



RASNZ COVID-19 RESPONSE STUDY

*REMOTE PSYCHOSOCIAL SERVICE PROVISION TO FORMER
REFUGEE AND ASYLUM SEEKER COMMUNITIES IN AUCKLAND
DURING LOCKDOWN*

PREPARED BY

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"I am 13 years old. I arrived at MRRC in NZ on March 11th, 2020. On March 26th, 2020 NZ went into lockdown Level 4. I spent eight weeks in lockdown at MRRC while the COVID-19 pandemic took over the world. This was my introduction to New Zealand. It was hard but I am so grateful to be here in this peaceful country."

- Anonymous, (Translated from Arabic August 2020)

This study was commissioned to capture the experiences of Refugees as Survivors New Zealand (RASNZ) clinical and community services as they responded to COVID 19; and to understand the impact on service users, in order to inform future mental health and wellbeing service provision for people from refugee backgrounds. The following summarises the findings of the study:

Processes During Lockdown

- The RASNZ community teams co-designed a COVID-19 communication strategy and mental health and wellbeing campaign that was culturally and linguistically appropriate and accessible for communities from refugee backgrounds.
- The plan prioritised immediate social needs including income support, food support and housing.
- Online programmes increased access to psychoeducation for families:
 - Parenting programmes were delivered on Viber
 - All RASNZ youth programmes were online via TikTok, Viber, WhatsApp, Facebook and Instagram
 - RASNZ Cross-Cultural Facilitators set up community e-groups using WhatsApp and Viber to talk to families and leave audio messages in multiple languages

- Clinicians worked remotely and needed to become familiar with online IT platforms quickly. Few clients had access to devices which could manage making video calls and many did not have internet access which meant reliance on WhatsApp or phone calls for contact during lockdown.

"We don't have to be in the same location as our clients and I think that that's brilliant...It took a while to get used to the process to get the technology kind of working but I think [the Clinical Director] and [CEO] and the management team got it working for us well and everyone was patient..."
- Psychotherapist.

- Therapy sessions involved a 3-way conversation between the therapist, client and interpreter. Therapists needed to learn new IT and management skills to work remotely with interpreters. Working remotely, managing the technology and interpreter interactions, took a lot more time and management than face to face interactions.
- Team leaders set up daily meetings with the clinical, community and youth teams supporting self-care, problem-solving and providing continual debrief processes. As well, the leadership team met daily. It was most important that staff felt connected as a team:

"We set up meetings...the daily meetings seemed to be the biggest thing for the staff in general..."
- Clinical Director

- Social workers set up streamlined systems of referral to income support, foodbanks, housing and other social services.

"[I had] a very interesting case of a new client in emergency housing...children sick, she doesn't know the name of the GP, she doesn't know the area. She came from Dunedin just before lockdown. When she's talking and just mentioning the name of the doctor, on another computer I found the name, I found the number of the doctor, I called the doctor, GP called the client, sent the medication for the child. There was a problem with [having enough] food. I called some agency; a food parcel was delivered. It was an amazing experience. Solving these problems was very quick using the internet."
- Social Worker

Impact on Clients

Mental Health

Reports from RASNZ clinicians and community workers showed an increase in anxiety and depression in families from refugee backgrounds as family tensions increased, people experienced job loss, study programmes were put on hold and many were concerned for family overseas.



"I think what the situation has also brought is that for some people this has very much been the trigger of past trauma."

- Counsellor

"... we [in New Zealand] may have shifted from COVID, the rest of the world hasn't so that's still quite heightened in their mind so and kind of like family [overseas] passing away and they're coming with grief..."

- Counsellor

Access to social services

Social services are a key factor in mental health and wellbeing, especially during emergencies. Families settling in Auckland needed urgent practical as well as psycho-social support during lockdown:

"... one of the clients ... were new to Auckland. They were moving into a house, so there's a lot of those practical issues, like getting their house set up, so that's been at the forefront of their concerns. So, I've had the pressure of those practical needs and emotional needs. But I have to say that with those emotional needs I've been able to help in most cases but there have been difficulties in others. In some cases, it's been impossible to put interventions in place here, so it's been a mixed bag in my experience".

- Social Worker

Increased hardship

Many refugee background families are already economically disadvantaged, often dependent on low paying jobs and casualised labour contracts. Because of the pandemic, many people were laid off temporarily or permanently. This has led to widespread difficulty in meeting even the most basic of needs. During lockdown referrals to the

social work team for food, housing and income support doubled and this trend has continued in Level 1.

