

# 1737: Delivering psychological support in the aftermath of the Christchurch terror attacks

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Homecare **Medical**  
partners in connected care

# Agenda

- Background
- Quickly scaling to meet demand
- Engaging with the Muslim community
- What we experienced i.e., clinical presentation, demographics etc.
- How we supported our workforce to help minimize vicarious trauma and burnout
- How we have changed as a service and organization since March 2019



**NEED TO TALK?**

**1737**

**free call or text any time for support from a trained counsellor**

هل انت بحاجة الى التحدث مع احد؟  
کیا آپ کو کسی سے بات کرنے کی ضرورت ہے؟  
क्या आपको बात करने की जरूरत है  
kya aapako baat karane kee jaroorat hai

Nak bincang?  
Me kōrero koe?  
Perlu bicara?

**Support after the terror attack in Christchurch...**



# NZ National Telehealth Services

- Homecare Medical is a social enterprise
- We deliver the funded National Telehealth Service (NTS)
- NTS started in 2015
- Telehealth = e-health, m-health, virtual health etc.



# Where, what and how?

## Ambition

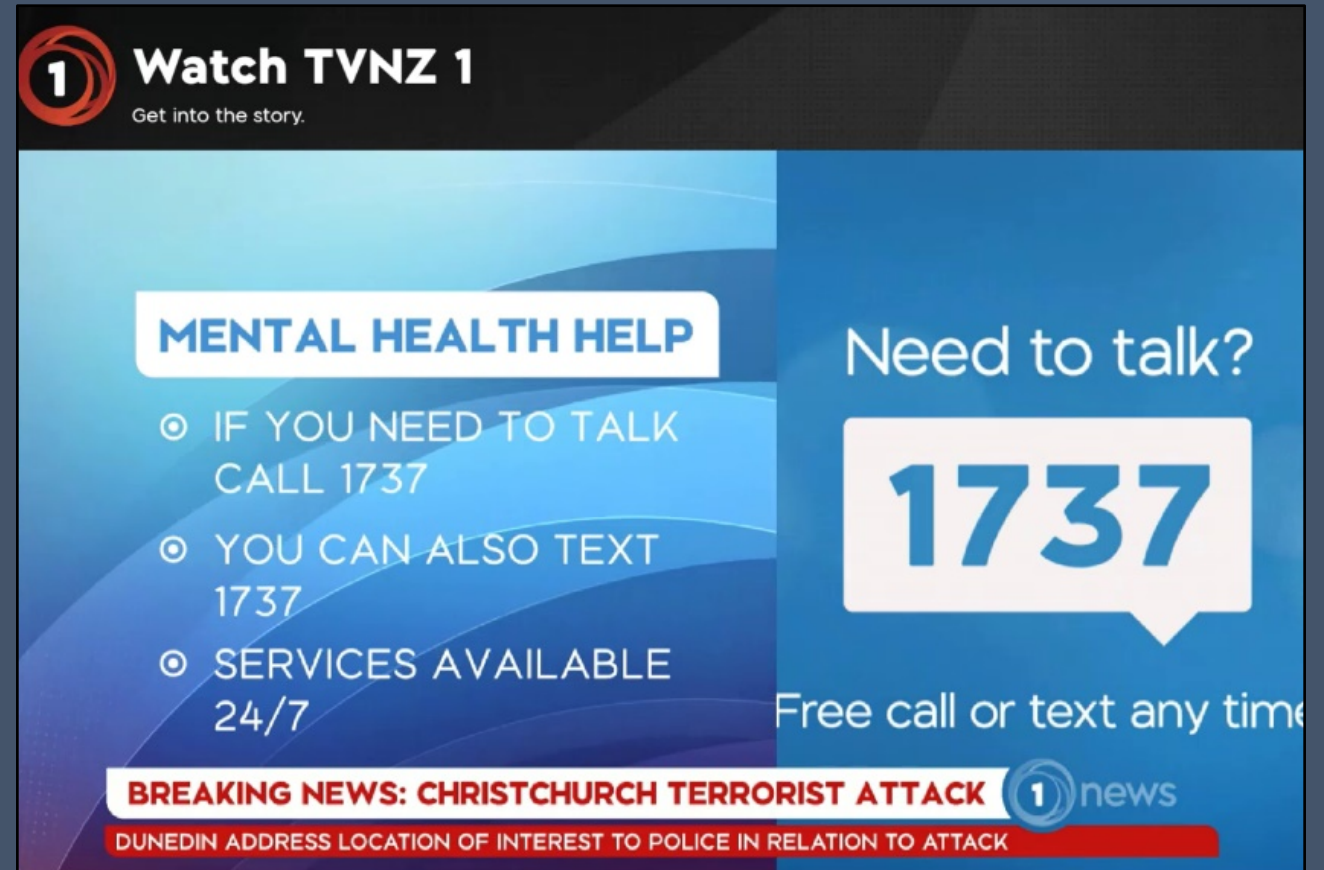
To virtually support kiwis to stay well  
and connect them seamlessly with care when they need it

Values	Motivated by Quality		Do the Right Thing		Pokohiwi ki Pokohiwi		Passion for Better	
Teams Delivering Services Virtually 24/7	Nurses	MH&A Specialists	Health Advisors	Poisons Officers	Emergency Triage nurses	Mental Health Nurses	Sexual Violence Counsellors	Population Health Team
Channels of delivery								



