

Refugees, mental health and stigma in Scotland

Introduction

This briefing paper aims to provide policy makers and service providers with an overview of what we know about refugees' experience of mental health stigma and discrimination, and sets out recommendations for how best to respond to the mental health needs of new communities.

With the support of See Me, Scottish Refugee Council and the Mental Health Foundation are working in partnership to influence the national response to the mental health needs and stigma experienced by refugees and asylum seekers in Scotland, and to build capacity within refugee communities to challenge mental health stigma and discrimination.

Who are refugees?



Asylum Seeker

Someone who has fled their country but whose application for refugee status to a state that has signed the 1951 UN Refugee Convention has not yet been decided.

Migrant

Someone who moves from one region or country to another

Refugee

Someone who has been legally recognised as needing protection under the 1951 UN Refugee Convention

Eritrea, Iran, Sudan, Syria, Pakistan

Top countries of origin of asylum applicants to the UK in 2015

65 million

Forcibly displaced people in the world

38,878

Number of asylum applicants to the UK in 2015

86%

% of the world's refugees sheltered by developing countries

Refugees are men, women and children who have been uprooted from their homes and communities around the world and forced to seek the protection of another country. They are in vulnerable circumstances. They have faced persecution, perhaps due to conflict, to their political or religious beliefs, their gender or sexuality. Many have experienced trauma. Every stage of their journey to safety can bring its own challenges to physical and mental wellbeing, which will differ for everyone.

Once in a country of sanctuary, life as an asylum seeker or refugee can be characterised by insecurity and uncertainty.

Only a tiny proportion of the more than 65 million people forcibly displaced from their homes around the world reach Scotland. However, it is essential that the right services and support are in place for those who do. Scotland is welcoming refugees to parts of the country new to providing sanctuary, as well as to those with existing refugee communities.

Refugees in Scotland



The UK received applications for international protection from 38,878 people in 2015. Around one third of asylum applicants are women and girls, and two thirds men and boys.¹ The UK Government relocates those who require support, while they await a decision on their asylum application, to 'dispersal areas' across the UK. Over the last decade, the number of asylum seekers in Scotland has equated to around 10% of the UK asylum population, with the vast majority living in Home Office contracted accommodation in Glasgow.² If recognised as refugees and granted leave to remain, people may either remain in Glasgow or relocate to another part of the UK.³

If granted leave to remain, a refugee can apply for family members to join them. Currently in the UK, dependent children under 18 and spouses or partners can apply for Refugee Family Reunion Visas to join refugee family members.

The vast majority of the world's refugees are unable to travel far beyond the borders of their home country. They often live in refugee camps for years with many children living their entire lives in such camps. One of the ways in which the UN High Commission for Refugees (UNHCR) seeks to assist these refugees is to offer resettlement to another third country. Resettlement allows refugees the opportunity to rebuild their lives in safety and security. Around 80,000 refugees are resettled worldwide each

year.⁴ The UK Home Office currently operates three refugee resettlement programmes in partnership with the UNHCR:

Gateway Protection Programme

for refugees who have pressing humanitarian or security needs, are not able to return to their countries of origin and cannot integrate locally (quota of 750 people per year)

Mandate Refugee Scheme for refugees who have close ties to the UK

Syrian Vulnerable Persons Relocation (VPR)

scheme for Syrian nationals currently living in Turkey, Lebanon, Jordan, Egypt or Iraq with specific vulnerabilities (quota of 20,000 people over five years 2015-2020)

Scottish local authorities are playing a significant role in the Syrian VPR scheme, resettling around 40% of the first UK arrivals under the scheme in late 2015. To date, one Scottish local authority has participated in the Gateway Protection Programme and others have participated in schemes to resettle small numbers of Iraqi and Afghan interpreters who worked for the British Armed Forces in those countries. Scottish Refugee Council estimates that in total, there are approximately 20,000 refugees and asylum seekers living in Scotland.⁵

Policy context



Asylum

Asylum is a complex policy area where devolved and reserved competencies overlap.⁶ Decision making on asylum and immigration - who is entitled to enter and remain in the UK - is reserved to the UK Parliament. However, the provision of many support services to refugees and asylum seekers that live in Scotland is devolved to the Scottish Parliament. These include health, education, criminal justice, housing, children's services and preventing violence against women. The provision of financial support and accommodation to asylum seekers is a statutory obligation of the UK Government.

