

Providing access
to healthcare for
refugees arriving
in the UK, mental
health crisis
support, and
meeting IASC
Guidelines



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Family Doctor Hertfordshire

GP Volunteer and Trustee Doctors of the World, UK



Refugees, Asylum Seekers and Undocumented Migrants

- CONTEXT
- BARRIERS to accessing HEALTHCARE in the UK
- How do DOTW RESPOND?
- DOTW Clinic
- IASC Pyramid and IMPLEMENTATION IN PRACTICE
- Learning from the SYRIAN experience
- LOOKING AFTER EACH OTHER



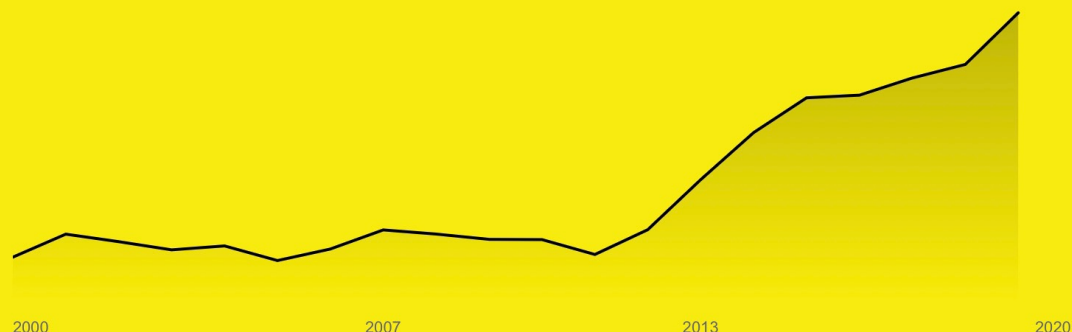
Context

Millions of individual journeys and stories

80 MILLION

Forcibly displaced people worldwide

While a full picture is yet to be established, UNHCR estimates that global forced displacement has surpassed 80 million at mid-2020.



45.7 MILLION

are internally displaced people (Source: IDMC, as of end-2019)



26.3 MILLION

are refugees (as of mid-2020)



4.2 MILLION

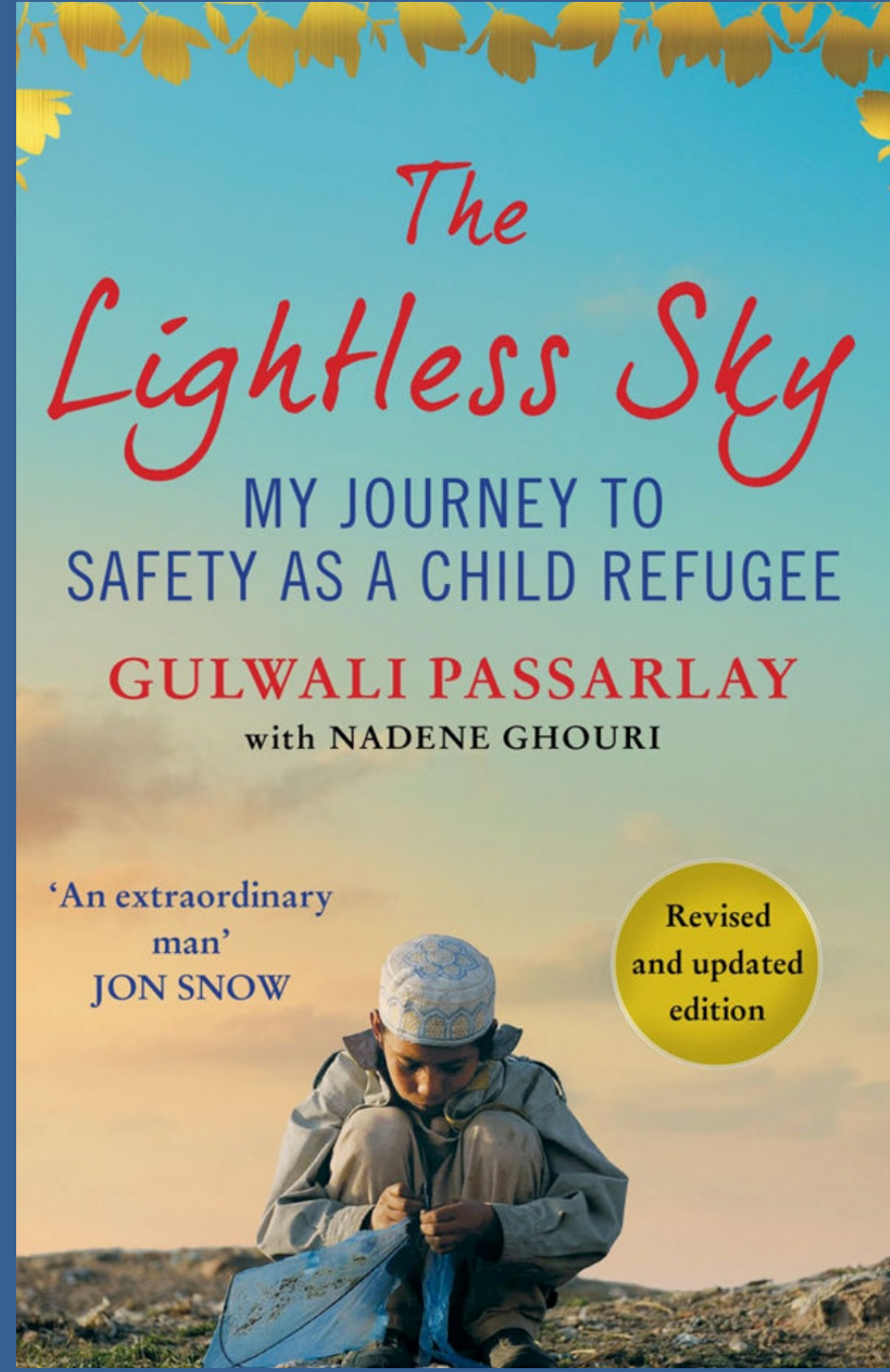
are asylum-seekers (as of mid-2020)

UNHCR 2021

Destination UK

“Arriving in the UK was
harder than the journey”

GULWALI PASSARLAY





**What if you have
arrived in the UK
and you are....**

The wrong sort of Christian



Afia

- In her 30s
- Came in with headaches and tummy aches
- Nothing physical to find
- Explored:
- Imprisoned in Eritrea for being a Pentecostal Christian
- Escaped
- Lorry to Europe
- Not believed by Home Office because speaks Amharic (family moved to Eritrea from Ethiopia when she was 15)
- Spending her nights on London buses to stay safe.

