

all right?

BECOMING ALL RIGHT?

A summary of the research behind the wellbeing campaign for Canterbury

April 2013

A Summary of the Greater Christchurch Wellbeing Communication Campaign Research Findings

In the development of the 'All Right?' wellbeing campaign for Christchurch, both quantitative and qualitative research were carried out. This summary details the research that has been used to guide the development of the 'All Right?' campaign.

The quantitative and qualitative research were carried out concurrently between 12th September and 2nd October 2012. The quantitative component was undertaken through phone interviews with a representative and randomly selected sample of 800 individuals aged 15 years and over and living within the Christchurch City, Waimakariri and Selwyn Districts. The qualitative component was undertaken with a number of residents from within these same districts through focus groups and face to face interviews.

Although the quantitative survey collected responses from a representative sample of 800 residents, the findings may not necessarily be applicable to all individuals living in the Christchurch area. As such, the findings should be interpreted with some caution. The qualitative research was undertaken with only a select group of participants and as such was only able to capture details about these particular individuals. As a result, this data cannot necessarily be used to make assumptions beyond this specific group of participants. However, the qualitative component does allow the research to uncover more about people's experiences and thus is an important component of the overall project.



Summary of key findings:

- The earthquakes have been seen as a 'double blow' – the earthquakes and the perceived subsequent poor management of the recovery.
- A strong theme is that the focus of the rebuild must be on healthy people, not healthy buildings.
- The earthquakes have affected wellbeing in complex and diverse ways.
- It is clear that all areas of residents' lives have been affected by the earthquakes: homes, relationships, social lives, communities, identities, finances and careers.
- Over eighty percent of respondents stated that their lives had changed significantly since the earthquakes.
- Almost a third of respondents reported experiencing financial problems as a result of the earthquakes.
- Over three quarters of respondents reported that their home was damaged and almost as many reported that their neighbourhood was damaged.
- Almost two thirds of respondents were grieving for the 'lost Christchurch'.
- Over two thirds of respondents believe the earthquakes to be a 'convenient excuse for the government to pursue their own agenda'.
- Respondents reported that when they require support, they approach family and friends rather than professional services, with 12% of respondents reporting that they received some form of professional therapy following the earthquakes.
- Over one third of respondents stated their life was worse since the earthquakes.

The overall research findings were:

Impact of earthquakes on physical and mental health and wellbeing

Quantitative:

- Nearly one fifth (17%) of respondents 'agreed' that they drank more alcohol now than before the earthquakes and over one tenth (11%) 'agreed' that they smoked more now than before the earthquakes.
- One third of respondents 'agreed' that they were now experiencing more health issues than before the earthquakes.
- Sixteen percent of respondents with children 'agreed' that their children have had more health issues than they did prior to the earthquakes.
- Sixty four percent said they felt guilty that other Cantabrians were more affected by the earthquakes.
- Over sixty percent (64%) of respondents 'agreed' that they were grieving for what has been lost in Christchurch.
- Fifty three percent of respondents 'strongly agreed' that they were coping well with their personal problems.
- Fifty nine percent of respondents 'strongly agreed' they were generally happy with their life right now.
- Sixty seven percent of respondents 'strongly agreed' that they appreciated that the small things in life helped with their wellbeing, with over 70% of respondents noticing the simple things that give them joy.
- Sixty seven percent 'strongly agreed' that they were coping well with day-to-day things.

- Eighty five percent 'strongly agreed' that humour in their life helped in maintaining or improving wellbeing, with 79% reporting having a lot of humour in their lives.

- Ninety six percent of respondents 'agreed' that being physically active assisted in maintaining or improving wellbeing, however only 56% of respondents reported being physically active 'a lot', 35% 'a little', and 8% 'not at all'. Whilst over half of respondents were engaging in physical activity this was to a lesser extent than humour/stimulating mind/hobbies/interests/noticing simple things.

- Respondents believed that their wellbeing was maintained or improved through stimulating their mind (67%) or having hobbies or interests (65%).

- Almost two thirds (63%) of respondents reported that they regularly have hobbies or interests.

- Over thirty percent of respondents were 'regularly' engaging with new experiences (31%), almost half (47%) were engaging with new experiences 'a little', 22% 'did not' engage with new experiences.

