RASNZ COVID-19 Response study: Remote psychosocial service provision to former refugee and asylum seeker communities in Auckland during lockdown

Annette Mortensen on behalf of Refugees as Survivors NZ

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EXECUTIVE SUMMARY

> *I am 13 years old. I arrived at MRRC in NZ on March 11th, 2020. On March 26th, 2020 NZ went into lockdown L4. I spent 8 weeks in lock-down at MRRC while the COVID-19 pandemic took over the world. This was my introduction to NZ. It was hard but I am so grateful to be here in this peaceful country (Translated from Arabic).*

This study was commissioned to capture the experiences of Refugees as Survivors NZ (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 well-being service provision for peoples from refugee backgrounds. A summary report is also available on https://rasnz.co.nz/resources/

Refugees as Survivors NZ was deemed an essential service at Alert Level 4 as a provider of specialist mental health services to new arrivals and communities from refugee backgrounds (Ministry of Health, 2020a). Throughout lockdown RASNZ provided psychosocial support, high and complex needs case management and in-kind assistance to help former refugee families meet basic needs, such as food, housing and income support. The COVID 19 support programme included needs assessments, interpreting services, youth programmes, support through the RASNZ 0800 phone line, and a COVID 19 communication and information campaign for ethnic communities through social media platforms: Viber, Instagram, Facebook and WhatsApp.

The COVID 19 pandemic prompted rapid changes to the ways that RASNZ delivered mental health and well-being services. Therapists, social workers, community and youth workers adapted face to face practice and adopted the use of remote technologies to engage with clients and families. Clinical services teams resorted to tele-health to continue delivering mental health services. However, lack of access to the internet and to devices and limited IT literacy made implementation difficult in many families.

COVID 19 has put additional stress and pressure on already vulnerable communities. Mental health referrals to RASNZ have doubled since lockdown and with continuing border closures, unemployment, financial issues and fears for the safety of family overseas, there will be a continuing pattern of high demand for mental health services for the foreseeable future

COVID-19 brings new challenges for families from refugee backgrounds. Families pre-COVID 19 are overrepresented in poor health and social statistics in New Zealand (O'Connor, 2014; Perumal, 2010, Searle et al., 2012) and since COVID 19 social needs have ballooned. Post COVID 19, family and community coping skills are being challenged with high unemployment, overcrowded housing, the effects of digital exclusion on the young, the poor and older people, fear and anxiety for family overseas, and access barriers to timely health, social and income support services.

RASNZ clinical and community services adapted rapidly to COVID 19 in order to continue delivering services to clients, by changing their mode of delivery to online contact during lockdown. Clinicians and community workers now deliver a mix of both new (eg translated COVID 19 information for communities; online youth psycho-social support programmes), and existing services (eg counselling, social work and parenting support) suggesting that the organisation is agile and adapts to changing circumstances with flexibility and resilience.

Purpose

This study was commissioned by RASNZ to understand the impact of COVID 19 on clinical and community service provision to clients and families from refugee backgrounds in the Auckland area. The purpose of the study was to:

1. Document the processes used during lockdown to work with clients and families referred to RASNZ
2. Understand the impact that working virtually during the COVID 19 lockdown has had on client and family interactions
3. Record what we have learned from working remotely and what innovations we could potentially incorporate into our ongoing practice
4. Recognise what the particular challenges to service provision have been during the lockdown and what solutions have been found to address these
5. Identify needs for mental health and wellbeing support and workforce development for RASNZ staff in the context of working remotely

Key Findings

The data provides a significant snapshot during COVID 19 of the challenges RASNZ clinicians and community workers face. The top three challenges facing RASNZ in the time of COVID 19 overall are:

- Meeting increased demand for psychosocial services and support for youth and adults
- Meeting increased demand for social work services for families
- Maintaining a sustainable level of funding for community services given the reduction in charitable funding

To maintain the level of services needed in the current changing circumstances the organisation finds that:

- Demand for all RASNZ services has increased since COVID 19 and continues to increase, yet baseline funding has remained the same and funding from charitable trusts has reduced by 50%.
- Flexibility in baseline funding and contracting supports recovery and adaptability. There is a need for flexibility in existing funding arrangements, linked to the finding that demand has increased and the way that services are delivered has changed accordingly.

RASNZ Services Provided during Lockdown

One: Communications and Inclusive Messaging

Community Consultation

- On Tuesday 23rd March 2020, two days before a State of National Emergency was declared in New Zealand due to COVID-19, RASNZ conducted a rapid community needs analysis and response plan. The RASNZ community services teams (Communications and Marketing, Stakeholder Engagement, Cross Cultural Facilitators, Family services and Youth Teams) were consulted about the psycho-social support and information that would be needed and how we could address these as a service.
- The meeting focused on the areas of: protecting yourself and others from COVID 19 infection; understanding symptoms and steps to take if you have medical concerns; what impact COVID 19 was having on mental health in families; understanding what families were most worried about; what young people were most worried about; what practical support was needed; which groups were in particular need of help and support and how best to communicate with communities and young people; and how community facilitators and youth workers were managing stress and anxiety in the community as well as their own.

RASNZ Covid-19 Community Response Plan

- The RASNZ community teams co-designed a COVID 19 communication strategy and mental health and well-being 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
- The purpose of the community mental health campaign was to foster family resilience by focusing on those areas which families could control namely reducing anxiety by providing translated information on accessible social media platforms such as Viber, WhatsApp, YouTube and Instagram; reframing the situation of lockdown as a learning opportunity ie a chance to use the free online resources available through public libraries, computers in homes and other sites to learn new skills, to study on-line and to use new apps; and maintaining household routines such as meal times; study times and bedtimes.

Inclusive Messaging

Inclusive community awareness campaigns needed during national emergencies

- While the New Zealand Government led the “Unite against COVID 19 campaign”, with information on restrictions at each of the alert levels, keeping yourself safe, symptoms, income support, quarantine and isolation systems, messaging was not always inclusive.

- There was a lot of COVID-19 information available for CALD communities during Levels 4, 3 and 2. Some of this information was highly accessible and effective, especially when it had been produced in partnership with recipient communities. Conversely, some COVID-19 resources for CALD communities were not created and delivered in line with communication best practice.

- The lack of reliable information in appropriate languages exposed communities to myths and misinformation which exacerbated the negative psychological impact of the COVID 19 pandemic on communities from refugee backgrounds.

- In response, the communications and community teams developed and translated resources for service providers and communities which were posted on social media platforms.

- Psycho-education resources were adapted so that they were culturally and linguistically appropriate and accessible to refugee background communities

- Accessible media platforms for communities from refugee backgrounds are Viber, Instagram, Facebook and WhatsApp. The media channels were well used to keep communities informed and connected to COVID 19 campaigns and to support services.

Opportunities for change

- Culturally and linguistically appropriate education and information on COVID 19, services and supports, and tips and tools for maintaining health and mental health should continue to have a prominent place in protecting the mental and physical health and well-being of families from refugee backgrounds during COVID 19

Two: Tele-mental health services

Clinical services

RASNZ mental health practitioners whether providing on-line or face to face therapy, will need to take into consideration the context and consequences of the ongoing COVID 19 pandemic on clients and families from refugee and asylum seeker backgrounds.

- The COVID 19 pandemic changed the way that therapists work with their clients during lockdown. In just days , clinical services teams had to adapt their face to face practice to working remotely with clients, families and groups.
- Clinicians working remotely needed to become familiar with the technology quickly. As well, homes needed to have a stable internet connection to support uninterrupted communication between clients and clinicians, social workers and interpreters. 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.

Management Support

- As the COVID 19 pandemic is unprecedented, there was no time to test, refine and review online mental health service specifications prior to implementation.

- RASNZ managers at very short notice set up phones, laptops and systems for therapists to work remotely from home with clients. Although this was a sudden and unexpected change in the ways in which practitioners worked with clients at the Mangere Refugee Resettlement Centre and in the community, practitioners with support accommodated these changes.

- While therapists worked from home online, two managers worked at the Mangere Refugee Resettlement Centre to ensure that clients could access therapists remotely in a private clinical space while remaining in their "bubbles".

- The clinical team leaders set up daily meetings with the clinical teams supporting self-care, problem-solving and providing continual debrief processes as well as increased supervision.

- On-line training in working with clients and interpreters remotely and in telephone counselling was provided for practitioners; and for interpreters, how to work remotely with clients and therapists.

Working at home

- Working from home and online during lockdown was exhausting for many therapists. Some had difficulty finding private space to conduct sessions with clients and contended with intermittent internet access. There were family pressures and challenges to address alongside maintaining professional practice

Lockdown at the Mangere Refugee Resettlement Centre

- Responding to clients at the Mangere Refugee Resettlement Centre (MRRC) who were in lockdown for extended periods, was stressful. Resident's wanted certainty about their future, their safety from COVID 19 and to know when they could move out of Mangere to their new homes. Practitioners were unable to provide answers to many of these concerns:

> *"[It's difficult] when clients ask questions about COVID-19 and where I know [I answer], [but often], the answers are not available because the questions and answers are ever-formulating and changing, for example, " what will happen at the end of Level 4? and " when will we be moving to our house"?" Social Worker*

- Not being able to meet newcomers, many of whom had just arrived in New Zealand, face to face was challenging for therapists.

Working with old and new clients

- Moving to online therapeutic work was more straightforward with clients known to therapists than those new to the service. But starting off this way, was unavoidable through lockdown.

Boundary Issues

- Where video access was possible, issues of boundaries emerged as client's and staff were able to see the intimate details of people's living circumstances. In both cases access to a private and confidential space in the home could be challenging and limited the ability of the therapist and the client to talk freely and safely.

Privacy and Confidentiality Issues

- A lack of privacy for clients, particularly women, in their home situations, household responsibilities and family demands in some cases meant that continuing therapy was impractical, instead therapists maintained regular welfare check ins with clients.

Remote counselling skills

- Therapists needed to be more verbally active in eliciting psycho-social information in phone and audio-visual counselling sessions. As with any face to face therapy session, continual reassessment of the client's emotional status is important and because of the difficulty of assessing emotional responses on the phone, it was particularly important for the therapist to purposefully elicit such responses and become acutely attuned to verbal and vocal cues. Therapists gained skills and confidence in expressing empathy and developing trust and rapport through phone counselling.

Working with interpreters

- 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.
- Interpreters needed to be supported to find private spaces to work from to maintain confidentiality

Psycho-social assessment

- Conducting psycho-social assessments changed with the use of remote access, for example, for a child psychologist, interactions with children and youth are social, play-based and observational as well as reliant on relevant interview information from parents, teachers and others. Moving to phone and video link interactions meant changes to interventions and to assessment processes for children and young people from refugee backgrounds.

Triggering past trauma

- For some clients, the COVID-19 level 3 and 4 lockdown restrictions triggered previous traumatic experiences such as being detention in countries of asylum, during their refugee journey.

Improving access and availability

- 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.

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.
- Quite often online sessions ran back to back. To the extent possible, it is advisable for clinicians to create a buffer around each on-line therapy session by not scheduling other appointments right before or afterwards, so that the therapist (and interpreter) has time to take a screen break beforehand and process afterwards.

Impact on therapists

- Any change process is a challenge for staff mental health. Managers balanced some of the obviously stressful aspects of change to working remotely by ensuring that decisions were communicated effectively, that there were daily meetings to keep staff connected as well as the availability of regular on-line supervision

- Mental health practitioners need to be super aware of their own health and mental wellbeing during the COVID 19 pandemic. Working under conditions of prolonged stress, with client's in a range of challenging individual circumstances, and managing high client loads with complex psycho-social needs can have potential consequences for practitioner's concentration and mental resilience.

Opportunities for change

- RASNZ mental health and well-being services post lockdown have returned to a 'new normal' in these unprecedented and uncertain times but cannot return to 'business as usual', with continuing high demand for services, and increased referrals for social work interventions.
- There are advantages to working remotely. Providing on-line therapy improves access for client's who have problems attending face-to face because of transport, childcare and other difficulties. As an option for some clients an online way of working could be offered as an alternative to face to face therapy.
- There is potential for the community clinical team to offer consult liaison services on-line to resettlement centres around the country
- Research on the impact of Covid-19 on communities from refugee backgrounds and interventions that best address the specific psychological needs that have arisen from the current challenges will be important. An exploration of culturally appropriate brief interventions such as Focused Acceptance and Commitment Therapy (FACT) may provide useful in these circumstances.

Three: Remote social work

Social Work Support

- Providing basic human needs underpins good mental wellbeing (eg income support, food support and housing).
- While social circumstances are always taken into account when planning therapeutic interventions with clients, it is even more important in these times to recognise and respond to the specific effects of the pandemic on families, such as job loss, housing issues, fears for family living overseas and the need for food and income support.

- 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 trebled and this trend has continued in Level 1.

Opportunities for change

- Social support has been proven to be the key factor in mental health recovery in a disaster context. The demands for RASNZ social work services have increased and will continue to increase with job loss, financial difficulties and barriers to accessing income and other supports for refugee background clients and families

Four: Community support

- 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.
- RASNZ Cross–Cultural Facilitators provided regular "welfare checks" by phone throughout lockdown; keeping families connected and well-informed on what was happening at the various levels, in their own languages.

- Household incomes will continue to be affected in families, with fewer earners or members becoming benefit-dependent. Role changes within families or couples may also occur. Extra stress and risk for women and children is likely. These dynamics are impacting on families and intergenerational relationships. A focus on risk management and appropriate support is indicated.

- Contact with cross-cultural facilitators known to the community provided vital 'welfare checks' during COVID 19 for at risk families including single mothers and older people. This was essential to families who had no access to devices and the internet, and who were non-English speaking. The role played during the time of national emergency was to advocate, communicate with and navigate the systems and services families needed to be connected to, such as food banks and work and income benefits.

Opportunities for change

- A continuing focus on the integration of clinical and community services to ensure that clients have access to cultural support and the full range of RASNZ services is essential as family's face continuing socio-economic and psycho-social challenges during the COVID 19 pandemic.

Five: Youth and social media

Youth Services

- The effects of the COVID-19 crisis on children and youth from refugee backgrounds include: the stressors of intergenerational conflict during lockdown, loneliness and isolation from friends, living in cold, overcrowded homes, limited or no access to the internet and devices and difficulty completing schoolwork and study. Youth experience constant worry about: family left behind in home countries and in countries of asylum without protection or treatment for COVID-19; the loss of loved ones due to the spread of infection; anxiety about parental job loss; and uncertainty about the future.
- A positive and prominent outcome of Covid-19 has been increased connections with youth from refugee backgrounds across Auckland and nationally. Social media platforms have provided better access to support for children and young people in the Auckland region and in other resettlement centres.
- The youth team rapidly moved youth services online to connect with youth across the Auckland region in their homes during lockdown, attracting interest from young people in other resettlement centres who could join the activities and make contact remotely.

- Lockdown provided an accidental opportunity to explore other ways of networking with young people from refugee backgrounds with new discoveries about their preferences for connecting through social media.

Opportunities for change

- The RASNZ youth team are continuing to connect with young people online in resettlement areas throughout New Zealand. Among the online programmes offered are 'Ponder sessions' which provide a safe space for teenagers to discuss the social and emotional issues which are impacting on them.

