Asylum seekers, refugees and mental health

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Journeys- the Enigma of Arrival

- Refugees on the move- Afghanistan, Iraq, sub-Saharan Africa, SE Asia, Latin America. 44% of the population 31 million `of concern’ to UNHCR are children
- Refugees as `bare life’ (Agamben); `it seems that a man who is nothing but a man has lost the very qualities that make it possible for other people to treat him as a fellow man’ (Arendt, 1966)
- Living in the `here and now’ the `culture of urgency’
- Culture of mistrust
Asylum seekers and mental health some reflections

- Importance of historical contexts; including historical perspectives and the emergence of new forms of war
- Emergence on an epistemology of childhood
- Methodological issues- role of innovative methodologies grounded in the lived experiences of refugees. The need for multi-level approaches and combination of qualitative and quantitative methods.
- The limitations of methodological nationalism.
Epistemologies of Care

- Conflation of `social-emotional’ problems with `refugees’
- Homogenised as having analytically similar experiences and latent vulnerabilities
- Decontextualised as programs constitute them as a group outside of families and cultural contexts
- View of parents as a pathological `risk’ factor rather than a resources
- Absence on consent and participation
Refugee’s Agency

- The issue of agency has perplexed many working in the field where a discourse of ‘trauma’, ‘mental health’ and ‘vulnerability’ is ubiquitous
- Refugees may have deep and strong aspirations for a new life informed by imagery from literature, music and sport
- Agency and well-being—e.g. Korac on asylum seekers in Italy and the Netherlands (2003)
- Taking refugees seriously as ‘competent interpreters of their own lives’ (Sennet, 2006) ‘Approaches that view refugees predominantly as passive recipients of aid and care frequently do not recognise the ability of the young to contribute valuable perspectives on the dimensions of war’ (Eyber and Ager 2004)
Refugees’s Agency

• “Everybody wants to go to England. I have been in England twice, I have spent there 2 months. With my eyes closed, I arrived in England. I have been for seven days in lorries and got out of there with hungry”

• “I want to leave Belgium, my name is lost Arash in Zeebrugge. I have been sent back from England” (Farsi).

• “With the UK in my mind, my heart is crying deeply’
Zeebrugge

- "What would you do if you were in our situation? If there is nothing in your country? Wouldn’t you escape?"
- "I’d rather swim to England than stay here’ (Derluyn & Broekaert, 2005)
- "They told me that after four hours you go into the cities and there is England. You go out and the police catch you. He told me that the police tell you ‘Welcome to England”’ (Dover 2005)
Purpose of the Hub

• To exchange knowledge with respect to the reception and treatment of vulnerable asylum seekers in Europe
• To provide health and social care workers with methodological tools for the investigation of services for asylum seekers
• To examine the interrelationships between policy, the formation of services and actual practice `on the ground’
• To develop a critical reflexivity towards services in workers own countries
• To develop ideas for the dissemination of good practice
Identification Study Template

- Demographic data
- Patterns of immigration
- Policy context
- Public attitudes
- Reception arrangements
- Health and social care
- Services for refugees
6 dimensions of good practice

- Access and entitlement
- Participation
- Holistic practice
- Interagency collaboration
- Cultural sensitivity
- Evaluation
Findings from the Hub

- Models of Age Assessment (skeletal or dental X-rays vs holistic assessment)
- In three countries UK, Ireland, Czech Republic, Sweden- this practice is not currently allowed
- Objections are based on lack of reliability, ethical questions relating to the non-medical use of X-ray, and the degrading and re-traumatising effects of the procedures.
- It is used in Belgium, Denmark, Spain and Switzerland
- In many instances a holistic assessment is used
- There was a widespread `culture of disbelief’ regarding age
Findings from the Hub

• In Belgium minors stay at regular reception centres where minors stay in their own part of the centre for 4-6 months after which they are placed in local more private reception centres
• In Denmark and Malta minors were placed in centres exclusive to UM
• In the Netherlands four different types of centres were available from small residential units to a large centre with the capacity for 100. At the age of 18 minors are transferred to centres for adults.
• In Ireland minors over 16 are normally placed in hostels or supported lodgings with minimum supervision. Younger minors are placed in foster families or residential units
Findings from the Hub

• In all centres and semi-independent forms of accommodation, minors receive some personal support from social workers and other social and health care workers
• In Denmark and the Netherlands there was a significant amount of preparatory training and education.
• Most unsupervised forms of accommodation were independent housing arrangements in the UK and hostels and supported lodgings in Ireland
Interacting spheres

- access
- appropriateness
- entitlement
Axes of service provision

• 1. Separation ↔ Integration
• 2. Control ↔ Autonomy
• 3. Top down ↔ Participative
• 4. Immigration control ↔ Welfare
Reception Models

