What needs to happen now?

Collected voices from practitioners and professionals who support asylum-seekers' mental health and wellbeing in temporary accommodation

1.0 New Londoners and increased need for mental health services

Since Oct 2021, over 120 NHS, VCS[1] and accommodation staff from 50+ organisations and clinical teams have shared information and views on what needs to happen to support asylum-seekers' and refugees' (AS&R)[2] mental health in North West London (NWL)[3]. Their views are collected here and have fed into Greater London Assembly (GLA) and London Strategic Migration Partnership (LSMP) meetings. Mental health and primary care practitioners in the NHS and voluntary sector and other professionals highlight the following, regarding support of AS&R's mental health in NWL:

1.1 Since July 2020, because of the impact of Covid, 7,000 temporary beds have been contracted by the Home Office (HO) in NWL for asylum seekers in Initial Accommodation (IAC) hotels and former student accommodation, sometimes with rapid turnover. In addition there are substantial number of beds for NASS[4] dispersed accommodation (DA) plus refugee resettlement schemes[5] and 'bridging' hotels, other Afghans and Ukrainians arriving, and asylum seekers living in London without support. The number of asylum seekers and new refugees on this scale is a new phenomenon for London.

1.2 It is well recognised asylum seekers and refugees (AS&R) have high levels of mental ill health, related to trauma, depression and anxiety, and also wellbeing needs[6]. These are possibly worsened by lack of control over their lives in IAC/NASS accommodation, difficulties with communication and official systems, long delays in asylum decision processes, isolation, inactivity and family anxieties. There may be long term adverse impacts on their ability to function effectively and integrate.

1.3 People are moved around, in and out of London. They are in hotels from just a few days to nearly 2 years and counting. However, many will be Londoners for the rest of their lives. Most of those who leave HO accommodation, and those receiving Refugee status or other Leave to Remain ('refugees') who must find private accommodation, will probably remain living in London. Refused asylum seekers are likely to remain in London, homeless.

1.4 AS&R are fully entitled to NHS services[8]. They have a right to equality under the Equality Act 2010 (Race) and Health & Social Care Act 2012: "Reduce inequalities between patients with respect to their ability to access health services". The standard pathway for mental health concerns is referral via their GP or Single Point of Access (SPA) or via Urgent Care services, for assessment and treatment or onward referral. Those with mental health issues may be vulnerable and/or flagged for safeguarding.

1.5 Increased AS&R numbers in London mean a permanent increase in need and demand for mental health services and wellbeing support to cope; now and into the future. For nearly 2 years responses have largely been reactive. The health and care systems do not seem aware of the scale of the situation and needs. Policy-makers urgently need to collate and share meaningful data, much of which is already available, to appreciate the scale of need so it is possible to realise a proportionate response as quickly as possible. Practitioners and other

professionals share a strong desire to improve services now; they have concluded that what needs to happen is longer term strategic plans, including workforce, ideally integrated, led from the top.

2.0 Capacity of appropriate services to meet the scale of need – "Pathways that go somewhere"

2.1 Practitioners and other professionals are concerned about capacity of services.

"…capacity to reduce wait times for therapy services … - I know this is an obvious point but remains the biggest challenge"

"We refer but they are asked to wait for 12 or 18 months… We end up with lots of people in crisis."

"The gaps are around formal psychological therapy."

"Timely psychological interventions for PTSD."

+Comments about the current workforce of qualified trauma therapists in London were that the total number is unknown but almost certainly inadequate.

"A trauma treatment service would be hard to fund and staff, and anyway would be rather contentious as waits for trauma treatment now are awful for all residents, let alone refugees."

"Something more formal on psycho education…"

"There's nothing there."

2.2 Concern is also about the capacity of appropriate services, and inappropriate referral in the absence of sufficient appropriate services:

"We are NOT an emergency or crisis service."

"…to refer appropriately address bottlenecks in relation to service provision".

"(Borough) Talking Therapies does not treat complex trauma, which most of the asylum seekers are deemed to have."

"For Trauma the person needs longer than 6 (IAPT) sessions".

"Talking therapies are not always understood in other cultures…"

"…practitioners who are bi-lingual…"

"(GPs) need the support (for AS&R) there and then, not in 6 weeks time – that individual will continue to come into the GP practice."

"…knowing the culture and even religion is also very important, (so) they can trust the space…"

"Stories of no interpreter, or interpreter that is Chinese (for Hong Kong people), that is a huge mistake."

"…nurses speaking other languages… to triage for the GPs".

"…(own language) mental health advocacy".

(Regarding HO requiring GP to write letters): "…the Home Office is really, really set on having (evidence from) a medical professional... mental health issues don't always need to be pathologized and diagnosed".

2.3 They express dissatisfaction about being able to assess but having no other services or support to refer to or draw on, and not being able to support complex cases:

"Our service is a short-term service, struggling with signposting."

