For better
mental health

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Mapping health access for Afghan, Iranian and Somali refugees and asylum seekers in Harrow

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Executive Summary

In October and November of 2003 research into health access was carried out in three refugee populations in Harrow using community languages. Several areas of concern were identified or confirmed including:

- Problems caused by lack of spoken and printed language support,
- People who do not know how to access services and have no one to guide them
- Poor awareness of mental health services
- The need to train the people that refugees are most likely to turn to

Mind in Harrow and the Refugee Community Organisations supporting the research believe that this report should inform the work of those reviewing, planning and delivering health and care services, including Local Government, NHS Primary Care, Acute and Mental Health Trusts. While our focus has been on three communities in Harrow the findings should inform services for other refugees communities until the needs of other groups are researched.

Similarly, these findings should inform services in other boroughs and areas hosting asylum seekers and refugees, at least until such time as more local research is carried out.

Ignoring the research will lead to continued failure to deliver appropriate health and care services to a significant proportion of Harrow's population.

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CONTENTS PAGE

Acknowledgements

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Introduction

The work of the Refugee Mental Health Project at Mind has heard many examples of the barriers facing refugee communities when requiring healthcare during the project's work with individual asylum seekers and refugees, Refugee Community Organisations (RCOs) and the service providers. It was felt important to research these issues further and discover the reality of the refugee communities' experiences and concerns regarding healthcare. Therefore, funded by a small grant from National Mind, Mind in Harrow carried out research on health access and the health experiences and concerns of the refugee and asylum seeker communities in Harrow.

A Refugee Worker's group was formed with workers from Harrow Council for Racial Equality, Harrow Primary Care Trust and The Afghan Association of London to organise focus group discussions to discover healthcare issues for the refugee communities of Harrow. The availability of funding meant we were able to fund RCOs to assist with the research.

The research was based on the experiences of the three largest refugee communities in Harrow, the Afghani, Iranian and Somali communities because:

a) They have been in Harrow for many years and their experiences of healthcare are likely to be extensive and varied.
b) They have established community organisations to carry out the tasks of organisation and facilitation of the focus groups.

As a result the smaller refugee communities are not represented. Research to ascertain the views and experiences of communities such as the Sri Lankan, Kosovan and refugees from many African countries living in Harrow will require significant additional funding.

Aims and Objectives

1) To highlight gaps in service provision & barriers to accessing healthcare

- To build a detailed picture from the user's viewpoint as to the difficulties the user experienced in accessing healthcare
- This will highlight where there are gaps in service provision that need to be tackled
- To discover the importance the user places on these gaps
- To benefit the voluntary and statutory sector by demonstrating to all workers linked and not linked with refugees and asylum seekers the concerns of this community regarding health care

2) Identify the routes refugees and asylum seekers take into health care

- Identify how the user first came into contact with health services and the length of time this took
- Determine whether there was information (written or verbal) available to the user to guide them through the services such as informing them about how to, and the importance of, registering with a GP

- The interview process will link workers in this area and provide information to refugees on the health care available to them through others' experiences

3) To identify where best to target resources

- Information gained will identify where and how best to contact vulnerable individuals on arrival in the borough with information about healthcare
- Discover the most appropriate methods to inform refugees and asylum seekers about healthcare such as translated material

4) Make a series of recommendations to service providers

- To inform the ongoing London Borough of Harrow Refugee and Asylum Seeker Strategy and inform the Primary Care Trust of the needs of Refugees and Asylum Seekers
- To raise awareness of the needs of refugees and improve the healthcare available to them based on this awareness

Methodology

Initial Planning

Certain sectors of refugee communities have distinct experiences. We chose different sectors to include a range of participants with varying experiences and issues regarding health services. These experiences could be linked to their particular sector, such as female participants and the availability of female health workers or young adult's knowledge of sexual health and drugs and alcohol services.

We utilised our experience of working with refugees and asylum seekers to devise questions that would cover a broad range of health issues. We wanted to discover experiences of a variety of services from a range of service users. It was important to map the journey of participants from arriving in the UK and Harrow to their current situation. This would discover if experiences of health services along with knowledge of their availability improves with time in the

UK. Questions were asked to find out issues covering arrival in the UK and initial service contact, who provided most of the advice regarding the UK's health system, registering with GPs, experiences of all health services and mental health. Participants were questioned about language and interpreting support and its importance and issues directly linked to the sectors represented such as home support for disabled refugees.