Lesbian from Uganda



Dembe

- 32 years old
- Came with 6 months old baby, miserable with a cold and temperature
- Baby: Viral URTI
- Mum still looked troubled....
- Age 15 parents found her with girlfriend.
- Pulled out of school
- Forced to marry
- 4 children in violent relationship
- Last year found with girlfriend.
- Both arrested and imprisoned.
- Raped by police
- Escaped and managed to get to UK
- Now presents with policeman's baby and unable to see her other 4 children.....
- Understandably severely depressed



Tortured man from Democratic Republic of Congo

Samuel

- 26year old man from DRC
- Tortured for his political views
- Escaped and migrated to Europe hoping to be granted asylum
- Now sleeping in a park and suffering from PTSD as well as abuse from passers by



**Lady from West
Africa.
Undocumented
and developed
breast lump after
she got to UK**

Faith

- 36 years old
- Came to the UK 3 years ago
- Undocumented.
- Developed a breast lump 18 months ago but too frightened to see a doctor.
- Now presents because breast fungating, weeping and infected.
- Having to apply frequent dressings
- When she walked in, we thought she had a baby under her cardigan



Undocumented woman suffering Domestic Violence

- **Esther**
 - 28 years old
 - Came to the UK 5 years ago on student visa and stayed
 - Undocumented.
 - Presents with broken teeth
 - Recent bruising on limbs, with evidence of finger marks
 - Multiple cigarette burn scars
 - Living with European man in provincial town who is documented and knows she cannot go to the police
 - Similar problems seen frequently amongst trafficked women



Age-disputed child requiring surgery

Ahmad

- 15 years old
- Arrived in UK 1 year ago after being smuggled
- As an Unaccompanied asylum-seeking child (UASC), has been fostered and in mainstream school.
- Settled in. Keen cricketer and beginning to deal with the traumas he has experienced.
- Has a surgical problem requiring an operation and is on an NHS waiting list
- Teacher disputes age, claiming that he is in his 20s
 - Taken out of school.
 - Removed from foster parents.
 - Now with a variety of hosts
 - Taken off NHS waiting list.
- Now classed as undocumented.
- Brought to Doctors of the World for GP to reassess the need for surgery
- GP, who has had 4 sons himself, feels that he is clearly 15 years old.....



**Suffering from
severe
depression.
Discharged from
detention centre
with no
medicines.**

Hamed

- 33 years old
- Worked in IT job for his country's Government
- Stood up to them when he was asked to use his skills to spy on individuals
- Imprisoned: in solitary confinement in a cell with no windows for 6 months.
- Escaped.
- Suffered from severe depression and poor sleep and was getting medication by post from India during his migration to the UK.
- On arrival, not believed and put into detention
- Now released and no medication; still suffering from severe depression, poor sleep and probable PTSD



Pregnant and too frightened to access NHS care

- Very common situation
- Fear of authorities
- Fear of cost
- Late presentation and therefore inadequate antenatal care
- One women came to our clinic in labour....



UNDOCUMENTED

Healthcare for the hidden

So, what are the rights
of undocumented
migrants in the UK?





EVERYONE IN THE UK IS ENTITLED TO FREE NHS PRIMARY CARE

‘...all asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice’

NHS England, Primary Medical Care Policy and Guidance Manual (PGM) (v3) February 2021

EVERYONE IN THE UK IS ENTITLED TO FREE NHS PRIMARY CARE



NHS



Primary Medical Care Policy and Guidance Manual (PGM) (v3)

NHS
England



Patient Registration

Standard Operating Principles for Primary
Medical Care (General Practice)

ENTITLEMENT TO SECONDARY CARE

- **Based on the concept of 'ORDINARY RESIDENCE':**
- "To be considered ordinarily resident....LIVING IN THE UK ON A LAWFUL AND PROPERLY SETTLED BASIS FOR THE TIME BEING"
- "HOSPITAL TREATMENT IS FREE OF CHARGE FOR PEOPLE WHO ARE ORDINARILY RESIDENT IN THE UK. ...does not depend on nationality, payment of UK taxes, National Insurance contributions, being registered with a GP, having an NHS number, or owning a property in the UK."
- NON-EEA NATIONALS who are subject to immigration control must have the immigration status of INDEFINITE LEAVE TO REMAIN AT THE TIME OF TREATMENT AND BE PROPERLY SETTLED, to be considered ordinarily resident."
Also applies to "EEA and Swiss nationals on or after 1 January 2021."
(Will need EHIC and applies to medically necessary treatment arising while visiting)
- **In practice:**
- **UK citizens residing in the UK**
- **EEA citizens with EHIC (medically necessary treatment arising while visiting)**
- **Non-EEA citizens with indefinite leave to remain**
- **Those who have paid NHS Surcharge (Eligible for this if resident in UK 6 months or more)**



Groups Exempted from Secondary Care Charges

- Refugees
- Asylum Seekers (and refused Asylum Seekers if ongoing treatment)
- Receiving support under Immigration Act 1999, National Assistance Act 1948, Care Act 1948
- “Looked after” children by Local Authority
- Victims and suspected victims of
Modern Slavery or
Human Trafficking
- Compulsory Treatment under Court Order
- Prisoners and Immigration Detainees
- Humanitarian reasons (Secretary of State)
- EHIC or Immigration Surcharge may be exempt



Exempted Categories of Treatment cont'd



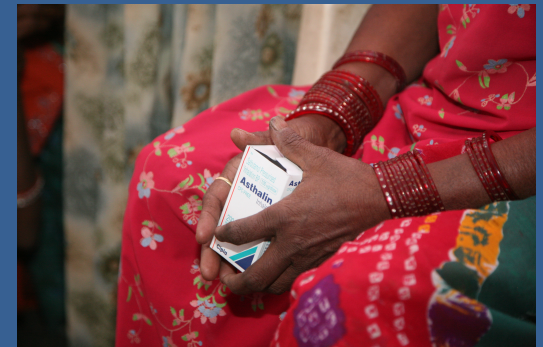
- Accident and Emergency Services (including walk-in centres, Urgent Care Centres)
- A number of Communicable Diseases including HIV, TB, MERS and COVID-19 (Diagnosis and Treatment)
- Sexually Transmitted infections (Diagnosis and Treatment)
- Family Planning (Not TOP or Infertility Treatments)
- Physical or mental conditions resulting from:

Torture

FGM

Domestic Violence

Sexual Violence



(though not if they were the reasons for coming to UK)

- Palliative Care services provided by palliative care charity or Community Interest Company
- Services provided by NHS111

NHS Charging



Important Categories of Treatment



IMMEDIATELY NECESSARY

- Life saving
- Prevents a condition becoming life-threatening
- Prevents permanent serious damage.

URGENT

- Cannot wait until return to country of residence
- Should take into account:
 - Pain
 - Disability
 - Risk of the delay exacerbating

NHS Charging

IMMEDIATELY NECESSARY
or
URGENT



“Where **CLINICIANS** consider the patient’s need to be **immediately necessary or urgent**, treatment will be provided even if the patient has not paid in advance, in which case **payment will be sought from the patient afterwards.**”

NHS Charging

**IMMEDIATELY NECESSARY
or
URGENT**



Treat before charging

Maternity Care is considered
Immediately Necessary

But there is a hefty bill
postnatally

NHS entitlements: migrant health guide
www.gov.uk

NHS Charging for Treatment

NON-URGENT

Charged Upfront



Cancer patient died after NHS demanded £30,000 for treatment

Elfreda Spencer was denied care for inability to pay upfront charges for overseas citizens



▲ Elfreda Spencer died when she was denied treatment by the NHS. Photograph: Family Photo

In early 2016, a few months after Elfreda Spencer, a 71-year-old Jamaican widow, came to London to visit her daughter, Barbara Wright, and her grandchildren, she started to feel breathless and tired.

When Spencer complained of a nagging pain, Wright took her to the GP.

