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Edited by Chris Maloney , Julia Nelki , Alison Summers
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Seeking Asylum and Mental Health

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Seeking Asylum and Mental Health

A Practical Guide for Professionals

Edited by

Chris Maloney

Julia Nelki

Alison Summers

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The Authors

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Jude Boyles manages a psychological therapy service for resettled refugees for the Refugee Council, a charity providing support for people seeking asylum and other refugees. Prior to this, she established Freedom from Torture North West and managed it for fourteen years. She is a psychological therapist specialising in crisis and trauma work, and also a human rights activist, drawing public attention to the impact of the asylum process on mental health. Jude has published widely including a book on psychological therapy with survivors of torture, a volume on working with interpreters in therapy, and chapters and articles in other books and journals.

Grace Crowley is a psychiatrist and academic clinical fellow in South London. She has a Masters in Global Mental Health, and her research interests include suicide, self-harm and mental health among migrants and ethnic minority groups. She has volunteered with the Helen Bamber Foundation (an organisation that supports survivors of torture and human trafficking) and is an active member of the Royal College of Psychiatrists' Working Group on the Health of Refugees and Asylum Seekers.

Beate Dasarathy is the Legal Officer in Freedom from Torture's medicolegal report service in Manchester. Prior to this, she was the Director of the Greater Manchester Immigration Aid Unit, and a supervising solicitor with a human rights legal practice in Liverpool. She started her legal career within a Citizen's Advice Bureau after completing a Masters in comparative immigration and asylum law at the School of Oriental and African Studies. She has 30 years of experience advising and representing asylum seekers and has worked for Freedom from Torture since 2010.

Veronika Dobler is a consultant child and adolescent psychiatrist in Cambridgeshire, where she supports local authority mental health provision for unaccompanied asylum-seeking minors. She has extensive experience in Germany and Austria, developing innovative services and psychological interventions for traumatised unaccompanied minors in clinics, schools and children's homes. She has trained in a broad range of psychological interventions, completed a PhD in neurosciences, and studied the impact of early life adversity on adolescent mental health. Veronika feels humbled by the incredible strengths, resources, and resilience of displaced children, young people, and families and believes that exploring and understanding these should be at the heart of most interventions.

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Rukyya Hassan is a consultant general adult psychiatrist working in Greater Manchester, and a volunteer medicolegal report writer for Freedom from Torture. She has an interest in the mental health of minority and marginalised groups generally and has experience of working with refugees and people seeking asylum in a range of primary and secondary care and custodial settings. She is a member of the Royal College of Psychiatrists' Working Group on the Health of Refugees and Asylum Seekers.

Cornelius Katona is Medical Director of the Helen Bamber Foundation, a human rights charity working with refugees and people seeking asylum. He is Honorary Professor in the Division of Psychiatry at University College London, and the Royal College of Psychiatrists' lead on Refugee and Asylum Mental Health. He has published more than 300 papers, written/edited sixteen books, and had an active role in updating NICE guidelines on PTSD in 2018. In 2019, he was awarded the Royal College of Psychiatrists' Honorary Fellowship, the college's highest honour, for his 'outstanding service to psychiatry'.

Jonathan Kazembe is an asylum and refugees' rights advocate. He is Expert by Experience Manager for the charity Refugee Action in Manchester, and oversees its public engagement work. He previously coordinated the experts by experience programme for Freedom from Torture, ensuring that the voices of people with lived experience were heard whilst policy was developed. In 2017, he co-ordinated the NHS Welcome project, helping GP surgeries across Greater Manchester improve access to healthcare for asylum seekers in the Northwest. He was previously a teacher in the Democratic Republic of Congo, where he campaigned against the use of child soldiers.

Norma McKinnon Fathi is the co-founder and director of a social enterprise that provides counselling services to people seeking asylum and other refugees, and a range of organisational development and consultancy services. She is a UKCP registered psychotherapist, and qualified community worker. Norma lives and works in Scotland, and has more than twenty years' experience working with refugees and people seeking asylum in both community and clinical settings, and has managed clinical services for torture survivors at a national charity.

