

Appendix 6: Independent opinion regarding psychosocial issues around the possible closure of Redcliffs School

I was asked to provide an opinion regarding the submission of the Redcliffs School around the possible closure of that school at the end of the year. I have read all the documents made available to me and I am happy to provide my independent opinion.

TASK

I was specifically asked to comment on the following:

1. Whether the Board's commentary is an accurate and appropriate interpretation of the content of the appendices.
2. To comment on the accuracy of the author's conclusion and any comment on the literature sighted or included.
3. Whether the author of appendix 17 can generalise his experiences in the Australian bush fires as being directly applicable to NZ Earthquakes.
4. My viewpoint on the psychosocial impact on children of occupying a site where there will be further rock fall.

CREDENTIALS

First I would like to make clear my credentials and general views about schools so that my comments are taken in the right context.

I am a Child and Adolescent Psychiatrist and have been practising in the field for 32 years. The last 26 years have been as a Consultant Child and Adolescent Psychiatrist, the last 16 years in New Zealand and the last 12 years as Clinical Director of the Child and Adolescent Mental Health Service in Canterbury. I have been involved in a considerable amount of research, but more recently in service development. After the Christchurch Earthquakes, I had some involvement with planning the psychosocial recovery process as part of the Canterbury DHB team. One of the main subsequent initiatives that I took a leadership role in is the establishment of the School Based Mental Health Team. My views regarding the role of schools are well known to the people who have heard me discuss or talk about mental health in general. I view a school as the abbreviated version of the community it serves, particularly in New Zealand given the ways school zones are structured. I am actively promoting and advocating, on local and national levels, the concept that school based mental health services is the way of the future. My view is that mental health, wellbeing and resilience in young people is best approached through the school system. That, in the long term, would be the basis for mental health and wellbeing in the general population.

As part of my input in the psychosocial recovery I worked briefly with Dr Rob Gordon who is the author of one of the appendices. As a result of that work with him, we have managed to identify parenting as an important component in the psychosocial recovery of Canterbury.

Enhancing parenting skills is now one of the elements of the 'All Right?' Campaign in Canterbury.

CURRENT SITUATION

My understanding of the current situation is as follows: Redcliffs School, as an entity, is not closed. The young people enrolled in it are not attending the school site on Main Road. This has been the situation for, at least, the past 5 years. Redcliffs School has not opened since June 2011. The young people who are enrolled in the school are attending at Van Asch, a school facility about 4 kilometers from the old school site.

The main thrust of the submission and the appendices relevant to the opinion I am to provide is that closure of the school would hinder the psychosocial recovery process of the Redcliffs community. In the executive summary (2.3.2) it states that "The expert evidence is clear that schools are critical to connected and thriving communities, which in turn are key to enhancing recovery from disasters such as earthquakes. The school has served an important purpose as an informal support network in post-earthquake and recovery periods. Its loss now would jeopardise the ability of the community to recover effectively".

To comment on the accuracy of the author's conclusion and any comment on the literature cited or included.

It is important to note that disasters affect different individuals and communities in different ways. The bulk of literature is derived from studies following specific events among specific populations within specific timeframes, using specific definitions, measurements tools, methodologies and outcome measures. That may cause difficulties when trying to generalise findings from studies among widely diverse populations to other populations and demographics. The most difficult part is trying to use findings from literature to **predict** what would happen in a certain population; that gets even more difficult when trying to make a prediction regarding a small community. The only thing that the literature is able to say is that disasters will have an impact (negative or positive) and there is a **possibility** that some specified outcome might happen. Quantifying that possibility is extremely hard without understanding the context within which the adverse event (disaster in this case) might exist. Long term studies show that adversity can have a positive outcome in the same way it can have a negative one depending on many personal, community and population factors. How people react to adversity depends on a number of factors among which are:

1. Past experiences with adversity.
2. Pre-existing mental health status.
3. Co-existing mitigating factors.
4. Co-existing perpetuating factors.
5. Personal characteristics and traits e.g. resilience

