

# The Refugee Therapy Centre

Aida Alayarian

## **What can be done to reduce social exclusion to promote greater social participation and better access to services among Refugee and Asylum Seekers with mental health problems?**

### **What is the problem?**

Mental health problems are common and widely misunderstood amongst refugee communities. These include a wide spectrum of conditions, from mild anxiety and depression to more serious post traumatic stress symptoms. The precise nature and impact of these conditions varies significantly from individual to individual. They are also rarely static during a person's life, and can change, disappear and re-appear. Mental health problems often co-exist with other problems, such as homelessness, poverty, housing and welfare problems, poor physical health and the after-effects of torture and trauma.

### **What is the link with social exclusion?**

Mental health problems can be seen as both a consequence and a cause of social exclusion in general. The high prevalence of mental health problems among refugee communities as socially excluded groups has been reported by many clinicians from different disciplines. Evaluation of our therapeutic intervention has illustrated how mental health problems can act as a major barrier to successful resettlement and integration of refugee and asylum seekers into society.

A range of risk factors influence the development of mental health problems. These include socio-economic disadvantage, inner-city neighbourhood, racial violence, harassment and possible involvement in crime by younger generation as defence, bullying at school, unemployment, poor educational attainment as result of parents not being familiar with the education system, lack of ability to speak English, being a lone parent or teenage mother. However refugees are not homogeneous and should not be treated as such. Refugees or asylum seekers are not a diagnosis. The rates of diagnosis of mental illness vary between different communities and individuals.

Once mental health problems develop, they can often have a negative impact on employability, housing, household income, opportunities to access services, education and social networks - leading to severe economic deprivation and social isolation.

Many refugees and asylum seekers who come to this country have witnessed and experienced violence, loss, humiliation, persecution, imprisonment and displacement. The Refugee Therapy Centre was established in 1999 in response to growing need for a community-led therapeutic service for refugees and asylum seekers. A specific need identified was a service which respected and worked with the linguistic and cultural need of refugees and asylum seekers. The RTC was set up with the aims of:

- ◆ Empowering refugees to deal with their experiences and psychological difficulties by offering a culturally and linguistically sensitive support service
- ◆ Providing a safe and supportive space in which people can rediscover their abilities and rebuild their confidence, so as to integrate into and become positive members of society
- ◆ Giving priority to children, young people and their families suffering as a result of their experiences

In some cases recently arrived refugees and asylum seekers find learning a new language a struggle on top of other difficulties. The Centre offers therapy in mother tongue languages. Although interpreters can be used in therapy, many may not feel comfortable with this. We offer the choice of seeing a mother tongue therapist or an English-speaking therapist in 11 languages: Albanian, Arabic, Amharic, Creole, Dari, English, French, Farsi, Italian, Kurdish,

Lingala, Portuguese, Somalia, Swahili, Serbo-Croat, Tigre, Tigrinian and Turkish.

The majority of staff have a refugee or immigrant background and represent refugee communities. They bring with them a wealth of linguistic, cultural and shared experiences. All therapists receive intercultural supervision on a regular basis, usually in a group of four as well as individual.

## Referral

We receive referrals from GPs and other health professionals, schools, social service, refugee and other community organisations. Common reasons for referral and presenting problems in adult, children and adolescents are:

- Depression, Stress and tension, Anxiety
- Difficulties in relationships, especially with close family
- Difficulties in sexual relationships
- Coping with physical complaints e.g. chronic pain, sleeplessness, headache, back pains
- Coping with past experiences (flashbacks, nightmares)
- Coping with integration into new society
- Problems with concentration and memory
- Recurrent feelings of mistrust and paranoia
- Personality changes
- Post Traumatic Stress Disorder
- Hyperactivity
- Conduct Disorder
- Juvenile Delinquency
- Suicide and deliberate self-harm
- Attachment disorder
- Psychosomatic presentations
- Maltreatment of children-neglect, physical, emotional, sexual
- Identity problems
- Substance use
- Eating problems- anorexia nervosa, bulimia

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### Children

The Centre receives referrals for children who may be experiencing problems at school with bullying, or adjusting to their new homes and lives, or who are experiencing problems at home or are struggling to cope with their past experiences.

As a result of trauma that they have been through, the inner worlds of some young refugees and asylum seekers may be populated by abuse and horror that often bears little or no resemblance to people around them here in the host country. Their inner worlds dominate their responses and can prevent them settling into the new environment.

A psychoanalytically or psychodynamically oriented therapist can help a child or young person to see how and why they may project their feelings of persecution on to those

around them. Ongoing work will help them deal with what lies beneath the reactions provoke and how they cope with experiences.

We give priority for children and young people. Sometimes the issue of funding will be postponed to offer a swift response to the need. By and large when referred, a child will be seen with a parent or alone, whichever is appropriate to the age and development of the child. After assessment, the Centre will plan an appropriate intervention for that child, whether that is individual therapy for the child and other family members, or therapy in a group setting as a family. Our approach looks to identify the needs of the child and work with the family to ease the situation.

## The Process

### Referral

Currently we are commissioned by Islington, Camden and Haringey PCT and Hackney Neighbourhood Renewal Fund.

Refugee community organisations, mental health professionals, social workers and schools can refer patients to the Centre in writing.

### Therapy

The Centre works with individuals, couples, families and groups. Following the assessment, and with consultation with the patient and discussion in supervision and clinical meeting, the patient will be allocated appropriate therapeutic help. If the person wishes to go forward and is offered individual therapy, they would be allocated to a therapist for an initial period of twelve sessions on a weekly basis. The patient may see a psychotherapist or counsellor in their

own language or an English-speaker if they prefer. Some patients prefer not to see someone from their own cultural background because of feelings of mistrust, guilt, shame or embarrassment and also the intensity of emotion and pain. Family intervention will be decided on each family's need.

