- Urgent action reinstates and also improves connectivity and digital infrastructure for rural communities and other groups who experience digital exclusion.
- Investment is made in ‘primary prevention’ of violence so that communities are enabled to take a lead in changing those social attitudes, behaviours and norms that support violence, to reduce the risk of violence in the future.
- Research into wellbeing is resourced, to understand the impacts of crises, like the floods and Cyclone Gabrielle, to help the ongoing response, help us prepare for future crises, and support greater wellbeing.

1 The groups identified in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction, and the Mental Health and Wellbeing Commission legislation, are: Māori; Pacific peoples; Refugees and migrants; Rainbow communities; Rural communities; Disabled people; Veterans; Prisoners; Young people; Older people; Children experiencing adverse childhood events; Children in State care.

2 Recent crises include the Canterbury earthquakes, Kaikōura earthquake, Whakaari, Christchurch mosque terror attacks, COVID-19, New Lynn terror attack, and a number of other recent flood-related disasters.

