Barriers and Opportunities

Improving access to mental health for refugees and people seeking asylum

VCSE health & wellbeing alliance

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VCSE Health and Wellbeing Alliance

This research has been conducted through the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance). The HW Alliance is a partnership between voluntary sector representatives and the health and care system. Its purpose is to:

- provide a co-ordinated route for health and care organisations to reach a wide range of VCSE organisations
- support collaboration between VCSE organisations and provide a collective voice for issues related to VCSE partnerships in health and care
- enable health and care organisations and VCSE organisations to jointly improve ways of delivering services which are accessible to everyone by making it easier for all communities to access services will reduce health inequalities
- ensure health and care decision makers hear the views of communities which experience the greatest health inequalities
- bring the expertise of the VCSE sector and communities they work with into national policy making.

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Background

This research aims to contribute to existing literature, by exploring refugees' and people seeking asylum's access to, and experience of, mental healthcare in England.

Access to healthcare

- People seeking asylum and those who have been granted refugee status are entitled to access free healthcare in England (gov.uk, 2022).
- However, evidence suggests that these groups can struggle to access healthcare for a range of reasons, including language barriers, lack of information and understanding about healthcare processes, and administrative and legal barriers (Doctors of the World UK, 2015).
- In addition, people seeking and people refused asylum are often put off accessing healthcare because of concerns that medical information could be used for immigration enforcement, as well as the impact of NHS charging regulations (EHRC, 2018).

Experiences of mental ill-health among refugees and people seeking asylum

- People seeking asylum and refugees are more likely to experience poor mental health than the wider UK population, including higher rates of depression and Post-Traumatic Stress Disorder (Mental Health Foundation, 2016).
- Recent research by the British Red Cross found that poor housing and support provided to people seeking asylum can have a serious impact on their mental health (2021a), as can separation from family (2022) and risk of destitution (2021b).
- Other causes of mental health among this group include ‘traumatic events pre-departure, life-threating circumstances on their journeys, and difficulties integrating into host countries related to immigration policies, social isolation and unemployment’ (Pollard and Howard, 2021).

Aims

- To collaborate with people with lived experience of seeking asylum in England to design research which explores the barriers refugees and people seeking asylum face in accessing mental health support.
- To explore what professionals working within organisations providing mental health and related support to refugees and people seeking asylum, including the NHS, identify as barriers to accessing mental health support among this group.
- To enable people with lived experience of seeking asylum to identify opportunities for improving access to, and provision of, mental health services for refugees and people seeking asylum in England.

Methodology

- The project included **three co-production workshops** with people with lived experience in England and **two focus groups** with professionals working within organisations providing mental health and related support to refugees and people seeking asylum (the participants).
- A participatory appraisal approach was used, which allows people with lived experience to shape the research process and, through a process of co-production, works with them to identify key research questions, themes, and recommendations that are salient to them.

Coproduction workshops

- The research was co-produced with 16 ‘VOICES Ambassadors’ from the VOICES Network – individuals with lived experience of seeking asylum in England.
- Three successive workshops were attended by the same group of Ambassadors, one during the design phase, and two after the fieldwork had taken place:
  - In **Workshop 1,** Ambassadors’ understanding of mental health were discussed and themes to explore in the research were identified.
  - In **Workshop 2,** key findings from the focus groups were shared with the Ambassadors for them to discuss and respond to.
  - In **Workshop 3,** Ambassadors identified opportunities for improving access to, and provision of, mental health services for refugees and people seeking asylum in England.

- The research was designed to be trauma-informed. Considering the sensitivity of the subject, the Ambassadors were not expected or asked to disclose any personal experiences of mental health; collaborating on the research as co-producers rather than research participants.

Focus groups

- The focus groups aimed to explore the key challenges faced by refugees and people seeking asylum in accessing mental health support, in relation to the themes and topics raised by the Ambassadors as part of the co-production process.

- A total of 16 professionals from statutory and voluntary and community sector organisations across England participated in the online focus groups (nine in the first, seven in the second). These were:
  - four clinical psychologists, a psychiatrist, a psychotherapist and a general practitioner
  - a caseworker and two service managers working in charity refugee support services
  - a policy officer and a chief executive working within charities that support refugees and people seeking asylum
  - a peer support lead working within a hospital
  - a policy advisor from the Home Office
  - two safeguarding leads, one from the Home Office and one working within contingency accommodation.