The asylum process itself is very complex.ⁱ An applicant must lodge an application and undergo a 'screening' interview either on arrival at a port or airport, or, if already in the UK, in Croydon. If destitute and eligible for support, applicants will be relocated on a no choice basis to a dispersal

area around the UK, where they will attend an asylum interview and await a decision from the Home Office on their application.

If recognised as needing protection, they will be granted leave to remain, their asylum support will be stopped and they are required to move into mainstream housing and welfare provision within 28 days. If refused protection, there is normally a right of appeal to a judge in the Immigration and Asylum Tribunal, but asylum support will be stopped after 21 days. If specific criteria can be met, such as ongoing legal proceedings, dependent children, or severe health needs, an applicant may be eligible to apply for £35 per week preloaded onto a cashless payment card (called the Azure Card) valid in designated shops, and (usually shared) accommodation, until appeal rights are exhausted or they leave the UK. Further changes are being made to the asylum support system for refused asylum seekers under the Immigration Act 2016.

ⁱ See Appendix I for a diagram of the UK asylum process.

Refugee integration



Key aspects of refugee integration policy are devolved to the Scottish Parliament. The Scottish Government promotes an *'integration from day one'* approach, which means that asylum seekers can access support and services under the competence of the Scottish Parliament from the day they arrive in Scotland. This differs from the approach in England, where integration begins upon recognition of refugee status, which can be months or years after arrival in the country. Scotland's approach is embedded in its *New Scots* refugee integration strategy, which was developed in partnership with key stakeholders and is implemented through a series of thematic working groups.⁷

In September 2015, the Scottish Government established a Refugee Response Taskforce, which brought together statutory, voluntary sector and refugee community representatives to oversee Scotland's response to the 'refugee crisis' and the resettlement of Syrian refugees to Scotland. Going forward, this group will be incorporated into the work of *New Scots*.

Health

Health policy in this area is also complex and differs across the devolved administrations of the UK. In Scotland, the law exempts refugees and anyone who has made a claim for asylum from any charging for NHS services.⁸ The Scottish Health Directorate is clear that all asylum seekers are entitled to register with a GP in Scotland and states in its policy on 'overseas visitors':

Anyone who has made a formal application for asylum, whether pending or unsuccessful, is entitled to treatment on the same basis as a UK national who is ordinarily resident in Scotland while they remain in the country.⁹

This differs from other parts of the UK. For example, in England, those who have been refused asylum and do not receive Home Office support are liable to be charged for access to secondary healthcare services.ⁱⁱⁱ The Department of Health also recently consulted on the introduction of charging for *primary* healthcare services in England, including accident and emergency and some GP services.^{iv}

ⁱⁱⁱ Emergency care, family planning, infectious diseases, and treatment due to domestic or sexual violence or female genital mutilation, are exempt from charging. As are victims of trafficking, immigration detainees and looked after children.

^{iv} Consultation included proposals to extend charging into A&E, ambulances, prescriptions, dental care, eye care and some GP services: www.gov.uk/government/uploads/system/uploads/attachment_data/file/483870/NHS_charging_acc.pdf



Amani's story: Part one

Amani came to the UK when she was 13 years old. This is her story...

"I came to the UK with my family from East Africa due to political unrest. My mother decided it was unsafe for us to live in our homeland and so we had to leave. This was a difficult and painful decision where everything we knew had to be left behind: our culture, our heritage, our family and friends.

"Starting our new life was not easy. There was a language barrier, the feeling of not belonging and the fear of not being accepted in society was always on your mind. I did not speak any word of English, I was home sick, missing home and fearing for the family we had left behind."

Refugees and mental health in Scotland



Causes of poor mental health

A range of studies and reports have highlighted mental health as one of the biggest health issues for asylum seekers and refugees in Scotland.^{10, 11}

Furthermore, studies have identified a *worsening* of mental health problems among refugees since arrival in the UK.^{12, 13} One of the main causes of poor mental health particular to refugees is pre-migration trauma, which could have been caused by torture or gender based violence. This can lead to isolation and loneliness caused by “*dislocation from home and culture*” and the status of being an asylum seeker.¹⁴ Refugees and asylum seekers may also experience poor or exacerbated mental health for the same reasons as others in society, such as poverty, relationship problems, bereavement, addiction, and violence or abuse.¹⁵

Mental health difficulties affect men, women and young people from all backgrounds, although people’s experiences will be gendered and influenced by culture and belief systems. 57% of interviewees in a study of newly arrived asylum seeking women in Glasgow showed symptoms of post-traumatic stress disorder (PTSD);¹⁶ 45% of separated children accessing the

Scottish Guardianship Services in 2011 reported mental health difficulties;¹⁷ and a study of young male asylum seekers in Glasgow found a range of factors contributing to feelings of isolation and loneliness, including inactivity, adverse circumstances and lack of intimate relationships.¹⁸ The lack of family and support networks is a key factor affecting the mental wellbeing of many refugees and asylum seekers.