All therapists receive regular intercultural supervision and produce ten-weekly progress reports. Patients are also invited to complete ten-weekly feedback forms, which are voluntary and confidential, to inform the way we work. The supervision, feedback from patients and therapist progress report are helping us to evaluate our therapeutic intervention.

### **Outreach Work**

Part of the Centre's work involves outreach work with the refugees in our local area, in order to raise awareness of mental health issues and services, and build trust with Refugee Communities. This is very important to the Centre in that it helps to identify need, educate and address issues before they become too serious. Our outreach work also helps us to keep abreast of the changing situations and circumstances of refugees and asylum seekers here in the UK as well as of their country of origin.

### **Women's Group**

We set up the Albanian-speaking women's group, which has proved very valuable in restoring the sense of identity, belonging and self-esteem for some individuals. We have also established the Farsi, French and Amharic/Tigrinian-speaking women's groups. Apart from the clinical success of these groups, they also allow us to offer our service to more patients at one time. The groups are open ended at this stage with turnover before summer, Easter and X-mas break. When a group member leaves the

group, a new member will join. The duration of group sessions are two hours and we have in each group six to twelve members.

## **Employment**

### **How to improve rates of employment for Refugee & Asylum Seekers with mental health problems, through support both in taking up and in retaining work.**

Working and progression are key issues in the process of resettlement for refugees and asylum seekers, and it is vital for young asylum seekers and refugees, and for a healthier society as a whole. Over the last few decades after the Second World War there has been no study to show the increase in the proportion of Refugee & Asylum Seekers participating in the workforce. This is in contrast to the significant increases in the employment rate for the general population, and for people with disabilities as other marginalised groups.

Many refugees and asylum seekers with longstanding experience of depression and anxiety and other mental health problems retain an ambition to do meaningful work and be active members in this new society that they are integrating into. This could include voluntary work, which can be valuable in itself and can also be an effective route into paid employment.

### **Training for Young Refugees and Asylum Seekers**

One of the aims of the Refugee Therapy Centre is to provide support and training to young refugees and asylum seekers in the local area. Through the work of our Volunteer Co-ordinator we are able to offer young people the opportunity to learn new skills, gain experience and receive therapeutic support at the Centre. We currently have

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young refugees and asylum seekers from the local community volunteering in administrative and language support work, helping to build their own and their community’s capacity. A young volunteer of seventeen was proud to inform me that ‘her supervisor at the Centre taught her to make tea and water the plant and to record books. I told my mother how much I learn every day’ she said.

## **Introductory Course in Counselling Refugees**

The Refugee Therapy Centre runs an introductory course on counselling for young people who would like to learn about working with refugees and asylum seekers in the community. This course is free for refugees and asylum seekers and offers an opportunity for refugees and asylum seekers for their own personal and professional development and to use their experiences to help others. The course runs weekly from October to July. We hope that during a year participants will build the confidence in to either move to further training or employment.

### **Social inclusion and participation**

Low levels of social participation can affect an individual’s quality of life, increase their social exclusion and also be part of the cause of mental health problems. Refugees and Asylum Seekers with mental health problems experience a variety of exclusion. They are less likely to access everyday goods and basic services such as education, welfare, health and social services, take part in leisure, arts and community activities, and less likely to be living in appropriate or private housing. They do not have strong family networks. They are more likely to have lost their partner, parent, siblings, in some case their children and other extended family members and are likely to be living on their own or as a single parent with children.

### **What are the barriers to employment and social participation?**

Refugees and Asylum Seekers in general but specifically the younger generation with mental health problems are likely to face a number of barriers which prevent them from working or participating in the communities.

People with mental health problems may feel alone or stigmatised by the attitudes of their community or local service providers. The language barriers may be an obstacle to direct communication. Unattended mental health problems are generally associated with poverty, which can make accessing basic services more difficult. Young refugees and asylum seekers with mental health problems may perceive the route between benefits and employment to be complex, confusing and intimidating. Individuals may lack the skills and resources, including personal networks, which could make it easier for them to secure and retain employment. If we are not careful with our approach, being questioned or directed to job centres can be received as humiliating rather than supporting.

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There are wide ranges of specialist and mainstream services which can provide support for refugee and asylum seekers with mental health problems, but despite the effort made these may not always be effectively co-ordinated or configured around the needs of refugees.

What more can be done to enable more Refugees and Asylum Seekers with mild mental health problems to enter and to retain work? This will include consideration of how we can prevent Refugees and Asylum Seekers with mental health problems entering the labour market in the first place.

What more can be done to ensure that Refugees and Asylum Seekers with mental health problems have the same opportunities for social participation and access to services as compared to the general population?

We will aim to address the particular problems faced by Refugees and Asylum Seekers with multiple needs, such as language and cultural barriers, lack of knowledge, lack of confidence and self-esteem, social anxiety, drug and alcohol problems or mild unrecognised learning disabilities as the result of trauma they may have endured in the past and their experience here in the process of resettlement and integration.

With the volunteer programme we at the Refugee Therapy Centre provide a sustained pathway of care and support designed around the needs of refugee and asylum seekers coming to us for help to increase their confidence and self-esteem, and to learn new skills or transformation of their skills in working relationship which can be linked better into the job market. We also increase the role of social networks by more contact and work towards and hoping to gain trust of local and national refugee communities.