

# **RAS Clinical Activities at Mangere Refugee Resettlement Centre (MRRC)**

## **2. RAS Services for Quota Refugees**

### **2.1. Stress Assessment Groups (SAGs)**

#### **1. Rationale**

The purpose of the SAGs is to provide a welcome to newly arrived refugees and to introduce them to the RAS agency and services. They arrive facing culture shock, carrying grief of possibly multiple losses, and find themselves in an unfamiliar and often confusing environment with a number of agencies offering services. RAS SAGs provide an opportunity for orientation to the centre, an invitation to use the mental health services RAS provides and to meet the clinicians personally. The SAGs also offer RAS staff a screening opportunity for clinicians to make an informal assessment of the needs of the group and to identify particular issues facing groups. Individuals who may require treatment can also be identified.

Many refugees come from cultures that do not share the same mental health approach or services as those provided in New Zealand. The SAGs provide an opportunity for explanation and experience of our approach. Since many refugees have experienced significant trauma, and some torture, it is imperative that an opportunity for support and intervention is provided for those who would like this. Research indicates that the earlier symptoms and stress are addressed, the more likely it is that people will settle well and engage in employment and meaningful activity. Whilst it is recognized that Post Traumatic Stress Disorder (PTSD) symptoms are more likely to present some time after people have settled, RAS aims to provide refugees with a positive experience of our therapeutic intervention so that refugees will be open to seeking help at a later stage.

#### **2. Objectives**

- to meet and welcome new arrivals
- to introduce RAS clinical services and activities

- to create an opportunity for people of each ethnicity to meet and identify themselves as a group thereby creating some supportive network whilst at MRRC
- to identify issues pertinent to particular groups/individuals, and thereafter to create interventions for specific needs as required (e.g. groups for women who are re-unifying with husbands)
- to provide an opportunity for referral for clinical treatment

### **3. Introduction**

Stress Assessment Groups are conducted during the first week of residence at MRRC and constitute part of the Centre's screening processes. The groups are conducted by ethnicity and by gender, depending on cultural requirements. Smaller groups, families or individuals arriving during the course of the intake are also assessed within this SAG framework. Groups are facilitated by a psychologist/counselor and a body therapist, and a professional interpreter is used to translate and to act as cultural advisor.

Since refugees have often suffered hardship and stress for prolonged periods, many become accustomed to their circumstances and symptoms of stress and do not hold an understanding of possible causal connections between the two. The mental health and physical symptoms experienced by the refugees are often then experienced as an added stressor. The material presented in the SAGs highlight this issue and also offer possible means to address their difficulties. The SAGs also provide a first contact point between newly arrived MRRC residents and RAS; where RAS has an opportunity to screen groups of people and to observe individual interactions and responses during the course of the process.

After the course of the group RAS introduces its services and clinicians, and people are invited to refer themselves for treatment for psychological issues or physical symptoms that can be treated with Body Therapy. The difference between the treatment modalities is explained to the groups. Individuals who have been identified by the clinicians as requiring attention may be approached and offered assistance.

### **4. Clinical Goals of the SAG**

- to provide a supportive and safe environment
- to offer respectful and culturally appropriate interaction
- to empower individuals by acknowledging their coping skills and to provide additional skills
- to provide a space in which the refugees can contribute to the process as individuals as well as within a group
- to identify stresses of displacement, migration and resettlement
- to identify psychological symptoms that may arise as a result of the hardship refugees have experienced
- to identify physical symptoms that may arise as a result of the hardship refugees have experienced

- to identify coping strategies to deal with the stressors
- to teach breathing exercises as a means to relieve symptoms and tension

