



For better
mental health

Consultation on guidance for dispersing asylum seekers and failed asylum seekers with healthcare needs

Response from Mind

About Mind

Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.

The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.

Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.

We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.

We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

Introduction

Mind welcomes the opportunity to respond to the UK Border Agency's (UKBA) consultation on guidance for dispersing asylum seekers and failed asylum seekers with healthcare needs. Since 2008, Mind has been campaigning for equal access to appropriate and accessible mental healthcare for refugees, asylum seekers and refused asylum seekers.

Our work on migrant mental health sits within the Diverse Minds team, which was set up in 1997 with support from the Department of Health in response to serious concerns raised by people from black and minority ethnic communities about their experiences of mental healthcare in this country. We work closely with the 180 local Mind Associations (LMAs) around the country to collect data and information on the mental health needs of all communities, and the experiences they have accessing appropriate mental healthcare services. In 2009, LMAs worked with over 220,000 people running around 1,600 services across England and Wales. Services include supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending. Many LMAs provide services directly to refugees and asylum seekers through dedicated outreach, community engagement and advocacy projects.

Background

Recent Mind research¹ has revealed that restrictive policies on healthcare, education, accommodation, welfare support and employment are functioning to socially exclude and marginalise refugees and asylum seekers, both by exacerbating existing mental health problems and by causing mental distress. Current government policy is inherently contradictory. On the one hand mental health policy recognises the vulnerability of asylum seekers and refugees and the need to support them. On the other hand asylum and immigration policy creates an environment which has a devastating impact on the mental health, wellbeing and the long-term integration prospects of refugees and asylum seekers. We are concerned that, despite experiencing high levels of mental distress, refugees and asylum seekers continue to face considerable challenges accessing mental health services in England and Wales.

While we welcome the commitment to maintain continuity of care after dispersal and the recognition of the specific needs of people with severe mental health problems, we are concerned that this guidance does not provide sufficient safeguards to ensure the swift identification and appropriate treatment of mental health needs, or the protection of those who may be experiencing mental distress.

Mind's key recommendations:

- The guidance should place more emphasis on the responsibility of UKBA staff and Initial Accommodation Healthcare Teams to identify mental distress. They should have a clear understanding of why someone may not disclose mental health problems at screening or within Initial Accommodation, and have the skills to recognise indicators of mental ill-health and respond appropriately.
- Asylum seekers must be supported to register with a local GP, and GPs should be provided with clear guidance outlining the entitlements of asylum seekers and refused asylum seekers in relation to primary care.
- The opinion of the Asylum Support Medical Adviser should not take precedence over the assessment of the treating clinician, who should be invited to make a judgement on whether or when dispersal is appropriate and the treatment that must be available in the area of dispersal.
- People who are experiencing severe mental ill-health should not be dispersed until they have been assessed by a mental health specialist and provided with appropriate treatment if necessary. Dispersal should subsequently only take place with the approval of the treating clinician and subject to the availability of appropriate treatment of an adequate quality in the dispersal area.

Concerns

Identifying mental health needs

It is essential that mental health needs are identified at the earliest opportunity and that regular assessment is undertaken throughout the asylum support application and dispersal process to ensure that distress and mental ill health can be identified and addressed before it becomes acute. Not only will this ensure that appropriate treatment and support can be provided to the applicant, but by providing treatment early, the government will save itself the cost of providing expensive acute and crisis care later². This would also ensure that highly traumatised asylum seekers are not inappropriately routed through the asylum process, for example into Detained Fast Track.

¹ Mind (2009) *A civilised society: mental health provision for refugees and asylum seekers in England and Wales*, and *Improving mental health support for refugee communities – an advocacy approach*. Both available online at: http://www.mind.org.uk/campaigns_and_issues/policy_and_issues/black_and_minority_ethnic/refugees_and_asylum_seekers

² The NHS spends £1.4 billion per year on adult mental health inpatients, £900 million of which is spent on acute inpatients. For more information see: Audit Commission (2010) *Maximising Resources in Adult Mental Health*.

