Health issues of asylum seekers and refugees

in Gateshead and Newcastle 2016

healthwatch Gateshead

RRF north east
REGIONAL REFUGEE FORUM
The Collective Voice Of The Region's Refugee Community

healthwatch Newcastle

Contents

Healthwatch nationally and locally

Healthwatch was established under the Health and Social Care Act 2012 and came into existence on 1 April 2013. It is the independent local consumer champion across communities.

Healthwatch provide an opportunity for local residents to have a stronger voice to influence and challenge how health and social care are provided locally.

They bring together residents' views and experience of local health and social care services and use this feedback to build a picture of where services are doing well and where they can be improved. They also provide residents with information about the choices they have and what they can do if things go wrong.

Nationally the Healthwatch network is made up of 148 local Healthwatch with Healthwatch England in place to offer leadership, guidance and support to the network.

Regional Refugee Forum

The Regional Refugee Forum is the independent membership organisation of the North East region's Refugee-led Community Organisations (RCOs), enabling their collective voice to be heard by decision makers, so as to influence the way that policy and services are designed and delivered.

Each one of their member organisations supports the settlement and integration of communities in exile from across the world.

As new members of the regional community, they want to participate in and contribute to the social, economic and cultural vitality and future of the North East, as active citizens.

Through the Regional Refugee Forum they work together to:

- Gather evidence about specific and additional challenges faced by asylum seekers and refugees
- Identify what works best in securing social and economic inclusion
- Present a collective voice to local and regional policy makers and service providers, to inform the development of evidence-based policy and practice that will promote integration and equality for the region's community of asylum seekers and refugees

Why health issues of asylum seekers and refugees in Newcastle and Gateshead?

On 3 June 2015, Healthwatch Newcastle and Healthwatch Gateshead teamed up with the Regional Refugee Forum (RRF) to hold an event for asylum seekers and refugees resident in Newcastle and Gateshead.

The event was designed to give RRF members the opportunity to tell us about the unique and distinctive health and wellbeing issues affecting them.

Asylum seekers and refugees are a community of shared experience in relation to fleeing from countries of origin, lives framed by UK asylum policy and the legacy that has for individuals and families who are granted protection.

This means asylum seekers and refugees face challenges that are not shared by the non-refugee BME and white community. Even when issues are shared with the non-refugee BME and white community they are set in the very different context of the refugee and asylum seeker experiences.

We followed this very successful initial event with a second gathering that brought together members of the refugee and asylum seeker communities with the people that plan, pay for and provide health and care services in Newcastle and Gateshead.

Methodology

The RRF is an independent regional membership organisation of refugee-led community organisations. It provides a mechanism for directly hearing the voiced experience of the refugee and asylum seeker community so that their voice can influence the policy and practice which impacts on their lives.

The two issues identified as priority concerns by the RRF's membership prior to the event were:

1. Mental health
2. Healthy living

The event was held in Brunswick Methodist Church in central Newcastle as it is easily accessible by public transport and is a well-known venue to the local refugee and asylum seeker community.

The RRF advertised the event to members in the Newcastle and Gateshead area and were able to bring people along to the event where necessary. HWN and HWG covered the direct costs of the event, including venue hire, catering, travel and childcare costs of participants. The RRF has successfully used this format to hold similar events with other local Healthwatch in the North East.

The event began with an overview of local Healthwatch and the role of the RRF in enabling the refugee community to advocate for improvements in the interests of all refugees and asylum seekers.

People then took part in two 30 minute workshop discussions with a facilitator and note taker for each table. The workshop discussions covered mental health and healthy living. This was followed by lunch and an opportunity for people to socialise informally.

Twenty three (23) RRF members attended the event, from eight (8) refugee community organisations. Fifteen (15) were women and eight (8) were men. The majority of people identified themselves as either African (10) or Asian (12). Five (5) people identified themselves as being carers and one (1) person identified themselves as having a disability.

Findings – mental health

Mental health

What are the unique barriers and problems that face refugees and asylum seekers when trying to access mental health services?

