

# Mental Health Conference: Addressing the Needs of Refugees and Asylum Seekers in City and Hackney

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## Conference Report

November 2009



**Compiled by Harry Farmer**

## **Acknowledgement**

On behalf of BEMWG staff and Board of Trustees I want to take this opportunity to express our sincere appreciation for:

- Our partners' Hackney Refugee Forum, City and Hackney Mind, Shoreditch Spa and Derman for their support & contribution, commitment & dedication that make the conference a real success
- The Mayor of Hackney who send the conference a message of support
- The Speaker of the Council for his time and contribution.
- Team Hackney for funding the conference.
- Community Empowerment Network (CEN) for their continuous support our special thanks go to Mary Cannon CEN chair, Liz Hughes for her enormous effort and time she invested on this conference and for Gillian Trevethan for her marketing and effective publicity.

We are deeply grateful to the speakers and workshops facilitators for their expertise and knowledge which strengthened the voice and rights of the refugees and asylum seekers and helped developing recommendations that respond to refugee and asylum seekers needs.

I also want to thank our volunteers for their valuable contribution and for Harry Farmer for compiling the report. It is through the support of our members and different agencies that we are able to continue to strengthen our programs and to develop new and innovative projects that address the needs of BAMER communities and will continue engaged with the service providers and policy makers to influence the provision of services to meet the needs of the communities. As well we will lobby the service providers and policy makers to adopt the recommendations of this report and translate them into action.

Again, thank you for making this a reality.

**Aliya El Agib**

**Director – BEMWG**

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# Executive Summary

## Background

Refugees and asylum seekers are among the most vulnerable groups in our society. They face many difficulties in adapting to life in the UK such as; learning a new language, building up a social structure to replace the one they had in their country of origin, coping with racism and accessing services. Due to these difficulties refugees and asylum seeker communities are especially likely to suffer from ill mental health; however they are also less likely to make use of mental health services than the general population. Hackney has one of the highest refugee and asylum seeker populations of any London borough so it is vital that local services take into account the needs of these communities. To tackle these issues the Black and Ethnic Minority Working Group (BEMWG) and Team Hackney, in partnership with City and Hackney Mind, Shoreditch Spa, the Hackney Refugee Forum, Derman and the Hackney Community Empowerment Network organised a mental health conference to address the need of refugees and asylum seekers in City and Hackney.

## Aims

The aims of the conference were:

- To ensure that existing services for refugees and asylum seekers are accessible and acceptable and to identify gaps in current service provision.
- To ensure that services are developed and run in partnership with local refugee communities and voluntary sector organisations in order to help give refugees ownership of services and improve accountability of services to service users.
- To improve the mental health, well being and social inclusion of refugees.
- To ensure more coordination between different services for refugees and asylum seekers in order to develop a more holistic approach to refugee mental health and well being.

## Conference Programme

The programme of the conference was a combination of formal presentations and workshops. The first two presentations gave a background to refugees

and asylum seekers in City and Hackney and the specific mental health needs they have. The next three presentations highlighted innovations in mental health work with refugees in both the UK and around the world. Following these presentations the first set of workshops addressed the mental health issues faced by refugees from various parts of the world.

The afternoon presentations looked at the provision of mental health services for refugees from the perspective of health commissioners, the statutory sector and refugee organisations. Following this the second set of workshops aimed to develop recommendations regarding refugee and asylum seeker mental health for commissioners, the statutory sector and refugee and voluntary sector organisations.

## **Recommendations**

The feedback from workshops held during the conference supports the following recommendations.

- Increased statutory sector engagement with and partnership with both the voluntary sector and refugee community organisations.
- Statutory sector services need to provide holistic, culturally sensitive services which show an awareness of the cultural and socio-economic issues that refugees face.
- The language services available to refugee and asylum seeker communities should be improved in order to help ease some of the social pressures that lead to mental ill health.
- The statutory sector needs to work with refugee community organisations to tackle stigma regarding mental ill health.
- Effort should be made to increase coordination between the different services that are involved in working with refugees.

# Introduction

This conference was held in order to help address the issues facing provision of mental health services for refugees and asylum seekers in Hackney and the City; this is an issue of major concern. For a variety of reasons, related to their past exposure to traumatic events and to the situations they find themselves in, refugees and asylum seekers are generally more vulnerable to ill health than the host population. In addition they are often among the most isolated and marginalised people in the community. For these and other reasons, they may also be particularly vulnerable to mental health problems.

Like any other group of people, refugees and asylum seekers are susceptible to the normal range of affective and psychotic mental disorders. However, because of the psychological trauma they may have sustained in leaving their own country; the anxieties of being in another 'strange' country, the uncertainty of their position in that country, and the loss of many of the social supports they would normally have in their own communities, they experience a higher incidence of affective disorders such as anxiety and depression than the host population. To compound the problem, because of the cultural and linguistic differences and difficulties, both the 'normal' and the additional mental health problems that they suffer from may not be appropriately or effectively addressed by the existing services.

What is a refugee?

The 1951 United Nations Convention on the Status of Refugees and the subsequent 1967 Protocol on the Status of Refugees define a refugee as:

'Any person who, owing to well founded fear of being persecuted for reasons of race, religion, nationality, memberships of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable, or owing to such fear, is unwilling to return to it'<sup>1</sup>.

An asylum seeker is a person who has had to leave their country of origin for a reason as set out in the definition of a refugee and who has applied for asylum in another country. A refugee is someone whose application for asylum has been approved by the host country or by UNHCR.

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<sup>1</sup> <http://www.unhcr.org.uk>

## **Refugees, Asylum Seekers and Mental Health**

Mental illness is common and affects millions of people worldwide every year. For refugees and asylum seekers the traumatic experiences they endure and the shattering of their values and beliefs regarding self, world and future, can lead to severe psychological and psychiatric problems for many of them at much higher rates than experienced by the general population.

Most mental health studies of refugees show that Post-Traumatic Stress Disorder (PTSD), a disorder that covers a range of symptoms that are seen in people who have been subjected to various types of trauma, is the most important health problem faced by refugees. This is unsurprising as refugees and asylum seekers have often experienced war, rape, torture, family and social separation, family loss, hardship and other physical or mentally traumatic experiences.

While PTSD is the most common mental disorder experienced by refugees the traumatic experiences they have been through and the difficulties of adapting to life in a new country without the benefit of a social support network mean that refugees and asylum seekers are also vulnerable to other mental disorders including; anxiety disorders, depression, psychosis and suicide.

### **Aims and Objectives**

The conference was held as part of a wider partnership between a number of organisations. This partnership aims to work towards improving mental health in City and Hackney's refugee and asylum seeker communities by:

- Identifying the mental health needs of refugees and asylum seekers and the gaps existing in the current service provision.
- Identifying existing services and ensuring their accessibility and cultural appropriateness to refugee and asylum seekers and that these services are acceptable to users.
- Ensuring that services are developed in collaboration with local refugee communities to help refugees have ownership of the services and the confidence to actively engage in decision making service planning and delivery.
- Coordinating joined up service delivery that ensures a holistic approach to Refugee mental health and wellbeing
- Maximizing the wellbeing and the social inclusion of refugees and asylum seekers
- Building BAMER capacity around mental health and well being.
- Improving the mental health of refugees and reducing existing inequalities.
- Exploring ways to balance specialist treatment and community based approach

- Encouraging communities' role in mental health via early intervention and tackling issues around stigma.
- Exploring the possibilities/opportunities and appropriateness of sharing current and future resources.

## **Conference Leading Partners**

The conference was primarily organised by Black and Ethnic Minority Working Group in partnership with Hackney Refugee Forum (HRF), City and Hackney Mind, Shoreditch Spa, Derman and Hackney Community Empowerment Network (CEN) and it was funded by Team Hackney

Black and Ethnic Minority Working Group (BEMWG) is a network umbrella organisation working in Hackney and the City dedicated to improve the quality of health and social care services for Black, Asian, Minority Ethnic and Refugee (BAMER) communities through representation, community development, advocacy, information, empowering members, networking & partnership. BEMWG is a grass root diversity driven organisation that works independently and proactively to reduce inequalities in health and social care and to ensure that BAMER communities receive the type of services that are accessible and culturally appropriate to their needs.

HRF is a network of refugee and asylum seeker organisations aiming to influence local service providers and advocate for the needs of their communities. HRF believes by providing opportunities for exchanging, sharing and learning from the experience of refugees it can raise awareness of refugee issues, enable them to access their rights, and take part as fully as possible in all aspects of community life. HRF is one of the leading partners on contacting service providers and refugee organisations, encouraging their full engagement, providing skilled volunteers as well involve on the publicity front.

City and Hackney MIND is the leading independent mental health organisation in the City and Hackney, which offers high quality services to local residents seeking mental health advice and support.

Shoreditch Spa delivers practical, accessible and holistic healthy living services and activities across City & Hackney, providing open sessions to the whole community running alongside referral projects for people with specific issues or health conditions. Additionally, The Spa's City & Hackney Peace of Mind Project provides a community development approach to improving access to mental health services and support for BAMER communities across age groups.

