



# DEVELOPMENTS IN MENTAL HEALTHCARE FOR ASYLUM SEEKERS AND REFUGEES IN WESTERN COUNTRIES – THE SCIENCE AND THE POLITICS: A UK PERSPECTIVE

By

DR PIYAL SEN

MEDICAL DIRECTOR AND CONSULTANT PSYCHIATRIST, ELYSIUM  
HEALTHCARE VISITING LECTURER, KING'S COLLEGE, LONDON,  
NETWORK LEAD, ASYLUM SEEKERS AND REFUGEES MENTAL HEALTH  
NETWORK, THE ROYAL COLLEGE OF PSYCHIATRISTS

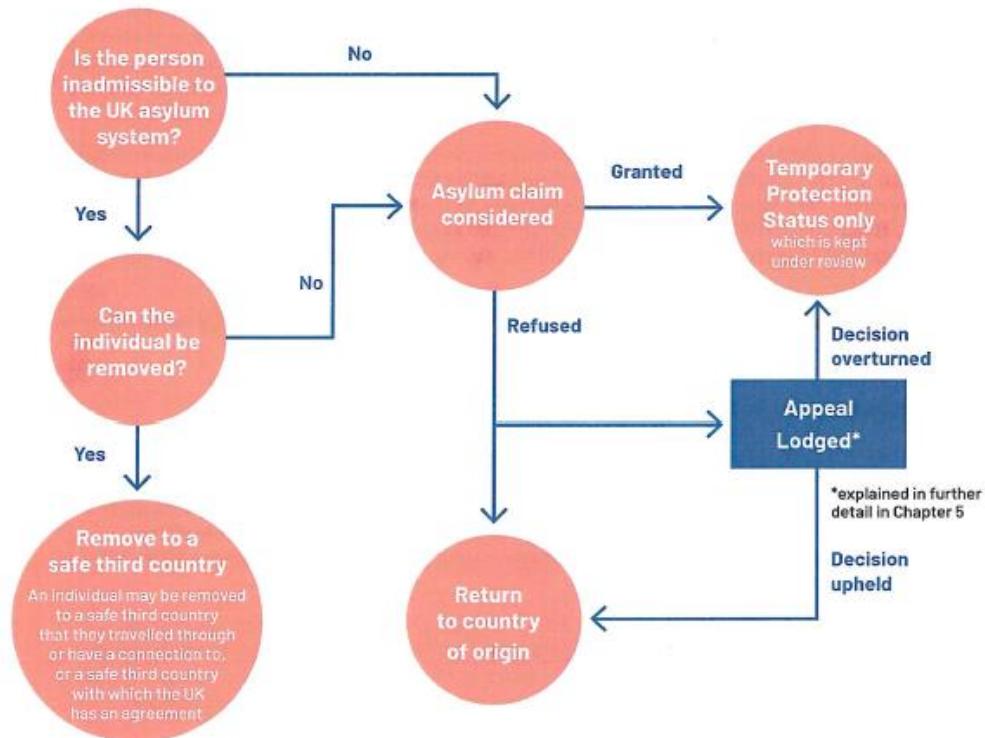
# AREAS TO COVER

- Asylum process
- Cultural formulation
- Biopsychosocial issues
- Interventions
- Covid-19
- Recent political context