# Background

- The horrific events of Friday 15 March 2019 sent shock waves throughout New Zealand on an unprecedented scale.
- In the following 2 weeks, over 7,000 New Zealanders contacted the 1737 national mental health service – more than 4 times usual volumes.
- Over the next 5 months 1737 had delivered 61,000 support sessions across phone, SMS, email and webchat.
- The service was widely promoted in news and other media, as psychological “first response” in the days following the terror attack
- Responding to this need required an immediate increase in capacity





# Scale up the workforce to meet demand

**Over 100 additional mental health professionals** were made available within the first hours and days after the event to support our frontline. Overwhelming support came from the MH community to help out:

- Our partners and contacts in the sector (Secondary, NGO, Primary care)
- Registration bodies NZAC, Psychology, DAPANZ etc.
- Parent companies freeing up their staff (psychologists, MH nurses)
  - Some screening by HR team for professionals
  - HR documentation implemented quickly to ensure privacy etc.
- Worlds quickest induction and training (with ongoing onsite support)

## The 1737 team and wider organization response

- Staff picking up extras shifts
- Ex staff coming back to help
- Other internal MH staff members picking up shifts to help
- Mental health Leadership in the organization (lead Psychiatrists, Head of MH, Service Deliver Managers)
- New role implemented with People Leaders to support external workforce
- Marketing and comms team creating



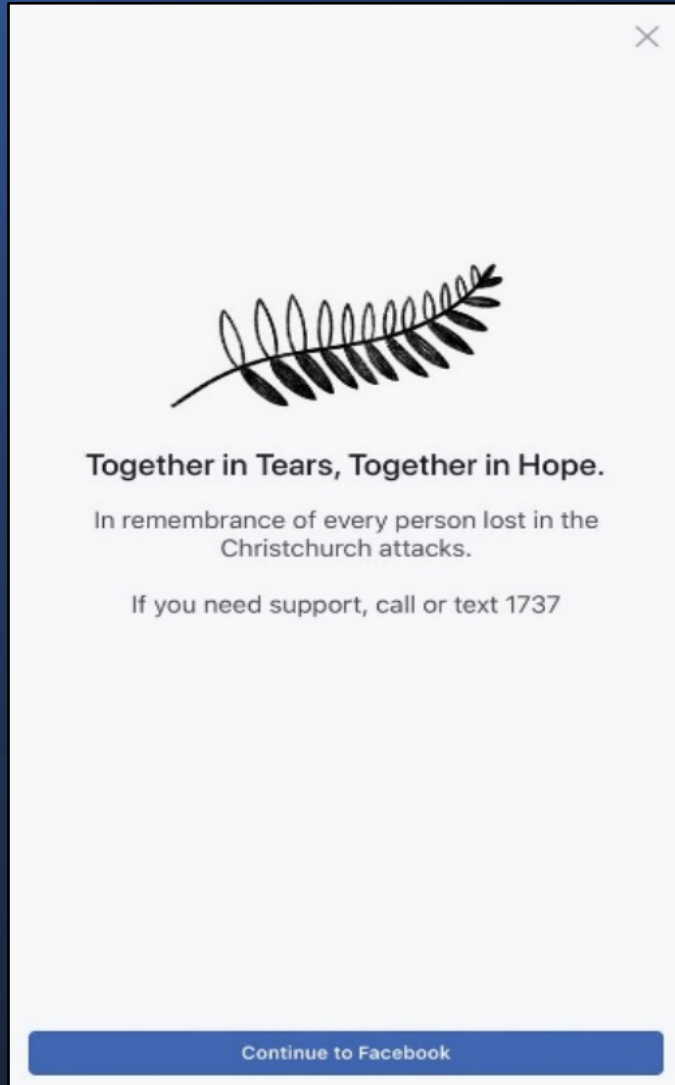


# Supporting Kiwis in the Muslim community

- Working immediately with the MoH, Canterbury DHB and Media around messaging
- Creating marketing material in multiple languages to connect with the Muslim community
- Utilizing the expertise of our own Muslim team members
- Quickly onboarding external Muslim clinicians to take calls, provide cultural advice/support to the team
- Rapid provision of clinical information and tips/advice for all staff re immediate trauma and post-attack response
- A cultural reference guide as reference with strategies to better support Muslim callers over the phone or via SMS
- Links to F2F services on the ground with Muslim clinicians able to work with this type of trauma (signposting, warm transfer, referral)



# Key clinical themes



Trained psychologists, psychiatrists, social workers, MH nurses and counsellors answered calls and messages from anyone who “needed to talk” and provided one-off intervention “with an open door to come back”.

