

Psychosocial Framework to Support Refugees

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Improving mental health support for asylum seekers and refugees Innovation
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Refugees & Asylum Seekers Mental Health (1)



- ❖ The most vulnerable members of society with complex needs
- ❖ Escaping persecution, disruptions and wars, the majority of them have experienced torture, trauma and loss
- ❖ Subjected to violence and rape or witnessed their family and friends being tortured or killed
- ❖ Leaving their home, belongings and all that they were familiar with behind, they come to the UK facing so many other challenges i.e. basic needs, immigration uncertainty, language problem, no knowledge of the system, sometimes hostile environment

Refugees & Asylum Seekers Mental Health (2)



The refugee experience and its impact on mental wellbeing
Traumatic experiences in the home country:

- ❖ Dangerous and stressful flight from home country
- ❖ Problems encountered in host country
- ❖ The experience of torture (physical or psychological)
- ❖ Experience of loss

Refugees & Asylum Seekers Mental Health (3)



Majority of them suffer psychological and the most common complications:

- ❖ Depression
- ❖ Post Traumatic Stress Disorder (PTSD)
- ❖ Anxiety Disorder
- ❖ Phobia

Refugees & Asylum Seekers Mental Health (4)



Main factors hindering them from rebuilding their lives and achieving their full potential, hence poorer mental health:

- ❖ Financial difficulties and poverty
- ❖ Loss of Identity
- ❖ Lack of employment
- ❖ Poor Accommodation
- ❖ Cultural Barriers

Western Psychological Intervention



- ❖ Assumptions underlying clinical practice come from theory and treatment models developed in wealthy countries and Western culture by Westerners for Westerners
- ❖ It is imperative that they be critically examined in the care of culturally diverse refugee children and families
- ❖ Lack of understanding of the process and techniques of therapy by non-westerns
- ❖ Western theoretical and practical approaches identified as a challenge both for therapists and clients

Refugee Cultural Perceptions (1)



- Perceptions of Mental Health vary greatly from one culture to another
- Stress, psychosis, anxiety and depression may have little meaning as there may not be equivalent words in a mother tongue
- Minor mental health problems are held/ solved within the family and are not seen as requiring help (Horn of Africa)

Refugee Cultural Perceptions (2)



- In some cultures counselling may either not be well known or be done differently i.e. talking to elders or talking in groups (e.g. Middle East & Africa)
- Spirituality may be a key factor in counselling for some refugees (e.g. Latin America, Middle East and Africa)
- The more spiritual the culture the more likely it is that they will perceive serious mental health issues as 'God's will' or 'destiny'

Understanding Mental health in Relation to Culture

Western	Non-Western
Control Personal autonomy Understanding by analysis Problem solving Body & mind separation	Acceptance Harmony Understanding by awareness Body & mind unit & Contemplation

Mental Health, Race and Culture, Suman Fernando, 1999

Psychosocial Framework (1)



Psychosocial support usually refers to approaches to support survivors of disasters, violence and other adverse situations

- ❖ Helping the person coping with the situation and by respecting the independence, dignity and coping mechanisms fostering resilience,
- ❖ psychosocial support promotes the restoration of social cohesion
- ❖ Aims at enabling people to restore normal life and empower affected people

Psychosocial Framework (2)



The psychosocial framework of the International Federation of Red Cross (IFRC) defines psychosocial support as *“a process of facilitating resilience within individuals, families and communities.”*

The Concept of Psychosocial Support (1)



- **Bio** is the biological or physical aspects of a person and his/her biological needs.
- **Psycho** means **the mind**. The mind refers to a person's thinking, feeling, emotions, understanding, beliefs and attitude.
- **Social** refers to the way a person relates with his or her social environment including: family, friends, neighbours and community and additionally, the influence of what happens in the community.
- **Psychosocial** combines the words **psycho** and **social**.

