Developing commissioning guidance to meet the mental health needs of vulnerable migrants

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Objectives

- Who are vulnerable migrants?
- Why vulnerable migrants are at risk of experiencing poor health
- Commissioning mental health services for vulnerable adult migrants

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“When you’re a refugee, your life is never complete. There is always part of your life that is missing and that part is home”

Sadil, a young refugee from Somalia

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Who are vulnerable migrants?

.... a very heterogeneous group who include

- asylum seekers and refugees and their families
- survivors of torture
- separated children
- undocumented people
- people who are trafficked/in forced labour
- refused asylum seekers
- people who are homeless with no means of support
- pregnant women and children
- elderly people
- people with disabilities
- LGBT (Lesbian, gay, bisexual and transgender) people

but many similar needs, linked to vulnerability

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Factors contributing to vulnerability

- Legal insecurity
- Violence, threats and intimidation
- Economic insecurity
- Homelessness/poor living conditions
- Unsafe working conditions
- Difficulties with communication
- Social marginalisation and isolation
- Substance misuse
- Poor access to health care

Cultural bereavement
(Eisenbruch 1991)

- Multiple loss:
- loss of things that give meaning to life
- social structures
- cultural values and community rituals
- relationships
- material losses

Barriers to health faced by vulnerable migrants

- Effects of immigration process on health
- Poor social conditions and support
- Homelessness and destitution
- Restrictions on entitlement
- Organisational – rigidity of services
- Stigma
- Difficulties of building trust
- Racism
- Lack of culturally appropriate services
- Lack of language support

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Commissioning mental health services for vulnerable adult migrants

Yohannes Fassil and Angela Burnett

To be published by MIND, Pathway and the Health Inclusion Board

Aim to develop services which:

- improve access
- are cultural and linguistically sensitive
- comply with equalities legislation

- Include examples of good practice nationally

- will be available from www.mind.org.uk/migrants

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Key points of guidance

- Migration is associated with poor health outcomes for marginalised and socially disadvantaged populations

"I feel excluded from everything. When you can't do anything then you feel that life is not worth living"

The Poverty Barrier – The Right to Rehabilitation for Survivors of Torture in the UK
Freedom from Torture 2013

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Health Economics

- Vulnerable groups often incur disproportionate costs
- complex needs and high use of emergency care

Better quality at lower cost

- people-centred services
- better co-ordinated holistic services
- early identification and intervention
- a co-production approach to needs assessment

can achieve cost savings and better quality services

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Stigma

- May be particularly marked in some migrant communities
- May inhibit some from accessing services
- Community based culturally appropriate health awareness programmes can reduce stigma

Diversity

Populations are

- extremely diverse,
- less visible
- poorly captured by current national data sets, data sources and surveys

Joint Strategic Needs Assessments should include information on the health needs of migrants

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Working with vulnerable migrants

- Empathy
- Continuity
- Trust
- Interpreters are an integral part of the team

  "furnishing the practitioner with access to the client's language, culture and concerns"

  "furnishing the client with the practitioner's language and methods of assistance" Freedom from Torture Code of practice and ethics for interpreters and practitioners in joint work

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“Refugees are looking for safety - after some time, if we feel safe, we will open up”

Doctor with refugee status

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Service providers need:

- skills and understanding to work flexibly and creatively with vulnerable migrants

- awareness of impact of migration, torture, detention and the asylum determination process on mental health

Assessments

- Be aware of the importance of culture
- Recognise natural psychological reactions to highly unusual experiences
- Be cautious of over-medicalising what may be appropriate responses

Support for interpreters and healthworkers

- Rewarding and challenging work
- Exposure to distress – need for support and supervision
- May re-stimulate memories of own experiences
- Important to take time for briefing at beginning and debrief at end of session
- Support group for interpreters meets regularly at Freedom from Torture

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Enhance resilience

"You (the torturer) can break my body but you will not break my will"

Sangul, a Turkish Kurdish woman seen at the Medical Foundation

"Help me to stand up and I will go on fighting"

Theresa, a Latin American woman seen at the Medical Foundation

(Patel and Mahtani 2004)

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How do we best engage commissioners and encourage them to use the guidance to commission improved services?