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## THE EXPERIENCES OF “OLDER PERSONS” IN POST- QUAKE CANTERBURY

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# THE EXPERIENCES OF “OLDER PERSONS” IN POST-QUAKE CANTERBURY

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## ABSTRACT

*This research paper is one of a series exploring the concept of vulnerability in international human rights law, in the wake of the Christchurch earthquakes of 2010–2011. Areas of concern that consistently arise regarding the experiences of “older persons” in post-quake Canterbury, including housing, evacuation (residential care facilities), mental and physical health, and particularly vulnerable sub-groups were examined.*

*Areas of concern that consistently arise regarding the experiences of “older persons” in post-quake Canterbury include housing, evacuation (residential care facilities), and mental and physical health.*

### *I Housing*

For the elderly, housing following the earthquake became a pressure point.<sup>1</sup> Many felt heightened stress in the immediate post natural disaster context as they needed temporary or alternative accommodation quickly that suited their particular needs.<sup>2</sup>

There was also pressure due to the loss of many state houses combined with the increase in competition for lower-end rental housing.<sup>3</sup> These effects have lasted many years following the earthquakes, as there is a reported increase in “distress and problems relating to housing and financial areas over time”.<sup>4</sup>

\* Natacha Wisstt was a student at the University of Canterbury, having just completed a Bachelor of Laws (2018) and enrolled in a Master of Laws (International Law and Politics) (2020) at the time of this research.

<sup>1</sup> New Zealand Council of Christian Social Services *How are older people faring in our communities* (19 August 2014) at 3.

<sup>2</sup> At 7.

<sup>3</sup> At 3.

<sup>4</sup> Fiona Alpass and others “Ripples of recovery and resilience tracking the effects of the Canterbury earthquakes on Older New Zealanders” (2016) 20 *Australasian Journal of Disaster and Trauma Studies* 117 at 122.

## *A Residential care facilities*

During the earthquake, elderly residential care facilities were significantly impacted and around 600 elderly individuals had to be relocated out of the city.<sup>5</sup> Seven of the facilities were closed and evacuated, and two were partially evacuated.<sup>6</sup> The care facilities also struggled with staffing to care for the elderly and had to overcome sanitation difficulties.<sup>7</sup> It was found that those who were evacuated “saw the evacuations as a positive step” and were incredibly resilient, perhaps due to their past experiences of “living through bombings in a war or growing up with hard work on a farm”.<sup>8</sup> Another report also noted the “high level of resilience within the older population in the years following the earthquake series”.<sup>9</sup> The report also notes that centres responded well to the needs of the elderly and organised special care and visits from family and volunteers to aid in practical support.<sup>10</sup> Despite this positivity, the mental and cognitive health of the elderly in the residential care facilities following the earthquake was problematic. Many felt anxiety and confusion in the post-earthquake context.<sup>11</sup> The lack of communication and information about the situation for the elderly heightened this.<sup>12</sup>

## *II Mental Health*

According to Dr Chris Leathart, “the pervading medical issue in the aftermath of the earthquake is psychological stress” which particularly affects “elderly people (particularly women) and those living alone, who are frightened and anxious”.<sup>13</sup> However, there was a decrease in reports of emotional loneliness in the direct aftermath of the earthquake, which may have been due to the “high levels of social support available at the time”.<sup>14</sup> Despite this,

<sup>5</sup> Libby Gawith “How communities in Christchurch have been coping with their earthquake” (2011) 40(4) *Journal of Psychology* 121 at 124.

<sup>6</sup> Claire P Heppenstall and others “Impacts of the emergency mass evacuation of the elderly from residential care facilities” (2013) 7(4) *Disaster Health Preparedness* 419 at 422.

<sup>7</sup> Gawith, above n 5.

<sup>8</sup> Heppenstall and others, above n 6, at 421.

<sup>9</sup> Joanne Allen and others “Longitudinal health and disaster impact in older New Zealand adults in the 2010-2011 Canterbury earthquake series” (2018) 61(7) *Journal of Gerontological Social Work* 701 at 714.

<sup>10</sup> Heppenstall and others, above n 6, at 421.

<sup>11</sup> At 421.

<sup>12</sup> At 421.

<sup>13</sup> Interview with Dr Chris Leathart, GP, Christchurch member of the bpac<sup>NZ</sup> Clinical Advisory Group (“In the aftermath of a catastrophe: The Christchurch earthquake, February 2011” (2011) *Best Practice Journal* 36) transcript provided by bpac<sup>NZ</sup>, at 5.

<sup>14</sup> Alpass and others, above n 4, at 123.

there were still significant barriers to overcoming loneliness and isolation as many elderly still experienced it.<sup>15</sup> It was reported that transportation was an issue as it was “the largest barrier to social connectedness in post-quake Canterbury” and significantly impacted the elderly who struggled with physical mobility and isolation.<sup>16</sup>

### *III Physical Health and Stress*

In the immediate period after the earthquake hospitals experienced an increase in elderly people experiencing chest pain.<sup>17</sup> Furthermore, there was a recognised “extra stress for the elderly”,<sup>18</sup> due to the “on-going human, economic and social costs”.<sup>19</sup> There is evidence that elderly persons who were already in poor health before the earthquake were particularly vulnerable to greater general distress.<sup>20</sup> Elderly are reported to have felt that there was a “lack of earthquake protection messages for older adults” as they did not take account of many elderly’s reduced physical mobility. This increased stress as:<sup>21</sup>

... reduced physical mobility was a central concern to many older adults, and was linked to fear of falls, and the implication it had for a change in physical status, which would impact on independence.

### *IV Vulnerability*

It has been reported that:<sup>22</sup>

... a combination of poor physical and mental health, additionally characterized by older age, not being in paid employment, and poorer living standards, represent a risk profile for a more negative experience of distress and overall evaluation of the impact of events subsequent to the disaster.

<sup>15</sup> Sarah Wylie *Social isolation and older people in Canterbury* (Age Concern Canterbury, 2011) at 23.

<sup>16</sup> At 23.

<sup>17</sup> Interview with Dr Chris Leathart, above n 13, at 4.

<sup>18</sup> Gawith, above n 5, at 124.

<sup>19</sup> Peter Gluckman *The psychological consequences of the Canterbury earthquakes: A Briefing Paper* (Office of the Prime Minister’s Science Advisory Committee, 10 May 2011) cited in Libby Gawith “How communities in Christchurch have been coping with their earthquake” (2011) 40(4) *Journal of Psychology* 121, at 125.

<sup>20</sup> Allen and others, above n 9.

<sup>21</sup> Robyn Tuohy, Christine Stephens and David Johnston “Older adults disaster preparedness in the context of the September 2010–December 2012 Canterbury Earthquakes” (2014) 9 *International Journal of Disaster Risk Reduction* 194, at 197.

<sup>22</sup> Allen, above n 9, at 714.