

SUPPORTING NEW COMMUNITIES:

A QUALITATIVE STUDY OF HEALTH NEEDS
AMONG ASYLUM SEEKER AND REFUGEE
COMMUNITIES IN NORTH GLASGOW

Summary
Report
2005

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GLOSSARY OF TERMS



Article 1 of UN Convention

Article 1 of the UN convention defines a refugee as:

"A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or return there, for fear of persecution."

Asylum Seeker

Is someone who is fleeing persecution, has arrived in another country, made themselves known to authorities and exercised their legal right to apply for asylum under the Convention (i.e. is someone who has made a claim to be considered for refugee status to a state which is party to the Refugee Convention).

Refugee

Under domestic UK legislation a refugee is someone who has a positive decision on their asylum application thereby giving them permission to stay in the UK because they fulfilled criteria laid out within the UN Convention that defines who is a refugee. However the term is also used generically to describe a person seeking sanctuary from persecution and those fleeing widespread conflict or natural disasters. People who do not qualify under the strict convention definition of a refugee, but who are recognised as having pressing humanitarian reasons not to be returned home, are given a form of subsidiary status (see other statuses).

Indefinite Leave to Remain

This status is given when someone has applied for asylum in the UK and has been recognised by the Home Office as a refugee. Known as ILR this gives someone permission to settle permanently in the UK. Those granted this status are allowed to work and to access mainstream welfare system.

Humanitarian Protection

Since April 2003 this status has been awarded to people who have been refused refugee status, but cannot be returned to their country of origin as they face serious risk to life or person or inhuman or degrading treatment or punishment. It is awarded for a three-year period, at the end of this period the circumstances of the case are reviewed. If circumstances are unchanged a person with Humanitarian Protection (HP) can apply for Indefinite Leave to Remain (ILR). People with HP status are allowed to work and access mainstream welfare systems.

Unaccompanied or Separated Young People (Unaccompanied Minors)

An unaccompanied or separated young person is someone who arrives in the UK without a guardian or adult relative, has no adult relative or guardian to care for them within the UK, is under the age of 18 and makes an application for asylum. They will not enter the National Asylum Support Service (NASS) support system instead they will be referred to Social Work Services or their local authority. If they have not received a decision on their asylum claim at the time of their 18th birthday they will transfer to NASS support.

Refused Asylum Seeker

Sometimes known as a 'failed' asylum seeker within the UK this applies to someone who has applied for asylum and has been refused a form of protection by the UK Government.

Discretionary Leave

Awarded to people who have been refused refugee status and who do not fulfil the criteria for Humanitarian Protection, but are allowed to stay in the UK for other reasons. It is only awarded in very limited circumstances, sometimes to separated young people (unaccompanied minors – under the age of 18 who have made an application for asylum in the UK).

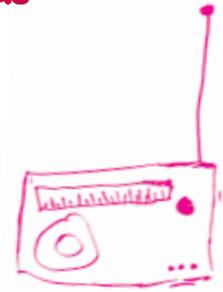
Black and Minority Ethnic

In this instance someone who is from the indigenous South Asian, Chinese, Black African, Black Caribbean and Gypsy Traveller community.

* Health Boards need to ensure that services planning takes full account of the particular needs of refugees

01

INTRODUCTION & BACKGROUND



In October 2003 Greater Glasgow NHS Board, Health Promotion Department and Planning and Community Care Directorate began an 18-month health needs assessment of asylum seekers and refugees. The recent implementation of the Race Relations (Amendment) Act 2000 and the Health Development Letter (HDL) 51, Fair for All (2002, Scottish Executive) have required all Health Boards to meet the needs of black and minority ethnic communities. Furthermore, the Scottish Refugee Integration Forum Action Plan (2002, Scottish Executive) has advocated the need for more co-ordinated and integrated services for refugees: *"Health Boards need to ensure that services planning takes full account of the particular needs of refugees"*.

The research was funded by the Scottish Executive who provided funding to Greater Glasgow NHS Board to carry out a needs assessment of addiction issues within the asylum seeker and refugee community. However, due to the sensitivity of this issue it was decided to contextualise the addictions component within a general health needs assessment. The study was conducted in the North Glasgow area as it had the highest number of asylum seekers and refugees accommodated through dispersal within Glasgow.

There appears to be a lack of consistency in the data available on the number of asylum seekers and refugees in Glasgow. According to NASS the number of asylum seekers living in Glasgow at the end of January 2005 was 5798. However, according to GP registration figures the number of asylum seekers living in Glasgow in November 2004 was 11849. There appears to be a 49% difference between the NASS figures and the GP registration figures. The GP registration figures could be regarded as a measure of how many people have entered the system. The fact that the Glasgow City Council 2001 Ethnic Group Data Analysis report (2004) states that 11,115 asylum seekers have arrived in Glasgow since April 2000 underpins this assumption. Unfortunately, these data do not tell us whether these people are still in the system or have been given a decision and moved on. However, the NASS figures could be regarded as a measure of the number of asylum seekers currently in the population.