- Each session lasted two hours, was facilitated by our research partner, and was attended by a British Red Cross representative.

Limitations

- This is an small scale piece of exploratory research. The intention was to investigate an under-researched subject area and to develop a better understanding of the barriers experienced by refugees and people seeking asylum to act as a starting point for further research.
- The broad focus of the research means that the findings encompass various treatment pathways. As such, there is no direct applicability to specific mental health services.
- The research prioritises the benefits of a co-production approach. The opportunities for improvement were developed by a small group of people with lived experience of seeking asylum. As a result, the research has not resulted in formal policy recommendations. However, Ambassadors' suggestions for addressing the problems raised throughout the research provide useful insight for those working in healthcare services, the asylum system and other public services. Where possible, we have identified which system or body is most relevant to an opportunity.
- Due to its exploratory, qualitative nature, the research had a relatively small sample (n=16), meaning that it is not possible to generalise from the findings. There was a breadth of experience among focus group participants, but it was not possible to include professionals from every relevant care pathway within mental health, including IAPT. We hope policy leads working within different treatment pathways and clinical specialties will consider how the barriers identified apply in their own speciality.

Workshop 1: identifying themes

Ambassadors' understanding of 'mental health'

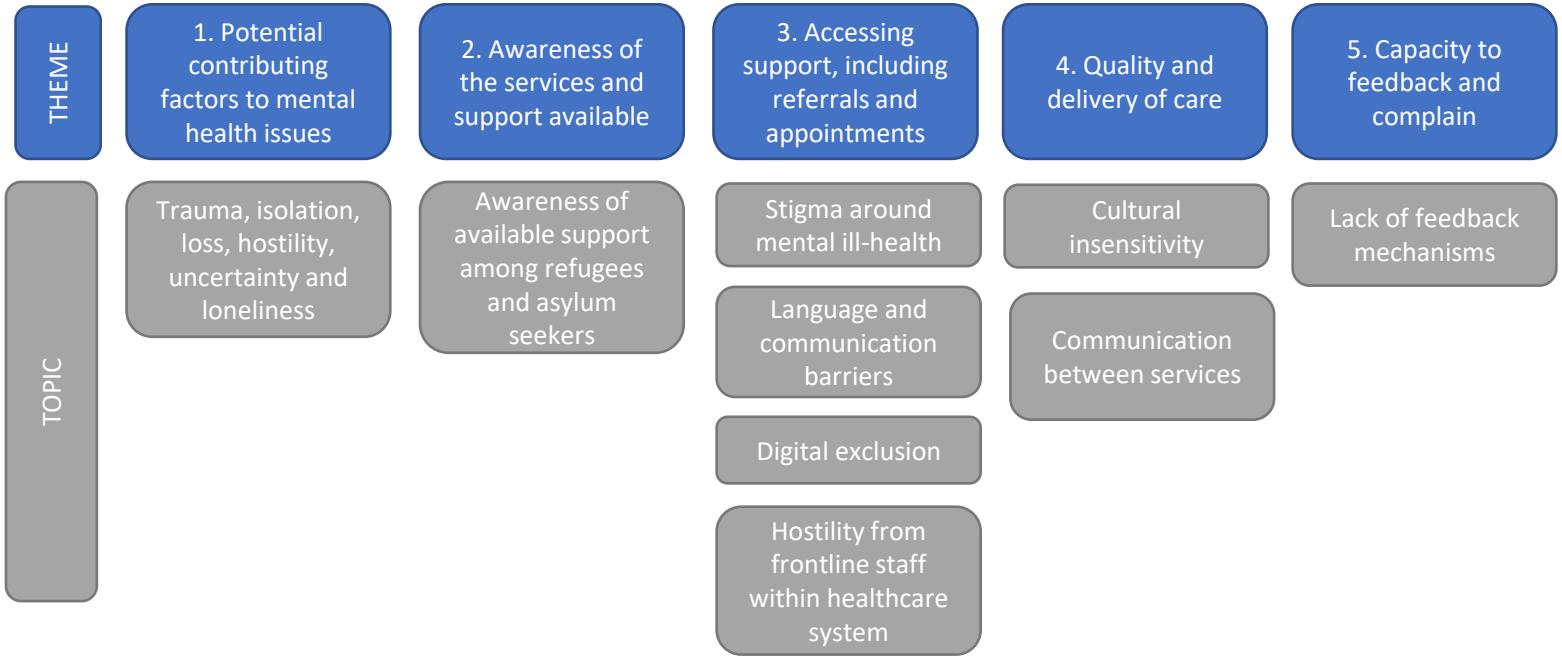
- Ambassadors agreed that mental health exists on a spectrum and that mental health is not static and can change over time.
- A distinction was made between 'less severe mental ill-health' (which could include anxiety or sustained low mood) and 'severe mental ill-health' (which could include very severe periods of depression, psychotic episodes, or suicidal ideation).
- Several Ambassadors suggested that when social determinants of mental ill-health accumulated and were sustained over a long period without progress or resolution, it was more likely that severe mental ill-health could result. They felt that many of these social or emotional factors could be addressed preventatively, rather than waiting for more severe mental health problems to emerge.

