Mental Health of Refugees in the UK

Mapping the gender and age differences to guide appropriate interventions

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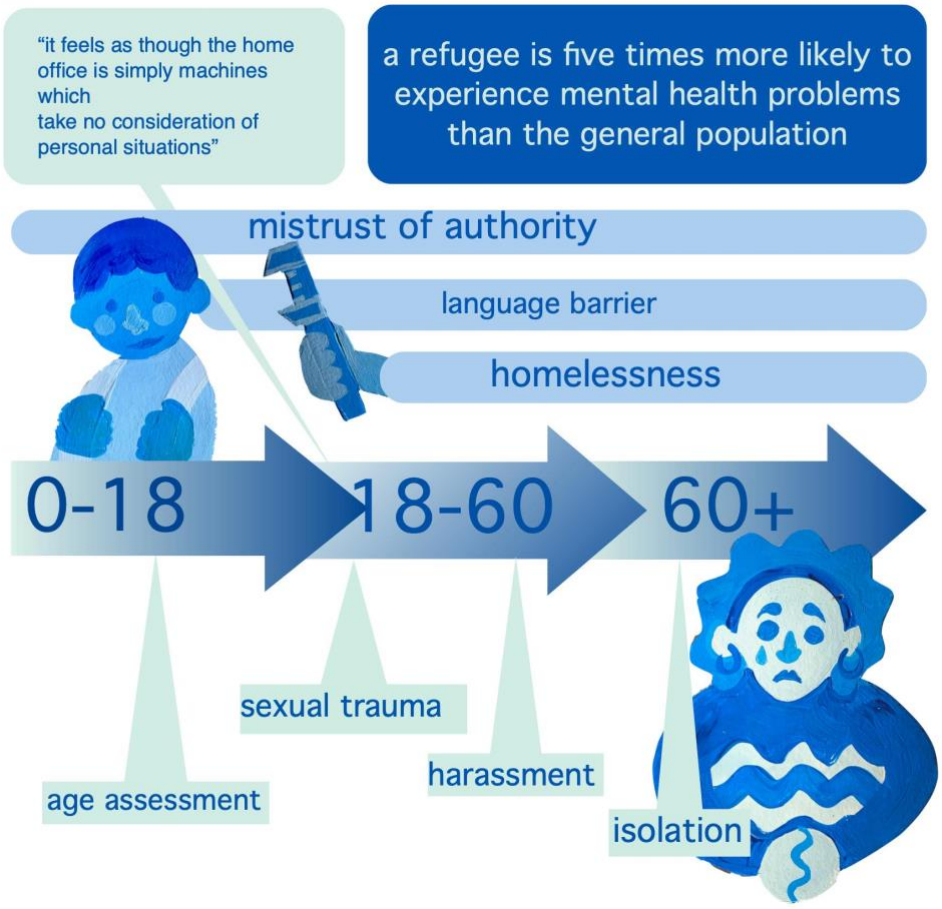
Abstract

A refugee with a young family who we spoke to said that “It feels as though the home office is simply a machine which takes no consideration of person situations.” The treatment of refugees in the UK has serious implications for their mental health. Prior to arriving in the UK, many refugees have faced significant trauma not only in their countries of origin but also often on their journey to the UK. However, following arrival, the asylum process often continues to impose further stress and trauma. In our report we explore how the asylum process in the UK impacts the mental health of refugees alongside suggesting policies which could aid in ensuring care for the refugees. We have focussed on how different policies can ensure support of refugees of a variety of age groups to best care for the specific needs of individual refugees. With refugees being five times more likely to have mental health problems than the general population, ensuring the mental health of refugees is cared for must be a major priority of the asylum system.



The mental health of refugees in the UK is a serious problem both for the individuals as well as the healthcare system, which has not yet been adequately addressed. In 2017, there were 24.5 million refugees registered in the world. Of these, around 120,000 were in the UK, originating mostly from Iran, Pakistan and Iraq.