1.1 Aims and Objectives of the Research Project

The key aims of the research project were to:

- Identify the perceived health needs of asylum seekers and refugees in North Glasgow.
- Explore addiction issues in asylum seeker and refugee communities within North Glasgow.
- Identify barriers to accessing current services with a view to informing future service planning and service delivery.
- Enable the development of services that are sensitive and able to meet identified needs.

From these aims the following tasks were identified:

- Conduct a literature search to inform scope of research and methodology.
- Recruit and train peer researchers to develop capacity building opportunities amongst them.
- Develop and devise appropriate research questions and methodology in consultation with steering group and peer researchers.
- Implement agreed methodological process to identify perceived health needs.
- Explore addictions issues and identify barriers to accessing services.
- Analyse collected data and make recommendations for service delivery.



02

FINDINGS FROM LITERATURE REVIEW

2.1 INTRODUCTION

There is growing recognition that asylum seekers and refugees have multiple health needs, however there still remains very little research on this topic. Much of the existing research on asylum seekers has focused on the migration process and international comparisons. The literature review is presented in terms of key themes which arise from the literature on the health needs of asylum seekers and refugees. The final section looks at methodological issues arising when trying to engage asylum seekers and refugees in research.

2.2 HEALTH NEEDS OF ASYLUM SEEKERS AND REFUGEES

2.2.1 Health Status Upon Arrival

The literature suggests that most asylum seekers and refugees arrive well and in apparent good health (*Kings Fund, 2000*), and that the average physical health of asylum seekers on arrival is not especially poor (*Johnson, 2003*). Some asylum seekers do arrive in distress and with long standing illnesses and physical disabilities, possibly as a result of war, torture or rape that they have experienced in their home countries (*Kings Fund, 2000*).

2.2.2 Situational Factors

There is evidence to suggest that health status of new entrants may worsen in two-three years after entry to the UK. Many commentators have said that this is primarily due to the socio-economic and environmental circumstances that asylum seeker and refugees find themselves in (*Aldous et al., 1999; Burnett et al., 2001; BMA, 2002; Karmi, 1992*). Indeed, a number of studies have identified the impact of situational factors on the health of asylum seekers and refugees (*North Glasgow SIP, 2004; Weaver, 2003; Mojee et al., 2003; Kings Fund, 2000; Save the Children Fund, 2005*). It appears that the experience of poverty, poor living conditions and social isolation either causes or exacerbates their health problems.

2.2.3 Mental Health

The literature suggests that mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country. Many studies on the health of asylum seekers and refugees have documented the high prevalence of trauma, post-traumatic stress disorder (PTSD) and depression within this community. Factors which appear to be important in the development of mental health problems are family separation, language difficulties, hostility from the host community, social isolation, traumatic experience before displacement and the fear of deportation (*Karmi, 1992*).

2.2.4 Physical Disabilities

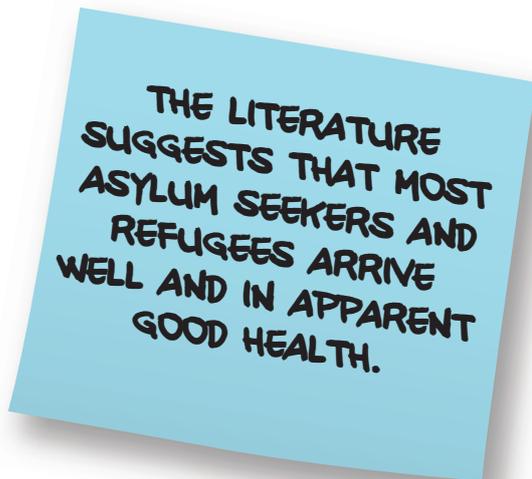
There is very little information on the health needs of disabled asylum seekers and refugees. Many asylum seekers may arrive with physical disabilities apparently as a result of torture or conflict (*Kings Fund, 2000*). The literature suggests that on arrival many disabled asylum seekers find themselves isolated in Britain without any appropriate support from social services (*Joseph Rowntree Foundation, 2002*).