## 5. Content and Process of SAGs

	<b>STRESS ASSESSMENT GROUPS</b>
<b><i>Resources required</i></b>	White Board and 3 different coloured pens, evaluation forms and pens. <b>Venue:</b> a space to accommodate people with enough room for stretching. <b>Facilitators:</b> Psychologist/Counsellor, Body Therapist, Interpreter/s.
<b><i>1. Introduction</i></b>	Introduce facilitators, interpreter, RAS agency and ask participants to introduce themselves. Explain purpose of group and acknowledge refugees' strengths and skills in surviving their circumstances and in arriving in New Zealand. Acknowledge difficulties in resettlement and also highlight celebration of a new start and new opportunities.
<b><i>2. Stress Tank</i></b>	Use the analogy of a water tank to demonstrate connection between stress and symptoms. Normalize the process of symptomology in response to abnormal stress. A tank that continues to be filled will eventually overflow. Explain that when we overflow with stress our bodies/minds usually alert us to this through various symptoms. In an interactive process, provide some examples and ask the group to contribute their ideas. These could include: <ul style="list-style-type: none"> <li>• new country</li> <li>• loss of belongings</li> <li>• loss of culture</li> <li>• lots of strangers</li> <li>• different language</li> <li>• loss of control</li> </ul>

<p><b>3. Body Picture</b></p>	<p>Draw a body picture on the white board and ask them to identify where they feel it in their bodies when they are stressed. Facilitators can offer symptoms to start the process. Ask them individually to name at least one physical response experience and using different coloured pens, mark these on the body, asking for details (e.g. headaches, where?).</p> <p>Common symptoms:</p> <ul style="list-style-type: none"> <li>• headaches</li> <li>• pain in different parts of the body</li> <li>• difficulty breathing</li> <li>• tightness in chest</li> <li>• tingling and numbness</li> <li>• eye problems</li> <li>• back and neck problems</li> <li>• different sensations</li> </ul> <p>Be creative when drawing and provide an easy environment to share. Bring to awareness how common it is to have body symptoms when stressed.</p>
<p><b>4. Mind Symptoms</b></p>	<p>Draw a chart with the following conditions and get them to raise their hands and count how many in the group with each and write underneath the problem. Ask them to contribute their own as you go. The interaction will vary with the different groups.</p> <ul style="list-style-type: none"> <li>• insomnia</li> <li>• crying spells</li> <li>• nightmares</li> <li>• worrying</li> <li>• thinking a lot</li> <li>• lack of concentration</li> <li>• poor memory</li> <li>• lack of motivation</li> <li>• poor appetite/increased appetite</li> <li>• feelings of hopelessness</li> <li>• anger outbursts</li> <li>• suicidal thoughts</li> </ul>
<p><b>5. Stress Tank Outlets</b></p>	<p>Continue the analogy of the Stress Tank and explain the alternative of turning on the tap and letting out stress as opposed to filling up and overflowing. Draw drops coming out of the tap. Ask each of them to give an example of what they do to help themselves when they are stressed. Write these down (around the water drops) and reinforce their coping skills. Get the group to think of other examples. Explain how different people need different things and that although some coping methods seem</p>

	<p>contradictory (e.g. being alone or being with friends) they will suit individual needs at different times. Emphasize that if we know about how we function we can find the best ways to look after ourselves. Common coping skills:</p> <ul style="list-style-type: none"> <li>• reading</li> <li>• walking</li> <li>• talking to friends/family</li> <li>• being alone</li> <li>• prayer or reading holy scriptures</li> <li>• singing</li> <li>• shopping/outings</li> </ul>
<p><b>6. Breathing Exercises</b></p>	<p>Explain that long-term stress encourages shallow breathing which can then contribute to various physical difficulties, including insomnia, poor concentration, and low energy. Demonstrate how we need to take air to the bottom of the lungs on a regular basis and encourage practice of the techniques to be demonstrated.</p> <ul style="list-style-type: none"> <li>• <b>Diaphragmatic breathing</b> This is a relaxation breathing technique. Facilitator to demonstrate this first. Participants need to be seated with feet on the floor and hands on their diaphragm muscles, fingers just touching, breathing in deeply and slowly 1-2-3, pause, and out 1-2-3, pause. Fingers should separate slightly at full breath if done correctly. Breathe in and out through the nose. Practise when unable to sleep at night or having trouble concentrating.</li> <li>• <b>Balloon Breath</b> This is a tension relief technique. Facilitator and participants to do simultaneously. Swing arms over head with a deep breath in, making whole body tense. Let tension go as they drop arms, bend over (bending knees slightly) and allow arms to hang down towards ground as they breathe out. Allow sound with exhalation through the mouth. Repeat three times only, to avoid feeling dizzy, and observe the benefits. Encourage them to practise in fresh air outdoors, or at any time to relieve tension.</li> <li>• <b>Woodchopper Breath</b> This is an anger/frustration release technique. Facilitator and participants to do simultaneously. Hold hands together in front of body, raise them above head as they breathe in, then swing them low between legs as they breathe out. Make a powerful release sound with the outbreath through mouth.</li> </ul>

