

# Psychosocial response – provisional plan for COVID-19 Response Alert Level 4 issued 9 April

## Context

On 31 December 2019, Wuhan, China reported the first case of novel coronavirus disease (COVID-19). In the months following, COVID-19 has rapidly spread around the world, causing a spike of fear and anxiety in communities and raising concerns about the psychological and social wellbeing of those directly and indirectly affected by the illness.

The disruption to normal activity during the Alert Level 4 phase of the COVID-19 response also means that many people will be more affected by secondary stressors (such as closed borders, closed businesses, restricted movement, loss of income and difficulty in getting through the services or access information) than the disease itself. Uncertainty associated with the duration and potential effectiveness of Alert Level 4 is also a key contributor to anxiety.

## Scope and purpose

This plan is designed to help those agencies involved in planning, coordinating and delivering psychosocial interventions and mental health and addiction services during the current Alert Level 4 response to COVID-19.

It provides clear expectations of what these agencies will do – including what the Ministry of Health will do – during the Alert Level 4 phase of the COVID-19 Response.

The Ministry will issue updated versions of the plan as the COVID-19 situation unfolds and as response alert levels changes.

The plan should be read alongside the Ministry of Health's [Framework for Psychosocial Support in Emergencies](#) and Section 10 (Psychosocial support) of the [Director's Guideline for welfare services in an emergency](#).

It should also be read alongside the draft COVID-19 Māori Response Action Plan, which provides a framework to ensure the health and wellbeing of iwi, hapū, whānau and Māori communities is protected during the COVID-19 pandemic, and actions to uphold Te Tiriti o Waitangi and support the achievement of Māori health equity (refer Appendix 1).

COVID-19 will increase both the need for support and services, as well as affect its supply. In this context, the plan encompasses both COVID-19 related psychosocial support needs and continuity of mental health and addiction services more generally.

## Intended audience

This document is for all agencies, service providers and community groups involved in preventing psychosocial distress and planning, coordinating and delivering psychosocial support and mental health and addiction services, including:

- all district health boards in their capacities as governance bodies, lead entities and service providers, including public health units
- all health providers throughout New Zealand, including providers of primary care, aged care and disability support, and other non-governmental providers such as pharmacies

- Māori health providers
- hapū and iwi Māori, marae communities and organisations
- organisations that provide psychosocial support services and initiatives, including but not limited to Red Cross and Victim Support
- organisations that provide health care information and signposting services, such as Healthline
- agencies that interact with these providers, such as ambulance, fire and police services
- community-based organisations and voluntary community groups, including (but not limited to) faith-based groups, culturally and linguistically diverse community groups, service organisations, groups working with vulnerable people, older people and people with disabilities (including those for whānau, families) and rural networks, providers or groups
- National Emergency Management Agency
- Civil Defence emergency management groups
- Ministry of Education, which oversees schools and early childhood services
- Ministry for Primary Industries, which funds rural support trusts and other organisations to provide psychosocial support to rural communities
- Te Puni Kōkiri, which provides links to iwi and Māori providers and advice on appropriate cultural responses
- Ministry of Justice and New Zealand Police, which oversee policy and activity to prevent family violence and provide family violence response services and support
- Social Wellbeing Agency, which considers the social wellbeing impacts of (and potential responses to) COVID-19
- Oranga Tamariki, which supports children, family and whānau and provides a number of essential services
- Ministry for Pacific peoples, which is the principal advisor on policies and interventions that improve outcomes for Pacific Peoples
- Ministry of Business, Innovation and Employment, which oversees workplace responses to COVID-19.

## About psychosocial response and recovery

Distress, anxiety, frustration, anger and grief are normal reactions to situations such as COVID-19 and the majority of people will recover with time if their basic needs are met, including connection with their usual sources of social support. People may need additional support, and some may be at risk of developing more severe and long-lasting symptoms. These impacts may be immediate or delayed.

Psychosocial support during an emergency is about easing the psychological, social and physical difficulties for individuals, families, whānau and communities. It is also about enhancing wellbeing and helping people to recover and adapt after their lives have been disrupted.