2.2.5 Addiction Issues

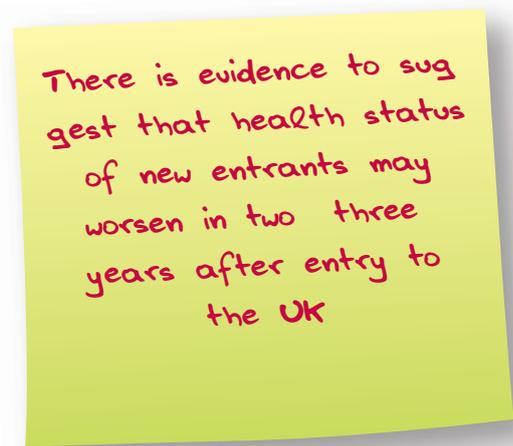
A Home Office study by Cragg (2003) found that problematic drug misuse amongst asylum seekers and refugees is rare as there are no reliable figures from drug services to suggest that a dependency problem amongst these communities exists. This may simply be because asylum seekers and refugees very rarely access services (*Hay et al., 2003*). Although there is very little known about drugs and alcohol issues within the asylum seeker and refugee community a number of studies have found prevalence of khat¹ use within the Middle Eastern and Ethiopian communities (*Fountain et al., 2003*). Evidence of alcohol being used as a coping mechanism has already been found in some studies (*Ljubin, 2000*). Asylum seekers and refugees have also been identified as particularly vulnerable to developing drug problems due to their experience of unemployment, poverty and exposure to drugs and alcohol within the host community (*Fountain, 2004*).

The literature suggests that mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country.

¹ Khat is a green-leaved plant that has been used for its stimulant properties for centuries across parts of Africa and Arabia. The Stimulant effects are often described as being somewhere between caffeine and amphetamine.



THE LITERATURE SUGGESTS THAT MOST ASYLUM SEEKERS AND REFUGEES ARRIVE WELL AND IN APPARENT GOOD HEALTH.



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2.2.6 Women's Health Issues

The literature suggests that asylum seeker and refugee women have a specific range of health problems which are often not recognised (*Burnett et al., 2002*). The experience of migration, possible rape or torture experienced in their home country can have implications on health (*Cenada, 2003*). There is also evidence to suggest that many asylum seeker women are increasingly experiencing domestic violence (*Murphy-Lawless et al., 2002*).

2.2.7 Children and Young People

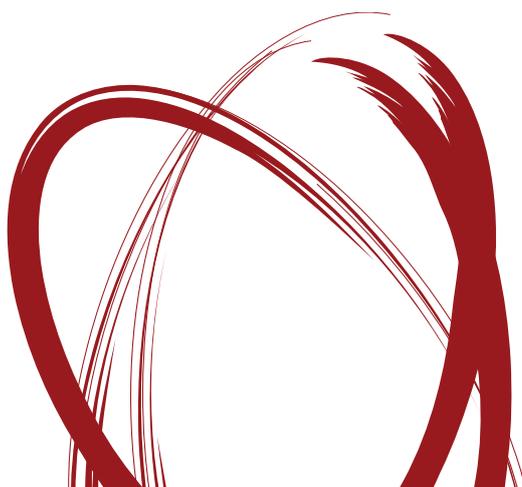
The literature highlights that asylum seeker and refugee children are at risk of undergoing physical and psychological disturbances due to malnutrition, exposure to violence, forced displacement and multiple familial losses (*Fazel et al., 2003; BMA, 2002*). Children and adolescents with extended trauma experience, unaccompanied or separated adolescents, and those engaged in an uncertain process of sought asylum are most at risk (*Thomas et al., 2001*).

2.2.8 Access to Services

A number of studies have demonstrated that asylum seekers and refugees experience particular problems in trying to access and use health services (*Weaver, 2003; Johnson, 2003; Kings Fund, 2000; Aldous et al. 1999*). They suggest that one of the biggest barriers to asylum seekers and refugees accessing health services is language and interpretation support. Also significant is that many asylum seekers do not know how local health care services work.

2.3 Methodological Issues in Researching Asylum Seekers

The review identifies a number of key methodological issues in researching the health needs of asylum seekers and refugees. Issues of trust and confidentiality are among some of the problems encountered when trying to engage this community in research (*Aldous et al, 2003*). Other issues such as drugs and sexual health can be particularly difficult to discuss with these communities, making it essential that sensitive and specific methodologies are developed to overcome these barriers.



03 RESEARCH PROCESS

3.1 Methodology

Three main methods were used to carry out the research study, which included a literature review, qualitative interviews with asylum seekers and refugees and a focus group discussion with professionals working with asylum seekers and refugees. These three methods were then triangulated to ensure consistency in the themes identified.

In order to engage with members of the asylum seeker and refugee community in an effective and appropriate way it was decided to use a peer research approach to carry out the needs assessment. This involved the recruitment, training and use of 9 peer researchers (5 males and 4 females) from the asylum seeker and refugee community. A wide range of nationalities were represented, including members from Sri Lanka, Pakistan, Somalia, Burundi, Iraq, Mongolia and Ghana. Seven of the peer researchers were asylum seekers and 2 were EU nationals. This approach was adopted to develop skills and confidence and to foster a process which would enable ownership of the research project, and allow peer researchers to feed their own experience into the research design and methodology.

The peer researchers were trained in a qualitative methodology called Participatory Appraisal. Participatory Appraisal has been described as “a growing family of approaches, methods and behaviours that enable people to express and analyse the realities of their lives and conditions, to plan themselves what action to take, and to monitor and evaluate the results.” (www.ids.co.uk). The peer researchers facilitated all interviews with the asylum seeker and refugee participants using this methodology.

