Reform of the Mental Health Act. Have we considered the Assessment of Asylum Seekers & Refugees?

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Aims & Objectives

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- The impact of traumatisation and uprooting experienced by asylum seekers/refugees;
- the Mental Health Needs of Asylum Seekers
- The asylum system
- Access to health & Social Care by Asylum Seekers & Refugees
- The challenges

Zimbabwean Asylum Seeker Story 2019:

- https://www.independent.co.uk/news/uk/home-news/asylum-seeker-homeless-home-office-deport-detained-a8947376.html?amp

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Afshin Story

- Afshin is a 37 years old male asylum seeker who has been in the UK for 6 years. His asylum claim was refused, but he is still awaiting a decision on what happens to him next. In the meantime he was left destitute and homeless for 4 years, until he was taken in by Columbian Fathers (Monks).
- During this time he suffered severe psychological and physical damage.

- Whilst homeless he feared for his life. He also became severely malnourished. He has various problems as a result, including with his stomach and eyesight.
- Afshin was already suffering psychological trauma from his experiences in his country of origin. He suffers from severe depression and has attempted suicide on 3 different occasions. He has medical records to support this.

- Afshin feels completely bewildered by the length of his case and reported that he has never received adequate information from the Home Office about why his case has not been granted. Afshin has campaigned tirelessly for his case to be resolved once and for all, so he can live a normal life, have the right to work, and not rely on charity.

- He feels that his treatment is ‘worse than an insect’. He said to a volunteer at the local refugee community organisation, “ I came to the UK to seek protection from human rights violations in my country of origin, and yet I feel further violations to my rights and devastating impact on my self-worth since arriving.”

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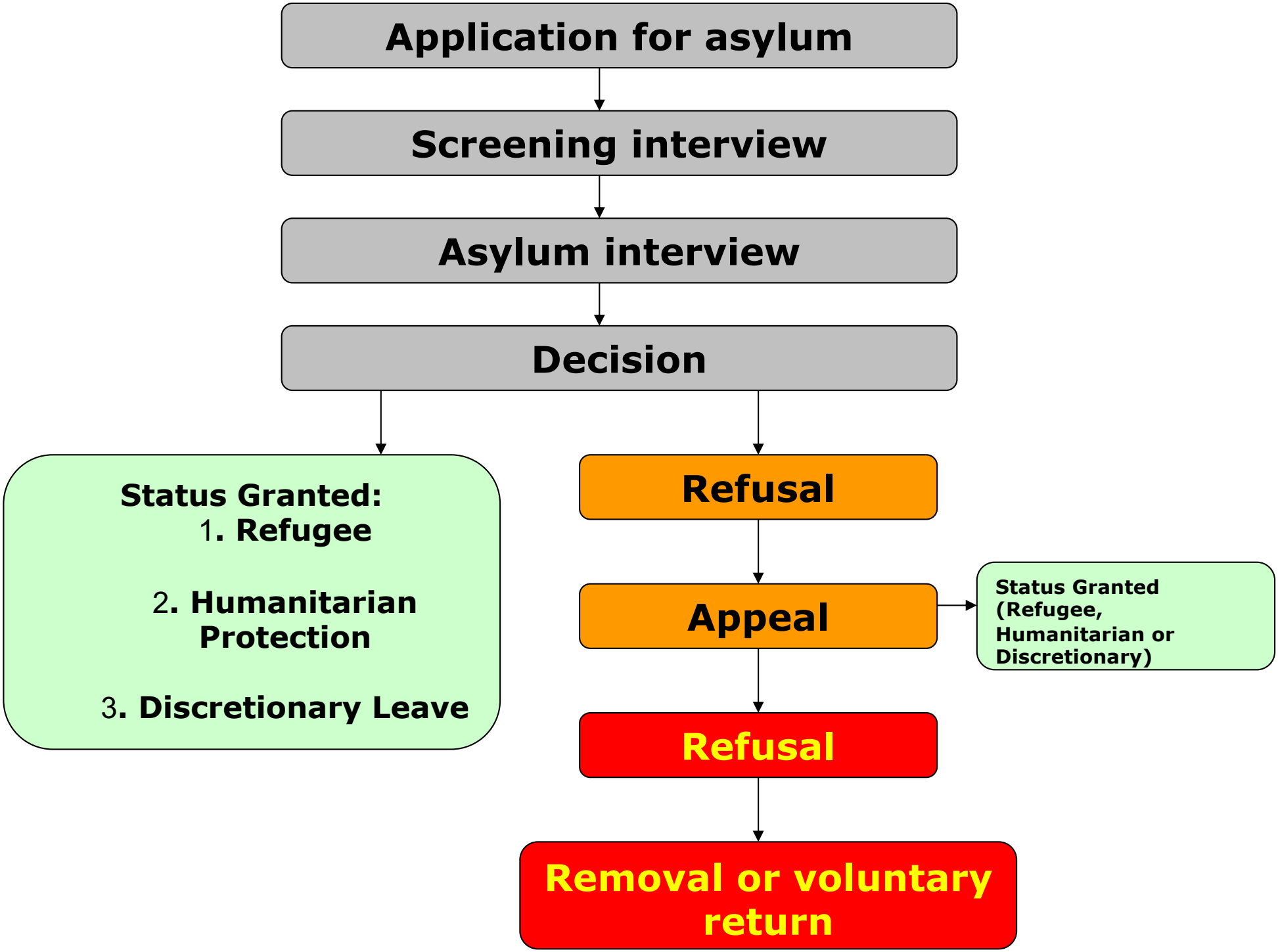
Practitioners feel disempowered when working with this service user group due to lack of guidance of how to effectively liaise with other agencies such as home office, social services, housing etc.