# ASYLUM PROCESS:

## New typical asylum process for individuals who arrive in the UK: at a glance

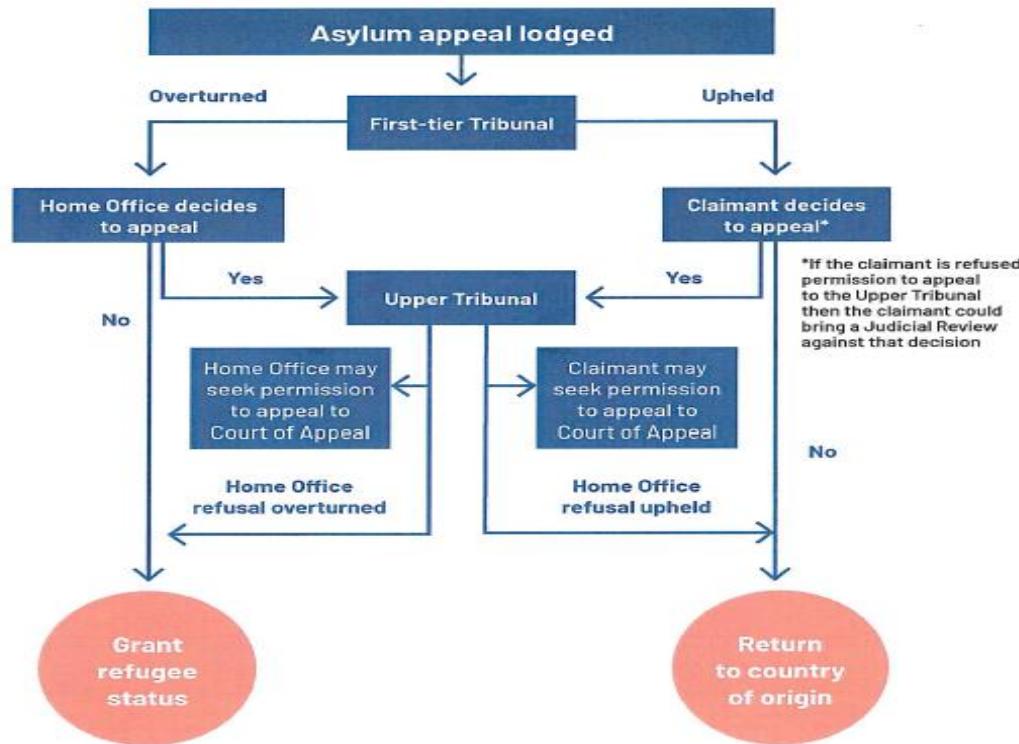
This chart is for illustrative purposes only, the details at each stage have not been depicted.



# ASYLUM APPEAL PROCESS:

## Simplified typical asylum appeals process: at a glance

This chart is for illustrative purposes only, the details at each stage have not been depicted.



The reality is the system is more complex - people often bring multiple separate claims and subsequent appeals. People also frequently judicially review decisions often at the last minute

# Risk Factors for mental health before, during and after migration (Giacco et al 2018)

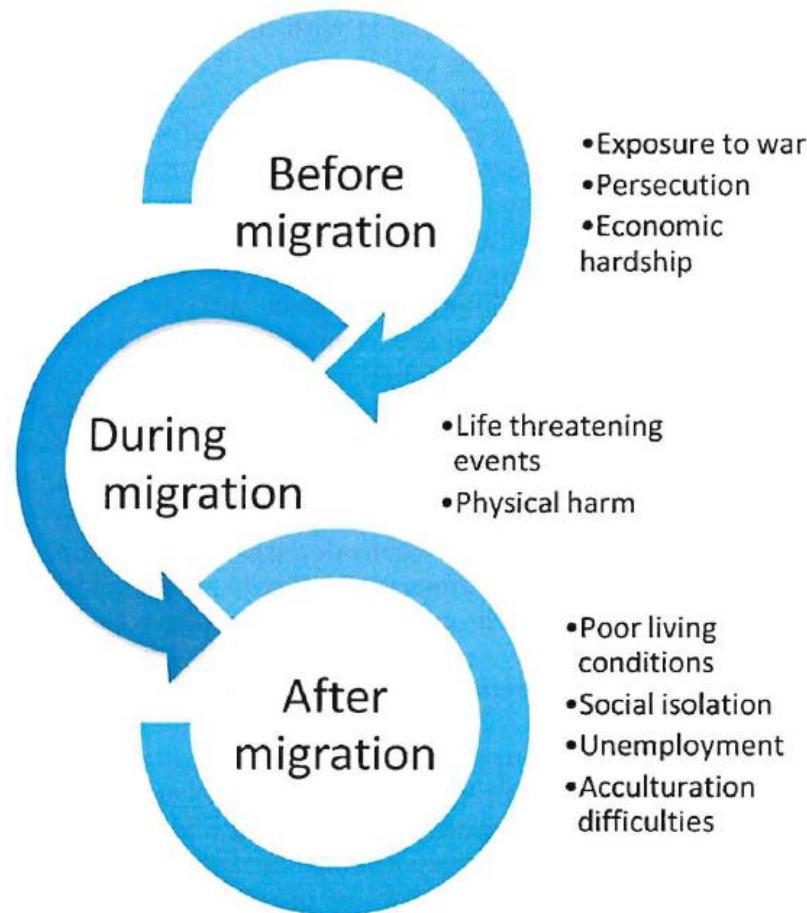


Fig. 1. Risk factors for mental health before, during and after migration.

