



Migrant Mental Health Community of Experience Summary



Thursday 10th February 2022



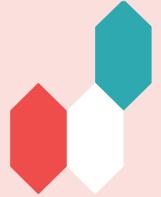
On Thursday 10 February 2022, ARC Kent, Surrey and Sussex, in collaboration with Academic Health Science Network (AHSN) and Kent County Council, hosted a community of experience concentrating on migrant mental health. The focus was to present research, hear from those with lived experience, share experiences and identify the gaps in research regarding unaccompanied asylum-seeking children (UASC) and female migrants. The event was attended by an audience of **85** people from a wide range of organisations including:

- Voluntary and community organisations
- Universities & Schools
- Children's social care (safeguarding, looked after children and leaving care)
- NHS Trusts
- NHS England
- Clinical Commissioning Groups and Integrated Care Systems
- Interpreting services
- Supported housing

Agenda

<p>Welcome</p>	<p>Dr Sam Fraser <i>Primary and Community Care Implementation Manager, ARC KSS and KSS AHSN</i></p> <p>Becca Randell <i>CYP Mental Health Implementation Manager, ARC KSS and KSS AHSN</i></p>
<p>Voice of lived experience</p>	<p>Young Person <i>Kent</i></p>
<p>Report of UASC Data and Services across KSS</p>	<p>Dr Leanne Bogen-Johnston <i>Post Doc, ARC KSS</i></p> <p>Sarah Newman <i>Student, University of Sussex</i></p>
<p>Female migrants and mental health research</p>	<p>Patrick Nyikavaranda <i>PHD Student, ARC KSS</i></p>
<p>Voices of lived experience</p>	<p>Young person <i>Hastings</i></p> <p>Young person <i>Kent</i></p>
<p>Examples of Services for Refugees</p>	<p>Rossana Leal <i>Refugee Buddy Project</i></p> <p>Sega Habtom <i>Nafsiyat</i></p>
<p>Sharing practice, identifying opportunities and barriers across Kent, Surrey and Sussex & Feedback</p>	<ul style="list-style-type: none"> • What are the barriers to seeking mental health services and help? • What would make it easier to access help and services? • What would make a difference to improve the mental health of migrants and UASC across KSS?
<p>Next steps and closing comments</p>	<p>Becca Randell <i>CYP Mental Health Implementation Manager, ARC KSS</i></p>

Mapping of UASC services across Kent, Surrey and Sussex

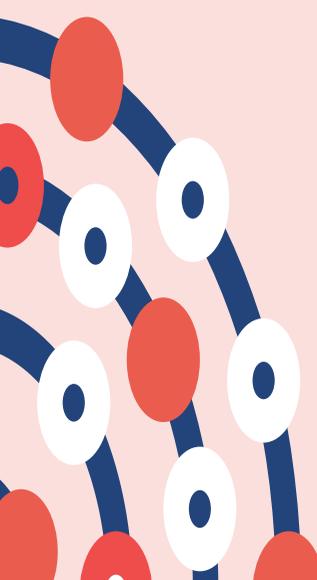


Dr. Leanne Bogen-Johnston, ARC KSS, Starting Well, Children and Young People, Post-Doc and **Sarah Newman**, a student from the University of Sussex, presented key points from a mapping report looking into the emotional wellbeing and mental health support services for unaccompanied asylum seekers across Kent, Surrey and Sussex. This newly published report should be used to help support and inform implementation and future research.

Click [here](#) to read the full report

To contact Dr. Leanne Bogen-Johnston:

l.r.bogen-johnston@sussex.ac.uk



Mental Health of Female Migrants



Patrick Nyikavaranda, ARC KSS Doctoral Researcher, presented his research into the mental health of female migrants and discussed the current inadequacies in research and support for female migrant mental health across Kent, Surrey and Sussex. This systematic review will be published soon.

Patrick is also currently leading on a study into the experiences and perceptions of female migrant mental health in KSS

To contact Patrick Nyikavaranda:

P.Nyikavaranda@bsms.ac.uk



@ThePatrickNyika



The Refugee Buddy Project

Rossana Leal, founder and director of the Refugee Buddy Project in East Sussex, discussed the ways in which the organisation supports refugees. She also spoke about the importance of campaigning and advocacy and shared her research in this area.