Numerous studies have identified the poor state of mental health of both refugees and asylum seekers. A refugee is five times more likely to have mental health problems than the general population and over 60% can expect to feel strong mental distress. The most common conditions are PTSD, anxiety and depression (1). Once in the UK refugees experience many stressors. Prolonged and uncertain application processes and inability to work means many refugees live in poor conditions and feel depressed (2). Low income usually persists after refugee status has been accepted, whilst they must try to rebuild a life in a country with language and culture unfamiliar to them. Housing in the poorest communities, with generally higher crime rates, (3) increases daily stress, and refugees are frequently required to move, destroying social networks in the process.

Most research focused on children and women, but there is little focus on the mental wellbeing of male adults and elderly refugees, although existing evidence points to severe problems existing across every subgroup. However, the trauma experienced by these different age and gender groups can be quite different. For example, adult men are more likely to have experienced combat or assault, while many female asylum seekers will have been subjected to sexual violence (UNHCR). The post-migration stressors faced in the UK are also distinct, such as unemployment for adults and academic problems for children. Each group provides different opportunities and challenges for mental health intervention. This policy brief sets out the main problems faced by four groups: children, adult males, adult females and elderly refugees. Additionally, it reviews extant interventions, and provides recommendations towards a more differentiated support for refugees experiencing mental health issues.

‘Asylum bureaucracy is like an “open prison”’: Sana, Syrian Refugee in UK for four years.

Sana has been moving houses constantly. She says that this has caused her and her family a lot of stress. It has been dif cult to get asylum as it is hard to prove their situation in their home country due to lack of documents and evidence required for the home of ce. She talks of how stressful the uncertainty and dread involved in long waiting times can be. Furthermore, not being able to work means that her family need to rely on government support. For Sana, the ability to provide for her family is not only rewarding but would provide a way to move past the trauma of forced migration.

“it feels as though the home office is simply machines which take no consideration of personal situations”

Children

The asylum process generates uncertainty for children. Those arriving alone (unaccompanied asylum-seeking children, UASC) must submit to multiple interviews, prove their age in a behavioural assessment and engage lawyers to deal with the Home Office. If unsuccessful, child refugees are repatriated when they turn 18 (3,4) Those who manage to stay receive variable levels of support in the foster care system. Children are quicker to adapt and integrate to their host society, but suffer the effects of a generation gap in values and family organisation. Trauma can transmit across generations, and it can affect parenting (5). Developing trusting relationships may be harder for refugee children, leading to difficulties engaging with services, and mental health needs may go unaddressed (6).

Specific Interventions: Children

School Intervention Programmes [3, 4]

• Provide training of teachers to identify child refugees at increased risk of mental health
problems and local authorities need to develop referral schemes to support such children within their schools.

• Engage psychologists who have specialist training in working with this vulnerable group.

• Encourage involvement in extracurricular activities, assistance with the asylum application etc. to improve the child's mental well-being e.g. language/ cultural classes.

UASC Leave Support [3, 4, 5, 6]

• Increased support for children making 'leave to
remain' applications as the uncertainty of their future has been identi ed as a strong contributor to poor mental health.

• More efforts to provide all children with a solicitor to legally represent them during the asylum process and provide clarity about rights for UASC grantees and those older than 17.5 years.

Age Assessment

• During assessment, individuals are informed about protocol and necessity avoiding feelings of persecution and building trust.

• Greater transparency on how the age assessment is undertaken due to the added stress it places on the affected individuals.

• Increased access to statistics on the number of asylum seekers who are age-assessed and subsequently deemed to be children, and research on how such individuals are supported afterwards will provide opportunity to improve the system.

Male adults

Men comprise the biggest group of refugees and many have experienced violence in combat or as victims of genocide (7). During migration, single men suffer the most from institutional barriers to housing and access to funds and have a greater chance of repatriation, suspicion, or harassment by official (8). Post-migration, it has been shown that men's biggest stressor is unemployment and financial insecurity. Professionals whose qualifications are not recognised by the UK must re- qualify or seek low-pay jobs. Refugees' experiences with violence cause mistrust of authority figures, making it di cult to apply for or retain a job or seek assistance (9) any refugees come from societies where men are providers. Their sense of failure in fulfilling their gender role is worsened by loss of social status as refugees living in a host country, and intergenerational conflict within families. Single males who lack family support and are excluded socially and from the job market, may feel the effects of isolation more acutely (10) Traditional attitudes toward masculinity and mental health issues can cause men to try to deal with their problems alone, (11) rather than seeking the support of the community. Many problems can thus go undetected.