Stigma of mental health

The stigma surrounding mental health was a common theme. People commented that in their cultures mental health was seen as shameful and so wasn't discussed within families. Members from African nations also commented that in their countries the label of 'mental health' doesn't exist and it was often seen as a spiritual problem.

The use of the term 'mental health service' puts people off accessing these services because of the cultural stigma associated with it. The approach of some family doctors (GPs) is off-putting when they use language that the community is uncomfortable with around mental health support.

Fear of repercussions

Many members talked about the fear of repercussions if they admitted having a mental health problem. Women worry that their children will be taken away as they fear they will be judged incapable of looking after them. People are fearful that when the GP asks about their past history that it is linked to their Home Office interview and may count against their asylum claim.

Staff attitude

RRF members felt that the attitude of some health professionals often did not help when people were already feeling low. People commented that GPs were too quick to diagnose depression and prescribe medication, even when they were being told that the medication wasn't working. There seemed to be an automatic assumption that asylum seekers and refugees have a mental health problem. They felt more GPs should recognise symptoms as post-traumatic stress disorder, arising from events and situations which caused people to flee their countries, and so pro-actively consider referral to psychological counselling,

talking therapies or social and therapeutic activities rather than rely on medication. People also felt some GPs appeared to doubt the credibility of the medical needs they present. They thought this was because some GPs think asylum seekers are merely trying to back up their asylum case.

Many people were concerned that some medical staff had a negative attitude towards asylum seekers as they see them as a cost burden on the service. They felt they are not always treated with dignity and respect by medical staff and admin staff. People do not know where or how to report their concerns. People also wanted reassurance that all medical staff act solely on the basis of medical diagnosis and need, and that their decisions and actions are not linked to Home Office objectives.

Interpreting services

Many members commented that they encountered barriers when using the interpreting service. Interpreters from the same culture can be a barrier in some cases, as can the use of male interpreters for female patients. Miscommunication due to differences in dialect was also raised as an issue.

"I speak English and went with my mother to her doctor's appointment – the interpreter got the location of the pain all wrong just because of dialect."

People also spoke of the problems when spouses or family members are used as interpreters, because this does not allow the privacy necessary to disclose or seek help.

Causes of mental health problems

Members spoke a lot about the causes of mental health problems for asylum seekers and refugees. Many experience or witness progressive mental health deterioration after arrival in the UK. The stress of the asylum process itself was mentioned frequently and the associated lack of right to work which isolates people from the wider community and undermines their sense of self-worth.

Members from African countries also highlighted that in Africa men have more power and status in their community and family. When they come to the UK this power is taken away which can lead to frustration, feeling undervalued and in some cases domestic abuse. More generally members spoke about people trying to change their culture which they found very stressful.

Findings – healthy living

Healthy living

What healthy messages and information do you think refugees and asylum seekers would like to receive to stay healthy? Are there any barriers and issues to receiving information?

Asylum policy

Forced inactivity: asylum policy itself was cited frequently as barrier to being healthy. As people are not allowed to work while awaiting a decision on the asylum claim, they spend a lot of time indoors being inactive.

> **"In our home country we work and maybe walk to work. In this country we can't work."**

Financial support

Every asylum seeker supported by the government while their claim is being decided, and each family member, receives £36.95 per week in support. To make money stretch further people tend to buy cheaper brands and multi-buy offers, which tend to be more processed and unhealthy. This is in stark contrast to how they prepare food in their home countries where most people said they cooked food from scratch and tended to grow their own produce. They also find it hard to afford simple things like paracetamol.

> **"We can't afford healthy living if it involves buying something extra."**

For people on voucher-only support, members spoke about the lack of choice available when having to use food vouchers as they are restricted in where they can shop. Refused asylum seekers may receive food parcels from charitable organisations, but they may not have any way of cooking it and they have limited choice in terms of nutritional value.

Members also commented that asylum seekers used to get free gym membership but this is no longer available, meaning this activity is now too expensive to take part in. Simply walking around in some neighbourhoods is not an option because of hostile attitudes and instances of hate crime, so people stay indoors.

In terms of people who have been granted leave to remain (refugees) and so are able to work, members said that often both parents work full time and don't have time to prepare healthy meals for their children.