Work with the Refugee Community Organisations

We approached three communities well established in terms of population and life in the UK. The Afghan, Iranian and Somali communities in Harrow are represented by RCOs that carry out a variety of roles. We asked the organisations to undertake a series of tasks to ensure the research could take place. We needed to attract the correct number of participants from each nationality representing each sector of the community required by the research. The RCOs were able to use their links to ensure three or four people from each of the five sectors (young adults, disabled, female, heads of families and elderly refugees) were available. It was vital that the research was carried out in the language of the communities to ensure maximum participation and the RCOs translated all the questions into their languages. Each group required a facilitator fluent in the community language and English and the RCOs recruited the people for this vital role. The facilitators attended meetings to ensure they understood the research project and their role (primarily to ask all the questions and record all responses from the participants). When the research took place all responses were recorded and the RCOs transcribed these responses into English for the purpose of writing the final report.

The Focus Groups

For the smooth running of the research each community would have a separate half-day allocated to undertake the focus groups. The RCOs ensured the participants and facilitators were in place and approximately 70 questions were asked over a period of 3 hours to each community group. All the responses were recorded and the facilitators were not required to write any responses.

This was done so there was no interpretation of the participants' replies from the facilitators and nothing was missed. All responses were transcribed later. More than 60 refugees and asylum seekers answered questions and over 100 people in total from the refugee communities of Harrow took part in the research.

Limitations

1) There was a limit on the number of participants that could be included, due to the funding available and the time scale of the research; we required to complete each community's research during one half-day event.

2) We were unable to include more sectors of the community and more nationalities for the same reasons. The RCOs approached were groups Mind has good working relationships with and they were RCOs with systems in place (including the amount of community members living in Harrow) to assist professionally with all stages of the research.

3) In terms of languages we were unable to include as wide a range as we would have wanted, as each language required a translator, facilitator and transcribers able to speak both the community language and English.

4) The limitations of the data are linked to the above issues. The results will show the experiences of a small part of just three of the many refugee communities living in Harrow. We did not discover how long participants had

been in the UK or why they came here. It was felt more important to discover their experiences of health services on arrival in Harrow and their continued life in the borough as one use of the report will be to form the London Borough of Harrow Refugee and Asylum Seeker strategy.

5) The results will be the experiences of individuals with strong community links to assist with the processes of referrals to services and language assistance. There are individuals in Harrow without these links whose situations may be worse as a result of isolation from their communities or communities may not exist for these individuals.

6) There are limitations of the recording of each focus group. There is a possibility of interpretation of results by the individuals involved in the transcribing from each community language into English. There was an example of the recording not working for two sectors (Iranian female and Afghan elderly), results were taken after the event by the relevant community organisation and this is also open to interpretation.

Results

General Health Issues

- Health is a priority service when in comparison with other services (immigration, education, housing and employment)
- First services contacted were both voluntary and statutory
- RCOs were evident as a first service contacted by the majority of all refugee groups
- Health services were approached first by disabled, elderly and heads of families
- Majority of refugees had family or community links that drew them to Harrow
- Majority not ill on arrival in Harrow

GP Registration

- Long waits for all disabled refugees (none registered within 2 months of arrival) and several month waits for some refugees in all groups
- 6 month to 1year+ waits for Afghan and Somali heads of families
- Range of voluntary and statutory services along with word of mouth informed refugees of the need to register
- Some quick GP registration of within one month of arrival (Somali young adults, Iranian heads of families and elderly)
- Only one example of GP not allowing registration
- Majority registered as permanent patients
- Lack of information on registration process is the main cause of delays with RCOs assisting with providing information and direct help with GP registration

Experience of Health Services

Understanding health services

- Lack of any explanation of NHS system and services apart from by friends, family and community organisations for the majority of refugees
- Heads of families and elderly Iranians have more satisfactory understanding of NHS (mainly due to availability of interpreters)
- Young refugees have a better understanding of health services and treatments and make less use of health services (particularly hospital care) than other groups of refugees in the focus groups
- Many refugees do not understand treatments administered due to a lack of explanation and language differences. This includes long term hospital care and an example of a Somali refugee not knowing what an operation removed from her

The impact of language on service provision

- Language support is good for elderly Iranians but elderly Somalis and Afghanis still have little understanding of health services after years in the UK and have missed and broken appointments due to negative experiences

- Disabled and female refugees have missed or broken appointments due to the language barrier and a lack of confidence in health services

Hospital services

- Afghan females have negative experiences of hospital care such as a lack of follow up work, no medication prescribed and inappropriate referrals to hospitals
- Hospital care is positive for elderly Iranian and Somali female refugees, other sectors have a mix of positive and negative experiences of hospital and follow up care
- Very long waits in A&E for all refugees with only elderly Iranians stating language support in A&E is satisfactory

General issues

- No evidence of hand held health records for all but one refugee in the focus groups
- Afghan refugees make use of traditional treatments more than Somalis and Iranians
- Female refugees have positive experiences of childbirth and child healthcare services