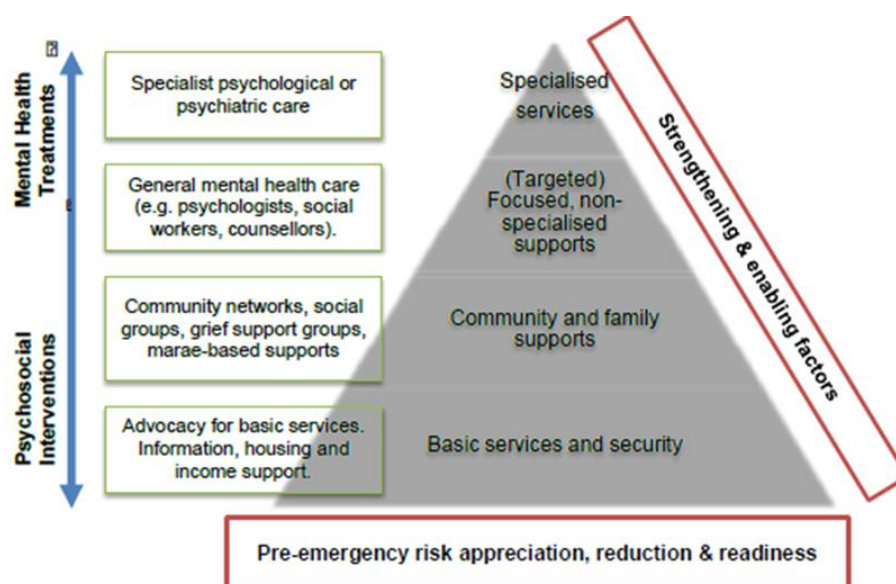
The psychosocial response to COVID-19 must meet the needs of the entire population and recognise that preparedness, response and recovery all coexist across the duration of the event rather than in a linear sequence. The psychosocial impacts may occur amongst those who become unwell or are at high risk of becoming unwell, and also the wider population due to fear and anxiety about becoming unwell, disruption to normal activity due to infection control restrictions, economic impacts and exacerbation of existing vulnerabilities.

Māori are the indigenous peoples of Aotearoa and have a special relationship with the Crown. The Government acknowledges and recognises that Māori are more likely to be significantly impacted by

COVID-19 due to existing health and social inequities, and as such, the response must prioritise resource and effort to support Māori. Other groups that are also likely to experience worse outcomes during and following the COVID-19 outbreak, either because of vulnerability or increased risk of infection or because of existing health and social inequities, will also require prioritisation of resources.

Psychosocial wellbeing and recovery are closely tied to the ways in which basic needs are met, and support and other services are delivered. Providing for and meeting basic needs (food, water, safety, shelter), normalising the recovery process (i.e. recognising that recovery is a normal process and will take time) and promoting the importance of wellbeing strategies, should be preferred over providing intensive forms of psychosocial assistance, particularly immediately following an emergency. Some interventions, if they occur too early in the psychosocial recovery process, have the potential to worsen distress and physical functioning, by over-burdening affected people and their family/whānau or community. The ways in which services are provided (responsive, caring, practical, empathetic, respectful and culturally and trauma informed) are significant contributors to psychosocial wellbeing.

Everyone, no matter how they are affected, is likely to benefit from some form of psychosocial support. This will include ready access to useful information about what helps protect psychosocial wellbeing and what does not. For many, their distress in the short term can be eased with the care and support of family, whānau, friends and the community. For many, psychosocial support will be in the form of practical assistance and advice on how to deal with problems of living when being asked to stay at home, such as access to financial assistance, how to occupy their own time and those of their children, and how to manage relationship challenges. Others, however, will need more formal or professional intervention and a small proportion need specialised mental health services. This distinction is important as it influences the types of interventions or treatments that should be provided. The illustration below illustrates this model.



Source: Adapted from IASC (2007)

## Groups with increased vulnerability to psychosocial impacts of COVID-19

Many people in New Zealand will be experiencing increased distress, anxiety, fear and frustration as a result of the COVID-19 outbreak and the isolation and restrictions associated with the Alert Level 4 Response. This is an understandable and common response.

Some groups are **likely to experience worse outcomes** during and following the COVID-19 outbreak, either because of vulnerability or increased risk of infection or because of existing health and social inequities, and will require prioritisation of resources. These include but are not limited to:

- Māori
- Pacific peoples
- older people, in particular those over 70, Māori over 50 and Pasifika over 50
- people with chronic/underlying health conditions or who are immunocompromised
- people living in poverty
- frontline workers managing the response to COVID-19.

Some groups are at **increased risk of negative effects from public health measures** taken to combat COVID-19, and planning to mitigate these impacts will be needed. This will include those who are at increased risk of social isolation and associated distress in response to quarantine and closure of public places and restriction of public gatherings:

- people who are already socially isolated
- people who live alone
- disabled persons
- recent migrants and refugees, unlawful migrants, and others without family supports
- families with young children, especially pregnant people, new parents, single parent families, parents who may not be able to be with partners and new babies and families with elderly in their care
- children and adolescents, both those at home and those in need of care and protection
- people living in rural/isolated areas
- people who are reliant on organised gatherings for social contact
- people who are reliant on public transport
- people with severe, enduring mental health or addiction problems, particularly if they are not able to access their usual treatment and support during Alert Level 4.
- households where there is embedded violence, abuse and substance or gambling misuse and harm, including addiction

Other groups may **lack resources to manage quarantine or isolation** and will need to have these resource needs met in order to effectively carry out quarantine or isolation (and so not run the risk of exposing others). It should be recognised that when people carry out isolation or quarantine, they are doing this for the benefit of others and not themselves. Groups who may need extra resources include:

- people on low incomes, reduced incomes or who have lost their permanent incomes as a result of COVID-19
- contractors and those who are self-employed
- people with insecure employment or who are newly unemployed
- people with insecure housing, displaced persons and the homeless population
- people living in high-density housing

- families where a member is part of the essential workforce and may need to spend time out of the household, leaving and returning frequently in and out of the 'bubble'
- migrant workers (likely to have insecure employment and housing and lack of social support).