- Personal trauma and crisis management (information, normalizing distress, knowing when to seek help)
- Re-triggering of PTSD (earthquake and other – ChCh and nationally)
- Virtual witnesses and traumatization (via media and online content, including the livestream video)
- Early stages of grief (shock, denial, anger)
- Concerns about safety of self and/or children in community – Muslim and other minority cultures (nationally)
- Parents seeking support to explain to children / children impacted by the lockdown
- Situational anxiety, Frightened for self and others
- Sadness about event and generalized concern re “state of the world”
- People distressed by others’ racist responses
- Mental Health and Alcohol & Other Drugs issues triggered & relapses

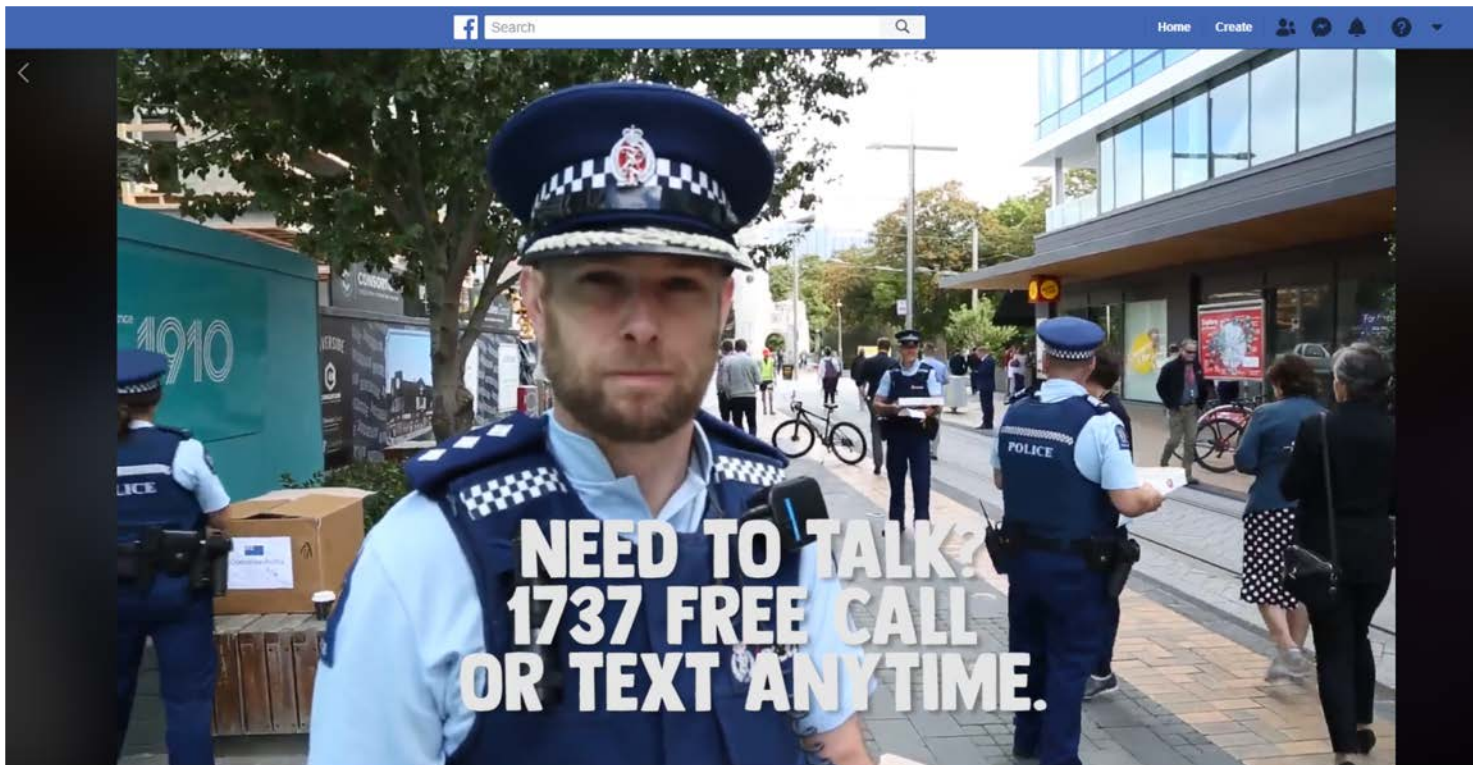


## How we supported our workforce to help minimize compassion fatigue and vicarious trauma



- Clinical supervision daily onsite (and virtually)
- EAP counselling increased and onsite
- Food and meals for frontline staff from support services and other teams
- People leaders constant contact with team
- Mindfulness sessions onsite
- Massage and puppy therapy available daily
- Strong team culture of peer support