"Job loss and accessing income support was a major stressor for a significant number of families. Communities needed information about how to apply for the COVID 19 income relief payment and reassurance that they would have enough income to survive on during lockdown."

- Social worker

Digital Exclusion

Approximately 16% of New Zealanders do not have access to the internet and digital platforms and refugee populations are over-represented in this group (StatsNZ, 2020).

"Some of the technical barriers remain in terms of people's access to devices...many of the clients we work with have lots of experience using social media because that's how they keep in touch with family overseas. So, I think as long as we're prepared to use these systems we can get things to work. I think access to laptops is more of a problem than access to smart phones, so most people have access to smartphones".

- Psychotherapist

Barriers to service provision

In a number of cases, providing social work services remotely for clients was not possible.

"...most clients I work with don't even have computer access and some are even illiterate so that's been quite difficult- impossible really. So, I just explain to those cases that I cannot really do much at this stage. If it's urgent there are ways of working but if it's not urgent, I explain that we'll have to wait until at least level 2 ..."

- Social Worker

Social isolation

Maintaining social connections with community members is very important to the psychological wellbeing of former refugees, who lean on these support systems in times of crisis. COVID-19 social isolation precautions disrupted both professional and traditional social support networks. The abrupt loss of contact was devastating for some and worst for those who could not use IT to stay connected. Single women with children and older people without family support were reliant on community workers for contact and food support during lockdown. Cross-cultural facilitators provided vital 'welfare checks' during COVID 19.

"Through the WhatsApp groups that Cross-Cultural Facilitators have set up, families are asking for help with food support ... The CCF are delivering food parcels for families without transport [maintaining social distancing] and this allows them to check on how families are managing".

-Cross-Cultural Facilitator.

Need to connect

Lockdown highlighted the need for young people to connect. There was an immediate response to the social media posts on Instagram, TikTok, Facebook and WhatsApp. There was a 667% in uptake of our programmes on social media by youth. The Youth Team's hours of work adjusted to meet young people's preferences for contact in the afternoons and evenings:

"Our online stats show that youth are engaging in social media between the hours of 3pm through to 1am. This is also indicated by one-on-one check ins with young people responding to messages and phone calls by us between 5pm and 9pm".

- Youth Services Coordinator

Impact on Service Delivery

Learning to use IT

Not only did clinicians and clients need to learn to use online platforms, there were difficulties with intermittent internet access and the availability of devices. Low IT literacy was another factor.

"I've used WhatsApp and Zoom. With teams, one client told me I don't have an email address, or I don't know how to access my email address so it just seemed like it was getting complicated you know. I said fine What'sApp..."

- Counsellor

Working from home

There are clear benefits from online communication with clients. However, there are also limitations. For some, the reality was a lack of privacy working from home for clients and clinicians.

"So I think for some people it's definitely, it's not like ongoing treatment. I think for most of my clients to be honest I think it's been mostly privacy issues. Most of them have been like I want to talk to you. I want us to go through things, but we can't, like I just don't have the space..."

- Counsellor

"I haven't been privileged enough to have my own space; I've been sharing my bubble with others".

- Psychologist

Zoom Fatigue

Many practitioners experienced "Zoom fatigue" during lockdown. The difference in the quality of attention needed when online is that the practitioner is hyper-focused on the few available visual cues they would normally gather from a full range of available body language.



"I'm realizing that working virtually is exhausting but the benefit is that you're more efficient and I don't know if because we're more efficient we're working harder or just exhausted. I don't know, something about the medium and the way we're using it wears you out. We need self-care".
- Counsellor

Demand for social work interventions doubled

Many refugee background families are already economically disadvantaged in New Zealand society. During lockdown, job loss led to widespread difficulty in families meeting even their most basic needs and a spike in referrals to RASNZ for social work support.

"The social needs have increased, needs in terms of, I really feel sorry for the social workers... I've been really dumping on them in terms of work, job losses etc, it's a trying time".
- Counsellor

Remote Therapy

Phone counselling skills needed to be refreshed and working with mental health trained interpreters was essential.

"I've enjoyed being on the phone...I found I had to go to the very back of my brain to remember that my listening skills had to be a lot more acute and there were times maybe the first session where I relied more on the interpreter to differentiate 'cause I couldn't see I didn't know what was going on".
- Psychologist

What we have learned

Providing basic human needs underpins good mental wellbeing

Covid- 19 underscored the importance of attending to the practical needs of clients, such as ensuring they had food for their family, before addressing their psychological and emotional needs.