3.2 Profile of Participants

Overall 113 asylum seekers and refugees participated in the research project, representing a total of 26 different nationalities. Approximately half of those who participated were aged between 25-34 years, with overall far more female participants (73%) than male (27%). Despite using an inclusive approach to access the asylum seeker and refugee community, male participants were difficult to access as they were less likely to attend and/or participate in community group settings.

Overall 113 asylum seekers and refugees participated in the research project, representing a total of 26 different nationalities.

THE PEER RESEARCHERS WERE TRAINED IN A QUALITATIVE METHODOLOGY CALLED PARTICIPATORY APPRAISAL

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IDEAS FOR 2020

04

* BLACK TEXT = FINDINGS

* RED TEXT = RECOMMENDATIONS

KEY FINDINGS FROM FIELDWORK

4.1 ACCESS TO PRIMARY CARE SERVICES

4.1.1 Language and Communication

From the views expressed by asylum seekers and refugees it was evident that difficulties in access were compounded by language and communication barriers. For example some asylum seekers and refugees reported difficulties in making an appointment, due to language issues. Many such problems appear to occur from the point of enquiry, making it crucial to provide appropriate language support mechanisms from the outset.

These might include language line provision and the production of culturally appropriate materials to support current interpreting services. An evaluation of interpreting services would also help to assess how well such support is provided and accessed and produce wider recommendations for further language supports required to overcome these difficulties.

Language and Communication Support →

4.1.2 GP Registration

Although registration amongst asylum seekers and refugees was high, there were a few cases which highlighted that some asylum seekers do still find it difficult to register with their GP. Reasons reported for not registering included not knowing where the GP practice was or the practice was too full to take on new patients. Other reasons might also include a lack of awareness around medical services amongst asylum seekers and refugees leading to a long delay in getting health problems treated.

To address this health care providers need to review orientation to the NHS for asylum seeker and refugees. Closer links could also be developed between the NHS, NASS and other key local voluntary and community organisations to disseminate this information, and to ensure community-level support for asylum seekers and refugees as part of their integration into local communities. A part of GP registration process could involve direction on how to get to the practice.

4.1.3 Appointments

Having to wait a long time for an appointment was the most frequently cited problem by asylum seekers and refugees, and more specifically in relation to obtaining GP appointments. The procedure for getting emergency appointments was also reported to be complicated and frustrating. Although appointments times appear to be a generic problem facing most people, asylum seekers and refugees felt themselves to be waiting much longer for an appointment than the host community.

The findings also suggest that there is a mismatch of expectations over how long it actually takes to obtain an appointment. Health care providers need to look at how they can manage these expectations for example by explaining both the appointment system to asylum seekers and that their inability to be seen at once does not mean that they are unwelcome at the practice or that they are receiving a lesser service than that provided to the host community. Exploration by health care providers as to why asylum seekers and refugees have to wait long periods before they are seen would help clarify the issues and provide potential solutions to these. The provision of longer and quicker consultations during initial orientation might be one such solution explored.

FOCUS →





SOME ASYLUM COMMENTED ON THE HOSTILE RECEPTION THEY FELT WHEN ACCESSING THEIR HEALTH CENTRE

4.14 Travelling to the Health Centre

It appeared that many asylum seekers were allocated GP practices which were not within walking distance. As a result many of the asylum seekers felt that the 'health centre was too far away' for easy accessibility. This was compounded by difficulties in accessing public transport to take them to the health centre.

Distance from services therefore provides a significant barrier inhibiting asylum seekers from accessing primary care services.

Transport links to health services need to be improved for all communities in North Glasgow, not just for asylum seekers and refugees. As allocation to services for asylum seekers appears particularly to be dependent on capacity to take on new patients rather than local accessibility, health service providers may need to review current practices around allocation of GP practices to this group.

4.15 Attitude of Staff

Although some positive comments were made about health care staff, with them being described as being "helpful" and "sympathetic", some asylum seekers commented on the hostile reception they felt when accessing their health centre. This was mainly as a consequence of them feeling that they were being questioned inappropriately by reception staff about their status, which made them feel unwelcome at the practice. It is important that asylum seekers and refugees do not perceive health care staff as hostile or prejudiced towards them, as it will lead to mistrust and reluctance to access health services with adverse consequences on their health.

In view of evidence presented it may be that frontline health care staff need refresher training on how to work with asylum seeker and refugees. Additionally current training provided to health professionals on this needs to be re-evaluated to assess its effectiveness.

4.16 Ongoing Health & Social Support

Continuity of care is essential in maintaining the health of patients. However, it appeared that some female asylum seekers were not aware of how to access health visiting support, primarily due to ignorance of how the system works. This in turn was reported as a cause of anxiety about the health of their children. Many asylum seekers and refugee mothers appear to require additional support and reassurance in how their children are developing. The need for this additional support may be related to them feeling isolated and detached from their own community and the host community.