- Eighty percent of respondents reported that they 'regularly ate well', 19% 'ate well a little', and 1% reported they do not eat well.

- Seventy nine percent 'agreed' that sleep was helpful in improving or maintaining wellbeing. However, many reported that they were not achieving the necessary sleep that was perceived as beneficial, with half of respondents reporting that they were sleeping well 'regularly', 36% sleeping well 'a little', and 14% not sleeping well.

- Almost two thirds of respondents (61%) did not use relaxation techniques, almost one quarter (24%) used relaxation techniques 'a little' and 15% used relaxation techniques 'a lot'.

- The majority of respondents (88%) have not received any form of professional therapy following the earthquakes, 8% received 'a little' therapy, and 4% 'regularly' received therapy.

Qualitative:

- There were many reports of low grade illnesses since the earthquakes (for example coughs and colds, asthma and also heart-related problems).

- Fatigue was commonplace.

- Some described an increase in consumption of alcohol, tobacco and other drugs.

- Men and women responded differently in terms of how the earthquakes impacted them personally. Some women experienced despair, depression, anxiety and trauma while some men were more likely to experience anger. For both men and women there was a sense of trying to hold it together, but when this failed women reported breaking down and crying while men reported sometimes exploding (for example, becoming angry).

- People have also been impacted differently by the earthquakes depending on what life stage they are at:

- For young singles, there may be fewer opportunities to socialise but job or study opportunities may have opened up.

- Adults with young children (under 5) may be more sleep deprived and feeling weighed down by the responsibility of protecting their children in quakes. Relationship tensions were reported.

- Those with older children (over 5) also experienced problems such as tiredness, tense relationships, job insecurity, financial problems and illness – they may also be feeling disempowered and angry over plans for changes to schools.

- Adults (aged from 25-40) without children may have fewer responsibilities than those with children but may have less opportunity to socialise and perhaps have parents to support.
 - Empty nesters and the elderly may have health issues as a result of the earthquakes and feel as if the last years of their life have been 'stolen' from them.
 - For older Maori and Pacifica, positive supports for wellbeing included wide family and community networks and a strong sense of faith.
 - Younger Maori and Pacific participants had less opportunity to socialise, and had financial problems and anxiety about the earthquakes.
 - The ongoing effects of the earthquakes have been both negative and positive. On the one hand, people are struggling with specifics, such as uncertainty around insurance; however there is optimism for a new, attractive city
 - People are going through the following stages - at times people progress through the stages and at other times they regress:
 - Feeling stuck, hopeless, despair, anxious, angry, stressed
 - Low energy, low motivation
 - In denial
 - Making progress towards re-establishing self
 - Guilt.
 - Nearly all people interviewed felt their lives had changed after the earthquakes, often the result was a perceived lower quality of life. This finding is supported both in the qualitative and quantitative data.
 - Most participants appeared to have a shifted sense of wellbeing post earthquakes (however many were not overtly aware of their mental health or wellbeing).
 - Some participants appeared to be experiencing great difficulties with their wellbeing. Some reported symptoms of mental health problems, for example anxiety, fear, stress, paranoia, hypervigilance, and loss of hope.
 - There was a minority of respondents who described their lives as having been positively impacted by the earthquakes. They either had a positive outlook (for example felt lucky or grateful) or the earthquakes had triggered life enhancement.
 - How people were feeling was closely related to how the earthquakes impacted on their lives. For example, living in the residential red zone was associated with feeling life was 'unbearable'. Full and satisfactory settlement of claims was associated with feeling that 'opportunities have unfolded'.
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The WHO-5 Wellbeing Index

The World Health Organisation Wellbeing Index (WHO-5) is a brief measure designed to assess emotional wellbeing on a self-rating scale.

The five item measure assesses subjective positive wellbeing, where participants are required to rate the presence or absence of each of the items in their lives, e.g. "I have felt cheerful and in good spirits", on a six point scale (0 to 5). Other items included in the instrument cover vitality (being active and waking up fresh and rested), and being interested in things. The Instrument has been shown to be a reliable measure of emotional wellbeing and can also be used to screen for depression.