My Doctorate Thesis

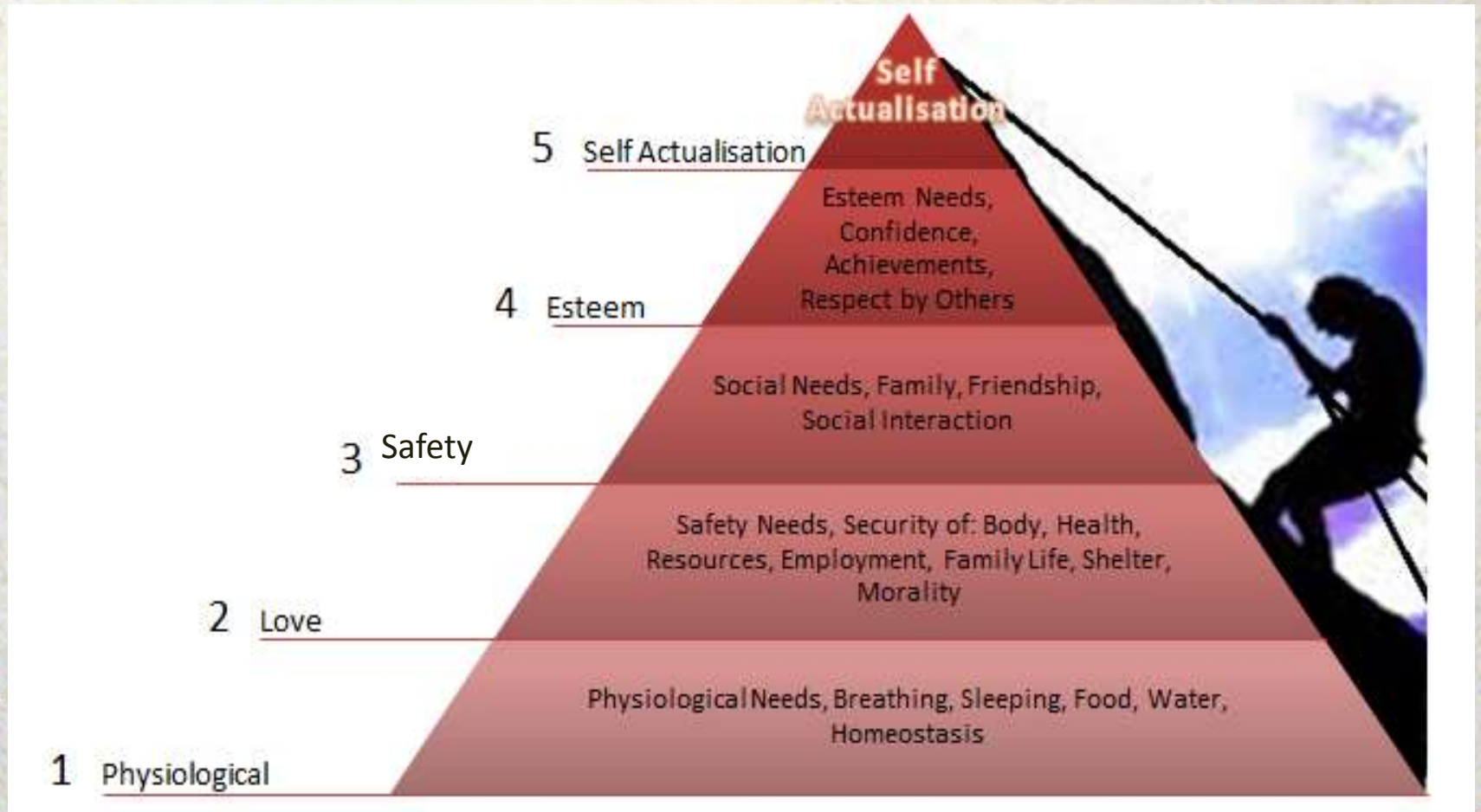
- ❖ Developed a holistic model of service provision based on Maslow's Hierarchy of Needs theory
- ❖ From clinical point of view set up services based on Suman Fernando's Western v non-Western theory

The most common issues presented by clients after settlement



- ❖ The role of culture
- ❖ The impact of language loss
- ❖ Identity loss and sense of belonging

Maslow's Hierarchy of Needs - Original Five Stage Model





Our Holistic Model of Support at a Glance

About BRS (1)



Barnet Refugee Service:

Barnet Refugee Service (BRS) is an independent registered charity working in partnership with individuals and agencies to improve the quality of life and promote the physical, social and mental well-being of refugees and asylum seekers. We work in the London Borough of Barnet and surrounding boroughs, helping to reduce health inequalities, social exclusion and poverty and enabling integration.

Projects @ BRS (2)

- Advice & Advocacy Project
- Tackling poverty and homelessness
- Immigration
- Housing
- Health work
- Employment
- Education

Projects @ BRS (3)

- ESOL Classes
- Get into reading group
- The Mums & Tots Group
- Women's Group 'Jasmine'
- Volunteering Program
- Men's Breakfast Club

Projects @ BRS (4)



- Emergency Drop in for Destitute Asylum Seekers
- One to one Emotional Support in mother tongue
- Group Therapy (music, drama, dance, mindfulness)
- Echotherapy (Gardening project or Yoga on the move)
- Annual Residential Retreat
- Health Promotion/Access Workshops

Projects @ BRS (5)



Youth Activities:

- Refugee Youth Support Project developed based on findings of my MA dissertation
- Psycho-social activities(outing, photography, music therapy)
- Therapy in a non-clinical setting
- Weekly Social Club
- Volunteering and advice

Key factors of success With Psychosocial activities

Key factors to create 'change':

- ❖ An approach on mental health support more accepted within non-western community
- ❖ Fundraising i.e. being creative,
- ❖ knowing consumers psychology
- ❖ Developing and manage partnerships and collaboration work

Impact on Staff Working with Refugees (1)

- ❖ Stress and Coping among Humanitarian Staff are more documented by UNHCR and other agencies
- ❖ In recent years, concerned stakeholders and researchers have collected a body of knowledge emphasising distress among humanitarians, and underscoring the need to provide support
- ❖ “...***our knowledge about the psychosocial needs of staff and about factors that affect staff well-being has increased dramatically. In part this reflects an increase in formal studies of staff stress...***” Antares (2012)

Impact on Staff Working with Refugees (2)



Most Common reactions:

Physically stressed

- Psychosomatic pains
- Tight muscles
- Headaches
- Stomach upsets

Emotionally stressed

- Irritability
- Mood swings
- Feeling depressed
- Anxious or numb
- PTSD
- Sleep disturbances
- Over-identifying with the clients

Managing the Impact on Staff Working with Refugees



- **Policy:** Written and active policy to prevent or mitigate the effect of stress
- **Screening and Assessing:** Capacity of the staff to respond or cope
- **Preparation & Training:** To ensure all staff have pre-assignment training to manage stress
- **Monitoring:** To ensure that staff response to stress is monitored on an on-going basis
- **On-going Support:** To ensure that staff have on-going supervision and support including debriefing if necessary
- **Psychological Support:** To ensure that all staff have access to emotional support if needed

Thank you for listening

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