## 7. Conclusion

End group with details on how to find the RAS building and invite participants who would like treatment to approach facilitators to fill out referral forms. The *RAS Internal Referral form* is used for this purpose. A *Group Evaluation Form* is completed for recording purposes and given to the Intake Co-ordinator.

## 2.2 Clinical Assessment and Treatment Services

### 2.2.1 Mental Health Screening

#### 1. Rationale

All quota refugees receive a thorough assessment of their physical health during their time at MRRC, and it is considered useful to include screening for mental health problems to complete the picture. Use of a screening tool to determine refugees' mental health demonstrates a broader commitment to the total well-being of newly arrived refugees that goes beyond concern about physical problems only.

RAS psychologists will use information from the initial screening in treatment of clients, as well as data drawn from the follow-up at 6 months to modify programmes offered at MRRC, and to inform other agencies about unmet need once clients have been in the community for some time.

#### 2. Objective

- to screen all adults in each intake for mental health status for the purposes of treatment and referral
- to provide an opportunity to identify refugees perception of needs on arrival and after 6 months settlement in order to continue to meet needs

#### 3. Process

The General Health Questionnaire -30 (GHQ-30), a published and widely used screening tool for assessing mental health, has been translated into Dari, Farsi, Burmese, Kirundi and Somali. A published version of the questionnaire is also available in Arabic. The questionnaire will be further translated as refugees from other language groups arrive in New Zealand.

The GHQ-30 is a psychological test and as such is administered by RAS psychologists to all persons over the age of 18 years in each intake, if this can be managed. If not, clients at RAS receive priority for assessment using this tool.

A 'Needs Assessment' is administered at the same time as the GHQ. This measure asks refugees to recognise both their needs and their strengths.

With consent of the client, both these assessment tools will be administered to refugees who have resettled in Auckland after they have been in New Zealand for about 6 months.

#### **4. Evaluation**

This approach to screening is a new initiative and will be monitored over 3 intakes to determine whether the tools used provide useful information for clinicians.

### **2.2.2 Individual/Family Psychological Assessment and Treatment**

#### **1. Rationale**

Some refugees develop clinical levels of psychological distress as a result of traumatic refugee experiences. Such poor mental health may be of long duration unless culturally sensitive mental health services are provided by practitioners that have specialist knowledge of refugee mental health issues. Research also shows that, for some, the additional stresses of resettlement contribute to poor mental health in the resettlement country. The limited number of studies of refugees who resettle in New Zealand shows that they resemble refugees elsewhere in that a significant minority are deeply distressed long after the period of initial resettlement.

Auckland Refugees as Survivors is funded by the Ministry of Health to make an initial assessment of the mental health status of newly arrived Quota Refugees during the 6 week period they spend at the Mangere Refugee Resettlement Centre, and for Asylum Seekers, and to provide culturally appropriate treatment for children, adolescents and adults who present with mental health problems. RAS is then required to refer clients for ongoing treatment to relevant agencies outside MRRC.