Some groups in society may also be **more susceptible to mental distress** and the impacts of "moral panic" at a community level, even where they are not personally affected by public health measures or disease:

- children (can be susceptible to confusing and alarmist public discourse)
- those already experiencing mental distress, addiction or who have a mental health condition
- older people
- people who are experiencing racism and discrimination (eg, Asian communities or people who have contracted COVID-19).

People who have been sick with COVID-19 and have **recovered**, as well as their whānau, are at risk of stigmatisation and destigmatisation and public education activities may be needed. This group may need additional resources to support their recovery.

Psychosocial response focus during Alert Level 4

Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
<p><b>Week 1</b></p>	<p>Trying to get used to structure of days.</p> <p>Organising how households, whānau and ‘bubbles’ will function.</p> <p>Information overload.</p> <p>Fear as case numbers continue to rise and COVID-related deaths start to occur.</p> <p>Complacency, inability or unwillingness to cooperate.</p> <p>Difficulties reconciling lockdown requirements against multi-generational social and cultural practices.</p>	<p>Adherence.</p> <p>Anxiety.</p> <p>Is this going to work?</p> <p>Is it worth the pain?</p> <p>Complacency, inability or unwillingness to cooperate may lead to people not adhering to physical distancing and movement control recommendations, which may aggravate other community or family members.</p> <p>Risk of increased use / misuse of alcohol and other drugs and gambling as a way to cope.</p> <p>Emotional outpouring as cultural normality impacts in the practices of tangihanga, manaaki tangata, tiaki kuia/kaumātua.</p>	<p>Start seeding messages of hope contingent on adhering to recommended behaviours.</p> <p>Support for people with family overseas who they are worried about.</p> <p>Ensure grief support is prepared and available for those who lose loved ones overseas, or in New Zealand, but who cannot have contact with body because of COVID-19 restrictions.</p> <p>Establish national wellbeing campaigns based on “All Right?”. Partner with the Mental Health Foundation and NZ Drug Foundation to promote messaging and access to existing online supports. Work with Health Promotion Agency for targeted stakeholder messaging.</p> <p>Information to be across different modes of media</p> <p>Make available any information that supports cultural practice changes e.g.COVID-19 tangihanga policy.</p>	<p><b>Resources available</b></p> <p>National wellbeing and public information campaign.</p> <p>Main wellbeing messages and resources:</p> <ul style="list-style-type: none"> <li>Ministry of Health <a href="https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-wellbeing-alert-level-4">https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-wellbeing-alert-level-4</a></li> <li>Unite against COVID-19, <a href="https://covid19.govt.nz/individuals-and-households/health-and-wellbeing/looking-after-your-mental-wellbeing/">https://covid19.govt.nz/individuals-and-households/health-and-wellbeing/looking-after-your-mental-wellbeing/</a></li> <li>Further information about welfare support <a href="https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/index.html">https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/index.html</a></li> </ul> <p>Resources specifically for Māori (links below):</p> <ul style="list-style-type: none"> <li><a href="#">Advice about Tikanga Māori and gatherings at Unite against COVID-19</a></li> <li><a href="#">Deaths, Funerals and Tangihanga advice</a></li> <li>Specific <a href="#">tangihanga guidelines</a></li> <li>Māori responses see <a href="#">Ngā Pae o te Maramatanga’s Noho ki te Kainga</a></li> <li><a href="#">Iwi responses</a></li> <li><a href="#">Te Rōpū Whakakaupapa Urūta: National Māori Pandemic group</a></li> </ul>

Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
<p><b>Week 2</b></p>	<p>As case numbers and deaths continue to rise, expect anxiety to rise.</p> <p>Pressure and impact of secondary stressors (such as closed borders, closed businesses, restricted movement, access to food, loss of income and difficulty in getting through the services or access information) increases.</p> <p>Stories of health system overload, including problems accessing mental health supports.</p> <p>Potential poor weather means people can't go out, increasing pressures on people being together in confined spaces.</p> <p>Anxiety of whānau used to supporting each other physically, socially, financially takes effect.</p> <p>Income / government support difficult to access or not quick enough.</p>	<p>All the above.</p> <p>Undifferentiated anger as difficulty in adhering over long periods becomes clear.</p> <p>Growing concern about financial security.</p> <p>Higher bills due to people staying at home (eg, more power use) increasing financial pressures.</p> <p>Colder weather increases heating needs and could provoke concern about bills, or people may avoid using heating to save money.</p> <p>Individuals may experience feelings of both strength and vulnerability.</p> <p>Disruption in ability to use alcohol and other drugs or gambling may lead to withdrawal symptoms.</p>	<p>All the above.</p> <p>Hold the line, have faith, narrative for adherence. Share stories of people making this work in their lives. Acknowledge fear and uncertainty that is stoking anger. Ask people to have faith.</p> <p>Draw International comparisons.</p> <p>Responsiveness to low income and at-risk group needs and how to meet them urgently – MSD welfare response, housing and food access, benefit increases and electricity cost support. Share information about essential services, including health and social services.</p> <p>Messaging about how to occupy time, and share stories of success.</p> <p>Continue messages of hope contingent on adhering to recommended behaviours.</p> <p>Share examples of community resilience.</p>	<p><b>Additional resources being considered or under development</b></p> <p>Phone based therapy service for frontline health professionals</p> <p>Potential expansion of existing telehealth services</p> <p>Tailored wellbeing promotion for vulnerable populations.</p> <p>Psychological support for frontline clinical workforce.</p> <p>Sector support from NGOs and community organisations to support connectivity and partnership in the mental health and addiction NGO sector.</p> <p>Resources for Māori mental wellbeing and psychosocial needs.</p> <p>Resources for Pasifika mental wellbeing and psychosocial needs, including violence prevention (eg, Le Va's 'trouble in your bubble' campaign <a href="http://www.leva.co.nz/our-work/catchyourself">www.leva.co.nz/our-work/catchyourself</a>)</p> <p>Family violence response services and support to remain available.</p> <p>Access to app-based wellbeing support as part of tiered psychosocial service response.</p> <p>Continue to make improvements to MOH webpage to make this into a one stop shop for people to have free access to a range of resources to support their own wellbeing and the wellbeing of their whānau, as well as having access to people to talk to as they navigate the COVID-19 outbreak.</p>

Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
	<p>Stories of vulnerable communities being left behind.</p> <p>Ongoing repatriation and quarantine of people returning to New Zealand.</p> <p>Complacency, inability or unwillingness to cooperate.</p> <p>Media focus on negative health stories fuels further anxiety and concern for people.</p>		<p>Communications around relationship management and repair when having to deal with each other on a daily basis and people are irritated, tired, frustrated and anxious.</p> <p>Support continuity of specialist mental health and addiction services and support.</p> <p>Begin to increase positive social messaging for Māori across segmented age groups, including rangatahi, kuia/kaumātua, wāhine and tāne</p> <p>Maintain positive messaging for other vulnerable groups</p> <p>Provide support for people to access messaging digitally</p>	<p>Expand MSD welfare response. Focus on needs of at-risk populations even after Alert Level 4.</p> <p>Structured self-help e-therapy campaigns.</p> <p>Expand NGO and primary level supports.</p> <p>Conduct national surveys to test whether predictions for at risk groups is accurate, and whether there is additional unmet need that we can target interventions for</p>
<b>Week 3</b>	<p>Case numbers may continue to rise or flatten out.</p> <p>Ongoing pressure and impact of secondary stressors (such as closed borders, closed businesses, restricted movement, loss of income and difficulty in getting through the services or access information).</p>	<p>All the above.</p> <p>Potential anxiety or hope about possible exit – and potential sense of inequity if regions differentiate.</p> <p>Fear and anxiety about the potential for an extension of Alert Level 4, including the health workforce.</p>	<p>All the above.</p> <p>Develop the theme of citizen stories into ‘what have we learned about ourselves and each other.</p> <p>What is New Zealand’s story coming through this? Voices of all New Zealanders visible.</p>	



Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
	<p>Some regions may exit earlier than others, or other differentiations.</p> <p>Complacency, inability or unwillingness to cooperate.</p> <p>Some resentment may present as people feel the Level 4 lockdown was an overreaction.</p>	<p>Increased feelings of social disconnectedness with lack of community engagement through religious and cultural routines.</p> <p>Potential for disruption in supply of illegal drugs to result in riskier behaviours (use of novel substances etc) and overdose.</p> <p>People may overtly/ covertly break the conditions of lockdown.</p>	<p>Start messaging around Future New Zealand, what it could look like, and how could we be.</p> <p>Address fake stories, and bring realist perspectives on new technologies (e.g. vaccines) identified here or in foreign press.</p> <p>If case numbers start to flatten, people start to prepare for possible exit.</p> <p>If case numbers are continuing to rise, start to prepare people for possible extension of Alert Level 4.</p> <p>Focus of the Māori communications looking at innovative ways that whānau are staying connected during these times and practicing tikanga activities in different ways, e.g. tangihanga, karakia, whānau engagement.</p>	
<b>Week 4</b>	<p>Preparing for exit or extension of Alert Level 4.</p> <p>Some regions may exit earlier than others.</p>	<p>All the above.</p> <p>Financial hardships are felt more strongly. Some people will return to work. Some people will be unemployed or</p>	<p>All the above.</p> <p>Continue theme of importance of final push of adherence. How the work continues and will continue even after Alert Level</p>	

Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
	<p>Complacency, inability or unwillingness to cooperate.</p> <p>Grief and bereavement issues for families who have lost people during COVID-19 (and potential unresolved grief at not being able to attend funerals).</p> <p>A lack of understanding of what the lockdown now means on normal life, including potential toned down versions of social isolation, maintenance of tikanga variations for some time.</p>	<p>will lack the energy to put into rebuilding their business.</p> <p>Potential for relationship breakdowns and re-evaluations of how lives are being lived.</p> <p>Potential for serious substance / gambling harm and/or addiction issues to have developed.</p> <p>Anger at a lack of 'return to normal'.</p>	<p>4. Or messaging around need for continuance.</p> <p>Messaging about secondary stressors and the ongoing challenges people will face. Identify ongoing needs for the future.</p> <p>Prepare communications for backlash against strict adherence and movement protocols, arguing that such restrictions were not needed in the first place (or now).</p> <p>Develop recovery plan, trauma response, anticipate increase in presentations to specialist services.</p> <p>Tailor messaging to Māori communities to focus on what can and can't be reinstated in a post Level 4 environment including tikanga practices around tangihanga, social gatherings, pre-planned whānau events.</p> <p>Providing messages of success and the value of adhering to lockdown protocols. Support for Iwi, and health and social</p>	

Timeline at Alert Level 4	Psychosocial Issue	Potential impact	Actions to consider	National resources
			service providers in the work carried out by them to keep communities safe and what will be required in a post level 4 lockdown environment.	

## Roles and responsibilities for coordinating psychosocial response and recovery

The Ministry of Health and district health boards (DHBs) are the agencies responsible for coordinating psychosocial support during and after an emergency.

- At the national level, the Ministry of Health is responsible for coordinating the provision of psychosocial support and provides the required health and disability services by funding, planning and providing services, including by contracting organisations.
- At the Civil Defence Emergency Management Group level, DHBs are responsible for coordinating the provision of psychosocial support services (DHBs advise non-governmental organisations (NGOs) and primary health organisations (PHOs) on the type and nature of services needed for ongoing psychosocial support. NGOs and PHOs in turn also identify need and provide advice to DHBs).

More information about the roles that the Ministry of Health, DHBs and other agencies play in relation to psychosocial support, at national and/or regional levels, is provided in Appendix 2.

Cooperative relationships across agencies and with iwi, sound planning and agreement on psychosocial response and recovery functions are vital. Psychosocial support and provisions of broader mental health and addiction services needs to fit together with other responses that affect mental health and wellbeing – such as financial assistance, shelter and accommodation, and household goods and services.

The Ministry of Health will be responsible for continuity of mental health and addiction services generally.

## Actions to be undertaken during Response Alert Level 4

The main actions to be undertaken during this phase of the response are outlined in the table below. Maintaining essential services (both health and social services) and doing the basics well is a key focus right now.

<b>Service and support providers (at national and regional levels)</b>
Make sure your staff are safe and well.
<p>Check whether your organisation is classified as an essential service</p> <ul style="list-style-type: none"> <li>• The Ministry will continue to provide updated guidance on its COVID-19 website about which health services are essential (<a href="#">covid-19-essential-services-health-and-disability-system</a>).</li> </ul>
<p>Plan how to adapt and provide your essential services in the COVID Alert Level 4 environment and deliver these (following any operational, clinical or cultural directions from DHBs or the Ministry)</p> <ul style="list-style-type: none"> <li>• For regional service and support providers, work with your DHB as it coordinates the provision of psychosocial support services and broader mental health and wellbeing services in your region</li> <li>• Iwi should confirm their engagement and approach with the appropriate ministries</li> <li>• The Ministry will continue to provide updated COVID-19 related technical, clinical and cultural guidance at <a href="https://covid19.govt.nz/">https://covid19.govt.nz/</a> (e.g. <a href="#">covid-19-novel-coronavirus-resources-health-professionals</a> and <a href="#">covid-19-personal-protective-equipment-essential-workers</a>).</li> </ul>
Provide information through the DHB SitRep (or at other times when requested by your DHB or the Ministry) about service use, predicted and emergent psychosocial needs, at-risk groups, and workforce pressure.
Seek assistance if you are at risk of being unable to provide essential services and unable to manage these risks yourself

- For regional service and support providers, work with your DHB
- For national services, , or services contracted directly by the Ministry of Health, work with the Ministry (email us at [NHCC\\_Psychosocial@health.govt.nz](mailto:NHCC_Psychosocial@health.govt.nz)).

Share your experiences, challenges and suggestions with your peers, and learn from and support them

- The Ministry is establishing a mechanism for providers to share information about the things they are doing to maintain continuity of services and to respond to psychosocial need to enable rapid knowledge exchange and adoption of successful approaches. Watch this space.

Reinforce the government’s mental health and wellbeing messages when you engage with your clients and whānau. This includes information about stress responses, resilience and available professional mental health services.

- The Ministry will continue to develop and share with iwi, service providers and communities communication messages designed to meet both predicted and emergent psychosocial needs
- The Ministry is developing a one-stop-shop website for psychosocial support

Communications and messaging will be adjusted as required depending on the COVID-19 situation and environmental factors. An equity framework will be applied to all plans.

