

Autumn/Winter 2008

# Mental Health issues for Asylum Seekers and Refugees

Dr Jo Miller's Huddersfield service has seen about 4,500 asylum seekers or refugees in the last 5 years. Jo says she wouldn't see as many if it wasn't for the difficulties asylum seekers face in this country.

Jo was speaking at the LASSN AGM. She encouraged people to think about what makes them happy. For many it is friends and family and a sense of purpose and value in life. However, for asylum seekers basic needs like shelter and safety become more vital.

Jo described conditions she sees – some every day while others are rare.

**Sleep problems** are very common. This is hardly surprising when life involves so much insecurity and change from refugees camps to UK housing estates. Sleep problems are not considered relevant when asylum cases are investigated.

**Depression and anxiety.** Depression is diagnosed as having a low mood for 2 weeks and again this is very common for asylum seekers. Advocacy support is the main thing that makes a difference. Only in extreme cases with high risks is it a consideration for asylum claims.

**Post Traumatic Stress Disorder (PTSD).** Jo personally felt this is fairly common but may be under diagnosed. PTSD can cause anxiety after a threatening event, people can experience nightmares and flashbacks as they re-experience events. People will often avoid remembering or be unable to remember events. This has significant implications for asylum claims as inconsistent memories can be seen as lack of credibility. Helping people feel safe and secure is important to help their health improve.

**Torture** has serious implications for asylum applications. Methods of torture are chosen to attack the core of people often with little visible effect. Torture victims can disassociate from the experience - putting it into a box and not thinking about it. They may be reluctant to mention it during their asylum claim.

**Anger problems** are fairly common, especially in young men and can be associated with self harm. **Drug problems** are not common at all with only a tiny handful of cases. The main affect for both of these is that if it leads to trouble with the police this can adversely influence the asylum claim.

**Psychosis** This is very rare but can have an affect on asylum cases. Where someone has lost touch with reality or is hearing voices then they cannot give a coherent account to the asylum hearing. In some cases their persecution in the country of origin may be directly related to their mental health illness.

**Suicide** Almost all patients express a desire to be dead at some point although very few attempt suicide. The main risk factors are depression and lack of hope. These tend to be triggered by refusal or detention.

**Self harm** is more common than suicide and tends to be a cry for help or testing fate. It is fairly common. About 15% of those self-harming have a tendency towards suicide and it is generally only these 15% that are of concern in asylum cases.

Jo also described what can help:

- Resolving the asylum claim has the greatest impact
- Good healthcare and medication
- Friendship
- Counselling
- Advocacy
- Faith and a faith community
- Distraction – having something to do

Dr Jo Miller works at the Huddersfield service where she specialises in care for asylum seekers and refugees. She is also lead clinician for the NW centre of Medical Foundation for the Care of Victims of Torture.

## The affect of detention

Patricia comes from Zimbabwe. In 2004 she was held in Yarl's Wood detention centre for seven months before being released following a hunger strike organised by Zimbabwean women. She has adapted to sleeping during the day, in response to her experience in Yarl's Wood.

When she hears a car outside her home, she worries that she might be about to be detained again. She is scared for her children because Yarl's Wood has no proper educational or medical provision. She is scared every time she goes to report to the Immigration Office at Kirkstall Road. When she sees the vans parked outside the office, she asks herself 'am I going to end up in one of them and be detained'.

## LASSN responds to increasing levels of mental health needs

In the last 2 or 3 years we have had an increasing number of referrals to the whole organisation of people with mental health needs. This has been especially noticeable for befrienders and Short Stop. The level of mental health need has also increased.

In response to this, in Sept. 2006 we introduced an extra day's training for new volunteers, entitled Communication and Health. The aim of this was for the volunteers to be slightly better resourced when confronted with serious mental health need. This session continues to be fine tuned.

Then in April of this year we secured a year's funding from the PCT for support around mental health. In particular we wanted to assess and record our present activities around mental health, to build up an awareness of local statutory and non statutory services for people with mental health issues, and to start providing our volunteers with some of what they need for these new challenges.

Put simply, the essence of this is about us as staff being well resourced enough to be able to support the volunteers better, in order for them to be able to support the asylum seekers and refugees better.

Thus far there are two main elements of our work to report on: these are the questionnaires and the forthcoming training.

### Questionnaires

I am extremely grateful to those volunteers who have taken extra time to do these questionnaires (some of you have now done 3 this year!) Questionnaires responded to by volunteers and asylum seekers and refugees gave an interesting snapshot and raised some important questions.

#### Response from Asylum Seekers and Refugees

We had seven responses from asylum seekers, which I was very grateful for, given the nature of the questions. Mostly the findings were unsurprising. Two people always felt depressed, three always felt anxious, four sometimes stayed in bed all day, four sometimes thought about self harm. Contact with a religious community was linked with slightly more hope. The last question was about hope for future. They were given a choice of 1 to 4. One person wrote Zero. Also most of them only ever had conversations with other people as part of routine tasks such as shopping. This underlines once more the importance of the relationship with the LASSN volunteer.

#### Volunteer Responses

Fifteen volunteers responded, eight men and seven women, of whom seven were befrienders, six were short stop hosts and two were English at Home

Much of the trauma refugees experience is in their country of settlement, through isolation, hostility, violence and racism.

tutors. Their average age was 49 and their average time as a LASSN volunteer two and a half years. Half of them had sometimes or always been matched with or accommodated someone with mental health needs.

