Mapping the provision of mental health services for asylum seekers and refugees in London: a report

March 2005

Kim Ward & David Palmer
Introduction

The aims of this research are to map the provision of mental health services for refugees and asylum seekers in London, highlight any gaps in service provision and make recommendations on the mental health needs of refugees and asylum seekers. The research was carried out for the Commission for Patient and Public Involvement in Health – London Region. All research was undertaken by David Palmer who is project manager of St. Pancras Refugee Centre (SPARC) and by Kim Ward research and information officer for the Information Centre and Asylum and Refugees in the UK (ICAR).

The mapping exercise

Methods

The mapping exercise was split up in to three components: (i) specialist mental health services provided by the mental health trusts (ii) primary care trust (PCT) services improving healthcare access for refugees and asylum seekers (including mental health) and (iii) specialist mental health services outside the NHS (services funded by PCTs were included in this group).

In order to locate services falling within the first category web-site searches were carried out and the appropriate teams or department were contacted to obtain information about the specialist services available. The results of this exercise are contained within Appendix 1. Where it was possible to obtain the information, waiting times have been included.

Services falling in to the second category were located by contacting: the relevant commissioning department, the equality and diversity team or manager, the communications or information department, members of staff linked to PCT publications on asylum and refugee issues and by carrying out web-searches on the PCT homepages. In addition to this, all of the delegates from London PCTs that attended a conference on refugee health in November 2004 were e-mailed for information on the services that they are aware of. The results of this exercise are contained within Appendix 2.

Specialist mental health services outside the NHS were located using existing knowledge within SPaRC and ICAR and by carrying out extensive web-searches including the Multikulti and Harp databases. Information was also obtained by following up information provided by PCTs and other health providers and by using directories on refugee services in London. The results of this exercise are contained within Appendix 3.

It is important to establish a working definition of ‘specialist’. In its simplest form ‘specialist' can be defined as professional or high quality and/or a person who specialises in a particular profession. However, a broader understanding of ‘specialist’ is required for the purposes of this study. Refugees are a vulnerable group and they frequently present with complex needs that require a multi agency approach to resolve some of their issues. Providing assistance in areas such as housing and support and can have a very positive impact on the mental health of refugees and asylum seekers.

Research has shown that a mental health access point and support services for refugees can often most effectively be provided through a more generic helping service. Studies have shown that

community groups play a major role in helping refugees come to terms with resettlement and that access to a refugee community group can reduce the severity and likelihood of mental illness.\(^3\) Providing holistic support is acknowledged as an appropriate way of delivering quality care to refugees. As a result, projects that provide culturally appropriate services and facilitate social integration with a particular focus on mental health needs are included under ‘specialist’ services.\(^4\)

**Findings**

The results from the mapping exercise demonstrate that the mental health services for refugees and asylum seekers in London are limited.

- Only five of the eleven Mental Health Trusts provide specialist services that are specifically designed with the needs of refugees and asylum seekers in mind. These services are provided by: Central & North West London; North East London; Barnet, Enfield & Haringey; Tavistock & Portman and Camden & Islington. The details of these services can be found in Appendix 1.

- Some of the services provided by the other Trusts, such as the Traumatic Stress Service (South West London and St Georges) and the Institute of Psychotrauma (East London and the City) provide specialist trauma services for refugees and asylum seekers (who make up about 50% of their client group), but they do not have a team or an individual that works specifically with asylum seekers and refugees.

- Services for refugees and asylum seekers within PCTs are very difficult to locate. The research has shown that equality and diversity managers are often unaware of individuals or departments that have a special responsibility for refugees and asylum seekers. Some commissioning departments also seem to be unaware of services that the PCT funds. It is also very hard to locate individuals, such as health visitors, whose remit is to work with refugees and asylum seekers but who are not attached to a particular team working with this group.

- With the exception of a handful of PCTs, there appears to be a general lack of awareness that refugees and asylum seekers are a group that have distinct needs which are multiple and complex and that require specialist knowledge.

- There are only a small number of ‘specialist’ organisations outside the NHS that provide culturally appropriate services to this group.

The recommendations from this section of the research are integrated in to the final recommendations presented at the end of this report.

**Findings**

- The health of refugees and asylum seekers often deteriorates in the host country

---


Refugees and asylum seekers often see the western mental health model as an alien concept and psychiatric treatments are generally unfamiliar to them. Many do not understand the treatments administrated.

Mental health issues are often associated with ‘madness’ and brings shame on the community.

The symptoms of mental health are frequently presented as somatic complaints and presentations of distress are often culturally bound.

Most asylum seekers and refugees do not understand the ‘mental health system’.

Refugees and asylum seekers often approach community groups rather than the mainstream services when suffering from mental health issues.

Poverty, homelessness, loss of social status and the immigration system were specifically mentioned as factors impacting on mental health.

Psycho-social support, in the form of practical help and social activities, was seen as the most effective way of reducing isolation and responding to mental health issues.

Refugees and asylum seekers have difficulties in accessing mental health services due to language difficulties and interpreting services were found to be inadequate.

There are often concerns about confidentiality and trust and many refugees and asylum seekers are extremely anxious about providing information.

**Recommendations made by the respondents**

It is necessary to strengthen the capacity of organisations by providing advocacy services to members of community organisations.

Refugee communities need to be given mental health awareness training so that it is easier for them to recognise the symptoms of mental ill health.

It is necessary to respond to mental health issues by taking a holistic approach and by taking into account the social factors which impact hugely on mental health.

Statutory and other mainstream organisations need to acknowledge that refugee community organisations are key players in providing services to the community and should support them through funding and involve them in service planning and delivery.

There is a need for health awareness training programmes for primary and secondary care providers on refugees and the migration process.

Funding needs to be made available for counselling and other culturally specific services so that they can be provided within community organisations.

More information needs to be provided on how to access services and on the mental health system.
- There needs to be greater links between community groups and mental health services.
- There is a need for bi-lingual health workers, interpreters and advocates.