Members also commented about the cost of renewing their leave to remain and the new health insurance premiums (both introduced in 2015). Any additional money that a family is able to save must now go towards these costs.

Cultural differences

Cultural differences were mentioned frequently as a barrier to staying healthy in the UK. Among those who have been in the UK longer, obesity and diabetes are increasingly a common concern.

Being overweight in Africa is seen as a positive attribute because it is a sign that people can afford to live well. Participants also commented that in Africa people tended only to eat two meals per day and that while the word 'exercise' was unknown, people generally lived active lives with active jobs.

> **"We don't eat as many meals [in Africa], only two meals for a man. There are too many meals here in the UK."**

Many asylum seekers and refugees who come to the UK from hot climates are used to a diet high in salt, sugar and fat. In their own countries this is not an issue as people are more active and sweat more and so burn more calories. However, when people come to the UK the climate is colder and they are more inactive.

Obesity is increasing with the risk of more people becoming prone to cardiovascular problems, such as diabetes and high blood pressure, if they don't adjust their diet.

Many people do not know they need to adjust their diet. Participants spoke of being unaware of the health risks associated with salt and sugar.

Many place high value on fast food and fizzy drinks because these are marketed as desirable and denote higher social status in their home countries. In the UK they are affordable and people indulge in them without knowing the health risks. For some people this also includes alcohol, which they find more affordable here, but do not know how to manage.

The cultural and religious issues of women and exercise were also raised by people. While men from the refugee and asylum seeker community can easily do some form of exercise through community football activities, it is harder for women from some parts of this community because of their cultural upbringing and family responsibilities.

Language barriers and Interpreting

As with mental health, members spoke about language barriers when using health services or accessing health information. Again, the need to offer either a male or female interpreter was emphasised as well as ensuring the interpreter speaks the correct dialect and not just the same language; one member spoke about being on medication for vomiting for two years when her problem was acid indigestion. The phone service is not considered effective by many. Language barriers also meant that people often didn't go out as much, leading to social isolation.

Findings - access to information

Healthy eating

Participants said they would like more information about healthy food consumption as the messages weren't clear and caused confusion as they were often only relevant to common UK diets. People particularly wanted information about weight management and healthy ingredients.

> **"You don't get health information in Africa, then you come here and there's still no health information."**

Being active

In terms of being active, members said they wanted information about activities that aren't focussed on a gym, like yoga, but that these activities would need to be free.

Access to services

Many people spoke about being unaware of what services were available, what they were eligible for and which services were provided free at the point of delivery, such as eye

tests and hearing tests. Information about the services available during pregnancy was also highlighted.

"You are lucky if you have a good GP who is pro-active, that does full health checks and offers information about changing diet, etc. to reduce blood pressure, for example. But many people don't have a GP that does this."

Members commented that lots of health information is only available in English. However, it is widely acknowledged in the refugee and asylum seeker community that leaflets are not the best way of finding out about information when English is not your first language. Information spreads in this community by word of mouth and peer learning.

Follow up event

The second event was held on 15 October 2015. This event aimed to bring together asylum seekers and refugees with the people that plan and pay for health and care services (commissioners) and providers of health services across Newcastle and Gateshead. Commissioners and providers had been provided with a draft of the outcome from the first event and so had a degree of understanding of the issues concerned.

The event was well attended by refugees and asylum seekers and representatives from:

- Care Quality Commission
- Gateshead Council
- Live Well Gateshead
- Newcastle City Council
- NHS Newcastle Gateshead Clinical Commissioning Group (CCG)

The event began with an introduction by RRF representatives who ensured that everyone was aware of the challenges and issues that had been previously identified.

Attendees then worked in groups to identify which of these challenges and issues were within individual or local public sector control, could be influenced by individuals or the local public sector organisations, and those that could not be influenced or controlled locally.

Participants then tried to identify actions and recommendations that individuals and organisations could take to improve challenges and issues that could be locally influenced or controlled.

What can we influence/control?