Probably the most important piece of information which emerged from them was that seven did not feel very confident when dealing with mental health need. This was useful in confirming our need for further training.

“Recovery over time is intrinsically linked to :

- Reconstruction of social networks
- Achievement of economic independence
- Making contact with appropriate cultural institutions
- Respect for human rights and justice.”

Reynolds and Shackman, Medical Foundation 1995

### Training

On Saturday December 6<sup>th</sup>, The Medical Foundation for the Care of Survivors of Torture are going to provide us with some more in depth training. This will be a sort of Communication and Health part 2 and will give us the opportunity to look at dealing with mental health issues and in particular the disclosure of torture in a more in depth way. They are then happy to support us in being able to run this session ourselves in the future. I would encourage all volunteers to come.

### Questions

My research has raised questions:

- Where do our services fit in relation to medical services? Are they an add on, or extra? Are they complementary? Or do we offer a different but holistic service?
- Do we consider ourselves to be offering something that, because it is non medical, has a higher chance of helping an asylum seeker/ refugee to heal, than a service which necessarily pathologizes a person's distress?

I would be interested in anyone's thoughts on this.

Cherry Lander

### The affect of destitution

Ali came from Iran in 2005. Six months later his claim was refused. He became homeless and started living rough. His mental health suffered, not only because of the things he had suffered in Iran but also because of the way he was being treated in this country. He then became what he described as a "bad person", because he had to survive. He tried to kill himself (at 25) and he had trouble with people who showed him love.

After 1½ years, he was referred to Short Stop at LASSN. He met many people who were good to him and found respect. In the UK he has gained a lot of freedom, but has also lost many other things. Now he has found he can do lots of things and now loves certain things. He enjoys life even if he has no permission to stay. He says his thanks to LASSN.



## Detention Guide

LASSN now has a layperson's guide to preparation for possible detention and/or deportation. It in no way replaces the need to seek the advice of a solicitor specialising in Immigration. It does, however, give the person concerned, and their possible befriender, some guidelines on how to 'be ready' for the possibility, and where to get appropriate help from. Its aim is to help those who may find themselves in this situation feel just a little less powerless.

How to access the guide:

- E mail Cherry on [cherry@lassn.org.uk](mailto:cherry@lassn.org.uk)
- Ring LASSN
- Come and browse through the file in the office

Although the guide is bullet-pointed for accessibility, it is still 14 sides long, so paper copies are possible but e mail is obviously preferable. The office copy is an extended version, with a longer print out from one of the websites, copies of some of the documents referred to, and copies of some articles mentioned in the Appendix.

If anyone has any feedback on the information or organisations listed in the guide, I'd be really grateful to hear from them.

Cherry Lander

## A Yorkshire Calendar for 2009



Pen-y-Ghent

A calendar of photographs of Yorkshire is available for sale in aid of LASSN. The calendar is A4 size with one page and a seasonal picture for each month.

All profits from these sales will go to LASSN.

The calendars are priced from £5 each so why not buy several to send to your friends at Christmas?

Prices (including post & envelopes) are as follows:

- 1 copy: £6
- 2 copies: £11.25
- 3 copies: £16.25
- 4 or more copies: £5 each (post free)

Orders (with cheque payable to Roger Davis, please) should be sent to:

Roger Davis (LASSN)  
30 Wynford Rise, Leeds LS16 6HX  
(tel. 0113 2678016)

**Leeds Asylum Seekers' Support Network**  
LASSN 233-237 Roundhay Road LEEDS LS8 4HS  
Tel: 0113 380 5690 Fax: 0113 380 5691  
Email: [admin@lassn.org.uk](mailto:admin@lassn.org.uk)

## Refugee Integration and Employment Service

The Refugee Integration and Employment Service [RIES] is aimed at helping newly granted refugees to integrate. Yorkshire & Humber Regional Migration Partnership, local councils and voluntary groups such as RETAS and Northern Refugee Centre began to offer this service to everyone granted refugee status or humanitarian protection since 1st October.

### Advice and Support Service

Refugees receive 6 months' support from a personal case manager who assists with some of the challenges they face, including:

- finding somewhere to live
- finding a school for their children
- advice about registering with a GP
- education and training
- information about benefit entitlements

### Employment Advice Service

Refugees receive 12 months' support from an employment advice worker with basic employability skills, including understanding UK employment culture and assistance to get a job at the earliest opportunity.

### Mentoring Service

Local volunteers act as mentors to the new refugees, to share their experience and knowledge about life in Yorkshire and assist with integration goals such as employment or education. Service users can have support from a mentor for up to 12 months.

### Urgency

Newly granted refugees must access the service and have their first interview within **7 working days**. This is important as the service can make a huge difference during the initial transition period from asylum seeker to refugee.

Contact RIES on 0113 395 1932

## More mature volunteers wanted!

Last year we had 190 amazing volunteers helping LASSN and we'd like more. At the moment we are particularly looking for new befrienders who have plenty of life experience and are available during the day for one to two hours each week.

We are also looking for one Short Stop volunteer co-ordinator to take and make phone calls to help find a bed for destitute asylum seekers.

Finally, each Thursday we need a driver from 5.00—6.30 to transport guests to our short stop volunteers' homes. Contact us if you could help.



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