

Mental Health Needs of People Seeking Asylum and Refugees



**A summary of findings from firsthand accounts shared by
The Comfrey Project's Wellbeing Champions**

2022 – 2023

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Introduction:

We are pleased to present you with this summary report which outlines quite a comprehensive list of themes extracted from in-depth conversations and focus groups with people seeking asylum and refugees living in Gateshead who joined The Comfrey Project's Wellbeing Champions project in 2022 and 2023.

This report comprises an initial step towards a comprehensive guide which will be produced by people with lived experience of seeking asylum in the UK, looking into their particular mental health needs, experiences of trying to access support at different settings, and suggestions for improvement.

The reports is aimed primarily at professionals in the health and social care sector and will be a living document – in the sense of it being kept updated regularly, to reflect changes in the wider landscape which may affect the mental health needs and support availability of this community. Moreover, it will be used to facilitate dialogue between those accessing and those providing services, by making sure that the report is being regularly shared directly, by those who help put it together.

In the summer of 2022, The Comfrey Project was amongst a few Gateshead-based charities that were funded through the Gateshead Community Mental Health Transformation Grants. The fund was launched originally as a pilot by the NHS North East and North Cumbria Integrated Care Board, with the aim to support projects that help people to stay well within the community, with an emphasis on prevention and longer-term support. Although the grant's primary aim was to fund direct provision of wellbeing boosting activities -which in the case of The Comfrey Project means creative nature-based and volunteering sessions- we were very keen to explore ways to develop our community's capacity to support themselves and to advocate for their needs and rights for better mental health. We also wanted to provide a way for organisations that do not exclusively work with people from this background to raise their awareness and skills to respond to their needs.

Being acutely aware of the increasing limitations and pressures we operate under, both as an organisation and wider, as a sector, it is imperative that we explore low-resource self-sustaining solutions. The development of The Comfrey Project's 'Wellbeing Champions' scheme has been our own, local answer to this challenge.

Far from a new concept, but one that has managed to produce significant impact on various health improvement areas, it seeks to influence positive change "from within". It helps a community grow their knowledge and support capacity, and ultimately their resilience and self-reliance, by equipping its members with the necessary information, skills, confidence and connections.

In the pilot phase of our project, we recruited eleven 'Wellbeing Champions' who took the time to examine and share ideas of how such a project may work and considerations to ensure its success and sustainability. As a result of these, in October 2023 we started a bespoke Wellbeing drop-in at our Windmill Hills centre,

which is supported by the Wellbeing Champions – with plans for a completely Champions-led, out-of-hours wellbeing café to follow.

As part of the process, the Champions attended and fed back on four different types of mental health support training, helping to build their knowledge and skills, but also feed into the planning of what may work best long-term. This has been feeding into the development of bespoke induction training materials for the future Champions which is currently underway.

Additionally, our Wellbeing Champions were joined by members of the Gateshead Community Bridge Builder 'Refugee Forum' in participating in two focus groups which were developed and facilitated with support from our partners Connected Voice–Haref. A plethora of firsthand accounts regarding the mental health needs of this community were shared, alongside experiences of trying to access support from statutory and community providers, as well as, people's own community.

The first focus group which took place in November 2022, covered the issues more generally and helped us develop a more focused approach for the second one, in May 2023. As a result we focused on examining experiences relating to mental health services in four service areas: GP practices, statutory mental health services, A&E/hospitals, and communities/charities.

Working with the Wellbeing Champions, Connected Voice-Haref were able to finalise this report which summarises the data thematically. Although brief, it is a dense document full of useful, practical information about barriers to accessing mental health services and solutions to improve accessibility and practice for refugees and asylum-seekers.

The Wellbeing Champions were given the opportunity to present the report at two meetings: A Haref Network meeting in October 2023 and a Haref Allies Skills Building Session in November 2023. The presentations helped the Champions understand how this document can be used and presented, and how to further develop it. Useful connections and further meetings between the Champions and their communities and some service providers were forged immediately, leading to the start of the first direct relationships and dialogues of many to come.