# Map of social-environment factors included in studies (Jannesari, 2020)

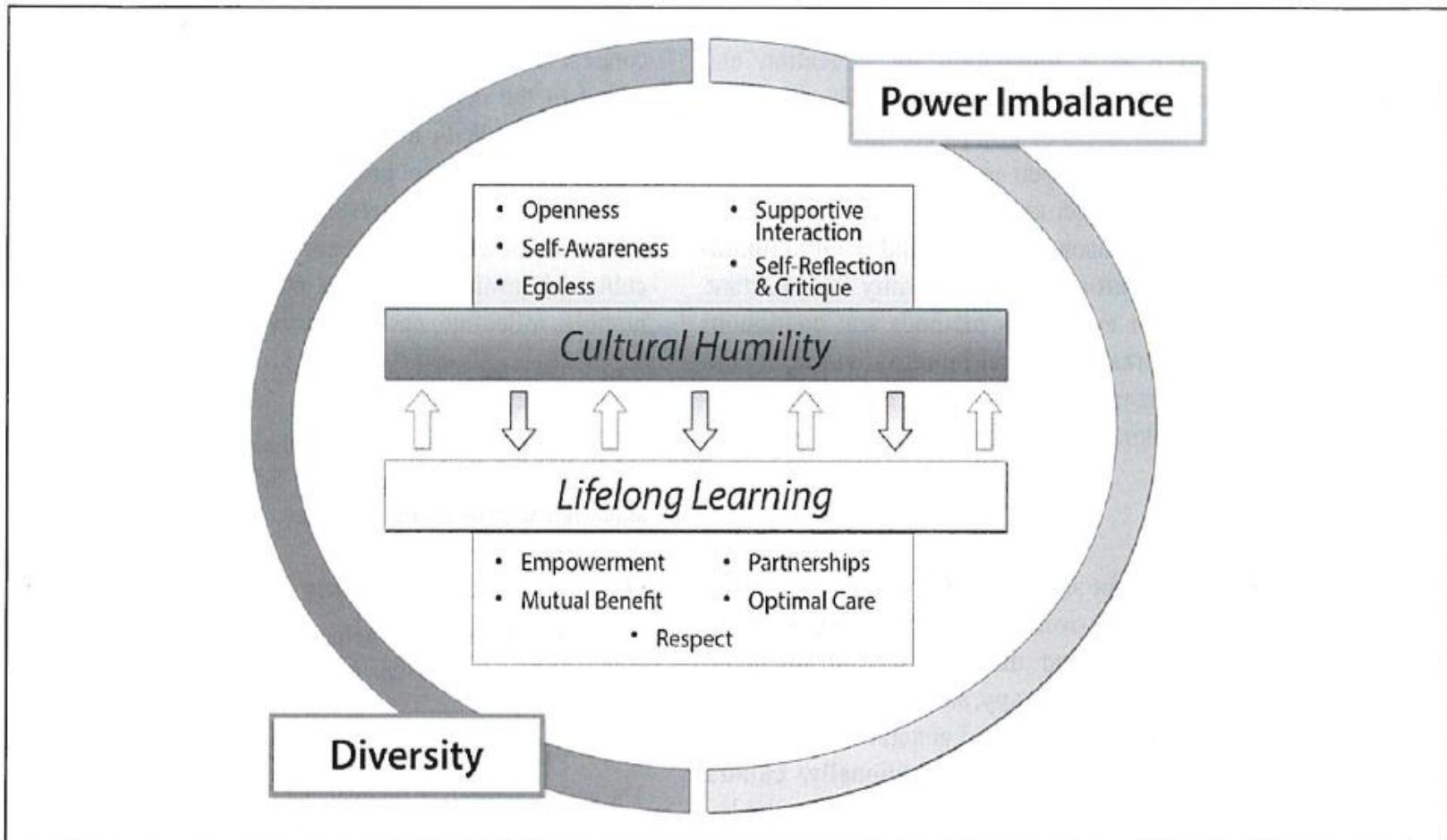


Fig. 3 A map of social–environmental factors in included studies. Block shaded according to the number of studies; darker shading indicates more studies (number of studies in brackets)

## Shared Formulation

- Mental distress
- Coping and survival skills
- Impact of asylum process
- Prior experiences
- Current experience of discrimination
- Cultural competence and cultural humility