“They said it’s cancer,” said Wright. “I’m there thinking, ‘oh my god’.”

Her mother was referred to Hammersmith hospital. It was June 2016. Spencer’s six-month tourist visa was just expiring; Wright had been applying to have it extended. Imperial College Healthcare NHS Trust, which runs Hammersmith hospital, sent Spencer’s family bills for £5,404 to cover the cost of running various tests, and demanded £150 upfront for a blood transfusion. The treatment was delayed while Wright borrowed the money from a friend.

Cancer treatment often not seen as Urgent

NHS entitlements: migrant health guide
www.gov.uk

2013/14	
	Total to be charged
	£
Non complex pregnancy (normal or assisted delivery without complications, up to 2 days stay, 2 scans, 4 outpatients appointments)	5,176
Complex pregnancy (normal or assisted delivery with complications, up to 5 days stay, 2 scans, 4 outpatients appointments)	9,233
Booking visit only - no scan	771
Out patients visit only - no scan	402
Per Scan	160
Less than 12 hours admission (non-delivery stay)	953
Less than 24 hours admission (non-delivery stay)	1,139
Non complex delivery - includes up to 3 nights stay	4,078
Complex delivery - includes up to 4 nights stay	8,135
Per night in addition to any of the above (delivery or non-delivery)	559
Caesarian delivery with complications - includes 4 nights stay	9,793

Impact of an NHS debt

- **Debts > £500** unpaid for two months from the date of issue
 Must be **reported to the Home Office**
 Home Office can use to deny someone regularisation of their status
- **If payment plan** in place with the hospital (within the two months) the hospital should not contact the Home Office



BUT people are STILL not accessing their rights



Poverty and human rights abuses EVEN HERE IN THE UK



Barriers

LACK OF KNOWLEDGE amongst those working in NHS

FEAR amongst Migrants

Health professionals lacking knowledge on rights and entitlements

- Difficulties registering with GP
 - Eligibility checks for free Secondary Care
- Delayed treatment
- Treatment incorrectly refused.



Lack of knowledge within the NHS

Even with Advocacy
from DOTW we
sometimes fail to gain
GP registration for our
service users

REGISTRATION REFUSED

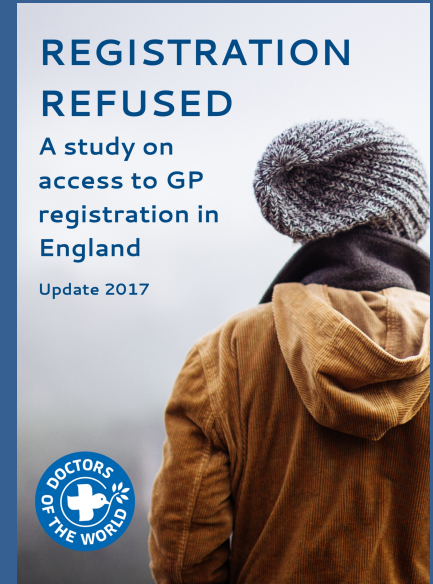
A study on
access to GP
registration in
England

Update 2017



In spite of DOTW advocacy many GP practices refused to register patients

- 20% of practices refused
- Reasons given:
 - Lack of photo ID (34%)
 - No proof of address (33%)
 - Immigration status



- Worrying inequities in access to primary care for homeless, asylum seekers, undocumented migrants and survivors of modern slavery and trafficking



FEAR!

- **Arrest**, detention, deportation resulting from NHS data sharing and charging debts
- **Health stigma** affecting asylum process: HIV, Mental Health
- **Trust** in health professionals (pre-migratory experiences)



How do we respond?

- Doctors of the World in the UK
- IASC Pyramid for Mental Health and Psychosocial Interventions
- A practical Implementation of this
- Syrian experience

Doctors of the World clinic in London

- Volunteer doctors, nurses and caseworkers
- Provide essential care and support to men, women and children
 - FLED CONFLICT AND DISCRIMINATION
 - ESCAPED TORTURE, EXPLOITATION AND POVERTY
- Many still under the radar and struggle to survive
- Often homeless or in unstable accommodation and living below the poverty line



Two Mobile Clinics

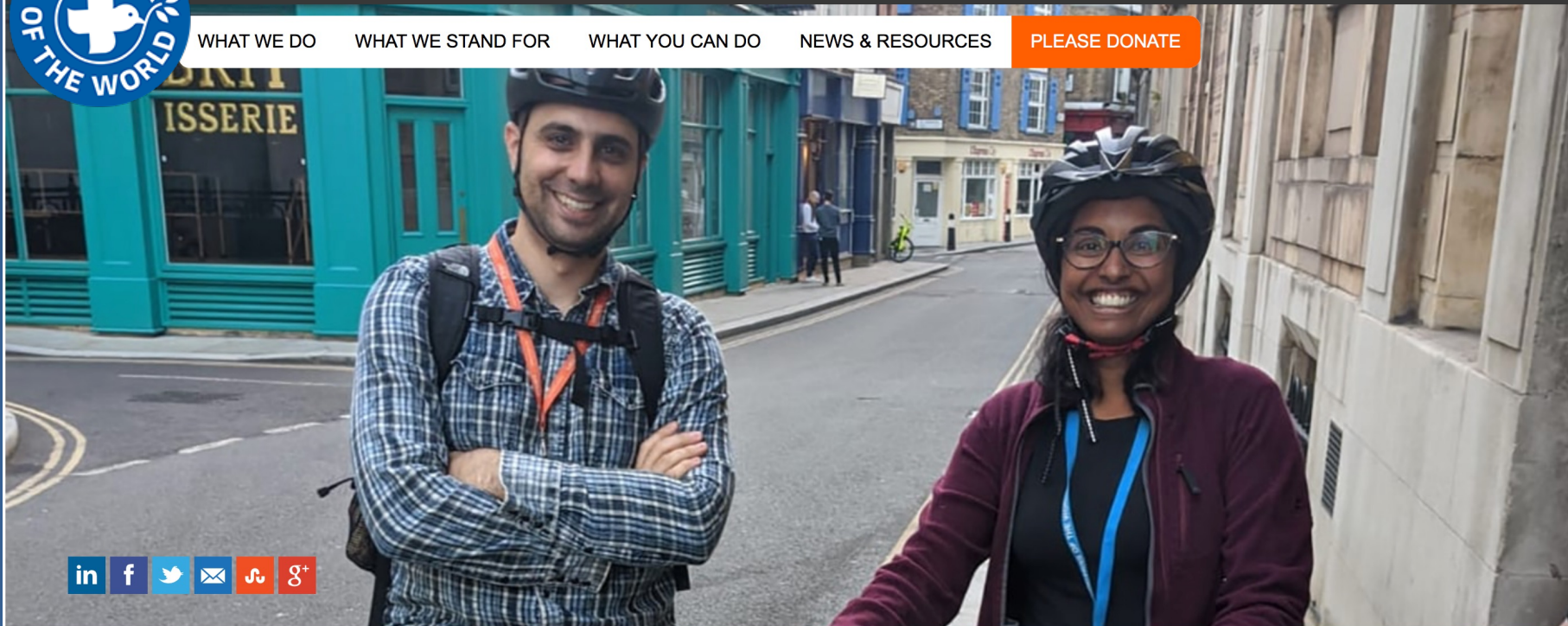
"Pop-up" Clinics

- Hackney Migrant Centre
- Voice of Domestic Workers
- Lewisham Refugee and Migrant Network
- New North London Synagogue
- Rough sleepers in City of London and Haringey

The most vulnerable who would not be able to access east London clinic

Birmingham



[Resources For Medics](#)[Clinic](#)[Contact Us](#)[WHAT WE DO](#)[WHAT WE STAND FOR](#)[WHAT YOU CAN DO](#)[NEWS & RESOURCES](#)[PLEASE DONATE](#)

NEWS ARTICLE

PART 2: HOW I'M HELPING ROUGH SLEEPERS IN LONDON ACCESS HEALTHCARE

Published 14th August 2020

Continued from [Part 1](#).