Summary of Barriers:

Stigma and Fear

- **Definitions, opinions, thoughts, and stigma about mental health differ in different cultures.**
 - This means that **language used in mental health services can prevent people from accessing services** if 'mental health' has negative meaning
 - In some cultures 'mental health' means **crazy, mad**, something wrong with the brain.
 - **Some people will not seek help for mental health** if stigma exists or it is not acceptable to discuss.
 - Mental health is seen as impacting daily life, sometimes genetic, sometimes caused by environment or circumstance.
- **Fear of consequences of seeking support** for mental health. This included fear of the **home office, police, or fear of social services** getting involved and **children being removed**.
- **Social services role** is seen by some as **to remove children versus provide support**.

Language and Cultural Barriers

- **Lack of providers from different cultures** or who speak different languages
- **Language barriers** can have significant impacts on mental health and isolation- **people seeking asylum cannot take ESOL classes in the first 6 months** which increases isolation and creates barriers.
- **Language barriers** make it harder to access services and engage with systems and once getting care it is difficult to explain your feelings in a different language or through an interpreter
- **Practitioners not taking enough time** with patients who don't speak English well: speaking too fast, treating people like they cannot understand what is happening, not fully explaining treatment or medication.
- **Issues with interpreters:** cancellations, lack of medical or mental health experience, missing out on nuance or sensitive/specific words, appointment times too short for people with English as a second language, difficulty with telephone interpreters, adds more people in the room when sharing personal history.
- **Lack of understanding of different cultures** by staff

Support specific to refugees and asylum-seekers

- **Lack of understanding/knowledge of experiences of refugees and asylum-seekers** by staff and practitioners.

- Refugees and people seeking asylum may be **experiencing loneliness, trauma, fear, language barriers, familial stress, inability to work, visa issues, home office issues and more**-all contributing to mental health
- For first **6 months unable to take language classes** and this is a crucial time.
- **Lack of knowledge of the asylum system** by practitioners.

Awareness and Information

- **Lack of awareness of existing mental health services**- not enough referrals or signposting into existing services
 - Some people may have much **more difficulty researching and finding appropriate services** if they are not connected to groups and charities or if there are many other stressors.
- **Lack of accessible information about available mental health services**, how to access, referrals, self-referral, expectations, wait lists, etc.
 - NHS systems/mental health systems differ significantly from home-services causing confusion and different expectations
 - **Confusion around rights and entitlements to** mental health services for refugees and people seeking asylum
- Many people don't know how to **find information about charities and community groups** and therefore are not connected to these services.

Service and support provision

- **Difficulty getting appointments and waiting lists for mental health services** can be detrimental
- **Medication seen as sometimes being overprescribed** or prescribed inappropriately, especially for problems that were seen as environmental/due to circumstance and **people not provided enough information about prescribed medication.**
- People feeling that they have **not always been believed, listened to, or taken seriously.**

Summary of Solutions

Stigma and Fear

- **Think about language** when talking about or advertising services, **the term ‘mental health’ might not be the most appropriate**
- **Information sessions for asylum-seekers around parenting, rules in the UK, role of social services and mental health services, cultural differences** (either from community or from government)

Language and Culture

- **Increased cultural awareness** from practitioners, services, schools, students
- **More practitioners from different cultures** and who **speak different languages, can** provide culturally specific treatment or who have an understanding of cultural context
- **Use of interpreters** who have training around mental health
- **Change rules so asylum-seekers can immediately take English classes.**

Support specific to refugees and asylum-seekers

- **Increase practitioner, community, and service-wide knowledge of experiences/circumstances** faced by refugee and asylum-seeking communities before and after they arrive.

