

## Haref Allies Skills Building Session: 5 December 2023

### Theme: Mental health and wellbeing services for refugees and people seeking asylum

Our Haref Allies were joined by Wellbeing Champions from the Comfrey Project. The Wellbeing Champions work is ongoing with the Comfrey Project and part of this project has been to understand barriers and solutions to accessing support for mental health/wellbeing for refugees and people seeking asylum. Representatives from the project presented this information to the Haref Allies and discussions followed on:

- The Issues/barriers experienced.
- What can be done to improve service delivery
- Proposed solutions going forward.

Attendees joined one of our three themed table discussions on GPs, Mental Health and Community/Charity/VCSE to share information. We did not have an A&E/hospitals table as there was not representation from that service but they are included in the report coming out in January. Please find full details below.

### What barriers exist in your service to providing good support for refugees and people seeking asylum (RAS)?

#### VCSE

- **Volunteering-** Difficulties taking on RAS as volunteers due to documents needed for DBS checks. A lot of these individuals don't have the correct documents. Spelling mistakes on I.D cause big issues.
- **Research:** Payment issues in regards to reimbursing for research- paying them is not acceptable-this automatically puts individuals in a discriminatory position. In England vouchers are used as a form of reimbursement.
- **Service providers lacking culturally appropriate skills**, service providers and frontline staff need to have a better handle on individuals backgrounds

#### Mental Health Support Providers

- We don't have an interpreter service, or don't think people know how to request an interpreter from our service
- Staff teams do not reflect the communities we serve.
- There can be sub-communities within communities – are we reaching right people?
- Workforce lack experience of working with RAS and mental health need for targeted training. It can be a post code lottery for services for RAS some areas have specialised support other areas don't

#### GP Services

- Primary Care might refer people to third sector for expertise but often do not know the range of VCSE organisations locally. Social prescribers also don't often know all VCSE offer
- If you can't advocate for yourself or know your rights you can get passed around the system until you have a health crisis
- We are now signposting to mental health services, these services might not have interpreters and there may be digital inclusion issues
- GPs can't always refer easily. [Vita](#) for example referral not easy and not fit for purpose
- The process of waiting for services and then to receive 6 weeks CBT could make people worse especially if not trauma informed

### What are you currently doing to improve your service?

#### VCSE

- **Volunteering**-Looking at ways around DBS checks or how the process can be simplified? However DBS checks are legal requirements and cannot be changed.
- **Research**-Conversations around reimbursement practice.

#### Mental Health Support Providers

- Writing key information down so the person can take it away and ask others, check understanding of service
- Looking at commissioning interpreters
- Noticing the extra time taken by practitioner to book interpreter, gather consent and refer to appropriate services
- We have Recite Me but how do we do the first contact to tell them?
- Going to existing groups (e.g. foodbank) and use their skills to help
- Build trust by going to grass root projects

#### GP Services

- Get info about mental health services into ESOL classes and campaign to get access to ESOL classes sooner
- Better advocacy: How do people access services, use Recite me, request interpreters?
- Speak to social prescribers about helping people to navigate the system
- Bridge builders

### What are some proposed solutions?

#### VCSE

- **Volunteering**- individuals should be vetted to see what skills they possess and encourage them to get involved in volunteering in line with their skillset
- **Research**- get RAS directly involved in research so it's led and driven by those with lived experience

- Amna trauma informed training free for people who work with RAS [Introduction to Setting Up Safe Healing Spaces - Amna](#)

### **Mental Health Support Providers**

- Informal meetings possibly for a cup of tea and chat, use of terms mental health support may not be appropriate (terminology)
- Explain service fully, be explicit and write down useful information (waiting times etc.)
- Ensure you know of ESOL courses (and eligibility Section 94/95)
- Be aware of power in groups when delivering – do all participants have the same outcome
- Difficult to deliver services to newly arrived as may lead to further trauma by the system if not trauma informed or specialist service

### **GP Services**

- Still some barriers for GPs accessing interpreters
- Good quality Social Prescribers/care navigators – switched on and culturally aware
- Specific information on navigating health system
- Poverty proofing in GP Practices to increase understanding of deprivation

### **General Recommendations:**

- **Cultural Competency training** to address unconscious bias in workforce
- **Better representation** in consultation groups to design services
- **Training and more awareness** of the asylum system important due to current political climate
- **Services need to reflect the changing populations** and need guidance on how to adapt
- **Have service providers with lived experience** embedded in the system- this is key
- **Raise awareness for new arrivals about local charities** as key to wellbeing
- **Take your services to community groups**
- **Easy read leaflets**, using representative images.