- Social media platforms: TikTok, Instagram, Facebook and WhatsApp are being used to facilitate activities and support for young people across Auckland and around New Zealand.

- The pandemic highlights the role of schools in identifying early intervention opportunities for students from refugee backgrounds. RASNZ clinicians and youth teams are working collaboratively with schools to provide clinical support, youth programmes and training in trauma-informed care for students from refugee backgrounds. Education staff need to be able to recognise signs of mental distress and trauma and to be confident that students will have prompt access to culturally appropriate support, instead of having to deal with frustration around referrals to overstretched and sometimes unresponsive mainstream services.

INTRODUCTION

Refugees as Survivors New Zealand (RASNZ) is a non-governmental organisation providing specialist mental health and wellbeing services and supports to all United Nations quota refugees on arrival in New Zealand. The same support is offered to all people from refugee backgrounds living in Auckland including quota refugees, family reunion members, asylum seekers, convention refugees and young people born in New Zealand to parents from refugee backgrounds.

RASNZ takes a holistic approach to improving mental health and wellbeing in refugee background communities which enabled the service to adapt and respond quickly to the COVID 19 pandemic as a provider of psychological services, social services, family and youth support; interpreting and translation services and communications through the social media channels used by ethnic communities.

A holistic inter-sectoral approach

RASNZ has developed a holistic inter-sectoral approach to mental health and wellbeing service provision which addresses the social determinants of mental health (housing, employment, language support, family reunification etc) for refugee populations and barriers to access for service users. The services provided are culturally and linguistically appropriate, with culture and language matched staff available to clients in many cases. The model includes outreach services, such as cultural, family and youth support which are active in communities and can link clients to clinical services when required. Interventions integrate effective mental health support with other social supports, such as community empowerment groups, interpretation services and youth and social work services.

Clinical Services

The service has two clinical teams, the Mangere team serving new refugee quota arrivals to New Zealand and asylum seekers residing at the Mangere Refugee Resettlement Centre; and the RASNZ community clinical team serving families resettled in the community. Additionally, family, Cross-cultural and youth support services provide wrap around family and community support to all refugee background communities in the Auckland region.

Mangere Team

The Mangere Clinical Team, based at the Mangere Refugee Resettlement Centre, brings together the specialist skills of psychologists, psychotherapists, counsellors, body therapists and psychiatrists to provide comprehensive assessment, initial treatment and orientation to the New Zealand health system. The team works with more than 90 interpreters and Cross-Cultural Facilitators to provide individual and family therapy, as well as psychoeducational groups. Referrals and specialist consultations are provided to DHBs and PHO community health services and GPs in all resettlement locations.

RASNZ Community Team

The RASNZ Community Team is based on a clinical-community development model. The team provides specialist therapeutic assessment and treatment, community support and advocacy, as well as consultation and collaboration with mainstream services. The multidisciplinary team includes psychologists, counsellors, social workers, body therapists, and psychiatrists, Cross Cultural Facilitators and youth workers.

Family Service

RASNZ family services provide Triple P Parenting discussion groups for families from refugee backgrounds in the Auckland region as well as in other resettlement centres around New Zealand. The service offers individual parenting interventions; wrap around family support and consultation and liaison with mainstream services

Cross-Cultural Facilitator Service

The RASNZ Cross-Cultural Facilitator Service provides Community Empowerment Groups to communities from refugee backgrounds. Facilitators provide cross-cultural support for RASNZ clinicians, social workers and youth workers including support for clients to achieve their therapeutic goals. The team facilitates health programmes for groups on arrival and in the community

Youth Service

The RASNZ youth team offer young people from refugee backgrounds community based social and sporting activities. Empowerment programmes such as Ponder groups and youth leadership groups foster the development of knowledge and skills and encourage increased confidence and resiliency. The Youth Service collaborates with refugee background communities, other youth services and mainstream organisations

Refugee resettlement to New Zealand on hold

The New Zealand Refugee Quota Programme arrivals are currently on hold due to border closures in response to the COVID-19 pandemic. New Zealand was due to increase the refugee quota in July 2020 from 1000 to 1500, but this is uncertain now because of the COVID-19 pandemic. The last group from the March 2020 refugee quota intake arrived in New Zealand on March 13th, 2020. The group of 148 were isolated on arrival and accommodated at Mangere Refugee Resettlement Centre throughout lockdown. These families were resettled across the resettlement centres and including for the first time in Blenheim and Timaru.

Immigration New Zealand (INZ) is working with agencies and international partners, including the UN refugee agency (UNHCR) and the International Organisation of Migration (IOM) on requirements to support the resumption of quota refugee resettlement. This includes ensuring international travel routes are available for safe refugee movements and appropriate health measures and controls are in place. As the COVID-19 response progresses, the Government will consider when quota refugee resettlement under the Refugee Quota Programme is able to resume in a manner that is safe for quota refugees and New Zealand communities.

In response to the COVID 19 pandemic and to meet the increasing demand for counselling services and psychosocial support, the RASNZ Mangere Clinical Team has been redeployed to the Community clinical team. Opportunities to provide community-based specialist mental health services for people from refugee backgrounds within general practices, schools, and Community Mental Health Services are being developed. The intention is to improve access for communities to RASNZ clinical services and to extend counselling services to young people. Additionally, brief intervention models which are culturally appropriate for refugee background populations are being developed.

The mental health impact of COVID 19

For refugee populations, the psycho-social and socioeconomic impacts of COVID-19 will be significant, as high levels of deprivation are already a reality. Many families have already experienced job loss and financial pressures and this pattern will continue, namely:

> Children and youth, who are experiencing multiple transitions, will have stress compounded by disruption to schooling and future prospects. Adults will be facing loss of jobs and businesses … and possible role changes within families or couples. As such, it will be important to consider the effects of these dynamics on families and relationships more generally… (Poulton et al., p. 3).

Anecdotal reports from agencies such as Telehealth lines, General Practitioners and schools show an increase in anxiety and depression in families from refugee and migrant backgrounds as family tensions increase people experience job loss, study programmes are put on hold and there are concerns for family overseas.

A University of Auckland report, *Protecting and promoting mental wellbeing: Beyond COVID 19* (Poulton et al., p. 3) recognises that "… [mental health] services need to be culturally responsive and evidence-based" for the populations served. The report highlights the different needs of pre-COVID 19 service users and of those newly at risk as a result of COVID 19 pressures:

> As we enter the recovery period, it will be important to recognise the distinctive needs of those who already had mental wellbeing difficulties pre-COVID-19 … , as well as a 'new' cohort who find themselves unexpectedly at risk as the pandemic's broader psycho-social-economic impacts begin to bite… Those newly at risk (currently an unknown number, but potentially doubling the overall level of need) may require standard as well as bespoke forms of support and/or intervention (Poulton et al., p. 3).

Other reports signal that communities from refugee backgrounds are among the most vulnerable and marginalised groups in New Zealand society (Catapult Consulting, 2020):

> … former refugees are a priority population group that have high and complex needs in relation to social work. In particular, asylum seekers, convention refugees and family reunification refugees … were identified as being most under-served and of highest need, because of their limited access to arrival orientation, entitlements and funded government support in comparison with quota refugees. Quota refugees are also identified as having more complex needs, in general, compared with people from migrant backgrounds (Catapult Consulting, 2020, p.4).

The effects of the global pandemic and lockdown period have created more stress and distress for an already traumatised population. As such, former refugee communities have one of the greatest levels of mental health risk and need. RASNZ offers culturally aligned psychosocial support and services and the demand for services from settled families and asylum seekers are increasing.

Table 1: RASNZ Mental Health and Wellbeing support for Refugee Background Clients and Families Pre and Post COVID 19, summarises RASNZ clinical and community service responses to COVID 19 and outlines future service planning to meet the increasing demand for 'bespoke' psychosocial support services for clients and families from refugee backgrounds.

Table 1: RASNZ Mental Health and Wellbeing support for Refugee Background Clients and Families Pre and Post COVID 19

Pre COVID 19	During Lockdown	Post Lockdown	Future service planning
Clinical Services Face to Face • Counselling • Body Therapy • Social work • Psychiatry • Therapeutic and psychoeducation groups	**Clinical Services Online** • Nationwide RASNZ support and information line with interpreters • Translated information, services and support posted on social media • Counselling on-line • Social work online • Body therapy support online • Psychiatry online • Therapeutic & psychoeducation groups online	**Clinical Services Face to Face & Online** • Counselling F2F/online options • Body Therapy • Social work F2F/online options • Psychiatry • Therapeutic & psychoeducation groups face to face and online	**Clinical Services Face to Face & Online** Increased local and national demand for services including: counselling; Body Therapy; social work and psychiatry New services • Brief interventions • Liaison, consultation & counselling services to schools • Specialist onsite clinics with selected GP services • Therapeutic and psychoeducation groups face to face and online • Asylum seeker groups and onsite support Out of Auckland • Consult/liaison services to new resettlement areas
Cultural Services Face to Face • Community empowerment groups • Support for clients to achieve their therapeutic goals • Facilitation of health programmes	**Cultural Services Online** • COVID 19 community awareness campaign • Community empowerment groups • Psychosocial support for clients and families on social media	**Cultural Services Face to Face & Online** • Community empowerment groups • Support for clients to achieve their therapeutic goals • Facilitation of health programmes	**Increase Cultural Services** • Increase range of community empowerment groups • Support for clients to achieve their therapeutic goals • Facilitation of health programmes
Family Service Face to Face • Triple P Parenting Discussion Groups • Individual parenting interventions • Wrap-around family support • Consultation and liaison with mainstream services	**Family Service Online** • Individual parenting interventions • Wrap-around family support • Consultation and liaison with mainstream services	**Family Service Face to Face** • Triple P Parenting Discussion Groups • Individual parenting interventions • Wrap-around family support • Consultation and liaison with mainstream services	**Family Service Face to Face** • Triple P Parenting Discussion Groups • Individual parenting interventions • Wrap-around family support • Consultation and liaison with mainstream services
Youth Service Face to Face • Free, programmes for children and youth aged 5-25 eg o School holiday programmes o Sports teams o Youth leadership forums o Psychosocial groups	**Youth Service Online** Nationwide o Ponder groups online o Nationwide psycho-social support nationwide via Facebook, Instagram, WhatsApp, Viber o Social media competitions o Psychosocial support online	**Youth Service Face to Face and Online** • Free, programmes for children and youth aged 5-25 eg o Ponder groups online nationwide o School holiday programmes o Sports teams o Youth leadership forums o Psychosocial groups	**Youth Service Face to Face and Online** • Increase free, programmes for children and youth aged 5-25 including o Ponder groups online nationwide o School holiday programmes o Sports teams o Youth leadership forums o Psychosocial groups

BACKGROUND

The New Zealand Government introduced a four-level alert level system to manage the COVID 19 pandemic on March 21st 2020. The COVID 19 Alert System was introduced to manage and minimise the risk of COVID-19. The Alert Level was initially set at Level 2, but was subsequently raised to Level 3 on March 23rd. Beginning on March 25th, the Alert Level was moved to Level 4, putting the country into a nationwide lockdown. The Alert Level was moved back down to Level 3 on April 27th, partially lifting some lockdown restrictions, and down to Level 2 on May 13th, lifting the rest of the lockdown restrictions while maintaining physical distancing and gathering size limits. The country moved down to Level 1 on June 8th, removing all remaining restrictions except border controls, which has impacted refugee resettlement to New Zealand indefinitely.

On March 25th 2020, a State of National Emergency was declared in New Zealand due to COVID-19 and was in force until the May 13th 2020. At levels 3 and 4 people were instructed to stay at home in their bubble other than for essential personal movement. Safe recreational activity was allowed in the local area but further travel was severely limited. All gatherings were cancelled and all public venues were closed. Businesses were closed except for essential services, such as supermarkets, pharmacies, clinics, petrol stations and lifeline utilities. All educational facilities were closed.

At all levels of lockdown, essential services including health services remained up and running. RASNZ continued clinical and community service provision as an essential service. At the time of lockdown, a total of 134 quota refugees were accommodated at Mangere Refugee Resettlement Centre. The last group from the March 2020 refugee quota intake arrived in New Zealand March 13th 2020, the last of these families departing for Blenheim on July 23rd 2020.

All borders and entry ports of New Zealand were closed to all non-residents on March 19th 2020, with returning citizens and residents being required to self-isolate. Since April 10th, all arrivals to New Zealand must go into two weeks of supervised quarantine.

Research Purpose

This study was commissioned by RASNZ to understand the impact of COVID 19 on clinical and community service provision to clients and families from refugee backgrounds in the Auckland area.

The purpose of this study was to:

1. Document the processes used during lockdown to work with clients and families referred to RASNZ
2. Understand the impact that working virtually during the COVID 19 lockdown has had on client and family interactions
3. Record what we have learned from working remotely and what innovations we could potentially incorporate into our ongoing practice
4. Recognise what the particular challenges to service provision have been during the lockdown and what solutions have been found to address these
5. Identify needs for mental health and wellbeing support and workforce development for RASNZ staff in the context of working remotely

Research Scope

This qualitative research was designed to gain insights into the impact of COVID 19 on staff at alert Levels 4, 3, 2 and 1 on RASNZ service delivery to clients, families and communities. The study focuses on clinical and community team responses to changes in models of service delivery throughout lockdown. COVID-19 Alert Level 2 came into force on Wednesday 13th May and COVID-19 Alert Level 1 came into force on Monday 8th June. At level 2, health and disability care services were expected to operate as normally as possible. At level 1 all restrictions on workplaces and services were lifted. Interviews with clinicians and community services continued at Levels 1 and 2 with a focus on the changes in demands for service and service provision moving from levels 3 and 4, to levels 1 and 2.

A total of 10 key informant interviews were carried out between May 5th and June 17th, 2020. Interviews included focus groups with the: Mangere Clinical Team; the community based clinical team, the Community Cross-Cultural Facilitators (CCF); and individual interviews with some clinicians, Youth Team leaders, the Fundraising and Communications Manager and the Stakeholder Engagement Coordinator. Some supplementary organisational data was also provided to the researcher including personal communications, written feedback, team reports and debriefings, minutes from leadership meetings, and the RASNZ COVID 19 social media campaign. Interviews were conducted by video during lockdown and face to face at Alert Level 1.

The research interviews were designed to understand the key challenges that practitioners experienced:

1. The impact on working with clients:
    - The impact of working remotely during the COVID 19 pandemic on practitioners' work with clients, families and communities
    - The impact on the services practitioners could deliver
    - The impact on relationships with clients
    - The adaptations practitioners have needed to make when working remotely with clients: what has worked and what hasn't worked
    - The difficulties of maintaining a therapeutic relationship during lockdown and working remotely
    - What practitioners have learned from the experience of working remotely with clients during lockdown
2. The impact on practitioners' lives
    - The impact on practitioner's home lives and their 'bubbles'
3. The impact on practitioner's self-care
    - What impact has working remotely during lockdown had on practitioners' self-care
    - What support have staff needed to manage the transition to working remotely
4. Change of practice and service delivery
    - How has the COVID 19 work experience changed over the period of lockdown
    - What has changed in terms of models of effective practice and clinical and community service delivery for clients, families and communities
    - As a result of the experience of COVID 19 lockdown levels 4 and 3, what changes to practice and service provision will continue
5. Future service planning to meet increased demands for psychosocial support from clinical and community services from clients, families and communities

Refugee Background Communities Served

This research is focused on the services post COVID 19 provided by RASNZ to quota refugees, asylum seekers and convention refugees, family reunification members (Refugee Family Support Category), and children and young people from refugee backgrounds including New Zealand born children.