The uncertainty, worry and dependency caused by the asylum process itself are key contributing factors to worsening mental health once in Scotland.¹⁹ One study reports that the main causes of poor mental health are:

*“worries, problems and the pressure of everyday life related to being an asylum seeker or refugee and to the negative impact of the asylum process”.*²⁰

Unemployment, enforced economic inactivity and the consequent dependence on state support or charity fostered by lengthy periods of time spent either prohibited from working (whilst seeking asylum) or facing barriers to accessing employment (once granted leave to remain), are also key causes of poor or worsening mental health among asylum seekers and refugees.



Amani's story: Part two

Amani and her family settled in London where she attended school. One day their worst fears became a reality when they received a letter from the Home Office informing them that they were to vacate their home as they were being dispersed to Glasgow. They were allowed to pack two bags each and nothing more.

"We did not know where Glasgow was, what kind of place it would be or how the people of Glasgow were. The thought of moving made me sick. I felt my world had come to an end. The anger and sadness building inside of me was too much to bear. I realised I was an outsider and that I did not belong in this country despite the years I had lived here. I felt I was a part of this country but the government made me think otherwise.

"Adjusting to life in Glasgow was difficult as I found it hard to make changes in my life. I saw my health deteriorating. I did not want to do anything. I could not eat or sleep well. I did not want to be in anyone's company and I did not want to go out. My mind was always thinking that worse is yet to happen."

Stigma and discrimination



Stigma can be thought of as the linking of undesirable characteristics to individuals who are in some way identified as different to others. Often *Stigma* refers to attitudes and emotional reactions whereas *discrimination* refers to the behavioural enactment of stigma.

Stigmatising attitudes towards mental health and those who experience mental health problems can be found within individuals, families, communities and society, as well as within organisations at a professional, strategic and even a policy making level. Research has identified four different but interlinking forms of stigma:²¹

Public stigma: *negative attitudes within society or direct discrimination directed towards individuals with a mental health condition.*

Structural stigma: *when the policies and actions of private and government institutions restrict the opportunities of people with mental illness (intentional or unintentional)*

Self-stigma: *the internalising of negative views of society which results in self-limiting behaviour, e.g. I won't apply for job as I can't do it because I'm useless (with depression) etc.*

Stigma by association: *experience of stigma by those who are connected to an individual with a mental health condition e.g. a family member or friend.*

It is recognised that mental health stigma has a negative impact on those that experience mental health problems and can contribute to them not seeking support when they need it.^v Living with ongoing stigma and discrimination can create ongoing stress, reduce life chances, and prevent recovery.²²

^v www.seemescotland.org and www.time-to-change.org.uk provide information and resources on different forms of stigma, the impact it has on people's lives and work being carried out to tackle stigma



Amani's story: part 3

Amani found the strength to attend a local community group where she met other women and began to share her experiences. For a brief time she attended college where she achieved an HND. However due to her status that was the end of her education, she was not allowed to progress further and is not allowed to work. She now volunteers and continues to wait on a decision from the Home Office, almost 10 years after first arriving in the UK.

"Many people's lives have been put on hold because the Home Office has failed to make decisions on their case. I am an example of this. I have been in Glasgow for a decade now and I still have no status. I think of my life and all of the dreams that I had that were crushed by the government. Till the day comes when I am given an outcome I dare not to dream of who I can be in the future. It feels as if I am serving a sentence for an unknown crime. I am waiting on an unknown person to determine my destiny. That person is in the Home Office but does not know me. Until they make their decision I have to keep waiting and wasting more of my years in this way."

Stigma and discrimination within refugee and asylum seeking communities



Stigma and discrimination towards people with mental health conditions is a feature of all societies and communities. Similar to other BME communities, refugees report mental health related stigma within their own communities.²³ For some refugees and asylum seekers the concept of mental health can be very diverse and in some cases there can be a lack of understanding around mental health and awareness of sources of support.²⁴ However, in general the UK is perceived to treat mental health conditions positively, with society being comparatively more accepting of those with mental health conditions than in refugees' countries of origin with more resources available.

The experience of stigma associated with mental health problems can lead to feelings of shame and reluctance to access support. This is often combined with a lack of awareness of the law and services and what support is available, which can lead to resistance to offer help to others or to seek help for oneself. A fear of how help seeking might affect their status or asylum claim is a further barrier to accessing support, particularly for those still waiting for a decision on their asylum claim.

