REFUGEE ROUND TABLE DISCUSSION ON MENTAL HEALTH

Organised by **Golden Opportunity Skills and Development (GOSAD) in partnership with Ealing Somali Welfare and Cultural Association and Horn of Africa Disability and Elderly Association (HADEA)**

1. ***Introduction***

On 5th July 2018, Golden Opportunity Skills and Development (GOSAD), Ealing Somali Welfare and Cultural Association and Horn of Africa Disability and Elderly Association (HADEA held a round table discussions on Refugee Mental Health.

The definition of a refugee as stated in the 1951 United Nations Convention Relating to the Status of Refugees is as follows: “A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

An asylum-seeker is recognised in the UK as someone who has applied for refugee status in the United Kingdom and is still waiting for a decision on that application. Where the word refugee is used in this document it refers not only to refugees but also asylum-seekers.

2. ***Background***

On 19th March 2017, GOSAD decided to look into more depth the plight and prevalence of mental health amongst its refugee and asylum-seeking beneficiaries. From 2015, we noticed a number of newly arrived refugees from Eritrea, South Sudan and Afghanistan were being put forward to our ESOL and Employability programme by Ealing Job Centres. GOSAD and its partners have been delivering projects over time that slightly touched on dealing with mental health amongst mostly the BMER communities and what we knew then was that every individual case we encountered had elements of dissatisfaction and even maligning of current mental health service provisions.

We saw families devastated mainly due to poor mental health support and the fact that they did not understand how existing services worked. A point in case and one that triggered the start of the consultation process was that of a young man with severe mental health diagnosis who got released into the community by his support worker under very appalling conditions. The support worker in his release report suggested that the affected man was pretending to be mentally ill. The young man’s mother who is unable to communicate in English when told about the report, could not stop crying. A few weeks after the young man was released into the community he was sectioned under the mental health act after a disturbance at a convenient store.

We have been running an unfunded monthly Mental Health Forum with refugee communities and the stories we have heard from attending individuals are not only harrowing but it further presses the point that almost every newly arrived refugee/asylum seeker has unattended mental health problem that need addressing. We call our forums MINDFULLNESS forum – by using the different refugee languages mainly due to cultural stigma attached to mental health. We have and continue to use the forums as a space where we are also able to demystify cultural nuances and stigma attached to mental health amongst the refugee communities.

Despite all the doom and gloom, we have been able to find workable solutions to supporting our refugee/asylum seeking beneficiaries access services, gain skills/qualifications and secure long-term employment opportunities. Addressing deep seated mental health issues amongst these communities remains a challenge that need a concerted effort to address and tackle.

3. ***Round Table Discussion***

The round table discussion was set up in a very informal manner so that participants would feel free to discuss issues without feeling pressurised in any way or form. We expected about 30 attendees from the refugee community, but more than 50 attended and as time progressed more and more individuals were turning up to the event. Those attending included individuals with mental health challenges and their carers. Our aim is continue the consultation using matured and collected data that would inform future consultations – where the focus would be working on identified recommendations/solutions. The discussions were facilitated by our volunteers that spoke the different refugee languages.

We tried to invite key mental health service providers but unfortunately, we had apologies from West London Mental Health Trust and Ealing's IAPT services. We were pleased that Val Wilson CCG's Mental Health Commissioning Manager found the time in her busy schedule to attend the event.
The event was also attended by Neighbourly Care, Race on the Agenda (ROTA) and Ealing CCG representative, The event was opened by our local MP Verendra Sharma who chartered his own experience of mental health, a poignant moment for those in attendance – associating immigration, settlement challenges and the fact one could rise from any background to hold one of the highest seat in government.

Our key note speaker Dr Yusuf Sheikh Omar of refugee and Somali heritage and a current SOAS teaching personnel set the scene for the discussions. He was able to explain the causes of mental health issues amongst the refugee communities and he gave examples of why such issues occur and how best to address them.