The majority of former refugees are settled in the Auckland region including those who arrive as part of the annual refugee quota, asylum seekers who are successful claimants and become convention refugees, and family reunification members of both groups. Refugee trauma is intergenerational and impacts children born in New Zealand (Bryant et al., 2018; Denov et al., 2019; Nielsen et al., 2019) and for these reasons RASNZ clinical services are available to young people 12 years and over and youth services are available to children and young people from 5 to 25 years of age. Refugees as Survivors NZ clients also include quota refugee families settled out of Auckland who have returned to the region.

Limited information is available on the size of communities served in resettlement regions in New Zealand. In the last five years Auckland has received 13.2% of the quota refugees settled in New Zealand; Waikato, 15.3%; Manawatu, 14.4%; Wellington, 21.6%; Nelson, 11.6%; Blenheim, 0.2%; Christchurch, 3.4%; Timaru, 0.3%; Dunedin, 15.6%, and Invercargill, 4.2% (INZ, 2020a). The main nationalities settled in the Auckland region in the last five years are from: Myanmar, Afghanistan and Palestine. This data does not include asylum seekers and convention refugees, most of whom arrive and settle in the Auckland region, not does it include the arrival of family reunion members to join family members settled in New Zealand.

Asylum Seekers and Convention Refugees

In the last ten years, a total of 3,780 claims for refugee status were made (INZ, 2020a). Approximately a third of claims are successful. RASNZ provides psycho-social support to claimants from the time of arrival onwards. Most claimants reside in Auckland during the period of application for refugee status and if successful. Between 2015 and 2020, the top ten nationalities to claim refugee status who were approved were from: China, India, Sri Lanka, Iran, Malaysia, Bangladesh, Pakistan, Turkey, Afghanistan and Saudi Arabia.

COVID 19 impact on Mangere Refugee Resettlement Centre

Refugee families in the March Refugee Quota intake arrived in New Zealand on or before March 13th 2020, prior to the COVID-19 lockdown being put in place, and remained at the MRRC for the lockdown period (INZ, 2020b). Under COVID-19 Alert Levels 4 and 3 cross-agency contingency plans were implemented to support quota refugees accommodated at MRRC including: managed outdoor recreation activities and programmes provided by RASNZ during level 2 only; self-directed learning materials provided for quota refugee (adults and children) accommodated at MRRC provided by AUT Refugee Education; medical care provided by Auckland Regional Public Health Service which was withdrawn on June 30th 2020 and mental health services provided by RASNZ.

At Alert Level 3, families were able to participate in and complete the onsite reception programme. At Alert Level 2, remaining residents at MRRC were able to leave the centre and receive visitors during

set hours in line with COVID 19 recommendations, following infection prevention control measures undertaken according the advice of the Ministry of Health. From June 12th, families started to leave the MRRC and to settle as planned in the settlement locations of: Auckland, Hamilton, Palmerston North, Wellington, Blenheim, Nelson, Christchurch, Timaru, Dunedin and Invercargill.

The COVID-19 pandemic response globally has impacted on scheduled intakes. From July 1st 2020, New Zealand's Refugee Quota was to increase to 1,500 places per financial year. However, due to the impact of the COVID-19 pandemic globally, no further Refugee Quota intakes are now scheduled to arrive for the 2019/20 year. On March 22nd, 2020, the UN refugee agency, UNHCR, and the International Organization of Migration (IOM) suspended refugee resettlement departures to resettlement countries, such as New Zealand. The UNHCR and IOM are regularly reviewing the suspension and the ability for refugees to travel safely.

RESULTS

One: Communication and Inclusive Messaging

Community Consultation

RASNZ Covid-19 Community Response Plan

On Tuesday 23rd March 2020, two days before a State of National Emergency was declared in New Zealand due to COVID-19, RASNZ conducted a rapid community needs analysis and response plan. The RASNZ community services teams (Communications and Marketing, Stakeholder Engagement, Cross Cultural Facilitators, Family services and Youth Teams) were consulted about the psycho-social support and information that would be needed and how we could address these as a service.

The objectives of the consultation meeting were to deliver a plan to:

1. Provide psycho-social support for former refugee communities during times of uncertainty and change
2. Ensure that refugee background communities could access translated public health messaging about COVID 19
3. Provide access to culturally and linguistically appropriate resources for refugee background communities during the COVID 19 pandemic

The meeting focused on the areas of: protecting yourself and others from COVID 19 infection; understanding symptoms and steps to take if you have medical concerns; what impact COVID 19 was having on mental health in families; understanding what families were most worried about; what young people were most worried about; what practical support was needed; which groups were in particular need of help and support and how best to communicate with communities and young people; and how community facilitators and youth workers were managing stress and anxiety in the community as well as their own.

The following table summarises the findings of the consultation meeting and the action plan that followed.

RASNZ Community Team's Consultation Tuesday 23rd March 2020

Protecting yourself and others

"Do communities understand social distancing, isolation, self-isolation?"

- Many in refugee background communities did not understand what "lockdown" meant and why physical distancing was necessary. Further, there was confusion about the difference between social distancing in the home (in the family bubble) and in the community, for example at home family members could hug, share plates, sleep together but outside the "bubble" a distance of 2 metres needed to be maintained from others.

- Messaging for communities needed to reinforce the message that COVID 19 is not airborne but is spread from a droplet infection and that there was a difference between the two modes of transmission.

- Pictorial, visual and video examples were recommended to reduce fear and anxiety and unnecessary stress about transmission risks in the community, while indicating the need for behaviour change outside the home.

- Young people were on board with mainstream messaging, but their parents often needed explanations in their own languages and through the social media channels available to them.

Mental health

"What impact is COVID 19 having on mental health in families?"

- Community teams named single mothers and older people at high risk of mental health issues. During lockdown, the over 70s were excluded from supermarket shopping and mothers prevented from shopping with their children.

- Children reflected their parent's anxiety. University students were concerned about completing qualifications and accessing on-line learning programmes. Risk for women and children in situations of family violence increased while police ethnic liaison officers were diverted to COVID 19 policing activities.

"What were families most worried about?"

- Many community members understood the symptoms of COVID 19 but were highly anxious about going out of the house, panicking if someone in their vicinity sneezed for any reason. There were concerns that reporting symptoms to health authorities would result in compulsory admission to hospitals.

- 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.

- Parents feared that their young people would get bored and frustrated and go out, get into trouble and potentially expose others, particularly older people, in their family to infection. Families were worried about job losses, income support and how to access supplementary benefits.

- Access to cultural food supplies such as Asian supermarkets was limited and where open, prices for preferred foodstuffs were often inflated.

- While there was relief that children were not attending school, there was also concern about managing young children at home for long periods of time. Schools provide a major source of information for families and there was uncertainty about whether families were getting information about COVID 19 fast enough when children were no longer attending.

- Families were concerned that they could not meet with other family and community members outside their bubble. In times of crisis, these were the people they relied on for day to day support and social connection. The inability to maintain cultural funeral rites at this time was particularly challenging.

- Multiple factors were contributing to a rise in family tensions in communities, and anecdotally Cross-Cultural Facilitators reported an increase in gambling and alcohol abuse in some communities.

- Families were worried about family overseas in countries of origin and countries of asylum where there was no protection from COVID 19 and little or no medical care available. Furthermore, they could not attend religious gatherings where under normal circumstances they would receive spiritual and community support.

"What are young people most worried about?"

- For students, being unable to complete qualifications was a source of frustration, cost and uncertainty. Students were unable to attend the placements required to fulfil course requirements and while many programmes were offered online, many had difficulties accessing course material and accessing learning and IT support.

The community teams co-designed a communication strategy and mental health and well-being campaign that was culturally and linguistically appropriate and accessible for communities from refugee backgrounds.

COVID 19 Communication strategy and mental health and well- being campaign

The purpose of the community mental health support strategy was to foster family resilience by focusing on those areas which families could control namely reducing anxiety by providing translated information on accessible social media platforms such as Viber, WhatsApp, YouTube and Instagram; reframing the situation of lockdown as a learning opportunity i.e. a chance to use the free online resources available through public libraries, computers in homes and other sites to learn

new skills, to study on-line and to use new apps; and maintaining household routines such as meal times; study times and bedtimes.

RASNZ On-line Youth Programme

- For the 24 hours before lockdown began, the youth team prepared and delivered hundreds of student activity packs including board games and competitions which were distributed to single parents around the region.

- To counteract loneliness, isolation and boredom, the youth team significantly increased their social media engagement with children and young people. Online programmes provided games and competitions. The weekly programme included:

    - Monday — A Tik Tok dance challenge posted online
    - Tuesday — Physical exercises – plank, squats etc
    - Wednesday — Riddle Wednesday
    - Thursday — A physical challenge (sports)
    - Friday — A quiz (General knowledge, sports)
    - Saturday — Pizza ponder online

- Young people had access to RASNZ youth workers daily through Facebook (@youth@RAS); Instagram (Youth@RAS) and Tik Tok (@RASyouth).

Practical Support for clients and families

- Families needed income support and relied on RASNZ social workers to navigate Work and Income (WINZ) systems for accessing benefits.
- Many needed access to interpreters to communicate with social workers and with the social service agencies providing food, income and housing support. In a number of cases families needed to be connected to local food banks as money and food supplies ran out.

Information and Misinformation

- Families were advised to limit TV viewing time both locally and internationally as the perpetual live feeds on the course of COVID 19 infections around the world were causing fear and anxiety.

- There was a significant gap in translated information for refugee background communities. The Fundraising and Communications Manager and team developed pictorial and translated tip sheets and videos for communities on a range of topics including: updated information about COVID-19; staying at home; what to do if someone gets sick; parenting tips; managing family stress; rules for going out of the house and when returning; how to do supermarket shopping; what being in a "bubble" means; relaxation skills and breathing exercises; basic wellness activities- eating, sleeping, exercise, keeping to routines; activities for different aged children and where to access information.

Communication with families

- RASNZ Cross-Cultural Facilitators made regular welfare checks to families and set up community e-groups using WhatsApp and Viber to leave audio messages in multiple languages.

Inclusive Messaging

The COVID 19 pandemic triggered an outpouring of online guidance from the Ministry of Health, mental health NGOs and helplines on how to improve mental health and well-being and increase resilience. However, without tailored and targeted approaches and translated information available on preferred social media channels, the campaigns were largely inaccessible to ethnic minority communities (Centre for Addiction and Mental Health, 2012; Nickerson et al., 2017). One example noted by (CLING, 2020, p.3), an organisation set up to monitor communications with Culturally and Linguistically Diverse (CALD) communities during disasters, following the Christchurch earthquakes was the COVID Healthline:

> Though this line was advertised widely as being an accessible service which provided interpreters, upon calling the 0800 number, people had to listen to two minutes of an automated introduction in English, before being asked to choose between six options again in English, before talking to an English speaking person to ask for an interpreter. Thus, while Healthline was promoted as being accessible to non-English speakers, in reality this was not the case. Following user feedback, and only around the middle of April 2020, the system was eventually amended and the COVID Healthline number became more accessible for non-English speakers (a very brief and friendly message and just one number to press to indicate the caller needs language assistance). It is precisely for these sorts of reasons that it is necessary to work alongside people from different cultural and linguistic backgrounds to design services to address their needs.

While the New Zealand Government led the "Unite against COVID 19 campaign" (https://covid19.govt.nz/), with information on restrictions at each of the alert levels, keeping yourself safe, symptoms, income support, quarantine and isolation systems, messaging was not always inclusive. When translations were available, they were not uploaded quickly enough. There was often a significant delay between a COVID-19 announcement and the posting of translated information on websites. This delay "seriously affected the usefulness of the messaging, especially in an environment when things were changing so rapidly; some materials were uploaded so far after an announcement as to make them basically redundant" (CLING, 2020, p.4). The negative psychological impact of the COVID 19 pandemic on communities from refugee backgrounds was compounded by the lack of reliable information in appropriate languages which exposed families to myths and misinformation about the spread of the disease.

There was continual mental health and well-being messaging through Ministry of Health and mental health NGO websites in English targeted to mainstream audiences. However, information was limited or only partially distributed in the languages spoken by refugee communities and was not distributed on the more readily accessible social media platforms used by ethnic communities. As a result, families accessed language matched media outlets for information. The media outlets reflected pandemics in countries of origin and common misperceptions became widespread. The end result for refugee background communities was fear, anxiety, depression, social isolation and increased stress reactions, often triggered by reminders from past crises. As CLING (2020, p.3), observed:

> There was quite a bit of COVID-19 information available for CALD communities during Levels 4, 3 and 2. Some of this information was highly accessible and effective, especially when it had been produced in partnership with recipient communities. Conversely, some COVID-19 resources for CALD communities were not created and delivered in line with communication best practice.

In response, the RASNZ Fundraising and Communications Manager and the community team developed and translated resources which were posted on social media platforms: Facebook, Instagram, Viber and WhatsApp for communities to access throughout the lockdown period. A COVID 19 page was developed on the RASNZ website for service providers and service users (https://rasnz.co.nz/covid-19-resources/). Key messages from organisations such as Work and Income, the Ministry of Health and the Ministry of Education and from Government sites such as Unite against COVID 19 (https://covid19.govt.nz/) which were translated by organisations such a Red Cross Refugee Services were posted on the RASNZ website. The range of languages included: Amharic, Arabic, Burmese, Chin Hakha, Dari, Farsi, French, Hazaraghi, Hindi, Karen, Kurdish, Lingala, Malay, Nepali, Oromo, Somali, Spanish, Swahili, Tamil and Tibetan. Due to the lack of inclusive messaging, counteracting harmful myths and misinformation became a focus of client and community interactions. Information, videos and illustrated tip sheets in a range of languages via WhatsApp were also very effective in reaching communities and non-English speaking audiences.

Messaging needed to be inclusive of communities from refugee backgrounds unlikely to be reached through mainstream communication channels or in English. As the RASNZ Fundraising and Communications Manager stated, translated resources needed to be specifically designed for diverse scripts and tested for readability by qualified interpreters before publication:

> *"I've definitely been doing a lot more designing skills. So one thing that I've learned which was really interesting, it could be quite useful going forward is when you are interpreting documents into other languages … so I design something and we put together some content for communities around COVID-19 and then it would go to A H and he'd have his team translate it into different languages, it will come back to me and I would put it into a template to make it look a little bit flashy or whatever and I realized that these are not languages you can just copy and paste, yeah and it's random so Tigrinya you can copy and paste that's fine but Arabic you know anything like that … then for whatever reason the software won't allow that and so then I had to figure out how to kind of take a snippet almost like a photo and then put the photo in and I had to make it so it wasn't super pixelated and with Burmese right, once I'd designed the resource and inserted the script and then it went back to a Burmese interpreter to check, and he was like this is gobbledygook this means nothing". RASNZ Fundraising & Communications Manager*

Where possible, it is recommended that resource developers work with language communities to produce resources which are relevant to them rather than translating or interpreting mainstream messaging (CLING, 2020, p.9):

> *"Yeah, those kinds of things happened. Yeah that was an interesting kind of adaptation and I think that's something that will be useful going into the future because I think, I hope anyway that RASNZ is looking at providing a lot more content in different languages and it's useful to know this sort of thing 'cause you don't want it to just … like a white paper with writing on it … it's nice to provide something that's a little bit colourful and exciting and engaging as like adding little photos and things". RASNZ Fundraising & Communications Manager*

Communities responded well to targeted messaging and the uptake on social media increased throughout the period of lockdown:

> *"The first indication I got that anybody was looking at the website aside from looking at the analytics to see how many people have seen the website but we sent out one on the*

Level three information and someone from the community came back and said we liked the information but we need Pashto translations as well and it was the first indication I was so happy that she thinks it's great that means that people are going through and seeing that there isn't Pashto …". RASNZ Fundraising & Communications Manager

Non inclusive messaging perpetuates harmful myths and misconceptions about COVID 19 in refugee background communities. The communications team distributed information in appropriate languages through social media channels which were accessible to the communities served. The media used included: short videos, translated information sheets, self-care tips and audio messaging via WhatsApp in multiple languages. The RASNZ COVID 19 community awareness campaign successfully used social media (Viber, WhatsApp, Facebook, Instagram and the RASNZ COVID 19 website) to connect with families in their preferred languages.