In other words: Context Matters

Recovery from adversity and the eventual outcome, are potentially influenced by many factors but primarily by what the impact of the disaster has been and the level of resilience of the individual or the community. Other factors also play a role. Examples include, but not limited to, internal support networks, external support, past experiences, material resources, etc. The presence or absence of these factors makes the difference between success and failure. Recovery is said to be completed when adaptation to the post-disaster situation has been completed. How long that takes is extremely hard to predict; at least that is what the literature tells us, but it can be anything from a few weeks to decades. It all depends on the context in which adaptation takes place. In general, though, there are some indications that children adapt better and faster than adults. Part of adaptation is the ability to see the silver lining in adversity and how to see and create positives after defeat.

In other words: Context Matters

I am impressed with how resourceful the Redcliffs community is in adapting to new situations as evidenced by how well it did when the school ceased to operate from its current location. Five years post-earthquake you would expect some level of adaptation and if there hasn't been any, then one would be curious as to why it did not occur. Describing the Redcliffs community as "unique" (Appendices 19, 20) makes it questionable to apply research findings from elsewhere to support the arguments put forward to keep the school open.

The key to successful recovery is adaptation more than returning to the status quo ante.

Whether the Board's commentary is an accurate and appropriate interpretation of the content of the appendices.

All the literature that is available indicates that the psychosocial wellbeing **may** be negatively affected by the loss of a community hub, bearing in mind the context within which that occurs. However the submission seems to assert that the negative impact is **'likely'** or **'would'** occur. I presume that the school board can provide some evidence to support that assertion. In the case of Redcliffs School the impact of the school closure on the psychosocial wellbeing of the community can potentially be influenced by (factors to explore for supportive evidence):

1. The level of resilience of the community (Appendix 18d) in being able to adapt to that event
2. The pre earthquake level of community cohesion.
3. The pre earthquake role of the school in the community and to what extent it was relied upon as a hub of community cohesion.
4. The ability of the community to adapt post closure.
5. The availability of an alternative to the school to act as a focal point for community cohesion and networking.
6. The timing of the closure. This means whenever the closure is done abruptly or following a period of preparation and establishing an alternative as a community hub to mitigate the effects of the closure.

I would imagine that, if the school was as vital to the community as the submission says (and I am not disputing or confirming so), then one would expect after five years of ceasing to operate from its Main Road site, some visible evidence that the closure has already caused damage, at least in some respects.

There is no doubt that schools are an important community hub/network and I definitely agree with the submissions particularly the one from CDHB (Appendix 18a) where it clearly outlines the potential negative and positive effects following a school closure. The papers (Appendices 18b and 18c) regarding the school closures in Invercargill and Taranaki (although qualitative and rank lower as an evidence base) give a clear description of the main themes of the impact of those closures. Whether that applies to Redcliffs requires further investigation, given that there are assertions that Redcliffs is a 'unique' community (Appendices 19 and 20). The positive role that the Redcliffs school could have played (and schools in general can play) in recovery after disaster is not in doubt. To what extent that role is required now, and in the future for the Redcliffs community would be useful to determine. It would be useful to reflect on how the Redcliffs community coped and adapted over the past five years, and whether that supports the assertion regarding the pivotal role of having a school in Redcliffs.

It is not very clear from the submission and the supportive appendices provided, what keeping the school open is supposed to achieve from a psychosocial perspective.

1. Is it to prevent psychosocial adversity and/or disruption to the post-quake recovery process?
2. Is it to repair existing problems with the psychosocial wellbeing of the community?

In either case, after 5 years of the school not operating from its original site, it should not be difficult to demonstrate evidence that shows that at least some of that negative impact is beginning to appear.

Whether the author of appendix 17 can generalise his experiences in the Australian bush fires as being directly applicable to NZ Earthquakes.

I have a great deal of respect for Dr Rob Gordon and his views. He has extensive experience in disaster recovery and has contributed a great deal in the Canterbury post-quake recovery efforts. It would not be easy for me to question his credentials. He is an expert in the field.