It is important that additional information is provided on how health visiting support operates and that asylum seekers and refugees are sign posted to any additional supports available within the community. This information should be translated into the appropriate asylum seeker languages.



Many asylum seekers and refugee mothers appear to require additional support and reassurance in how their children are developing

**MANY ASYLUM SEEKERS
AND REFUGEES FELT THAT
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PAINKILLERS FOR THEIR
HEALTH PROBLEMS**

This was perceived by many as a quick fix solution and that the actual problem or symptom was not being treated productively

4.2 QUALITY OF CARE

4.2.1 Diagnosis & Treatment

One of the most consistent issues to be raised by participants was an apparent inappropriate diagnosis of their problem or condition. Many asylum seekers and refugees felt that they were given only painkillers for their health problems. This was perceived by many as a quick fix solution and that the actual problem or symptom was not being treated productively. These problems may have been exacerbated by issues around communication difficulties between GP and patient, or insufficient consultation time having been given to get to the heart of their problem.

Referral onto other services, such as counselling, may be a more effective way to deal with some people's problems rather than the provision of medication alone. Patients should also be given a choice as to the types of treatment which are available, as they may not always wish to use conventional forms of medicine. More culturally appropriate translated literature should be provided to give patients information on their conditions.

4.2.2 Experience of Secondary Care Services

In general it seemed that asylum seekers and refugees in the study had little experience of secondary care services, largely as they have not accessed these to the same extent as they had primary care services. From those who did express comments a balance of views was expressed. Negative experiences appear related to emergency services where issues regarding their treatment, attitudes of staff and language issues were reported. Within the professionals focus group a view was expressed that asylum seekers are reluctant to access secondary care services due to a range of issues such as communication and inability to be seen at once.

Asylum seeker and refugees experience of secondary care services is an area that probably requires further exploration. It is important that changes within primary care are also filtered up to a secondary care level.

Make new friends





A number of asylum seekers and refugees we spoke to felt alone and extremely isolated.

4.3 MENTAL HEALTH PROBLEMS

4.3.1 Asylum Case

As the future of many participants we spoke to depended on the outcome of their asylum case, it was not surprising that many of them spoke about the impact of their asylum case on their mental health. For the majority of participants the complexities and the wait involved appeared to cause anxiety, tension and in some cases depression.

Key issues with the process of seeking asylum suggested the need for better legal representation offered to asylum seekers and refugees. Practical problems such as the asylum case must be seen as part of the asylum seeker and refugee mental health and well being requirement. Stronger links between medical services and advice giving agencies should be developed in response to this.

4.3.2 Traumatic Experiences

Professionals in the focus group observed that most of the families that they had come across appeared emotionally scarred due to their experiences of rape, torture and murder. Many participants in the study also displayed signs of trauma, both physical and psychological. However, it should not be assumed that all ailments are a reflection of past experiences as they appear to be a combination of pre-migration and post-migration factors and they need to be appropriately treated as such.

GPs should therefore treat the patient in light of their whole experience and not just that part relating to their past experience in their homelands. To assist in this a culturally sensitive assessment is required for treating asylum seekers and refugees for trauma, to ensure peoples own traditions are respected whilst ensuring appropriate treatments and supports are in place.

4.3.3 Loneliness & Isolation

A number of asylum seekers and refugees we spoke to felt alone and extremely isolated. Some of them had become separated from their families back home and were worried about their well being. Related to this was the distress they experienced as result of dislocation from their homes and cultures. Many appeared to be experiencing a culture clash, as they felt alienated from the culture and attitudes of the host community, a feeling compounded by difficulties in language and communication.

Better mental health outcomes could be achieved by creating opportunities for refugees and asylum seekers to develop closer links with both their own and the host community. Further provision for learning English is required as it is key to improving community integration and capacity.

4.3.4 Unemployment

Many of the asylum seekers and refugees we spoke to were highly qualified or had actively worked back home and their inability to work in the UK as asylum seekers had led to them experiencing a loss of status and self-esteem. Poor mental health was also linked to forced inactivity and dependency on benefits.

In view of this agencies need to look at the right to work as a holistic issue. There is also a need to enhance volunteering and further educational opportunities for asylum seekers both to improve their self-esteem and their labour market opportunities if they are granted status.

4.3.5 Coping Mechanisms

Many participants that we spoke to were finding it difficult to cope with their mental health problems. Some felt that the medication provided only offered temporary relief. Many also said that they just wanted someone they could 'talk to' and share their problems with.

It would be beneficial to link asylum seekers and refugees to such befriending and listening service as exist. Service providers also need to consider holistic ways of responding to these mental health needs in addition to or as an alternative to prescribing medication. This could be done through better resourcing of local stress centres so that they are able to respond more effectively to the needs of asylum seekers and refugees.