Specific Interventions: Adults

Employment Schemes [7, 8]

• Local authorities to develop schemes to support adult refugees in finding employment, thus helping them to gain income and a social role.

• Create volunteering opportunities to assist refugees in gaining initial skills to increase their employability, improve social stability and integration into host community.

Increased Support for Sufferers of Sexual Trauma [9, 10]

• Research is needed on the particular needs and appropriate approaches to help female refugees who suffered from sexual trauma, e.g. building trust over time, avoiding male interviewers during screening and providing trained translators. Efforts to both include those who do not self-register and information on exactly how and where to access such support needs to be stepped up.

Increased Provision of Safe Housing [11, 12, 20]

• Increase the provision of safe housing for male refugees (particularly those arriving alone) as they are likely to suffer the most from homelessness or poor/ dangerous living arrangements, which correlate strongly with poor mental health.

Female adults

The UNHCR estimates 80% of all refugee women experience sexual abuse (15). Above the physical effects of violence, sexual trauma involves personal violation and physical danger, causing intense, complicated psychological damage. In close-knit communities, being a victim of sexual abuse can ruin social standing and destroy marital prospects, while survivors who find themselves pregnant must choose between abortion and giving birth to a child from rape (16). The psychological symptoms of sexual trauma may be episodic or fleeting, preventing women from seeking needed mental health services. Sexual violence can also occur post-migration, as refugees too may be vulnerable to partner abuse (17). Once settled, refugee women face a different set of challenges as they juggle care for dependents and adjust to a new role as (co)-provider. Women who did not work in their home country now need to navigate a foreign cultural system, often without the support of an extended family. Lack of literacy in refugee women is a significant barrier to finding employment—even literacy in a different language is shown to significantly help learning English (18, 19). A particular subset of this group is female-led households where the husband became separated or died in migration. Women who suffer the death of a spouse may not receive the same family support as men (21).

The Elderly

Under 3% of asylum seekers are over 60, but elderly refugees face significant challenges especially related to low income. After being granted Leave to Remain, the elderly are less likely to find a job, and have difficulty accessing services. Elderly professionals find it hard to get re-certified, and are slow to learn English (22). Elderly refugees experience social isolation more acutely as they may be slow to integrate. Coming from societies with greater reverence for the old, they experience a drop in status and role and relying on younger relatives can be frustrating. Accommodation policies split large families into smaller groups and scatter refugees to prevent ghettoization. Poor mobility prevents the elderly from using public transport, and low technology literacy makes it hard to keep in touch abroad (23). Mental health issues present differently in elderly patients, as symptoms may become confused with pre-existing conditions such as dementia, which also worsens PTSD, trauma and depression (24). Above this, the elderly may take a stoic attitude and so not seek help for mental health problems. Literature is divided over the resilience of the elderly to mental health issues—some suggest that older adults are more vulnerable with fewer coping skills, physical and cognitive deterioration and less social or financial support. Other studies suggest older people may be well placed to cope due to “psychological immunisation” by earlier life events (25).

Specific Interventions: The Elderly

Provide free/subsidised bus passes and shuttling services [22,23]

- Provide both refugees and service providers with increased access, training and information (e.g. physical maps) about public transport service within their particular region.

Home visits

- Organise scheme within refugee or ethnic community to provide regular home visits to elderly refugees who may become isolated due to limited mobility, or anxiety to leave the house.

Increase flexibility with respect to family members acting as interpreters [25]

- Provide opportunities for refugees to provide help to each other as mediators and translators. Make available appropriate technology such as translator apps to facilitate and give confidence to those wishing to help older refugees.

General

Health professionals agree that interventions will be more effective if experiences and problems faced by different sub groups of refugees are dealt with in a more targeted fashion. Upon arrival, refugees are currently given a general health, including a mental health examination. Later check-ups mostly rely on the initiative of the refugee, this reliance on self-referral means that mental health problems persist. Interaction with the NHS and other authorities is confusing and daunting due to language and cultural barriers. Our recommendations, although not exhaustive, regard the important points at which stressors can be minimised: initial assessment, language provision, the interrelated conditions of housing and social networks and stigma associated with mental health.