Inform other agencies if you are concerned that your clients’ broader welfare needs are not being met (e.g. financial support, housing, basic supplies)

- If you are unsure which agency is responsible for meeting those other needs, tell your DHB psychosocial subfunction or welfare lead (who is involved in the regional CDEM Group Welfare Coordination Group) or email the Ministry at [NHCC\\_Psychosocial@health.govt.nz](mailto:NHCC_Psychosocial@health.govt.nz).

#### **District Health Boards**

Make sure your staff are safe and well.

Establish and run the psychosocial support subfunction in each region within the CDEM welfare support framework and through the CDEM group in your region.

Work with health and social service providers, including iwi, to coordinate the provision of psychosocial support services and broader mental health and wellbeing services in your region, including advising on the type and nature of services needed for ongoing psychosocial support

- The Ministry will continue to provide updated COVID-19 related technical, clinical and cultural guidance at <https://covid19.govt.nz/> (e.g. [covid-19-novel-coronavirus-resources-health-professionals](#) and [covid-19-personal-protective-equipment-essential-workers](#)).

Maintain a good understanding of your region’s mental health and addiction service use (including for psychosocial support), predicted and emergent psychosocial needs, at-risk groups, and workforce pressure. Provide information about this through your DHB SitRep (or at other times when requested by the Ministry).

Seek assistance from the Ministry if your region is at risk of being unable to provide essential services and is unable to manage these risks without central government assistance (email the Ministry at [NHCC\\_Psychosocial@health.govt.nz](mailto:NHCC_Psychosocial@health.govt.nz)).

Share your experiences, challenges and suggestions with your peers, and learn from and support them

- The Ministry is establishing a mechanism for providers to share information about the things they are doing to maintain continuity of services and to respond to psychosocial need to enable rapid knowledge exchange and adoption of successful approaches. Watch this space.

Assist service providers in your region to reinforce the government’s mental health and wellbeing messages when engaging with clients. This includes information about stress responses, resilience and available professional mental health services

- The Ministry will continue to develop and share with DHBs communication messages designed to meet both predicted and emergent psychosocial needs
- The Ministry is developing a one-stop-shop website for psychosocial support

<p>Communications and messaging will be adjusted as required depending on the COVID-19 situation and environmental factors. An equity framework will be applied to all plans.</p>
<p>Inform other agencies if you are concerned that broader welfare needs are not being met (e.g. financial support, shelter and accommodation, and household goods and services)</p> <ul style="list-style-type: none"> <li>• If you are unsure which agency is responsible for meeting those other needs, email the Ministry at <a href="mailto:NHCC_Psychosocial@health.govt.nz">NHCC_Psychosocial@health.govt.nz</a></li> </ul>
<p><b>Ministry of Health</b></p>
<p>Establish and run the national health coordination centre (NHCC) and operate a psychosocial support subgroup working with DHB psychosocial coordinators and national psychosocial support agencies.</p>
<p>Provide updated guidance on its COVID-19 website about which health services are essential (<a href="#">covid-19-essential-services-health-and-disability-system</a>).</p>
<p>Provide updated COVID-19 related technical, clinical and cultural guidance:</p> <ul style="list-style-type: none"> <li>• at <a href="https://covid19.govt.nz/">https://covid19.govt.nz/</a></li> <li>• directly to DHBs, District Inspectors and service providers as required in relation to application of the regulatory framework within alert level 4 context.</li> </ul>
<p>Provide information to DHBs, service providers and other national agencies about the likely and actual psychosocial impact for different groups of people, over different time periods during the COVID-19 response and recovery, and provide direction about priority populations and at-risk groups.</p>
<p>Develop and implement an overall psychosocial communications plan, including:</p> <ul style="list-style-type: none"> <li>• providing communications messages for DHBs and health and social service providers to use that are designed to meet both predicted and emergent psychosocial needs</li> <li>• promoting psychosocial wellbeing for all New Zealanders through national campaigns, resources and messaging (building on existing tools and platforms to ensure timely availability)</li> <li>• providing tailored messaging for Māori, as well as for other at-risk population groups including older people and people with mental health and addiction issues</li> </ul> <p>Communications and messaging will be adjusted as required depending on the COVID-19 situation and environmental factors. An equity framework will be applied to all plans.</p>
<p>Maintain a national picture mental health and addiction service need and use (including for psychosocial support), and workforce pressure.</p>
<p>Work with DHBs, service providers and mental health and addiction workforce centres to overcome barriers they are facing in meeting service needs and keeping the health workforce safe and well.</p>
<p>Establish and publicise knowledge sharing networks for providers to share information about the things they are doing to maintain continuity of services and to respond to psychosocial need to enable rapid knowledge exchange and adoption of successful approaches</p> <ul style="list-style-type: none"> <li>• This may be done through the emergency management information system (EMIS) that is currently being developed or alternative mechanisms.</li> </ul>
<p>Work with the other welfare subfunction lead agencies to ensure that other welfare responses that affect mental health and wellbeing (such as financial assistance, shelter and accommodation, and household goods and services) are in place</p> <ul style="list-style-type: none"> <li>• This will primarily be done through with National Welfare Coordination Group - sharing information, successful initiatives and risks and advising other agencies as to proactive activity and ensuring their actions align with 'safe' communications and enhanced community wellbeing.</li> </ul>
<p>Ensure people have free access to a range of resources to support their own wellbeing and the wellbeing of their whānau, as well as having access to people to talk to as they navigate the COVID-19 outbreak. This includes:</p> <ul style="list-style-type: none"> <li>• additional online tools</li> </ul>

- expanding access to trained counsellors through the 1737 helpline, as well as peer support, for help and wellbeing advice.