Application for asylum
Screening interview
Asylum interview
Decision
Status Granted:
1. Refugee
2. Humanitarian Protection
3. Discretionary Leave
Refusal
Appeal
Status Granted (Refugee, Humanitarian or Discretionary)
Refusal
Removal or voluntary return

Who are Asylum Seekers?

- Asylum-Seekers refers to an individual who is undergoing the legal process in the UK where a person/family has applied for asylum under the terms of the Asylum and Immigration Act. Under this Act they are not designated as refugees unless that claim has been accepted, a process which may take many years. A more commonly understood meaning of refugee is anyone who is fleeing hardship or persecution; this common term should not be confused with the legal status of refugee.

What are the main Asylum seeking Nationalities in UK?

- **Key Points**

- **Asylum applications peaked in the early 2000s. They increased from 2010 to 2015 and fell slightly from 2015 to 2017, when they stood at 26,350 main applicants**

- **Asylum claims in the UK represented less than 5% of the total number of applications made in EEA countries in 2017**

- **A majority of initial asylum applications are refused (68% in 2017), but a substantial minority of decisions are overturned on appeal (35% in 2017)**

- **Taking into account decisions overturned on appeal, 50% of asylum applicants between 2010 and 2015 were eventually granted some form of protection**

- **Iran, Pakistan and Iraq were the main origin countries of asylum seekers in 2017**

- **In 2017, 4,800 Syrians were resettled through the Vulnerable Persons Resettlement Programme**

What problems do Asylum seekers face in UK?

- Language Barriers
- Isolation
- Lack of good quality legal advice
- Detention
- Racism
- Poverty

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How are Asylum Seekers perceived

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THE Sun

Asylum gang had two swans for roasting

(This turned out to be rubbish and the Sun published an apology – on page 41)

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Up to 80,000 bogus asylum seekers granted 'amnesty‘ Mail Online

Failed Asylum Seekers who are too violent to send home DAILY EXPRESS CRUSADING FOR A FAIRER BRITAIN

In fact Asylum Claims in recent years accounted for only 4% of inward migration

It is very important to distinguish between the asylum system and general migration


DAILY EXPRESS

NOW ASYLUM IF YOU'RE GAY


Daily Mail

THE G DIET

ASYLUM: YOU'RE RIGHT TO WORRY

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Mental health

- The experiences of traumatisation and uprooting could have psychological consequences on asylum seekers/refugees. These manifest themselves in depression, guilt, anxiety and shame. These are common reactions that need to be contextualized in relation to existing stress factors and not looked upon as psychiatric illness. It is seldom that major disorders, such as schizophrenia, clinical depression or florid psychosis exist among this group. Even the diagnosis of post-traumatic stress disorder (PTSD) should be used vigilantly.

In Asylum Seekers…

- Higher stress
- More deprivation
- More mental illness

WHAT MIGHT YOU SEE IN YOUR SERVICE USERS?

1…CHALLENGES in Asylum Seeking Population

- DEFINING THE SYMPTOMS
  - How to be clear about symptoms with no clear baseline.
  - How to know ‘what is normal’ in exceptionally abnormal circumstances.