Two: Tele-mental health services

The COVID 19 pandemic changed the way that therapists work with their clients during lockdown. In just two days clinical services teams had to adapt their face to face practice to working remotely with clients, families and groups. Clinicians needed to become familiar with digital technology quickly, and work through interpreters as third parties. As well, homes needed to have a stable internet connection to support uninterrupted communication between clients and clinicians/social workers. 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 contact with staff during lockdown.

Management Support

Setting up IT support

RASNZ managers at very short notice set up phones, laptops and systems for therapists to work remotely from home with clients. Although this was a sudden and unexpected change in the ways in which practitioners worked with clients at the Mangere Refugee Resettlement Centre and in the community, practitioners with support accommodated this change:

"… we don't have to be in the same location as our clients and I think that that's brilliant, it's great, I really think that that's been good for me. 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.

Setting up systems and processes

As the COVID 19 pandemic, there was no time to test, refine and review online mental health service specifications:

Planning was taking place under pressure in conditions of constant change and uncertainty.

"We kept rewriting service provision plans because they would change the next day and we would rewrite it and scrap it. It wasn't until that Monday when we were all together

and we got told that we were going into lockdown Wednesday. I felt relieved because I thought thank god for that. We've got one thing that we're doing and we can just write one service plan and then we can put it into place. It felt like a three-day thing once we realised everybody was going to work at home … and not be onsite. The first thing really was to check out what resources people had so I asked [the Business Manager] to meet with all of the team and find out what they had computer-wise; phone-wise and get them all hooked up with the capacity to work from home". Clinical Director

Professional and personal support for staff

The clinical team leaders set up daily meetings with the clinical teams supporting self-care, problem-solving and providing continual debrief processes. It was most important that clinicians felt connected as a team:

"We set up meetings. After the first day or two I asked [the body therapists] to create some kind of stretch movement for … the clinical and the community teams … the daily meetings seemed to be the biggest thing for the staff in general …" Clinical Director

On-line training

On-line training in working with clients and interpreters remotely and in telephone counselling was provided for practitioners; and for interpreters, 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

Working at home

Working from home and online was exhausting for many therapists. Some had difficulty finding private space to conduct sessions with clients and contended with intermittent internet access. There were family pressures and challenges to address alongside maintaining professional practice:

"I think because of my home situation it was quite difficult in the beginning, not actually like great in the sense that meeting on-line was fine and having sessions with clients was OK. I think what was so difficult was the lack of privacy and trying to do my sessions. I think most clinicians will tell you that's something that's actually quite key for us is the room and the space that we kind of prepare for the client. So, there's something about like therapy rooms or at least for me I think I've always wanted to create like this amazing environment. When I had my own office, I would always kind of really set it up in fact quite intentionally, kind of have a mood, you just set the space for what you know the client might experience coming in … I realized that space is something that's important for me as well as the client … I think to be able to do my job and so I think that's something I definitely learned is you know even in a virtual session not having that, made the world of difference to me". Counsellor

"I have learnt that it is possible to be harmonious at home with all of my family. My children have adapted to online learning and developed new routines and understanding about how to work more independently. We had to remodel the space in the house to accommodate 5 remote workers. It was more challenging in the first weeks as we adjusted to our new routines and rules. There are moments of madness when the internet is not working smoothly, when school-work is challenging and when we all feel a bit penned in but I really can't complain". Psychologist

Working with old and new clients

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 the COVID 19 pandemic and to being in lockdown, therapists and clients were often able to continue with therapy:

"I found the first couple of weeks the clients were quite distressed about COVID, and then it was more of a holding space but since then I've just been doing more normal therapy with my clients and I've been finding that's been working quite well. 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". Psychologist

Clients responded differently to the experience of lockdown

"I was able to continue therapy with some of my clients … client's during the lockdown times responded differently to the current situation of COVID-19. It was very interesting that for some of them when we reviewed their current needs and what they wanted to work on, [lockdown] provided a good space for them for self- reflection and then they realised there's something new that I would like to work on". Counsellor

Not all clients accepted remote therapeutic intervention and in particular new clients referred often indicated a wish to defer meeting until they could meet with a therapist face to face. For others, where there was an established rapport between the client and the practitioner after a period of adjustment, therapeutic interactions returned to a new "normal".

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

Lockdown at the Mangere Refugee Resettlement Centre

At the Mangere Refugee Resettlement Centre, although, the movement of clients in and out of therapy rooms had to be strictly controlled to maintain strict social distancing, including security staff and managers dressed in Personal Protective Equipment (PPE), psychological services were well used.

While therapists worked from home online, two managers worked at the Mangere Refugee Resettlement Centre to ensure that clients could access therapists remotely in a private clinical space while remaining in their "bubbles":

> *Then once we established that we would be there, when everybody went into lockdown on the Thursday both [the Clinical Director and CEO] … kept coming in just to set up the rooms; make sure that we had the things on site that we needed to make sure that we had bubbles for each of the blocks so people could go into the same room; tried to make sure we understood the social distancing stuff; making sure the rooms were being cleaned; like all of that stuff … the following Monday [the CEO] and I started doing turnabout … so we were [maintaining]social distance bubbles". Clinical Director*

Responding to clients at the Mangere Refugee Resettlement Centre (MRRC) who were in lockdown for extended periods, was stressful. Resident's wanted certainty about their future, their safety from COVID 19 and to know when they could move out of Mangere to their new homes. Practitioners were unable to provide answers to many of these concerns:

> *"[It's difficult] when clients ask questions about COVID-19 and where I know [I answer], [but often], the answers are not available because the questions and answers are ever-formulating and changing, for example, " what will happen at the end of Level 4? and " when will we be moving to our house"?" Social Worker*

Not being able to meet newcomers, many of whom had just arrived in New Zealand, face to face was challenging for therapists:

> *"One of the big changes for me was to find ways to be able to build mutual rapport with my clients by conference calls. The big thing for me was when we look at the code of ethics in the way we practice. People enjoy face to face contact rather than being on the phone. It's very stressful". Counsellor*

> *Its fine, I mean I'm used to working with interpreters but what happens is that the video drops out here and there and it's a little unpredictable so that interrupts the flow especially if you're doing a meditation. I have enjoyed doing the exercises. Going forward I'm a little fearful of what's ahead because if I can't work hands on…" Body therapist*

In some cases, plans of safety needed to be actioned for acutely distressed clients while the therapist was working remotely:

> *"But there were times where the reality was … you know if you've got somebody coming out distressed; I'm going to sit with them. I made sure I kept my distance or what not but just be with them until that passed. But the staff did an awesome job of helping contain that distress and managing it in the room [working remotely] so it wasn't very often I got those calls … Yeah it was tricky". Clinical director*

Boundary Issues

Where video access was possible, issues of boundaries emerged as client's and staff were able to see the intimate details of people's living circumstances. In both cases, access to a private and confidential space in the home could be challenging and limited the ability of the therapist and the client to talk freely. Some therapists were concerned about breaking the boundary between the therapist and the

client as the client was virtually "entering their home". There were concerns about how to re-establish boundaries once out of lockdown.

> *"I wasn't happy to share my telephone number with all of my clients. I would give them the admin mobile number and they would contact me but now everybody has the telephone numbers and sometimes they call you at times that they should not call you. It's a very difficult time and you can't teach people about boundaries or all of these things because everybody's anxious and everybody has problems, so you have to deal with this. So, these are some of the challenging things came up from this lockdown situation for me personally". Family Services Coordinator*

On the other hand, for therapists there was an unintended opportunity to observe family dynamics and to intervene when needed which would not have been possible under normal circumstances as in the following cases:

> *"I'm just going to share some observations that I've had. Some of my clients I can use WhatsApp with, and it's been quite good just observing them and the distress in their home environment. So, actually seeing a real live example of them being distressed and introducing some coping strategies that we've been working – doing it in the moment where it was really related to what was happening right there and then. Another example of mine is a suicidal client of mine, who had just recently been discharged from Te Whetu for his high risk and I asked him what medications he was on and he went into the bedroom and there was this rope hanging from the ceiling and I sat there thinking do I ask him or do I not ask him and in the end I said "oh what's that rope doing up there and It was, he'd put it up there when he was contemplating suicide and he hadn't taken it down and so what it enabled me to do was to actually ask him to put his son on the phone and I asked the son to remove the rope right there and then. So that was quite interesting. So, seeing people physically in their homes …" Psychologist*

Privacy and Confidentiality Issues

A lack of privacy for clients, particularly women, in their home situations, household responsibilities and family demands in some cases meant that continuing therapy was impractical, instead therapists maintained regular check ins with clients as in the following case:

> *"… there's been moments where the family has been involved with the client's therapy as well in terms of how they're managing in the family dynamic being locked up, in terms of relationships and in terms of managing stress, the workloads. There's certainly been issues around what is a cultural norm with women at home having to work, perform house chores and with all the stresses of managing children and education and all of that. It's hard to have a conversation about managing yourself and yet having a balance. 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 and I found especially with some of my clients from India and Pakistan that I'm working with mindsets that are quite orthodox or they're set in their ways 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*

Confidential online therapy may not be possible for everyone because of their specific household circumstances. Conducting online therapy confidentially may be a challenge as family members may be in the room. Therapists also had difficulty finding private, uninterrupted space working from home:

> *"It's a little tricky working at home, because there are distractions at home, so that's quite challenging, so even if I quieten down the troops and lock myself in my room. I can hear something going on at home. So, to work from home effectively, I think I would need quiet space all to myself but that's a pandemic for you …". Psychologist*

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

When privacy was available remote therapy had some positive outcomes with motivated clients:

> *"I have had some clients, we've actually, this one client I can think of and [remote] therapy with her has actually been great, because we just kind of move through different things to be honest. She's a very self- motivated client. Yeah, she's also had privacy, like she lives in a boarding house but she has her own room and so with her we've done quite a lot of work and there are a couple of other clients like that". Counsellor*

Using audio-visual technology

During lockdown, practitioners gained valuable skills in using remote access IT software (Microsoft teams/zoom, WhatsApp) to maintain therapeutic, social work and community support, youth outreach and team communication. There was significant uptake of the use of WhatsApp and phone calls for client counselling, with more limited use of video technologies as many clients lacked the devices needed for visual technologies:

> *"[Working remotely], for some clients it seems not to be a problem at all if anything it almost feels enhanced and for others I think 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*

> *"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's App …" Counsellor*

Practitioners in some cases indicated the need for upgraded phones and devices to maintain connection to the client. Poor internet connections in homes also compromised the quality of remote interactions:

> *"Yeah, probably to make that work properly we would need an upgraded phone, my battery keeps running down. Sometimes I'm fighting with the internet, today's a good day*

but that's the problem with technology right, it's like sometimes when its running, its running well but when it's not doing so well then you know you have a problem. Yeah, I mean I think if we could have the appropriate technology … but I do think that phone counselling is definitely worth having". Counsellor

Lockdown introduced therapists to a new place in relationship with their clients which was somewhere between presence and absence which they needed to learn to accommodate. There are clear benefits from online communication with clients but there also needed to be realistic expectations of what this means of communication can achieve (Hickman, 2020).

"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

Remote counselling skills

Therapists needed to be more verbally active in eliciting psycho-social information in phone and audio-visual counselling sessions. As with any face to face therapy session, continual reassessment of the client's emotional status is important and because of the difficulty of assessing emotional responses on the phone, it was particularly important for the therapist to purposefully elicit such responses and become acutely attuned to verbal and vocal cues. Therapists gained skills and confidence in expressing empathy and developing trust and rapport through phone counselling:

"It has made me realise that a lot of my interpretation of interactions relies on visual cues, reading body language and facial expressions within a social context. Lockdown has forced me to improve my other communication systems available to me and to upskill in my technological abilities. It took some time for the "new normal" to feel normal and it has made me appreciate that in the "old normal" world my access to human connection was central to what I liked about work". Psychologist

"I worked for Lifeline for 10 or 15 years, so I have a lot of experience working virtually over the phones, so well it was more a mental challenge for me because we're trained to work face to face and obviously that's the gold standard way to work in therapy but the online work has really been, this has been really good for me because I realized how effective it can be and how you can actually work quite well in a virtual manner. It's not ideal but I've been surprised. That's been my learning that my attitude has shifted towards it and I think that this has been a positive experience which we can use going forward because it means we can do our work, we don't have to be in the same location as our clients and I think that that's brilliant, it's great, I really think that, that's been good for me. It took a while to get used to the process to get the technology kind of working…" Psychotherapist

With the realisation that face to face interpretations of interactions were reliant on attending to client's visual cues, reading body language and facial expressions, therapists worked on improving other communication skills. As one therapist said what had changed for her was understanding:

"… the power of technology in today's modern life and for myself more focus on the power of sounds because we lack the facial expression and also the body movements so yeah I've tried to train myself on this, keeping close to my clients' voices". Counsellor

Communication is particularly intense in the client therapist – relationship (Iedema et al. 2019). When face to face modes of gaining information from client's changes, there is inevitably the risk of miscommunication and misattunement. Practitioners work with feedback and are used to reviewing and revising and checking back with the client. These skills are even more important when working remotely.

"… not something I didn't know before, but just how much as we kind of went into virtual sessions, I said you know the reason why I don't like virtual sessions is because 50% of any communication is very much non-verbal, so I do definitely, as the sort of person I am in my personal and professional life, I'm very wired, I'm very in tune with people's non-verbals and so that sort of removal for me was pretty gruelling, my comfort is with non-verbal cues, but I think it was also an opportunity to kind of fine tune cues, like the more verbal cues, so the tones in the voice and not forgetting that. It's very easy to just depend on nonverbal cues, but you kind of sharpen some skills and integrate that and make it work for you, so I think for me that's a learning edge". Counsellor

Working with interpreters

Working remotely required practitioners to learn new skills in building and maintaining therapeutic rapport, particularly with new clients. As well, new IT and management skills were needed to work remotely with interpreters. Managing the technology and interpreter interactions working remotely, took a lot more time and management than face to face interactions.