#### **2. Referrals**

Referrals are received from the following sources:

- Stress Assessment Groups (SAGs)
- Medical Clinic after their screening process, and during the course of the 6 weeks
- Individual mental health screening
- Internal referrals between disciplines at RAS
- Clients who self-refer during the course of their 6 weeks resettlement programme.
- Other agencies at MRRC - AUT (Auckland University of Technology), RMS

(Refugee and Migrant Services), NZIS (New Zealand Immigration Services) may also refer clients at any point during the refugees' stay at MRRC.

### 3. Objectives

- to assess mental health status and level of psychological functioning
- to assess the impact of past traumatic experiences on present functioning
- to assess the need for ongoing treatment
- to provide culturally appropriate, short-term, focused psychological treatment for individuals and families
- to facilitate a positive and accessible experience of the NZ mental health system in order to encourage refugees to seek services after leaving MRRC if needed.
- to make referrals to appropriate mental health service providers in the community

### 4. Procedure

When referrals are received they are approved and allocated by the Intake Co-ordinator to a clinician, a file is opened, and the client is booked with the clinician and an appropriate interpreter. For clients who have been referred by other agencies an acknowledgement of *receipt of referral* is sent.

- **Assessment and Treatment**

Clients (adults and children) are assessed by a Psychologist/Counselor/Psychiatrist with an interpreter as required, and respective follow-up treatment is provided as appropriate during the remaining weeks of their stay. After an initial assessment clients may be referred internally to another clinician of an alternative discipline. A multidisciplinary clinical meeting (including a representative from the Medical Clinic and from RMS) is held weekly to discuss management of clients and special needs.

All clients are discharged at the end of the 6 week period (as per directive from funders, MOH). Clients who require on-going treatment are referred to appropriate services in Auckland and nationally (as available) on leaving MRRC. A *Discharge Summary* is completed for all clients which remains in the client file, and for those clients referred by Medical Clinic a *Discharge Summary* form is also provided for inclusion in the report that they send to the GP. A **Resettlement Meeting** with RMS, Medical Clinic and AUT is held at the end of each intake where names of clients requiring follow-up treatment or assessment are flagged for RMS whose social workers assist with the liaison process.

- **Forms involved in Assessment and Treatment procedures:**
  - ❖ *Internal Referral form* (if referral is internal or from SAG)
  - ❖ *Initial Assessment Form* to be completed by the end of treatment sessions
  - ❖ Acknowledgement of *Receipt of Referral* to medical and other agencies
  - ❖ *Clinical Findings* for reports requiring detail

- ❖ *Discharge Summary*
- ❖ *Consent forms* for treatment of children
- ❖ *Various forms* for clients being referred on to other services at discharge

## 2.2.3 Individual Body Therapy Assessment and Treatment

### 1. Rationale

Some refugees develop somatic symptoms and severe chronic pain as a result of traumatic experiences and/or torture which have occurred over prolonged periods of time. These symptoms interfere with their ability to function on many levels. Body Therapy forms part of the therapeutic intervention provided at RAS and assists refugees in dealing with their mental and emotional trauma.

Body Therapists at RAS have specialist knowledge of refugee mental health issues and culturally appropriate treatment methods. By treating their somatic symptoms and helping them to link their trauma experiences to their body pain, Body Therapists are able to assist the refugees to gain some control in their lives. This acknowledgement and recognition of their suffering is a valuable step in their recovery and enhances the multidisciplinary mental health therapeutic approach.

Clinical studies show that complementary therapies often reduce the psychological and physical impacts of torture and trauma. Body therapy seems to facilitate faster recovery and healing with significant results for these people. Though more research is needed to explore optimum care and interventions for survivors of torture, complementary therapies may

allow the “speechless terror” imprinted at the cellular level to emerge and give voice to the trauma in a safe and nurturing environment (Vargas & Esfandiari, 2004).