Recent News



Dr Durga Sivasathiaseelan,
NHS GP and Mobile Clinic
Coordinator, on the City of
London pilot project

WHY are people not accessing their rights?



WHAT ARE THE BARRIERS VULNERABLE MIGRANTS FACE WHEN ACCESSING CARE IN THE UK

- Lack of **understanding** of the functioning of the **NHS** and how to access various services (GP, dentist, secondary care)
- **Cultural differences in healthcare** (e.g. GP system, access to medications, secondary care referrals)
- **Language** barriers/ lack of interpreting provision
- Initial lack of **documentation**
- Fear of being **arrested**





Women and Children's Clinic

- Help accessing services
- Explain NHS charging
 - Very complex for pregnant women ineligible for NHS care
 - Often extremely vulnerable
 - Can't afford the bills
- Reassured to access antenatal care:
Their and child's best interests
- Children average age 7 years
- Arrange registration with a GP
- Encourage UK childhood immunisation programme

2019

IN 2019 WE SAW
1067
WOMEN & GIRLS

409

THROUGH THE
WOMEN-ONLY
CLINIC

40

WERE UNDER 18



186

TRAVELLED
TO THE CLINIC
FROM OUTSIDE
LONDON

164

WERE PREGNANT
(15 WEEKS
ON AVERAGE)



31

ACCESSED FAMILY
PLANNING THROUGH US





HC1 (SC)

NHS

Claim for help with health costs

Do you find it difficult to pay for:

- NHS prescriptions;
- NHS dental treatment;
- NHS wigs and fabric supports;
- sight tests, glasses or contact lenses; or
- travel to receive NHS treatment if referred by a doctor (GP or hospital doctor) or dentist?

You might be entitled to help with these health costs through the NHS Low Income Scheme

Note - If you are getting Income Support, Pension Credit Guarantee Credit, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Universal Credit or have a Tax Credit Exemption Certificate you are already entitled to full help with these health costs, you don't need to fill in this form - when you get treatment tell the practitioner which benefit / credit you are getting. You may be asked for evidence.

- **We aim to find everyone a GP**
- **Help with health costs for people not eligible for benefits**
- **Follow up the most vulnerable**
- **Advocacy for individuals: Hospital access and costs**
- **Advocacy through evidence gathering (Expert Consortium)**
- **Political Advocacy. Campaigning for a pause in charging in order to gather evidence.**

OUR UK SERVICE USERS

2019



84%

OF SERVICE USERS
WERE LIVING BELOW
THE POVERTY LINE

29%



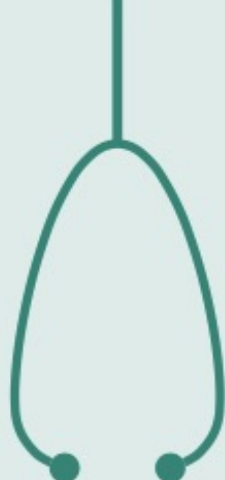
OF SERVICE USERS
WERE LIVING IN UNSTABLE
ACCOMMODATION



**5½
YEARS**

THE AVERAGE
LENGTH OF TIME
SERVICE USERS
HAD LIVED IN
THE UK BEFORE
ACCESSING
OUR SERVICES

2019



2,431
CONSULTATIONS



13,382
CALLS
RECEIVED BY
OUR HELPLINE



85%
OF SERVICE
USERS WERE
NOT REGISTERED
WITH A GP



318
DISCLOSURES OF
SERVICE USERS
EXPERIENCING
VIOLENCE

931 PATIENTS OFFERED
STI SCREENING



2020

People we've supported in 2020



68%
were undocumented
migrants

95%
originated from
non-EU countries



48%

were women,
22% of whom
were pregnant

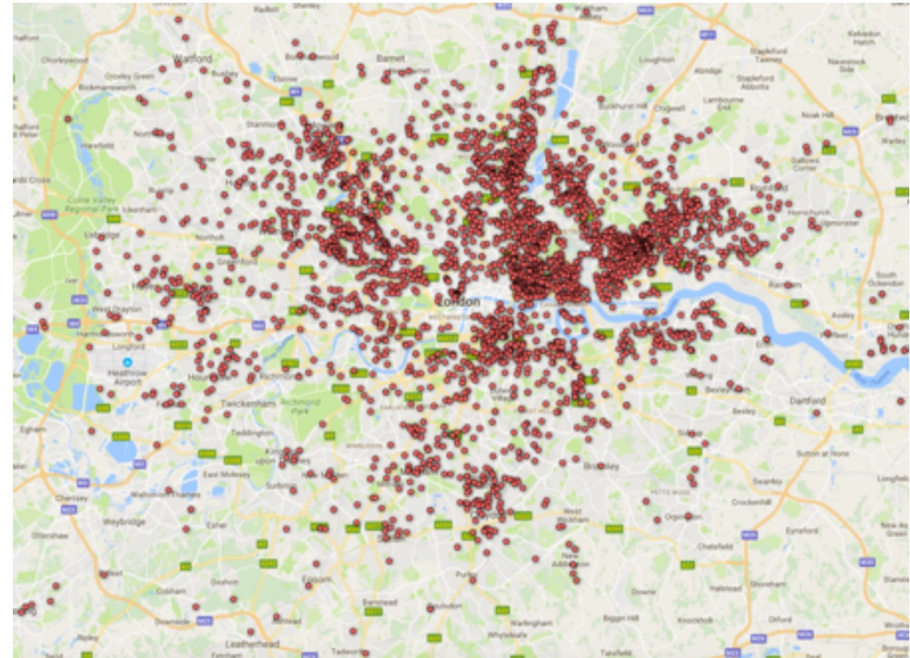


88%

were living on less
than £836 a
month

Data collected between 1 January and 30 September 2020

We don't have a catchment area



Patients mapped (2014, 2015, 2016)

[Resources For Medics](#)[Clinic](#)[Contact Us](#)[WHAT WE DO](#)[WHAT WE STAND FOR](#)[WHAT YOU CAN DO](#)[NEWS & RESOURCES](#)[PLEASE DONATE](#)

Coronavirus advice

Latest government guidance
Translated into 60 languages



CORONAVIRUS INFORMATION

**DOTW online
COVID-19
advice**

COVID-19

- Remote consultations and “Online Team”
- Written and video information in 80 languages


Latest update: 20/07/20 12:00

MIGRANTS' RIGHTS TO HEALTHCARE

- Do you know YOUR rights? -

Reference: GDN UK, 2014 (Updated 2020). NHS entitlements: migrant health guide [online]. Website: <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide-for-uk-residents>

FREE registration and consultation with a GP – you DO NOT need to prove your identity or immigration status at this point



NHS services which are FREE for everyone, regardless of immigration status

- Diagnosis of infectious diseases, including HIV and tuberculosis
- Family planning services
- Palliative care services provided by a charity or private provider
- NHS 111 advice service
- Accident and Emergency services
- Any treatment due to sexual or domestic abuse, FGM, and torture

ANY services which are NOT covered above may require additional charges unless YOU belong to ONE of the following GROUPS:


- Children looked after by a local authority
- Refugees, asylum seekers' and dependents of refugees and asylum seekers
- Immigration detainees
- People treated under the Mental Health Act
- Refused asylum seekers receiving "Section 95" & "Section 4(2)" support
- Survivors of trafficking

To **RECEIVE** this exemption, your immigration status may be checked.

