

A health needs assessment for asylum seekers and other vulnerable migrants in Southampton and Portsmouth

Written by Rebecca Wilkinson, Public Health Registrar, on behalf of the Wessex Global Health Network

Executive Summary

Introduction

Asylum seekers (AS) have escaped persecution or conflict in their home countries and are seeking protection in another country; the health needs of this group are, therefore, distinct from settled migrants.

The aim of this assessment was to gather information on the health needs of AS (both adults and children) living in the cities of Southampton and Portsmouth and to describe the relevant services, and any gaps in those services, in order to make recommendations to better meet these needs.

Methodology

This assessment used four approaches:

1. Literature review
2. Epidemiological data
3. Corporate needs assessment which involved collecting the views of a wide range of stakeholders, including four focus groups with AS
4. Comparative needs assessment which involved reviewing best practice elsewhere in the country, with a particular focus on areas considered similar to Southampton and Portsmouth such as Bristol.

Epidemiological Data

Home Office statistics show that in June 2019 there were 224 AS being supported in Portsmouth under Section 95 and 153 in Southampton.

There has been a significant rise in the number of Unaccompanied Asylum Seeking Children (UASC) in Portsmouth in recent years; in 2018 official data recorded 72 UASC in the city but data from local services suggests that the number is now even higher.

Identification of Needs

The health and wellbeing of AS will be influenced by their experiences in their country of origin, during their journey and since arriving in the UK. Meeting basic needs is very hard for this vulnerable group of people. Health and wellbeing needs identified in this assessment can be grouped under the following themes:

1. Physical health which includes maternal health, sexual health, chronic morbidity and communicable diseases
2. Mental health issues, specifically anxiety, depression and Post Traumatic Stress Disorder (PTSD). The prolonged and repeated trauma that AS have often experienced in their home countries and during migration makes them at greater risk of complex PTSD
3. Children's health issues are similar to adults but there was a particular concern amongst stakeholders around vaccination and communicable disease
4. Accessing services was found to be an issue for reasons ranging from language and cultural factors to cost and confusion over eligibility.

Overview of available services

Drop-ins for AS are provided in both Southampton and Portsmouth by the voluntary sector. The agencies provide vital support and are highly valued by AS. There are various other cross-cultural groups and both cities have declared themselves as 'Cities of Sanctuary'.

Primary care appears to be accessible to AS in both Southampton and Portsmouth. In terms of mental health services, both cities have peer support services but these are not currently specifically adapted for AS. 'Improving Access to Psychological Therapies' (IAPT) and secondary mental health services are available but there is no dedicated trauma service in either city.

In Portsmouth, a trauma-focused model of care has been funded for two years to support UASC. There is no initial health screen at the port of entry for UASC.

Evidence of what works

1. Language and communication: There are advantages and disadvantages of both face-to-face or telephone interpretation services. Examples from elsewhere show that using the same interpreters frequently has a positive impact as they become part of the team
2. Improving cultural awareness: It is important to raise awareness amongst healthcare professionals; for instance, knowledge of current issues in AS' countries of origin and of how understanding of mental health differs between cultures. Good practice is to involve AS in the policy, planning, design and delivery of their care through cultural advisory groups
3. Initial health screen: Conducting a physical and mental health screen at initial GP registration, including a validated tool for PTSD, improves the on-going care pathway

4. Reducing social isolation: Through peer support
5. Mental health services: There should be no delay in starting trauma-focused therapy. Practical issues can be a barrier to treatment but evidence from elsewhere shows partnerships with local voluntary agencies can help with these. Narrative Exposure Therapy (NET) has the best evidence base for treatment of complex PTSD amongst refugees and AS
6. Trauma-informed cities: By increasing awareness of the impact of trauma amongst the wider workforce, professionals can work differently and adapt services appropriately.

Recommendations

Mental Health Services

SOUTHAMPTON AND PORTSMOUTH:

- Consider inclusion of a validated, brief screening instrument for PTSD at initial GP registration
- Develop peer support services for AS
- Adapt IAPT services to better meet the needs of AS (e.g. outreach, more flexibility)
- Ensure availability of appropriate interpreter services
- Fund NET training for IAPT therapists

Children

PORTSMOUTH:

- Review and adapt the UASC pathway to health assessment to expedite appropriate treatment and prevention referrals
- Evaluate and, if found to be effective, ensure sustainability of the trauma-informed model of care for UASC

SOUTHAMPTON:

- Enhance the emerging child-friendly initiative by including AS in all activities

Awareness

SOUTHAMPTON AND PORTSMOUTH:

- Training for healthcare professionals in the health needs of AS and their eligibility for care
- Additional training for GPs in the impacts of trauma that AS may have experienced
- Improve cultural competence through the establishment of cultural advisory groups
- Use this assessment to support initiatives to develop trauma-informed communities in both Southampton and Portsmouth