

An exploration of asylum seekers' mental-health needs versus services provided within Brighton and Hove.

Background

In 2017, 68.5 million people were displaced, and 3.1 million of them were asylum-seekers (1). Of the 28 European Union member states, the United Kingdom (UK) became the 5th largest recipient of new asylum seeker claims with 26,350 received (2). The UK Home Office does not currently relocate asylum-seekers to Brighton and Hove (B&H), but it is estimated 200 asylum-seekers live in B&H (3). Globally, definitions of mental-health and mental-health support differ, and there are variations of standards in mental-health systems, with large treatment gaps (4-7). Asylum-seekers, including those in the UK are known to be at increased risk of mental-health issues, such as post-traumatic stress disorder, anxiety and depression (8-10). In 2017, B&H Joint Strategic Needs Assessment reviewed international migrants' needs within B&H, and made recommendations for improved access to appropriate mental-health services, but lacked clarity on how to achieve this (3).

Research questions

Three research questions resulted from the background and detailed literature search. What mental-health services are available to asylum-seekers within B&H? What services are used by asylum-seekers within B&H? What services are required to meet the mental-health needs of asylum-seekers within B&H?

Methods

Due to differing time-scales of asylum-seeker applications in the UK, and the effects of post-migratory stressors, the decision was taken to include those who had gained refugee status within five years, as well as asylum-seekers. The term 'asylum-seeker' encompasses both groups of participants. This study adopted qualitative methods and used thematic analysis. Semi-structured interviews were undertaken with 6 service-providers and 9 service users in B&H. A gatekeeper helped start a snowball participant recruitment sample. Interviews were voice-recorded, transcribed and a thematic analysis was undertaken using NVivo to gain understanding of the data.

Results

Themes emerging from analysis were related to research questions : service availability is affected by capacity and funding; services used are affected by initial access issues, referrals, location and travel; and service needs are for understanding of mental-health status, appropriate and flexible support, use of interpreters and addressing prejudice through advocacy. The full study report is available from the primary researcher.

Conclusions and recommendations

Current mental-health support for asylum-seekers in B&H is inadequate despite the care and efforts of service-providers. Practical recommendations to improve services are addressed to stakeholders including local service-providers; B&H City Council; Local National Health Service (NHS) providers; and UK government. Recommendations for B&H service development include:

1. A holistic service such as the Helen Bamber Foundation would be ideal but requires further research, finance and resources.
2. Existing services require building up and improved cohesion between services is needed.
3. Improved and accessible information about services and what they offer to meet individual needs is essential.
4. A reporting system should be developed, so inequalities and gaps in services can be recognised, reported and addressed.
5. Commitment to funding and sustainability of services and trust in them must be addressed.
6. Education about asylum-seekers' needs and available services should be provided to frontline staff such as: GP practices; mental-health services; local social workers; local schools and colleges; and local foster carers.
7. Brighton's Wellbeing Service should develop the use of Black and Minority Ethnic counsellors and train others within the service.
8. Child and Adolescent Mental Health Services should develop specialised support.
9. Extended treatment programmes within NHS provision are needed, in line with National Institute for Health and Clinical Excellence guidelines.
10. Services should develop flexible working with asylum-seekers.
11. Financial support is needed for non-statutory services, in particular for non-profit organisations.
12. Availability and use of interpreters is essential.
13. 'Sideways therapeutic work' and alternative care pathways are needed.
14. Improvements in multi-professional working and networking should be made.
15. Re-development of the befriending service is needed.
16. Financial support for asylum-seekers travel costs is required.

Development of appropriate services and addressing the multi-faceted needs of asylum-seekers is vital to support this vulnerable group, and will benefit wider society.

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