"It's all been through the phone. What I notice is that decisions are a lot slower because it's just not me, there's three people involved [with interpreters], there's technology issues, sometimes you're not hearing it and it takes longer, decisions, I mean for me I found decisions took a lot longer to do simple things that I might be doing, longer to pass the message on and for them to understand and clarify". Counsellor

"I've enjoyed being on the phone, but I've had my own challenges with technology I couldn't get the videos to work and was utilizing the audio. 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 and it wasn't a language that I was so proficient in having interpreted, so I didn't know what was going on for the client and I didn't know whether to hold the silence. I didn't know what was happening, whether to let them self- regulate. It is a little bit one-dimensional, so yesterday I was trying to reflect on a client who I'm used to seeing face to face, but it can be a bit more challenging when its virtual". Psychologist

For some therapists working remotely gave them more control over the interpreted session and the opportunity to pre-brief and de-brief the session with the interpreter:

"… something I've enjoyed a little bit more is working with the interpreters, the pre debrief and post debrief, that's something I felt I have more control over because when I'm in the office I can't really control who comes first, like the client or the interpreter and to a certain extent sometimes we're doing, you know back to back sessions, the room is you know there are so many different logistical things going on. I find actually it's not that easy sometimes to do the pre-brief that I want to do, I think post is easier because you say goodbye to the client and then you know you can just kind of check in with the interpreter afterwards". Counsellor

"I think what I really loved about … the opportunities COVID brings for clients is I'm in control of the full session, I pick up the phone and call the interpreter I have a conversation and then ask "Are you ready for me to add another person" and then I add the other person and at the end of the session I cut the call with the client, debrief with the interpreter and then end my session. So, I think that's something I've really been loving and part of me is like well how feasible is it to continue this. The way we're booking in rooms, there's a half an hour break so maybe within that time, it's something I think I'd love to continue. I do wonder how feasible it is every single time just because of life you know, running late right so that if we're running 10 minutes late, then the next client is waiting for 10-20 minutes. I can't say give me a second, yeah. That's one thing I think, this is not in terms of therapy so it's maybe something I can talk about later in terms of like management planning". Counsellor

Interpreters working with practitioners

Interpreters were overworked during lockdown as they were often booked for consecutive sessions without breaks, as well they experienced "zoom fatigue". Some found finding privacy in their homes while interpreting challenging. Phone interpreting meant that they struggled to find cues to indicate that the clinician or the client needed to interrupt the conversation. In some cases, the sound quality was poor when clinicians were using older devices.

Conducting psycho-social assessment

Conducting psycho-social assessments changed with the use of remote access, for example, for a child psychologist, interactions with children and youth are social, play-based and observational as well as reliant on relevant interview information from parents, teachers and others. Moving to telephone and video link interactions meant changes to interventions and to assessment processes for children and young people from refugee backgrounds:

"Much of my training and work experience has been based on developing relationships with others and ecological assessment. My interactions with children and youth are social, play-based and/or observational as well as reliant on relevant interview information. Moving to using telephone or video link interactions has meant I have to change what I do and how I think about assessment". Child Psychologist

"There's been some good learning, but my training is to focus a lot on what I'm seeing a lot of the time especially with children and their behaviours, because children are not big on communicating verbally necessarily, so you're watching a lot and that's been a bit hard.

Sometimes through videos, I've been able to see a little bit of that. I miss people at work, I've realized that's a big part of my work and the other thing perhaps is when people do become distressed on the phone how difficult that can be. I just didn't realise how much I relied on my vision. That's been a big learning curve for me, I watch". Child Psychologist

Triggering past trauma

For some clients, the COVID-19 level 3 and 4 lockdown restrictions triggered previous traumatic experiences such as being in detention in countries of asylum, during their refugee journey:

"I think what the situation has also brought is that for some people this has very much been the trigger of past trauma. I find like just with a client last week, there was like, she struggled to find why therapy was beneficial and I think for the first time it was actually an opportunity to demonstrate that because she said, "I'm having flashbacks, what is going on? I'm in [name of country]" and then I was able to say, "Is there something about this situation even though you're not in a refugee situation now. Is there something that mirrors that situation?" I was able to give some psychoeducation. I was actually able for the first time to talk with her, to actually like work on coping skills and like you know flashbacks work, So I think it's been a mix". Counsellor

In some cases, these dramatic life circumstances were an opportunity for clients to start the process of healing and restoration as they began to understand the impacts of trauma and to become aware of their own resources and the supports available to them. In this case, psycho-education helped the client make sense of what was happening and provided choices about what to do. In other cases, therapists felt disconnected working remotely:

"It has been more difficult to extend comfort and support to distressed clients through the screen or over the phone because sometimes it can feel awkward when you can't read the verbal pauses and see the visual signs". Psychologist

Therapists acknowledged the depth of underlying trauma in clients from refugee backgrounds. Media coverage at Level 1 of events such as lapses in the control of quarantine for new arrivals, triggered anxiety and heightened fears of personal safety and protection:

"I think there are more layers of trauma too, that can reach into the [therapy] room in different ways. To give you an example, I had a client yesterday , it was the first time we'd met face to face in person and he shared a story that … families who are located in China … who have been identified as having COVID, where local neighbours would gather together and seal them in their apartment. Followed up by a story about a grandfather and a grandchild left behind and the grandfather died and so on. Other stories about various populations being beaten by the authorities, sort of driven and assaulted. I think that the amount of background trauma is very high and I think it can reach in and touch us at any moment. So, my sense of apprehension is heightened … I don't think that we're anywhere near through this and I think that the reactions we had yesterday about our real or imagined security gets triggered with a little flick". Psychotherapist

Managing loss and grief

Families were separated from the community and religious supports they would have turned to in ordinary circumstances when grieving and mourning the loss of loved ones overseas. This could be overwhelming for both clients and therapists:

> *"… 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, so it's a lot to hold in this space. Yesterday I was in a NZAC discussion group over grief and loss over COVID and how do we manage- and at times I've walked out of therapy and we have to be engaging and able to hold that, but the human side does come out. It's painful to sit there and at times I've been with clients who been watching a funeral over WhatsApp, watching their loved one being buried and at times it does feel gloomy, the way the world's going and I feel sadness about that". Counsellor*

Resilience

The impact of the collective experience of COVID 19 for some clients led to a place of acceptance and perspective on past traumatic experiences as one counsellor reflected:

> *"[Some client's] I've noticed that since the lockdown that in spite of the financial crisis, health and external family, their resilience has grown so they've come to manage their stress better and find some meanings around their past trauma and now focusing on what do I need here and now to move forward. So, their mind has shifted somehow from how it was previously, and I guess it helps when knowing that it's an event that not just one person is going through. It's not an internal event that they're going through, its everyone going through this fear collectively as a collective experience, so it normalises for them that it's a journey and I must move forward. How do I empower myself to go forward but that's been a huge learning for me to see that the clients have the resilience to move forward and make sense of their past history". Counsellor*

Families reminded therapists and community workers that they had been through a range of much more dangerous and traumatic experiences in the past. Therapists were needing to remind themselves that families had developed the knowledge, skills and resources to survive extreme circumstances.

Adapting body therapy online

Body therapists found creative ways of working with clients by promoting self-care remotely.

> *"Yes, it's an interesting one. I've found that they [the client] just want to talk-and it's been a creative way to work – not being able to put my hands on anybody. So, we can play around with other things, so I've been really having to stretch myself around that- you know tuning into their body and what's going on with their emotions, the pain or anxiety they're experiencing and connecting that together. I've been taking clients through full body meditation, just kind of connecting them through browsers and that's been really good. Some self-care work I've been doing for headaches, a little bit of acupressure. It's been ok, it's not wholly satisfying… I've really had to think outside the box and feel what's*

going on for them, like connecting from a distance is energetic exchange- I have to really go into that place myself… It's not always easy when you've got a third person and you have to connect by video, It's not that fluid, obviously it's not ideal" Body Therapist

Improving access and availability

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:

"I expect that access to phone and video counselling will reduce DNAs and improve access for those with transport difficulties or who just cannot get out of bed to get to a therapy session". Counsellor

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

"One thing I will say though is that it is efficient working remotely. I mean, the time that I do spend driving to meet just one client face to face, I could be seeing two or three clients (remotely). So, I do just think having a mix of that would actually be good. For those who can't make it to Onehunga, we could give them an option of a virtual session versus getting out there into the community". Counsellor

"One thing that we had discussion about with psychiatry appointments and body therapy appointments who need to come here to [Onehunga] because those staff don't work in community venues. Some of those clients we were able to see via Zoom, so for example, one client we had today who was an uber client [had access to free taxi transport] before who wasn't able to attend and as a quick solution, we decided that we would use Zoom. That's something obviously we can't use all the time. I'd be concerned if that was all that was happening, that the person was never seen face to face and I think because of the clinical risks and the holding they would need to be seen face to face over time". Community Clinical Team leader

There are advantages to working remotely. Providing on-line therapy improves access for clients who have problems attending face-to face because of transport, childcare and other difficulties. As well as offering client's options for face to face or remote access, there are gains in terms of a therapist's time, travel time and petrol costs. There is potential as well for the community clinical team to offer consult liaison services on-line to resettlement centres around the country

An increasing number of referrals

Once at Level 1 with the resumption of normal services, referrals to RASNZ clinical services spiked and have continued to do so:

"There have been 30 referrals during May/June. That's a lot". Community Clinical Team leader

Impact on therapists

Zoom fatigue

During lockdown many practitioners said some variation of, *"I don't understand why I'm so much more exhausted than when I see my clients in person".* Zoom fatigue refers to the mental exhaustion associated with too much interactive screen time. Many practitioners experienced Zoom exhaustion during lockdown:

"I think working [remotely] from home can be tiring because I have found myself more likely to be seated for longer periods of time and I think all day on a screen can be challenging". Psychologist

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, like training maybe that we need to have, just something you know, it's just something set in place to just take care of ourselves. Especially with clinicians, it is exhausting face to face anyway but now with the virtual sessions I'll tend to work very hard and so how do we take care of ourselves". Counsellor

Quite often online sessions run back to back. To the extent possible, it is advisable for clinicians to create a buffer around each on-line therapy session by not scheduling other appointments right before or afterwards, so that the therapist has time to take a screen break beforehand and process afterwards (Hickman, 2020).

During online meetings, team members may be distracted and checking emails while they are supposed to be conversing or listening to their colleagues. In this case, resisting the urge to multitask is helpful. When online with several people at the same time, team members are simultaneously processing visual cues from all of those people in a way they never have to do in a meeting room. This is a stimulus-rich environment and can lead to being overloaded by the extraneous data that does not need to be processed in face to face interactions (Steinberg, 2020).

Managing workload and complexity

Mental health practitioners need to be very aware of their own health and mental wellbeing during the COVID 19 pandemic. Working under conditions of prolonged stress, with clients in a range of challenging circumstances, and managing high client loads with complex psycho-social needs, can have potential consequences for practitioners' concentration and mental resilience:

"With the workload and the complexity of the clients coming through, I've felt, since the lockdown coming back, it's been a whole lot of adjustment mentally, psychologically, physically, emotionally at such a level. Yes, I'm managing and talking to my supervisor, but I'm not having the time to go to the gym and having the time to have proper food. It's very stressful …" Counsellor

COVID-19 is a personal as well as a professional issue for practitioners in mental health services. It is vital that staff look after themselves, with supervision a key part of this. Online access throughout lockdown ensured that practitioners could stay connected with their supervisors. Working remotely seems much more exhausting, partly because the approach is new and untested by many practitioners and there is anxiety about the technology and its reliability. Therapists must adjust to the lack of embodied, intra-active felt experience of the client, on which they rely so heavily (Pennington, Patton & Katafiasz, 2019). Practitioners have needed to develop ways of practicing which attend to the client's verbal rather than visual cues, often through a third party, the interpreter. Clinical managers supported therapists to develop skills in phone counselling and working remotely with interpreters through in-service training offered by WDHB eCALD services (WDHB, eCALD Services, 2020) and LifeLine.

Online therapy in a time of pandemic is uncharted territory. As a result, therapists may experience an additional sense of responsibility towards their clients. At the same time, they may not feel they have the same means to address their clients' needs as they would have during practice-as-usual. This may be especially true in the context of a difficult or risky home situation. Clients may also not be able to take part in remote therapy despite a wish to continue with treatment, increasing a sense of helplessness in the therapist:

"It reminds me of the Christchurch earthquakes, and a colleague of mine went down and worked in Christchurch hospital and they came back and said that staff there were doing their work and doing their work but their capacity to be triggered was very heightened. So, people would continue and then reach some point of exhaustion, emotional, psychological, physical. So, I think some sort of awareness around that and I'm not saying that we don't but I feel personally quite apprehensive in a profound way and I think it highlights so much vulnerability". Psychotherapist

Resilience-building techniques, reflective practice and peer-supervision all support the therapist and ensure effectiveness.

In these challenging times, it is not just the client but also the therapist that needs to practice self-compassion and self-care.

Self-care

While providing therapy by telehealth can be as effective as routine, face-to-face therapeutic interventions, it is important to acknowledge this as a significant change in the way many clinicians work. It should also be remembered that this change is coupled with the stressors that practitioners

(along with everyone else) are facing at this time (eg home schooling, separation from loved ones, illness). It is therefore no surprise that delivering sessions remotely is more tiring, especially due to the increased concentration required to adapt, to read non-verbal communication, and to work with the limitations of the technology (eg audio visual delays). All these stressors are occurring while access to normal coping strategies is limited. Alongside routine advice about clinicians taking regular breaks and timing sessions appropriately, it is essential to reflect on these challenges and use supervision, in order to ensure that practitioners remain healthy and able to deliver effective therapy.

Opportunities for change

> *"… I think that there's a lot of exciting things that we can do. In terms of what we have already been doing in terms of how we've changed our work right now but also I think it opens doors for new opportunities for RASNZ as a whole, you know in terms of we've talked in the past about working remotely and I think that this demonstrates that we can use Teams, WhatsApp, cell phone calls, where we could do consultations around the country for clients that are having difficulty accessing one-on-one work but also 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*

On-line therapy for people from refugee backgrounds has been introduced during a national emergency with practitioners having to make rapid adaptations to meet the changing circumstances in order to maintain client contact. Ideally, IT support would have been provided to clinicians in the early stages of implementation to manage technical issues (such as assessing technical readiness and installing web cameras and monitors) (Greenhalgh et al., 2020). However, this was not possible within a matter of days. In spite of this, therapists remained virtually in contact with clients throughout lockdown. The benefits of this experience are the potential for providing remote consult-liaison with health practitioners in other refugee resettlement centres.

There are potential risks and drawbacks to providing therapeutic support through remote technologies. The quality of connection is dependent on the reliability of the internet connection of both the therapist, the client and the interpreter and the devices available to them. When the internet "dropped out", the therapy session was interrupted and delayed. With technologies such as telephone consultations, the absence of visual cues such as facial expression made it difficult to discern emotions or intonation. Using phone and video counselling technologies, there may be an absence of cues such as body language to guide the therapist. Working remotely is challenging when responding to client emergencies and crises and not all clients and all treatment issues are amenable to remote therapeutic interventions. For clients and clinicians during lockdown, finding private, uninterrupted space for remote counselling in busy households was a barrier to maintaining effective therapeutic interactions.