Wellbeing is measured by a raw score (0 to 25). Levels below 13 (raw score between 0 and 12) are indicative of poor wellbeing and can be an indicator for potential mental health risk. The score can be converted into an index comprised between 0 (worst imaginable well-being) and 100 (best imaginable wellbeing). In order to monitor changes in wellbeing over time a 10% difference can be regarded as a significant change.

The quantitative research included the WHO 5 Wellbeing Index.

- The mean raw score for the sample as a whole was 15.4
- The percentage of respondents with a raw WHO 5 score below 13 was 26%.

These results indicate that emotional wellbeing is not high across the Greater Christchurch population and that there may be significant numbers of people who are struggling with potential mental ill health. These results should be interpreted with caution, however, since there is no comparable data from the region prior to 2012 and no comparable data available for other areas in New Zealand

Impact of earthquakes on life change, homes, neighbourhoods and communities

Quantitative:

• Over three quarters (77%) of respondents 'agreed' that their house had been damaged by earthquakes and 71% 'agreed' that their neighborhood where they lived had been damaged by the earthquakes. In addition, over one quarter (26%) of respondents 'agreed' that the poor state of their neighborhood was 'getting them down' and 24% 'agreed' that their current living conditions 'got them down'. Despite the large number reporting damage to their homes and neighborhoods, many recognised that there were others worse off than themselves.

• A large number of respondents (81%) stated that their life had changed either 'a little' or 'a lot' since

September 2010: just under half (45%) said that their life had changed 'a lot'.

• Over one third (34%) of respondents stated their life had changed for the worse since the earthquakes. Furthermore, nearly one third of respondents whose life had changed for the worse stated that their life is now worse than before the earthquakes due to house issues/repairs or a temporary move (31%) and almost one third (30%) said that their life is worse because of changes to their environment or infrastructure. One quarter (25%) felt that their life was worse due to anxiety/stress and almost one quarter (24%) of those whose life had changed stated that their life was worse because of a change in work situation.

• Over one quarter (27%) of respondents whose lives had changed had experienced a change in work situation and one quarter had issues with their house, including

needing repairs or having to move temporarily. Over one fifth (21%) of respondents whose lives had changed were now more anxious, stressed or more aware.

- The most common reasons for life change were a change in work situation, having issues with their house, experiencing the post-quake environment, a change in the family situation or being more anxious and stressed.

Qualitative:

- Nearly all of those interviewed described their homes, neighbourhoods and communities as affected by the earthquakes.

- Where respondents' homes were particularly badly affected, the research identified that this sometimes triggered relationship conflict, for example, arguing over handling of the insurance claim.

- Many respondents have and continue to be going through the time-consuming process of fixing their home, for example, insurance and EQC issues.

- Some people mourn the loss of their neighbourhoods and describe them as being no longer recognisable, for example: less or no access to local facilities, damaged roads and footpaths and the large volume of road works.

Support networks, mechanisms and connectedness

Quantitative:

- Fifty seven percent of respondents 'agreed' that they felt supported by New Zealanders outside of Canterbury, however 64% did not believe that people living outside of Canterbury completely understood what they were going through.

- Seventy six percent of respondents stated they felt connected to their family and 75% stated that they felt connected to their friends.

- Fifty five percent 'strongly agreed' that they had all the support they needed to cope with the personal impact of the earthquakes, however 45% reported they may be in need of additional support.

- The five most common people/groups forming a respondents' support network were: partners (100% of 458 who live with partners), family (95%), friends (95%), neighbours (68%), and GP or doctor (64%).

- Those persons/groups less likely to be part of one's support network were: schools/other places of learning (31%), government agencies CERA/EQC (30%), District Councils (26%), churches (24%), and Iwi or Marae (5%).

- Almost all respondents were interested in getting together with friends (97%) and family (94%) and nearly two thirds (63%) of respondents were interested in getting together with their neighbours. However, a third of respondents felt they were not getting together with friends, family or neighbours enough.

- Eighty four percent of respondents gave their time to help others.

- Almost a third (30%) of respondents felt connected to their neighbours, with 42% feeling a little connected and over a quarter of respondents not feeling at all connected to neighbours (28%).

