REWIRE project
A community engagement skills training intervention to support refugees in Malaysia

Location
Klang Valley, Malaysia

Date
2021–2022

Focus Area
Mental health services for refugees and asylum seekers

Organization(s)
Health Equity Initiatives (HEI)

Community Engagement Approach
Designing and implementing community engagement skills training for HEI frontline health workers to better connect with and engage their clients in order to improve mental health treatment adherence.

Background and context
The refugee and asylum-seeking populations in Malaysia face several psychosocial stressors, including the inability to secure safe and stable employment, fear of arrest and detention, inability to afford basic necessities, as well as the lack of access to services, including health care – all of which can impact one’s mental health. To address these challenges, Health Equity Initiatives (HEI) – a nongovernmental organization in Kuala Lumpur, Malaysia – is committed to advancing the right to health of these marginalized populations in the Klang Valley through its integrated and comprehensive mental health programmes designed for refugees and asylum seekers. The programme is for HEI patients originating from Afghanistan, Islamic Republic of Iran, Iraq, Liberia, Myanmar, Pakistan, Somalia, Sri Lanka, Syrian Arab Republic and Yemen who are diagnosed with, among other conditions, mood disorders, anxiety disorders, psychotic disorders, trauma and stress-related disorders, somatic symptoms disorders, substance-related disorders, neurodevelopmental or neurocognitive disorders.

These stressors and mental health concerns have only been exacerbated by the coronavirus disease (COVID-19), with pandemic-related restrictions further inequitably reducing these groups’ access to health services and support. The pandemic also created challenges for HEI team members, forcing staff to address growing complex needs remotely and to manage the expectations of service users who had been experiencing extreme hardship such as loss of employment, eviction from homes and food deprivation.

This case study was one of four country projects in the WHO Community Engagement Research Initiative, a multi-country effort that aimed to design, implement and research relationship-focused community engagement interventions in COVID-19 response and recovery efforts.
The project had four phases:

Phase 1
Preparation and formative qualitative data collection, including review of literature, relationship mapping and organizational needs assessment. This identified the issues (outlined above) that the intervention needed to address.

Phase 2
Development of a training programme with technical support from partners, including the World Health Organization (WHO). By adapting the RESPECT framework to their context, HEI built out a community engagement skills training programme designed to provide the HEI team members with wide-ranging skills and competence for supportive follow-up calls with their patients and to facilitate treatment adherence. The training modules introduced HEI team members to relational community engagement concepts and covered three broad areas:

The community engagement intervention

In response to the identified challenges for both the refugee community and the HEI team members, HEI developed and implemented “REWIRE: A Complexity-Informed Community Engagement Proof-of-Concept Intervention with Refugees”, a training programme designed to build capacity around community engagement skills and competencies among their front-line staff, increase trust and enhance relationships between these staff and refugee community members, and ultimately improve treatment adherence support and follow-up calls.

Using a mixed-methods participatory research design, the team adapted and incorporated the RESPECT conceptual framework into their community engagement skills training programme. The RESPECT framework focuses on the essential components of building trust and improving the quality of communication between front-line staff and communities. It was developed in response to Ebola virus disease in Sierra Leone and was found to be similarly suitable for addressing challenges faced by HEI in the context of the COVID-19 pandemic. These include challenges in maintaining receptivity, as well as online communication posing difficulties in creating and sustaining empathetic connections, especially for team members who were new to the organization and working with refugees during a time of heightened stress.

The training was piloted and refined accordingly before being delivered to HEI team members virtually over two days. Once delivered, the training encompassed delivery of relational community engagement theory, examination of case studies, role-play, exploration of different perspectives through given scenarios, group practice of active listening and effective questioning, and working together to identify potential challenges in calls to patients and community engagement strategies to address these.

Every aspect of the training was carefully considered. For example, activities to build relationships and increase engagement in the organization prior to and during the training (e.g., moments of mindfulness or icebreaker activities at the start of team meetings) were undertaken to create a comfortable, safe and open space for discussion. Additionally, in the week leading up to the training, team members were paired up for an introduction activity with fellow colleagues, and on the day of the training, each pair introduced their partner to the wider group. This was another method for building relationships among team members from

Receptivity and emotions: Being able to identify both their own and other’s reactive and receptive modes can help front-line providers better communicate and engage with their patients. Knowledge of management strategies to regulate emotions and transition to a receptive mode (e.g., grounding/calming exercises) can lead to better understanding and retention of information shared by patients.