The stigma and discrimination experienced by asylum seekers and refugees due to having a mental health condition can be exacerbated by 'double discrimination'. This means that 'structural stigma' such as experiences of racism and social exclusion combine with mental health stigma to heighten impact. Many also report stigma from

other communities or wider society due to the perceived low status of being an asylum seeker or refugee. Experiences of racism and discrimination are commonly reported by refugees and asylum seekers in Scotland.²⁵

Overall less attention has been paid to associated stigma²⁶ in recent years but studies in Scotland reveal that it can play an important role in perpetuating stigma and potentially reducing the effectiveness of programmes. This refers to the family and associates of someone with a mental health condition being stigmatised, which can be particularly damaging. This is evident through the ongoing work at the Mental Health Foundation with asylum seekers and refugees, which frequently identifies poor mental health knowledge amongst this particular community.

Refugees and asylum seekers do seek help for mental health conditions from a range of sources.²⁷ Members of their own community or country of origin were seen as a support source for some, particularly where the mental health problem was felt to be less serious. Key external sources of support identified were refugee charities, such as British Red Cross and Scottish Refugee Council. Barriers such as a lack of or poor interpreting provision can hinder access to local services, which is worsened by perceived discrimination and a lack of awareness of available services.

Stigma and discrimination interventions



Organisations in Scotland, such as See Me and Time to Change in England and Wales, have been working to develop interventions aimed at tackling stigma and discrimination for a number of years.^{28, 29, 30} Successful examples that have shown to have an impact on the reduction of stigma and discrimination include those that incorporate the principles of 'contact', protest and education.³¹

This current project builds on the work of the Amaan Project³² with refugee

and asylum seeking women in Scotland, which began to address mental health stigma through community conversations, and raised awareness with key frontline service providers, such as the Home Office, public transport providers and statutory agencies through training. It also draws on See Me's programme of Community Champions,³³ seeking to adapt this to the experiences of refugee communities in order to broaden the reach and impact of the programme across Scotland's communities.

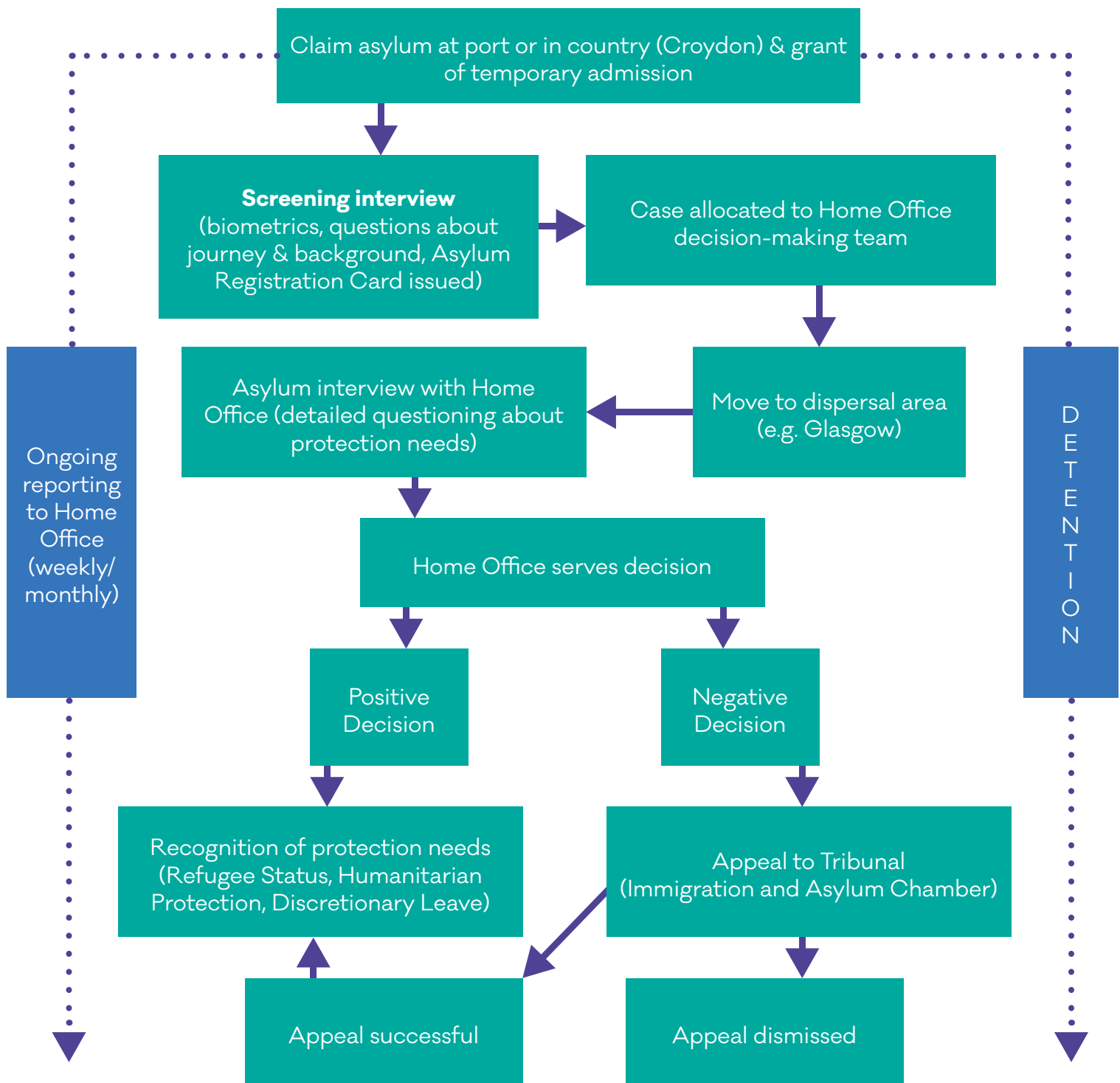
Here we make ten recommendations for how stakeholders in Scotland can work with new communities to tackle mental health stigma and discrimination.