Chris Maloney is a consultant psychiatrist and GP. He was consultant medical psychotherapist in East Berkshire, and then a GP partner in Hackney, East London, for twelve years, with many people and families seeking asylum as patients. From 2003 he had an expert witness practice, writing psychiatric and physical injury reports for people's asylum claims and related matters. He is a co-author (with John Ballatt and Penelope Campling) of *Intelligent Kindness: Rehabilitating the Welfare State*, published by Cambridge University Press in February 2020.

Jo Miller is a GP working with people seeking asylum and other refugees at a specialist general practice in Huddersfield. She is a founder member of TortureID, a group of clinicians and lawyers in Yorkshire and the North West developing innovative ways of increasing the medical documentation of human rights abuses for newly-arrived people seeking asylum.

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For ten years she was the lead doctor for Freedom from Torture North West's medicolegal report service.

Julia Nelki is a consultant child and adolescent psychiatrist and a UKCP-registered family therapist and systemic supervisor. She was a volunteer doctor in Freedom from Torture's medicolegal report service for twenty-five years, and currently volunteers for the Refugee Resilience Collective, supporting volunteers working with people seeking asylum in Calais, Greece, and Serbia. Julia set up the Haven Service offering drama and art therapy to refugee children, and also the Family Refugee Support Project, which uses horticulture as a medium for therapy (www.frsp.org.uk). She has published many articles in peer-reviewed journals, and has written a book about her Jewish family and experience as a child of refugees; *Villa Russo: A Jewish Story* was published by Offizin-Verlag in Hannover in 2022.

Karin Oliver is the Director of Fisher Stone Solicitors in Halifax, specialising in asylum and human rights law. She qualified as a solicitor at the Greater Manchester Immigration Aid Unit (GMIAU) in 2010 and worked there before setting up a new service in Huddersfield offering advice and support to asylum seekers and refugees, in collaboration with Citizens Advice and a law centre. Karin was a founding member of TortureID.

Renos K. Papadopoulos is Professor in the Department of Psychosocial and Psychoanalytic Studies; Director of the Centre for Trauma, Asylum and Refugees and of the postgraduate programmes in Refugee Care, at the University of Essex; as well as Honorary Clinical Psychologist and Systemic Family Psychotherapist at the Tavistock Clinic. He is a practising clinical psychologist, family therapist, and Jungian psychoanalyst who has spent most of his professional life training and supervising specialists in these three spheres. As consultant to numerous organisations, he has worked with refugees, tortured persons, and other survivors of political violence and disasters in many countries. His writings have appeared in eighteen languages.

Helen Pears is a consultant general adult psychiatrist in Liverpool, and a clinical sub dean at the Universities of Liverpool and Edge Hill. She also has an MSc in the Ethics of Healthcare. Helen developed a special interest in the mental health of people seeking asylum and other refugees whilst working with this group in her inner-city community mental health role, learning there about the struggles they face, and the difficulties of providing services for them. Her interest in issues of race, discrimination, and equality arose out of encounters with racist violence in her teens.

Piyal Sen is a consultant forensic psychiatrist and Medical Director for Elysium Healthcare, a private provider of specialist mental health services, based at Chadwick Lodge in Milton Keynes. He has visiting academic links with Brunel University and King's College, London, and is the Chair of Royal College of Psychiatrists' Special Committee on Human Rights. He is also a member of their Working Group on the Health of Refugees and Asylum Seekers. Piyal does medico-legal work for people seeking asylum and other refugees, and research into the mental health conditions affecting people in immigration detention, and foreign national prisoners. He grew up in Kolkata, India, encountering refugees from an early age: victims of the Partition of India and the Bangladesh liberation war.

Alison Summers is a consultant psychiatrist and UKCP-registered psychodynamic psychotherapist and supervisor. She writes medicolegal reports for TortureID clients, works on social initiatives alongside people

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seeking asylum in her local community and since 2008 she has been a volunteer psychotherapist with Freedom from Torture. Alison has also worked on projects exploring the needs of resettled refugees, and developing an NHS trust's response to asylum seeking and other refugee service users. She was an NHS consultant psychiatrist for fifteen years, with a special interest in psychological approaches to psychosis, and has previously worked as a consultant in public health medicine, and in leprosy control in Malawi.