Racism and bullying by members of the host community was a daily occurrence for most of the participants



MANY FELT THAT THE HOST COMMUNITY DID NOT WANT THEM TO BE INTEGRATED INTO THE AREA

4.4 ENVIRONMENT AND NEIGHBOURHOODS

4.4.1 Racism & Bullying

Racism and bullying by members of the host community was a daily occurrence for most of the participants. As a result many developed a sense of fear and anxiety about the communities in which they were staying. Many participants felt that they needed to restrict their movements and some said that they were too scared to go out after five in the evening. Some participants related incidents of being attacked in their own homes. Many felt that the host community did not want them to be integrated into the area.

It is essential that host communities are prepared by giving general information on asylum seekers and creative approaches to community integration are developed. Local agencies and organisations need to learn from the positive experiences of integration in other dispersal areas. Significantly asylum seekers and refugees perceive schooling as a positive tool for integrating children and promoting anti-racism. There is a need for further research on what schools are doing on integration and the impact of this. This is important, as a successful programme to challenge racism and promote community cohesion requires a sustained educational initiative.

4.4.2 Accommodation

It was evident from the views expressed by asylum seekers that poor housing and overcrowding was felt to be having a detrimental effect on their physical and mental health and well-being. They felt that their accommodation was poorly furnished, overcrowded and dirty. Some asylum seekers said that poor housing conditions had resulted in them developing health problems such as sickness, depression and breathing problems such as asthma.

In view of this housing providers need to assess the quality of their accommodation before it is provided to asylum seekers.

4.4.3 Lack of Basic Necessities

It appeared that the health of asylum seekers was negatively affected by lack of basic necessities such as money, food and electrical appliances. Many reported levels of poverty which would place them at the very margins of society.

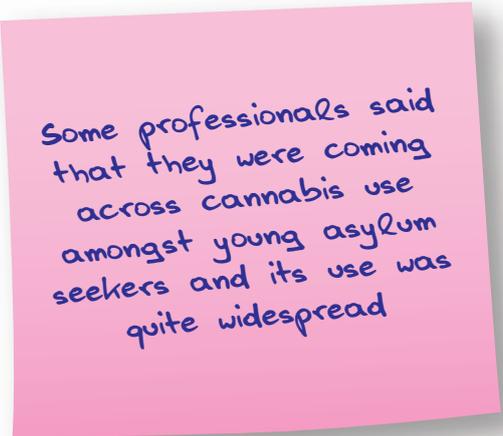
A review of benefit legislation for asylum seekers is required as current NASS support (70% of income support) is insufficient to support health and well being. Again statutory agencies need to look at the right to work for asylum seekers, as a holistic issue and that it should be readdressed.

4.4.4 Support from Agencies

A further theme to emerge was that many asylum seekers felt that little support was given to them when they reported a problem or when they requested help from agencies. The majority of these related to problems with their accommodation. Some felt that services overall were not provided for them adequately because of their status as asylum seekers or refugees. However, some participants commented on how they were pleased with the support they were receiving from locally based community organisations.

Better agency support could be addressed through providing agencies with training on how to work with asylum seekers and refugees. Agencies should also be provided with sufficient funding in order to respond better to the needs of this community.





Some professionals said that they were coming across cannabis use amongst young asylum seekers and its use was quite widespread



4.5 ATTITUDES AND EXPERIENCE OF DRUGS AND ALCOHOL

4.5.1 Prevalence of Drug Use

The views expressed by asylum seekers and refugees suggested that there was very little direct experience of drug and alcohol use within the asylum seeker and refugee community. Some indication of the use of Khat amongst Somali men was reported. Another participant was worried that her son had a drug problem. Some professionals said that they were coming across cannabis use amongst young asylum seekers and its use was quite widespread. Professionals also reported clients who appeared to be adversely dependent on prescribed medication. The high prevalence of mental health problems amongst participants does suggest that dependency problems may exist or in any case that a vulnerability to dependency might be present in these communities.

It is important the information on the dangers of khat is targeted at the Somali community. Asylum seekers and refugees should also be made aware of alcohol and drug services within their area and that they operate a confidentiality policy. To support activities it important that agencies should be made aware of the specific types of drugs used within the asylum seeker and refugee community. Due to the vulnerability of asylum seekers and refugees developing mental health problems, a holistic and culturally appropriate approach is required to treating mental health problems, rather than prescribing medication as sole treatment option.

4.5.2 Exposure to Drug and Alcohol Use

Although there was very little direct experience reported, it appeared drug and alcohol use was something most participants were living with on a daily basis. Many had witnessed their neighbours drinking or buying drugs from dealers. Some related incidents of being physically attacked or verbally abused by their drunken neighbours. This exacerbated their concerns for their personal safety and that of their children. Professionals also felt that parents were lately becoming concerned about the influence of drugs and alcohol on their children. Most asylum seekers and refugees whom we spoke to said that the best way for them to receive information on drugs and alcohol would be through their GP or school. Others suggested that they would like someone to speak to them in their own language about drug use.