# Where are we now



Donuts shared with the community

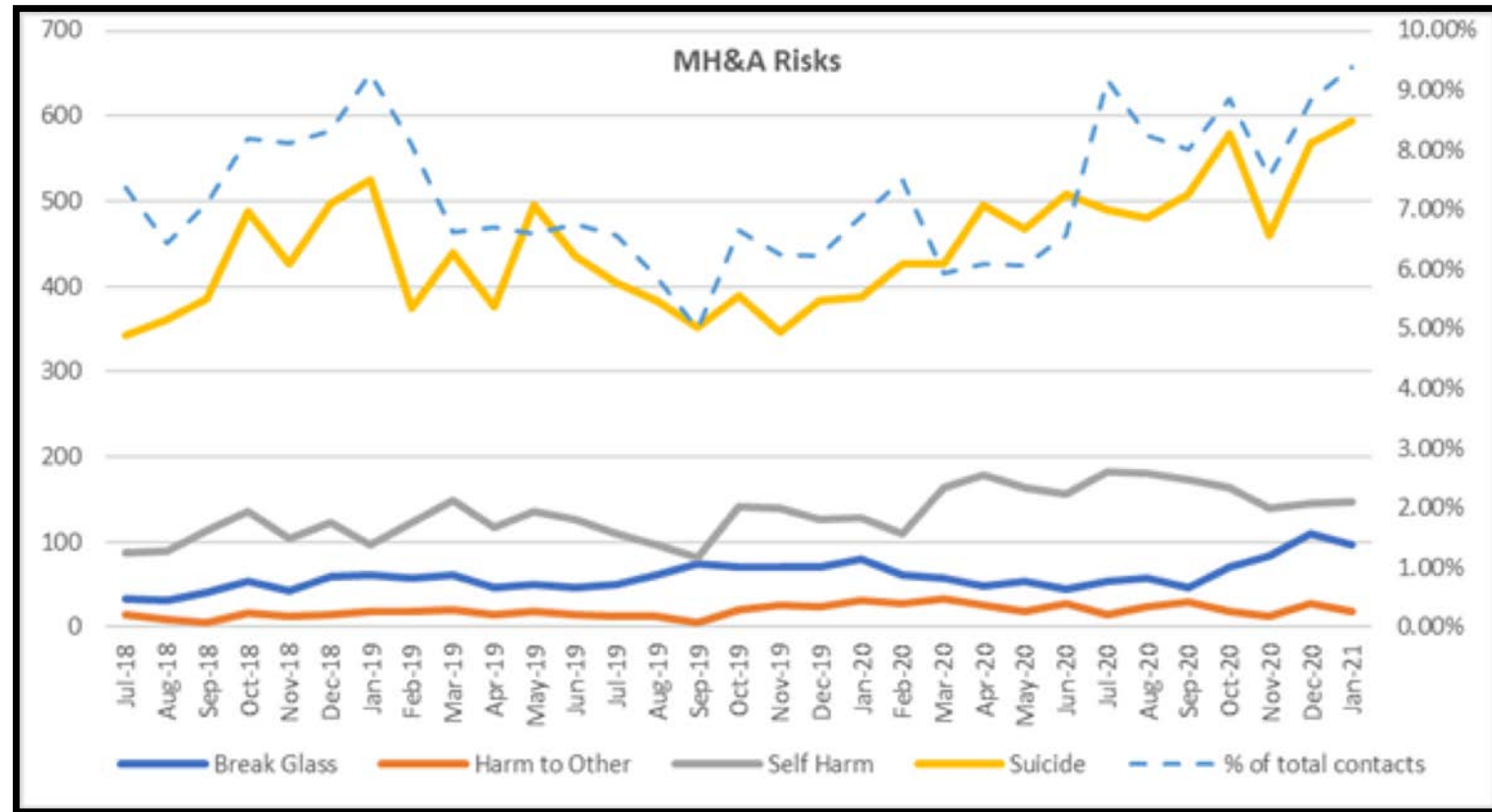


Love Comment Share

3.6K 419 Comments 967 shares

- We can mobilise staff quickly to scale
- We work seamlessly with the Ministry, media and our partner organisations to respond to local, regional and national events
- We are more integrated with the wider health sector
- We have improved our knowledge of working with trauma
- Our technology platform has evolved
- We have a stronger organisational culture and support and work with each other better
- We have become more responsive and adaptable
- We are better prepared

% of risk  
contacts  
over time







# “SHIFT+CTRL+ALT”

Community-Led Conversations to Shift  
Stigma about Mental Health with  
Indigenous Assyrians in South-Western  
Sydney

**TheMHS Conference**  
**11 February 2021**

**Presenters**  
**Lina Ishu, Youth Team leader**  
**Julie-Anne Younis, Senior Child and Adolescent Counsellor**

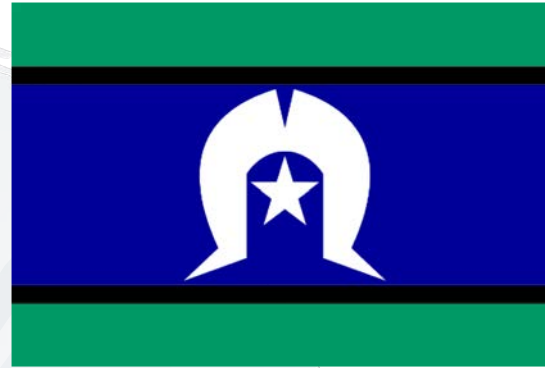


# Always Was, Always Will Be, Aboriginal Land

We acknowledge the traditional custodians of this land over which sovereignty was never ceded. We acknowledge their elders, past, present and emerging.  
We acknowledge the ongoing trauma of colonisation and dispossession.  
We support social justice for Aboriginal and Torres Strait Islander peoples.



**Artist:** Harold Thomas, 1971



**Artist:** Bernard Namok, 1992



# About

Community Conversations is a tool that promotes a dialogue about community mental health that is driven by the community, for the community.