A "new normal"

Moving to Level 1 and 2

There were mixed reactions to returning to work after being in lockdown for six weeks. Many staff had become accustomed to the new routine of working from home and for some there was a reluctant to return to the way things were:

> *"I found it much easier during lockdown to do self-care, to exercise". Psychologist.*

"For me I think I'm asking a lot of questions to myself, what this experience was and what this kind of pandemic [is about], Its unprecedented, affects me emotionally in terms of the way I see the world, the way I see people and self-care too" Counsellor

Others, were keen to get back to a sense of "normality", and to be with colleagues again, tempered with concerns about how long New Zealand could remain safe from community acquired COVID 19 infection:

"I guess that's why I'm so silly around here- just to bring some joy back, some normality. I guess there's that sense of enjoying the freedom but also that panic of how long for? Like what's going to happen next or how long can we keep the borders secure?". Counsellor

"There has been something nice about coming into the office instead of working solo at home that I didn't feel before lockdown coming into the office and so you just keep managing it – but when you have people around, you're more likely to connect and have that sort of banter as well as deeper connections, instead of managing the instability of the internet and desks and things like that which I didn't really have back home". Psychotherapist.

Most Clients were relieved to return to the safety of face to face contact with their therapists in the privacy of counselling rooms

"I think our clients are engaging much more in terms of wanting to have their own space to connect and continue the therapy process which at time was challenging when they were under lockdown… Counsellor

"I guess there's that sense of enjoying the freedom but also that panic of how long for? Like what's going to happen next or how long can we keep the borders secure?" Counsellor

Clients' feelings about being in a safe country with low rates of COVID 19 were a relief on the one hand, and of 'survivor's guilt' knowing that their families overseas lacked any protection from the virus:

"In the first place most of our clients have lost family, that's why they've fled and the response from clients I've had is that families are delighted that they've made the move here because we're the first in the world to clear the virus [at the time of the interview]. They're feeling incredibly safe and that's paramount and I've obviously enjoyed that, how lucky they feel as well and privileged and yeah its all of it". Psychotherapist

"Yes, what I've found is that some families have the guilt of being safe here while their family members are going through that. Its survivors' guilt". Social worker

Increased social work loads

The need for social work support has escalated at Levels 1. In addition to high workloads, processes such as Work and Income and Housing NZ applications are no longer fast-tracked and streamlined as they were during Levels 3 and 4:

"… 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

"Families who needed attention prior to lockdown for various issues that we've put on hold- now those things are starting to resurface and we can't do things as easily as we could during lockdown. We've gone back to the way things were before lockdown … for example, WINZ. During lockdown I could email them and we could get things done much quicker. You now can't turn up to appointments anymore. You have to do it over the phone and of course that's a challenge for our clients and I've ended up being the agent authority for a number of people, some I choose not to because of difficulties associated but quite a lot I have become agents for … I liked the secret squirrel email, that was a way of getting into WINZ during lockdown through the back door". Social Worker

Three: Remote social work

Many refugee background families are already economically disadvantaged in New Zealand society, often dependent on low paying jobs and casualised labour contracts. Because of the pandemic, many people have been laid off temporarily or permanently. This has led to widespread difficulty in meeting even their most basic of needs and a spike in referrals to RASNZ for social work support. Social isolation made help-seeking even more complex for refugee background families during lockdown in addition to language barriers and a lack of access to the internet and digital devices. Throughout lockdown, RASNZ social workers worked to find housing, GPs, food and income support for families in the Auckland region, some recently arrived from other resettlement regions and some returned from Australia as a result of job loss and ineligibility for Australian welfare benefits.

Social support has been proven to be the key factor in mental recovery in a disaster context (Ministry of Health, 2019). According to Maslow's pyramid, therapy may come later, after physiological and safety needs are met.

Psychological first aid

Psychological First Aid (PFA) has been proven to be an effective response to an emergency situation and needs to be incorporated into clinical practice during a pandemic (Tip, 2020). Psychological first aid (PFA) provides initial emotional and practical support to someone who has experienced a traumatic event, either a large-scale disaster or a personal traumatic incident (New Zealand Red Cross, 2020).

Maslow's hierarchy of needs

Maslow's (1943) hierarchy of needs, holds the key to understanding how to intervene to protect the health and well-being of families at the right level during times of crisis. Table 1: COVID 19- Community stabilization and sustainability framework (Ryan et al, 2020) shows the impact of COVID 19 on vulnerable families and communities. RASNZ clinicians and community services worked holistically to assess and respond to this hierarchy of needs for clients and families during COVID 19 lockdown.

Table 1: COVID 19-Community stabilization and sustainability framework (Ryan et al, 2020)

Maslow's hierarchy of needs and impact of COVID 19 lockdown		
Goal **(Basic Need)**	**Examples of Requirements**	**Possible COVID 19 lockdown impact on individuals and society**
1. Physiological needs	Breathing. Homeostasis, water, sleep, food, clothing, shelter, mobility	Less mobility, food access issues, and for some people shelter may be affected
2. Safety needs	Employment, resources, property, health, stability, security	Increased unemployment, reduced access to resources, and individual stability impacted due to uncertain future. Security issues may increase at household/domestic level
3. Social needs	Love, affection, family, friends, relationships and belongingness	Access to family and friends impacted
4. Esteem needs	Recognition, respect, achievement, self-confident, and self-worth	Self-worth questioned as people become unemployed and have an uncertain future
5. Self -actualization needs	Creativity, acceptance of facts, morality, and problem solving	Little to no impact

Adapted from Ryan, 2018

Social work interventions with families from refugee backgrounds during the pandemic are characterised by their complex, chronic and urgent needs and the demands of navigating services and communicating between clients, service providers and interpreters for RASNZ social workers. Using Maslow's hierarchy of needs, at the first level, COVID 19 exposed underlying hardship in families from refugee backgrounds. Food support was needed for many clients particularly for single mothers and older people during lockdown. At the second level, the pandemic caused families to experience financial hardship due to job loss resulting in family tensions and conflict. Many families were unable to afford reliable internet access, interfering with their ability to access WINZ benefits, food and housing support; and their children's ability to engage with online learning at primary, secondary and tertiary levels.

At the third level, the isolation resulting from lockdown was felt most strongly in those who do not speak English, older people, and single mothers unable to leave the house to shop. During lockdown, some lost loved ones, and grief was even more distressing because of their inability to connect in the final days, to say goodbye and comfort family, and to observe cultural and religious rituals or to attend funeral services.

Managing Practical Issues

RASNZ clinicians and social workers needed to address significantly more of their client's practical concerns (WINZ benefits, food support, housing, access to medical care etc) as well as their psychological concerns. For some clients, practical concerns have needed to be addressed before other psycho-social- emotional concerns could be approached:

> *"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. I'm wondering if I was in a space where I was purely just focused on the therapeutic space and trying to*

build the rapport from that, how would that be different? Where in this space I was able to connect with all things they needed and then build that rapport and then started working with their struggles and what they're going through". Counsellor

Remote coordination of care

Social workers connected remotely to organisations across health, education, social services and the NGO sectors in order to coordinate care for clients from refugee backgrounds during lockdown. Using remote technologies such as on-line and phone application processes for WINZ benefits, housing and food parcels, social workers were able to accomplish "a lot in a day". However, there were barriers, and processes were significantly slowed down when an interpreter was needed. As one social worker said:

"I'm actually getting a lot more work done because there are less distractions, even though I'm working from home, but the downside is in terms of social work there have been quite a lot of barriers. WINZ is not open [for face to face consultation], Kainga Ora (Housing Support) is not open and some require us actually to go in especially when I don't have agent authority, I cannot speak on [the client's] behalf, so that's put a spanner in a few things and again if they could speak English I could try and call first thing in the morning at 8:00 o'clock but when there's an interpreter involved it's really difficult to have a conversation with WINZ or Kainga Ora or any of the other organisations. So, I've had to put things on hold and that's obviously led to frustrations and although client's do understand they do want to see progress. So that's been a bit difficult. There's been specially one case where we really needed to do a home visit to get a proper assessment done and that hasn't been possible obviously and that has caused a lot of difficulties. Just the fact that we couldn't do a proper psych assessment and there has been difficulty engaging but apart from that clients have been very responsive, and I've developed some new relationships that wouldn't have been possible and would not have eventuated. So, there are positives and negatives". Social Worker

In a number of cases providing social work services remotely for clients was not possible because:

"… most client's 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 its 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 and they're understanding". Social Worker

Clients new to Auckland

Families returning to Auckland from other resettlement centres or returning from Australia, presented real challenges to providing the urgent practical support they needed in a situation of 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

Close collaboration with government agencies

During lockdown, many government agencies relaxed rules and systems and with social workers advocating for clients, applications could be processed immediately online, and issues resolved quickly. As a psychotherapist observed:

"I think there's a lot of agencies that seem to have dispatched with some of the bureaucracy and the barriers and so on and so I think this means there's been some permissions given both internally and externally to agencies and to individuals to allow them to respond more intuitively and probably more generously than they might do in the usual structures – well they have requirements in terms of reporting and checking which I think tend to be a bit paralysing so I think there's something that's freed up generally". Psychotherapist

"I'm able to help more clients in my experience. My experience from the first day was contact with WINZ when someone didn't receive the benefit which is a shock for them. What we did, we just emailed, he gave me approval to send the email to WINZ and we solved the problem in less than five or six hours on the first day. On the 2nd what I learned, I was dealing on the phone on the second day with MSD, HNZ with a family on the same line. Of course, we helped the client to find what kind of house he wants you know.

Definitely we needed a time to move from one house to another, but the client was happy with decision from Housing New Zealand with MSD and my part". Social Worker

Seeking Medical Attention

For vulnerable families during periods of lockdown and forced isolation, risk assessment needs to involve physical health not only of the client, but also of other family members, particularly for non-English speaking clients. For example, RASNZ practitioners, working with interpreters provided a vital link to general practitioners and pharmacies during lockdown:

"[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, you know using Internet …" Social Worker

"… GP services have been the most responsive ever. Usually, it's really hard to talk to doctors and it's been really easy during this time. They actually call us back". Social Worker

Four: Community support

Cross-Cultural Facilitators

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 technology to stay connected. Single women with children and older people without family support were reliant on Cross-Cultural Facilitators for contact and food support during lockdown:

"… I spend most of my time in the community and working with many, many women and running lots of groups. Doing lots of practical stuff with the ladies, now it's not possible like we had a sewing group, we had a quilting group, we were working on so many projects like making some recycled shopping bags. All of those programmes, it's very hard to do it remotely because we had a few sewing machines that we would use together but not everybody has those things at home. Some of the elders who are living on their own, it's very difficult for them. Many times, I get requests, sometimes I do shopping for them and sometimes they say 'Can you take us? 'and I say sorry now I'm not allowed to take you and it doesn't make sense to them". Cross-Cultural Facilitator

RASNZ Cross–Cultural Facilitators provided regular "welfare checks" by phone throughout lockdown; keeping families connected and well-informed on what was happening at the various levels, in their own languages. Many families were getting information from the international media, from countries struggling to control the spread of COVID-19 and without access to the Ministry of Health COVID 19 prevention campaign were scared and anxious. There was a time lag between the information that English speakers were receiving through the "Unite against COVID 19" campaign and the availability of quality translations in the languages used by communities from refugee backgrounds. In addition to RASNZ, organisations such as Red Cross Refugee Services, MBIE, District Health Boards and Auckland Regional Public Health Service produced a range of translated information. As Rachel O'Connor, Red Cross General Manager, Migration (O'Connor, 2020) stated:

"*We were having to work at massive speed to translate this important information that was constantly changing and get it out to people. We did it on the phone, email, over WhatsApp, video conferencing".*

Maintaining contact remotely

For cross-cultural facilitators used to regular face to face contact with families and communities, working remotely was a cultural adjustment which had limitations:

"It's hard not to see people face to face. We are community people; we are used to seeing family and community all the time. [Now], we use WhatsApp to have video, to have online

video chats but there are pros and cons to using this. You miss out on the expressions of people and it's not as effective in terms of communicating. However, it's the best on offer in terms of being able to assure the clients of privacy and confidentiality and they can relax and talk to us knowing that it's safe to talk". Cross-Cultural Facilitator.

The advantages of working remotely were that clients were more easily accessible, and the cross-cultural worker could attend efficiently to clients' needs without travel time:

"… when I was a starting in lock down to work, it was very, very stressful because it was just on a cell phone and I couldn't see anyone, so that was very difficult… So, when I started to go to WhatsApp and then Zoom, we have to start adapting to working from home and it starts becoming fun and good and very useful. I mean we don't have to travel a lot to see our clients and waste time and energy, so it has got good things working from home". Community health worker

Cross-Cultural Facilitators increased their use and knowledge of technology and adapted to using online platforms for communication with their teams, service provides and clients:

"We have to use some of these technological innovations again because we can use them … when the client has difficulty with transportation … So, we are just learning how to use it, this technology and I think from now on we will have even more shortage of time and probably this way of working is going to help us do a lot of things you know … So, we don't have to drop this, we can just take it with us and we can develop it because the magnitude of work I did sitting here on this table. I was very busy; I can't believe that my computer was full of documents and so I think it is very useful [technology] but we can make it even better by just doing some training. I didn't have an idea about Zoom and team meetings when I came to lock down and now I know a lot of things. Now I'm very efficient. It's great to consider its advantages I would say". Community health worker

Many families were disconnected from the information available to English speaking populations and without community contact were marginalised and isolated. In some cases, family members needed to be referred to the RASNZ Community Clinical team for mental health care.

"The majority of our clients are very isolated particularly those who don't speak English. They're having emotional difficulties, particularly worrying about families back home and knowing about the difficulties that they face but not being able to do anything about this, such as living in overcrowded situations with little or no health support and poor sanitation and increasing rates of COVID 19 infection" Cross-Cultural Facilitator.

Without access to COVID 19 information such as *COVID-19 Unite*, families turned to international media coverage which misinformed them about the public health regulations and protection measures for the New Zealand public during the pandemic:

"In some communities (eg Arabic, Tamil) there is a lot of translated information. However, there was a lot of misinformation on these sites and cultural workers were needing to reassure families of more factually based information. CCF have been sending out the information sheets available from RASNZ including our 0800 help-line". Cross-Cultural Facilitator.

Cross-Cultural Facilitators were able to provide regular information and reassurance with the rapidly changing situation:

> *"Many families are scared and there are many phone calls to the CCF for information and reassurance about family safety and protection from COVID 19". Cross-Cultural Facilitator.*

While CCF could do little about the plight of family in home countries and in countries of asylum, to prevent a sense of powerlessness some made donations to aid organisations working in countries of origin, refugee camps and detention centres:

> *"Some of the coping mechanisms that the CCF talked about were donating to charities that are providing food support and healthcare to communities in need back home or in refugee camps, such as Red Cross, MSF etc". Cross-Cultural Facilitator.*

Access to Services and Supports

For newly arrived families and non-English speaking families, there were considerable barriers to accessing services and supports:

> *"In terms of accessing income support, families are experiencing a great deal of difficulty trying to access WINZ by phone. Families are having to learn how to use the online application tool and for those who don't speak English and who don't have computers this is impossible. Burmese families and Rohingya families in particular are struggling to apply on-line". Cross-Cultural Facilitator.*

Cross-Cultural Facilitators played an invaluable role providing "social work-like community support" (Catapult, 2020, p. 23) during lockdown. This was essential to families who had no access to devices and the internet and who were non-English speaking. The role played during the time of national emergency was to advocate, communicate with, and navigate the systems and services families needed to be connected to, such as food banks and work and income benefits.