Interpreting and Language

- Generally a very negative response to interpreting and language services linked with Harrow's health services

Provision of interpreters

- GPs not providing any interpreters apart from examples of Iranian elderly and heads of families receiving this assistance
- Informal language links (family, friends and communities) provide vast majority of assistance. Telephone interpreting through RCOs is often used as a last and only resort
- Availability of interpreters for hospital appointments is adequate

- Many Afghan examples of the wrong language (often Iranian Farsi) being provided by all health services. The Afghan languages (Dari and Pushto) are not made available
- Example of a disabled Somali told to bring their own interpreter when requesting female interpreter to be present and Somali females feel they have to bring their own interpreters (whether requesting a female interpreter or not) or communicate in English whether they can understand it or not

Translated information in print

- Printed translated information is lacking
- Somalis feel more translated information is available now than on arrival (more than 10 years ago) but still insufficient and only on major diseases such as HIV & AIDS
- Iranian elderly use RCOs to translate all health information and disabled Iranians state there is nothing in Farsi
- Disabled Afghan refugees have only one example of a single leaflet (on TB) in one of their languages, Dari

Well-being

"I want someone to talk to. I was once introduced by my GP to someone, it was helping me, I talked to that person and it was helpful but I still suffer. My stress is permanent, one second I am happy, the next second is sad" (Female Afghan Refugee)

Symptoms and specific problems

- Wide variety of problems associated with well being such as poor sleep, anxiety, loneliness, depression, isolation and anger
- The stress of seeking asylum including long waits, uncertain future and no right to work, makes heads of families feel depressed

- Language can be a barrier and there is an example of an Afghan disabled refugee receiving psychiatric care in a language they did not understand (Iranian Farsi)

Referrals to specialist services

- Very few examples of GPs assisting with access to specialist mental health services
- Somali young and disabled feel unable to approach GPs due to previous negative experiences
- Refugees from all groups have approached GPs about mental health but very few have discussed referral to specialist services
- Female refugees want to seek specialist advice but have no idea how to access this advice and only one person has ever been assisted by their GP with this access

Awareness of services

- Very limited knowledge on what mental health services are available and how to access these services for all refugees from all the communities and sectors in the focus groups
- There is a reliance on family, friends and RCOs to assist with mental health problems. Both to provide knowledge of services and help directly to solve well being difficulties

Community Support

- Majority of refugees from all groups live with families and have good social links with families, friends and community groups
- Links with home are particularly important to disabled Somalis (such as watching BBC Somalia and performing at cultural events)
- A common language is important for elderly refugees and communities are approached first as a result and some refugees would only approach statutory services if RCOs, friends and families could not help

- Availability of interpreters makes Iranian heads of families feel much more confident discussing mental health issues

" I want someone to help me. I want someone to talk to and tell her all what I have in my heart, but I do not know where I can find such a person and I am not sure that person can solve my problem" (Female Afghan refugee)

Specific Areas of Health Provision

- **Young adults** feel services such as drugs, alcohol and sexual health are important but there is little awareness of how to access these services. Interpreting services are important to this group too
- RCOs are important to Afghan and Somali young to help them link with services to assist with help and advice regarding sexually transmitted diseases
- There is a lack of printed information on general health issues

- **Disabled** refugees state eye tests and free glasses are important to them
- There is a lack of adapted housing with examples of minimal adaptations such as handrails and louder doorbells for deaf people
- More transport to reach appointments is needed as is assistance with registering for services (including GPs)
- Registering as disabled takes a long time (no examples of less than 3 months and several of over 2 years)

- **Female** refugees use a wide range of services (GPs, hospitals, childbirth and childcare services)
- Gynaecological services, eye care for children, language assistance and availability of female staff are important to female refugees
- Afghan and Somalis never denied access to female staff but Iranian examples of missing appointments due to no access to female staff. Some problems with GP receptionists
- Family planning information is important but often only printed in English
- Very positive about child services, particularly from Afghan females. Pre-natal and newborn services are excellent with midwife visits highly praised

- **Heads of families** feel the available services (and their awareness of them) are sufficient to meet their needs as people responsible for the care of their families
- Long waits for child vaccinations and insufficient dental care is a problem
- Iranian heads of families have more examples of feeling unhappy with healthcare and feel there is no alternative

- **Elderly** refugees receive little home help and this is an important service for them as is receiving influenza injections
- Accommodation is important with ground floor and warm housing a priority
- No adapted housing for any refugees in this group

- **General** agreement among all refugees that language services need to improve to improve health access such as registering with services
- Translated material is one area people feel needs vast improvement
- There is a lack of practical assistance (only leaflets) with health access, Afghan RCOs mentioned as providing seminars on some health issues to help with this problem

Conclusions

1) The research has highlighted some important issues and concerns of the Afghan, Iranian and Somali refugee and asylum seeker communities living in Harrow. **Refugees and asylum seekers have registered with GPs** and link with other services when appropriate. Some of these links have taken long periods, but they have been made and the research shows that these groups of refugees and asylum seekers access primary care to a sufficient level.