Be-Well: Community Conversations

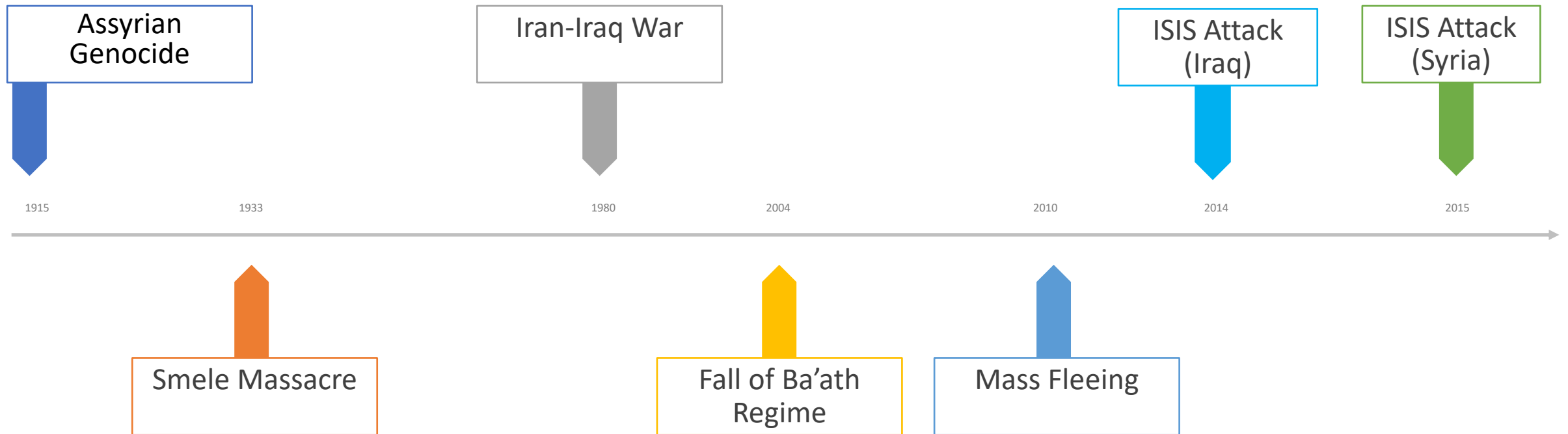
# The Assyrians

- *Language:* Modern Assyrian (Neo-Aramaic/Syriac)
- *Religion:* Mainly Christian
- *Ethnicity:* Semitic people indigenous to Mesopotamia



[https://commons.wikimedia.org/wiki/File:Assyrian\\_homeland.gif](https://commons.wikimedia.org/wiki/File:Assyrian_homeland.gif)

# Timeline of Persecution







## Ancestry

Assyrian	19,873
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## Birth Place

Iraq	18,752
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Syria	2,437
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## Language Spoken at Home

Assyrian/Aramaic	20,030
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Arabic	15,612
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# Assyrians in Fairfield LGA

Ref: <https://profile.id.com.au/fairfield>

# How it all started



Radio Talk



Meetings with Young People



Talking with staff

# Target Groups?



Church



School

# Considerations



- Stigma associated with mental health within the community.
- There is a general misunderstanding about the role of counselling.
- These factors combined contribute to the low uptake of mental health services.



- Intergenerational trauma due to centuries of persecution.
- Experiences of multiple displacements.
- Normalisation of trauma reactions due to centuries of persecution.



- Strong sense of cultural identity which distinctly differs from Arabs/ Kurds.
- May not want to speak Arabic so may need an Assyrian interpreter.
- Churches and priests are an important part of the community recovery. Partnerships with them in programs is important.