"…services are either no longer accepting referrals or the waiting times are extremely long".

+Examples were reported of people being assessed as 'too complex' for the service available and being discharged.

"…counselling organisations such as xx have also declined service users due to complexity…, We can also refer to xx… however, they only offer 3 sessions".

"…linking in with mainstream services but 'levelling up' across NWL".

"If GPs had the support in terms of language they'd be able to start the conversation."

"We need pathways that go somewhere."

2.4 Practitioners are concerned about lack of widely-shared data on the scale of need compared to scale of available services. It is felt that, despite rapid responses to the Afghan evacuations, low awareness among NHS and other service providers about other AS&R populations (including other Afghans) who have the same health care entitlements and levels of need, has delayed developing sufficient, appropriate services.

"Need to distinguish between types of mental health needs people have and types of intervention needed to get an accurate picture of need and current (massive) gaps in supply."

"Recognise differing needs of different asylum seeking cohorts and seek specific guidance accordingly."

"Know who your population is in order to be able to respond."

"…the need for screening for all residents in the hotels around NW London, as we are doing for the Afghan evacuee response".

+Local level staff feel others do not fully appreciate how much pressure the scale and rate of churn puts on staff.

2.5 Moving asylum seekers with mental health needs. Practitioners are concerned

a) care isn't realised because it is expected that people will be moved, though in reality they often remain for months or years;
b) care is disrupted by moves.

"…waiting, waiting, waiting, in limbo but we still can't access NHS support or other counselling".

+Health screening by NHS providers in NWL includes a mental health section; and timely GP registration and transfer/reregistration (including clinical records) is crucial.

"Ensure all migrants have GP registration to then be able to access NHS MH services/crisis."

"(We need) a standard screening tool that will follow each individual wherever they go in the country."

+It is unclear if AS&R who move GP, borough or region have to restart the assessment, referral and waiting list process.

+Concerns and cases raised where people are moved after support has just been put in place and/or mid-treatment.

They want to develop new approaches so that asylum seekers continue to receive effective services if and when they are moved.

"Perhaps this is a case for 'GP at Hand'?"

"Talking therapies … would be hard to offer to a fluctuating population."

"IAPT… they'll say it's too complex - we can't work with trauma, but just some grounding techniques would be helpful before people are moved."

"offer digital services to ensure continuity of support even when asylum seekers are dispersed."

Also “Risk to continuity of care when dispersed (DA). Clients on dispersal delay registering with GP.”

Though participants in meetings from Oct 2020 onwards generally agree AS lack the stability needed for trauma therapy, none expected asylum seekers would be in the hotels for so long. Many people have now been in temporary accommodation since mid-2020. Some London services are providing trauma therapy.

“…individuals are in the system now for over a year - waiting for stability is a long time.”

“We need to find a way of delivering trauma support remotely for asylum seekers as they move through the asylum process.”

+Digital access is unreliable, AS&R may not have phones or good connectivity (eg. enough data, reliable broadband).

Practitioners agree <u>some people need to remain local</u> to their existing services and support, as a reasonable adjustment required under Equality Act 2010 (Disability).

+As with physical health, GPs can and do flag safeguarding concerns about moving a patient with mental health needs/receiving treatment.

“…the Home Office is really, really set on having (evidence from) a medical professional before they agree to provide any reasonable adjustments under Equality Act”.

2.6 There is general agreement that AS&R need effective support to <u>prevent mental health worsening</u>. Mental health possibly is worsened by lack of control over their lives in IAC/NASS accommodation, difficulties with communication and official and Government systems, long delays and unpredictability of asylum interview and decision-making processes.

“If residents have longer lengths of stay in initial accommodation, there is a risk they will present with more complex health needs.”

“This population has been in our community for a long time now, therefore we shouldn’t be waiting for another surge to come through in order to put something together.”

“Taking refugees seriously as competent interpreters of their own lives.”

“…we find that the delays asylum seekers experience waiting to be interviewed (often stretching to 1.5 years) create huge mental health problems”.

“…recognition of the impact of current social-political environment and ongoing events on individual and community client lives”.

“Long term lack of control over their future and lack of purpose in their daily lives makes recovery much more difficult when refugee status is eventually achieved.

Practitioners agree strongly that (as trauma therapy in particular may not be accessible for some AS&R for months or years) AS&R must be supported to <u>cope and build resilience</u> strategies and prevent crises, until they can access therapy or other appropriate care.

“Routine and structure is very relevant…”

“An orientation towards empowerment through ownership and participation to enhance own capabilities”.

“(AS&R) are incredibly resilient – we see them as traumatised… but we can really work with people’s resilience and strength. Grounding exercises are a key part… transformational.”

<u>Wellbeing activities</u> are also seen as essential to prevent suffering and if AS&R and mental health services are to cope.