Philomène Uwamaliya is a senior lecturer in the School of Nursing and Allied Health at Liverpool John Moores University. She is project lead for their Resource Hub for professionals who support asylum seekers, refugees and migrant populations, and also leads the Humanitarian Champions programme for this group. Philomène has been a registered mental health nurse since 2006, holds an MSc in Public Health (International Development) and is currently pursuing a PhD through published work. She has experience working in primary care and public health, and in particular with programmes to increase life expectancy and promote health and well-being for people seeking asylum, and other refugees and migrants.

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Foreword

The life of a displaced person is full of pivotal moments. Going from being a child refugee in Afghanistan to an NHS doctor in England, I've had many.

I was born into war. Like many refugees, I grew up running from rockets and bombs, in my case during the Afghan Soviet conflict in the late 1980s. I later had to dodge bullets during the Afghan civil war in the 1990s.

I contracted malaria and tuberculosis in a refugee camp in Pakistan when I was five. Temporarily displaced from Afghanistan by conflict, we were a family of ten living in cramped quarters with no clean water and a limited food supply. The local doctor who saved my life gave me a stethoscope and an old medical textbook. Being treated by him ignited my passion for training as a doctor, however distant or impossible this goal seemed at the time.

Later, when it finally became too dangerous for me to stay in Afghanistan, and there was no hope of my having an education there, my father sold everything for my plane ticket to a place of safety. I arrived alone in the United Kingdom as a troubled fifteen-year-old, with many difficult, violent experiences behind me, little formal education, no English, and a mere $100 cash in my pocket.

Instead of being listened to and given support, I was released onto the London streets by the authorities as soon as I turned sixteen. For my safety and survival, I relied on the compassion of strangers. I worked long hours in odd jobs whilst navigating the strangeness of the city and an isolated life. I started living on Portobello Road with another Afghan boy seeking asylum, who I knew from home. My temporary leave to remain had to be renewed every few months until I was finally granted refugee status. This was only after two years, and a lot of uncertainty.

I still had the dream of becoming a doctor, inspired by the man who had saved my life, and the other medics I had seen working in the midst of conflict, and in the refugee camps. I wanted to be one of them.

But beside hopes and dreams, I also carried the scars of years of conflict and displacement. I was dearly missing my family and finding it difficult to fit in socially. I began to have frightening, overwhelming experiences. When waiting at a Tube station platform, the roar of the train rushing through the tunnel would catapult me back into the civil war. The sounds of the soaring rockets, the sight of our home in Kabul reduced to rubble, the touch of my father's hand as we fled bullets, stepping over the dead bodies of civilians-it all started coming back to me. I had no idea what was happening. Later, I learnt about 'flashbacks'.

I studied hard, and after earning a place at Cambridge University to study medicine I qualified as a doctor at last, working in the NHS. I was determined to raise awareness of the mental health difficulties faced by people like me. I wanted to give back as a physician and humanitarian both to the country that gave me sanctuary and enabled me to pursue my dreams and to the people of my homeland who were still suffering as I had once suffered.

The pivotal moments of my life as a refugee were not confined to surviving war and finding physical safety. They also involved being given the opportunity to work and give back, to feel part of a community. I was able to achieve my dreams because of the compassion and support I received from the British people and the financial support from the government.

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Society's conversations about people seeing asylum and refugees are often limited to physical requirements: food, clothes, and housing. But this overlooks the silent struggles that people fleeing conflict and war go through. We need to provide psychological support for the displaced people who have fled their homes and are rebuilding their lives. The mental health needs of people seeking asylum are often complex and can be exacerbated in this country, especially by uncertainty, isolation, and deprivation.

Those seeking asylum require a compassionate and comprehensive approach to recovery. Help for displaced people must go beyond food and housing if it is to alleviate suffering and facilitate integration.