2…CHALLENGES in Asylum Seeking Population

- GETTING THE HISTORY
  - Obfuscation…fear and suspicion
  - Movement of people is frequent
  - Lack of corroborative history e.g. from family

3…CHALLENGES in Asylum Seeking Population

- DIFFICULTY USING UK TREATMENTS
  - PSYCHOTHERAPIES
    - Seldom available with an interpreter
    - Rely on good relationships with the therapist
    - Poor resources – wait weeks even years

4…CHALLENGES in Asylum Seeking Population

- THE HOME OFFICE !
  - Impenetrable beauracracy!
  - Where are they in the system?
  - Waiting, waiting, waiting!

Case 1 – presented 4 years ago

- SUMMARY
  - 50 year old Iranian female
  - Skilled worker in Iran
  - 15 days in prison – raped and assaulted
- THEN
  - Suicidal thoughts, collapses, somatic symptoms, full PTSD symptoms.
- NOW
  - The same.
  - BUT…recent leave to remain
  - Claiming benefits
  - Still alive- was previously very suicidal

Case 2 – presented 3 years ago

- SUMMARY
  - 52 Iranian female, educated.
  - Fled due to her women's rights activities.
  - Forced marriage, raped ++ by husband
- THEN
  - Voices to take overdose
  - 3x suicide attempts
  - Pre-existing depression
  - Panic symptoms
  - Anxiety ++. Slept with her back to the wall.
- NOW
  - Antidepressants have helped.
  - MRANG
  - Awaiting psychotherapy with an interpreter
  - Goes to the gym and does yoga
  - Still awaiting HO decision

Case 3 – presented 8 years ago

- SUMMARY
  - 47 year old Kurdish, Iraqi male businessman
  - Saw wife beheaded and 8 year old daughter kidnapped
- THEN
  - Command hallucinations to kill himself
  - PTSD ++ and irritable +++. Threw knife at staff
  - Depressed
  - Sons in foster care. Asking them to help him kill himself
- NOW
  - Sons returned
  - Antidepressant and antipsychotic – bit calmer
  - No engagement with psychology
  - Says rarely goes out
- BUT
  - Daughter now found?
  - He says she is at risk of honour killing in Iraq. Who from? From Dad?
  - Plans to go to Iraq? Effect on his asylum case?
  - Is he lying about his capabilities?
  - Had to tell social services about his trips – he resents us / them now!

Key to effective intervention

- Appreciate the vulnerability and multiple disadvantages faced by refugees and asylum seekers
- Understand relevant legislation
- Have knowledge of entitlements
- Interested in learning and appreciating different cultures
- Promote tolerance and act as advocates as necessary
- Have adequate access to interpreters

Stuart Turner, consultant psychiatrist, from the traumatic Stress Clinic – Bosnian Project recommends that any approach needs to be based on empowerment, cultural appropriateness and mutual education

SUPPORT FOR THOSE WITH NO RECOURSE TO PUBLIC FUNDS

When can housing and financial support be provided?

There are provisions which require local authorities to provide some people with NRPF with housing and/or financial support in order to prevent homelessness or destitution. Such assistance can be provided to:

•Families, where there is a child in need (for example, because the child is homeless or the parent cannot afford to meet the family's basic living needs)

•Young people who were formerly looked after by a local authority, for example, because they were an unaccompanied asylum seeking child (UASC), or other separated migrant child

•Adults requiring care and support due to a disability, illness or mental health condition

The legislation which sets out these responsibilities differs in England, Wales, Scotland and Northern Ireland and is set out in the table below.

What support will social services provide?

- Social services can provide housing and/ or financial support to a person or family that have been assessed as being eligible for support, or when emergency assistance is needed whilst assessments are being carried out.

Housing

- Types of temporary accommodation offered by the council could include a B&Bs, hostel or private rented accommodation. It is possible that social services will provide accommodation outside of the council's area, which could be in a different region of the country.

Subsistence (financial support)

- There are no standard rates of financial support that a council is required to pay, so what is provided will be different in each area. For families, social services must determine how much to pay based on the needs of the child. They may decide what to pay on a case-by-case basis, or with reference to internal guidance or to other statutory support rates, for example, DWP benefits or Home Office asylum support, so long as the council is flexible and prepared to vary the rate depending on the child's assessed needs

- Subsistence may be paid in cash, by vouchers or on pre-paid cards. Using a bank account enables people to have more control over their finances, however, it is no longer possible for a person with no valid immigration permission (for example, a visa overstayer), to open a bank account, so this method of paying subsistence will not always be appropriate.