# Cultural Humility (Foronda, 2016)



# Biological Factors

- Genetic variants influence drug metabolism (Ng et al 2004)
- Different metabolic profiles for different ethnicities  
(Jones et al, 2006; Evans et al, 2001)
- Placebo and nocebo phenomena (Barsky et al 2002)
- Attention to medical issues like hypertension and diabetes  
(Kinzie et al, 2008; Wagner et al, 2013; Levine et al 2014)
- Traumatized refugees have higher prevalence of inflammation related somatic diseases like hypertension, diabetes mellitus and cardiovascular disease  
(Hollander et al, 2012; Levine et al, 2014; Eraly et al, 2014)

# Cultural Factors

- Ideas about illness (Kleinman, 1980; Rohlof et al, 2006; Nose et al, 2017)
- Traumatised refugees more likely to use somatic idioms  
(Rohlof et al, 2006; Rohlof et al, 2009)
- Inter-ethnic and intra-ethnic transference and counter transference  
(Comas-Diaz and Jacobson, 1991)
- Importance of the “helicopter view” (Rohlof et al, 2009)
- Awareness of cultural threshold for treatment and stigmatization
- Secondary gain of psychiatric treatment  
(Kleinman, 1995; Rohlof, 2007)
- Discrimination in health care (Cabon et al, 2007; Van Dijk et al 2001)
- Working with interpreters

# Social Issues

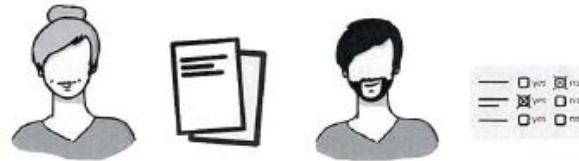
- Immigration status
- Collaboration between health and social care agencies and immigration agencies
- Absence of adequate housing or work
- Worry about families in country of origin
- Pressure of adapting to new language and culture
- Different illness explanations (Starmans, 2005)
- Opinion of relatives and other patients very important  
(Thorons et al, 2008)

# Mental Health Interventions

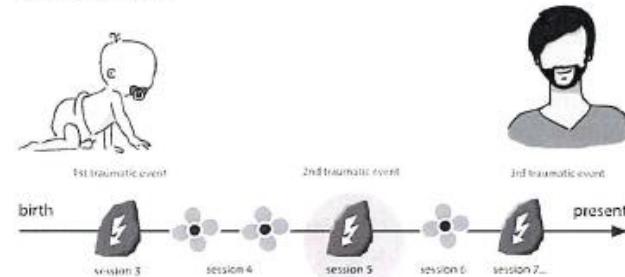
- Trauma focussed Cognitive Behavioural Therapy (Kip et al, 2020; Buhmann et al, 2016; Slobodin et al, 2015; Hinton et al, 2005)
- Narrative Exposure Therapy (Kip et al, 2020; Slobodin et al 2015; Hijazi et al, 2014; Stenmark et al, 2013; Hensel-Dittman et al, 2011)
- EMDR (Kip et al, 2020; Yurtsever et al, 2018; Acarturk et al, 2016, 2015)
- Family intervention – limited evidence base.
- Pharmacological intervention – limited evidence base (Sonne et al, 2017)

# Model for NET (Narrative Exposure Therapy)

- 1 Face-to-face diagnostic interview  
1-2 sessions (each 90-120 min)  
allocentric position

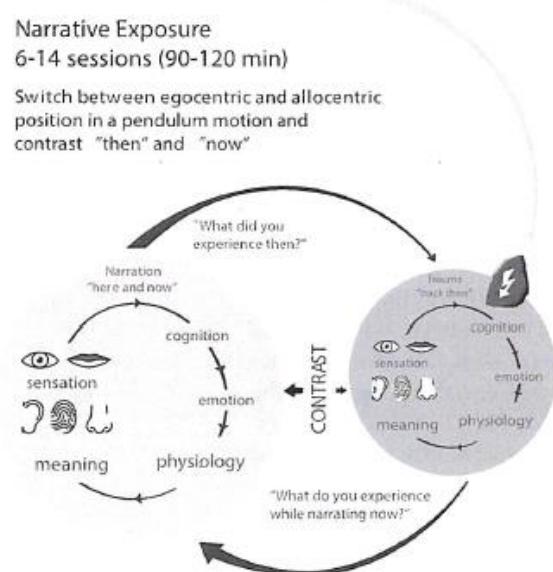


- 2 Building the lifeline as an autobiographical review  
1 session (90-120 min)  
allocentric position