There were four tables of attendees and as previously mentioned, the discussions were kept open – but with two overriding questions that needed addressing. The first question looked to explore challenges faced by the refugee communities when accessing mental health services and second looked to explore solutions/recommendations for improved services.

3.1 ***Challenges in Accessing Mental Health Services***

The discussions highlighted the following challenges;

(a) Interpreting and language barrier: inability to articulate mental health issues meaning that individuals decide not to seek support. The general understanding that current services will not be provided confidential and professional interpreting services.

(b) Lack of understanding of available services/provisions: Mentioned a few times was the fact that there was no knowledge of mental health services and provisions within the borough

(c) Cultural sensitivity and barrier: The understanding that service providers might not necessarily understand the cultural nuances that underpin the understanding and treatment/addressing of mental health issues amongst the refugee communities

(d) Being over-drugged and under the influence of medicated drugs: The fear and perception within the community that mental health services make the illness worse rather improve it. They sighted the fact that it is a known rumour amongst the community that individuals because of who they are, are over-drugged and not offered holistic (therapy, etc) mental health treatment.

(e) Lack of familiar faces: Discussion touched on the fact that current services and for that matter in all health and social care provision – there is a lack of professionals that are best placed to understand the cultural and health needs of the refugee communities.

(f) Dealing with Trauma: A passionate after discussion presentation was made around dealing with and treating mental trauma associated to adverse experiences such as torture and so on experienced by refugees/asylum seekers. The refugees/asylum seekers are not accessing trauma services and no efforts are being made to offer them such services.

3.2 Solutions/Recommendations

The round table discussions and maybe the way we set it up – really surprised us for the mere fact that communities have the potential with the right platform support and even mentor each other. The discussions shifted in most of the tables to available services and support that could be sought. Although some of the participants could not express themselves in English, through the facilitators they were able and were keen to offer solutions and make recommendations. This is a commendable thing and it just shows the resilience and coping skills these communities have built through their experience.

The groups discussed the following solutions and recommendations

(a) GP services if approached could advise and support mental health needs and that some GP surgeries could be accessed in the evenings and during the weekend
(b) Those affected to confide in family and friends instead of suffering in silence with the hope that families and friends could support with access to mental health services/provisions.
(c) Approaching community centres to seek assistance especially for those that care for someone affected by mental health – an example of the Samaritans was given.
(d) To offer cultural specific first instance mental health support through trained community therapists who can also conduct outreach interventions.
(e) Access to cultural specific/sensitive training and awareness sessions on mental health
(f) Services need to support the mental health needs of refugee communities – especially support dealing with trauma
(g) Properly trained interpreters that will provided impartial and correct interpreting support
(h) Refugee specific talking therapies

Conclusion.

The round table discussion was probably the first in Ealing to specifically look at the mental health needs of the refugee community and we hope that this continues with all stakeholders taking part in continuous discussions in order to find workable solutions.

The findings have clearly identified gaps in services and the solutions including the recommendations provided clearly demonstrates that the community if engaged properly, can be part of a long-term solution. The days of working in silos and where decision makers in their ivory towers could determine how best services be delivered – need to be challenged and put to task after all most services use public funds but failing to acknowledge the public benefit criterion.

Mental health remains one of the biggest challenge to ever face humanity in this day and age and as we have come to realise recently it touches everyone including the royal family. It is quite ironic, that we can find solutions, but we are still grappling with power issues and some

of the services we have tested locally, we find it baffling that a publicly funded entity could design a service that completely alienates whole swathes of the community from engaging in it. How is it that someone with limited or no knowledge of the English language is faced with completing a complicated questionnaire every time they try and access a service that is meant to address mental health issues? Does not occur to anyone that something that could be termed as low-level requirement could actually in itself cause further mental anguish? On a positive note, more needs to be done and if it means co-designing services to meet user needs then such strategies should be implemented but with the real needs of users put at the heart of any intervention.

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