This important book resonates with my life on many levels, as I am sure it will for countless other displaced people. It gives useful and important information to those who work with people seeking asylum and who perhaps do not realise the kinds of hardships they face. It emphasises the need for compassion and taking time to listen.

Anyone meeting with people who are seeking asylum will be helped to offer comprehensive support, and to understand what people most need in order to rebuild their lives, integrate, and give back.

Dr Waheed Arian

Dr Waheed Arian is a British doctor and radiologist, born in Afghanistan, who founded the telemedicine charity Arian Teleheal, to enable doctors in conflict zones and low-resource countries to use their smartphones to receive advice from volunteer specialists in the UnitedKingdom, Canada, the United States, and other countries. Dr Arian has won international awards for his achievements, including the UNESCO Global Hero Award 2017. He regularly speaks as an expert in innovation, technology, and global health.

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Acknowledgements

This book grew out of many encounters with people seeking asylum, and we are grateful for all that these meetings have given us, including the motivation to keep writing and editing when this felt hard.

Our peer supervision group gave us a network of close colleagues to share ideas with and to support the development of the book from conception to fruition. Most wrote chapters, and all provided useful contacts.

Thanks to each one of our authors for their commitment, thoughtfulness, and patience with our editing. Many also generously contributed to chapters other than their own, which has been a great help.

Early drafts of each chapter were also read by experienced colleagues, who made valuable comments and steered us in some unexpected directions. We would like to thank John Ballatt, Sara Barratt, Angela Burnett, Anna Chiumento, Marion Couldrey, Chris Dowrick, Carl Dutton, Mark Goldring, Anya Gopfert, Yas Hameed, Saad Hashmi, Alan Knowles, Kirsten Lamb, Amy Lythgoe, Jon Mitchell, Ruth O'Shaughnessy, the 'Our Liverpool' team from Liverpool City Council, Amir Raki, Miriam Richardson, Ewan Roberts, Nathalie Talbot, and Carine van der Beer. We are particularly grateful to Mustafa Alachkar and Anne Burghgraef, who offered their thoughts on many parts of the book.

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Glossary

Most terms are explained when they first appear in the text, and the index can be used as an aide memoire. However, if you are unfamiliar with UK practice, it may help to be aware of the terms that follow.

UK asylum system

Internationally, **a refugee** is defined as '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' (1951 Refugee Convention or Geneva Convention, to which the United Kingdom is a signatory).

People **seeking asylum**, also called 'asylum seekers', have applied for asylum but not yet received a final decision on this. In the United Kingdom, people in this position are entitled to use the NHS and, if needed, may be provided with support, including a small income and accommodation. They cannot choose where they live, and generally they are not allowed to work. It is people in this situation who are the subject of this book.

Refugee status is a term used when someone's application for asylum has been accepted and they have been officially recognised as a refugee and granted asylum. People with refugee status are entitled to work and to receive benefits and healthcare.

The Home Office is a department of the UK government responsible for immigration, security, and law and order. Political oversight is by the Home Secretary. The part of the Home Office that deals with asylum matters is UKVI (UK Visas and Immigration).

Leave to remain in the United Kingdom may be granted to people applying for asylum through recognition of their refugee status, and sometimes in other ways: for example, on humanitarian grounds ('humanitarian protection') or on a discretionary basis ('discretionary leave to remain'). People then have the right to work, and to receive benefits and healthcare. Initially such leave is for a limited period of time, typically five years, after which an application can be made for further leave.

People whose asylum claims are refused include those who still have rights to appeal for a reversal of this decision. While waiting for the outcome of an appeal, they have the same rights as anyone else seeking asylum. People who have no further rights of appeal are referred to as 'appeal rights exhausted' or are sometimes, unhelpfully, labelled 'failed asylum seekers'. Unless part of a family with children under eighteen, they have no rights to accommodation or support and are often destitute. Many make new submissions of evidence (a **'fresh claim'**) and are then entitled to asylum support while these are being considered. Many people move several times between having an active claim and being appeal rights exhausted. Many of those who have been appeal rights exhausted eventually go on to make a successful fresh claim and are granted leave to remain; having had a failed claim does not in itself mean that the person does not have a valid reason to be granted asylum.