The guidance places the onus on the applicant to highlight any health issues that they may have that could affect dispersal. There are many reasons why an asylum seeker may be unable to articulate their mental distress at various points within the application and dispersal process:

- At screening, the applicant may still be very traumatised by what may be a very recent experience of torture or trauma, or by the act of flight. It should not be assumed that because mental distress has not been identified at screening, the individual does not have a mental health problem. It can take months to feel confident and secure enough to articulate an experience of trauma and the impact it has had on one's mental health. Some mental health problems may not even develop until after the asylum seeker has arrived in the UK. Our research found that the asylum interview process, the level of uncertainty and the lack of control, including concerning accommodation, can all contribute to mental distress.
- Mental health is understood very differently by all communities, and there are often cultural and religious taboos, stigma or family dynamics related to mental ill-health that make it hard for individuals to talk openly about mental health issues. One of the respondents to our research explained that *"They don't know the difference between mental health and mental illness. There is a fear of being labelled with being the type of mad person that people would throw stones at back home."*
- The language barrier can act as a real obstacle to disclosure if interpreting services are not appropriate and sensitive to the needs of people with mental ill-health. Our research found that NHS interpreters are often not experienced in the field of mental health and effective interpreting of issues related to mental distress can require specific skills and knowledge. The presence of an interpreter from the applicant's national or ethnic group may prove to be a further obstacle if the applicant fears being judged on the basis of how mental distress is perceived by that group. This can be particularly important for asylum seekers who identify themselves as lesbian, gay, bisexual or transgender who may face even greater stigma from their own co-nationals.

It is unlikely that a screening officer has sufficient medical training to allow him or her to identify an undisclosed mental health problem at the screening interview. A vulnerability or health risk assessment should be conducted by a qualified healthcare professional who is adequately trained in mental health, at the earliest opportunity (at the Asylum Screening Unit, port or local immigration office). This should help to identify mental health problems that would otherwise go unidentified.

Any disclosure or identification at screening should be done in a sensitive and confidential manner, allowing individuals to discuss their mental health concerns individually and in isolation. For applicants with urgent mental health needs, specialist healthcare should be available prior to routing to initial accommodation and during any journey to dispersal accommodation.

Qualifications and expertise of healthcare professionals and UKBA caseworkers

All those involved in assessing the mental health needs of people who have recently arrived or are about to be dispersed must have the appropriate qualifications and expertise to enable them to identify mental distress. Initial Accommodation Healthcare Teams should be qualified, resourced and supported to identify and respond appropriately to asylum seekers who are experiencing mental distress. If necessary they should refer the individual for further assessment by a mental health specialist at the earliest opportunity.

There must be effective oversight of all healthcare provision to applicants within the dispersal process to ensure it is of a high quality. Initial Accommodation Healthcare Teams should be subjected to the same quality assurance systems and standards as all NHS primary and secondary care providers. NICE is currently developing quality standards to cover a range of NHS treatments including depression³.

³ For more information see: <http://www.nice.org.uk/guidance/qualitystandards/indevelopment/qualitystandardsindevelopment.jsp>

The Routing Team, regional initial accommodation support team, caseowner and any other UKBA staff involved in making decisions about the appropriateness of dispersal and the suitability of location or accommodation, must be adequately trained before they can make an assessment based on the reported health needs of the applicant.

Obstacles to registering with a GP

Asylum seekers, and particularly refused asylum seekers, can find it very difficult to register with many GP practices as there is still considerable confusion regarding entitlement to primary healthcare amongst clinicians and GP receptionists. This can often result in people with entitlement being refused the mental healthcare that they require⁴. GPs can view refugees and asylum seekers as very time- and resource-intensive patients because of the cultural differences, language issues and often complex needs of this group. Refusal to register someone often causes unnecessary delays in the application and dispersal process, causing further destitution and mental distress.

Mind's research found that refugees and asylum seekers find the process of registering with a GP so difficult or distressing that they have abandoned the process or have instead used accident and emergency services, or relied on the support services provided by their community or the local voluntary sector.

Even if an asylum seeker succeeds in registering with a GP, he or she is not guaranteed an appropriate service by the practice. Mind's research found that the provision of interpreters in GP practices is still inadequate, despite access to a telephone interpreting service⁵. The GP may be the first and only contact the individual will have with the NHS and, the only means by which his or her mental health needs will be identified and addressed. It is therefore essential that patients are able to communicate their needs properly.

