NISMP
NORTHERN IRELAND STRATEGIC MIGRATION PARTNERSHIP

Mental Health Care Needs of Asylum Seekers and Refugees:

Overview of Roundtable 1st June 2017

About NISMP

The Northern Ireland Strategic Migration Partnership is a multi-agency, cross-party and cross-departmental body working to reflect the regionally specific needs of Northern Ireland in the development and implementation of UK immigration policy. NISMP works across spheres of government, private and voluntary sectors in the region to ensure that Northern Ireland is a welcoming place for migrants, refugees and asylum seekers, and supports the retention and integration of people in a way which promotes social cohesion and economic growth.

About Refugee & Asylum Forum

The Refugee & Asylum Forum (RAF) is an unincorporated group of organisations in Northern Ireland that has been meeting since 2012. Forum members have day-to-day expertise in delivering services to asylum seekers and refugees, or providing support, policy or advocacy. Our collective expertise is wide and spans health and social care, accommodation, integration and specialist immigration advice. We believe that all asylum seekers and refugees have the right to be treated with the dignity and respect that everyone is entitled to and as has been articulated in the various human rights treaties ratified by the UK. We seek a fair and humane asylum system, where no person experiences destitution. The Forum is co-ordinated by South Belfast Roundtable

Introduction

The particular mental health care needs of asylum seekers and refugees is well documented. Specific guidance on recognising and meeting these needs has been issued by the Home Office[1] and the PHA[2] with recommendations on good practice researched and promoted by NGOs such as MIND[3] and Save the Children[4]. Nevertheless, organisations supporting refugees and asylum seekers have, through the Refugee and Asylum Forum, repeatedly identified cases where mental health care needs continue to remain unmet in Northern Ireland. One Forum member named mental health as the most pressing issue consistently identified by the refugees and asylum seekers supported through her organisation. Others have expressed concern that current approaches to safeguarding are not effective in adequately protecting asylum seekers at risk of destitution - a concern which has been heightened due to provisions

[1] HO
[2] PHA BME guide
[3] mind
[4] Invisible wounds.

within the Immigration Act 2016 which will materially change support available to refused asylum seeking families. All stressed the need for an improved model of assessment and support for asylum seekers with mental health care needs where safeguarding responsibilities lie with the Department of Health. A recent letter from over seventy UK organisations working with refugees (including 20 from Northern Ireland) highlights the "devastating impact" that changes in UK policy can have on a refugee or asylum seeker's mental health[5].

With this in mind, the Refugee Asylum Forum agreed to call a roundtable of stakeholders, facilitated by the Northern Ireland Strategic Migration Partnership. The aim of this roundtable was to identify opportunities for improving mental health screening and related support services for asylum seekers and refugees.

Organisations/Individuals who attended or provided input to the Roundtable were:

- Belfast Health and Social Care Trust
- Bryson Intercultural
- Chinese Welfare Association
- Counselling for All Nations
- Dr Kevin Dyer (Regional Trauma Network)
- Dr Linda Agnew
- Family Trauma Centre
- Housing for All
- Law Centre
- Migrant Help
- NI Community of Refugees and Asylum Seekers (NICRAS)
- NI Muslim Family Association (NIMFA)
- NI New Entrant Service (NINES)
- NI Strategic Migration Partnership (NISMP)
- Public Health Agency
- Red Cross
- South Belfast Roundtable

This report provides an overview of discussions with the recommendations which arose from the group on how the particular mental health needs of asylum seeker and refugee communities can be more effectively assessed and met in Northern Ireland.

[5] http://www.righttoremain.org.uk/blog/unsettling-refugees-over-fifty-organisations-call-on-home-office-to-allow-refugees-to-rebuild-their-lives-in-the-uk/

Overview of areas of concern

Stakeholders began by discussing the prevalence of poor mental health in the asylum seeker and refugee communities, the factors which contribute to this and how the impact is felt by the individual and by his/her family as well as in the wider community. This part of the discussion was led by two people who had direct experience of the asylum system.

Issues of concern noted by stakeholders can be grouped into two categories: low level, chronic mental health issues and mental health disorders which require safeguarding protections.