Derman, is working to improve the lives of Turkish, Kurdish and Cypriot Turkish people mainly refugees and asylum seekers in Hackney and to promote their wellbeing. Derman provides holistic care for individuals and families through counseling, advocacy, welfare advice, and mental health support and outreach services. Derman's vision is to provide culturally sensitive and linguistically appropriate, responsive services that effectively meet the needs of the communities.

Community Empowerment Network (CEN), exists to help the VCS take part in local decision making forums through;

- Supporting the development of community networks, like the Hackney Refugee Forum, Children and Young People Providers' Forum and BEMWG
- Supporting representation (from networks where they exist) onto the Team Hackney boards and sub-boards
- Bringing together the CEN reps to Team Hackney boards from community networks – to look at overriding issues. Recent events have fed back to the Team Hackney Board about Community Cohesion and Child Poverty – and in particular kick started research into what can be done locally to alleviate fuel poverty.



# Recommendations

Based on the issues raised by the speakers and the recommendations given by the individual workshops the following recommendations for the improvement of mental health services for refugees and asylum were put forward.

## 1. Increasing Partnership

One point that was emphasised by almost all workshops and speakers was the need for the statutory sector to engage with and work in partnership with both the voluntary sector and refugee community organisations.

- It was acknowledged that voluntary and refugee organisations were generally more responsive to the needs of the communities they worked with than the statutory sector. Increasing the engagement of statutory services with voluntary sector organisations would help to improve the responsiveness and efficiency of statutory services and help to make statutory services more outward facing than is currently the case.
- It is well known that refugee community organisations are often the first point of contact for refugees suffering from mental health problems. And this illustrates the need for statutory mental health services to work with refugee community organisations in order to deliver effective, community based services. It is also emphasised the need for engagement with refugee community networks at the level of careers and businesses to promote improved mental health. Such close working relations and contacts between statutory and refugee organisations offers the best chance to tackle mental health problems at an early stage.
- Closer work between statutory and voluntary sectors would also allow statutory sector workers and services benefit from the skills and expertise that voluntary sector organisations have developed in working with refugees and asylum seekers. In order to improve partnership, funds should be made available for training workers in both the statutory and voluntary sectors on how to work more closely.
- In order to ensure a meaningful partnership rather than tokenistic one there should be greater representation of voluntary and refugee based organisations in decision making processes of statutory services. Statutory sector services should also be more accountable to users through forums that enable users to have a voice in how services are run and developed.

## **2. Culturally Sensitive Services**

It was also stressed the need for statutory sector services to provide culturally sensitive services which show an awareness of the cultural and socio-economic issues that refugees face. Statutory services should take a more holistic view of mental health and connect refugee mental health problems with the other difficulties faced by refugees and asylum seekers and that requires:-

- Mental health service staff should receive greater training on the needs of refugees and asylum seekers and understand the distinction between people with leave to remain, those with citizenship, asylum seekers and failed asylum seekers so that they are able to know what service should be offered.
- Increased effort should be made to adapt therapy and counselling services to the cultural needs of the client, more training in cultural competence is needed in order to avoid misdiagnosis and increase awareness of the different cultures of refugees.
- Racism within the mental health services and other services dealing with refugees and asylum seekers should be tackled by challenging negative perceptions of refugees and asylum seekers. Efforts should be made to promote equality and diversity and promote the fact that refugee status is a human rights issue.
- 3-5 year funding contracts should be given to ensure a more holistic provision of services for refugees and asylum seekers.

## **3. Language Services**

Improving access to linguistically appropriate services and ESOL classes for refugees and asylum seekers can play an important part in tackling mental health problems. Improvement of language support within mental health services can help promote better and faster recovery from mental health problems. Improvement of language services available to refugee and asylum seeker communities can help to alleviate some of the pressures that can lead to poor mental health.

- Increased efforts should be made to utilise the skills of refugees and asylum seekers who have medical or counselling experience in their home countries by employing them within mental health services in both the statutory and voluntary sector. This will help to increase the number of bilingual counsellors and also increase the cultural competency of counselling services in the statutory sector.

- More funding should be given for the employment and training of interpreters with specialised knowledge of mental health to work with therapists.
- ESOL provision should be expanded and efforts made to improve the effectiveness of teaching. It should be recognised that as well as allowing people to learn a new language ESOL classes can also play a role in helping refugees and asylum seekers to create new social networks and integrate more into wider society. Given that the difficulty of integrating into a new society has been shown to be a contributing factor to mental illness with refugee and asylum seeker communities ESOL classes should also teach general life skills and other information that promotes integration as a mean of reducing mental health and social problems.

#### **4. Tackling Stigma**

As well as improving the adequacy of statutory mental health services for meeting the needs of refugees and asylum seekers it is also important that the stigma associated with mental health problems in many refugee and asylum seeker communities is tackled.

- RCOs (Refugee Community organisations) can play an important role in tackling mental health stigma as they are seen as a trusted voice within refugee and asylum seeker communities. Statutory services should work with RCOs to provide information and support about mental health issues and to encourage refugees and asylum seekers to make use of the mental health services available to them.
- Particular efforts should be made to tackle stigma among men from refugee and asylum seeker communities as cultural gender roles often mean that men are less willing than women to tackle the mental health problems. Increasing the number of male therapists/counsellors could help with this problem.

#### **5. Increase Coordination**

Lack of joined up thinking within the different services that are involved in working with refugees was also raised. Increased coordination was thought to be the best practice in order to achieve that:

- There will be a need to allocate funds to establish a part time post for a Refugee Coordinator. The main role of this position would be to co-ordinate between different statutory, voluntary and refugee organisations to ensure that the different services are working together

to ensure that users get the best treatment available to them. This role could also help to organise a forum in which RCO and voluntary organisations could be consulted on the development and running of statutory sector services.

- Another useful resource is to establish a borough wide directory of services that are available to refugees including statutory services, voluntary organisations and RCOs so that refugees are aware of the facilities that are available to them.



## Summary of the Presentations

The presentations were comprehensive and mix of diverse topics that includes: profile of Refugees and Asylum Seekers in the City and Hackney, Overview of Mental Health Issues of Refugees, Innovative practices in mental health work with refugees in the UK and abroad, Refugees and mental health from a Commissioner, and Statutory Perspective as well as from refugee community organisations perspective.

Nazima Osman chair of BEMWG opened the conference welcoming the participants and explained that the key aim of the conference was to bring service providers and service users from both the statutory and voluntary sectors together in order to:

- Determine the needs of refugee and migrant communities with particular reference to the field of mental health.
- Ascertain the barriers faced by refugee and migrant communities in accessing mental health services.

She also explained the structure of the conference the main presentations and the following workshops to allow for more discussion. Statutory Perspective

The following support message from Jules Pipes, Mayor of Hackney was read by Mary Cannon, Chair of CEN

“As Mayor and Chair of Team Hackney I have seen first hand the hard work and commitment of many of the organisations involved in today's conference toward tackling the complex issues around the provision of mental health services to diverse groups.

We know that mental illness is a real issue in Hackney: 1 in 10 children and 1 in 6 adults at any one time has a mental health problem. Hackney's Community Strategy sets out our aspirations for the borough, including reducing health inequalities and promoting health and well being for all.

We want to see a reduction in the rate of mental illness in Hackney, and to close the gap in mental wellbeing between people from different backgrounds, and between people living in the most and least deprived areas in the borough. Effective partnership working between statutory agencies and the voluntary and community sector is vital if we are to achieve this.

Finding ways to reach out to those who otherwise do not have access to support and mental health services is challenging and I welcome the dedication of all of you who are involved in this work in Hackney.

I look forward to hearing about the outcomes of this conference.”

## **A profile of Refugees and Asylum Seekers in the City and Hackney**

Helen Hibberd, Centre Co-ordinator, Hackney Migrant Centre presented the profile of refugees and asylum seekers in the City and Hackney. She gave a brief background of the centre. It was opened in April 2008 in response to the identified need to address the difficulties refugees, asylum seekers and other migrants faced in accessing immigration advice, advocacy support and welfare advice. The centre is volunteer-led organisation and was established primarily by the Hackney Refugee and Migrant Support Group with support from City and Hackney Primary Care Trust, the Hackney Community Law Centre, North London Action for the Homeless and the Hackney Churches Winter Night Shelter.

The Centre aims are: -:

- To provide advice and assistance to migrants on immigration, welfare or health issues.
- To offer a welcoming environment to migrants in order to help reduce social isolation
- To publicise issues relating to migrants’ social and economic circumstances.

The Centre has identified the main problems faced by migrants as:

- Asylum seekers whose claims have been refused who are destitute and need further help in submitting fresh asylum claims or accessing the limited benefits available to them.
- Other migrants with no recourse and no access to public funds and cannot be supported by local authorities.
- People who have been allowed leave to remain but who have difficulty accessing work, benefits or housing.
- The effects of destitution and social isolation on peoples’ mental health.