“More informal MH/wellbeing support that can be offered to more people.”

"…creating communities in the hotels which foster recovery and wellbeing. English Classes, social activities, music/dance therapy, physical activities."
"…some structure to the week and positive activities which can liven up the day: art…, exercise, working together to cook meals…"
"… help with activities e.g. attending school, learning English etc. to minimise social isolation and withdrawal, which adversely impacts on their mental health".
"(For example) learning English together is important for social bonding and for helping people to think positively about their own future."
"we work with over 700 asylum seekers in 3 hotels alone, most suffer from isolation more than anything".
"…promote good mental health for migrants through simple messages such as the five ways to wellbeing… then more formalised MH offer through groups… similar to the model used for Grenfell/terrorist attacks".
"…a more standardised emotional wellbeing offer for new migrants".

Collaboration between agencies/action to <u>improve daily living conditions</u> would have a significant impact on wellbeing and mental health, reducing ill health and pressure on services. This requires collaboration between services, accommodation providers and Home Office:

"especially housing"
"quality of food has a massive impact on wellbeing"
+asking practitioners / GPs to write letters, email Migrant Help
"More Home Office involvement and understanding."

2.7 Participants note the importance of <u>equitable access</u> ('positive action' allowed under the Equality Act 2010). They want services to recognise and <u>redesign certain features</u> so AS&R are more likely to access them successfully, and can and will get the best health outcomes from the support available.

<u>Constraints</u> on AS&R's access noted:

+Lack of awareness, fear and stigma about mental health.
Knowing how to access, what is potential support is available, including support for coping and resilience, unfamiliar with GPs' role, unfamiliar with MH practices in the UK compared to country of origin.
+Terms and jargon in use, language/poor English skills, appropriate interpreting,
"Our psychological services only offer interpreting for certain common languages, therefore, not deemed appropriate."
"The only language that can be offered is Tamil."
"GPs are finding language a massive challenge."
"Language support is really key."
+Lack of trust in Government bodies/staff. Fear of NHS reporting on them to the Home Office, affecting their support and/or immigration case. Fear of poor treatment by hotels/other residents.
+(Disruption from being moved – see 2.5 above.)
+Transport/travel costs; Phones and connectivity.
"The GLA has commissioned research to understand the needs, experiences and coping strategies of people seeking asylum in London in relation to accessing services and

developing social connections. The aim is to help London borough councils to provide services that improve their wellbeing and social integration."

Solutions suggested included:

+Trusted brokers/improved referral, role of social prescribers, collaboration with VCS and commissioning to offer alternative provision.

"…an assigned mental health link worker from the local PCN".

"…embed support services in local contingency accommodation".

"Through Migrant Help or a portal to have one way to make referrals for asylum seekers through all partners in London?

+Suggested that lessons learned from Grenfell were used to support Afghans evacuated to the UK in August 2021, and can be used for wider population of AS&R in NWLondon.

"(need) funds to remove barriers like lack of money for transport, etc"

"Regular visit from nurses, mental health department in the area talk to the asylum seekers, activities from the (housing) provider. … health information sessions including MH sessions to new arrivals."

2.8 Funding for access and capacity

"(Need) funding sustainable…"

"And of course looking at ways of expanding those sources of money."

"…expectation for funding would be this would come from the LA or CCG".

3.0 Staff and Peers - Workforce awareness, knowledge, communication and collaboration

3.1 Networking participants – NHS and others - want support for their own practice, as well as wider awareness of context for themselves and peers/colleagues.

"multi-discipline teams… different people and organisations in the teams so we can respond appropriately"

"we need to come together to agree how we support individuals (when they have several needs)".

"…defining a 'best practice' primary care service for refugees and asylum-seekers?"

+Awareness of the situation, of AS&R experiences, of rights and entitlements as well as issues they face

"There is a huge difference when working with certain trauma-focused CMHT teams who are already well aware of these things".

"My experience is that I often have to explain and re-explain these things."

"There might need to be more training on the hostile environment / practical challenges that migrants / asylum seekers face, amongst NHS professionals., and there's often a lack of understanding of the (extent) of the issues."

+Training on trauma-informed approaches for NHS, other statutory and VCS staff and peers as relevant to refugees.

"Create a trauma-informed workforce who are actively able to support people seeking asylum by equipping them with:

* Awareness of the kind of experiences that refugees/asylum seekers may have had,
* able to identify risk factors for traumatisation
* An understanding of the impact of traumatic experiences

* Understanding of common mental health issues (e.g. anxiety, depression)
* Understanding of self-harm and suicide, including warning signs and risk factors
* Ability to use basic grounding and stabilisation techniques
* Adequate knowledge to signpost to further support."

3.2 People in all parts of the system want and need to understand the pathways.

+NHS staff - including reception, social prescribing and primary care staff, wellbeing staff in providers – to be aware of mental pathways available for AS&R.