As drug and alcohol awareness is low, it is important that both parents and young asylum seekers are targeted with information on the dangers of drug and alcohol use to help protect and prevent possible misuse. Service providers and policy makers also need to address the potential risk factors which may lead to asylum seekers and refugees developing drug and alcohol problems.

4.5.3 Addiction Services

Asylum seekers and refugees were not generally aware of addiction support and treatment services. Many participants said they would go to their GP if they had an addiction problem. This was consistent with the views of professionals who felt that asylum seekers and refugees suffering from drug and alcohol abuse maybe prevented from directly accessing addiction services. Notably, some professionals working in the addiction field did not feel adequately prepared to work with the asylum seeker and refugee communities. They felt that they did not have the language skills or the cultural understanding to respond appropriately and suggested that training for workers was required to address this issue.

In view of these findings it is important that asylum seekers and refugees are made aware of drug and alcohol services within their local community. Agency workers also need to be provided with training on working with asylum seekers and refugees so that they feel competent in dealing with their needs.



Many had witnessed their neighbours drinking or buying drugs from dealers

05 CONCLUSION AND THE WAY FORWARD

5.1 Conclusion

Some of the issues affecting asylum seekers and refugees such as their asylum case, unemployment and dispersal policy clearly need to be addressed through legislative and policy changes.

However, despite this there are issues which should more appropriately be dealt with on a local level. Through using a qualitative and community development approach to carrying out the research study, the study has been able to identify issues which are specific and common to the experience of asylum seekers and refugees.

It appears that asylum seekers and refugees experience a multitude of problems which prevent them from promoting their physical and mental health and well being. The complexity of seeking asylum, poor living conditions, lack of money, racism and lack of control over their future appear to manifest themselves in mental health problems. These problems also make asylum seekers and refugees vulnerable to developing other health related problems, including potentially problems linked to drug and alcohol use. It is therefore important that service providers address practical problems facing asylum seekers and refugees through providing a much more holistic and needs led approach. There is a need for service providers to ensure that intervention and prevention work with asylum seekers is done at an early stage to avoid any potential health related problems in the future. Community organisations also need to actively support the integration of asylum seekers and refugees in the community, as this integration is key to promoting their health and sense of well being and belonging.

One of the aims of this project was not only to gather information, but to also facilitate a process which built trust and capacity within the asylum seeker and refugee communities. The success of this approach highlights the value of involving asylum seekers and refugees in projects such as this; not only does it empower them, it also helps to address the complexities arising from the diversity within this group. If agencies want to genuinely enhance the lives of asylum seekers and refugees then they should see them as a resource, rather than a problem and proactively involve them in their work.

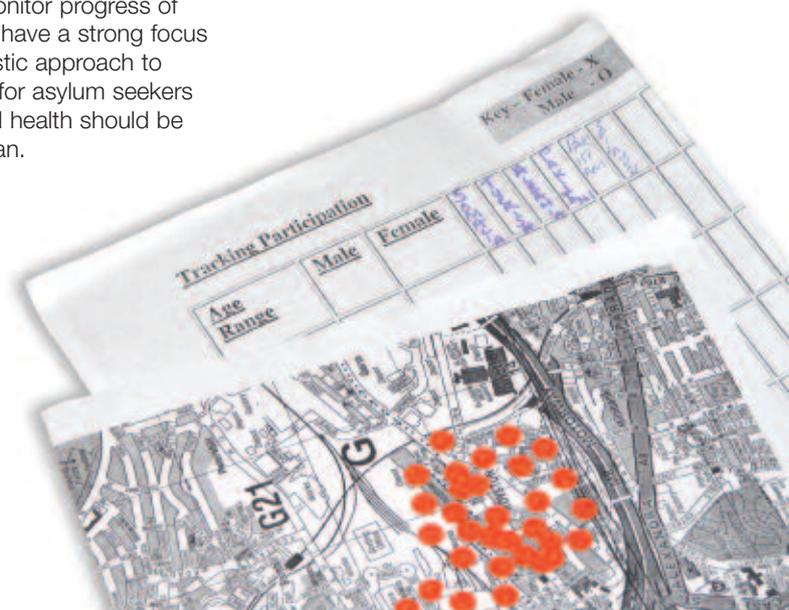
5.2 The Way Forward

In response to the key themes identified from the research, those working with asylum seekers and refugees in the future should address the following action points:

- A NHSGG targeted action plan is required which addresses the main issues which impact on the health of asylum seekers and refugees. This should be part of the approach to reducing health inequalities in Greater Glasgow. A multi-agency working group is required to implement and monitor progress of this plan and should have a strong focus on developing a holistic approach to healthcare provision for asylum seekers and refugees. Mental health should be a core part of this plan.