For more information about the **Refugee Buddy Project**, click [here](#)

To read more about **Rossana's story**, click [here](#)

For the '**Lost in translation**' report, click [here](#)

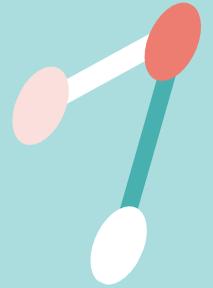
For the '**Speaking and listening**' report, click [here](#)

To contact Rossana Leal:

rossana@therefugeebuddyproject.org



Nafsiyat

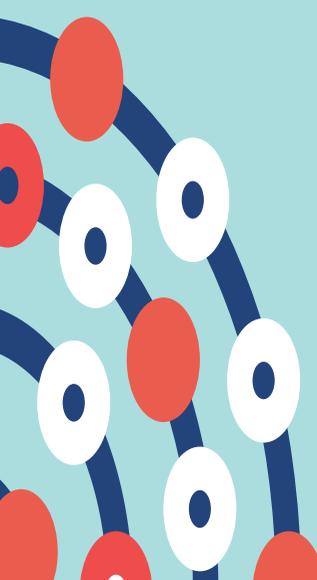


Sega Habtom, Senior Counsellor at Nafsiyat, an Intercultural Therapy Service in North London, shared her experiences of working with female refugees and running a Arabic, Amharic and Tigrinya women's speaking group. She shared the challenges and outcomes of running the group as well as some humbling case studies of women who had attended.

For more information about **Nafsiyat** click [here](#)

For more information about the **Women's Group** click [here](#)

To contact Nafsiyat: admin@nafsiyat.org.uk



Voices of Lived Experience



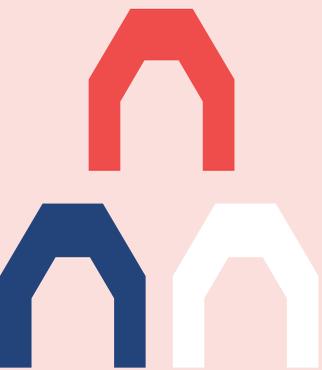
The audience at the event heard from three young people, from Kent and Sussex, who shared their stories of moving to the UK and the impact it had on their mental health.

They spoke about their challenges, the barriers to seeking support and what they found useful.

A young person from Kent, originally from Afghanistan, has shared her responses to our questions. These can be found on the following pages.

For a PDF of the response, please contact
Georgie Gremesty:

Georgie.gremesty@spft.nhs.uk



1. What are the barriers to seeking mental health services and help?

“There are several barriers for asylum seeking women when it comes to mental health support. The most common one being language and culture barriers, in a lot of cultures mental health is not even recognised especially if women are involved. This then leads those women struggling with mental health issues not knowing what to do and the only thing they can do is just to “get on with it” creating a mental health stigma. Language barrier can equally be a big block to seeking mental health support even if there is a translator involved it is very hard to express how you are feeling when the other person is translating it. When I first started learning the English language I found it very very difficult to let my social worker know how I mentally felt which led me to not get the right support”

2. What would make it easier to access help and services?

“What I found made it easier in terms of seeking mental health support was my school where I could talk to a lot of staff about my mental health and because of that I received a lot of support. I understand not everyone might have the opportunity of being in school so what can also help is having a supportive family member, friend or anyone really that you can feel like you can talk to. Furthermore, just having someone who will really listen with care and process everything you are saying can help so much. For me sometimes I just needed someone to listen to me as a human not as a psychologist, or a social worker or any professional but just as a human with genuine heart. Finally, time can make everything so much more easier as it allowed me to build up courage and strength to speak out and it was one of the hardest thing I had ever done but also one of the best things I had done. I know everyone has different experiences and some things that worked for me might not for others but I think time does heal most of the trauma for most people.”

3. What would make a difference to improve the mental health of migrants and UASC across KSS?

“A lot of things helps good mental health one of the big one being speaking about your feelings and letting someone help you. Doing day to day stuff like even going for a small walk or reading something or anything small that will help distract the mind from all the chaos. Building or maintaining healthy relationships can also help with good mental health as you have someone to care for and be there for which will motivate you to be better. Seeing what the future holds for you sometimes can also help and I know that can be very difficult when you are in a low place but even looking forward to the small things in the future can help. But all of that comes to you overtime, it’s not an easy fix each step will be more difficult than the other but time will blend those steps into one and make it an okay place to be.”

Discussion

What are the barriers to seeking mental health services and help?

Lack of **understanding** around what mental health is and what support is available

Embarrassment and **stigma** around mental health and seeking help in some cultures

Language - Interpreters may not translate the conversation accurately and may also cause **fear** around **judgement** if they are from the same culture as the service-user.