# The Models



Conversations with Young  
People



Conversations with  
Parents



Peer Support  
Training

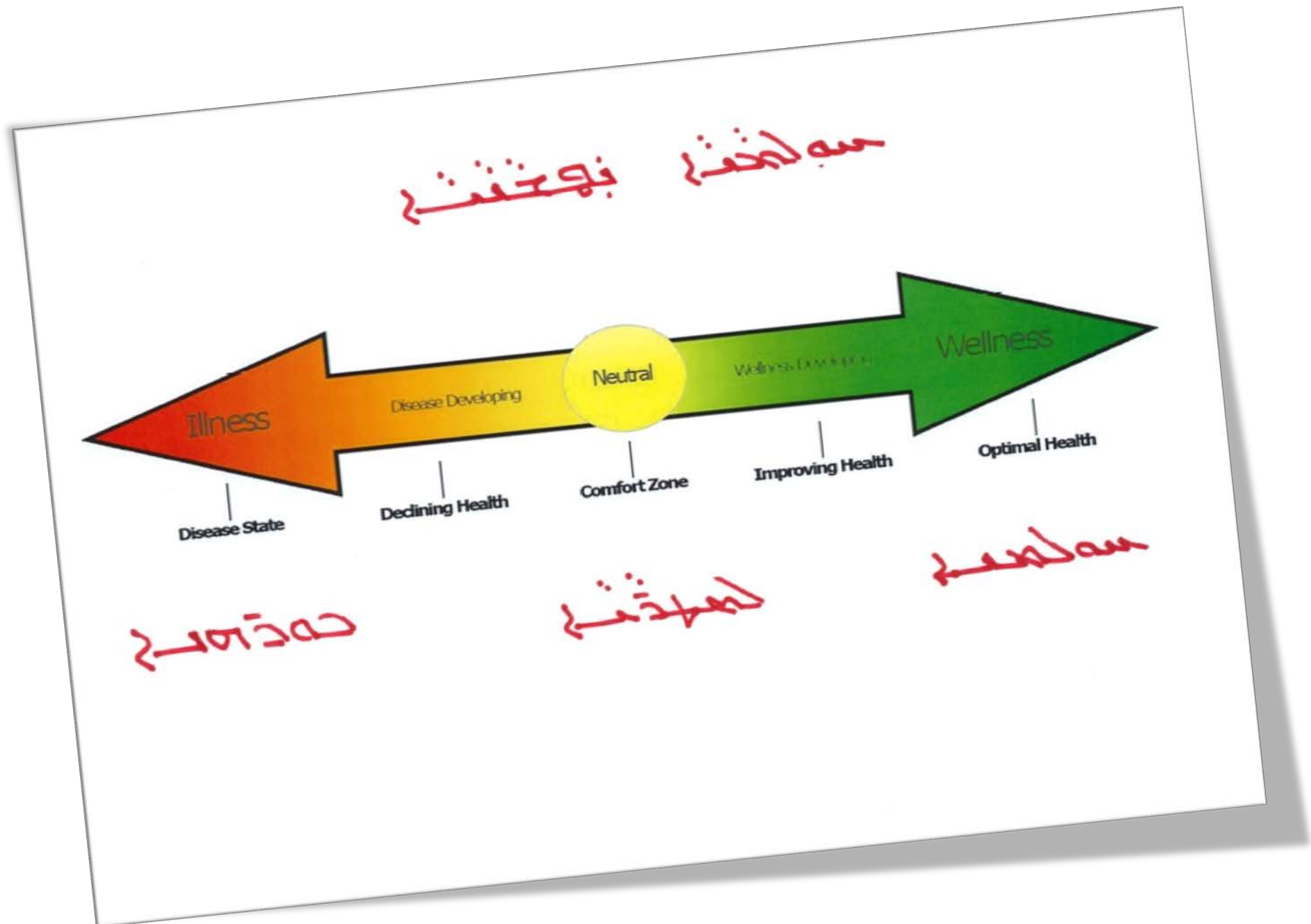


Accidental  
Counselling  
Training

# Conversations with Parents



- Sharing personal experiences: ***“What does mental health mean to me?”***
- Discussion of challenges: ***“Are we willing to talk about mental health?”***
- Children & Adolescents’ wellbeing: ***“What we can do? How can we recognise? Using the NARA metaphor to address issues.”***
- Community solutions: ***“What steps can we take as a community?”***
- Reflection and evaluation





# NARA

- NOTICE
- ACKNOWLEDGE
- RECOGNISE
- ACT



# Gifts I can give my community

- **Gifts of the Head**

(Things I know something about and would enjoy talking about with others, e.g., art, history, movies, birds)

- **Gifts of the Hand**

(Things or skills I know how to do and would like to share with others, e.g., carpentry, sports, cooking)

- **Gifts of the Heart**

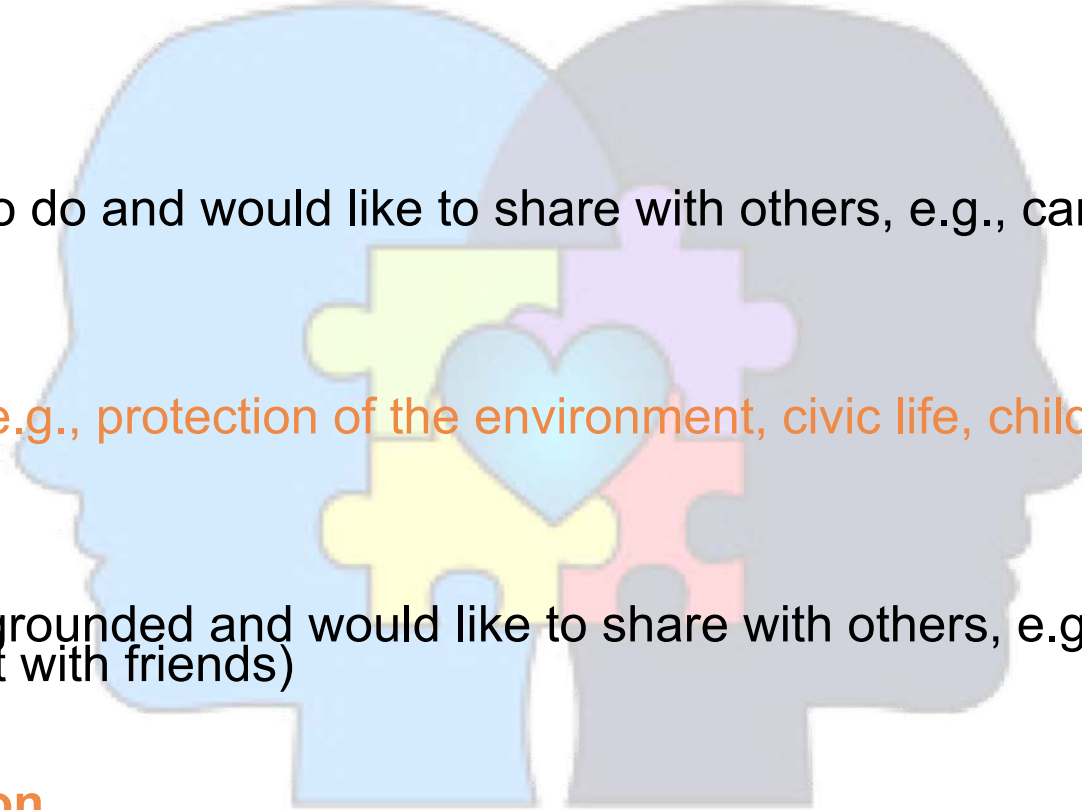
(Things I care deeply about, e.g., protection of the environment, civic life, children)