A profile of Hackney residents who have used the Migrant Centre Services since April 2009 showed that 35.2% of Centre users were people of Turkish, Turkish-Cypriot and Turkish-Kurdish origin, 31.5% of Centre users were of African origin, 14.8% of users were of Jamaican origin and the remaining users were from a variety of other European, American and Asian countries, a full breakdown of the ethnicity of Centre users is given in Figure 1.

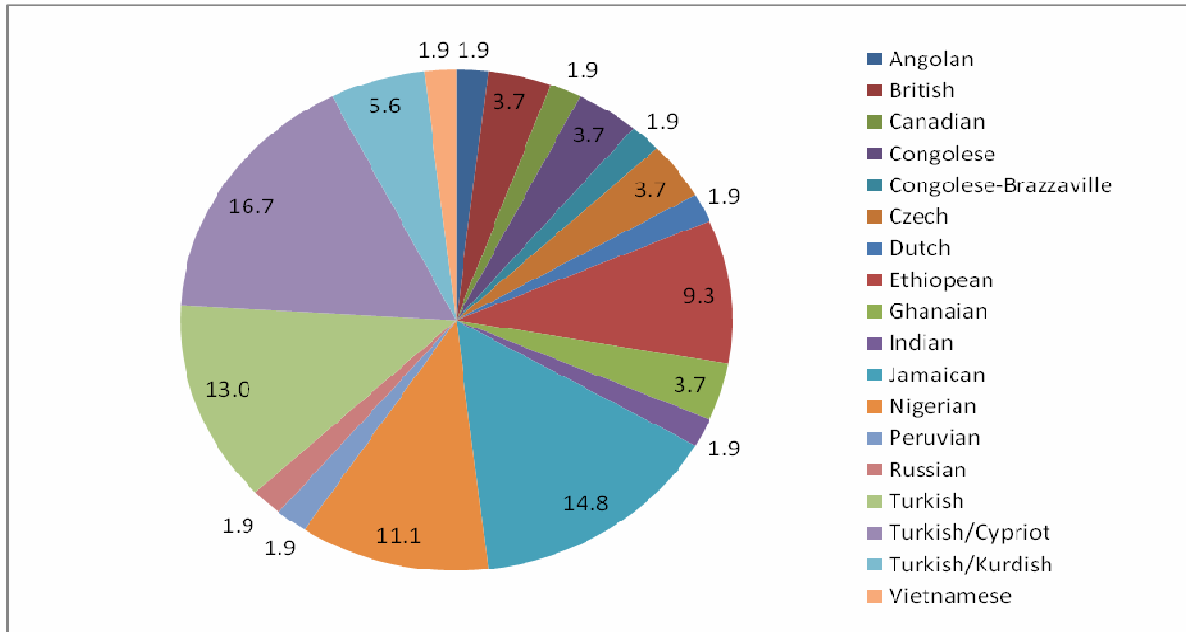


Figure 1. Ethnicity of Hackney residents using the Hackney Migrant Centre.

A similar profile of the immigration status of Hackney residents using the Migrant Centre revealed that; 29% of Centre users were refused asylum seekers, 14.5% of Centre users were those currently applying for asylum, 12.9% of visitors were people who had limited leave to remain and that the remaining centre users fell into a number of categories including refugees, people visiting the UK on Visa's and EU citizens.

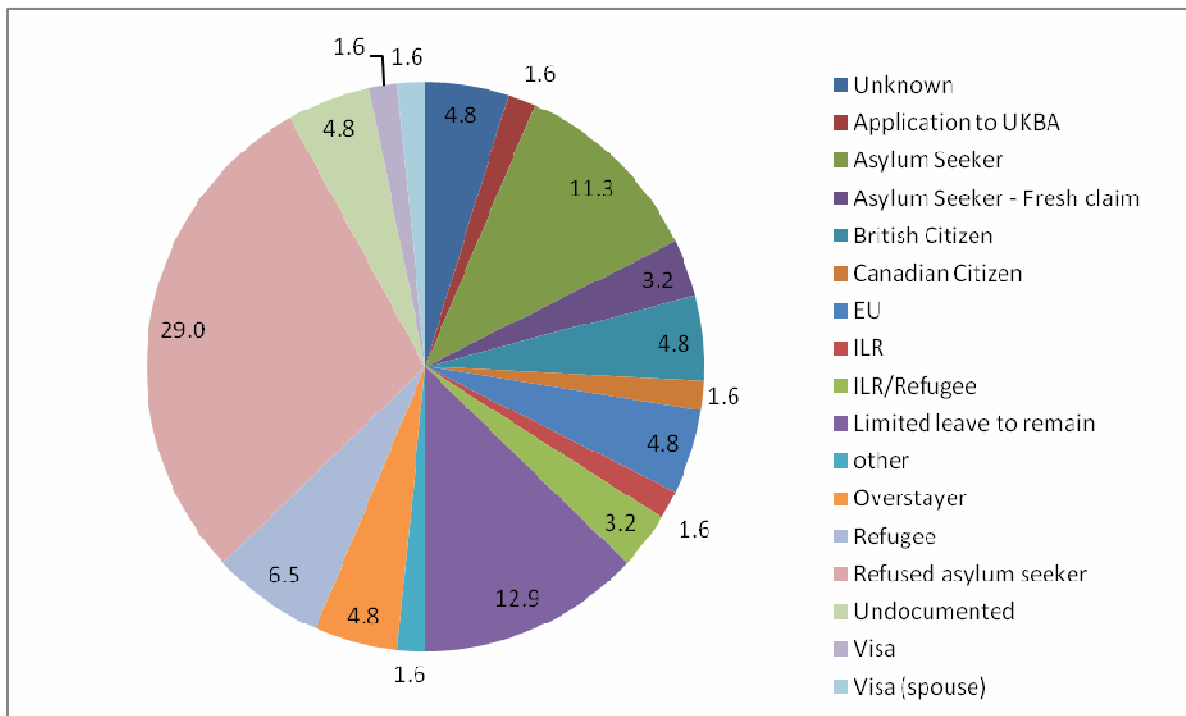


Figure 2. Immigration status of Hackney residents using the Hackney Migrant Centre.

## **Overview of Mental Health Issues of Refugees in the City and Hackney**

An overview of Mental Health issues of refugees in the City and Hackney was presented by Dr Angela Burnett, GP, The Sanctuary Medical Practice; The Medical Foundation for the Care of Victims of Torture.

She emphasized the diversity of health beliefs and needs amongst refugees and pointed to a research showing that refugee status confers an overall increase in psychological ill-health, but stressed that it is often not acknowledged that this increase is not simply an inevitable consequence of post-wartime stress but is also reflective of the social and political context that the refugee finds them self in once they arrive in a host country. A pressing example of this is the link between the threat of deportation and suicides among asylum seekers.

Refugees are often described as suffering “cultural bereavement” a phrase which represents the multiple losses of the things that give life meaning, such as:

- Loss of social structures (friends, family)
- Loss of cultural values and community rituals
- Material losses

Dr Burnett also pointed the multiple barriers to good mental health refugees’ face including:

- Previous experiences – rape, torture, loss and separation from family, detention
- Experiences in transit
- Effects of asylum process on health- uncertainty of asylum process, detention
- Poor social conditions (poverty, poor housing, homelessness and destitution, unemployment) and support
- Stigma
- Racism
- Lack of entitlement to health services
- Rigidity of services
- Lack of culturally and linguistically appropriate services

When examining the ways that refugees’ mental health can be improved the most important factors, such as a positive decision on asylum claim and an improved social and political situation in the home country, are often outside

of refugees' and local services control. Despite this there are a number of ways in which statutory and voluntary sector organisations can help to provide support to refugees with mental health problems. One key area is in providing psycho-social support through supportive listening, refugee community organisations, befriending and faith and spiritual support. While acknowledging that medication may be necessary in some cases she argued that it usually fails to address the deeper causes of mental ill health.

Dr Burnett then discussed the significance of culture and that the differences in expressing psychological states in different cultures can lead to misdiagnosis by practitioners unfamiliar with the culture of refugees. The need to be aware of the risk of pathologising natural reactions to stressful situations, as when refugees are diagnosed with post traumatic stress disorder, was highlighted. Failure to take into account the different meanings of symptoms in different cultures and the experiences of refugees means that such diagnoses can often become a barrier to services. Another issue highlighted was the general problems experienced by black and ethnic minority groups in mental health care. People from BEM groups are more likely to be diagnosed with schizophrenia, given anti-psychotic drugs and sectioned and also face an over emphasis on institutional and coercive models of care and the prioritisation of professional and organisational needs over the needs of the individual.

As an example of how refugees' needs can be better met by the health care system Dr Burnett discussed the Sanctuary Practice which was established in 2002 as a GP practice with a special emphasis on asylum seekers. The Sanctuary Practice aims to provide integrated support for refugees by combining primary health care with Bilingual counsellors, interpreters, legal, and welfare advisors and partnerships with the voluntary sector and outreach centres such as the Hackney Migrant Centre.