- Almost half of all respondents felt 'strongly connected' to Christchurch/Waimakariri/Selwyn as a place, with 35% feeling 'a little' connected and almost one fifth of respondents 'not at all' connected.

- Almost half of respondents felt 'strongly' connected with nature (46%), a third felt 'a little' connected (33%) and one fifth (20%) felt 'not at all' connected.

- Over seventy percent of respondents did not feel at all connected to church, worship, prayer or karakia (73%), a few (11%) felt 'a little' connected.

- Almost three quarters (70%) of respondents were interested in attending sporting or other citywide events, with a quarter of respondents interested in attending events organised by a religious or spiritual group.

Achieving a higher level of wellbeing and barriers to improving wellbeing and mental health

Qualitative:

- To respondents, a higher level of wellbeing encompassed feelings of connection, contentedness, peace, rest, nurture, calmness, safety, security, and having an overall purpose in life.
- People identified that achieving a higher level of wellbeing required changes at both a community level, through raising awareness of mental wellbeing and reinforcement of the message that mental health issues are 'normal' particularly after a disaster, and at a personal level through the encouragement of self awareness and self help.
- When people require support they are reaching out to local family and close friends, rather than people outside of Christchurch and government agencies or services. This finding is supported by the quantitative research in terms of the makeup of support networks.
- The earthquakes have left individuals who had no previous significant mental health issues unsure of how to access health services or what services are indeed available, as well as being hesitant to access services due to the stigma that surrounds mental health.
- The current structure of mental health services was perceived to focus on the most vulnerable, rather than the wider population who are also in need of assistance.

Communication and management from Government agencies and attitudes towards recovery

Quantitative:

- Over three quarters of respondents (79%) 'strongly agreed' that they are able to make up their own mind about important things in their life.
- Half of all respondents 'strongly agreed' that they understood the amount of time it is taking for things to return to normal. A further third of respondents (32%) 'agreed slightly', while 18% 'disagreed' (indicating that they didn't understand the amount of time it is taking for things to get back to normal).
- Over half of respondents (60%) 'strongly agreed' that authorities were focusing on the wrong priorities e.g. should be fixing homes not building new stadiums.
- Almost half of all respondents (47%) 'strongly agreed' that the earthquakes were a convenient excuse for the government to pursue its own agenda e.g. school closures.
- Over one quarter (27%) of respondents 'strongly agreed' that they were tired of waiting for authorities or companies to fix their homes.

Qualitative:

- A key message from the qualitative research suggests that the earthquakes have been seen as a 'double blow' to some individuals – the earthquakes and the perceived subsequent poor management of the recovery.
- The focus of the rebuild must be on healthy people, not healthy buildings.
- Canterbury people, in general, are motivated to rebuild Christchurch.

- Belief that Christchurch will return to being vibrant when people flourish.

- Normally government communication takes a top down approach, however in Christchurch this 'normal style' is perceived to be a 'one way information channel' with people feeling as though there is no effective feedback mechanism.

- People interviewed perceived this style as informative rather than communicative and consultative, with the communication from Government Agencies being described as fragmented, inconsistent, contradictory, dictatorial, hypocritical and non democratic.

- Respondents reported widespread dissatisfaction with the management of post-quake Christchurch by government agencies.

- The time taken to resolve problems with homes and property is considered to be very lengthy.

- There was a high level of disagreement about government agency spending of public money, for example, the new stadium, Cathedral.

- People felt disempowered resulting in stress, frustration and anger. Government agencies were seen as having been focused on repairing the environment and physical infrastructure and the people were seen to be 'forgotten' or 'secondary' in the recovery.

- Decisions have been seen to be dictatorial and imposed on communities and individuals.

Campaign to promote mental health and improve wellbeing

Quantitative:

- A number of key messages were identified relating to a campaign to promote mental health and improve wellbeing among Cantabrians.

- The five ways to wellbeing are seen as an appropriate campaign message.

- The campaign should:

- Emphasise that it is okay and acceptable to be concerned about one's mental health, or in other words, normalise mental health.

- Provide people with the tools to assist with improving their mental health.

- Must provide within a credible context examples of processes that have worked for people under similar circumstances.

- Should aim to move people away from the tangible issues that are 'beyond their control' and shift them to a new mindset where they are 'empowered'.