Themes identified by Ambassadors

- Insights from Workshop 1 were analysed by the research team and nine different topics for discussion were identified. The topics were then clustered into four themes reflecting an individual's journey through the process of accessing support for mental health. These were:
  - Awareness of the services and support available
  - Accessing support, including referrals and appointments
  - Quality and delivery of care
  - Capacity to feedback and complain.

- In addition to the above, most of the Ambassadors felt it was important for the research to explore potential contributing factors to mental ill-health for refugees and people seeking asylum.
- This framework formed the basis of the discussion guide for the focus groups with professionals working with or within services which provide mental health support to refugees and people seeking asylum.

Themes and topics identified by Ambassadors in Workshop 1



This provided the basis of the discussion guide for focus groups with professionals.

Focus group findings: barriers and contributing factors identified by the focus group participants

Taking the themes and topics identified by the Ambassadors in Workshop 1 (slide 13) as a starting point for discussion, focus group participants identified a number of barriers to accessing mental health services for refugees and people seeking asylum in England.

THEME	1. Potential contributing factors to mental health issues	2. Awareness of the services and support available	3. Accessing support, including referrals and appointments	4. Quality and delivery of care	5. Capacity to feedback and complain
BARRIER	Social isolation	Lack of awareness among refugees and people seeking asylum	Stigma around mental ill-health	Lack of trauma-informed working	Lack of feedback mechanisms
	Asylum application process	Lack of awareness among professionals	Digital exclusion and financial hardship	Dispersal, continuity of care and information sharing	
			Language barriers and problems with interpretation services	Poor communication between services	

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Focus group findings

1. Potential contributing factors to mental ill-health

Social isolation and the asylum application process

- Focus group participants agreed with Ambassadors about the importance of addressing the social determinants of mental ill-health.
- They agreed that some of the mental health problems experienced by refugees and people seeking asylum were preventable, for example, issues around social isolation and anxiety associated with asylum application process.
- Participants felt that it was important for refugees and people seeking asylum to have strong social connections, which they could draw on to share their experiences and receive informal support:

> "*It's vital that people are able to have open and supportive conversations about what's going on for them, not just about mental health, but about everything they experience.*"
> (Professional, focus group 2)

- Focus group participants gave several examples of community-based schemes and initiatives to help refugees and people seeking asylum build social connections and take part in fun activities.
- For example, one focus group participant had forged a link with a local football club. This was felt to be a good opportunity for some who were more resistant to engaging with mainstream mental health services.
- Many focus group participants suggested that it was hard for them to know what was available locally.

2. Awareness of services and support available

Lack of awareness of available mental health support

- Participants acknowledged that the wide range of different services and roles within the mental health support system can be bewildering. This makes it hard for refugees and people seeking asylum, as well as those supporting them, to know what form of support is appropriate, or available.
- It was felt that, unless a professional had experience or worked within a specialist service for refugees and people seeking asylum, they were likely to be poorly informed about the eligibility and entitlements of those going through the immigration process.
- Given that people seeking asylum often rely on signposting from professionals to ensure they access the right mental health support, this lack of knowledge was felt to be a significant barrier:

"Lots of people don't know what the entitlements are and who's entitled and who's not. So that can lead to huge confusions around who's going to be charged and those that are not." (Professional, focus group 2)

3. Accessing support, including referrals and appointments

Stigma around mental ill-health

- Stigma around mental ill-health was raised as a barrier to accessing support by many of the participants, who described experiences of refugees and people seeking asylum being reluctant to accept mental health support.
- Some focus group participants perceived there to be stigma around accessing clinical mental health treatment (as opposed to non-clinical treatments such as such as exercise groups).

