

RAS Clinical Activities at Mangere Refugee Resettlement Centre (MRRC)

5. RAS Education and Training of Staff at other agencies

5.1 Cultural supervision for staff from agencies assisting resettled refugees

1. Rationale

Staff at Auckland RAS work cross-culturally every day and have built up considerable knowledge and expertise in working in the field of cross-cultural mental health. When clients resettle in the community they must access mental health services from mainstream agencies, so staff at such agencies also need to develop skills in working cross-culturally, and increase their knowledge of refugee issues.

2. Objectives

- to provide supervision, as requested from other agencies, about ways in which culture influences beliefs and behaviours when mental health issues are causing concern.

3. Availability of service

RAS staff are available to supervise/mentor limited numbers of other mental health practitioners who are working with resettled refugee clients. The frequency of supervision sessions, their duration and the fee for this service are negotiable.

4. Evaluation

This is a new initiative which will be advertised on the Auckland RAS website. Mental health practitioners who have attended 5 supervision sessions will be asked to complete a brief survey about the process and its benefits to them.

5.2 RMS Volunteer Information Session

1. Rationale

Refugee and Migrant Services (RMS) is an agency providing social work and resettlement support to Quota Refugees arriving at MRRC and thereafter for the first 6 months during their resettlement in the community. RMS provides training for every intake to volunteers who assist a refugee family with basic settlement needs for these first 6 months. RAS provides an information session on refugee Mental Health issues for the volunteers. The information is consistent with their needs for NZQA purposes.

2. Objectives

- to provide a background on the refugee journey and experiences
- to provide information on how these experiences can affect refugees' resettlement and mental health
- to provide information on common mental health *symptoms*, namely Depression, Anxiety and PTSD (Post Traumatic Stress Disorder) symptoms This includes the objective and subjective aspects of the presentation
- to alert the volunteers to the fact that it is a combination of symptoms that require further attention
- to present the view that refugees' stress is a normal response to abnormal experiences
- to provide information on the kind of support that people who are suffering from migration stress might need
- to provide some information on how to recognize whether the person requires referral to the RMS social workers for assessment
- to provide other possible resources for mental health support that volunteers can direct refugees to

- to inform volunteers on the interventions that the refugees may have received at MRRC from RAS

3. Procedure

Information sessions are provided by RAS in Auckland and in Hamilton. Dates are forwarded by the RMS Volunteer Co-ordinator and a RAS representative/s (clinician and cultural advisor) join the groups for a one-hour designated slot in the training programme. The training is provided on a needs basis which is usually once per intake.

1. Introduction	The RAS facilitator/s offers an introduction to RAS and their role at MRRC. The role and resources of the RAS Community groups is also explained. The use of the overhead “ <i>Bridging Cultures</i> ” is used whilst the introduction is given.
2. Refugee Journey	The facilitator then talks about the Refugee Journey and explains how symptoms develop as a result of accumulated stress. It is noted that people present their stress in different ways.
3. Mental Health Symptoms	The symptoms of <i>Depression, Anxiety and PTSD</i> are presented using overheads. It is highlighted that the symptoms are normal responses to stressful situations (and likened to our own lives) but that continued stress and trauma without recovery can lead to multiple symptoms producing longer-term mental health conditions.
4. Cultural Advisor to share experiences	If a cultural advisor is present they may share aspects of their own experience and the effects on their resettlement. The group is invited to ask questions and for a discussion to take place.
5. Pyramid of bricks	The depletion of refugees’ basic resources on arrival is demonstrated using the model of a pyramid of bricks on a whiteboard. Basic needs are elicited from the group and written in the bricks. When this is complete, the bricks are rubbed off one-by-one on the white board as the absence of

	<p>the resources is identified by the group. The few bricks remaining on the whiteboard provide an impactful representation for the group in demonstrating the conditions in which refugees begin to rebuild their lives in the resettled country, i.e. New Zealand.</p>
<p><i>6. Conclusion-resourcefulness of refugees and meta-skills of volunteers</i></p>	<ol style="list-style-type: none"> 1. The refugees' own resourcefulness and courage in surviving extraordinary circumstances is emphasized, reminding volunteers that they have these to draw on. 2. Finally the meta-skills of acceptance, respect, compassion and non-judgement are presented to the group as necessary for their successful relationship with their new families. 3. The view is presented that the volunteer has a valuable and privileged role to be assisting with the resettlement of people from other countries, thereby contributing towards successful migration and bridging of cultures.
<p><i>7. Resources for volunteers</i></p>	<ol style="list-style-type: none"> 1. Resources and contacts for referrals are provided – namely RMS Social Workers and GP's. 2. RAS community group contacts are also offered for volunteers to link their families with. 3. Handouts on PTSD symptoms are provided by RMS from RAS information.