Looking to the future Dr Burnett emphasised the ongoing need for services that were responsive to the difficulties faced by refugees and the need for statutory health services to:

- Develop partnerships with the voluntary sector
- Improve support and training in mainstream health service
- Maintain refugees' access to health services
- Conduct research on the mental health problems of refugees
- Support and enhance people's resilience

## **Innovative Practice in Mental Health Work with Refugees in the UK and Abroad: Refugee Council Therapeutic Casework Model**

This was presented by Mr Andrew Keefe, Operations Manager, Specialist Support Services Refugee Council

He introduced the “Therapeutic Casework” model of psycho-social intervention that has been developed by the Refugee Council specifically to meet the mixture of practical and emotional difficulties faced by refugees. He briefly described his role as manager of the Refugee Council’s Health and Mental Wellbeing service before moving on to discuss the issues that motivated the development of the “Therapeutic Casework” model.

Mr Keefe explained the problems facing refugees in terms of the “Helping Continuum” in which refugees are shunted between advice, counselling and psychotherapy services (Figure 3.). Arguing that refugees often need the help of all three services he explained that there was often a gap between advice services and counselling and that one of the motives behind therapeutic casework was to bridge this gap.

Explaining the influences on the therapeutic casework model Mr Keefe pointed to his background in psychodynamic theories and the influence of past and early experiences and relationships on how we respond to events as adults. He also referenced Maslow’s Hierarchy of needs<sup>2</sup>, which argues that for us to be able to meet our higher needs, such as esteem and self-actualisation; our lower needs, such as safety and physiological needs must be met first. Another key influence on the model was Papadopoulos’ work<sup>3</sup> on the importance of *home* as a psychological concept and the fact that in this sense all refugees are homeless. Because this psychological loss of home causes terrible feelings of disorientation refugees invest practical issues with great importance as a way of defending themselves.

Mr Keefe explained that therapeutic casework involved tackling the problems refugees present to service workers e.g. homelessness, at three different levels:

- Practical e.g. Lets help you find somewhere to live
- Emotional e.g. how do you feel about being homeless?

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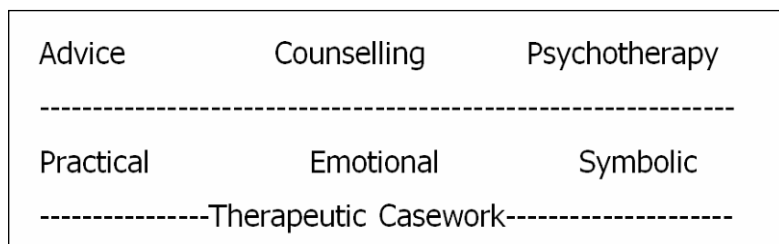
<sup>2</sup> A.H. Maslow, A theory of human motivation, *Psychological Review*, 50(4) (1943):370-96.

<sup>3</sup> Papadopoulos, R. Ed: *Therapeutic Care for Refugees*, London:Karnac (2002).

- Symbolic e.g. what does it mean to be homeless considering this past?

These three levels can be roughly mapped onto the division between advice, counselling and psychotherapy levels (Figure 3).

Mr Keefe emphasized the importance of engaging with refugees and asylum seekers on all three levels in order for the issues they had to be fully resolved and for the client to be able to move on. He also stressed that therapeutic casework makes use of the hidden psychological insights that can be gained by listening to the client's presentation of practical needs and the importance of both helping and listening in building relationships of attachment between clients and therapists.



*Figure 3. The Helping Continuum.*

Drawing out some of the implications of the therapeutic casework model Mr Keefe argued that trauma therapy and practical help must be presented together due to the circular nature of emotional and practical problems. He also argued for the effectiveness of working closely with interpreters in improving mental health treatment and highlighted the ongoing development of the model which with the addition of a family therapist to his team is now being adapted for family therapy.

Finally Mr Keefe pointed to the powerful endorsement of therapeutic casework given by the University of Kent's evaluation of the model which stated that "a high proportion of the clients interviewed have gone as far as to say that they may well have committed suicide if it was not for the intervention of the team. They have recounted situations of utter desperation that have only been alleviated by timely and sensitive interventions."

## **Innovative Practice in Mental Health Work with Refugees in the UK and Abroad: Partnership Working**

*Dr Angela Byrne & Dr Aradhana Anand, Clinical Psychologists, BME Access Service, East London Foundation NHS Trust*

The speakers began by considering Tribe and Patel's review of innovative projects for refugees and mental well-being internationally which identified a number of principles that lead to successful outcomes:

- Involve partnerships between service users/communities and health professionals
- Avoid labeling and stigmatizing
- Acknowledge strengths and resilience of refugees
- Are culturally appropriate
- Are holistic – focus on well-being, other activities e.g. horticulture, writing, sport, art, drama, dance, traditional crafts together with therapeutic ideas

They then explained that the BME access service was developed to address barriers to accessing Talking Therapies among local BME communities. These barriers include language barriers, stigma surrounding mental health problems in BME communities, unfamiliarity of talking therapies and the cultural competence and sensitivity of services.

The BME access service aims to work in partnership with voluntary sector organisations as such partnership:

- Improves access to services
- Enables the sharing of expertise
- Builds capacity of staff in both sectors
- Improves cultural competence of services

Examples of successful partnerships include; the development of multilingual information and resources, community meetings and mental health awareness sessions to address stigma and promote awareness, joint working with individual clients and adapting mainstream approaches to the culture of users. These partnerships have enabled the development of positive and productive relationships with voluntary sector organisations and led to an increased demand for services.

Despite these successes challenges remain in adjusting the different systems and 'cultures' of the NHS and the voluntary sector to each other, another challenge comes from the difficulties in evaluating the impact of services on

the community. Additionally there is a need to increase the accessibility of existing services and ensuring the sustainability of services.

In conclusion the mental well being of refugees cannot be separated from their social and cultural context. The different development and expertise of the NHS and voluntary sector services means that partnership working between them can help improve the accessibility and acceptability of services for refugee communities.

## **Innovative Practice in Mental Health Work with Refugees in the UK and Abroad: Work of Diverse Minds**

*Marcel Vige, Diverse Minds Manager, National Mind*

He explained his role as the manager of the Diverse Minds Policy and Campaigning Unit, which works within National Mind to address issues around ethnic minorities in the mental health system at a national, strategic level. He explained that an area of focus for Diverse Minds is refugee communities & asylum seeker communities. People from these groups often face particular mental health challenges, and inadequate service responses.

And to address the mental health needs of refugees & asylum seekers, Diverse Minds had set up two projects both of which have recently concluded<sup>4</sup>. The first project worked with RCOs that deliver advocacy services. It aimed to deliver basic mental health training to RCOs, enabling them to better engage with mental health systems. It also sought to explore issues around the conceptualisation of mental health and how cultural understanding of mental health in different refugee communities differs from the way mainstream services view mental health.

In contrast the first project's emphasis is working in communities while the second project focused on looking at the strategic national level. This project explored the disconnection between the legislation and policy framework surrounding mental health and that surrounding refugees and asylum seekers (both of which are often geared towards the same people), and the implication of this disconnection for services.

Looking to the future Mr Vige stated that these report represent a starting point for Mind, which aims to use them as a springboard for further work. The hope is that Mind's future refugee/asylum work will help overcome the barriers

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<sup>4</sup> Copies of reports available at [http://www.mind.org.uk/campaigns\\_and\\_issues/report\\_and\\_resources/s1](http://www.mind.org.uk/campaigns_and_issues/report_and_resources/s1).

between voluntary and statutory sector approaches, encouraging the borrowing of expertise from the voluntary sector in order to inform decisions in the statutory sector.

He concluded by arguing that the reason this is now so important is that the new legal requirement for statutory advocacy will, in the current economic climate, likely draw funds away from voluntary advocacy making it vital that statutory services are as appropriate as they can be. He also mentioned the wider economic environment, and the severe constraints on public spending for the foreseeable future. Consequently, without an explicit focus on marginalised issues, such as the mental health needs of refugees and those seeking asylum, there is a danger that they will become increasingly neglected.

## **Refugees and Mental Health: A Commissioner Perspective**

Presented by Stephen Hardisty, Joint Commissioning Manager, City and Hackney Primary Care Trust. He began by outlining the Department of Health's guidelines for "World Class Commissioning" which directs commissioners to ensure better health and well-being for all, better care for all and better value for all and underlining that these directions involve reducing health inequalities and ensuring that primary care trusts (PCTs) work with others to optimise effective care. He stressed the importance of working with both voluntary organisations and service users and their carers in assessing the needs of the local area.

Then he outlined the governments new mental health policy "New Horizons" which aims to help come up with an approach to make services for people with mental health problems better in the future, and to help everyone have better mental health. New Horizons puts more of an emphasis on health prevention, health promotion and earlier intervention than previous government programs. He stressed the importance of good mental health especially for refugees and asylum seekers due to the additional stressors they face both in their country of origin and on arrival in the UK and that refugees and asylum seekers needs are not well represented in the New Horizons programme, they are mentioned explicitly only twice in the entire document which is unfortunate given the importance of New Horizons for future progress in mental health care.