A wide range of mind-body therapies, such as yoga and use of imagery, have been found to be useful with people from all walks of life (Wolsko, Eisenberg, Davis & Philips, 2004). Other complementary therapies, while less well researched, have also been found to be beneficial in clinical settings.

### 2. Referrals

Referrals are received from the following sources:

- Stress Assessment Groups (SAGs)
- Medical Clinic after their screening process, and during the course of the 6 weeks
- Individual mental health screening
- Internal referrals between disciplines at RAS

- Clients who self-refer during the course of their 6 weeks resettlement programme.
- Other agencies at MRRC - AUT (Auckland University of Technology), RMS (Refugee and Migrant Services), NZIS (New Zealand Immigration Services) may also refer clients at any point during the refugees' stay at MRRC.

### 3. Objectives

- to assess the anatomical and physiological levels of functioning
- to assess the impact of past traumatic experiences on present body functioning
- to assess the need for ongoing treatment
- to provide culturally appropriate, short-term, focused body therapy treatment for individuals
- to facilitate a positive and safe return to homeostasis
- to make referrals to appropriate practitioners in the community if required

### 4. Structure of Sessions

- Assess past history/current functioning
- Provide appropriate body therapy treatment
- Obtain client feedback about session
- Follow up plan for next session if required

### 5. Procedure

When referrals are received they are approved and allocated by the Intake Co-ordinator in conjunction with a Body Therapist, a file is opened, and the client is booked with a clinician and an appropriate interpreter. For clients who have been referred by other agencies an acknowledgement of *receipt of referral* is sent.

- **Assessment and Treatment**

Clients (adults and children) are assessed by a Body Therapist with an interpreter in attendance as required, and respective follow-up treatment is provided as appropriate during the remaining weeks of their stay. After an initial assessment clients may be referred internally to another clinician of an alternative discipline. A multidisciplinary clinical meeting (including a representative from the Medical Clinic and from RMS) is held weekly to discuss management of clients and special needs.

All clients are discharged at the end of the 6 week period (as per directive from funders, MOH). Clients who require on-going treatment are referred to appropriate services in Auckland and nationally (as available) on leaving MRRC. A *Discharge Summary* is completed for all clients which remains in the client file, and for those clients referred by Medical Clinic a *Discharge Summary* form is also provided for inclusion in the report that they send to the GP. A **Resettlement Meeting** with RMS, Medical Clinic and AUT is held at the end of each intake where names of clients requiring follow-up treatment or assessment are flagged for RMS whose social workers assist with the liaison process.

- **Forms involved in Assessment and Treatment procedures:**
  - ❖ *Internal Referral Form* (if referral is internal or from SAG)
  - ❖ *Initial Assessment Form* to be completed by the end of treatment sessions
  - ❖ Acknowledgement of *Receipt of Referral* to medical and other agencies
  - ❖ *Discharge Summary*
  - ❖ *Consent forms* for treatment of children
  - ❖ *Various forms* for clients being referred on to other services at discharge

## 2.3. Women's Exercise Groups

### 1. Rationale

For many refugee women, it is not culturally appropriate to perform leisure activities, apart from walking, in public. Men are able to participate in sporting activities publicly and so they have many more opportunities for exercise and physical release. Women also need to be able to enjoy physical activity and to reduce stress. The Women's group is designed to provide women with much needed 'time out' from family duties, in a culturally safe environment, to learn and practice a range of physical exercises, movements, dance and breathing exercises and strategies that will be useful for reducing their stress when they move into their new communities. This group is also an opportunity to observe the women weekly, as part of a therapeutic process, and to assess if further assistance is required from RAS body therapy or psychological services.

### 2. Referrals

This group work is optional and the women are invited to attend through the Stress Assessment Groups, and also following individual sessions. The group is open to females from the age of 12 years old, and mother's who have children under 5 years old are able to bring their pre-schoolers along with them.