Income and Food Support

Where possible, Cross-Cultural Facilitators taught families to apply online for WINZ benefits over the phone. Many families needing food support were assisted to access a green card which provided $150 for a family of four.

> *"Through the WhatsApp groups that CCF have set up, families are asking for help with food support. Initially, there were problems placing food orders on behalf of families who didn't speak English, with charities. The food banks needed families to order themselves and so when it was explained they didn't speak English the Salvation Army and Auckland City Council allowed the CCF to do the ordering for families. 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.*

Parenting Issues

Young people felt trapped during lockdown and there were inevitably intergenerational tensions over rules about remaining in family "bubbles" during this time, particularly in families headed by solo mothers:

> *"Single parent families were having difficulty with teenagers who wanted to go out and who were feeling trapped staying in a bubble. CCF made frequent calls to solo mothers and others to support parents with the parenting tips which are taught in the RASNZ parenting programme. CCF are offering parenting support by video, phone and in one-on-one online sessions". Cross-Cultural Facilitator.*

Support for parents included: how to address children's worry about the virus; managing when tensions arise at home; managing when young people did not want to stay at home; enjoying the family time; keeping safe in family situations that are not safe; managing issues to do with alcohol and drug consumption; dealing with illness in those far away and ways of keeping connected; activities outside the house that take account of physical distancing such as walking and biking; maintaining family bubbles when family want to visit; dealing with the death of loved ones and not being able to attend the funeral; and getting children to do home-learning programmes, while schools were closed.

Home Learning

> *"It is very difficult to help parents educate their children when parents have no laptop and speak little or no English. School students who don't have access to a laptop are able to use mobile phones to read their homework". Cross-Cultural Facilitator*

As New Zealand moved to level 1 and 2, parents were still anxious about their children's safety and some continued to keep children at home:

> *"Many parents in communities are saying that they're not ready for their children to go back to school for another two to three weeks. They don't feel it's safe enough and they would rather wait to make sure that COVID-19 is under control" Cross-Cultural Facilitator*

Observing Ramadan during lockdown

Lock down changed the way that traditional Ramadan celebrations such as Iftar were held with families meeting in smaller groupings within their bubbles:

> *"Many said that they were enjoying Ramadan more because they had more time to prepare for Iftar, to pray for families and for the whole world. There was more time to cook and prepare traditional dishes and to teach children and young people how to make these dishes. They had time to pray together as a family. They were connecting with family overseas they hadn't had connection with for a long time. For many it was a more spiritual time. It is a time of gratitude for the blessing of being in New Zealand and for the very active response to COVID-19 that the New Zealand Government has implemented". Cross-Cultural Facilitator*

Five: Youth and social media

Psychological impact on children and youth

The effects of the COVID-19 crisis on children and youth from refugee backgrounds include: the stressors of intergenerational conflict during lockdown, loneliness and isolation from friends, living in cold, overcrowded homes, limited or no access to the internet and devices and difficulty completing schoolwork and study. Young people face constant worry about the future concerns: family left behind in home countries and in countries of asylum without protection or treatment for COVID-19 and the loss of loved ones due to the spread of infection; anxiety about parental job loss and uncertainty about the future. This section reflects the RASNZ youth team's social media support campaign for children and youth from refugee backgrounds during COVID 19 and their response to the online supports and services which were developed.

Establishing trust with new referrals

Establishing trust with young people and families newly referred to the youth service without face to face contact was challenging:

> *"that's one of the things that we want to do at level 2 is to actually go and meet the referrals that have been passed through to us at level four and three, and I'm going to be even if it's just a conversation outside the front door. Just so that they know who we are and what we look like and that we're there for the right reason, we're not intimidating or anything like that, just trying to build that relationship and trust with them. That's definitely one of the insights we've had". Youth Services Coordinator*

Prior to lockdown, the youth team engaged face to face with their clients, assessing their needs and matching these to the programmes offered.

> *"… from past experience from before lockdown even, so once I go and meet them face to face, so once they meet they connect with us and then it's up to them. If they decide that they want to continue this connection and most do continue, it's also about finding the right programmes to keep them engaged based on sports, you know discussion groups or just a general text message, catch up kinda". Youth Services Coordinator*

During lockdown, the youth team found ways to keep young people connected remotely although many families did not have devices or internet connection:

> "*… making phone connections and most families don't have access to the internet and devices so that's been really hard. There are more options doing Zoom on a laptop than a phone. Some young people have found that hard, but we say its ok- we'll work through it". Youth Services Coordinator*

Flexible hours of contact

There was an immediate response to the social media posts on Instagram, TikTok, Facebook and WhatsApp with the 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

Keeping boundaries

Maintaining reasonable hours of work while being flexible about the later and extended hours that youth workers were available to young people was exhausting and unsustainable. This led to the realisation that there had to be boundaries between work and personal time during lockdown:

"Keeping boundaries is difficult, working from home basically and trying not to be so hard on myself around that. The workload is different, because before COVID we did our ponder sessions every 2 weeks, so we'd have a weekend off for example. Now we're working every week and we're working Monday to Saturday. Now we've only got one day to turn ourselves off as opposed to having every second week off. J and I keep tabs on each other. We're getting messages at 11 and 12 at night. Our hours have changed, our productivity has changed. I have to say it was like this before but I'm not feeling the pressure to be on as much. So, the mobile team's hours are 9-5 and if I'm working late and I get an e-mail at 9.00am, I used to feel that I had to respond at 9.00am, whereas now I've given myself permission to say actually these aren't my hours. In a way it's given me boundaries in that respect but in another way [COVID] has opened them up much more". Youth Services Coordinator

Compassion fatigue

Youth workers worked long hours during lockdown and frequently late at night and through weekends. Online team meetings and supervision provided helpful check ins. The team experienced zoom fatigue which added to stress and exhaustion.

"I have had good weeks and not so good weeks. Catching up with the team on Wednesday and again with [the team manager] on Fridays has been helpful. I have experienced compassion fatigue a few times but have managed to talk it through with housemates at home and during team supervision. I think that has been a result of not being able to connect properly with the new referrals that have come in. To talk on the phone or via video can be draining in that I am using my whole body and a lot more words to communicate. This would be different and easier to communicate in person via body language as well". Youth Services Coordinator

Moving to Level 1 and 2

Being in a state of lockdown and socially contained in a 'bubble' led to apprehension about re-engaging with people in the wider community:

"I'm a bit worried about the pace of things at home and out of our bubbles as to how much we want to engage and so on. So, I think I'm wary of pace and how that might affect me and other people over this month. Also, one thing that we were talking about in our house is that most bubbles have been shut off from empathy, you know being behind our screens a lot, concerned about the things that we are concerned about. We've lost the

ability to empathize with other people. What came up for us during our conversation was that maybe we need to reframe what is "normal" and instead say we're looking for something that's familiar". Youth Services Coordinator

The RASNZ youth social media platforms and programmes were available for young people from 6 years to young adults. However, the increased interest was predominantly from the older adolescent age groups.

"… when lock down happened, the social media pages indicated a different [older] age group were engaging with us and they were from 18 and up … the way that we are looking at working is to do a bit of both, to maintain the online engagement because we know that it's going to reach the older ones but also maintaining the younger programmes that the 6-12 year olds are really keen on and happy you know, and that will increase the breadth of the age groups throughout the year. The age groups were defined by the programmes that we run … ". Youth Services Coordinator

Managing the online work-load

"I think it would be designating time slots for when you're online and we can see you know that on-line engagement with this particular age group (18-30) is afternoon, evenings, weekends as well so it might just mean being a bit smarter without online engagement. So, you know, there's the possibility of scheduling posts up or yeah you know making the social media work for us". Youth Services Coordinator

"As well then it might mean that we pass the on- line engagement to the youth leaders so that they can engage with [youth] online and keep us updated with what's going on. So, we sort of envision how to spread that workload when is it you know a well-oiled machine". Youth Services Coordinator

An important realization was that young people had 'insider knowledge' and skills in the use of social media and that this knowledge was an important resource for youth workers in developing successful online programmes:

"Before our social media didn't exist at all. It was just posting for the sake of posting. It's definitely opened my eyes up to the possibilities of all of that. Talking to young people, they're used to being on-line. It's like we're coming into their territory and they've helped us navigate different media platforms and I think it's really great for them because they realise that they know stuff that other people don't and they can share their knowledge with others as well. So that's quite empowering to be able to do that". Youth Services Coordinator

National outreach

During lockdown, when the youth team moved youth services online, there was increased interest from young people in other resettlement centres to connect. Remote contact enabled them to join the activities.

"Youth who I have not seen in a while have connected with RAS youth online. Youth who live in Hamilton and Christchurch are also engaging in our online services. Youth Services Coordinator

The use of social media provides the potential to connect with young people in resettlement centres around the county and to engage them in online programmes:

"Well, I think there's definitely scope there… I think it has definitely opened our eyes up to the possibilities you know what social media can do in terms of improving geographical areas accessibility … that's something that we can definitely build on with connections in the South Island. When we had our youth forum, we had a few people from Christchurch come up and so we've got that connection already. Young people in Christchurch have connected with us online and yeah there's definitely scope for that … [for example] it would be really interesting to have youth discussions. We could do a debating scenario, Christchurch versus Wellington. All this stuff we could potentially look into and actually facilitate…" Youth Services Coordinator

Youth teams have established relationships with co-providers such as Red Cross Refugee Services which enable a collaborative approach to using online media to support young people nationally:

"One of the things now is that people are online more and what interests me big time is to build connections down the line and do something different. I definitely would like to pivot out of Auckland and know what's going on in the rest of the country, know where there's gaps, know what they're doing better, all of these things and I think that within the community, like community teams and community outreach. I'm fascinated to see what's happening nationally". Youth Services Coordinator

At the consortium meeting we had J F, she's with Red Cross down in Christchurch and she's basically heading up and supporting all the youth leaders in Red Cross for refugee resettlement and it was cool having her there and I just, I don't know like in terms of outreach and then maybe training or just connecting nationally I hope that now people are more willing to be online … I can build relationships with whoever is working in that space". Stakeholder Engagement Coordinator

Parental Engagement

While contact with youth increased with the use of social media, there were limitations in terms of parental engagement and involvement in RASNZ youth programmes:

"… [We are not] able to connect with the families of the youth who engage in our programmes [remotely]. We would otherwise like parents, caregivers to meet us and to feel safe about allowing their youth to engage in our programmes". Youth Services Coordinator

Establishing connection with new clients and their families without the ability to meet face to face and establish trust and rapport was challenging and for clients known to the youth service, there was little contact with parents:

"For existing clients, I feel more connected in that they can contact us anytime. For new clients or referrals, it is much harder to connect as they have not met us before and therefore [they're] not as trusting to connect with us online. For family members, [it's] harder to connect with online if we do not know them. Similarly, for the families we do know, they are not usually around whilst we are online so connection is also missing" Youth Services Coordinator.

Changes to youth service provision

Lockdown provided an accidental opportunity to explore other ways of networking with young people from refugee backgrounds with new discoveries about their preferences for connecting through social media:

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

These innovations have improved support for young people and access to youth programmes across the Auckland region and are being continued at level 1:

"[We are] engaging more with social media through our accounts on Facebook / Insta/ TikTok [and] reaching those across Auckland who otherwise would not be able to come to our programmes due to transportation issues. [We have continued] the development of our daily challenges online, putting up a daily challenge for youth to engage in each day". Youth Services Coordinator

The youth team plan to continue to connect with young people online through Red Cross Refugee Services in resettlement areas in the North and South Island. Among the online programmes offered are 'Ponder sessions' which provide a safe space for teenagers to discuss the social and emotional issues which are impacting on them. Social media platforms have proven to be a successful way to facilitate discussion groups with young people from refugee backgrounds across Auckland and around New Zealand.

KEY FINDINGS DISCUSSION

One: Communications and Inclusive Messaging

Community Consultation

- On Tuesday 23rd March 2020, two days before a State of National Emergency was declared in New Zealand due to COVID-19, RASNZ conducted a rapid community needs analysis and response plan. The RASNZ community services teams (Communications and Marketing, Stakeholder Engagement, Cross Cultural Facilitators, Family services and Youth Teams) were consulted about the psycho-social support and information that would be needed and how we could address these as a service.
- The meeting focused on the areas of: protecting yourself and others from COVID 19 infection; understanding symptoms and steps to take if you have medical concerns; what impact COVID 19 was having on mental health in families; understanding what families were most worried about; what young people were most worried about; what practical support was needed; which groups were in particular need of help and support and how best to communicate with communities and young people; and how community facilitators and youth workers were managing stress and anxiety in the community as well as their own.

RASNZ Covid-19 Community Response Plan

- The RASNZ community teams co-designed a COVID 19 communication strategy and mental health and well-being 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
- The purpose of the community mental health campaign was to foster family resilience by focusing on those areas which families could control namely reducing anxiety by providing translated information on accessible social media platforms such as Viber, WhatsApp, YouTube and Instagram; reframing the situation of lockdown as a learning opportunity ie a chance to use the free online resources available through public libraries, computers in homes and other sites to learn new skills, to study on-line and to use new apps; and maintaining household routines such as meal times; study times and bedtimes.

Inclusive Messaging

Inclusive community awareness campaigns needed during national emergencies

- While the New Zealand Government led the “Unite against COVID 19 campaign”, with information on restrictions at each of the alert levels, keeping yourself safe, symptoms, income support, quarantine and isolation systems, messaging was not always inclusive.

- There was a lot of COVID-19 information available for CALD communities during Levels 4, 3 and 2. Some of this information was highly accessible and effective, especially when it had been produced in partnership with recipient communities. Conversely, some COVID-19 resources for CALD communities were not created and delivered in line with communication best practice.

- The lack of reliable information in appropriate languages exposed communities to myths and misinformation which exacerbated the negative psychological impact of the COVID 19 pandemic on communities from refugee backgrounds.

- In response, the communications and community teams developed and translated resources for service providers and communities which were posted on social media platforms.

- Psycho-education resources were adapted so that they were culturally and linguistically appropriate and accessible to refugee background communities

- Accessible media platforms for communities from refugee backgrounds are Viber, Instagram, Facebook and WhatsApp. The media channels were well used to keep communities informed and connected to COVID 19 campaigns and to support services.

Opportunities for change

- Culturally and linguistically appropriate education and information on COVID 19, services and supports, and tips and tools for maintaining health and mental health should continue to have a prominent place in protecting the mental and physical health and well-being of families from refugee backgrounds during COVID 19

Two: Tele-mental health services

Clinical services

RASNZ mental health practitioners whether providing on-line or face to face therapy, will need to take into consideration the context and consequences of the ongoing COVID 19 pandemic on clients and families from refugee and asylum seeker backgrounds.

- The COVID 19 pandemic changed the way that therapists work with their clients during lockdown. In just days , clinical services teams had to adapt their face to face practice to working remotely with clients, families and groups.
- Clinicians working remotely needed to become familiar with the technology quickly. As well, homes needed to have a stable internet connection to support uninterrupted communication between clients and clinicians, social workers and interpreters. 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.