- ***low level chronic mental health problems***

Asylum seekers are particularly vulnerable to lower levels of wellbeing in comparison to the general public[6]. Stakeholders reported that while in some cases this can be traced to the trauma which forces a person into seeking asylum, for others mental health becomes an issue once they are in the asylum system due to the restrictions and uncertainty it entails. The mental health charity Mind, states that the process of waiting for their asylum case to be resolved has 'the most significant impact on the mental health of refugee communities'[7]. Inability to work, low levels of English, absence of family support, concern for children's wellbeing and a lack of control over seemingly any aspect of their life were all cited as factors which can impact on an asylum seeker's mental health. Hostility from the host community was also raised as a contributing factor to the poor mental health of some asylum seekers.

Deterioration in mental health was recognised as having repercussions felt beyond the period that is spent in asylum, affecting a refugee's ability to secure employment or integrate into communities.

- ***Safeguarding adults with a mental health disorder***

Some asylum seekers will have acute mental health care needs which will require professional intervention. Although medical professionals at the roundtable were clear that exposure to trauma will not necessarily give rise to a mental illness, it was agreed that serious mental health illnesses such as PTSD is more challenging to treat and is more prevalent in the refugee community than the general population. This consensus is corroborated by studies which suggest that asylum seekers are at increased risk of developing mental illness[8] and that this requires a response from mental health service planners[9].

Home Office guidance states that once a 'local authority has determined that an asylum seeker has a care need, the local authority has a duty to provide that person with

[6] https://www.rcpsych.ac.uk/pdf/PUBNS_IPv13n2_30.pdf
[7] https://www.mind.org.uk/media/192447/Refugee_Report_1.pdf
[8] https://www.rcpsych.ac.uk/pdf/PUBNS_IPv13n2_30.pdf
[9] https://bmcpsychiatry.biomedcentral.com/track/pdf/10.1186/s12888-017-1239-9?site=bmcpsychiatry.biomedcentral.com

accommodation (which includes related support)'[10]. In Northern Ireland these duties fall to the Department of Health. It was noted during roundtable discussions that, at a number of points during the asylum process, asylum seekers are at an increased risk of destitution. It is essential therefore that there is an effective system of identification and support in place for asylum seekers with care needs, including adequate protection against destitution.

Both low level, chronic mental health problems and mental health issues which will trigger safeguarding duties, require consistently applied, appropriate and effective approaches. It was recognised by the stakeholder group that the complexity of needs of asylum seekers and refugees poses significant challenges for mental health services.

Services available from Health and Social Care

The following support from public health authorities was identified by roundtable participants:

- Northern Ireland New Entrant Service (NINES): At the point of making an asylum claim, asylum seekers are referred to the Northern Ireland New Entrant Service, which manages the transition of clients to mainstream primary care services. Although NINES assessments focus on physical health, the service also uses targeted questioning to identify whether there are any mental health concerns that should be prioritised.
- GPs: Referrals for specialised mental health services are done through GPs.
- Mental Health Hubs: GP referrals are normally made to the regional Mental Health Hubs which triage and direct referrals to the most appropriate service.
- Family Trauma Centre: a specialist, psychotherapy led children and young people's service which has a regional remit in relation to psychological trauma. Accepts referrals from a range of sources, including self referral.

Participants identified a number of factors which prevented the effective delivery of these services to asylum seekers and refugees:

- The issue of non-disclosure was raised throughout the discussions. It was recognised that asylum seekers may be reluctant to disclose information relating to their general well being or mental health as they found it difficult to know who to trust with this information or feared that it may negatively impact on their asylum claim. There was also a general recognition that for many asylum seeker communities, mental illness carries a stigma which will make disclosure less likely, and particularly so to health professionals where a relationship of trust has not yet been established.