+Cases reported of NHS staff ringing VCS organisations to ask what the pathway was, what rights people have, where they can refer people to.

"It would be helpful to map out the services that are on offer in a pathway. If we can get some support to us to do this from the project team?"

"Resources referral pathways to NHS for psychological therapy."

3.4 Participants are actively seeking channels for communication and access to accurate and up to date information:

+Regarding current issues and context

"insightful to hear about all the nuances in the issues migrants and asylum seekers face".

+Regarding what services are currently accepting referrals and available for AS&R's mental health:

+Fewer resources wasted searching when there is nothing available;

+Less risk of incorrect referrals that are not effective for the patient.

"…resources such as the Mental Health and Psychosocial Support (MHPSS) Directory for Refugees and Migrants in London and City of Sanctuary".

+Access to information to help more efficient referral for needs other than immediate mental health needs eg. accommodation problems, that mental health support teams cannot or should not have to deal with; though these other needs may also impact on mental health. For example:

"…quality of food has a big impact on health and wellbeing".

"Effective routes for asylum seekers in hotels to have nutritional needs met (pregnant and nursing women specifically).

"As well as this, the asylum seekers referred to us, report multiple problems with the conditions of the hotels, requesting that we help them to get moved from the hotel, however, it is not within the remit of the service.

"both immediate needs, and 3-6 months down the track…"

"Managers in the hotels are primarily concerned with accommodation. Paid coordinators are needed with a focus on social integration. Where hotels have massive numbers, …local authority education departments (should) get involved."

3.5 Opportunities for sustained, regular professional networking to share knowledge that can improve speed and scale of coordination and collaboration between statutory and voluntary/community/faith bodies and better information and involvement from the Home Office.

+Regular and effective networking platforms and channels for cross-sector peer-communication.

"Multiple levels of needs require multi-agency teamwork."

"…is there scope for a simple umbrella network…to keep everyone in the loop with what each other is offering?"

"…enabling access to …funding bids etc."

+In particular coordination and collaboration around activities that could help AS&R to cope, build resilience, prevent worsening mental health and crises, and improve their wellbeing. These need to bring together a wide range of NHS, statutory and VCS bodies and expertise building collaboration to achieve the scale needed evenly across NWL.
"Funding and linking up with community between services. I think there's a lot of appetite to help in local communities."
"…there also scope, as we become an ICS, for rehearsing what an 'integrated commissioning' model would look like
"Platforms like this are really invaluable to make those connections."

4.0 Conclusion

This report collates voices from across NHS, VCS and other statutory and providers' from their current daily working experiences of trying to support AS&R in London.

Practitioners and other professionals seem confident that people working in this field know how to support AS&R with interventions that will be effective; but despite the right services existing on paper, the severe problem of capacity is not recognised by decision-makers. Participants don't currently have the scale or connections to support AS&R effectively and equitably which wastes their resources and causes frustration. The people whose experiences and views are collated in this report express a need for leaders to focus on the 'new normal' so they can improve current services and provide a more effective response. They want to see action towards longer term strategic planning to provide meaningful and efficient, integrated support, reducing risks, increasing prevention, and a strengthened workforce with relevant skills around trauma.

Participants in the series of online meetings expressed commitment, determination and willingness to adapt and serve.

Footnotes

1. VCS = Voluntary and Community Sector – charities, non-profits, Community Interest Companies and other organisations. Here, VCS includes faith-based bodies.
2. AS&R = Asylum seekers and refugees – here 'refugee' is used in an inclusive term to mean any person who is in the UK seeking safety, coming through the asylum process or resettlement schemes, and has received either Refugee Convention status or another form or leave to remain in the UK.
3. NWL = North West London, although participants were mostly from within the footprint of the North West London CCG – Integrated Care System (ICS), many had London-wide roles or were working in other parts of London, with a few in national roles.
4. NASS = National Asylum Support System, Home Office support for destitute and homeless asylum seekers providing either subsistence only, or subsistence and accommodation. NASS contracts accommodation providers, who contract hotels and other landlords. Much of the day to day management and support for individuals receiving NASS in London is contracted to a charity, Migrant Help.
5. Resettlement schemes, eg. ARAP – Afghan Relocation and Assistance Policy for those Afghans who worked with British bodies and were evacuated from Kabul in Summer 2021.
6. For more information contact Refugee Council Therapeutic Services, who also have resources online and prepared a summary about Therapeutic Support for AS in initial accommodation for the Zoom meetings. Please email sarah@reap.org.uk for a copy.
7. There are variations for refused asylum-seekers and people in the UK with other kinds of immigration status, but asylum-seekers have full entitlement to NHS services.

To join future networking zooms, contact Sarah@reap.org.uk
REAP is a Charity based in West London www.reap.org.uk Charity No.1103345