General Recommendations across all the sub-groups:

Asylum assessment
It is well documented that a lack of control over circumstances is linked to a range of psychological and physical consequences. Ensuring that asylum seekers have access to information regarding claim to asylum, which is comprehensive and accessible, upon first arriving in the UK, is essential to minimise the feeling of lack of control and uncertainty. Providing resources which explain the application process in accessible ways is essential; this includes not only having resources in a range of languages, but also for those unable to read. Digital storytelling and the use of video can be an effective way to convey these messages.
An important consideration is also who is conducting the initial assessment. It may be inappropriate for female refugees to be assessed by male staff negative experiences with certain professions in the country they are fleeing could also mean that interactions with, for example, police (particularly if in uniform), could heighten stress, causing asylum seekers to feel unable to fully disclose details of their claim.

Language
Language is also an important aspect of ensuring that asylum seekers can feel some control of the application process through fully understanding proceedings. Where possible, translators can ensure this. Elderly refugees often prefer mediation from family members where possible. Apps such as Tarjimly can also enable easy translation for refugees and could be used by professionals. Providing resources to promote alternative methods of communication can also help to enable people to communicate traumatic circumstances in alternative ways, e.g. through art. Once in the UK, providing language classes not only enables refugees to develop
language skills and therefore integrate better into society but also creates a space that enables formation of community. Training volunteers on how to teach English as a foreign language could be a good way to provide this. English can be effectively taught to people without necessarily speaking their mother tongue and providing volunteers with this training is a valuable qualification that may incentivise more people to volunteer.

General Recommendations across all the sub-groups:

Housing
Ensuring that refugees are housed in an environment in which they feel settled and secure can reduce the effect of daily stressors., Finding affordable housing is safe areas is an issues and poor neighbourhoods often experience higher crime rates which can cause fear in those moving there and could this promote isolation of refugees. These can contribute to post- migration stresses. One of the other greatest contributors to stress regarding housing among asylum seekers is the frequency with which they may be forced to move. This continual moving, often between cities, can cause the destruction of any support networks that asylum seekers have as well as introducing more anxiety and uncertainty through moving to a new and unfamiliar area. Frequent rehousing of asylum seekers should be minimised, including when they put through a new asylum claim. Furthermore, ensuring that asylum seekers are automatically linked to refugees to support centres/ workers and charities when moved can ensure that a support system for refugees can be rapidly re-established.

Social cohesion
Related to housing insecurities, research suggests that strengthening and providing social support networks is a key way to provide significant benefits to mental health. Furthermore, studying those from traumatic circumstances has shown that this support network may buffer against the development of PTSD. It is clear to see therefore the importance of providing this form of support network therefore to support refugees.

Social Cohesion (continued)
One way in which this support can be provided is through encouraging membership to cultural or faith groups. Ensuring that refugees are aware of these groups and that these networks are easily accessible- for example by providing transport- is essential. Classes, perhaps in English or art, which enable refugees from a range of backgrounds to come together, can also provide this support. Other events, enabling refugees to celebrate and share their culture and background can also help to raise confidence and strengthen cultural identity, such as having cooking classes where foods from different cultures could be shared (an idea suggested by a refugee).

Stigma
One of the key aspects to ensuring that refugees can access mental health support is by removing the stigma surrounding mental health and ensuring that those who need it feel comfortable to seek support. In some cultures, mental health may be viewed as a form of punishment or witchcraft. Removing this stigma by education is the first stage to enabling access. One key approach is through effective through visual leaflets in a variety of languages, or via alternative media such as videos.
Collaboration is required between the services that provide this support. It is essential that those conducting assessments, organising housing, running charity schemes and medical professionals communicate in order to decide on the best mode of action. Frequent change is a major stressor for many refugees; therefore, ensuring continuity between services is critical for providing the best care.

Conclusion

Mental wellbeing involves a complex interplay of biological, psychological and social factors. Acknowledging the different stressors relevant to age and gender is an important first step in creating a system that is responsive to individual refugees' different circumstances, background, and personality, but it should only be the first step towards a more differentiated system. The real problem is how to overcome the stresses of stigma and being strangers in a strange land, of which mental health issues are only the symptom.

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