Digital exclusion and financial hardship

- Participants agreed that the issue of accessing appointments, either face-to-face or remotely, was problematic for people seeking asylum and refugees.
- The cost of public transport was raised as a particular barrier.
- Accessing appointments remotely may be difficult for some refugees and people seeking asylum due to digital exclusion and financial hardship.

Language barriers and problems with interpretation services

- Focus group participants agreed that for refugees and people seeking asylum who do not have a confident command of English, communication difficulties can impact their ability to access timely and effective mental health support.
- A shortage of skilled interpreters was raised as a barrier to delivering successful mental health interventions. Focus group participants felt interpreters were expensive and could take time to access, meaning they were not always available to all.
- Participants felt that individuals working within healthcare services needed better awareness of their obligation to provide interpreters, and how to access them.

"Sometimes you struggle with the quality of interpreters or there is a mismatch in dialect, or they are just not available."
(Professional, focus group 2)

4. Quality and delivery of care

Lack of trauma-informed working

- Several participants highlighted that many healthcare professionals working with refugees and people seeking asylum do not work in a trauma-informed way, often because of limited training being delivered in this area.
- Without a trauma-informed approach, it was felt that healthcare professionals could unintentionally create distressing situations for refugees or people seeking asylum.

Poor communication between services

- Participants reported a lack of coordination between agencies working with refugees and people seeking asylum, which could lead to disrupted treatment.
- Participants cited some best practice examples of integrated services where coordination was better, such as the SPRING project in Sheffield.
- Focus group participants felt that data sharing agreements and data protection legislation, while important, could act as barriers to providing joined-up care for individuals.
- Often, fears associated with the possibility of a breach of confidentiality meant that they felt they could not pass on information. In many cases, this was compounded by not knowing who the right people would be to pass the information onto, and a lack of confidence that the information would be acted on appropriately.

Dispersal, continuity of care and information sharing

- Several focus group participants who worked as clinical psychologists or within services that delivered psychological support, spoke about the impact of dispersal on continuity of care.
- They reported how people seeking asylum often struggle to access suitable support for their mental health in their new location after being dispersed to another part of the country.
- The issue was deemed to be particularly problematic for those dispersed mid-way through a course of therapy.
- It was felt that the Home Office (and others such as housing providers and local authorities) were not sharing information with the right people in a timely and effective way.

"They are moved around as part of their asylum support, and it means they have to register with a new GP and their referrals then fall through…"
(Professional, focus group 1)

5. Capacity to feedback and complain

Lack of feedback mechanisms

- Participants felt it was important for refugees and people seeking asylum to have the opportunity to feed back on their experiences of the healthcare system in a meaningful way, to ensure any challenges in accessing support were identified and addressed, in order to reduce barriers to accessing support in the future.
- Existing feedback mechanisms were reported to be inaccessible for many people whose first language was not English. Information about how to complain or give feedback was not included in the translated versions of patient information forms.
- One focus group participant felt that the power imbalance that existed between service users and service provider could undermine their confidence to complain.
- However, some focus group participants raised that the Patient Advice and Liaison Service (PALS) teams in certain hospitals were doing particularly good work in engaging with refugees and people seeking asylum, by taking a particularly proactive approach in terms of seeking feedback from these audiences.

Opportunities for improvement

During Workshops 2 and 3, Ambassadors made a number of suggestions for addressing the problems raised throughout the research. The opportunities they identified apply not only to health care services but also to the asylum system and other public services systems. Where possible we have identified which system or body is most relevant to an opportunity.

1. A person-centred, trauma-informed approach

- Ambassadors felt that it was important to ensure that the specific needs of the individual were considered and the most appropriate mental health support was offered (whether clinical or non-clinical). This should include preventative measures as well as treatments to manage symptoms, and is of particular relevance to health care providers and non-clinical providers of mental health support .
- They stressed the role that non-clinical professionals (such as housing officers and caseworkers from the voluntary and community sector) could play in encouraging refugees and people seeking asylum to access community-based social and emotional support to help combat social isolation and build social connections.
- Some mentioned the importance of not feeling compelled to explain traumatic life histories repeatedly to different professionals.