My view has always been that the psychological effects of the Canterbury earthquake are not necessarily similar to isolated disasters such as hurricanes, floods, bushfires etc. The main differences are the relative length of time over which the disasters occurred, the ongoing and unpredictable threat and the extent of disruption they cause. In the long run, the effects of the Canterbury earthquakes may be more likely to be similar to those of a protracted war. At the time of the February earthquake, both my children were attending Burnside High School and I saw with my own eyes how useful a role that school played, in the days post disaster, in supporting the local community and the wider Christchurch community.

I would agree that Dr Gordon's experience during the bush fires and the example he gave about a school role in the recovery process, can apply under similar circumstances in New

Zealand i.e. in the **short term** aftermath of a disaster. The need for a community focal point, network or 'hub' post disaster is hard to argue against. It all depends on what's available and appropriate to a community to take that role.

My viewpoint on the psychosocial impact on children of occupying a site where there will be further rock fall

In general, people living under an environmental threat react in different ways. Initially there may be a great deal of anxiety and fear. In response, some may flee to avoid the danger, some may use the psychological defences of denial and rationalisation while some may become very distressed and 'paralysed'. Over time, for those who continue to live with the danger, some form of adaptation occurs. If they cannot adapt or flee, then they will live in a continued state of stress and helplessness. That carries an elevated risk of mental and physical health problems.

Living in a danger zone may carry the risk of psychological effects on children. However, for the individual child the extent of the risk can be influenced by a number of factors, internal and external. The main internal factors are related to the child's understanding of the danger, how much and what kind of threat it poses to them and the cognitive developmental stage of the child. The main external influences are related to how parents (and teachers) react to the threat and the availability and visibility of mitigating influences. Older children are usually more vulnerable than younger children to the psychological effects of war, for example. The younger child's psychological response usually resonates with the parental response as they have less cognitive capacity to independently evaluate the dangers. Parents usually make the decision for children regarding whether or not they live in a danger zone and the response of children to the danger depends to a large extent on how they see the parents react.

Relating this to the Redcliffs school, and in the **worst case scenario** where the children are largely aware of the risk of rock falls and where they feel helpless about mitigating or reducing that risk, then they would be exposed to a chronic situation of stress. It is known that exposure to intense acute and chronic stressors during the developmental years has enduring neurobiological and psychological effects with subsequent increased risk of anxiety and mood disorders as well as physical health problems through the impact of chronic stress on the immune system. It may be possible to make the site safe (relatively) from rockfalls. However, it is the perception and understanding of the children (and parents) of how safe the school is from rockfalls that influences their psychological reaction.

Feeling safe at the site is more important than **rendering** the site safe.

SUMMARY

All other factors apart, the closure of the Redcliffs school may have (may already have had) negative and positive psychosocial effects on the Redcliffs community. However, the extent of those effects is closely linked to contextual factors including how much the community has moved on five years post-earthquake. I am not sure if the community has not moved on

(at least partly and in some psychosocial respects) as the school site is physically closed and has been for some time. From a psychosocial perspective, the impact of closure may depend to some extent on what the role of the school is (was) before the proposed closure time. Apart from those associated with the threat of Rockfalls, there may not be many potential psychosocial negatives to keeping Redcliffs School open but there may be both potential negatives and positives to its closure.

It is important to make some distinction between the school as an entity and the school as a physical location. In other words, is it the need for a physical structure providing a community network and point of community focus, or the need for a group of people providing leadership to the community? Any community would do well with at least a bit of both. Having neither would carry some risk which needs mitigating. A school may be one mitigating answer. As far as the Redcliffs community is concerned, I am not sure whether it is the only answer or not.

CONCLUSION

Closing or keeping Redcliff School open at its original site may have negative and positive psychosocial consequences. How much weight the psychosocial impact should be given in the decision to close or keep the School open, is worth considering. If the aim of keeping the school open is to avoid **any** negative psychosocial consequences, then there is enough in the Board's submission to support the case to keep it open, but on a different site. If the aim is to gain positive psychosocial impacts, then there is little to indicate that keeping Redcliffs School open is the **only** option to achieve that. Whether the School is left open or closed, there may be adverse psychosocial consequences that need to be managed and mitigated.

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