Difficulty **trusting** practitioners due to fear of **judgement** or **misunderstanding**

Inconsistent support from services

Political and systemic barriers e.g. national transfer scheme: the length of time for a young person to be placed and/or reach their new local authority, so that they can be in a place to access services to support their mental health and wellbeing

Difficulty **trusting** practitioners due to fear of **judgement** or **misunderstanding**

Threshold is high to access mental health support – you always must be in **crisis** to access support

Lack of access to **medication** - GPs refer to psychiatrists

Lack of **sign-posting** and awareness of existing **support** from professionals. people are not aware of the support they are entitled to.

Lack of **accessibility** for certain groups e.g. people with caring responsibilities

Lack of resources and **training** to support professionals working with **different cultures** and presentations of mental health

What are the barriers to seeking mental health services and help?

Consistent contact and **patience**, along with a **therapeutic approach** to support those that don't know how to express their concerns

Eliminate **stigma** that comes with accessing mental health services in certain cultures by **challenging assumptions**

Patient advocacy services, particularly in cases of trauma

Knowing where to go **directly for support** – especially where there are financial and time constraints on individuals

Easier registration processes for services and access to support throughout i.e. with translated documents

Offering **choice** of different types of mental health support which considers **ethnic differences**. Not just western style of support. E.g. more community support offering music and art therapy

Giving service-users **power**, particularly women

Cultural sensitivity from professionals and an acknowledgement of their own bias

Speaking to someone in their **native language** without the use of an interpreter to create **rapport** and **openness**

Bringing services to **individuals** not expecting individuals to go to services as cultural and financial challenges. Specific services and specific timeslots for them

Social Prescribing and **collaboration**, especially for organisations that are not experts in the mental health field

Work with **IAPT** in terms of cultural identity

What would make a difference to improve the mental health of migrants and UASC across KSS?

Cultural diversity

within staff - training people from different communities to become Mental health professionals who can offer support in **different languages**

Knowledge of **rights** to advocacy support

Cultural awareness

training for staff to understand **different cultures** have different ways of expressing mental health

Networks of those working clinically with migrant populations

Consider the negative affect of **hostile environments** e.g. hostility towards UASC or migrants within communities

Data – services knowing which service users are from migrant populations

Increasing staffing in CAMHS and mental health services and embedding them in Local Authority services or migrant services

Health and social care **funding**

Co-designing services with migrants

Accessible sign-posting - could be done in first appointment where there is an interpreter or with **visual representations**

Have activities and resources that look at **barriers**, aimed at professionals

Intercultural learning and intercultural therapeutic approaches

Consistency in service provision - knowing someone throughout the process and having them alongside you

Design a service which fits with **community needs**, designed by the community and includes **peer-to-peer support**

Individualising services and understanding more about the **lived experience** to provide better support

Resources

You can view slides by clicking on the relevant image.



NIHR Applied Research Collaboration Kent, Surrey and Sussex

US UNIVERSITY OF SUSSEX

Kent, Surrey and Sussex Services for Unaccompanied Asylum Seeking Children (UASC)

Mapping of Current Provision and Services Report
January 2022

Dr Leanne Bogen-Johnston & Sarah Newman



NIHR Applied Research Collaboration Kent, Surrey and Sussex

brighton and sussex medical school

Female Migrant Mental Health

Research into the mental health of female migrants and how to improve access to support

Patrick Nyikavaranda
Brighton and Sussex Medical School
Primary Care and Public Health Department



NIHR Applied Research Collaboration Kent, Surrey and Sussex

THE REFUGEE BUDDY PROJECT

COMMUNITY FUND

Refugee Buddy Project

Providing buddies and support for people seeking refuge in East Sussex
"Creating a culture of welcome"

Rossana Leal
Founder and director of the Refugee Buddy Project



NIHR Applied Research Collaboration Kent, Surrey and Sussex

Nafsiyat Intercultural Therapy Centre

Nafsiyat

Providing support for refugee women and intercultural therapy across North London

Sega Habtom
Senior Counsellor and facilitator of Women's Group

[UASC Health – Unaccompanied asylum-seeking children's health](#)

Contact



Becca Randell

*Kent, Surrey and Sussex AHSN CYP MH
Implementation manager*

Becca.randell@nhs.net

Starting Well: Children's Mental Health | ARC
KSS



Sam Fraser

*Kent, Surrey and Sussex AHSN Primary and
Community Care Implementation manager*

Sam.fraser4@nhs.net

Primary & Community Services | ARC Kent,
Surrey & Sussex