COVID-19 TEST AND TREATMENT


Being tested and treated for COVID-19 is FREE for everyone

If you are experiencing **ONE** of these symptoms:



Fever **Continuous dry cough** **Loss of sense of smell or taste**

Please use any of these **FREE** services related to COVID-19 including:



Getting advice from a GP **COVID-19 diagnostic swab test**
Getting advice from NHS 111 helpline **Hospital treatment if COVID-19 positive**

NO immigration checks are needed if you **ONLY** have testing or treatment for COVID-19

If you **DON'T** have a GP, contact **DOTW UK** for free support:
0808 1647 686 or clinic@doctorsoftheworld.org.uk



Six ways to improve your wellbeing

It's OK to not feel OK during challenging times.

Lots of people are feeling anxious about the current situation and may be worried about friends and family in other parts of the world. These are challenging and uncertain times for everyone, but some people are finding it harder than others because of their personal circumstances.

Some of us are feeling confused and uncertain about our future here, and many of us are feeling lonely and finding it difficult being far away from our loved ones. It's normal to feel these things, because none of us are superhuman.

p1



COVID-19 Online Videos

No immigration checks
are **required** to receive a test



These are available in 11 priority languages:
Bengali, Bulgarian, English, Kurdish Sorani, Polish,
Portuguese, Romanian, Spanish, Traditional Chinese, Turkish
and Vietnamese.



2020

An unsafe distance:

The impact of the COVID-19 pandemic on excluded people in England

Groups included in the report:

People seeking asylum Refugees People released from prison
Gypsy, Roma and Traveller communities Undocumented migrants
People experiencing homelessness Sex workers
Survivors of trafficking and modern slavery



Excluded people are at a higher risk of being exposed to the virus

People can't access public health advice because:

They don't have Wi-Fi, phone credit or access to the internet or television

They encounter language barriers

People can't follow the public health advice because:

They are living in overcrowded shared accommodation, or sleeping on the street

They can't afford to buy large quantities of food and have to shop regularly

Excluded people struggle to see a doctor

People can't phone NHS 111 for advice due to:

Digital exclusion

Language barriers

People don't go to health services because:

They do not trust NHS services

Migrants fear healthcare bills

Some GP practices won't see new patients

Excluded people are at the sharp end of the pandemic

Some children face additional barriers to accessing education. Home schooling is a challenge for parents with limited English literacy and without Wi-Fi.

People face an increased risk of abuse and violence

People are being evicted from their homes for losing their income or displaying symptoms of COVID-19

Some people are still sleeping on the streets

Excluded people's mental health is suffering

People are experiencing loneliness, increased fear and anxiety, depression and sleeplessness

Some have pre-existing mental health problems

Challenges following COVID-19 guidance and accessing healthcare are highly anxiety-provoking



Need to scale up

Estimate that between 50,000 and 500,000 people need us (estimated number of undocumented migrants in UK)

Impact Report

2019

Doctors of the World **Safe Surgeries Network**



**WE LAUNCH SAFE SURGERIES NETWORK AS
RESEARCH SHOWS EXTENT OF WRONGFUL GP
REGISTRATION REFUSALS**

www.doctorsoftheworld.org.uk/safe-surgeries

If you are interested email:

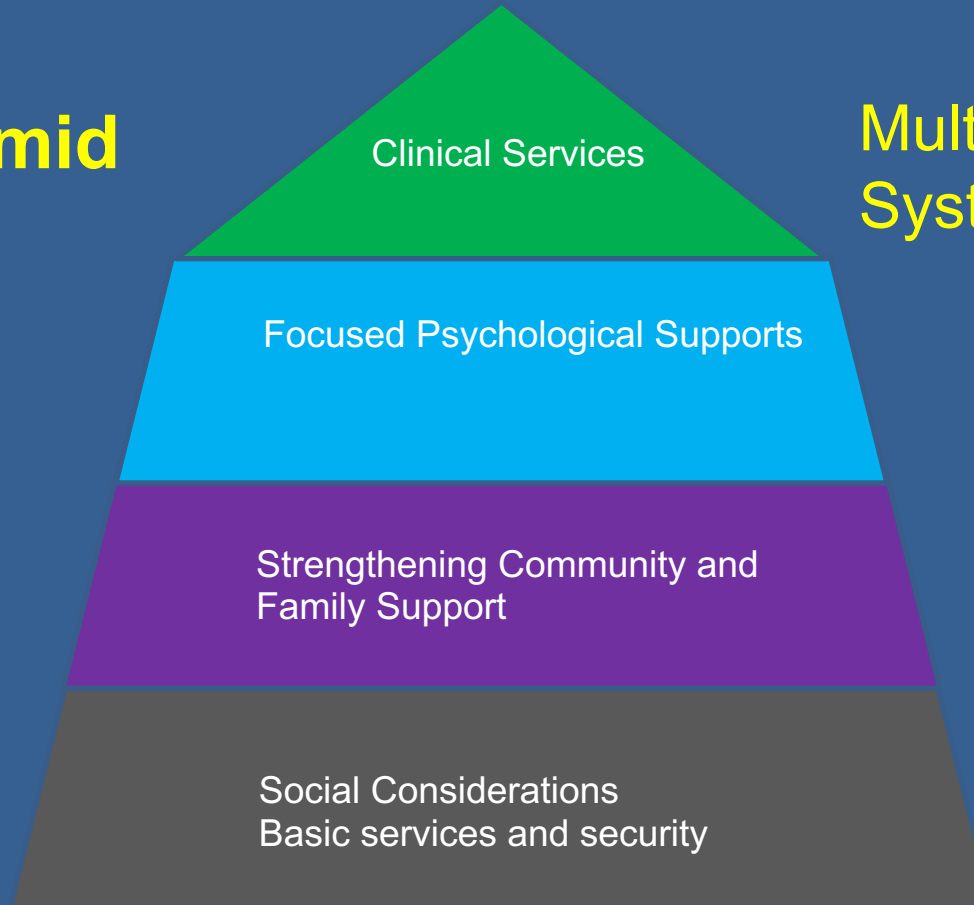
SafeSurgeries@doctorsoftheworld.org.uk

Mental Health and Psychosocial Interventions

IASC Pyramid

Interagency Standing
Committee

Multi-Layered System



**SAFE
SOCIALY
APPROPRIATE
PROTECT DIGNITY**



IASC Pyramid: Safe. Socially Appropriate. Protect dignity

Clinical Services

Complex **PSYCHOLOGICAL, PSYCHIATRIC** or **SOCIAL** interventions

Focused Psychological Supports

TARGETED programmes by trained persons for **SPECIFIC** issues

Strengthening Community and Family Support

Resuming **EXISTING** social practices or support **NEW** ones

Social Considerations
Basic services and security

Support: Practical needs addressed to **ENHANCE WELLBEING**



What are we trying to achieve?