"I had three new clients that I had to engage with and I found it quite challenging to build that rapport. A lot of my rapport was kind of initially established through their social needs. Understanding what's happening and what they need and how can I help and liaising on with the social worker and so there was a sense of that trust being built."

- Counsellor

The importance of inclusive messaging

- COVID-19 prevention and mental health messaging needs to be inclusive of communities from refugee backgrounds. Non-English-speaking groups are unlikely to be reached through mainstream communication channels or in English. Translated resources need to be specifically designed for diverse scripts and tested for readability by qualified interpreters before publication.
- The RASNZ communications team has the means to distribute information in appropriate languages through social media channels which are accessible to communities. This capability provides a vital lifeline for families and youth in this time of uncertainty.
- We can provide psycho-education programmes for refugee background communities anywhere in the country.

"...the ones that have been connecting outside of Auckland, they've been active and reactive to the situation, looking for connection..."

- Youth Services Coordinator

Flexibility

During lockdown having clients, therapists, psychiatrists, social workers and interpreters readily available remotely was an effective and efficient way of working. Clients found it easier to "attend" appointments with a psychiatrist remotely and there were fewer missed appointments. Being able to offer both face to face and remote support for clients has significantly increased engagement with our service. Mental health referrals to RASNZ have doubled since lockdown.

"We usually have 5 appointments booked but usually not everybody shows up. Now pretty much everyone is coming [online]".

- Team leader



Working from home

Finding private space for confidential conversations precluded some clients from continuing therapy. Therapists continued with regular welfare checks rather than in-depth therapy.

"There were times when I felt put in a position where we couldn't really discuss a lot of things because they didn't have privacy...so it's still a lot of therapeutic stuff I haven't been able to do- it's just more checking in. How are you doing, what's happening for you in your world".

- Counsellor

Building therapeutic relationships online

Moving to online counselling is more straightforward when the clinician already has a therapeutic relationship with the client compared to working with those new to the service. But starting off this way with new clients was unavoidable through lockdown. After the initial adjustment to the realities of COVID-19 and to being in lockdown, therapists and clients were often able to continue with therapy:

"I'm actually seeing old clients, with my new clients all but one wanted to wait. So they're like no we're not having the session over the phone. Please can we wait until we see you in person. So, everybody else said I want to see you."

- Counsellor

"So, I have been able to continue with what I was doing. Probably the difference is most of my clients I had a good rapport with anyway. I'm picking up a few new therapy clients".

- Counsellor

The importance of social connection for youth

During lockdown, when the youth team moved to online services, many young people in and out of the Auckland region connected with the programme.

"[I learned] that youth are not new to connecting in online. That this is a preferred way for them to communicate."

- Youth Services Coordinator

Extending our reach

We can provide psycho-social consult-liaison and services for clients from refugee backgrounds anywhere in the country:

"...we could do consultations for...clinicians and other stakeholders around the country that would like some support from RASNZ, so I think there's some really bigger picture exciting innovations that could come from this."

-Psychologist

Workforce development and support for working remotely

During COVID 19, staff were provided with mental health and well-being support as well as training tailored to online working and managing the stressors of living and working through a global pandemic. The importance of maintaining collegial connection and self-care was highlighted.

Support for staff

Mental health clinical and community workers needed to be highly aware of their own health and mental well-being during lockdown. Establishing exercises for stress management and self-care were important to practitioner resilience.

"We set up meetings. After the first day or two I asked [the Body Therapists] to create some kind of stretch movement...[for] each of the teams. Then I asked them to do that in the community team and all of the teams; not just the clinical teams."

- Clinical Director

"...the [clinical] teams would have meetings every day separately and then we'd meet together just so they could kind of process ... and we could support each other from that perspective."

That was kind of the set-up."

-Clinical Director



Importance of online training

Online training for working with clients and interpreters remotely and for telephone counselling skills was provided for practitioners. Interpreters participated in training on how to work remotely with clients and therapists:

"...we put in a couple of bits of training...We had a few conversations in our daily meetings and we kind of; we quickly realised that we needed to get more telephone counselling skill building going and working with interpreters in the remote space ... we were able to get some online training for staff and...interpreters."

- Clinical Director

A full report is available on: <https://rasnz.co.nz/resources/>