**Other government agencies (at national and regional levels)**

If you are concerned that your stakeholders' psychosocial needs are not being met or welfare responses need to be better aligned, tell your DHB psychosocial subfunction lead or email the Ministry at [NHCC\\_Psychosocial@health.govt.nz](mailto:NHCC_Psychosocial@health.govt.nz).

### COVID-19 MĀORI RESPONSE ACTION PLAN (draft)

Extracts from the Ministry of Health's draft COVID-19 Māori Response Action Plan about:

- the commitment to Te Tiriti o Waitangi during the response to COVID-19
- positioning equity at the centre of the pandemic response

### A commitment to Te Tiriti o Waitangi

As a Department of the Public Service, the Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi/Treaty of Waitangi. The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations. These principles are applicable to the wider health and disability system, including the response to COVID-19. The principles include:

- ***Tino rangatiratanga:*** The guarantee of tino rangatiratanga, provides for Māori self-determination and mana motuhake. This means that Māori are key decision makers in the design, delivery, and monitoring of health and disability services and the response to COVID-19.
- ***Equity:*** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori and to eliminate health disparities resulting from COVID-19. This includes the active surveillance and monitoring of Māori health to ensure a proportionate and coordinated response to health need.
- ***Active protection:*** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to protect Māori health and achieve equitable health outcomes for Māori in the response to COVID-19. This requires the Crown to implement measures to equip whānau, hapū, iwi and Māori communities with the resources to undertake and respond to public health measures to prevent and/or manage the spread of COVID-19.
- ***Options:*** The principle of options, requires the Crown to provide for and properly resource kaupapa Māori health and disability services in the response to COVID-19. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- ***Partnership:*** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of the response to COVID-19. This contributes to a shared responsibility for achieving health equity for Māori.

Meeting our obligations under Te Tiriti o Waitangi is necessary if we are to ensure iwi, hapū, whānau, and Māori communities and organisations are active partners in preventing and addressing the potential impacts of COVID-19. This is crucial to realising the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy). These principles underpin all actions outlined in subsequent sections.



## Positioning equity at the centre of the pandemic response

A fair health and disability system prioritises equity. Equity recognises different people with different levels of advantage, require different approaches and resources to get equitable health outcomes. Differential access to resources, services and opportunities on the basis of ethnicity and social positioning (e.g. age, gender, able-ness), as well as inappropriate or inaction in response to health need are key drivers of health inequity. To mitigate against inequity, the *Getting through Together: Ethical values for a pandemic* (developed by the National Ethics Advisory Committee) outlines the following equity principles – *fairness* and *respect*.

### **Fairness**

- supports individuals, whānau, hapū, iwi and Māori communities to get what they are entitled to;
- ensures that individuals, whānau, hapū, iwi and Māori communities get treated in an equitable manner;
- minimises health and disability inequities for individuals, whānau, hapū, iwi and Māori communities, and;
- prioritises fairly when there are limited resources for all to get the services they seek.

### **Respect**

- supports individuals, whānau, hapū, iwi and Māori communities to make their own decisions wherever possible;
- support for those who make decisions on behalf of individuals who can't make their own decisions, and;
- restricts freedom as little as possible, if freedom must be restricted for the public good.

## Integrating equity into decision-making

Applying an equity analysis to planning and operational activities requires the following actions:

1. **identify** which of the priority populations are relevant to the specified action
2. **decide** on the actions to meet the needs of the identified priority populations
3. **resource and implement** the actions, focusing on tailored and appropriate delivery,
4. **monitor and track** the results for the identified priority population group

In addition to Te Tiriti o Waitangi principles, this approach will help us to: prioritise resources to improve access; improve pathways of care; address structural inequities for priority population groups; ensure the active protection of priority population groups; ensure the provision of options for priority population groups, and; partner with communities to make their own decisions.