He outlined the PCTs role in commissioning psychotherapy and counselling services and associated treatment for refugees and asylum seekers whose

healthcare is the responsibility of City & Hackney PCT and emphasised the importance for commissioners in ensuring that those who had the need for treatment receive it. In the case of refugees and asylum seekers such services included:

- Culturally and linguistically sensitive interventions
- A safe and supportive environment
- A holistic approach
- Confidentiality
- Training for other health and social care professionals

He then stressed the need for commissioners to judge the effectiveness of services on their outcomes for service users and their careers and the importance of thoroughly assessing these outcomes. He then gave several examples of successful outcomes for services including:

- Increased access
- Early intervention
- Improved mental well-being as assessed by people who use the service
- Increase awareness of the nature of mental health problems by individuals and their local communities
- Reduced sense of isolation
- Prevention of the deterioration of mental health problems
- Increased opportunities for people from refugee and asylum seeker communities to train as volunteers for the service and elsewhere and as therapists.
- Increased access to ESOL services and other further education opportunities
- Increased service user involvement in the monitoring, planning and provision of the service

Mr Hardisty concluded by emphasising that the current economic climate meant that inevitably there would be less investment in health and social care and that the priority for all organisations involved in the provision of mental health services for refugees and asylum seekers should be to increase productivity and provide evidence that the services provided were providing the best benefits possible to their users.

## **Refugees and Mental Health: A Statutory Perspective**

*Krishna Maharaj, Chief Executive, City and Hackney Mind*

This presentation was originally thought to be delivered by a speaker from the North East London NHS Foundation Trust; unfortunately they were unable to attend so Mr Maharaj stepped in. He began by asking whether refugees and asylum seekers had a right to statutory health care. He stressed that refugees and asylum seekers did have a right to primary and secondary care but that due to a House of Lords ruling in March 2009 refused asylum seekers are no longer entitled to free secondary health care such as hospital care. Despite this even refused asylum seekers still had the right to some areas of secondary health care such as treatment in accident and emergency units, compulsory hospital treatment and treatment for certain contagious diseases. However, the problem for refused asylum seekers is that on release from hospital they often have nowhere to go.

As well he gave several issues that the statutory sector needed to address:

- The need for treatments to be holistic and to recognise that refugees and asylum seekers often have urgent needs such as housing and benefit problems that can exacerbate mental health problems and that counselling alone cannot address those needs.
- The need for statutory sector services to listen to and work with refugee organisations to ensure that they have knowledge of the services needed and whether these needs are being addressed.
- The third issue is the need for strategic co-ordination between all refugee services to ensure that they worked together to support refugees and suggested that a borough wide co-ordinator for refugee issues would help to bring the different refugee services together.
- Another issue is the need for the statutory sector to work with the voluntary sector in order to provide more effective services. Also of importance to include needs of refugees and asylum seekers in local health development plans.

He then emphasised the need for the statutory sector to provide training for staff to ensure provision of culturally sensitive services and to monitor effective anti-racism measures to ensure that refugees are not discriminated against within the health system. He then pointed out the large number of refugees who worked as doctors and counsellors in their country of origin and argued for the need to train and employ refugees themselves to work as counsellors, which would also help to deal with issues of language and save money on interpreters. Finally he pointed to the importance of also using complementary treatments and to the traditional mental health treatments

which are used in refugees own cultures which can be as effective as Western psychiatry.

## **Refugees and Mental Health: The Perspective of a Refugees Community Organisation**

Nursel Tas, Chief Officer, Derman began by noting that refugees and asylum seekers are likely to have experienced traumatic and oppressive incidents in the home countries. Further to that the process moving to a new country and adapting to a new culture can be extremely stressful and can lead to “cultural shock” and mental illness. The key mental health problems identified for refugees are; multiple loss, depression, post traumatic stress disorder, relationship problems, psychosomatic symptoms, isolation and anxiety.

As for the issues that affect refugee’s mental health in the host country she identified; cultural shock and language barriers, immigration problems that lead to uncertainty about the future, social and housing problems, intergenerational conflict and role changes such as when children learn English before their parents or men lose their importance as the breadwinner of the family. Other problems in the host country that can exacerbate mental health issues include racism, social exclusion, unemployment or low income status and a lack of family and social support. She also identified a number of barriers that prevent refugees from seeking help with their mental health problems. These included:

- language difficulties including a lack of interpreters or advocates
- a lack of knowledge about the available services
- the stigma attached to mental health within some refugee communities
- a lack of culturally appropriate services.

Ms Tas pointed to research showing that refugees and asylum seekers often approach community groups rather than mainstream health services and that language difficulties and inadequate translation services meant that refugees and asylum seekers found it hard to access mainstream health services. She argued it was important to develop community based mental health support, advocacy and outreach services and to improve mental health awareness and prevention within refugee communities in order to tackle stigma. Also important was the need to improve the capacity of refugee community organisation to deal with mental health problems due to the crucial role they have in identifying the early signs of mental illness. She concluded by emphasising the need for linguistically appropriate and culturally specific mental health services.

## Workshops

The workshops were run in two separate sessions one in the morning and one in the afternoon and all workshops aimed to produce recommendations for how to improve mental health services for refugees. The recommendations produced by each workshop fed into those given in this report

In the morning session there were four workshops which focused on the mental health issues facing refugees from different parts of the world.

Workshop One focused on specific issues related to refugees from the Horn of Africa (Somalia, Eritrea, Ethiopia and Sudan) and Sub Saharan Africa (including French and Portuguese Speaking Colonies). It was facilitated by Krishna Maharaj from City and Hackney Mind and Sam Amponsah from Places for People Housing Association. A key issue raised was the need for increased awareness raising about mental health within African communities with a particular emphasis on the safeguarding of those suffering from mental health problems, especially children. The need for practitioners to receive cultural training on how to engage with African communities, avoid misdiagnosis and tackle institutional racism was also stressed. It was argued that these objectives could only be met if statutory services took a more outward facing position and worked more closely with BME community networks. The importance of education in promoting good mental health was also emphasised with the suggestion that mental health awareness be incorporated into children's education. Finally the importance of training members of the African community to work as interpreters and ESOL teachers was discussed as was the need for greater ESOL provision generally.

Workshop Two focused on specific issues related to refugees from Central Asia, South East Asia and the Middle East (including Turkey, Iran, Iraq and Afghanistan). It was facilitated by Ali Aksoy from the Hackney Refugee Forum and Emine Yoca from Imece, a Turkish and Kurdish women's organisation. The workshop discussed several issues, one key point made was the need for increased awareness among those working with refugees about the problems and issues refugees have from both the past and the present. It was also considered that greater awareness about the immigration process and the uncertainty refugees and asylum seekers face over their status was needed among practitioners. The issue of language was also raised and that ESOL classes should be more available in order to allow refugees to better integrate into society. Finally the need to combat stigma over mental health within refugee communities and it was argued that men

from Middle Eastern cultures in particular were often put off from seeking help with mental health problems due to cultural norms.

Workshop Three focused on specific issues related to refugees from other parts of the world (including Latin America, Eastern Europe and South Asia). It was facilitated by Jacqui Henry from Shoreditch Spa. The discussion in this workshop also raised the lack of knowledge among practitioners regarding the differing status of refugees, asylum seekers and those with leave to remain. It was suggested that more training was needed to ensure health care staff, especially GPs, were aware of these distinctions and what services each group are entitled to. The need for the statutory sector to work in partnership with voluntary and community organisations was stressed, as was the important role that refugee community organisation can play in offering support to those with mental health problems. A language barrier was raised and it was argued that more ESOL services and more interpreters for psychotherapy were needed.

Workshop Four examined the lessons that could be learned from the experiences of previous generations of refugees, asylum seekers and migrants. It was facilitated by Jose Martin from Talking Matters. The workshop recognised that improvements had been made in the amount of support for refugees today compared to previous generations. However, it was also clear that many of the lessons from previous generations had not been fully learnt. The need to improve access to ESOL classes was again raised. It is also emphasised the importance of promoting equality and diversity within the mental health service and providing culturally sensitive services. Another key lesson drawn from the experience of previous generations of migrants was the importance of collective empowerment and the need for mental health services to work with refugee groups as well as individuals.

Afternoon workshops aimed to produce recommendations for addressing the mental health needs of asylum seekers and refugees for commissioners, statutory services and voluntary sector services and refugee community organisations respectively.

Workshop One aimed to produce recommendations for commissioners and was facilitated by Krishna Maharaj from City and Hackney Mind and Stephen Hardisty Joint Commissioning Manager, City and Hackney Primary Care Trust. The workshop produced a number of recommendations, one key point made was the importance of community based services that could meet people within their own communities and thus make them feel more comfortable. The importance of holistic and flexible services was also

underlined. The need for training in order to promote partnership between the voluntary and statutory sectors was another key suggestion. Another key thread of the discussion was the need to provide funding for specific issues, these included funding to deal with dual diagnosis, funding to help those with alcohol, drug or gambling dependencies, funding for women who suffered from domestic violence, and funding to promote good mental health among children and young people.

