

Vulnerable Communities



ASYLUM AND REFUGEE HEALTH
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GP AT THE HAVEN

AIMS



- Background to asylum in UK
- The Haven- why we are there
 - what we do
- Entitlement to health care
- Common health problems including PTSD
- As a GP...

Important



Those who are seeking asylum are ordinary people who have experienced extraordinary experiences

Individual stories both of trauma and adversity and resilience and resourcefulness

Can be overwhelming for patients and professionals

The Haven - 2004



- Poor access due to barriers of language, eligibility, complicated systems, complicated problems
- The 1951 UN Convention relating to the Status of Refugees; Human Rights Act 1998; Equality Act 2010
- NHS has a legal responsibility to address inequality by inclusion of particular groups
- Vulnerable Migrants are one of the inclusion groups
- NHS must make 'reasonable adjustments' to services to meet their needs

Reasonable adjustments



...are a legal requirement and should be anticipatory

- General – facilitate access, flagging of records
- Specific – flexibility, longer appointments, interpreting, cultural competence, informing, explaining, signposting, networking, assertive follow-up
- Include genetic, biological and environmental factors; personal health risks and behaviour

The Haven – what we provide



- Notified of new arrivals
- Access and explain how NHS works
- Public health function
- Comprehensive health review
- Generate clear health record for GP practice and update
- Deal with all presenting problems –expertise with trauma and torture
- Anticipate, prevent and manage crises
- Review until can manage in standard setting
- Partnership working – clinical, voluntary, easy access, pathways without barriers
- Supporting and representing health issues to others

We work with.....



- Asylum Seekers
- Refugees
- Refused asylum seekers
- Trafficked women and men
- Unaccompanied minors
- Joining families

Facts about asylum



- Poor countries – not the UK – look after most of the world's refugees
- Britain's asylum system is very tough
- Asylum seekers do not get large handouts from the state
- Asylum seekers and refugees are law-abiding people
- Refugees make a huge contribution to the UK

Refugee Council website– The truth about asylum

Asylum applications in the UK



	2010	2011	2012	2013	2014
Numbers of applications	17,916	19,865	21,843	23,584	25,503
% change from previous year	-27%	+11%	+10%	+8%	+6%

Top 10 countries 2013/14



	2013	2014	% change
Eritrea	1,387	3,233	+133%
Pakistan	3,359	2,726	-19%
Syria	1,648	2,025	+23%
Iran	2,410	2,000	-17%
Albania	1,325	1,576	+19%
Sudan	743	1,449	+95%
Sri Lanka	1,811	1,292	-29%
Afghanistan	1,038	1,139	+10%
Nigeria	931	899	-3%
Bangladesh	1,123	748	-33%

Top 10 countries 2014/2015



	Q2 2014	Q2 2015	% change
• Eritrea	742	759	+2%
• Sudan	333	527	+58%
• Iran	430	484	+13%
• Pakistan	612	483	-21%
• Afghanistan	233	414	+78%
• Syria	365	384	+5%
• Albania	338	354	+5%
• Ethiopia	59	256	+334%
• Iraq	88	231	+163%
• India	176	209	+19%

Entitlement to free NHS care



- **Primary care**

All those seeking asylum, refugees, their families who join them, AND those whose case has finally failed.

- **Secondary care**

All those seeking asylum, refugees.

In England refused AS not entitled to free hospital care -exceptions

Since immigration Act 2014 joining families no longer entitled for 5 years.

- **HC2**

Help with health costs



- All overseas visitors currently have a right to free primary care from the NHS. GPs have discretion over registering patients, and are entitled to refuse registration on ‘reasonable, non-discriminatory’ grounds.

“evidence of a prevailing incorrect belief that a person must be ordinarily resident in the UK in order to qualify for free primary medical services. Some practices have deregistered or failed to register people they believe to be ‘ineligible’ in some way due to their immigration status.” Department of Health, 2012 Review of Overseas Visitors Charging Policy.

- Ensuring fair use of the NHS efficiently and effectively DO NO HARM
Max Wind-Cowie Claudia Wood 2014 Demos (Britain’s leading cross-party think tank)

Social determinants of health



- being poor
- poor housing
- not having a job
- bullying and discrimination
- social isolation
- accumulation of negative effects on wellbeing across the life course lead to early death

Fair Society, Healthy Lives The Marmot Review 2010
Strategic Review of Health Inequalities in England post-2010



Accumulation of trauma and adversity

- In homeland
- Events leading to decision to leave
- During journey from homeland
- After arrival - negative impacts of UK asylum process
- After decision even if given refugee status

Frequent health problems



- Mental health – PTSD, depression, anxiety, psychotic symptoms, adjustment reaction, dissociative symptoms
- MSK – results of physical trauma by design or accident
- Headaches – complex presentations, previous traumatic brain injury, stress, migraine
- Undiagnosed long term conditions – asthma, epilepsy
- Vitamin D deficiency – lack of sun exposure and risk in UK winter
- Infectious diseases – TB, Hep, HIV, STI, malaria, parasites
- Skin - scarring, fungal infections, itching
- Incomplete immunisations
- Sexual health
- FGM

PTSD



- Intrusive memories
- Avoidance
- Negative changes in thinking and mood
- Changes in emotional reactions

PTSD/Chronic Traumatic Stress



- Can flare up and relapse in response to further adversity/stress
- Stays for whole life but find ways to bear it
- Having things to do and a social network helps
- Medication often helps
- Specific trauma work is available – stabilisation initially then EMDR or TF-CBT

What is effective – holistic care



- Taking time to build trust and respect
- Flexibility and patience
- Continuity - containing distress; the importance of having heard or being willing to hear the story
- Unpicking complexity and managing each element
- Checking patient priorities and confidence
- Lots of listening and explaining
- Advocacy – only tell once and share as needed; supporting people to build their lives
- Being willing and able to intervene when able to alter circumstances helpfully
- Team work and support (psychotherapeutic supervision)

Challenges for us



- Being overwhelmed
- Small service
- Managing discharge from Haven
- Home Office system changes and added trauma from this
- Gaps in voluntary sector provision due to funding cuts and loss of contracts
- Increasing numbers and complexity of cases
- Home Office relocations
- Remembering that what seems good news to us can be very hard to bear

As a GP...



- Recognise the effects of trauma and adversity on ability to function
- Check out importance and confidence
- Ask about circumstances and supports
- Continuity helps
- Give opinion to other agencies when it can help
- Recognise the effects of hearing trauma on us
- Get in touch with the Haven – we can help in various ways