

### **Electronic Supplementary Material 1**

Providing micronutrients to the Muslim community after the Christchurch terrorist attack, 15<sup>th</sup>

March, 2019: A personal account

Many members of the Muslim community in Christchurch knew that I studied Psychology and some knew that I was volunteering for Lifeline (a national telephone counselling service in New Zealand). A couple of weeks after the shooting a person contacted me regarding a survivor who had been suffering severely from shooting-related flashbacks and needed counselling. Although I advised this survivor that I was legally neither a psychologist nor a counsellor, they insisted on meeting me and came to the University campus to share a coffee. He was extremely stressed since he was living away from family and finding it very difficult to cope. In the course of our conversation, I also realised that this encounter was probably the first safe space provided for him to talk about his feelings; although he was living with some other survivors there was no outsider who he could talk to.

Some days after this encounter, Professor xx joined a conversation I was having with xx regarding how the Muslim community was coping with the tragedy. Professor xx asked me if I knew about her research and how nutritional supplements have been found to be helpful for mood and concentration after disasters, and she asked if there were any Muslims I knew who were struggling and might like to try micronutrients. I replied that I did know about her research and I told her about the person I had met the previous week and of at least one other person that I knew who was experiencing distress. I also knew that there were many members of the Muslim community who, although struggling with the aftermath of the massacre, did not want to use the free counselling services provided by the Canterbury Charity Hospital (an outpatient hospital staffed by volunteers which offers a range of health services, including counselling, a service established in the aftermath of the 2011 earthquakes; see [charityhospital.org.nz](http://charityhospital.org.nz)). Likewise, they were reluctant to use any other services provided by the Canterbury District Health Board and NGOs.

Professor xx had two bottles of Optimal Balance micronutrients on hand that she gave me to give to these two individuals. They started taking the micronutrients and informed those close to them, families and friends, about the supplements. Thus, I started getting more requests for supplements from the community. At this stage, Professor xx and other members of the Mental Health and Nutrition Laboratory team and I decided to ask clients if they would be willing to report DASS-21 and IES-R scores online so that we could track their clinical progress. We explained that we wanted to see if they experienced any improvement in their symptoms and to check for any side-effects. The leadership of the mosque (Muslim Association of Canterbury) knew about the intervention and some of the officials came and visited Professor xx at the University. They were supportive of the work and appreciated the attempt to help the community.

Contact was made with clients and the supplies of micronutrients were delivered in various ways. Some clients picked the bottles up from University, others received them via post. I delivered them personally to some who could not come to University when they needed them. Initial contact with clients was mostly face-to-face. Later on, we would give them a call or text to remind them to fill in the on-line survey every two weeks.

We also realised that, due to cultural limitations, I could not directly contact Muslim women in the community. So, we invited Ms xx, a fellow PhD student in Psychology to join the team. Ms xx is not a member of the Christchurch Muslim community, but due to her personal background she had a better understanding of Muslim cultural practices than did other women members of the team, and could interact safely and appropriately with Muslim women. This is how the clinical work began and our team was formed. It developed organically in response to need. Donors were found to fund the purchase of the micronutrients and they continued to be provided free to those who requested them. The number of beneficiaries grew and many of them used micronutrients for up to eight weeks. Even one year later, we continue to support the Muslim community with the micronutrients on request.