CAPABILITIES



“Capability Approach”

What people are able to do and be



Amartya Sen
“Development
as Freedom”

Rights + ability to exercise them



Define achievement
in terms of
**opportunities
created**



Where to start?



Help people to reach their potential or CAPABILITY

Maslow's Hierarchy of needs

Self-actualization

morality,
creativity,
spontaneity,
problem solving,
lack of prejudice,
acceptance of facts

Esteem

self-esteem, confidence,
achievement, respect of others,
respect by others

Love/belonging

friendship, family, sexual intimacy

Safety

security of: body, employment, resources,
morality, the family, health, property

Physiological

breathing, food, water, sex, sleep, homeostasis, excretion



CAPABILITIES

Self Actualisation

**PSYCHOLOGICAL AND SELF
DEVELOPMENT**

Esteem

LEGAL AND COMMUNITY SERVICES

Love/
Belonging

ACCOMODATION AND SUBSISTENCE

Safety

HEALTH AND NUTRITION

Physiological



HEALTH AND NUTRITION

POST ARRIVAL— *Identifying key needs and opportunities for health prevention & preventative interventions*

INITIAL HEALTHCARE ASSESSMENT POST-ARRIVAL

Why is it important?

- Holistic assessment of someone in a complex situation
- Opportunity to explore the impacts of violence and trauma in a safe space
- Check that vaccinations and screening are up to date
- Act early on any health issues
- Explain the NHS health system (particularly the function of primary care)





DOTW Clinic patients:

PSYCHOLOGICAL HEALTH

25% reported it as BAD or VERY BAD



HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Mental Health

- Witnessed/ experienced war or violence
- Witnessed/ experienced torture or abuse
- Loss and grief
- Isolation
- Poor living conditions in camps
- Exploitation





CAPABILITIES

Self Actualisation

**PSYCHOLOGICAL AND SELF
DEVELOPMENT**

Esteem

LEGAL AND COMMUNITY SERVICES

Love/
Belonging

ACCOMODATION AND SUBSISTENCE

Safety

HEALTH AND NUTRITION

Physiological

Praxis
COMMUNITY
PROJECTS



SUPPORTING AND
EMPOWERING
REFUGEES



Freedom from Torture
Medical Foundation for the Care of Victims of Torture



mrn

**Mary Ward
Legal Centre**

People's rights have no meaning without
the means to enforce them

Helen Bamber 
Foundation
working with survivors of human cruelty



LEGAL AND COMMUNITY SERVICES

ACCOMODATION AND SUBSISTENCE

Navigating the



LEGAL AND COMMUNITY SERVICES



CAPABILITIES

Self Actualisation

**PSYCHOLOGICAL AND SELF
DEVELOPMENT**

Esteem

LEGAL AND COMMUNITY SERVICES

Love/
Belonging

ACCOMODATION AND SUBSISTENCE

Safety

HEALTH AND NUTRITION

Physiological

Conceptual Framework is to strengthen Mental Health and Psychosocial Support for Refugees and IDPs

Old Emphasis

Vulnerability-based
Framework



New Emphasis

Resilience and Recovery-
based approaches

**Active agents in their lives in
the face of adversity**

UNHCR, 2015



Conceptual Framework is to strengthen Mental Health and Psychosocial Support for Refugees and IDPs

Old Emphasis

Vulnerability-based
Framework



New Emphasis

Resilience and Recovery-
based approaches

**Active agents in their lives in
the face of adversity**

“Wounded victim to scarred survivor”

Sabbadini, A. (1996)

UNHCR, 2015





“Trapped by the need to
remember what they only wish
to forget”

Sabbadini 1996

Language

- Interpreters
- Professional (medical terminology)
- Arab-speaking colleagues
- Informal *ad hoc* (Family/community)

Ethical and practical challenge

Safety

Confidentiality

Quality





CAPABILITIES

Self Actualisation

**PSYCHOLOGICAL AND SELF
DEVELOPMENT**

Esteem

LEGAL AND COMMUNITY SERVICES

Love/
Belonging

ACCOMODATION AND SUBSISTENCE

Safety

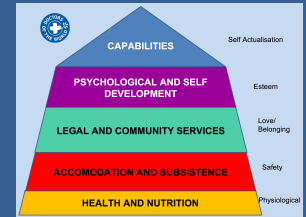
HEALTH AND NUTRITION

Physiological

What are we trying to achieve?



CAPABILITIES



Health:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Mental Health:

A state of well-being in which every individual

- Realises own **POTENTIAL**
- **COPES** with normal stresses of life
- **WORKS** productively and fruitfully
- Able to make contribution to **COMMUNITY**



Mental Health and Psychosocial Support for Refugees

Learning from the Syrian experience

Violence and Displacement in Syrian Conflict

- Multiple rights violations and abuses (different actors):
 - Massacres
 - Murder
 - Execution (without due process)
 - Torture
 - Hostage Taking
 - Enforced disappearance
 - Rape
 - Sexual Violence
 - Recruiting and using children in hostile situations
 - Indiscriminate bombing
 - Sieges



Some of the mental health disorders seen in refugees and migrants

- Depression
- Prolonged Grief Disorder
- PTSD
- Anxiety
- Psychosis

Admissions of Syrians to largest psychiatric hospital in Lebanon went up after the mass migration

More severe Psychopathology and Suicidality

(Lama S et al Community Health Journal 2015)



Mental Health Disorders and Psychosocial Distress among those who have experienced conflict

We need to consider:

Physical

Psychological

Social and behavioural

Spiritual



Mental Health Disorders and Psychosocial Distress among those who have experienced conflict

Physical

Fatigue
Poor sleep
Reduced appetite
Medically unexplained symptoms

Psychological

Sadness
Grief
Fear
Frustration
Anxiety
Anger
Despair
Loss of control
Helplessness
Worry
Ruminations
Boredom

Social and Behavioural

Withdrawal
Aggression
Interpersonal Difficulties



Individuals coping with Psychosocial Distress

Positive

Praying
Music
TV (Not news!)
Drawing
Social Activities
Keeping busy

Negative

Withdrawal
Watching/obsessed by NEWS
Ruminating
Smoking
Sleeping
Crying
Getting ANGRY (especially men-
helpless and unable to fulfill cultural
norm)



How can we help refugee families (and other displaced people) face their challenges?



Potential concerns of Refugees

We can consider these in 4 Domains

1. Political
2. Cultural
3. Interpersonal
4. Intrapsychic



Potential concerns of Refugees

1. POLITICAL ISSUES

- Political Activist

 - Lost Hope and Identity

 - Shame and Guilt

 - Political Cause

 - Family

- Innocent Bystander

 - Lost homes

 - Survivor Guilt and Shame



Potential concerns of refugees

2. CULTURAL ISSUES

WHAT IS CULTURE?