- 3 Narrative Exposure  
6-14 sessions (90-120 min)

Switch between egocentric and allocentric position in a pendulum motion and contrast "then" and "now"



# E-NET and challenges (Kaltenbach et al, 2021)

- Confidentiality
- Setting
- Communication
- Interruptions and Distractions
- Drug intake and self-harm
- Suicidal risk
- Dissociation

# Key Principles of Interventions

- Consider cultural context of mental health, illness and treatment (Rousseau, 2018; How et al, 2018; Maki-Opas et al, 2018)
- Location, transport and referral system for service (Munz and Melcop, 2018)
- Trust and confidentiality
- Working with interpreters
- Engaging family and community in collaborative care model (Esala et al, 2018)
- Provider's style and approach (Koesters et al, 2018; Kohrt et al 2018)
- Awareness of the effect of detention
- Joint focus on physical and mental health
- Advocacy and continuity of care (Giacco and Priebe, 2018)

# Immigration Detention

- Practice of holding people in custody while awaiting deportation or while they await permission to enter
- High incidence of depression, PTSD and anxiety (Baggio, 2020; Robjant, 2009; von Werthern 2018; Sang 2017)
- UK detains the largest numbers for longer than any European country (Bosworth, 2008)
- Detention worsens mental health in those with issues, survivors of torture, victims of trafficking or gender violence (Bosworth, 2016; RCPsych, 2021)
- Those with prior history of imprisonment more vulnerable (Sen et al personal communication)
- Recovery model cannot be implemented in a detention setting (RCPsych, 2021)

# Effect of Covid-19

- Primary care, mental health services and voluntary services under huge strain
- Overcrowded housing conditions
- Consultations mostly virtual
- Challenges with technology
- Detention centres released detainees following orders from judges, but not sure for how long!
- Concerns about vaccines and data-sharing for ASR groups
- Scarce culturally and linguistically accessible information

# Now to the politics.....

- Hostile environment as Government policy since 2010
- Brexit referendum result interpreted as mandate ‘to take back control’ of immigration (Gamble, 2018; Virdee and McGeever, 2018)
- Specific resettlement policies in response to Syrian civil war
- Culture of disbelief (Home Affairs Committee, 2013)
- Detention without upper time limit central to Government policy
- Curtailing asylum interviews to not identify trafficked children causing ‘serious risk of injustice and of irreversible harm’ (Court ruling-November 2020)
- Removing people at such short notice that they could not seek legal advice for 40,000 cases (Court of Appeal, October 2020)
- Immigration lawyers attacked as ‘activist do-gooders’, ‘lefty lawyers’ by government ministers (December 2020)

# Windrush Lessons Learned Review (March 2020)

- Major programme of cultural change within Home Office
- Comprehensive learning programme of UK's history
- Introducing migrants' commissioner
- Full review of hostile environment policy
- 'Sweeping reforms' promised to Home Office culture, systems and practices (Home Secretary, Priti Patel, July 2020)
- All recommendations accepted by Government

# New Plan for Immigration (2021)

- New asylum reception centres
- Temporary protection status
- Strengthening fear of persecution criteria
- New National Age Assessment Board
- One-stop process
- Expedited appeal process
- Final recoverable costs and wasted cost orders
- New system for pre-approved experts
- Civil penalties for illegal entry

# Penally Camp:

**Mail**Online

## 'Like a really bad dream': Asylum seeker says staying in Welsh 'accommodation centre' is 'WORSE' than the gangland kidnap ordeal that forced him to flee El Salvador

- Eduardo forced to flee home in El Salvador, after being kidnapped by gangsters
- When arriving in UK, he was housed at Penally camp in Pembrokeshire, Wales
- He was moved to a hotel, but described his stay in Penally as 'like a bad dream'
- Site to be returned to Ministry of Defence after conditions slammed in report
- Home Office says Napier Barracks will stay as 'secure accommodation site'

# Napier Barracks:

## ‘I feared I would die’: Life inside the Napier Barracks asylum-seeker housing

As the Home Office moves more migrants to Kent’s abandoned army barracks, first-hand reports from ex-residents reveal the dark future envisioned by Priti Patel

- The 32-year-old Iranian fled his home country after he converted from Islam to Christianity, which meant he faced “punishment and even the death sentence”. But his happiness upon arriving quickly evaporated when he was moved into the now notorious Napier Barracks in September, along with 400 other asylum seekers. “I realised that this country is not as welcoming as it seemed to be,” he says.