Workshop Two aimed to produce recommendations for statutory services and was facilitated by Ether Norman from Hackney Link. There was a large amount of debate in this workshop as to how successful statutory services currently were at helping refugees and asylum seekers with mental health problems. The consensus was that statutory services currently were too closed off and that they needed to pay more attention to the views of services users and to be more accountable to service users in the way things are run. The need for partnership between the voluntary and statutory sectors was also stressed with an emphasis on sharing training and experience, removing the opaqueness of referral pathways, and reducing the duplication of services. Also stressed was the need to think of ESOL classes not just as a means of learning a language but also as a means of creating a community and giving refugees a sense of belonging. Finally the need to protect funding for refugee and asylum seeker services during the economic down turn was also strongly emphasised.

Workshop Three aimed to produce recommendations for voluntary sector services and refugee community organisations and was facilitated by Ali Aksoy from Hackney Refugee Forum. The group recommended that refugee groups should work together more closely in order to promote competency in health services when dealing with refugees and asylum seekers. The need for information sharing between refugee groups and statutory organisations was also recommended as was the representation of refugee groups in statutory organisations' decision making processes. The need for refugee groups to work to eradicate stigma within their communities was recognised. Finally the importance of improving funding to mental health services, especially for BME groups was stressed.

## Conclusion

The recommendations that emerged out this conference highlight the current failings in the provision of mental health services for refugees and asylum seekers, but also indicate the ways in which these failings can be addressed. It is hoped that this conference will help to increase awareness of the mental health problems faced by refugees and provide the impetus to improve mental health services by making them; more willing to address the problems facing refugees, more committed to working in partnership with refugee organisations and more sensitive to the cultural needs of refugees. Implementing the recommendations contained in this report will be a significant step towards improving the quality of care for refugees suffering from mental health problems. In order to assess how effectively these recommendations have been implemented and how much mental health provision for refugees and asylum seekers has improved, it would be desirable to hold a review of services for refugees in City and Hackney in a year's time using these recommendations as a guide.

I would like to thank Aliya El Agib and Haci Ozdemir from BEMWG, Krishna Maharaj from City and Hackney Mind, Mary Cannon from the Community Empowerment Network and all the speakers from the conference for their help and comments while writing this report.



## Appendix 1: List of Conference Delegates

Name	Organisation
Alan Clarke	East London NHS Foundation Trust
A.Allwood	City and Hackney PCT
Adan Abdulkadir	Fanon
Aleksandra Matanov	Newham Centre for Mental Health
Ali Akgul	Refugee Workers Cultural Association
Ali Aksoy	Hackney Refugee Forum
Alison Thompson	Community Support Team HIV
Aliya El Agib	BEMWG
Andrea Enksouk	Community Empowerment Network
Andrew Keefe	Refugee Council
Anthony Allert	NHS City and Hackney
Anzar Bhatti	Shoreditch Spa
Astrida Grigulis	Centre for International Health and Development, UCL
Ben Hibberd	City & Hackney Carers Centre
Betul Baris	Hackney Drug and Alcohol Action Team
Brian Innis	Hackney Community Services
Burcu Karali	One Support-HOPFS
Carole Samson	Hackney Council
Charles Lee	Shoreditch Spa
Christine Chinale	NIHATA and Age Well

Cllr Stauber	Hackney Council
Colat Davis	ACH Care Homes
Daniel Rajah	City & Hackney Mind
Danielle Simler	City and Hackney Mind
David Graham	Hackney Ark
Demet Doldur	Hackney Refugee Forum Volunteer
Desmond Fisher	Fanon Resource Centre
Diana Chituku	City & Hackney PCT
Diana Wills	City and Hackney Young Peoples Service Plus
Dr. Angela Burnett	Sanctuary Medical Practice
Dr. Angela Byrne	BME Access Service
Dr. Aradhana Anand	BME Access Service
Dr. Kirsty Forsyth	John Howard Centre
Edward Clayton	One Support-HOPFS
Emine Yoca	IMECE
Erica Thompson	Hackney Community College
Esther Madu	C&H Community Health Service
Esther Norman	Hackney LINK
Eve Oldham	City and Hackney PCT
F. Kaya	Derman
Ferhan Ersozoglu	Hackney Refugee Forum Volunteer
Feride Baycan	IMECE
Gul Karadag	Hackney Refugee Forum volunteer
Haci Ozdemir	BEMWG
Hamit Ersozoglu	Derman

Harry Farmer	City and Hackney Mind
Helen Butler	Hackney Council
Helen Hibberd	Hackney Migrant Centre
Huseyin Duzgun	East Dulwich Forum
Huw Bromage	City and Hackney Mind
Ibrahim Abdullahi	Sahil Housing Association
Ibrahim Aksu	Hackney Refugee Forum volunteer
Jackie Brett	Health and Social Care Forum
Jacqui Henry	Shoreditch Spa
Jan McHarry	Community Environment Associates
Janice McDowall	Moving On
Jim Ward	Islington Council
Jose Martin	Talking Matters
Josephine Gikuyu	Royal Borough of Kingston upon Thames
Juan Rincon	Latin American Advice Committee
Juliet Formby	Age Well / ACH Care Homes
Justin Bahumgo	AFRUCA
Kadir Karadag	St. Mungos
Karen Hart	SANE
Kiymet Onur	Refugee Therapy Centre
Krishna Maharaj	City and Hackney Mind
Lombe Mwamba	SOS Families Association
Louise Manuel	Hackney Community College
Maggie Scott	The Learning Trust
Martin Pick	City and Hackney Mind

Mary Cannon	Community Empowerment Network
Mehmet Denli	Refugee Workers Cultural Association
Mercel Vige	National Mind
Michael Stokes	John Howard Centre for Forensic Mental Health
Michelle Pallock	City and Hackney Link Worker
Mohammed Ali	Tower Hamlets Link Worker
Momina Choudhury	BEMWG
Nathaniel Oyinloye	Hospital and Prison Action Network
Nazima Osman	BEMWG
Nazra Kent	Learning Trust Adult Learning
Nevzat Ozdemir	Refugee Workers Cultural Association
Nona Abden	Age Well / ACH Care Homes
Nursel Tas	Derman
Patmel Osman	Places for People
Paul Asquith	Hackney Drug and Alcohol Action Team
Rdoene Cavlain	NHS John Howard Centre
Refika Bakir	Derman
Richard Ntaka	International Youth Centre
Robyn Lane	Occupational Therapist
Runa Begum	London Refugee Voice
Sam Amponsah	KUSH Housing Association
Sandy Homouda	City and Hackney PCT
Stella Rafferty	User Involvement

Stephen Hardisty	City and Hackney PCT
Stephen Kaczynski	Anatolian People's Culture Centre
Tan Q Ho	Vietnamese Mental Health Service
Victor McAllister	Hackney Caribbean Elderly Organisation
Zeliha Kaya	Hackney Council for Voluntary Service
Zubeyde Arabaci	Refugee Therapy Centre

# **Appendix 2: Background Briefing for Conference**

The following information was given to all delegates at the beginning of the conference.

## **City and Hackney**

### **Briefing for Conference On Addressing the Needs of Refugees and Asylum Seekers in City and Hackney**

**4<sup>th</sup> November 2009**

#### **Queensbridge Leisure Centre**

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## **Background**

This document aims to give a brief background to the central issues that face refugee and asylum seeker communities as regards mental health. It is based on a report called An Assessment of the Mental Health Needs of Refugees and Asylum Seekers in City and Hackney, Newham and Tower Hamlets written by Krishna Maharaj and published in December 2000. This briefing has been summarised and updated by Harry Farmer. To obtain a full copy of the original report please contact Krishna Maharaj at [krishna.maharaj@cityandhackneymind.org.uk](mailto:krishna.maharaj@cityandhackneymind.org.uk).

## Introduction

The health of refugees and asylum seekers in London is an issue of concern. For a variety of reasons, related to their past exposure to traumatic events and to the situations they find themselves in, refugees and asylum seekers are generally more vulnerable to ill health than the host population. In addition they are often among the most isolated and marginalised people in the community. For these and other reasons, they may also be particularly vulnerable to mental health problems. Like any other group of people, refugees and asylum seekers are susceptible to the normal range of affective and psychotic mental disorders. However, because of the psychological trauma they may have sustained in leaving their own country; the anxieties of being in another 'strange' country, the uncertainty of their position in that country, and the loss of many of the social supports they would normally have in their own communities, they experience a higher incidence of affective disorders such as anxiety and depression than the host population. To compound the problem, because of the cultural and linguistic differences and difficulties, both the 'normal' and the additional mental health problems that they suffer from may not be appropriately or effectively addressed by the existing services.

## Background Information on Refugees and Asylum Seekers in Hackney and City

The 1951 United Nations Convention on the Status of Refugees and the subsequent 1967 Protocol on the Status of Refugees define a refugee as:

'Any person who, owing to well founded fear of being persecuted for reasons of race, religion, nationality, memberships of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable, or owing to such fear, is unwilling to return to it'<sup>5</sup>.