As a consequence of the difficulties involved in registering with a GP or the inadequate treatment once registered, it can be hard for people to access the appropriate letter from a treating clinician to confirm their mental health needs either for the purpose of informing the dispersal decision or to access support on the basis of a health need under section 95 or section 4 of the Immigration and Asylum Act 1999. The asylum dispersal process relies heavily on the involvement of treating clinicians so GPs must use all the tools at their disposal to ensure they are identifying mental health needs and that they are engaged in the dispersal decision-making process.

The guidance states that if someone is in urgent need of GP attention the accommodation provider should take him or her to register with the GP within one working days of his or her arrival. The guidance goes on to state that someone with an acute mental health issue should be taken to register with the GP within five days of arrival. It is unclear what distinction is being made here and why there are two different deadlines for assisting someone to register with the GP. Anyone with an existing acute mental health problem should be taken to register with the GP within one working day of arrival.

The guidance should make it very clear that accommodation providers are required to ensure that the individual is registered with the GP. This should involve providing transport to the GP and, if necessary, providing evidence of entitlement to NHS services.

The Department of Health and the UKBA could assist matters by providing clear guidance for accommodation providers and UKBA staff on the healthcare entitlements of asylum seekers, and particularly refused asylum seekers' right to primary healthcare. The local Primary Care Trust can assist by providing clear guidance to GP practices and encouraging GPs to register all asylum seekers who present at their practice, subject to space on the list.

⁴ Phillimore J., Ergun E., Goodson L. et al. (2007), *They do not understand the problem I have: refugee well being and mental health*, Joseph Rowntree Foundation; KCW BME Health Forum (2008), *Access to GP Practices for Black and Minority Ethnic Communities in Kensington, Chelsea and Westminster*.

⁵ Mind (2009) *A civilised society: mental health provision for refugees and asylum seekers in England and Wales*, p11.

Confidentiality

Principles of confidentiality should apply to all medical information that is shared by the UKBA with the provider of dispersal accommodation. The release of information to other residents concerning an individual's mental health problem could cause extreme distress to that individual and result in further trauma and isolation. The consent of the patient must be obtained in advance and the patient should be informed of his or her rights with regard to his or her medical information.

The section entitled 'Arranging Accommodation' on page 23 should include further clarification of the confidentiality obligations that apply to accommodation providers⁶. They must be instructed to treat any information they receive with confidentiality and sensitivity, particularly where it concerns serious mental health problems that may not be understood by other residents.

Informing clinicians of dispersal action

We welcome the commitment to maintain continuity of care during the dispersal process, particularly where there are severe or complex health needs, and we believe that it is right that treating clinicians are informed of dispersal action. People suffering from serious mental distress may find it difficult to liaise with the UKBA and relevant clinicians to ensure continuity of care during dispersal and they should be provided with support to do so.

In addition to informing the treating clinician that accommodation has been offered and the area of the accommodation, the UKBA should also inform the treating clinician of the date of dispersal (page 22). There should be adequate time allowed for the clinician to be notified, to consult with the patient, to transfer medical records, to provide feedback on what treatment is needed and to liaise with medical professionals in the dispersal area.

The treating clinician could be involved in referring the patient to the relevant healthcare professional in the dispersal area and in making an appointment for the patient to be seen, particularly if he or she has an urgent or serious mental health problem.

Asylum Support Medical Adviser

The guidance states that one of the roles of the Asylum Support Medical Adviser (Medical Adviser) is to advise caseworkers on the general availability of medical treatment in particular regions, where medical evidence is submitted that may impact on dispersal location or nature of property. Establishing the general availability of treatment is not sufficient, particularly when the patient has been receiving specialised care for a complex mental health problem. Our research found that many mainstream mental health service providers struggle to meet the needs of refugee and asylum seeker patients. They often lack the skills to work with face-to-face interpreters and do not have the cultural awareness and understanding of refugee issues to enable them to provide a responsive service. Some specialist services have emerged in areas with high asylum seeker populations and they are developing good practice in responding to these challenges⁷. Many of these innovative services acknowledge the intrinsic role played by culture, spirituality, religion and the family in the mental health and wellbeing of asylum seekers. It cannot be assumed that a similar service in another area will demonstrate the same level of cultural and religious sensitivity.