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10 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356217/Asylum_Seekers_with_care_needs.pdf

- GPs will invariably face communication barriers when working with asylum seekers and refugee patients – whether these be language barriers, differences in cultural norms or expectations of treatment. Recognising and addressing these barriers within the allocated 10 minute time slot per patient, is an extremely difficult, if not impossible, task. Where there is a significant language barrier, the GP may use a telephone interpreting service, thus putting further pressures on the time available. As a result, it was felt that mental health issues were – understandably - not consistently detected and that services which were available to support the mental health of patients, particularly through referrals to the Mental Health Hub, were likely underused for this patient group.
- NINES is not resourced to triage and direct clients to appropriate mental health services. Furthermore, NINES support which is given at the start of the asylum process will not detect issues that arise later in the process.
- Lack of trust in public authorities can be over compensated for by too much trust being placed in cultural community groups. This can lead to misinformation being received as fact by the asylum seeker. An example given to support this was of a woman who, hearing from other asylum seekers that social services would take her child, did not disclose her feelings of depression to health professionals which meant that she failed to get the support she needed.
- While health professionals in Northern Ireland have experience of dealing with trauma resulting from the Conflict/Troubles, there is less experience of managing PTSD as experienced by asylum seekers or refugees.
- Although referral to some support services does not have to be through a GP and can include self-referral, these avenues often bypass asylum seekers/refugees due to lack of information or understanding of the process.

Services available from the community and voluntary sector

A number of community and voluntary organisations offer services which aim to improve mental health and wellbeing among asylum seekers/refugees. These range from initiatives focusing on improving general wellbeing, to accredited counselling services such as those provided by Counselling all Nations (CANS). The value of such services was recognised by all participants, particularly in relation to the fact that they are designed to support the target group of clients whose needs may not be able to be fully met through mainstream services.

It was understood that effective triaging and referral both within and between sectors is essential to ensure maximum benefit from all services and to minimise the risk of aggravating a mental health condition. Particular mention in this regard was given to psychological trauma where it was recognised that all working in the third sector must be trained in identifying and referring on those cases which require more specialist support - whether that be to other providers within the third sector or to mainstream mental health services.

Conclusion and Recommendations

Poor mental health was identified by participants as a significant issue among asylum seeker and refugee communities, one which will impact not only on their own personal outcomes but also on those of their family and wider circle. Supporting good mental health will require agencies and organisations to recognise barriers to access facing this very particular client group, and to establish assessment processes which address these and ensure that appropriate support is provided. Practitioners and policy makers must equally develop their understanding of how the asylum process impacts on well-being and at which points in the asylum process there is a risk of mental health being compromised.

The World Health Organization's definition of health as being a "state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity"[11] makes it clear that outcomes in this area are a factor not only of mainstream health provision or targeted interventions but also of policies and practices relating to other domains of integration such as employment, housing and community cohesion.

The following recommendations were proposed:

1. The Department of Health must ensure that the procedures to assess health and social care needs are effective in identifying and responding to such needs within the asylum seeker population and in protecting vulnerable asylum seekers from destitution. Health and Social Care systems must furthermore be designed in recognition that mental health can deteriorate throughout the asylum process. Specifically:
    - Assessments to be carried out where asylum seekers have been refused asylum and notified that their National Asylum Support (NASS) will be discontinued.
    - Asylum seekers who have been denied NASS or housing assistance are offered a referral to Health and Social Care for a care needs assessment.
2. Department of Health should ensure that psychological therapies are accessible to asylum seekers and refugees through:
    - Providing targeted information on available mental health services and how to access them for asylum seeker and refugee communities
    - Issuing guidance for health providers and mental health advocates on indicators of poor mental health among asylum seekers/refugees

    Information and guidance must be sensitive to the issues of stigma around mental health and the lack of trust in public authorities felt by many asylum seekers. It should be developed in close consultation with representatives from asylum seeker and refugee communities.

[11] www.who.int/about/definition/en/print.html

3. Department of Health should establish models to facilitate triaging and support of asylum seekers and refugees with low levels of wellbeing and mental ill-health. A suggested model is:
    - Funding and expanding the remit of NINES or a mental health charity to support GPs in the diagnosis and referral process.
4. Specialist services for Troubles related psychological trauma should be funded to expand these services to asylum seekers and refugees.
5. The Executive Office should publish the Refugee Integration Strategy with a focus on building community resilience among asylum seekers/refugees.
6. The NI Executive should publish a strategy for English to Speakers of Other Languages in order to promote integration, employment and social opportunities and provide beneficiaries with a better sense of wellbeing and control over their own lives.