2) Female refugees highlight health services connected with childcare positively.

3) The refugees and asylum seekers have **strong links with their communities** that have enabled access to certain health services and without these links the picture may be very different. For refugees from smaller groups there is no such support and we would anticipate greater difficulties. The importance of RCOs is shown by the reliance upon them to provide advice and other services. For a substantial proportion of participants the RCO was the first service contacted on arrival in Harrow and was the only source of information about issues such as GP registration.

4) There are **major areas of concern such as language service provision**. Many of the health services **do not provide interpreters** and informal support (such as RCOs and families) is relied upon to interpret important health information. The potential to miss services or misunderstand vital information is very high and a cause of concern.

5) **The lack of translated health information** is highlighted. There needs to be a vast improvement in the range of information about a range of services in a wider variety of community languages. Those refugees and asylum seekers from smaller groups face even greater difficulties.

6) The **awareness of services and how to access them is poor**. This is evident from primary care through to secondary, specialist services such as mental health. There is **little information provided** either on arrival in the UK or on arrival in Harrow. The links with friends, families and communities are vital and are the main source of information. Individuals from other refugee communities without these links would find it very difficult to access healthcare in Harrow.

7) Even among the long established groups there is a **lack of understanding about the NHS system** and often individuals have received treatment without fully understanding what was being treated and the form this treatment took, again language is a barrier. Refugees do not understand systems such as the returning of forms ('Opting In') to confirm appointments due to a lack of explanation and the language barrier. This additional bureaucracy leads to people missing services.

8) **Awareness of Mental Health services is poor.** Many participants state they have concerns over their well being but do not know whom to approach. Some have discussed this with GPs but still remain without referral to specialist services even when they want to access these services.

Previous Mind research[1] has shown that the links between RCOs and mental health services are poor. This occurs for three reasons

- Due to a lack of confidence in services by refugees and their RCOs
- Due to a lack of awareness from RCOs about services
- Due to a lack of awareness from service providers about working with refugees and their needs

This leads to an underdeveloped referral link between mental health service providers and refugees. The reliance on RCOs to provide information and to link refugees with services is very high so people inevitably miss out on referrals when the RCOs are unable to assist, as is the case with

[1] Mind in Harrow Refugee Mental Health Survey 2003

mental health. Finally it must be added that, even more importantly, those refugees and asylum seekers who are not linked to local RCOs will be even more likely to fall through the net of provision.

9) It is clear that **training for service providers about working with refugees and training for communities on service and referral awareness is required**. This would help to bridge the gap that exists between mental health services and refugees and their communities.

Recommendations

Translations

Translated health information about a range of health services should be made accessible to all refugees on arrival in Harrow. This information must be in a range of languages and cover a variety of health issues.

Distribution

Information must be available in places such as community groups both in Harrow and in neighbouring boroughs (so an Iraqi living in Harrow can access information from the only RCO that is established in Brent for example) so the maximum number of people can access it. Information should also be in places accessed by refugees on arrival such as housing, asylum support, other local authority locations and in hospitals and GP surgeries.

Interpreting

Improvement in interpreting services (wider use by service providers and interpreting specific to refugees' needs, such as female interpreters and in the refugees' own language) is necessary. Services should not make assumptions about the language spoken.

Education about health systems

Service providers must ensure their patients understand what is being offered and the options available for future care, which is a major area of concern for

refugees and asylum seekers in Harrow. Even when initially linked with services, refugees do not understand systems such as 'Opting In' where further action is required to access a service and people miss out as a result.

Links and Training

The link between healthcare and refugees needs to be improved by increased communication and training of both refugee communities and service providers about their work in issues such as mental health. Service providers need to outreach to communities to improve awareness for communities and service providers about healthcare. There is a need for a health link worker to be based with community organisations to advise their community members to improve referrals and access to services

These will lead to an improvement in the levels of understanding by health professionals about the needs of refugees and asylum seekers. Services will become more culturally aware and provide services sensitive to the needs of refugee communities. Confidence in these services by refugees and their communities will be increased as a result.

Publishing Information

The report was fist published as a booklet in April 2004. This Word version has the same text plus an executive summary. When quoting the report and citing page numbers please make clear if you are referring to the booklet or Word version.