Awareness and Information

- **Increased communication and relationships** between community groups, health services, mental health services, faith centres, social workers, police, local authorities, and charities to increase trust and understanding and to ensure mutual signposting.
- **Increase awareness and understanding of different options for mental health services** for refugees and asylum seekers using different tools such as leaflets, meetings, signposting through community groups, embedded in ESOL classes or other creative means.
 - **Bridge builders or community members to introduce new arrivals** to their community and to local services
 - Increased support for **new arrivals to get to know their communities and understand the NHS**
- **Clarify what happens when someone seeks support:** entitlements, process, timeline, outcomes.

Service and support provision

- **More support for root causes** of mental health problems
 - Provide other activities like exercise, crafts, and opportunities to socialise.
- When **medication is used, it needs to be very clearly explained.**
- **More tailored and flexible support provided (variations in appointment type, length, out of hours appointments)**
- **Provide services** where people feel safe and have trust- people might share problems with their own communities when they won't speak to professionals.

- **Mental health services** should be aware of and signpost into **charities and vice versa**.
- Use of **religious buildings, charities, community venues** to put on **activities** or **groups** or support people to meet others and improve mental health- where people are familiar and surrounded by their community.
- **Offer resources so that communities can support individuals who need help.**

GP practices:

Barriers:

- **Varied levels of trust**
- **Feeling that practice staff can sometimes be unhelpful**, dismissive, lack empathy, express frustration, accuse people of lying-**receptionists as barrier**
- **Limited awareness of cultural or religious differences**, of **circumstances of experiences of refugees and asylum-seekers**, or of how to support mental health
- **Difficulty getting** appointments, cancellations, and inability to get appointment walking in- might lead to some people not accessing support.
- **Lack of accessible information** about GP services and **difficulty navigating the system**-cultural differences between GPs in UK and in home country.
- **Interpreter issues**

Solutions:

- **Appointments:** longer appointments, improve waitlists, improve appointment booking system.
- **Offer more flexibility:** face-to-face, telephone, walk in support
- Allow people to see the **same professional each time**-more personalised approach
- **Use Interpreters** and **provide training around engaging with people who speak different languages**
- Make **more focussed clinics** like Second Street Surgery or clinics with staff with **more cultural awareness**.
- **Provide information at initial appointments** to clarify wait times, referral processes, possible outcomes, services, etc.
- More **referrals to specialised mental health** services or professionals
- **Peer mentoring** around navigating the system, rules, regulations.
- **Use of films** to provide information to new arrivals
- **Doctors go out to hotels** and signpost into GP surgery and make referrals.

Mental Health Services:

Barriers:

- **Lack of awareness of steps to access treatment** and **differences between services in home country** impacting expectations and access
- **Stigma**
- **Language barriers** and difficulty with **interpreters** when not trusted or not desired to have extra people in the room
- **Wait lists** can be detrimental if someone needs immediate support or by the time someone is seen they have a whole different issue.
- Reluctance to seek support if issues are seen as environmental or because of circumstance.

Solutions:

- **Open-minded** counsellors with **good listening skills, practical advice** who can **build trust** over time
- Practitioners who **speak different languages-** recruit people from asylum seeker and refugee backgrounds to work in services.
- **Awareness of issues facing refugees and asylum-seeker community-** work with communities to involve them in decision making, provide training and discuss issues.
- **Referrals and signposting**
- **Provide different options for treatment** including medication, talking therapies, crafts, socialising, etc. and offer support in **locations where people feel safe and secure**
- **Flexibility with offer:** gender of practitioner, interpreter, more or fewer appointments, in person/phone.
- **Change language used to describe services** to decrease stigma
- Mental health crises dealt with by **professionals and not police**
- **Decrease wait times.**
- **Assure people that children will be safe** before seeking support.
- **Clarify procedures and steps** when someone seeks support and **use clear language.**
- **Avoid having to repeat story** over and over
- **Offer automatic support** when people arrive or especially in the **first 6 months.**
- **Raise awareness of service** through drop ins and other means.

Hospitals/A&E

Why are people seeking support here?