The groups agreed the following:

In our control	We can influence	Out of our control or influence
• Being active	• Interpreter services	
• Attitudes to food – cultural differences (group 1)	• Attitudes to food – cultural differences (groups 2 & 4)	
• Information about healthy eating (group 2)	• Information about healthy eating (groups 1 & 4)	
• Language barriers (group 4)	• Language barriers (group 1)	
• Access to services – information (group 2)	• Access to services	
	• Causes of mental health problems – for organisations (group 2 & 4)	• Causes of mental health problems (group 1) • Causes of mental health problems - for individuals (group 2 & 4)
	• Money (groups 2 & 4)	• Money (group 1)
	• Fear of repercussions from mental health issues - for individuals (group 3)	• Fear of repercussions from mental health issues (group 1&4)
	• Attitude of mental health staff	• The asylum process
	• Mental health stigma	

The variation between the groups reflects the diversity of the conversation and can be explained by some taking a very individual view — 'I as an asylum seeker/refugee can control' — versus an organisational view — 'I as a commissioning/provider organisation can control'.

Recommendations

Recommendations – mental health

The groups discussed and agreed what actions could be taken to address the issues that fell in the 'in our control' and 'we can influence' section.

Stigma of mental health

- The Regional Refugee Forum and mental health service providers should look at ways of training people to raise awareness in communities about mental health problems and the stigma attached to people with mental illness
- Service providers should provide a range of treatment options for those with mental health issues and actively publicise and promote these within the refugee community

Staff attitude

- Organisations should offer training to staff to increase their understanding of issues asylum seekers and refugees face
- Refugees and asylum seekers can give talks to staff to help increase understanding
- Newcastle Gateshead CCG to look at refugee and asylum seeker issues at one of its Time Out (training) sessions with GP practice partners and staff
- Providers and commissioners should proactively engage with the refugee and asylum seeker community to better understand the issues they face

Interpreting services and language barriers

- Newcastle Gateshead CCG should review interpreter services with BME communities, and with asylum seekers and refugees in particular to make sure that they are meeting the needs of the communities that use them
- Include accessible information about classes in English for speakers of other languages (ESOL) which they can access immediately in the initial welcome package and encourage/support people to take this up
- Refugees and asylum seekers should receive information about the right to access interpreting in the initial welcome package for asylum seekers; all relevant organisations should actively publicise this right in their public areas

Causes of mental health problems

- Asylum seekers and refugees should be enabled to take a more active role in society through volunteering, etc. and be treated with dignity and respect
- Better education for service providers about the mental health issues facing asylum seekers and refugees, ideally delivered by refugees who have experience of this issue

Recommendations – healthy living

Being active

- Provide more information and support to access free activities such as walking, bike riding, etc. (most of the information that people access is via word of mouth from people currently active)
- Produce a hard copy directory of free services in Newcastle and Gateshead, in different languages; include where to find out about health activities and volunteering opportunities
- Give asylum seekers and refugees free access to healthy activities
- Identify people that can act as buddies or motivators to help encourage people to exercise regularly
- Support asylum seekers and refugees to develop exercise plans
- Investigate activities from 'back home' and reproduce them locally with support for resources, etc.
- Ensure that culturally appropriate activities are available, for example, women only swimming sessions
- Public health to work together across Newcastle and Gateshead and hold shared events to support asylum seekers and refugees
- Include accessible information about how to lead an active lifestyle in the initial welcome package for asylum seekers; include details of the services/organisations that can give support

Information on healthy eating

- Put information in community access points, such as community centres and places of community activity
- Use local knowledge, information and contacts to share information about healthy eating
- Use community leaders to help spread information
- Include accessible information about healthy eating and how to lead an active lifestyle in the initial welcome package for asylum seekers; include details of the services/organisations that can give support
- Hold more cookery courses that give advice on healthy eating and how to make healthier versions of traditional food

Access to services and information

- Use community leaders and community access points as community centres and places of community activity to share health appropriate messages
- Resource local communities to enable them to run community activities that are relevant to local needs
- Consider the use of technology, for example, health apps
- Share information about opticians, doctors, dentists, etc. through refugee centres

Next steps

We ask commissioners and providers to use the links we have helped them establish with the refugee and asylum seeker communities to develop this work further.

We expect commissioners and providers to take into account the recommendations outlined in this report.

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