### 3. Objectives

- to increase refugees' personal resources for their own health and well-being in preparation for their move into their new communities
- to teach and practice a variety of safe exercise, breathing and relaxation techniques to help reduce stress levels and improve their

- mental health
- to participate in social and physical interaction in a fun and relaxed environment
- to raise awareness of the importance of healthy lifestyle activities and personal care

#### 4. Structure of session

	<b>Exercise Sessions</b>
<b><i>Week 1</i></b>	<ul style="list-style-type: none"> <li>• Attendance roll</li> <li>• Give rationale for the sessions – therapeutic intervention (<i>strengthening, balancing, stretching,</i>) relaxation (<i>massage, breathing, visualizing</i>) social/fun (<i>dancing, movement to music</i>), healthy nutrition and self-care to increase awareness and develop skills for basic care in a new and different environment. Women are taught to apply these exercises and techniques for help their families to deal with body pain, headaches and stress</li> <li>• Warm up</li> <li>• Stretching</li> <li>• Exercises – upper body, core, lower body</li> <li>• Dancing</li> <li>• Tai Chi – for strength and balance</li> <li>• Warm down</li> <li>• Massage – shoulders and back</li> <li>• Breathing – for tension and anger management</li> <li>• Relaxation/visualization</li> </ul>
<b><i>Week 2</i></b>	<ul style="list-style-type: none"> <li>• Attendance roll</li> <li>• Check in with the group to see how they are doing and feeling</li> <li>• Warm up</li> <li>• Stretching</li> </ul>

	<ul style="list-style-type: none"> <li>• Exercises – as above</li> <li>• Cultural music and dancing</li> <li>• Tai Chi</li> <li>• Warm down</li> <li>• Massage – as above</li> <li>• Breathing – as above</li> <li>• Relaxation/visualization</li> </ul>
<b><i>Week 3</i></b>	<ul style="list-style-type: none"> <li>• Attendance roll</li> <li>• Check in – as above</li> <li>• Warm up</li> <li>• Stretching</li> <li>• Exercises – as above</li> <li>• Tai Chi</li> <li>• Warm down</li> <li>• Massage – as above</li> <li>• Skin care demonstration and info</li> <li>• Breathing – as above</li> <li>• Relaxation/visualization</li> </ul>
<b><i>Week 4</i></b>	<ul style="list-style-type: none"> <li>• Attendance roll</li> <li>• Check in – as above</li> <li>• Warm up</li> <li>• Stretching</li> <li>• Exercises – as above</li> <li>• Tai Chi</li> <li>• Warm down</li> <li>• Massage – as above</li> <li>• Acupressure points</li> <li>• Breathing – as above</li> <li>• Relaxation/visualization</li> </ul>
<b><i>Week 5</i></b>	<ul style="list-style-type: none"> <li>• Attendance roll</li> <li>• Check in – as above</li> <li>• Warm up</li> <li>• Stretching</li> <li>• Exercises – as above</li> <li>• Tai Chi</li> <li>• Warm down</li> <li>• Acupressure points</li> </ul>

	<ul style="list-style-type: none"> <li>• Questions re the next steps and keeping in contact with each other</li> <li>• Breathing – as above</li> <li>• Relaxation/visualization</li> </ul>
<b><i>Outcomes</i></b>	<p>Participants will:-</p> <ul style="list-style-type: none"> <li>• Learn the importance of a variety of valuable techniques that can be used in their daily lives to improve their fitness, strength and balance</li> <li>• Participate in social and physical interaction in a fun and relaxed environment</li> <li>• Experience healthy lifestyle activities</li> <li>• Practice safe exercise techniques</li> <li>• Learn about skincare appropriate to their new environment and their own personal needs</li> <li>• Practice some techniques to help them deal with reducing body pain, headaches and stress for themselves and their families</li> <li>• Increase their personal resources for their own health and well-being in preparation for their move into their new communities</li> </ul>