- “The ideas, customs and social behaviours of a particular people or society” (OED)
- “SYMBOLIC UNIVERSE” of its members (Blackwell 2005)
- Organisation of
 - Collective Human Life
 - Meaning of Life



There is inevitably a “Cultural Transition”

Migrants who feel “at sea” in alien culture cling more firmly to own culture

BUT the reality is that they inhabit at least TWO CULTURES:

- One left behind

- One in which they have arrived

In this transition, it is important to maintain

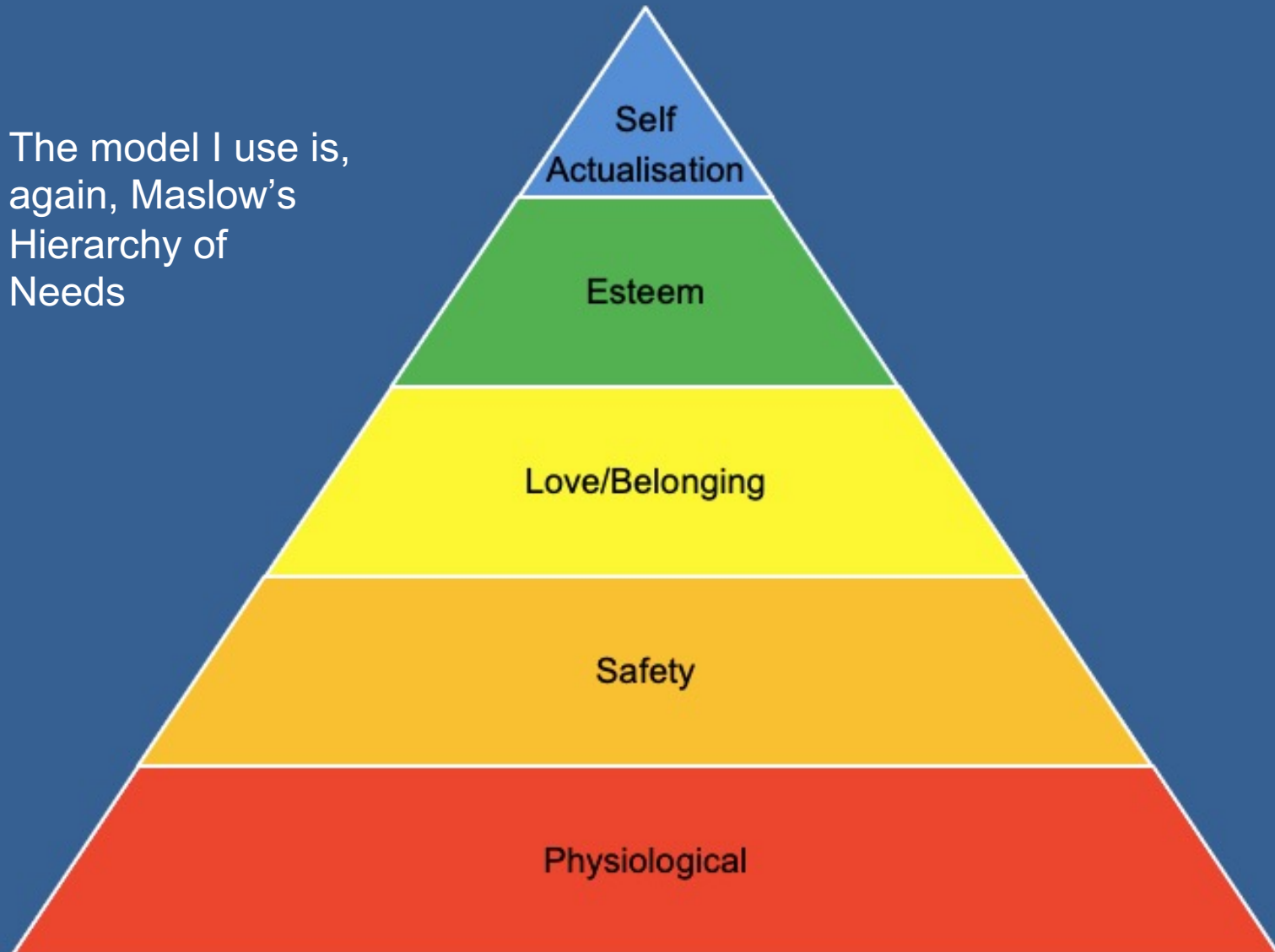
CULTURAL CONTINUITY

My rule of thumb is, again, to think of Maslow’s hierarchy of needs

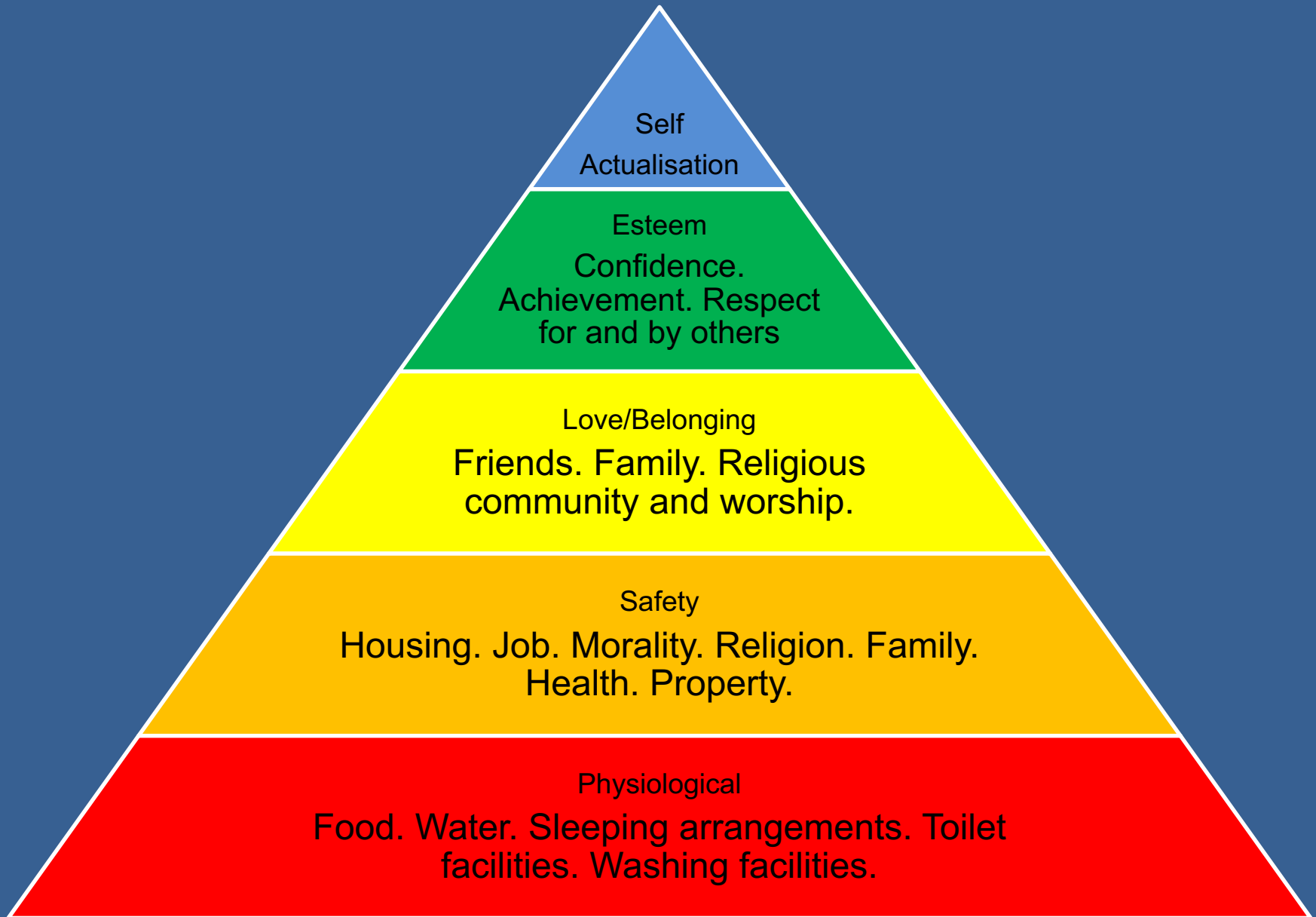


Cultural Transition

The model I use is,
again, Maslow's
Hierarchy of
Needs



Cultural Transition



Cultural Transition



Self
Actualisation

Morality

Creativity

Problem solving

Lack of prejudice

Acceptance of facts

Cultural Transition and Cultural Continuity

- Establish COMMON GROUND and MEANING
- Avoid Simplistic Myths and Projections about other cultures

Need understanding of
our own culture and what
we see as “normal”



Cultural Safety and Cultural Competence

STIGMA

Associated with Psychological Distress and Mental Illness

- Potential consequences of medicalising emotional suffering:

Shame:

Psychological impact can be seen as “weakness”

Embarrassment:

Worried about being thought of as “crazy”

- Avoid Psychiatric labelling

“Depression” “Anxiety” “Disorder”



Cultural Safety and Cultural Competence

Culturally safe environment

- Non-Medical setting

 - Community centres

 - If hospital, general clinic rather than “Department of Psychiatry”

- Safe Spaces

Broadening social support networks

- Build Social Capital

- Enable the discussion of intimate issues

 - Life Changes

 - Emotions

 - Domestic Violence





Cultural Safety and Cultural Competence

CULTURAL FRAMEWORKS OF MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Be receptive to Cultural idioms of distress and Explanatory models

EXPLANATORY MODELS:

Cultural systems of KNOWLEDGE, BELIEF and PRACTICE e.g., Religious. Supernatural)

Ideas about:

CAUSE

COURSE

TREATMENT

OUTCOME

IMPLICATIONS FOR:

Coping

Help-Seeking Behaviour

Treatment Expectations

Worries about long-term consequences

Illness

Stigmatisation

Especially where suffering from
mental health issues



Cultural Safety and Cultural Competence

PRESENTATIONS OF DISTRESS

CULTURAL FRAMEWORKS OF MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Be receptive to

- Cultural idioms of distress
- Explanatory models

INDIRECT:

“I’m tired”

“My psyche is tired”

PHYSICAL COMPLAINTS:

Burden or weight on chest

Abdominal pain

Sleep disturbance

METAPHORS, PROVERBS:

May be misunderstood as:

“Resistance” or

Psychosis

Potential concerns of Refugees

3. **INTERPERSONAL ISSUES**

- Losses and Separations

 - Family

 - Friends

- Witnessed

 - Violence

 - Killings

Guilt

Shame

Responsibility for

 - What has happened

 - Leaving conflict

TV News

 - Torture

 - Rape

 - Obsessed by updates



Assad bombs starving children in rebel-held Eastern Ghouta suburb of Damascus

Hannah Lucinda Smith, Istanbul

December 1 2017, 12:01am,
The Times

Global politics



A child wounded in an attack on Eastern Ghouta, which has been under siege for four years