An asylum seeker is a person who has had to leave their country of origin for a reason as set out in the definition of a refugee and who has applied for asylum in another country. A refugee is someone whose application for asylum has been approved by the host country or by UNHCR.

The United Kingdom is a signatory to both the 1951 Convention and the 1967 Protocol relating to the Status of Refugees. This means that anyone who meets the criteria in the definition above, and who applies for and is granted asylum in the UK, is recognised as a refugee with the same legal, social and welfare rights as a British citizen. However, in the last eight years, on average only 18% of all asylum applicants were given full refugee status here<sup>6</sup>. Between 1999 and 2007, 462,745 asylum applications were made in the UK. During this period 56,850 applicants were granted refugee status, 75,930 applicants were given exceptional leave to remain in the UK and 419,730 were refused. At the end of 2007 it was estimated that 10,800 asylum seekers were still awaiting the outcome of their application<sup>7</sup>. Exceptional Leave is granted to persons who do not meet the criteria in the 1951 Geneva Convention but, nevertheless,

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<sup>5</sup> <http://www.unhcr.org.uk>

<sup>6</sup> ICAR (2009) Statistics Paper 1: Key statistics about Asylum Seekers in the UK. February 2009 Update, p 8

<sup>7</sup> ICAR (2009) *ibid*, p 9

cannot be returned to countries of origin on humanitarian grounds. Applicants who are allowed to remain in the UK on such humanitarian grounds are also entitled to welfare benefits, education, health, housing and social services support. However, they do not have a right of family reunion.

Due to the frequent movement of refugees and asylum seekers it is difficult to obtain accurate figures for the number of refugees and asylum seekers currently in Hackney and City or a breakdown of their demographic characteristics such as their ethnicity, gender or age distributions. However the Audit Commission estimated that there were 16,000 to 20,000 asylum seekers in Hackney giving Hackney, along with Newham and Haringey, the largest number of refugees and asylum seekers of any London borough<sup>8</sup>. Hackney also has among the largest number of refugee children in state funded schools in London.<sup>9</sup>

It is important not to see the refugees and asylum seekers in City and Hackney as one community but as several diverse groups in terms of their nationalities, ethnicity, languages, cultural practices and religious beliefs, with potentially different needs, particularly in the area of mental health. In addition it is essential that refugees are seen as individuals with differing needs, and not just to stereotype them as a uniform group because they are all refugees.

As mentioned above demographic information on asylum seekers and refugees is difficult to obtain, which makes it hard to know the exact national and ethnic make up of refugees in Hackney. However, the countries of origin of refugee children in the boroughs schools indicates large numbers of children from 5 of the countries in the top 10 countries of origin for asylum seekers (India, Pakistan, Democratic Republic of Congo, Turkey and Somalia). In addition GRASP in it's 2004/5 update states that between 2003-2005 there was a large increase in the number of pupils of Congolese, Turkish, Kurdish, Latin American, Somali and Eastern European origin, amongst whom there is high probability of incidence of refugees<sup>10</sup>. The diverse make up of Hackney's refugee population is reflected in this conference by the separate workshops being held focussing on the issues facing refugees from different regions of the world.

## **Refugees, Asylum Seekers and Mental Health**

Mental illness is common and affects millions of people worldwide every year. For refugees and asylum seekers the traumatic experiences they endure and the shattering of their values and beliefs regarding self, world and future, can lead to severe psychological and psychiatric problems for many of them at much higher rates than experienced by the general population. The chart below illustrates the key problems facing refugees.

Most mental health studies of refugees show that Post-Traumatic Stress Disorder (PTSD), a disorder that covers a range of symptoms that are seen in people who have been subjected to various types of trauma, is

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<sup>8</sup> Audit Commission (2000) A New City – Supporting Asylum Seekers and refugees in London

<sup>9</sup> Dixon, Carter & Lukes, (2006). Research into employability issues affecting refugees in East London. p 13

<sup>10</sup> Dixon, Carter & Lukes, (2006). Ibid, p 23

the most important health problem faced by refugees. This is unsurprising as refugees and asylum seekers have often experienced war, rape, torture, family and social separation, family loss, hardship and other physical or mentally traumatic experiences.

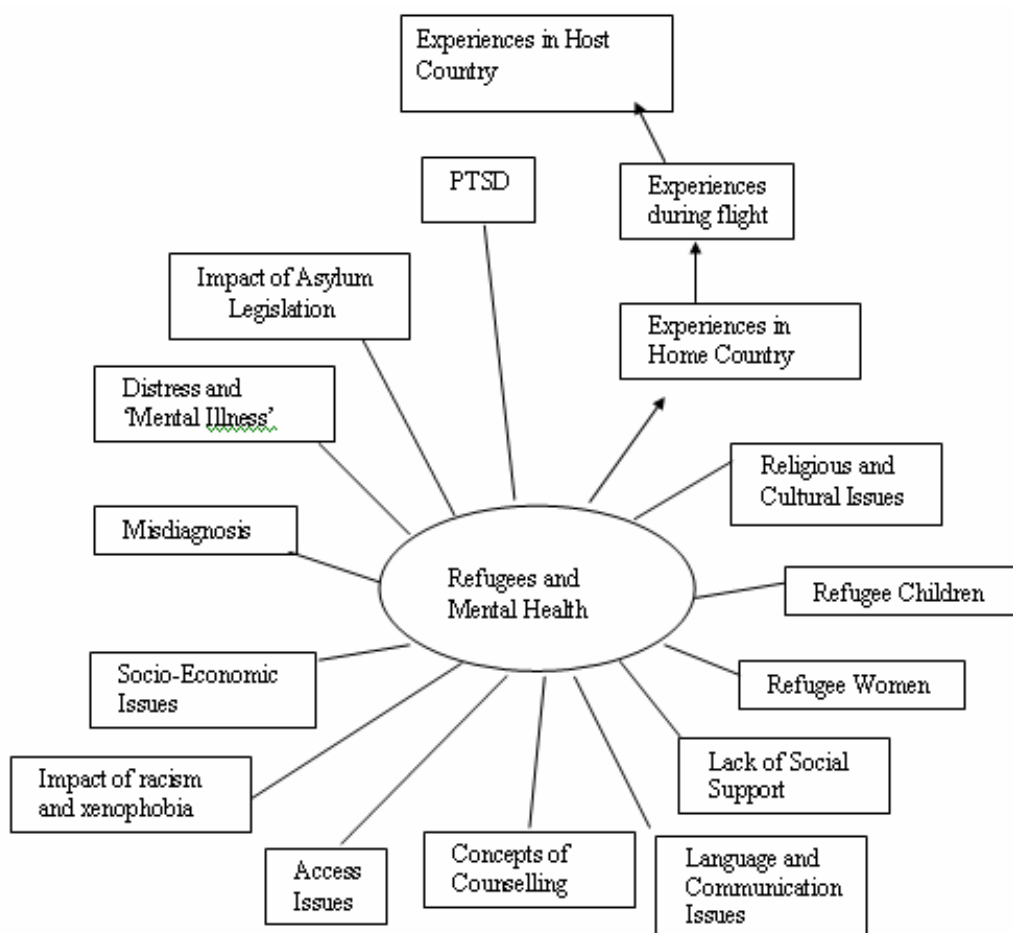
Guus van der Veer (1998) distinguishes three Phases of Trauma from which refugees can develop PTSD symptoms<sup>11</sup>. Phase One refers to indirect traumatic experiences in the refugees country of origin such as social and political upheaval, torture, repression and persecution. In this phase, refugees often experience painful events but are less directly hurt emotionally and psychologically. Phase Two refers to direct traumatic experiences suffered by the refugees in both their country of origin and during transit. In the country of origin these experiences may include being subjected to long periods of political oppression and violence including killings, physical or sexual torture, rape, abduction or arbitrary detention. They may also be traumatised by the disappearance or death of relatives and friends. During transit refugees may experience immense hardship and deprivation, fear insecurity and helplessness. This period may also involve long stays in overcrowded refugee camps and clandestine crossings over several international frontiers during which the constant fear of being caught can bring the individual close to breaking point. Finally Phase Three refers to the traumas experienced once a refugee arrives in a host country. These include being detained on arrival and facing a further period of uncertainty and insecurity while their application for asylum is being assessed. Furthermore, the fear of deportation, the initial cultural shock, the exposure to racism and xenophobia, the loss of family networks, the potential for misdiagnosis of medical or mental problems, unfamiliarity with the British way of life, unfamiliarity with the UK social, health, legal and welfare systems, and the consequences of these problems can lead refugees to suffer from severe anxiety and depressive symptoms. Maladaptive coping mechanisms such as alcohol and substance abuse may compound the problem and lead to suicide.

While PTSD is the most common mental disorder experienced by refugees the traumatic experiences they have been through and the difficulties of adapting to life in a new country without the benefit of a social support network mean that refugees and asylum seekers are also vulnerable to other mental disorders including; anxiety disorders, depression, psychosis and suicide.

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<sup>11</sup> Van der Veer, G. (1998) *Counselling and Therapy with Refugees and Victims of Trauma* – 2<sup>nd</sup> ed, John Wiles & Sons.

