

COMPASS ANNUAL REPORT 2003/2004

ASYLUM SEEKERS AND REFUGEES MENTAL HEALTH LIAISON

Introduction

COMPASS is a multi-disciplinary team whose primary aims are:

1. To ensure that asylum seekers and refugees of all ages in Glasgow receive the most appropriate mental health care delivered in a culturally sensitive manner.
2. To help build the capacity of other staff (in statutory, voluntary and other agencies) to provide mental health care to asylum seekers and refugees through consultation, teaching and liaison.
3. To provide a range of culturally sensitive therapeutic interventions for asylum seekers and refugees with complex mental health needs.
4. To work together with partnership agencies to promote the integration of asylum seekers and refugees in Glasgow.

COMPASS serves the whole area of Greater Glasgow although service provision in some areas is greater than others due to the phased roll out of the service. Currently 10,000 asylum seekers are registered with their general practitioners in this area. The highest density of asylum seekers is in the North of the city with 4,255 housed within the North LHCC a further 684 within the Maryhill LHCC and 465 within the Eastern LHCC. The asylum seekers living in the South of the city are served by the South East (1394), the South West (1741) and Greater Shawlands (1279) LHCCs. The West of the city provides housing to 1578 people in the Westone LHCC and 60 within the Drumchapel LHCC.

Finance

The COMPASS team receives GGHP funding which is reviewed annually.

STAFFING

Current Staffing:

- **Clinical Psychology**

Anne Douglas	Consultant Clinical Psychologist Team Leader	.9 wte (from 1.9.03)
Naomi Rai-Chaudhuri	A grade Clinical Psychologist	.5 wte
Sharon Doherty	A grade Clinical Psychologist	.5 wte (started Dec 2003)

(She succeeded Carolyn MacQueen .5wte A Grade who left at the end of April 2003).

Saeema Ghafur	Psychology assistant	.5 wte
Emma Reilly	Psychology assistant	.5 wte (started in July 2003)

(She succeeded Mira Mojee who was successful in gaining a place on D. Clin. Psy course.

Christine Puckering	Consultant Clinical Psychologist B grade	.2 wte
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- **Allied Health Professionals**

Tracy Nobel	Senior 1 Art Therapist	1 wte (was .5 Full-time from January 2004)
Scott Smart	Senior 2 Occupational Therapist	1 session
William Carrick	Occupational therapist	1 session (started this year)

- **Nursing**

Jennifer Russell	G grade Psychiatric Liaison Nurse	1 wte (started 2.2.04)
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- **Support Staff**

Nal Townley	Administrator/ Secretary A&C 4	1 wte (started this year)
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RECRUITMENT AND RETENTION:

- Due to the uncertain financial future of the team six staff are seconded from their permanent posts, and an additional four have permanent positions within the Primary Care Division but, should the funding cease for the team they need to find alternative posts. As members of the team leave for promotion it may become difficult to recruit, as we cannot advise applicants on the likely duration of their post.

An increase in nursing, AHP staff and Psychology staff had been planned for the next financial year to ensure equity of all services North and South of the river but this has not been possible due to financial constraints.

- **Sick Leave:**

There has been no sick leave of significant note.

- **Training:**

The team have received a range of training over the past year. Three members of the team attended the **British Psychological Society's special interest group conference in London** in December 2003 where a variety of papers were given by specialists in the field of mental health work with asylum seekers and refugees. The same team members visited the **Medical Foundation for Victims of Torture in London** and spent a day talking to a range of staff. An A grade psychologist has completed **Level 1 EMDR training**. Our liaison nurse has completed training in **Cultural Sensitive Practice**. The team leader has been attending the Division's **Leadership training course** and also training in **Critical Incident Analysis**.

- **PDP's**

Staff's development needs are regularly reviewed in supervision, formal appraisal systems will be introduced for all staff.

- **Supervision:**

All staff receive regular management and clinical supervision from the team leader. In addition all staff other than Psychology receive professional supervision from their own discipline.

- **Team Learning**

All staff participate in regular in-house training and we have held two team days this year.

TRAINING GIVEN:

Formal lectures and training days:

- This is a main part of the work of the team and we have provided training to a wide range of statutory and voluntary organisations. Training has been given to the post-graduate Clinical Psychology Course, the SHO's in Psychiatry, the Psychotherapy staff at the Lansdowne Clinic and the Consultant Psychotherapists in Glasgow. A half-day's training was provided for the Psychiatric staff at Hartwood Hospital. We have provided training to a number of the Community Mental Health Teams, in-patient staff (Parkhead and Leverdale) and to the West of Scotland Post-Graduate G.P's training.