- **You are seen more quickly** and A&E seen as faster route to the right service.
- Physical symptoms or extreme cases when people are not aware these are mental health symptoms
- Alleviate symptoms faster-means to a medical solution
- Perceived as being **more anonymous**
- **Open all the time**- mental health may be worse in evenings or weekends
- **Associated with high quality medical treatment, specialists, expertise.**
- **Seen as more direct route to other professionals** and referrals
- **Service more similar to health service in some countries of origin.**

Barriers:

- **Doctors don't always understand needs** of foreign populations or refugee and asylum-seeker communities.
 - **Advice given sometimes unrealistic** (e.g. improve diet when there is no money to buy healthy food)
 - **Certain medications** might be prescribed too quickly when really someone needs a different kind of medication or treatment.
- People **don't always feel believed** or they believe that asylum-seeker status leads to worse treatment.
- **Staff busy** and don't take time with patients
- **Staff and services users may not know rights and entitlements** to hospital services.
- **Navigating system**- how to access different services
- **Fears** of home office having access to health information and of involvement of social services if seeking support.
- **Stigma** around mental health
- **Lack of interpreters**- don't always get referrals from the GP
- **Not intended for mental health support** so not set up for that

Solutions:

- **Taking more time** with patients, listening, assessing and building trust
- Need for **specialised support for this community**
- **Better signposting** into services, charities and a single point of referral
- **More out of hours support** from other NHS services and charities could decrease visits to hospital.
- **Training experience with charities who work with refugees and asylum seekers** including for medical students
- **Letters of support/recommendations** that people can take to other services to explain needs
- **Rethinking of structure and who provides mental health support**

Charities/Community Venues:

Barriers:

- **Lack of resources, staff, capacity, expertise, funding** to support mental health problems as necessary
- **Charities do not always have awareness of needs/experiences of refugees** and people seeking asylum
- **More mental health needs being seen** from clients and volunteers
- **Community support/charities are very important but people may be isolated or live in an area away from people from their culture** or without many services or community groups.
- **Inconsistent provision of information**, resources, support for refugees and people seeking asylum- when people arrive their experience of support and information can vary widely.
- **Lack of awareness of different charities** and how to access
- **Language, cultural, religious barriers to seeking support**
- **Stigma**

Solutions:

- Charities are often first point of contact with people needing support and form good relationships- can meet needs that other services cannot
- Communities help people link into charities
- Charities make people more confident about wellbeing and provide sense of community and connection along with practical support and help.

Staff:

- Provide **funding, capacity and resource and training** to community groups and charities so they can support people with mental health
- **Cultural competency training**
- **Increased knowledge** and expertise of supporting **mental health and more training for supporting mental health**
- **Increased knowledge of RAS communities**
- **More people speaking different languages from different cultures** working in charities

Connecting:

- **Build relationships between charities to collaborate and provide different types of support**
- **Connect charities, religious centres, NHS**, to support, signpost and give information.
- **Use trusted community members** to share information and use word of mouth
- **Go to people instead** of expecting people to come to charities

Support:

- Approach mental health **from different perspectives** and offer **different kinds of support** in **locations** where people feel safe and secure (sports, gardening, music, etc.)
- More tailored support including 1:1 support
- **Support people when they arrive** to get to know their communities and bring them into services- find out what people really need.
- **Provision of correct information around getting status**-myth buster sessions
- **Follow up** after referral and signposting
- Provide **funding, capacity** and **resource and training** to community groups and charities so they can support people with mental health
- **Volunteering** can have a positive impact.

Next Steps:

Going forward we will be continuing to look for opportunities to share the report with health and social care professionals, in different formats. The Wellbeing Champions will be supported to develop the materials into a workshop and organise a participatory event in Gateshead in the summer of 2024.

In the meantime, we will continue to work with the Champions to enrich the report, and more specifically to add case studies which will help to better illustrate the points it covers.

We are also very keen on delving deeper into the relationship between the structure and operation of children's social care services and the mental health of parents who are refugees or are seeking asylum – as this has been a regularly emerging theme in discussions.

