Providing access to Healthcare for Refugees arriving in the UK

Dr Peter Gough, Doctors of the World UK
MÉDECINS DU MONDE

PROVIDING ACCESS TO HEALTHCARE FOR EXCLUDED PEOPLE ALL OVER THE WORLD
400 programmes in 82 countries.

INTERNATIONAL PROGRAMMES
Ebola response in Sierra Leone, healthcare along refugee routes in Europe.

DOMESTIC PROGRAMMES
Healthcare to migrants, homeless people, drug users, sex workers, and Roma.
POSSIBLE 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
DOCTORS OF THE WORLD IN THE UK

DOTW HAS RUN A CLINIC IN EAST LONDON FOR 10 YEARS

- Provides basic short-term medical care, GP registration advocacy and information to vulnerable and excluded people across the UK.
- Advocacy with Department of Health, NHS England and other key stakeholders.

FUTURE PLANS

- Services outside of London
- Mobile Clinic
- Continued advocacy work
SERVICE USERS

- Less than 10 years old: 1%
- From 10 to 19 years old: 3%
- From 20 to 29 years old: 22%
- From 30 to 39 years old: 33%
- From 40 to 49 years old: 24%
- Over 50 years old: 20%

IMMIGRATION STATUS

- 18% Asylum Seekers
- 58% Undocumented
- 27% Other/Undefined
- 73% had been involved in an asylum application
- 34% required interpreters

RESIDENTIAL STATUS

- 6.5 years: The average length of time foreign nationals had been living in the UK before accessing our service
- 36% were living in unstable accommodation
- 77% were living in poverty
HEALTHCARE ENTITLEMENT IN THE UK: PRIMARY CARE

EVERYONE IN THE UK IS ENTITLED TO FREE PRIMARY CARE

NHS ENGLAND STANDARD OPERATING PRINCIPLES ON GP REGISTRATION STATE:
‘...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’

GP practices should not withhold registration and appointments because a patient does not have the necessary proof of residence or personal identification.

†NHS England, Patient Registration Standard Operating Principles for Primary Medical Care (General Practice), 2015
"I never went to that doctor at all because every time when you go to that doctor all they asked what was your status - that was number one........they say no we can’t give you that treatment, you don’t have the right for that treatment here"
(Female, 57, 10 years in UK)
HEALTH NEEDS OF DOTW’S SERVICE USERS

- 26% of people attending the clinic reported their health as bad or very bad

- 25% of people reported their psychological health as bad or very bad

- 84% had at least one health problem that hadn’t received any treatment

- 39% had a chronic condition which had never been reviewed by a doctor

- 25% experienced violence
Experiences of Mental Health Services among Service Users of Doctors of the World East London clinic with low self-reported psychological health status
Help with Health Costs for People not Eligible for Benefits

What is the HC1 form?

What is the impact on people not able to afford prescriptions?
ENTITLEMENT TO SECONDARY CARE

- Entitlement to Secondary Care without charges is based on the concept of ‘ordinary residence’

‘…living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration’

In practice:

- UK citizens residing in the UK
- EEA citizens residing in the UK
- Non EEA citizens with indefinite leave to remain
Exempted Groups of People

- Those who have paid the **HEALTH SURCHARGE**
- **EEA NATIONALS** covered under the EHIC or those from countries with reciprocal agreements
- **ASYLUM SEEKERS** with current claims or appeals
- Recognised **REFUGEES**
- Recognised survivors of human **TRAFFICKING**
- Refused asylum seekers receiving **CERTAIN TYPES OF SUPPORT** (S.4, S.95, S.17 and S.1)
- **CHILDREN IN CARE** of the local authority
- Those detained under the **MENTAL HEALTH ACT**
- Those in immigration **DETENTION**
Exempted Categories of Treatment

- Accident & Emergency
- Continuing course of treatment
- Sectioning under Mental Health Act 1983
- Treatment for communicable diseases e.g. TB, HIV, STIs
- Treatment that is necessary as a result of torture, FGM, domestic violence or sexual violence.
Can care be withheld pending payment?

IMMEDIATELY NECESSARY AND URGENT CARE
• Must be given regardless of someone’s ability to pay.
• Patients should not be discouraged from accessing it.
• Patients should not have their treatment delayed to determine chargeability.
• **It must be provided and then billed afterwards.**

*Only clinicians* can make an assessment as to whether a patient’s need for treatment is immediately necessary, urgent or non-urgent.

*All maternity services*, including routine antenatal care, are immediately necessary.
ENTITLEMENT TO SECONDARY CARE

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

URGENT CARE
• Cannot wait until return to country of residence
• Should take into account:
  Pain
  Disability
  Risk of the delay exacerbating
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
Home Office incursion into NHS

- MOU between Home Office and NHS Digital
- Asylum Seekers asked to sign consent forms in initial interview
- Hospitals pass on information of people with outstanding bills
Fear of Home Office and/or of debt leads to...

- People NOT ACCESSING CARE when they need to, including people seriously unwell with cancer pregnant women.