MOHAMMED BADRA/EPA

For the people of the last rebel-held suburb of Damascus, days begin with a desperate hunt for food and end with burials for those slaughtered.

Eastern Ghouta, a besieged district northeast of the Syrian capital, has been pummelled by 247 airstrikes and 1,200 artillery shells since mid-November as President Assad's forces and their Iranian and Russian allies try to score a decisive victory in one of the opposition's longest-surviving bastions.

The food crisis is the most severe of the war. Several babies have died recently of starvation and Unicef said the rate of child malnutrition was the worst since the start of the Syrian conflict, almost seven years ago.



Potential concerns of Refugees

INTERPERSONAL ISSUES

- Fear
- Anxiety
- Anger
- Aggression

Family

Professionals

- May protect professionals from details

➔ Collusion of Avoidance

Blackwell 2005



Potential concerns of Refugees

4. Intrapsychic Issues

Violence

Terror

Persecution

.....By other human beings

- Rage
- Anger
- Hatred
- Destructiveness
- Existential questions

What is it to be human?

- Sense of abandonment
- Helplessness
- Diminished competence
- “Psychic Numbing”
- Fragmented images, thoughts, feelings



Potential concerns of Refugees

INTERPERSONAL AND INTRAPSYCHIC ISSUES

What can we do?

Create rapport

Bear Witness

Validate

Individualise the horror

Create meaning

“It is the Relationship that heals”

Yalom, 1980



Sexual and Gender Based Violence

**The
Guardian**

Syrian women in Jordan at risk of sexual exploitation at refugee camps

Vulnerable young Syrian women are being sold into marriage, trafficked and exploited by predatory men, say aid workers



▲ Syrian refugees wait for medical treatment outside a women's clinic at the Zaatari camp, Jordan. Photograph: Muhammad Hamed/Reuters



Sexual and Gender Based Violence

SGBV

Causes

- **CONFLICT**-related violence
- Breakdown of **LAW and ORDER** in conflict zone
- **POVERTY**
- Lack of **BASIC NEEDS** and services
- **SEPARATION**
- Traditional **SOCIAL NETWORKS** disrupted

Effects

- **DOMESTIC violence** (more common and aggressive since conflict)
- **SEXUAL violence**
- **EARLY MARRIAGE** (prompted by poverty and insecurity)
- **HARRASSMENT**
- **ISOLATION**
- **EXPLOITATION**
- **SURVIVAL SEX**



GENDER ROLES AND MENTAL HEALTH



WOMEN

May become providers

Husband absent
wounded
disabled
dead

Stress

New tasks in addition to caregiving

May feel inappropriate
Paid menial work
(some empowered by this)

MEN

Provider role disrupted

Worry about safety of family

Unemployed

Depressed and ashamed

Unable to pursue education
Jobs low paid and harsh

Exacerbates family tensions

Domestic violence has increased

Looking after each
other

Vicarious Trauma

- High stress situations
- Particularly when witnessing suffering

The “flip side” of Empathy





Vicarious Trauma

Post-Clinic debrief on every patient

Excellent follow-up when needed

Workshops

- Workshops on self care and vicarious trauma for volunteers
- Facilitated by an experienced art therapist and psychologist

Self awareness

Self care

Coping strategies

Mindfulness

Reflective writing

TALK ABOUT IT!



Thank you for listening

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drpgough@aol.com