- **Gifts of Healing**

(Things I do to help me stay grounded and would like to share with others, e.g., meditate, walk, breathing exercises, hang out with friends)

- **Gifts of Human Connection**

(Things I do to stay connected to my community, e.g., join an interest group, visit someone)



# Conversations with Young People

- Emotional Wellbeing
- Information on specific mental health concerns
- The importance of family communication
- Seeking help and finding support
- Evaluation & Celebration



Image Source: Google Images



# Feedback: Conversations with Parents

***“They [the conversation facilitators] built some trust between us and now we know how to react when we encounter [mental health] problems”***

**better equipped to deal with mental health challenges**

**Useful conversations**

***“It was useful. I have a big family here and I have children and grandchildren of all different ages who [each] need to be communicated with in a certain way. And I feel like now I have the strength to actually advise them or tell them what to do and how to act in certain ways”.***

***“Because we come from the Middle East, we are always shy to talk about depression and anxiety. Even to closest friends, we never talk like a secret. I don’t know why. Because we come from a country that was not open, Now we feel very comfortable now to talk about how we are feeling”.***

**Changed perceptions of mental health**

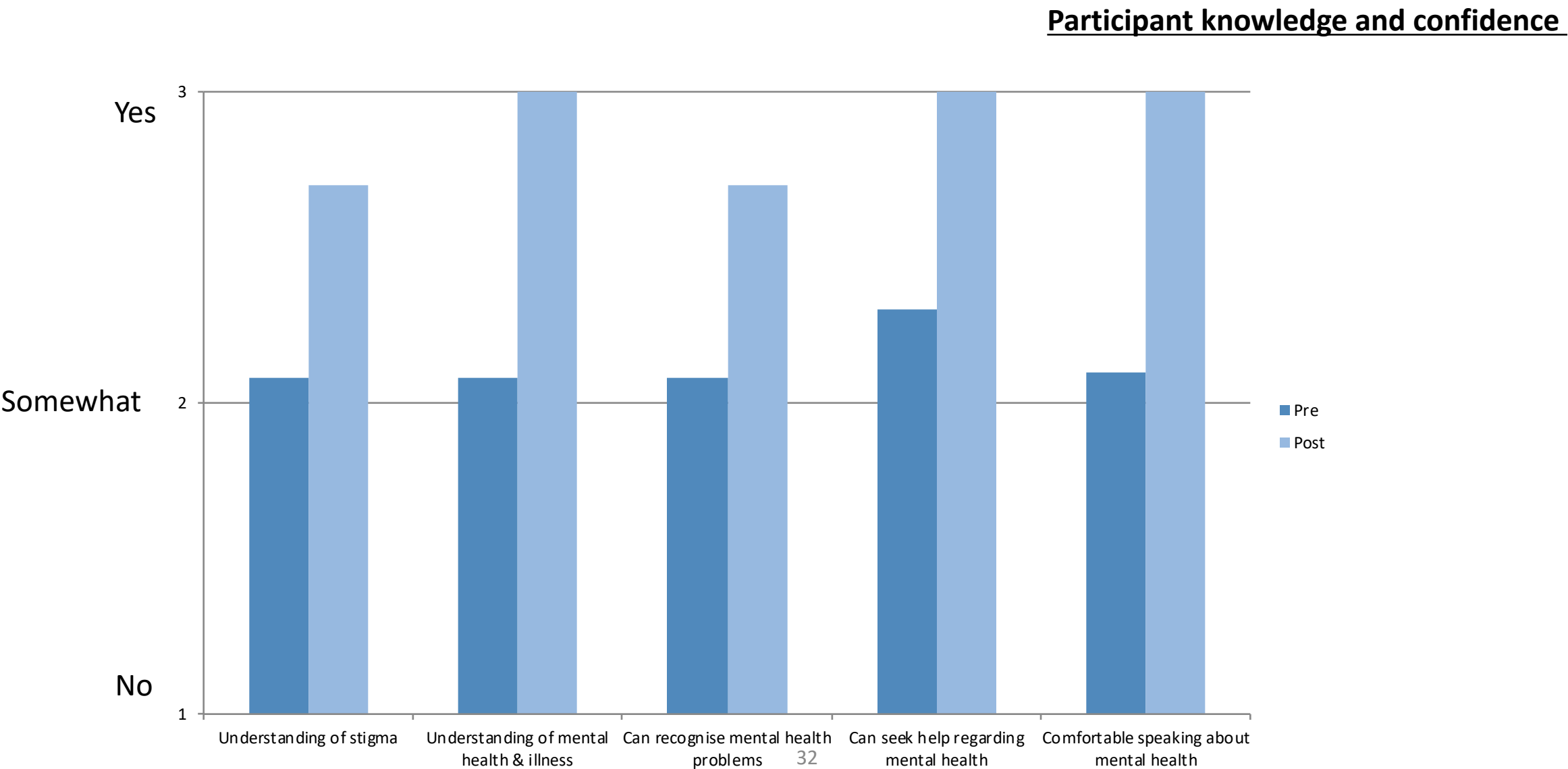
**seek mental health support**

***“Yes, definitely will seek support. Probably not for me but for our relatives and children”***

## Youth Conversation Evaluation

Before (please tick)			Question	After (please tick)		
Yes	Somewhat	No	I understand the level of stigma on mental health problems	Yes	Somewhat	No
Yes	Somewhat	No	I understand the difference between mental health & mental illness	Yes	Somewhat	No
Yes	Somewhat	No	I can recognise mental health problems	Yes	Somewhat	No
Yes	Somewhat	No	I can ask help regarding mental health issues	Yes	Somewhat	No
Yes	Somewhat	No	I feel comfortable speaking openly about mental health issues	Yes	Somewhat	No