Ten Key Recommendations



1. The Scottish Government should ensure that mental health is embedded within all refugee and asylum policy and strategy including the New Scots strategy.
2. The Scottish Government should recognise and respond to the rights and experiences of refugee and asylum seeking communities in all mental health policy areas and strategy, including in the mental health strategy and the planning and delivery of services nationally.
3. COSLA should proactively promote the need to consider mental health and involve mental health services in the planning and implementation of refugee resettlement schemes across Scotland.
4. Local authorities should consider and respond to the mental health needs of refugees and asylum seekers when planning and delivering services locally.
5. Statutory and voluntary mental health services should recognise and respond to the needs and experiences of refugees and asylum seekers when planning and delivering services, including training staff to understand these issues.
6. The Scottish Government, local authorities, NHS health boards, statutory and voluntary services should engage with and involve refugee communities in the planning and delivery of mental health services.
7. The Scottish Government, funders, and national and regional organisations representing people with lived experience of mental health conditions (such as See Me, Voices of Experience and The Scottish Recovery Network) should proactively engage with refugee and asylum seeking communities to inform their work to tackle stigma and discrimination and reduce future mental health inequalities.
8. Statutory and voluntary organisations developing and implementing anti-stigma and discrimination interventions with asylum seekers and refugees should address self-stigma (or anticipated discrimination) and associated stigma amongst families and social networks, and the impact of multiple discrimination.
9. Key frontline agencies such as the Home Office and Social Work Services should proactively seek to increase staff awareness of refugees' experiences of mental health stigma and discrimination to inform policies and practice.
10. The Scottish and UK Governments, services, and other funders, should invest in improving the quality of data and research so that Scotland continues to build an evidence base around the mental health needs of asylum seekers and refugees and an understanding of the impact of policies such as dispersal and resettlement to new areas of Scotland.

Appendix I: Diagram of the UK Asylum Process



Our organisations



The Mental Health Foundation

www.mentalhealth.org.uk

For over 60 years the Mental Health Foundation has been securing better mental health for all by connecting research, policy and practice. We believe that everyone has a right to good mental health; however, we know that mental health isn't equal and that is why we focus on prevention. We work to improve population mental health, but primarily work with those whose experience of inequality leads to greater risk of poor mental health or mental health problems, to support recovery and prevent relapse.

Scottish Refugee Council

www.scottishrefugeecouncil.org.uk

Scottish Refugee Council is an independent charity working to ensure that all refugees in Scotland are treated fairly, with dignity and that their human rights are respected. We provide essential information and advice to refugees in Scotland, campaign for political change, raise awareness about issues that affect refugees, and work closely with local communities and organisations.

See Me

www.seemescotland.org

See Me is Scotland's national programme to tackle mental health stigma and discrimination. Funded by Scottish Government and Comic Relief, the programme is managed by Scottish Association for Mental Health and The Mental Health Foundation.

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