## Key Refugee Mental Health Issues



## Previous Recommendations

An assessment of the mental health needs of refugees and asylum seekers in City and Hackney, Newham and Tower Hamlets carried out in 2000<sup>12</sup> set out a number of recommendations for action to improve the provision of mental health services to refugee communities. These were divided into several categories; general recommendations, recommendations for service commissioners, recommendations for service providers, recommendations for voluntary sector mental health agencies, recommendations for refugee support agencies, recommendations for refugee community based organisations and recommendations to the Department of Health.

<sup>12</sup> Maharaj, K. (2000). *An Assessment of the Mental Health Needs of Refugees and Asylum Seekers in City and Hackney, Newham and Tower Hamlets*.

The general recommendations were aimed at all sectors involved in mental health prevention, care and support work with refugees and asylum seekers, including commissioners, providers, refugee community based organisations (RCBOs), refugee support agencies and the Department of Health. The recommendations for commissioners and for providers, while separate, can be taken together as many service providers also purchase services from refugee community based organisations. Similarly, service commissioners need to understand service provision issues when making funding decisions.

In terms of **general recommendations**, it was felt that a more holistic approach to the mental health needs of refugees and asylum seekers should be used at all levels in the services provided, acknowledging that, as with other groups, the mental health needs of refugees and asylum seekers cannot be separated from the social and personal problems that they face. Effective consultation with the communities to be served should be a pre-requisite to any service development but particularly in a sensitive area like mental health. Consultation with the community should obviously also be an important part of any review or evaluation of current services. In addition, of course, community groups, support agencies and existing service providers should also be consulted in both of these processes. Improved co-ordination in service provision between existing service providers and between the voluntary and statutory sectors is also important, as is co-ordination at the planning stage in service development to avoid duplication and gaps in the services provided. The development of strategic partnerships between the various statutory service providers, the voluntary sector and community based organisations will assist in improving co-ordination and ensure linkages in the service so that fewer refugees and asylum seekers fall through the net and are not given the assistance they need.

**Service Commissioners** were recommended to look at ways of improving the earlier detection and diagnosis of mental health problems in refugees and asylum seekers. To this end they should also improve or simplify funding procedures to ensure easier access to available funding for Refugee Community Based Organisations, particularly those willing to become active in the area of the early detection of mental illness and in promoting the use of mental health services by those refugees or asylum seekers in need of such assistance. As Primary Health Care providers and frequently the first point of contact with the health services, General Practitioners are seen as crucial in helping to improve mental health service provision and use by refugees. To do this, they must be adequately resourced by Service Commissioners to assist them to overcome linguistic and cultural difficulties in the provision of effective mental health care for ethnic minority groups.

**Service Providers** should improve their provision of mental health services by ensuring that the needs of refugees are recognised in their development plans. They also need to develop appropriate diagnostic criteria for mental illness in people from different cultural backgrounds. They need to improve the cultural sensitivity of the services provided by providing appropriate training for their

staff and they need to ensure that anti-racism measures are in place to ensure that discrimination does not prevent refugees and asylum seekers in need of help with mental health problems from accessing the available services. In a similar way, gender based oppression needs to be overcome in as culturally sensitive a way as possible so that female refugees and asylum seekers can avail of mental health services and come to terms with their own problems. Many of these issues can be addressed by increasing the employment of members of the target communities, male and female, in the provision of mental health services. Increased use should also be made of complimentary treatments.

As has already been intimated, the **Voluntary Sector Mental Health Agencies** were seen to have an important role in identifying those members of refugee and asylum seeker communities who are beginning to suffer mental health problems and in encouraging them to access the available services. These agencies need to improve their capacity to recognise the early symptoms of mental illnesses, particularly the culture specific ways that different illnesses may present. They should also be more pro-active in advocating for improved, culturally appropriate and effective mental health services for refugees and asylum seekers and on behalf of individuals with specific problems.

**Refugee Support Agencies** have an important role in assisting mental health Refugee Community Based Organisations to improve their capacity in the area of issues by providing training and support and by assisting these organisations to access resources. They should also monitor the impact of new or changed legislation on the well-being and mental health of refugee communities. They should promote the establishment of self-help groups and clubs for particularly vulnerable groups within the refugee and asylum seeker communities, the women, young people and adolescents who all have specific needs.

**Refugee Community Based Organisations** should continue to improve and increase their outreach work among the communities that they work with. Together with the voluntary sector mental health agencies, they have an important role in assisting to identify refugees with early mental health problems. This implies a need for training. At the same time they should use the skills acquired and their contact with the community to particularly identify individuals who are not in contact with any services but who may be developing mental health problems and encourage them to access the appropriate services.

Recognising the devastating impact of khat abuse on social cohesion and ultimately mental health, the **Department of Health** is specifically urged to initiate an inquiry into the effects of its use by Somali communities in the UK and to consult the Department of Justice regarding making its use illegal.

Finally, based on the research findings and recommendations, the report identified the elements of good practice for an effective mental health service for the refugees and asylum seekers in East London and the City. The elements identified were:

Refugee Community-Based Organisations

Refugee Support Agencies

Voluntary Sector Mental Health Agencies

Primary Health Care Teams

Referral mental health service providers, secondary and tertiary level

It was argued that Refugee Community-Based Organisations should be the first point of contact for refugees and asylum seekers with the mental health services due to fact that, since they originate from the communities they work with and in, with adequate staffing and training they are ideally suited to identify vulnerable individuals and recognise when they are exhibiting the early symptoms and signs of mental illness. These organisations should then work with such individuals to help them to recognise they have a problem and that they might benefit from some assistance to help them overcome it. They can then encourage the individual to visit his/her general practitioner. If there may be language problems or if the individual seems anxious or otherwise unwilling to visit their GP, ideally a staff member of the RCBO should offer to go with the individual to the GP. In any case, the RCBO should know and be known to the GPs serving their community. They should have established good lines of communication with those GPs based on mutual respect, such that the GPs will be willing to see in a timely fashion and follow-up, if necessary, refugees and asylum seekers referred to them by an RCBO for suspected mental health problems. While the community-based outreach staff of RCBOs should be sensitive to any indication that an individual is suffering from mental distress, they should particularly be trained to recognise the early signs that a person is suffering from Post Traumatic Stress Disorder or suicidal ideation. Early intervention in PTSD is known to be helpful in reducing the progression to more serious mental illness, which may be less amenable to treatment, while early recognition of suicidal intent may save lives. One of the issues that RCBOs need to address is that of the large number of refugees and asylum seekers who have little or no contact with RCBOs or any service provider. These are the very individuals who are more likely to have mental health problems and to need encouragement and assistance to approach the appropriate service provider for help. RCBOs should, therefore, increase the number of outreach staff they have who are appropriately trained in mental health issues so that they can have regular contact with more of the community which they serve.

To be able to serve these functions adequately, RCBOs will need support in terms of guidance, training and expertise in mental health issues and terms of resources. This expertise and assistance

with accessing the necessary resources should generally be provided by the Refugee Support Agencies and the Voluntary Sector Mental Health Agencies.

A Refugee Mental Health Coordinator for East London would be able to assist and co-ordinate this support to RCBOs. To do this s/he should establish a forum for all organisations and agencies working with refugees and asylum seekers in the area of mental health. S/he should also be appointed to monitor and evaluate existing services, to plan for the required further expansion and development of mental health services for refugees in a strategic way, and to co-ordinate training and support at all levels. This Co-ordinator should also be an advocate for adequate resourcing of these improved services for refugees.

The Primary Health Care Team should generally be the entry point for refugees and asylum seekers with mental health problems into the formal mental health services. General practitioners and social workers should be culturally and linguistically sensitive to the mental health needs of this population and able to recognise those individuals in need of assistance. As with the host population, following an adequate consultation, assisted by an interpreter if necessary, it should be possible to deal with many of the mental health problems of refugees and asylum seekers at this level by assisting with social problems, counselling and/or, if necessary, a short course of medication. When necessary and with the patients agreement, the Primary Health Care Team should be able to avail of the appropriate professional interpretation services to help them to accurately recognise the problem.

Of course, with more advanced or complicated mental health problems, it may be necessary for the GP to refer a refugee or asylum seeker to the specialised mental health service providers at a secondary or tertiary level. Again clear lines of communication and support should be established for this referral process to work efficiently so that no-one is lost to the system and unable to avail of the needed assistance that is available to them. As with the Primary Health Care Team, when necessary and with the patient's agreement, secondary and tertiary service providers should also be able to avail of the services of professional interpreters.

During this conference it may be useful to consider how far the recommendations given in the 2000 report have been met in the past nine years and how they can be improved and modified to reflect the current needs of refugees and asylum seekers in Hackney and the City.

## References

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For Enquiries and Additional Information please contact the Black and Ethnic Minority Working Group

Address: Unit C4, 3 Bradbury Street Hackney,  
London, N16 8JN

Telephone: 020 7923 2229 / 020 7275 9875

Email Address: [post@bemwg.org.uk](mailto:post@bemwg.org.uk)

Website: <http://www.bemwg.org.uk/>