- A lecture was given to the Assisted Fertility Unit at the Royal Infirmary Glasgow. COMPASS has provided three training days for voluntary organisations on working with women asylum seekers. Teaching was also given to the Practice development meeting at Parkhead Hospital and to the North Integrated Nurse Action Group. Our Occupational Therapist gave a poster presentation at the Royal College for Occupational therapists annual conference plus a number of local presentations to Occupational Therapists.
- We also had an interesting day conference sharing practice with mental health colleagues from Georgia (former Soviet Union) and Forth Valley.
- **Conference Papers given:**
 - North British Pain Association (Edinburgh)
 - The European Congress on Traumatic Stress (Berlin)
 - The British Psychological Society (London)
 - Black and Ethnic Minority Health Issues (Edinburgh)

- **Placements**

We have provided placements to two SpR's, one from Adult Psychiatry and one from Child and Adolescent Psychiatry. We have provided shorter attachments to the team to staff from a range of disciplines.

- **Support/supervision groups**

The team provide monthly support/supervision groups to psychologists and others providing therapy to asylum seekers across the city. One group is organised for therapists from the North/East Sector, one for the West and one for the South. Monthly consultation is also given to a local G.P. who works predominately with asylum seekers. Frequent "one-off" consultations are regularly offered to a range of agencies either by phone (see above) or face to face.

- **Journal Club:**

The team organise and facilitate regular monthly journal clubs for mental health staff across the Division.

- **Peer Supervision**

The A grade psychologists meet for supervision and the team leader meets regularly with a consultant psychotherapist and also with a B grade psychologist for peer supervision.

SERVICE DEVELOPMENTS

Recent Developments:

- **The team moved to its dedicated team base in Hydepark Business Centre, Springburn in October 2003.**
- Anne Douglas started a year's full-time secondment from 1st September 2003. Nal Townley began her post as administrator/secretary on 1.9.04. Tracy Noble moved from half time to full-time in February 2004.
- **Liaison Psychiatric nurse for the North East**

Jennifer Russell also started in February 2004. With addition of Jennifer Russell we were able to start providing a dedicated liaison service to ward staff in the North/East. The bed manager immediately notifies the liaison nurse if an asylum seeker patient is admitted. She is then able to visit the ward and assist with the admission process, supporting the staff by sourcing specialist knowledge regarding any complex cultural factors or resource issues. She is able to attend case conferences and provide continuity to the patient as he/she is discharged to the intermediate service or CMHT. The effect of this new service has been to increase communication between the admission wards and COMPASS and support staff in delivering a culturally sensitive service. A similar post for the South and West has been frozen due to current financial constraints.

SERVICE ACTIVITY LEVELS

- **Tracy Nobel, Art Therapist**

Tracy has been involved in co-ordinating all adult group work. She provides direct input to the Women's groups with a co-therapist from Clinical Psychology and a Psychology Assistant.

- Four groups have run this year. **Scott Smart, Occupational Therapist has led the Men's group** with the help of Tracy Noble and Psychology Assistant. In addition to the pre-group assessments patients are also routinely followed up after the group and helped to make the transition to more mainstream community resources if appropriate.
- **The Clinical Psychologists (Child/Adolescent and Adult)**

Provide, individual, couple and family therapy focussing on the sequelae of torture and rape.

In interpreting the data it is helpful to know that, for at least half of the year, the team consisted of only 1.5 wte trained staff.

Activity Levels

Area	New Appointments	Return Appointments	Total
North	96	611	707
East	11	62	73
South	73	440	513
West	16	101	117
Total	196	1214	1410

- **Telephone Consultancy service**

Telephone calls other than those concerning routine clinical activity were monitored by tracking forms and subsequently analysed. **One hundred and eighty seven tracking forms were received in total** (more details under audit). Liaison work is a core part of the team's work.

Waiting times

- There is no waiting time for the ward liaison service in the North/East. There is no ward liaison service in the South and West due to financial constraints.
- Women wait an average of 4 weeks to be assessed for the group programme, which runs for 10 weeks. Men wait for a similar length of time to enter the Men's Group programme, which also runs for 10 weeks.
- The A grade psychologists and B grade Child and Adolescent Psychologist support the sector psychology services by taking asylum seekers with complex mental health needs from their waiting lists. The overall length of the waiting list in that area determines the waiting time here, as asylum seekers are not given precedence over the indigenous population.

Impact on service

There was a gap in the A grade Clinical psychology service between the end of April 03 when a .5 wte psychologist left and 24.11.03 when her successor started.

CLINICAL GOVERNANCE ISSUES

- **Clinical effectiveness**

The team have been exploring a range of outcome measures trying to find those that are valid across cultures and are reliable enough to give through an interpreter. The group programme is routinely evaluated and post-group questionnaires show significant improvements in social functioning from pre-group.

- **Critical Incidents**

No Critical Incidents reported this year. The same process is in place as the rest of the Directorate.