Connection and trust: The ability of front-line providers to establish and maintain trust through communication – being empathic, non-judgemental, genuine, and demonstrating active listening – builds connections and can lead to patients feeling safer and becoming more open to sharing information and listening to advice.

Every experience matters: Patients can perceive things differently based on their life experiences; recognition of this and demonstration of understanding and compassion can help front-line providers build better connections and engagement with patients through follow-up calls.

Phase 3
Implementation of trainings by the HEI team and evaluation of REWIRE with parallel mixed methods.

To overcome restrictions in face-to-face service delivery, HEI began using digital tools and platforms (for example, WhatsApp, Zoom, Facebook and Instagram) to communicate with its clients and the wider refugee community. However, the novelty and impersonal nature of the communication mode and the cost of connectivity to refugees created difficulties in communications for both HEI’s service users and HEI’s Patient Managers and Psychosocial Support Officers. On top of this demanding situation, HEI team members had to adapt to working without the usual physical connectedness with their team and found it increasingly stressful to manage relationships with the community.

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HEI staff discuss the REWIRE project during a team meeting.
different units, especially those who may not have had the opportunity to get to know each other due to the pandemic restrictions and remote working. During the trainings themselves, the allocation of diverse team members to small breakout groups for the participatory activities was carefully considered to ensure that different perspectives, connections and relationships could be further strengthened through the exchange of thoughts and discussion. In essence, the training design itself was a form of community engagement among the HEI team.

Adapting to pandemic restrictions, telehealth was also integrated into the intervention as engagement with service users shifted from face-to-face to digital platforms. HEI team members applied the skills in relational community engagement acquired during training to their remote conversations with patients in order to successfully build and maintain provider–patient relationships in challenging circumstances.

Phase 4
Monitoring and evaluation efforts were undertaken to inform continuous learning moving forward. Quantitative data were obtained from pre- and post-tests, questionnaires and evaluation forms, and qualitative data from weekly WhatsApp group discussions with Patient Managers and Psychosocial Support Officers spanning 10 weeks. A total of eight Patient Managers and Psychosocial Support Officers and 14 other HEI team members attended both days of virtually delivered training.

The weekly discussions over 10 weeks on WhatsApp were facilitated by peer mentors. Questions were posed to Patient Managers and Psychosocial Support Officers each week in the chat. The questions focused on the application of specific knowledge and skills acquired during the training in their daily interactions with patients in their care. This allowed the peer mentors to provide ongoing support when team members were faced with challenges, to validate their experiences and reinforce learning. Other online meeting platforms (team meetings, unit meetings) were also used to continue the discussions, and team members were guided to integrate their learnings in managing the cases.

Lessons learned

- The collective process of relationship mapping early on in the project – in highlighting where intra- and inter-organizational linkages needed to be strengthened was a very useful process to enable HEI to take steps to concomitantly nurture and strengthen relationships where they needed to be stronger and/or where they were weak.

- The intervention exemplified that training in relational community engagement can increase service provider confidence and capability to manage themselves and their patients within a highly stressful and resource-constrained context, which can in turn influence the process of health-care delivery by an organization.

- The increase in cohesion and social capital within health-care delivery teams – resulting in part through participatory skills training workshops – can bring about significant benefits to care providers, which translate to benefits to refugee patients in terms of a better experience of health-care services.

- Peer mentoring by HEI unit leaders who championed the relational community engagement approach to working motivated team members to imbibe HEI’s work ethos. Purposeful and meaningful interpersonal interactions initiated and sustained by organization leaders with staff were replicated by staff in their interactions with patients.

- Evaluation efforts suggested that the 10-week discussion with Patient Managers and Psychosocial Support Officers helped to deepen learning and reinforce community engagement concepts, as well as the practical application of these concepts.

- Since these relational community engagement skills (e.g. active listening, self-awareness, trust building, etc.) are relevant for any human interaction, this capacity-building training work has the potential to be scaled and adapted to other health programmes or organizations whose front-line staff interact and engage with people in some form or another.

- The community engagement approach also aligns with the community and family support, and focused non-specialist layers of the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support (MHPSS) interventional pyramid; integrating the community engagement approach within these layers could significantly increase social capital in the community.

- Additionally, it is important that future research assessing the feasibility, scalability and sustainability of community engagement be not only context specific but also population specific, especially for disadvantaged populations.