Key support agencies and activities (from [Director's Guideline for welfare services in an emergency](#))<sup>1</sup>

Organisation	Readiness	Response	Recovery
Ministry of Health (national level)	<p>Provide clear and consistent advice to DHBs regarding expectations, roles and responsibilities in psychosocial support in an emergency.</p> <p>Work with DHB emergency management teams and others (e.g. public health, managers of mental health services) to ensure arrangements are agreed for the provision of psychosocial support.</p> <p>Provide and revise national psychosocial guidance.</p>	<p>Establish a national health coordination centre and operate a psychosocial subgroup, working with DHBs.</p> <p>Provide technical and clinical advice.</p> <p>Commission and coordinate national resources.</p> <p>Provide coordination and leadership to DHBs and national agencies.</p> <p>Provide the required health services through funding, planning, and service provision, including contracting organisations.</p> <p>Establish a national reference group to provide oversight of psychosocial framework, as required.</p>	<p>Work with DHBs and other agencies throughout recovery period as necessary.</p> <p><b>Note:</b> the coordination of recovery may be led by a new agency in some emergencies (e.g. the Canterbury Earthquake Recovery Authority).</p>
District Health Boards (regional and local levels)	<p>Ensure well-developed Coordinated Incident Management System (CIMS) structure, including the provision for psychosocial support.</p> <p>Establish local teams and ensure relationships are in place to provide for psychosocial support in an emergency.</p> <p>Ensure local plans identify vulnerable clients/groups.</p> <p>Ensure plans include strategies to manage changes in demand over recovery period (5-10 years).</p> <p>Services (including primary health organisations) need to be prepared for fluctuations in demand (not simply for</p>	<p>Establish the psychosocial support sub-function within CIMS structure.</p> <p>Provide immediate response as required.</p> <p>Coordinate the response of other/support agencies.</p>	<p>Develop medium to long-term recovery plans with other/support agencies.</p> <p>Adapt services to support recovery as required.</p>

<sup>1</sup> The Readiness, Response and Recovery descriptions for the Red Cross and Victim Support have been amended from the Director's Guidelines to more accurately reflect the current roles of these agencies

Organisation	Readiness	Response	Recovery
	increased service) following an emergency.		

Organisation	Readiness	Response	Recovery
New Zealand Red Cross (national and regional levels)	Provide training and support for response teams (19 volunteer response teams with training in psychological first aid).  Psychosocial recovery training available for individuals, agencies and communities working in recovery.	Participate in outreach assessments and psychological first aid, including referral for individuals needing further support as required.  Contribute to public messaging.  Provide additional psychological first aid training as required.  Support for people bereaved in an emergency.	Provide ongoing local support as required including training, particularly for psychological first aid.  Provide psychosocial support messaging, public recovery information sessions.  Support for people bereaved in an emergency.
Victim Support (national and regional levels)	Maintain workforce training and capacity within regions.  Practical and psychosocial support for people bereaved by suicide.  Support workers trained for immediate response, including referrals.	Provide immediate and/or ongoing support for people bereaved by suicide as required.  Assess the immediate needs for trained support workers to respond to the scene of an incident, or if the needs for victims are more relevant in the recovery phase.	Continue response activities throughout the recovery phase as required.
The Salvation Army (national and regional levels)	Maintain workforce training and capacity within regions.  Volunteer workforce trained for immediate response, including referrals.	Provide support workers immediately. Internal support also available.	Support to be determined once consequences of the emergency have been assessed.
Te Puni Kōkiri (national and regional levels)	Maintain capacity within regions.  Establish and maintain networks with key stakeholder groups, including local iwi, to support response as required.	Contribution as part of local response, particularly in terms of ensuring the needs of iwi, hapū and whānau are identified and met.	Ongoing participation in local recovery.

Organisation	Readiness	Response	Recovery
Ministry for Primary Industries (national and regional levels)	<p>Establish and maintain networks with key stakeholder groups to provide response as required, for example, contracts with Rural Support Trusts.</p> <p>Chair and coordinate the National Adverse Event Committee (NAEC).</p>	<p>Activate National Adverse Events Committee (NAEC).</p> <p>Ensure regional and local rural networks are activated and operating under the coordination of the psychosocial subgroup led by DHBs.</p>	<p>Ongoing local support and participation in recovery through Rural Support Trusts, and other rural psychosocial support providers (e.g. Rural Women New Zealand).</p> <p>Establish Agricultural Recovery Facilitator(s) where necessary, to coordinate across rural agencies' activities on farms and with primary sector producers.</p>
Ministry of Education (national and regional levels) and schools (local level)	<p>Ensure Traumatic Incident (TI) teams are in place.</p> <p>Train TI teams.</p> <p>Ensure schools have plans in place to respond to emergencies.</p>	<p>Deploy TI teams as necessary.</p> <p>Support schools and school communities.</p>	<p>Work with other agencies as required to support recovery process.</p>
Ministry of Social Development (MSD) (national and regional levels)	<p>Establish networks and maintain readiness</p> <p>Build capacity and capability through provider and community leadership development at a local level.</p> <p>Ensure networks in place with key stakeholder groups to provide a response as required.</p> <p>Ensure MSD infrastructure, plans and processes are in place which can be implemented as required in an emergency situation.</p>	<p>To facilitate access to psychosocial support providers by providing information and resources to help individuals, families, whānau, and communities.</p>	<p>Continue response activities throughout the recovery phase as required, including transitioning recovery support processes into business as usual.</p>