To ensure continuity of care, there must be available in the dispersal area an equivalent service at an adequate level of care. The Medical Adviser must be capable of establishing that the patient's treatment is available to him or her in the dispersal destination and that there are no barriers to

⁶ DoH (2003) *Confidentiality: NHS Code of Practice*, available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4069254.pdf

⁷ Solace in Leeds, Tower Hamlets and Newham Mind, the Somali Advocacy Project at Mind in Harrow and the Plymouth Asylum Seeker and Refugee Mental Health Team are all examples of good practice in specialist mental health support for refugees and asylum seekers.

accessing it. The quality of his decisions should be checked regularly and where his opinion goes against that of the treating clinician or the Initial Accommodation Healthcare Team, the reasons should be made clear and provided to the patient.

We do not believe that it is necessary to continue using the Medical Adviser to second-guess the assessment of the qualified medical practitioner that has been treating the individual over time and has had the opportunity to assess the individual in person. The continued use of the Medical Adviser causes unnecessary administrative delay, leading to prolonged destitution and heightened mental distress. The existing proforma could be adapted to allow the treating clinician to provide all the relevant information based on their assessment of the patient, including an assessment as to whether the applicant has a medical need for a specific type or location of accommodation and whether or when dispersal should happen.

Deadline on medical evidence

We do not believe it is necessary or practical to require updated evidence from the treating clinician in all cases where the current evidence is older than two months. This requirement should only be applied to conditions which may change rapidly and should not apply to long-term or enduring health problems. Not only would this allow the UKBA to save money but it would also mean less delay in the application process and, therefore, less prolonged destitution and mental distress.

Deferral or selective dispersal

We welcome the guidance on deferral or selective dispersal on health grounds and the inclusion of severe mental health problems in this list of circumstances in which such a request could apply. However, the list should include a statement clarifying that deferral or selective dispersal should take place where the interruption of treatment would be detrimental to the patient, or where an existing network of support would be lost through dispersal.

Mental health – dispersal guidelines

We welcome the inclusion of a section on mental health within the dispersal guidelines and the recognition that refugees and asylum seekers suffer from the same range of psychiatric and psychological disorders as the general population. While Post Traumatic Stress Disorder and co-morbid disorders are a significant issue for the asylum seeker and refugee population in the UK, many will suffer from a full range of mental health problems resulting from their experiences in their country of origin, the experience of forced displacement and the treatment they have received in the UK. Refugees and asylum seekers experience a higher incidence of mental distress than the wider population⁸ and the most common diagnoses are trauma-related psychological distress, depression and anxiety⁹.

Refugees and asylum seekers are still individuals, they come from a variety of backgrounds and cultures and they will deal with their experiences in very different ways. We welcome the recognition that a holistic approach to mental healthcare can provide an alternative to medicalisation and that familial and social networks constitute a vital part of an individual's recovery. We would like to see a stronger statement that calls on caseworkers to exempt from dispersal all individuals who are reliant on such support networks for their treatment and recovery.

We welcome the acknowledgement that disruption of therapy with a trusted clinician may be detrimental to an individual's mental health, and we ask that consideration should be given to exempting such individuals from dispersal, particularly if they are receiving treatment from the

⁸ The Future Vision Coalition (2009) *'A Future Vision for Mental Health'*.

⁹ Crowley P. (2003), *An Exploration of Mental Health Needs of Asylum Seekers in Newcastle, The Tyne, Wear and Northumberland* Asylum Seeker Health Group

Medical Foundation or a similar organisation, and where that treatment is not available in the dispersal region.

We are alarmed that the reference to a risk of suicide or self-harm on page 14 advised only that the individual should not be accommodated above first floor level. Such an individual should be urgently referred to a mental health specialist for further assessment and should certainly not be dispersed until they have been referred for appropriate treatment, if necessary. The specialist should then advise UKBA as to whether dispersal is appropriate at all.

Where dispersal is deemed to be appropriate for people with severe mental health issues based on an assessment by the treating clinician, and where adequate treatment can be sought in the dispersal area without causing disruption, such individuals should be included in the priority list so that dispersal may be undertaken without delay.

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Mind

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