Immigration Removal Centres (IRCs) are centres where foreign nationals can be detained while awaiting decisions on their asylum claims or awaiting removal from the United Kingdom following a failed application.

Health

NHS The National Health Service: the comprehensive, publicly funded, UK health system.

GP a general practitioner, or family physician. Groups of GPs and other healthcare staff work in a **general practice**.

Primary care denotes services provided by general practices or other providers on a locality basis. It is generally the first point of contact for access to the NHS, and people do not require a referral in order to be seen.

Secondary care services are usually provided by specialists in hospitals or clinics and require referral, usually by primary care practitioners, but possibly also from other agencies, such as social services.

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Social services are a range of public services intended to provide support and assistance for particular groups, in particular the vulnerable or disadvantaged. They are usually provided by **local authorities**: the local government bodies for an area.

The **third sector** is a term for organisations that are neither public nor private sector. It includes voluntary and community organisations, such as charities. Most, although not all, are independent of government and are 'value driven'.

CAMHS Child and adolescent mental health services.

NICE is the National Institute for Health and Care Excellence, a public body which publishes evidence-based guidelines and quality standards for health and social care practitioners. It considers efficacy, safety, and cost-effectiveness. Its guidance is routinely adopted by the NHS.

UK law

The Care Act (2014) sets out local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The Mental Health Act (1983) covers the care and treatment of mentally disordered people, the management of their property and other related matters. It provides the legal framework under which people diagnosed with a mental disorder can be detained in hospital or police custody and have their disorder assessed or treated against their wishes.

Immigration and asylum processes are governed by a combination of different acts of Parliament and associated rules and procedures. These change frequently.

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Introduction

This book is a practical guide for mental health professionals working with people seeking asylum.

Often 'refugees' and 'asylum seekers' are spoken of together, as if they are almost the same. But they are not.

If you are a 'refugee', it will have been accepted that you can't go back to the country that you fled, that you need safety, protection, and a chance to build a life somewhere else, at least for the time being. You can then set about that rebuilding.

If you are an 'asylum seeker', your needs have not yet been recognised – and they may never be. You live with minimal resources, on the margins of a strange society, subject to hostile scrutiny from both those around you and the asylum process itself.

People seeking asylum are at increased risk of mental ill-health compared to refugees and other migrants (Jannesari et al., 2020), which is one of the reasons we are writing this book. They are also in a very particular predicament, which is not always recognised – another reason for the book.

They are in limbo, needing to move across borders. No longer physical borders – they have arrived here, after all – but legal, social, and cultural ones. Once you are a refugee, you've reached the safer side of these borders and are trying to take stock. You may share some needs and experiences with those still seeking asylum, or 'status', but your position is fundamentally different.

Seeking asylum, you need to move on, but you may never be able to. You can't work. You have probably lost contact with family and friends. Much – if not all – that gave meaning to your life has been lost. You fluctuate between relief at having arrived safely and despair at what you have lost. And the process of having your claim for asylum considered moves slowly. Very slowly. Often inexplicably so.

Further developments often occur by chance or circumstance, rather than for good reason or because things are well organised. It's often a surprise to those who first encounter the court system to discover how much weight experienced legal teams give to who the judge is on the day. This applies equally to Home Office asylum decision-makers – and also to who you might see in a clinic, or which care team or organisation you get referred to. If you are seeking asylum, you may be seen in crisis by someone who understands your predicament. Or not. You might find an empathic key worker, who understands your practical needs and empathises with your cultural stance. Or not. You may have a decent flat provided as part of your asylum support package, or not, and you may have kindly neighbours, or not. And all this comes on top of the many twists of fate that have led you to the United Kingdom.

****

Whilst writing, we have had to think a lot about words.