# IMPACT ON THE WORKER(Wilson and Drozdek, 2004)

(Universal, Objective, Indigenous Reactions)

## NORMATIVE

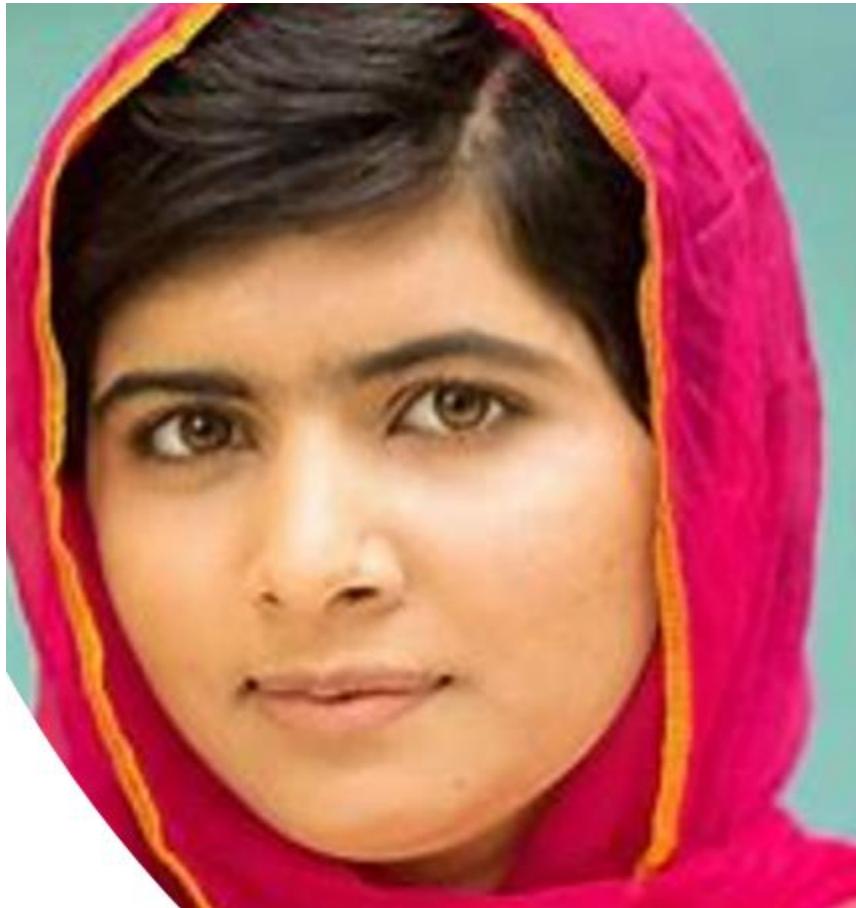
I. Empathic Disequilibrium	II. Empathic Withdrawal
Uncertainty	Blank Screen Façade
Vulnerability	Intellectualisation
Unmodulated Affect	Misperception of Dynamics
TYPE II CTR (Over-Identification)	TYPE 1 CTR (Avoidance)
III. Empathic Enmeshment	IV. Empathic Repression
Loss of Boundaries	Withdrawal
Over-Involvement	Denial
Reciprocal Dependency	Distancing

## PERSONALISED

(PARTICULAR, Subjective, Idiosyncratic Reactions)

# Quotation by Asylum Seeker

- ‘It did feel as if we had landed on the moon – everything looked, smelled and felt different. Just getting to our flat meant using a lift. I had been in one the summer before with my father, so at least I had experienced being transported in a small metal box. But for my mother, it was like boarding a space ship. She would literally close her eyes as soon as we entered and say prayers beneath her breath...my mother liked being on the ground...those early days in Birmingham reminded me of being interminably displaced in Pakistan – except the faces, the food, and the language here were foreign. We were comfortable; we were being well taken care of – but it had not been our choice to come here, and we missed home.’



**THANK YOU ANY QUESTIONS?**

Email: [Piyal.Sen@ElysiumHealthcare.co.uk](mailto:Piyal.Sen@ElysiumHealthcare.co.uk)  
[Piyal.sen@brunel.ac.uk](mailto:Piyal.sen@brunel.ac.uk)