- **Complaints**

The Division's Complaints procedure is not yet translated into other languages. In addition a recent Patient involvement study carried out by some members of the team showed that the majority of asylum seekers using mental health services are unaware that there is a complaints procedure.

AUDITS

- **Drummond, Douglas and Campbell (2003) compared the Psychology attendance data of asylum seekers with the indigenous population in a local LHCC.**

There were no significant differences in terms of number of appointments given, however significantly more time was taken in face-to-face consultations with other disciplines, phone calls and report writing with asylum seekers.

- **Rai-Chaudhuri, Douglas & Ghafur (2004) analysed the results of 187 phone calls to the service (not related to on-going clinical work).**

The most frequent calls were looking for advice or consultation, followed by general requests for information about the COMPASS team and requests for translated materials.

- **Douglas, A & Reilly, E (2004) carried out a Patient Involvement Study**

Looking at what information asylum seekers wanted to have prior to their attendance at Mental Health Services. The study showed that the majority (75%) of patients did not know what to expect before their first appointment. Although most people were informed by their G.P. why they were being referred to a mental health professional, the majority did not understand the role of their mental health professional (57%) or what treatment to expect (86%). The majority of patients (67%) did not receive an appointment letter in their own language although most received a map (83%). Although most people knew that an interpreter would be present at their appointment a striking 47% did not know that the interpreter was bound by the rules of confidentiality. It is hoped to obtain funding to produce a Patient Information leaflet to send to asylum seekers prior to their first appointment with this basic information.

- Two of the above audits were presented in poster form at the Clinical Governance event in February 2004.

- Swavnberg, J & Rai-Chaudhuri, N (2004) **Factors predicting attendance and drop out in the Women's Group programme.** Data on 8 Women's groups is currently being analysed to be able to understand which women are likely to dropout of the programme. This has important resource implications.

RESEARCH

- Tracy Noble successfully gained her M.Phil in November 2003 on the subject of **Art Therapy and Trauma.**
- Anne Douglas is on the steering group of a study currently being carried out by the Department of General Practice, University of Glasgow looking at **The health needs of asylum seekers in the Greater Shawlands LHCC.**

TEACHER/TRAINING

All teaching/training given by the team is now routinely evaluated by means of questionnaires. Results to date indicate high satisfaction levels with the standard of teaching and evidence of new learning and some positive shift in attitudes regarding our client group.

JOINT WORKING

- The team have been involved in liaising with the development officer of the **Medical Foundation for Victims of Torture** who have recently amalgamated with the Scottish Centre for Victims of Torture in Glasgow. Active links also exist with the **Scottish Refugee Council**, the **YMCA** and the **YWCA.**
- The team are working with the **Glasgow Violence Against Women Partnership (GVAWP)** looking at the specific needs of asylum seeking and refugee women who have experienced sexual violence in their country of origin or who are the victims of domestic abuse in this country. The Scottish Executive has provided funding for a specially designed booklet aimed at this population. The team worked with GVAWP to produce an appropriate leaflet.
- Within the NHS the team work closely with the **Asylum Seekers Health Visitors Team** sometimes organising joint assessment visits. The team have also worked closely with a number of **Intermediate Treatment teams** and **in-patient staff** to provide support for the staff and advice where required on culturally sensitive treatment. We have regular contact with staff from **the Multi-Cultural Health Team** and the **National Resource Library for Ethnic Minority Health – Glasgow.**

USER/CARER INVOLVEMENT

A random sample of patients who had used mental health service were invited to take part in the second of our surveys with this group. The focus of the survey was on the kind of information people wanted prior to their first appointment with mental health professionals. It is hoped to use this information in a specially designed booklet that will be sent out to patients prior to their first appointment.

- **Patients feedback on the Group Programme**

Feedback is regularly used to inform changes to the content or style of the Group programme.

- We plan to set up a **User Reference Group** to consult with over developments in the service. We now have a list of patients who have indicated a willingness to be part of this group and it is hoped to have our first meeting this year.

DIRECTIONS FOR 2004/2005

- We aim to introduce regular formal evaluation of all therapies.
- We aim to set up a Users Reference Group.
- The team hope to focus more specifically on the problems faced by Refugees.
- It is hoped it may be possible to set up a group for Mothers who have been traumatised and their infants. The aim of this group would be to encourage bonding between Mother and Child as it has been demonstrated in the research that this can be severely disrupted by trauma.
- Development of a dedicated Art therapy service.
- If resources permit the team hope to work more with the 16-18 year old unaccompanied minors group who are particularly vulnerable and have considerable mental health problems.
- We plan to introduce regular mental health awareness training for interpreters from Glasgow Interpreting Service.
- We hope to provide some training for Strathclyde Police
- We aim to survey the Primary care Division to review specific training needs.

Dr Anne R Douglas
Consultant Clinical Psychologist 10.5.04