# Findings: Conversations with Young People





# Feedback: Peer Support

*"I would definitely recommend this as it makes you feel better. It shows you that you aren't alone. The session provides us with amazing information that we can use and take into the real world"*

*"I recommend this session to my peers because it is important for people to know and learn about what people or yourself go through and how to help them"*

*"It allows us to open up about mental health and what it actually is"*

*"It actually expanded my knowledge about mental health and now I feel confident telling people about it"*

# Learnings

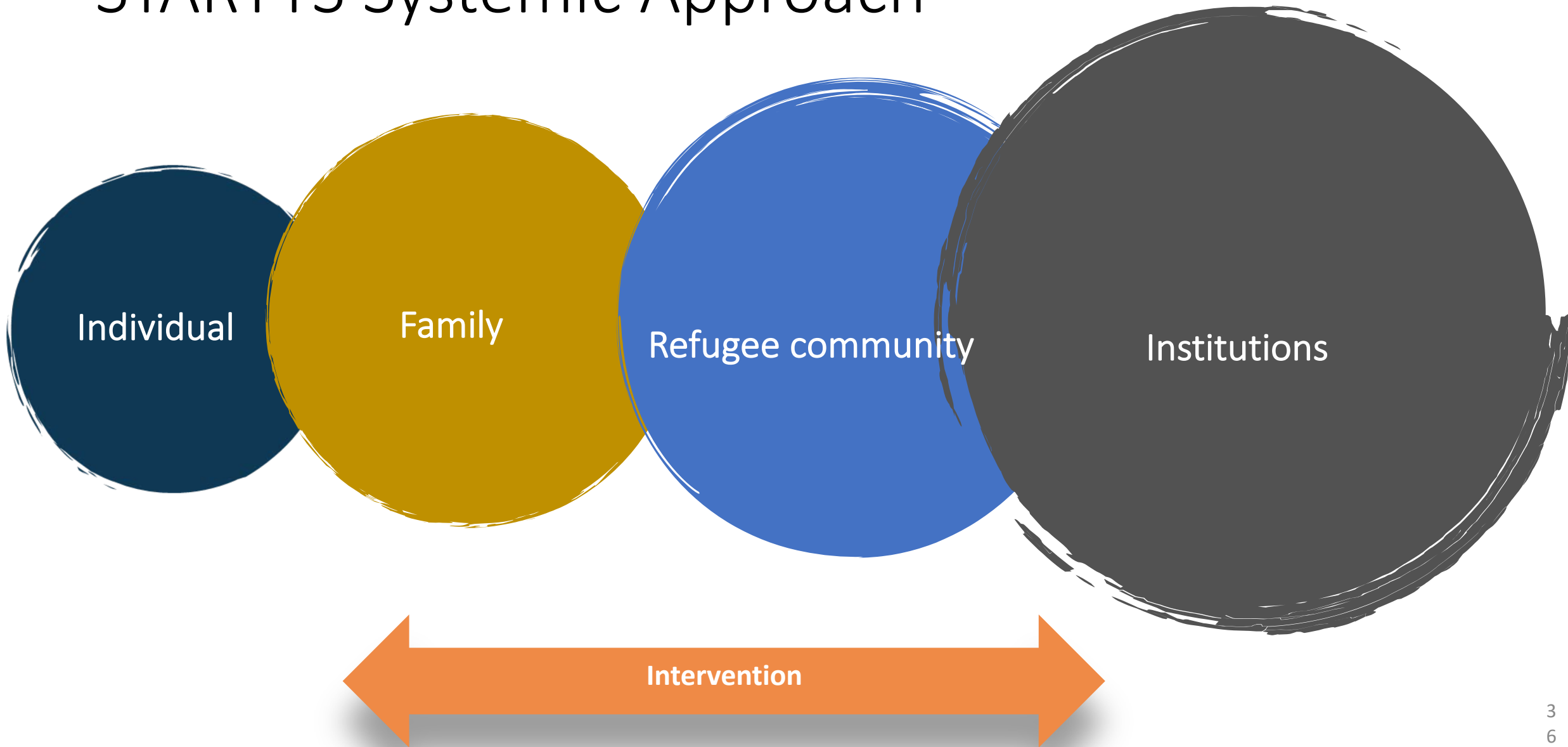


- Speaking the language of the community was more effective.
- Timing and location of sessions was essential for engagement.
- The involvement of church leaders?
- Community requested further contact with facilitators.
- Parents and young people receptive toward the session content.
- Multi-generational approach reaching across age groups.
- Multi-disciplinary team was more effective.
- Importance of embedding celebration within the project design.
- Use of multiple methods of evaluation.

# NEXT



# STARTTTS Systemic Approach





# Thank You Team



Chiara



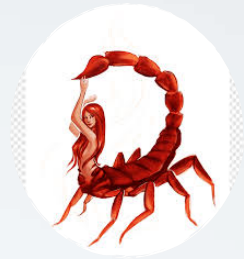
Julie-Anne



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Ansuya



Lilly



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# THANK YOU

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