Management Support

- As the COVID 19 pandemic is unprecedented, there was no time to test, refine and review online mental health service specifications prior to implementation.

- RASNZ managers at very short notice set up phones, laptops and systems for therapists to work remotely from home with clients. Although this was a sudden and unexpected change in the ways in which practitioners worked with clients at the Mangere Refugee Resettlement Centre and in the community, practitioners with support accommodated these changes.

- While therapists worked from home online, two managers worked at the Mangere Refugee Resettlement Centre to ensure that clients could access therapists remotely in a private clinical space while remaining in their "bubbles".

- The clinical team leaders set up daily meetings with the clinical teams supporting self-care, problem-solving and providing continual debrief processes as well as increased supervision.

- On-line training in working with clients and interpreters remotely and in telephone counselling was provided for practitioners; and for interpreters, how to work remotely with clients and therapists.

Working at home

- Working from home and online during lockdown was exhausting for many therapists. Some had difficulty finding private space to conduct sessions with clients and contended with intermittent internet access. There were family pressures and challenges to address alongside maintaining professional practice

Lockdown at the Mangere Refugee Resettlement Centre

- Responding to clients at the Mangere Refugee Resettlement Centre (MRRC) who were in lockdown for extended periods, was stressful. Resident's wanted certainty about their future, their safety from COVID 19 and to know when they could move out of Mangere to their new homes. Practitioners were unable to provide answers to many of these concerns:

> *"[It's difficult] when clients ask questions about COVID-19 and where I know [I answer], [but often], the answers are not available because the questions and answers are ever-formulating and changing, for example, " what will happen at the end of Level 4? and " when will we be moving to our house"?" Social Worker*

- Not being able to meet newcomers, many of whom had just arrived in New Zealand, face to face was challenging for therapists.

Working with old and new clients

- Moving to online therapeutic work was more straightforward with clients known to therapists than those new to the service. But starting off this way, was unavoidable through lockdown.

Boundary Issues

- Where video access was possible, issues of boundaries emerged as client's and staff were able to see the intimate details of people's living circumstances. In both cases access to a private and confidential space in the home could be challenging and limited the ability of the therapist and the client to talk freely and safely.

Privacy and Confidentiality Issues

- A lack of privacy for clients, particularly women, in their home situations, household responsibilities and family demands in some cases meant that continuing therapy was impractical, instead therapists maintained regular welfare check ins with clients.

Remote counselling skills

- Therapists needed to be more verbally active in eliciting psycho-social information in phone and audio-visual counselling sessions. As with any face to face therapy session, continual reassessment of the client's emotional status is important and because of the difficulty of assessing emotional responses on the phone, it was particularly important for the therapist to purposefully elicit such responses and become acutely attuned to verbal and vocal cues. Therapists gained skills and confidence in expressing empathy and developing trust and rapport through phone counselling.

Working with interpreters

- 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.
- Interpreters needed to be supported to find private spaces to work from to maintain confidentiality

Psycho-social assessment

- Conducting psycho-social assessments changed with the use of remote access, for example, for a child psychologist, interactions with children and youth are social, play-based and observational as well as reliant on relevant interview information from parents, teachers and others. Moving to phone and video link interactions meant changes to interventions and to assessment processes for children and young people from refugee backgrounds.

Triggering past trauma

- For some clients, the COVID-19 level 3 and 4 lockdown restrictions triggered previous traumatic experiences such as being detention in countries of asylum, during their refugee journey.

Improving access and availability

- 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.

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.
- Quite often online sessions ran back to back. To the extent possible, it is advisable for clinicians to create a buffer around each on-line therapy session by not scheduling other appointments right before or afterwards, so that the therapist (and interpreter) has time to take a screen break beforehand and process afterwards.

Impact on therapists

- Any change process is a challenge for staff mental health. Managers balanced some of the obviously stressful aspects of change to working remotely by ensuring that decisions were communicated effectively, that there were daily meetings to keep staff connected as well as the availability of regular on-line supervision

- Mental health practitioners need to be super aware of their own health and mental wellbeing during the COVID 19 pandemic. Working under conditions of prolonged stress, with client's in a range of challenging individual circumstances, and managing high client loads with complex psycho-social needs can have potential consequences for practitioner's concentration and mental resilience.

Opportunities for change

- RASNZ mental health and well-being services post lockdown have returned to a 'new normal' in these unprecedented and uncertain times but cannot return to 'business as usual', with continuing high demand for services, and increased referrals for social work interventions.
- There are advantages to working remotely. Providing on-line therapy improves access for client's who have problems attending face-to face because of transport, childcare and other difficulties. As an option for some clients an online way of working could be offered as an alternative to face to face therapy.
- There is potential for the community clinical team to offer consult liaison services on-line to resettlement centres around the country
- Research on the impact of Covid-19 on communities from refugee backgrounds and interventions that best address the specific psychological needs that have arisen from the current challenges will be important. An exploration of culturally appropriate brief interventions such as Focused Acceptance and Commitment Therapy (FACT) may provide useful in these circumstances.

Three: Remote social work

Social Work Support

- Providing basic human needs underpins good mental wellbeing (eg income support, food support and housing).
- While social circumstances are always taken into account when planning therapeutic interventions with clients, it is even more important in these times to recognise and respond

to the specific effects of the pandemic on families, such as job loss, housing issues, fears for family living overseas and the need for food and income support.

- 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 trebled and this trend has continued in Level 1.

Opportunities for change

- Social support has been proven to be the key factor in mental health recovery in a disaster context. The demands for RASNZ social work services have increased and will continue to increase with job loss, financial difficulties and barriers to accessing income and other supports for refugee background clients and families

Four: Community support

- 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.
- RASNZ Cross–Cultural Facilitators provided regular "welfare checks" by phone throughout lockdown; keeping families connected and well-informed on what was happening at the various levels, in their own languages.

- Household incomes will continue to be affected in families, with fewer earners or members becoming benefit-dependent. Role changes within families or couples may also occur. Extra stress and risk for women and children is likely. These dynamics are impacting on families and intergenerational relationships. A focus on risk management and appropriate support is indicated.

- Contact with cross-cultural facilitators known to the community provided vital 'welfare checks' during COVID 19 for at risk families including single mothers and older people. This was essential to families who had no access to devices and the internet, and who were non-English speaking. The role played during the time of national emergency was to advocate, communicate with and navigate the systems and services families needed to be connected to, such as food banks and work and income benefits.

Opportunities for change

- A continuing focus on the integration of clinical and community services to ensure that clients have access to cultural support and the full range of RASNZ services is essential as family's face continuing socio-economic and psycho-social challenges during the COVID 19 pandemic.

Five: Youth and social media

Youth Services

- The effects of the COVID-19 crisis on children and youth from refugee backgrounds include: the stressors of intergenerational conflict during lockdown, loneliness and isolation from friends, living in cold, overcrowded homes, limited or no access to the internet and devices and difficulty completing schoolwork and study. Youth experience constant worry about: family left behind in home countries and in countries of asylum without protection or treatment for COVID-19; the loss of loved ones due to the spread of infection; anxiety about parental job loss; and uncertainty about the future.
- A positive and prominent outcome of Covid-19 has been increased connections with youth from refugee backgrounds across Auckland and nationally. Social media platforms have provided better access to support for children and young people in the Auckland region and in other resettlement centres.
- The youth team rapidly moved youth services online to connect with youth across the Auckland region in their homes during lockdown, attracting interest from young people in other resettlement centres who could join the activities and make contact remotely.

- Lockdown provided an accidental opportunity to explore other ways of networking with young people from refugee backgrounds with new discoveries about their preferences for connecting through social media.

Opportunities for change

- The RASNZ youth team are continuing to connect with young people online in resettlement areas throughout New Zealand. Among the online programmes offered are 'Ponder sessions' which provide a safe space for teenagers to discuss the social and emotional issues which are impacting on them.

- Social media platforms: TikTok, Instagram, Facebook and WhatsApp are being used to facilitate activities and support for young people across Auckland and around New Zealand.

- The pandemic highlights the role of schools in identifying early intervention opportunities for students from refugee backgrounds. RASNZ clinicians and youth teams are working collaboratively with schools to provide clinical support, youth programmes and training in trauma-informed care for students from refugee backgrounds. Education staff need to be able to recognise signs of mental distress and trauma and to be confident that students will have prompt access to culturally appropriate support, instead of having to deal with frustration around referrals to overstretched and sometimes unresponsive mainstream services.

CONCLUSIONS

As a result of COVID-19, RASNZ clinical and community services adapted well to the changing environment, adopting remote ways of working to maintain connections with clients, families and communities and to meet their immediate needs for mental health and social support. The prevalence of mental health issues in response to COVID 19 is expected to rise in the general population, with refugee populations identified as particularly vulnerable and at risk. RASNZ clinical and community services have the capability, if resourced adequately, to provide sustainable holistic support for clients, families and communities during a pandemic of this kind. Uniquely, the services offered are culture and language matched, attuned to the psychological and social needs of former refugees and asylum seekers, and aligned to cultural differences in help seeking.

Adapted ways of working offer opportunities for extending RASNZ services in the Auckland region and in other resettlement services in ways that enhance access and equity for peoples from refugee backgrounds in our health system. These opportunities include the availability of consult-liaison to primary and secondary mental health providers in resettlement centres outside Auckland; continuing psycho-social support using social media platforms for refugee youth around the country and the co-location of RASNZ clinical services in schools and GP practices with high numbers of refugee background clients in the Auckland region.

Critically, the communication strategy for engaging communities during the pandemic gave marginalised and isolated communities access to COVID 19 psycho-education and information. The RASNZ communications team has the means to distribute information in appropriate languages through social media channels which are accessible and affordable to communities. This capability provides a vital life-line for families and youth in times of uncertainty.

The research highlights significant systemic challenges to the delivery of mental health and wellbeing services to former refugees. These include:

- Government health and social service policy gaps which leave resettled communities chronically unrecognised, under-served and under-resourced
- A lack of sustainable funding and resourcing to meet the levels of demand in communities from refugee backgrounds.

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APPENDICES

One: Glossary

Refugees	• Refugees are people who cannot return to their home country because they have a well-founded fear of persecution because of their religion, race, nationality, membership of a particular social group, or political opinion.
Quota Refugees	• Quota refugees are persons arriving in New Zealand under the United Nations High Commissioner for Refugees (UNHCR) quota system (currently 1,000 places per annum, to increase to 1,500 by July 2020) and are granted permanent residence on arrival.
Asylum Seekers	• Asylum seekers are people who formally request permission to live in another country because they claim to have a well-founded fear of persecution in their country of origin, or otherwise fear returning there. • Refugee or protection status can be claimed on arrival at a New Zealand airport or port, or at a later time after arrival in New Zealand.
Convention Refugees	• Persons arriving in New Zealand seeking asylum whose cases are approved and are granted Refugee and Protected Persons Status.
Refugee Family Support Category	• In addition to the Refugee Quota the Refugee Family Support Category (RFSC) provides people who were granted residence as refugees or protected persons to sponsor a family member and that person's partner and dependent children for New Zealand residence. Each year there are 300 places available • The RFSC has a two-tier registration system with priority given to tier one sponsors who meet a high threshold of need. The first step is for eligible people to register as a sponsor of their family members who are offshore. If they meet the eligibility criteria to sponsor their family members then they will be sent an Invitation to Apply (ITA) and their family members who are offshore will then complete the relevant residence application.
Refugee Background	• RASNZ offers the same support to all people from refugee backgrounds living in Auckland including quota refugees, family reunion members, asylum seekers, convention refugees and young people born in New Zealand to parents from refugee backgrounds.

Two: Acronyms

ACT	Acceptance and Commitment Therapy
ASST	Asylum Seekers Support Trust
AUT Refugee Education	Auckland University of Technology Refugee Education
CLING	Community Languages Information Network Group
COVID 19	COVID-19 is an acronym that stands for coronavirus disease of 2019.
CCF	Cross-Cultural Facilitator Service
DHB	District Health Board
FACT	Focused Acceptance and Commitment Therapy. FACT is a new model of brief therapy that is a highly condensed version of a well-established longer-term treatment called Acceptance and Commitment Therapy. FACT uses acceptance and mindfulness strategies to help people transform their relationship with unwanted, distressing experiences, such as disturbing thoughts, unpleasant emotions, painful memories or uncomfortable physical symptoms.
FB	Facebook
GP	General Practitioner
INZ	Immigration New Zealand
IOM	International Organisation for Migration
IT	Information Technology
MRRC	Mangere Refugee Resettlement Centre
MSF	Médecins Sans Frontières (Doctors Without Borders)
NEET	Those not in employment, education, or training
NGO	Non-governmental Organisation
OCS	Security Company
PFA	Psychological First Aid
PHO	Primary Health Organisation
PPE	Personal Protective Equipment
RASNZ	Refugees as Survivors New Zealand
Red Cross	NZ Red Cross Refugee Services
Triple P Parenting	Positive Parenting Programme
UNHCR	United Nations High Commission for Refugees
WINZ	Work and Income

Three: Definition of COVID 19 Alert levels 1- 4

The COVID 19 Alert System was introduced by the New Zealand Government in March 2020 to manage and minimise the risk of COVID-19 (NZ Government, 2020). The system helps people understand the current level of risk and the restrictions that must be followed. At all levels of lockdown, essential services including health services remained up and running. Refugees as Survivors New Zealand (RASNZ) continued as an essential service, working remotely with clients who were resident at the Mangere Refugee Resettlement Centre and those living in the community across the Auckland region.

At Level 4 people were instructed to stay at home in their bubble other than for essential personal movement. Safe recreational activity was allowed in the local area and all other travel severely limited. All gatherings were cancelled and all public venues closed. Businesses were closed except for essential services, such as supermarkets, pharmacies, clinics, petrol stations and lifeline utilities. Educational facilities were closed.

At Level 3, people continued to be instructed to stay at home in their bubble other than for essential personal movement. Bubbles stayed within their immediate household bubble but could expand this to reconnect with close family. People were requested to work at home if possible and children to learn at home. Public venues such as libraries remained closed. Gatherings of up to 10 people were allowed but only for wedding services and funerals. Physical distancing and public health measures were maintained. Healthcare services provided virtual, non-contact consultations where possible.

At Alert Level 2 people were able to reconnect with friends and family, and socialise in groups of up to 100, go shopping or travel domestically if following public health guidance. They were to keep physical distancing of 2 metres from people they didn't know when out in public or in retail stores and to keep 1 metre physical distancing in controlled environments like workplaces, where practical. No more than 100 people at gatherings, including weddings, birthdays and funerals were permitted.
Businesses could open to the public if they were following public health guidance including physical distancing and record keeping. A maximum of 100 people at a time were permitted in a defined space. Sport and recreation activities were allowed, subject to conditions on gatherings, record keeping, and physical distancing where practical and public venues such as libraries could open if they complied with public health measures and ensured 1 metre physical distancing and record keeping. Health and disability care services began to operate as normally as possible. Parents were advised that it was safe to send their children to schools, early learning services and tertiary education.

At level 1 schools and workplaces reopened. There were no restrictions on personal movement but people were encouraged to maintain a record of where they have been. There were no restrictions on gatherings but organisers were encouraged to maintain records to enable contact tracing.