The term 'asylum seeker' is problematic on two counts. It defines the whole person by one aspect of their predicament, and also it carries negative connotations, largely by virtue of its use in emotive, oppositional stories (usually in the press) and other hostile narratives

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The first problem is an important and enduring one, but can be attended to. The second is not so easily put right. Any new term, as it becomes widely adopted, can be used in the same prejudicial way. For these reasons we have tried to avoid using any one specific term for people in the predicament of seeking safety – and we largely avoid 'asylum seeker'.

In any health text there is another issue: what do we call the person who we are trying to help? 'Patient', 'client', and 'service user' are frequently used. Each term has both its advocates and those who view it as demeaning. Often, the preferred usage is also a matter of professional background: psychotherapists may be happier with 'client', GPs largely hold on to 'patient'. But should we use a term that defines a person solely by their being in receipt of 'care'? However, packaging too many considerations into the terms we use risks them becoming unwieldy. Throughout the book we will use a plurality of accepted terms, with the main consideration being that their meaning is clear in context.

Chapter 3 takes issue with the paradigm of 'trauma', and we often use the term 'adversity' instead, as will be explained. The word 'symptom' is also problematic – it implies pathology and so may not be the right word for what might well be part of an overall healthy response to a horrible experience. In the absence of a better, more concise alternative, we have stayed with 'symptom' as it is so widely used, but we are not presupposing pathology.

Some terms are used in the broader discourse to justify policy, and they also fuel hostility: 'illegal immigrants', ' foreign criminals', 'sovereign borders', for example. National borders, however, can still be maintained effectively while treating people with respect and humanity. Vilification and punitive self-righteousness can 'up the stakes', provoke confrontation, and make a difficult situation worse. How readily might the 'hostile environment' become the 'sadistic environment'?

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This is not an academic text, and it is not about the process of therapy, least of all 'trauma therapy'. But it *is* about questioning the way we go about our work, and the assumptions we often make whilst doing so.

The authors have a range of professional backgrounds, and theoretical, moral, and political positions, held with a range of intensities. Sometimes views have conflicted and have needed negotiation and compromise. This echoes how much of what we write about involves encounters between different value systems, and finding ways to respect and work creatively with this difference. What seems 'common sense' to one person may be contentious to another. As an example, one discussion that runs through the book is about the implications of using conventional psychiatric models to capture the complexities of human experience and how these both help and hinder us.

All the chapter authors share some important perspectives. We believe that in any difficult situation, all involved need to respond with kindness and respect. We do not think that this compromises any decisions or actions that are needed. Our experience is that relating to each other in this way helps make most situations better for everyone.

All of us are professionals, all of us are immersed (like it or not) in 'Western' understandings of mental health and almost all have no first-hand experience of seeking asylum. We have been interested in how our shared positions influence our thinking and approaches. However, there will still be assumptions of which we are unaware, because we all share them. We are therefore especially grateful to the people with first-hand experience of the asylum system who have allowed us to include their words.

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Where people contributing from first-hand experience have wanted us to give their real names, we have done so. If they preferred pseudonyms, they have chosen them themselves. Other quotes are composites of things people have said to us over the years. If these relate to people seeking asylum we have attributed them to 'Noa'.

We are all UK practitioners, and the book relates to the asylum system in the United Kingdom at a particular point in time (2022). However, the system is never static. As the book has gone to press, new UK legislation has been introduced (The Nationality and Borders Act 2022), and the Government plans to delegate the processing of some people's asylum claims to Rwanda, and transport them there. These changes mean significant additional challenges both for people seeking asylum, and for those concerned with their mental health. Bearing such rapid evolution in mind, we have aimed to discuss and illustrate general principles, and ways of thinking and asking questions, rather than provide information relating to a single time and place. Because of this, we trust that the book will be useful in other countries, and in years to come.

Reference

Jannesari, S., Hatch, S., Prina, M. et al. (2020). Post-migration social–environmental factors associated with mental health problems among asylum seekers: A systematic review. *J Immigrant Minority Health*, 22: 1055–64. https://doi.org/10.1007/s10903-020-01025-2.

This book is supported by a regularly updated website, with links to further resources Asylummentalhealth.uk

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