- People in vulnerable situations becoming ANXIOUS and STRESSED about Health and Wellbeing Debts.
The importance of supporting volunteers working with refugees

• **Vicarious Trauma**
  - Impact that working in high stress situations can have on people, particularly when witnessing suffering.
  - Awareness of vicarious trauma, with attention to self care in relation to work stress, can help maintain well being

• **Workshops**
  - Doctors of the World facilitates workshops on self care and vicarious trauma for its volunteers since 2015
  - Since last year has opened up the workshops to any frontline staff working with refugees and migrants. These are facilitated by an experienced art therapist and by a psychologist.
  - Workshops primarily designed to support the wellbeing of people working with refugees, but also exploring a specific theme (vicarious trauma and self care, coping strategies, mindfulness, reflective writing, psychosomatic illness)
POST ARRIVAL – Identifying key needs and opportunities for health prevention & preventative interventions
INITIAL HEALTHCARE ASSESSMENTS 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)

**How can you help?**

- Ask the GP surgery to book an initial appointment with all resettled Syrians, even if it is not standard procedure at that practice
- Ask if a longer/double slot can be allocated
- Ensure that an interpreter can be provided
- Ask for the findings of the assessment can be put in a letter, for future reference
HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Things to consider:

- Poor living conditions during migration
- Physical Injuries
- Neglect of Healthcare and Chronic Conditions
- Disruption to Healthcare System and Vaccination Programmes in Country of Origin
- Mental Health
HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Poor living conditions during migration

- Exposure
  - Hypothermia

- Lack of access to clean water and sanitation
  - Dehydration, gastroenteritis, skin conditions

- Poor nutrition

- Fires / cooking equipment
  - Respiratory illness
HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Physical Injuries

- Dangerous transport (jumping on lorries/over fences, poor travelling conditions)
- Long journeys on foot with poor footwear
- Injuries from police brutality (being hit, rubber bullets, sprayed with tear gas)
- Untreated injuries from war and torture
HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Neglect of Healthcare and Chronic Conditions

- Diabetes mellitus
- Cardiovascular disease
- Respiratory disease
- Cancer.
- Medication run out or lost it along the journey
- Dental issues (as a result of poor dental hygiene)
HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

Disruption to Healthcare System and Vaccination Programmes in Country of Origin

• Return of polio to Syria after 14 years
• Vaccination coverage declined from 99% to 52%.
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
Mental Health and Psychosocial Interventions

IASC Pyramid
Interagency Standing Committee

Clinical Services

Focussed Psychological Supports

Strengthening Community and Family Support

Social Considerations
Basic services and security

SAFE
SOCially
APPROPRIATE
PROTECT
DIGNITY
Strengthening Community and Family Support

Social Considerations
Basic services and security

Focused Psychological Supports

Clinical Services

Complex PSYCHOLOGICAL, PSYCHIATRIC or SOCIAL interventions

TARGETED programmes by trained persons for SPECIFIC issues

Resuming EXISTING social practices or support NEW ones

Support: Address practical needs addressed to ENHANCE WELLBEING (not the opposite)
Mental Health and Psychosocial Support for Syrian Refugees
Syrian Refugees and IDPs (Internally Displaced People)

Largest refugee displacement of our time

Since March 2011 around HALF POPULATION displaced (half of these CHILDREN)

8 million INSIDE Syria (repeated- frontline shifts)

> 4 million have fled to other countries

UNHCR 2015
UNOCHA 2014
Syrian Vulnerable Persons Resettlement (VPR) Programme

• 20,000 Traumatised and Vulnerable people
• Over period of 5 years
• Complex challenges
  Medical
  Psychological
  Social
  Cultural
  Spiritual/Existential
PRE-DEPARTURE ASSESSMENTS by International Organisation for Migration (IOM)
IOM Assessments

- 3-6 months before departure
- Inadmissible conditions identified e.g. TB
- Patients treated for TB screened again 2 weeks before departure
- Refugees with Chronic or Complex conditions may be examined for “Fitness to travel”
- Presumptive therapy for intestinal parasites 24-48 hrs before departure
IOM Assessments

• Can only be seen as INITIAL SCREENING TOOL undertaken in a particular CONTEXT

• Piloting more enhanced MENTAL HEALTH SCREENING tool (GMHAT)
  
  9 conditions in Adults
  Beirut IOM clinic Lebanon
  Used to inform the matching process
  Shared with LA/GP on arrival

• Still concerns that not the right time or place.
CULTURAL FRAMEWORKS OF MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

- Cultural idioms of distress
- Explanatory models

PRESENTATIONS OF DISTRESS

INDIRECT:
- “I’m tired”
- “My psyche is tired”

PHYSICAL COMPLAINTS
- Burden or weight on chest
- Abdominal pain
- Sleep disturbance

IMAGES, METAPHORS, PROVERBS
- May be misunderstood as “Resistance” or Psychotic
Mental Health Disorders and Psychosocial Distress among conflict-affected Syrians

**Emotional**
- Sadness
- Grief
- Fear
- Frustration
- Anxiety
- Anger
- Despair

**Physical**
- Fatigue
- Poor sleep
- Reduced appetite
- Medically Unexplained Symptoms
Mental Health Disorders and Psychosocial Distress among conflict-affected Syrians

**Cognitive**
- Loss of control
- Helplessness
- Worry
- Ruminations
- Boredom

**Social and Behavioural**
- Withdrawal
- Aggression
- Interpersonal Difficulties
Mental Health Disorders and Psychosocial Distress among conflict-affected Syrians

- Depression
- Prolonged Grief Disorder
- PTSD
- Anxiety
- Psychosis
GENDER ROLES AND MENTAL HEALTH

WOMEN
• Become providers (Husband absent, wounded, disabled, dead)
• Stress
• New tasks in addition to caregiving
  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
Sexual and Gender Based Violence (SGBV)

### Causes
- CONFLICT-related violence
- Breakdown of LAW and ORDER in Syria
- 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
THANK YOU
Are there any questions?

DotW AdviceLine: 020 75157534 (10am-12pm, Monday-Friday)
Contact number for organisations: 0207 0789 629 (office hours)