2. Improving communication with refugees and people seeking asylum

- Commissioners and clinicians working within primary care and mental health services should note that many of the Ambassadors stated a preference for face-to-face GP consultations and specialised mental health support
- Ambassadors felt that language issues could be compounded by a lack of time during appointments, leading to individuals feeling rushed and unable to explain themselves properly. Ambassadors felt that longer appointments would help to overcome communication challenges. This insight is likely to be of particular interest to commissioners and clinicians working within primary care and mental health service.
- Verbal instructions could be difficult to remember, and they valued having information written down and easily accessible so that they could refer to it – specifically information from mental health clinicians around diagnoses, treatment plans and next steps.
- Ambassadors felt that all information from NHS England and the Home Office should be translated into refugees' and people seeking asylum's first language, and that they should have access to professionally trained interpreters who speak both their language and dialect, where needed.
- To improve the quality of interpretation, some felt it was important to consider how trust is established between the person seeking support, the interpreter, and the healthcare professional. This may involve a conversation about how the interpreting relationship will work and what the professional boundaries and rules of the interaction will be (e.g., privacy, transparency).

3. Improving communication between services

- The need for services to better coordinate and communicate with each other was identified by both Ambassadors and focus group participants. Ambassadors also raised concerns around the sharing of patient health data, particularly with the Home Office. Some were worried about their health data being used in a way that could negatively impact their asylum application.

- They felt a solution to this could be for healthcare professionals to ask permission from refugees and people seeking asylum to share data, so they could be in control of what was shared and with whom where possible. They stressed that safeguards needed to be in place to ensure requests were respected and data was not used in inappropriate ways.

4. Access to peer support

- Commissioners and workforce planning teams should note that some Ambassadors felt peer support would be an invaluable way to help refugees and people seeking asylum to improve their mental health, particularly by providing emotional support and practical advice on how to navigate the healthcare and immigration system.

5. Improving continuity of care

- The Home Office and health care professionals should note that Ambassadors felt it was important to ensure there is continuity of care and ongoing access to the same healthcare professionals once a relationship had been established, particularly if those seeking help were dispersed midway through support.
- Where this is not possible, Ambassadors felt more needed be done within the asylum system to support refugees and asylum seekers to re-register with a new GP to ensure a smooth transition.

6. Effective feedback mechanisms

- Ambassadors felt that service providers should routinely invite feedback and explain the purpose of this feedback and how it would be used. This insight is likely to be of particular interest to primary care and mental healthcare providers, caseworkers from the VCSE sector and people working within the asylum system.
- Ambassadors suggested that, in order to make feedback processes more accessible, forms should be translated or read out by an interpreter, and language should be clear and easy to understand.
- Alongside better feedback mechanisms, the Ambassadors advocated for more co-production with refugees and people seeking asylum to ensure services are better designed to meet their needs from the outset.

Conclusion

- This co-produced research supports much of the existing evidence about the challenges refugees and people seeking asylum experience in accessing appropriate mental healthcare.
- Barriers identified included: a lack of awareness of available support (among both refugees and people seeking asylum and professionals); problems with accessing support (including stigma, language barriers, digital exclusion and financial hardship); issues with quality of care (a lack of trauma-informed working) and inadequate feedback mechanisms. Participants also agreed on the importance of addressing social determinants of mental health, particularly in relation to social isolation.
- Ambassadors identified a number of opportunities for improving access to, and provision of, mental health services for refugees and people seeking asylum in England. These included: practical suggestions for overcoming barriers to communication, improving continuity of care, and ensuring effective, co-produced, feedback mechanisms are in place.

Next steps

- It is hoped this exploratory research will act as a springboard for further research to explore the barriers refugees and people seeking asylum face in accessing mental health services.
- Further research could consider the barriers identified here in more depth. This could include:
  - Qualitative research with people with lived experience of seeking asylum as participants.
  - Quantitative research, such as a survey, with a larger sample of participants. This would enable understanding of how common the barriers identified here are, and for comparisons to be made between different groups, or over time.
- We encourage this research to be co-produced with people with lived experience of seeking asylum and to take a trauma-informed approach to engaging people with lived experience.
- In addition to further research, policy leads working within treatment pathways and clinical specialities across mental health services should consider how these findings apply in their specific areas and consider whether there are additional barriers present.

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