- **Southern Model**: the findings from the Hub are suggestive of a distinctive model in the countries of Southern Europe and specifically those bordering the Mediterranean Sea. These countries are relatively recent recipients of asylum seekers and their services have had to be developed in response to dramatic numbers of people often arriving by boat. A Southern model may be characterised by a high level of involvement of NGOs and international agencies both in the formulation of policy and the development of practice.
Reception Models

• **Northern Model:** Here there is evidence of highly systematic programmes of asylum reception with often a strong emphasis on surveillance and social control. Strict administrative regimes have been developed and their implementation is sometimes ensured through the sub-contracting of aspects of service to private security companies. These regimes are often highly orderly and draw on a notable level of technological sophistication. In some instances there was an overriding concern with aspects of immigration processes at the expense of welfare concerns. However, there was emphasis in some countries of a strong preoccupation with the latter and asylum seekers were placed in highly sophisticated programmes aimed at engendering specific behavioural patterns and affective responses.
Reception Models

- **Eastern model**: this model relates in particular to the policies and practices developing within the ‘accession’ countries of the EU. Here again concerns with asylum seekers is often relatively new and there is a strong level of engagement with international NGOs. Facilities are often basic with asylum seekers housed in former army barracks and having a high level of separation from local communities.
Western Model

- Here there are a more limited number of institutional centres and asylum seekers are incorporated into mainstream service provision. This includes the provision of education, health and social care services. Hub participants reported generally good facilities for unaccompanied minors with an integrated range of services. There may however be significant variability in the quality of services provided from location to location and sometimes poor organisation and coordination.
Ways Forward

• Develop multi-level multi-disciplinary approaches incorporating macro, meso and micro levels of analysis or institutional, service and treatment levels
• Focus on `minding the gaps’ between examining adherence to laws and conventions and examining actual practice at `street level’
• Going beyond methodological nationalism to document localised initiatives and experiences
• Explicitly adopting frameworks of good practice to examine services and refugees experiences of them
Seven Accomplishments in the Social Care of Refugee Children

• *Take refugees seriously as competent interpreters of their own lives.*

• This accomplishment orientates services towards listening and receptivity. This is not to deny that refugees are often confused and distressed and having difficulties in adapting to a new environment. What it does suggest is that refugees themselves may be the best resource for seeking an understanding of these problems and challenges and, further that they are not only the subjects of severely adverse circumstances but are also resourceful and capable in exercising agency. In practical terms this accomplishment suggests an overall orientation for services for refugees that can infuse the policies, practices and organisational cultures of service providing agencies.
A holistic approach which offers integrated programmes of social, emotional and psychological support

- The adoption of a holistic approach implies receptivity to refugees’s needs and flexible ways of working that combines counselling, advocacy and interagency work.
A respect for culture and the limits of intervention

- This accomplishment suggests moving from approaches that either ignore refugees’s cultures or treat refugees as though they were necessarily embedded in one specific culture. As such it is a perspective that moves away from what Sen has defined as `plural monoculturalism’ (Sen 2006).
A recognition of the impact of ongoing events on refugees’s lives

• This accomplishment orientates services towards the here and now of refugees’s lives. This is not to suggest that past events and future orientations are not important for refugees and these should not be worked through in programmes. What it does imply that the present is a useful starting point for interactions including an ongoing assessment of factors in the here and now that are impinging on refugees’s lives.
An orientation towards empowerment through ownership and participation

- This accomplishment orients programmes and services towards providing refugees with a sense of ownership through their active participation in, for example, setting agendas or planning exercises. There is strong evidence to show that a sense of participation and engagement enhances mental well being. Appropriate levels of participation depend on the context and the capacities of the refugees.
An engagement with family and meaningful others

- This accomplishment suggests that refugees’s families and friends should have opportunities to be involved in programmes and parents should be consulted with respect to refugees’s participation. This accomplishment will help to avoid the dangers of professionals creating ‘divided worlds’ between refugees and their families and offer a sense of continuity and support.
An emphasis on enhancing refugees’s own capabilities

- Sen has pointed out that development has to encompass the task of expanding human capabilities and promoting freedom in a context of social responsibility. He identifies certain ‘instrumental freedoms’ that have a role in enhancing and guaranteeing the substantive freedoms of individuals (Sen 1999). Within the constrained environments experienced by refugees many of the facilities necessary for enhancing their capabilities may be lacking. The final accomplishment concerns the provision of an appropriate infrastructure that will promote capabilities including educational resources, reasonable accommodation, healthcare and opportunities for social engagement and play.