- If a person believes they are not receiving sufficient financial support from social services, then they can speak to their social worker to request that the amount is reviewed. If the matter is not resolved to their satisfaction, they would need to seek legal advice

Emergency support

- Social services have the power to provide emergency support (housing and financial assistance) before an assessment is undertaken or completed. If an adult, or family with children under 18, presents as destitute and has no alternative accommodation or support available, then the provision of emergency support should be considered

Discretionary powers to provide housing

- **Case example**
- *Mr Y is a French national who has been in the UK for 18 years and is suffering from end stage kidney disease for which he receives dialysis three times a week. Mr Y does not have a right to reside under European law and cannot claim most benefits or access homelessness assistance. Mr Y's consultant advises that even one missed session of dialysis represents a risk to his life. Given the complexities of transferring his care to health services in France and the fact that even one missed session of dialysis carries significant risk of causing serious illness or sudden death, return would breach Article 3 of the ECHR. Social services have assessed that Mr Y does not have eligible care and support needs but making Mr Y homeless in light of his medical needs would constitute a breach of human rights. In the absence of any NHS provision to provide accommodation, the local authority provides housing under section 19(1) of the Care Act 2014 to prevent a breach of human rights. To prevent support being 'open ended' the local authority begins discussions with the Home Office about whether leave to remain with recourse to public funds on an exceptional basis might be granted.*

Good practice points

- Local authorities need to adopt a consistent, lawful and efficient response when assisting people with NRPF. The following good practice points have been established over the last decade with authorities and agencies:

Case Study 1

- Molly is an HIV positive asylum seeker from India. A local authority has supported her for 6 years under the national assistance Act 1948. She has been reassessed under the Community Care Act 2014. The support she used to get has been withdrawn as she has been told that she does not meet its threshold for support. Local authority has been paying her friend for her upkeep.
- The recent assessment identified the following;
- - Molly struggles to walk long distance,
- - has memory problems,
- - she cannot cook as she is at risk to fire.
- - Molly needs prompting from a friend to take her medication every day.
- She is on anti-depressants and has mental health issues that needs further investigations. Her HIV medication makes her feel dizzy and tired most of the time.
- The local authority for the past 6 years has been paying her friend to support her care needs. The area she comes from in India is not stable and HIV stigma is a big problem in this region. The social workers human rights assessment concluded that she will be not safe to return to India and still declined to continue supporting her since she has no leave to remain in UK.
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- **We did the following:**
-
- Assessed client
- Assessed friend and probed more information
- Assessed information on current social work human rights assessment
- Contacted GP and Hospital Consultants' opinions
- Contacted HIV supporting organisation for opinion on treatments
- Sought opinion of qualified Immigration Solicitor
- Challenged assessment done as no advocate was available
- Challenged assessment as no interpreter was provided

- **Solution:**

- The decision to terminate support for Molly, needs challenging as assessment report shows that she has care and attention needs
- Assessment done without an advocate – client has memory loss/mental health issues makes in invalid
- Client is prone to opportunistic infections due to her HIV status
- Medical reports needed – if not available, referral to GP/Consultant
- Friend should have been involved in assessment process their views taken into consideration as they spend most of time with her
- This client should have been provided support by social services around mental health needs and memory issues than being denied support.
- Country of origin in particular her region is not safe, will face discrimination due to her HIV status. If returned her human rights will be breached.

Case Study 2

John is a failed asylum seeker from Nigeria, came to the UK 14 years ago and has been struggling with mental health needs.

He was detained under Section 3 of the Mental Health Act 1983 and has been in hospital for a year. He has just been released to a local homeless charity who have raised concerns that his needs are not being met within their accommodation.

The mental health nurses are concerned that the current accommodation arrangement cannot meet his care & treatment needs and is making it difficult for him to recover. He has no income or support in place and only sees a community mental health nurse who needs to administer his injections weekly. He has no recourse to public funds.

Presenting Issues

- No recourse to Public funds
- Delayed discharge
- No appropriate accommodation
- No financial support

Outcome of intervention

- Advocacy
- Facilitate partnership working with health & social care service providers (i.e. mental health trust, primary care, local authority etc.)
- Challenge local authority
- Human rights assessment completed
- Section 117 provided

Asylum Link Merseyside

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We learned

- About torture
- About the world
- About racism
- About prejudice
- About poverty
- About isolation
- About injustice
- About despair

And…

- About hope
- About luck
- About fractured families
- How some things can never be healed
- About need

We also learned

- About strength and resilience
- About the goodness in people
- How easily integration could happen – if you try
- How important it is not to be too fixed in one's role
- About humanity – just trying makes a difference
- About families and relationships
- How we needed to really make an effort – to meet someone, let them know someone cares, to understand
- How to help recovery – specialist mental health input plus support/activity

And…

- How easily serious mental and physical illness can be missed
- About community work
- How to create opportunities

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