

# How responsive are UK mental health services to the needs of refugees and people seeking asylum?

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# Two perspectives

Refugee/person  
seeking asylum



Psychiatrist



*Systematic Review*

## **Factors That Affect Refugees' Perceptions of Mental Health Services in the UK: A Systematic Review**

Rahaf Koja <sup>1,\*</sup>, David Oliver <sup>2,\*</sup>  and Rachel Forrester-Jones <sup>3,\*</sup> 

Psychiatrists' attitudes and knowledge towards treating asylum seeker and refugee subjects in the UK

Dominique Tham, Alua Yeskendir, Hugh Grant-Peterkin, Yasir Hameed, Mishka Pillay<sup>\*</sup> and James B. Kirkbride

# Systematic review: Overview

*Systematic Review*

## Factors That Affect Refugees' Perceptions of Mental Health Services in the UK: A Systematic Review

Rahaf Koja <sup>1,\*</sup>, David Oliver <sup>2,\*</sup>  and Rachel Forrester-Jones <sup>3,\*</sup> 

**Aim:** To examine the factors that [refugees](#) perceive as limiting their ability and willingness to access mental health services in the UK.

**Method:** Systematic review following PRISMA guidelines

### Inclusion criteria:

- Empirical studies about mental health services for [adult refugees](#) with mental health problems and/or post-traumatic stress disorders
- UK articles
- Published from 2000 to 2024
- Quantitative, qualitative, and mixed methods studies

### Exclusion criteria:

- Child refugees
- Older (over 65 years) refugees
- Non-UK studies
- Articles not written in English
- Articles published before 2000
- Non-empirical articles

**15 papers, representing the views of 1810 refugees living in the UK, were included in the review.  
Mainly concentrated in London.**

# Systematic Review:

Factors which affect individuals' access to mental health services

## Theme One

Stigma and Cultural Beliefs About Mental Health Problems

- **Subtheme 1:** Mental health stigma
- **Subtheme 2:** Lack of trust in UK mental health services and reliance on traditional healers
- **Subtheme 3:** Bravado

## Theme Two

Cultural Barriers

- **Subtheme 1:** Language barriers
- **Subtheme 2:** Perceptions that mental health services lacked cultural awareness of refugees' intersecting difficulties

## Theme Three

Structural Barriers to Accessing Mental Health Care

- **Subtheme 1:** The bureaucratic process of accessing mental health services
- **Subtheme 2:** Involuntary transience of the refugees' lives

# Systematic Review: Policy & Practice Recommendations

1. **Ensure availability of professional, trauma-informed interpreting.**
2. **Co-locate and integrate access points such as the establishment of one-stop “health and settlement” hubs.**
3. **Embed bilingual health navigators/cultural brokers** within GP practices serving asylum hotels and dispersal accommodation to accelerate registration and referral.
4. **Commission culturally adapted and scalable therapies.**
5. **Make services visibly safe and stigma-reducing** such as by holding sessions in neutral community venues (libraries, faith-neutral centers) and provide **groups tailored by language**, where relevant.
6. **Address post-migration stressors alongside therapy** as “therapy-plus” pathways allows clinicians to trigger rapid practical support for housing, asylum advice, and income insecurity.

# Survey: Overview

## Psychiatrists' attitudes and knowledge towards treating asylum seeker and refugee subjects in the UK

Dominique Tham, Alua Yeskendir, Hugh Grant-Peterkin, Yasir Hameed, Mishka Pillay\* and James B. Kirkbride

**Aim:** To survey psychiatrists, trainees and non-training-grade doctors currently practising in UK mental health services on perceived levels of knowledge, competency and attitudes towards treating those with an asylum seeker and refugee (referred to as ASR) background.

**Method:** Cross-sectional survey, utilising a self-reported online questionnaire, sent via online survey software. **Sampling frame:** 18,182 psychiatrists and 4,700 trainee psychiatrists from RCPsych databases.

### Inclusion criteria:

- Psychiatrists working for the NHS, private practice and/or third-sector organisations in the UK at the time of the survey.

### Exclusion criteria:

- Retired psychiatrists
- Non-UK-based psychiatrists

**Sample size:** 609 participants provided complete data and were included in the final analysis; 77% consultant/SAS psychiatrists, 22% trainees, 1% other.

# Survey: Key Findings

- **Most (85.4%) respondents had had some contact** with ASR patients.
- **Respondents overall had positive attitudes** towards working with ASR patients.
- **Fewer than half (42%) of respondents felt they had sufficient knowledge** to work competently with ASR patients.
- **Around 1/3<sup>rd</sup> (34.7%) found the work emotionally distressing, females>males**
- **Greater knowledge was associated with:**
  1. More frequent contact with ASR patients
  2. Higher levels of education and training
  3. Lower levels of distress
  4. Both more positive AND more negative attitudes towards working with ASR patients

**Limitations:** Very low response rate (3.5%), potential selection and recall bias, cross-sectional

# Survey: Recommendations

- Professional bodies should consider including **teaching** on the mental health of such individuals in the curriculum for psychiatry trainees.
- Professional bodies should consider **providing better signposting to existing resources** on the mental health of ASR subjects and other available health, social, legal and non-governmental organisation services for those individuals.
- **Survey should be replicated, aiming for a higher response rate.**



# My PhD: Examining inequalities in NHS mental health services



**Funding:** Wellcome, through King's PhD Programme in Mental Health Research for Health Professionals

**Supervisors:** Professor Jayati Das-Munshi, Institute of Psychiatry, Psychology & Neuroscience; Professor Hanna Kienzler, Department of Global Health & Social Medicine.

**Setting & Participants:** People with lived experience of forced migration who have accessed mental health services in Southeast London (Croydon, Lambeth, Lewisham, Southwark) and mental health professionals.

## Mixed methods