- Community Health and Social Care Partnerships need to actively ensure that improving the health of asylum seekers and refugees is on their local health agendas.
- Health care providers need to ensure that strategic policies and processes aimed at improving the health of asylum seekers and refugees are acted upon locally.
- Community development approaches to improving the health of refugees and asylum seekers are also required. This needs to empower asylum seekers and refugees by directly drawing on their experiences and knowledge.
- There should be a stocktake of asylum seekers/refugee in Glasgow, e.g. numbers of positive decisions etc to inform future planning needs.
- A co-ordinated approach is required between agencies to improve integration between asylum seekers and refugees and the host community.

The above action points should always be based on consultation, integration and working with asylum seekers and refugees as a resource.



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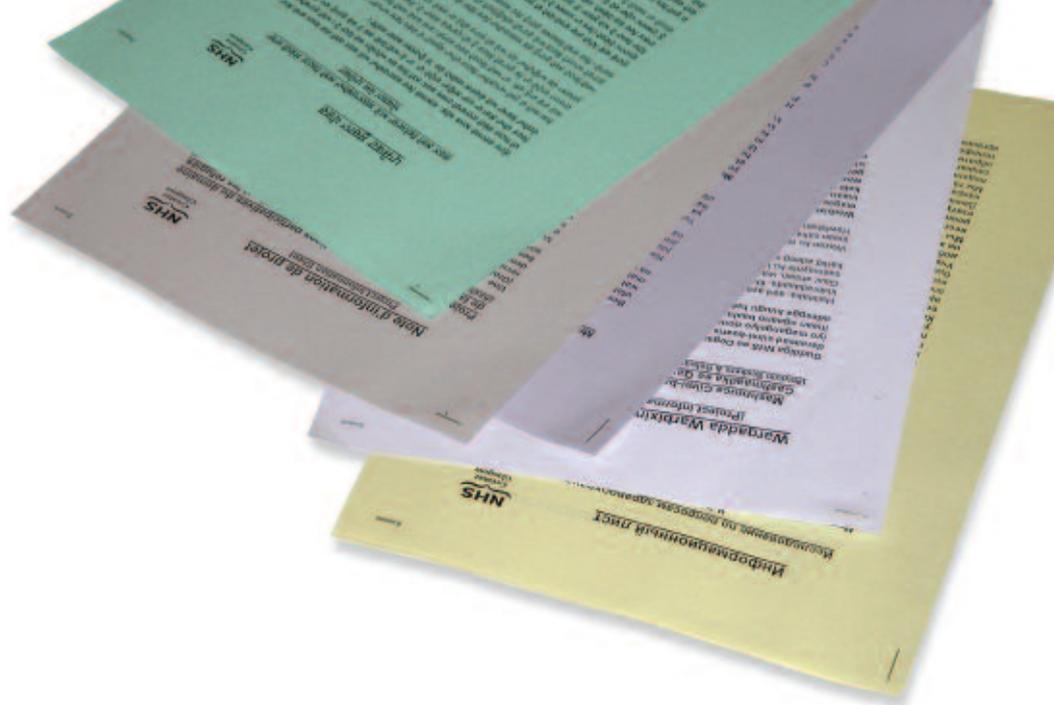
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ACKNOWLEDGMENTS

This report was written by Naasra Roshan, Health Promotion Officer for Asylum Seekers and Refugees, North Glasgow and Drumchapel Geographic Team, Health Promotion Department, Greater Glasgow NHS Board. It would not have been possible to conduct and complete this research without the support and dedication of many contributors:

We would first of all like to acknowledge the support of the research steering group for contributing their advice and ideas on how to best conduct the research study and also their input to the research report. They included: Joe Brady - Scottish Refugee Council, One Stop Shop, Eric Duncan - GGNHSB, Ali Motie - Representative from Asylum Seeker & Refugee Community, Jac Ross - GGNHSB, Imran Shariff - NHS Greater Glasgow, Primary Care Division and Heather Voisey - North Glasgow Partnership. We are particularly grateful to both Eric Duncan and Heather Voisey for editing the report also.

Our thanks must also go all the asylum seekers and refugees in North Glasgow who agreed to take part in the research. We are also grateful to the community organisations in North Glasgow who helped us to facilitate the fieldwork. Thanks also to Vikki Hilton for facilitating the Participatory Appraisal training for the fieldwork.

Finally we are very grateful for the commitment and dedicated support of the nine peer researchers who assisted in conducting this research. Mohammed Abowe, Kishwar Ali, Abdul Badur, Francine Bucumi, Buyankhuu Davga, Mohammed Dara, Richard Darko, Dr Saad Al-Kamisi and Sai Saeed were an invaluable resource to the project and without them we would have not been able to gain the same insight and depth from conducting the research.



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