Reading list

Refugee health care

April 2012

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BOOKS / REPORTS

Great Britain. Department of Health
Access to the NHS by foreign nationals : government response to the consultation
London : DH, 2011 *Web publication*
This is the Government's response to the consultation Review of Access to the NHS by Foreign Nationals, outlining minor changes to Charging Regulations and opportunities for collecting debts to the NHS by refusing visas to NHS debtors. The document also announces a wide-ranging review of free access to the NHS
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125285.pdf
Associated documentation:
http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125271

ISBN: 9780335245673
Rechel, Bernd, et al, editors
European Observatory on Health Systems and Policies
Migration and health in the European Union.
Maidenhead : Open University Press, 2011 *RPJ (Rec)*
This book explores the overall context of migration and health in the European Union, addresses the rights of migrants to health and looks at problems in their access to health services, explores the challenges and opportunities in monitoring migrant health, reviews the health issues faced by migrants in Europe, discusses the policy response so far and the need for culturally responsive health services, provides examples of best practice, and looks at the policy implications of the findings presented.
http://www.euro.who.int/__data/assets/pdf_file/0019/161560/Migration-and-health-in-EU.pdf

Health Protection Agency
Migrant Health : infectious diseases in non-UK born populations in the UK : an update to the baseline report - 2011.
London : HPA, 2011 *Web publication*
This is the Health Protection Agency's second report on Migrant Health, and the first UK-wide report (the baseline report focused on England, Wales and Northern Ireland).
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131998682

Royal College of Psychiatrists
Parents as patients : supporting the needs of patients who are parents and their children.
College report ; CR164 (January 2011)
London : Royal College of Psychiatrists, 2011 *Web publication*
http://www.rcpsych.ac.uk/files/pdfversion/CR164.pdf

Aynsley-Green, Al
11 Million
The Children's Commissioner for England's follow-up report to the arrest and detention of children subject to immigration control.
London : 11 Million, 2010 *Web publication*
http://www.childrenscommissioner.gov.uk/force_download.php?fp=%2Fclient_assets%2Fcp%2Fpublication%2F393%2FYarls_Wood_report_Feb_2010.pdf
Executive summary:
http://www.childrenscommissioner.gov.uk/force_download.php?fp=%2Fclient_assets%2Fcp%2Fpublication%2F394%2FYarls_Wood_report_Feb_2010_-_Executive_summary.pdf

ISBN: 9780199557226
Bhugra, Dinesh, et al., editors
Mental health of refugees and asylum seekers.
Oxford : Oxford University Press, 2010 *RLR (Bhu)*

ISBN: 9789290684664
Zimmerman, Cathy and Borland, Rosilyne
International Organization for Migration, et al.
Caring for trafficked persons : a guide for health providers.
Geneva : International Organization for Migration, 2010 *Web publication*
This document aims to provide practical, non-clinical guidance to help concerned health providers understand the phenomenon of human trafficking, recognize some of the health problems associated with trafficking and consider safe and appropriate approaches to providing health care for trafficked persons. It outlines the health provider's role in providing care and describes some of the limitations of his or her responsibility to assist.
http://publications.iom.int/bookstore/free/CT_Handbook.pdf

ISBN: 9781849050838
Mandelstam, Michael
Quick guide to community care practice and the law
London : Jessica Kingsley, 2010 *QBAA (Man)*

National Collaborating Centre for Women's and Children's Health
Pregnancy and complex social factors : a model for service provision for pregnant women with complex social factors.
London : RCOG, 2010 *Web publication*
The care that women should be offered during pregnancy is outlined in N.I.C.E. clinical guideline 62 ('Antenatal care'). However, pregnant women with complex social factors may need additional support to use antenatal care services. This guideline describes how access to care can be improved, how contact with antenatal carers can be maintained, the additional support and consultations that are required and the additional information that should be offered to pregnant women with complex social factors. This guideline was commissioned by the National Institute for Health and Clinical Excellence.
http://www.nice.org.uk/nicemedia/live/13167/50861/50861.pdf
Associated documentation: http://guidance.nice.org.uk/CG110

Jayaweera, Hiranthi
Race Equality Foundation
Health and access to health care of migrants in the UK.
Better Health Briefing ; 19 (May 2010)
London : Race Equality Foundation, 2010 *Web publication*
By bringing together available evidence, this briefing outlines some important issues for the health of migrants in the UK today. It also suggests ways in which research, policy and practice might address barriers to health, well-being and health care in meeting the needs of migrants.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/health-brief19.pdf

Newbigging, Karen and Thomas, Nigel
Social Care Institute for Excellence
Good practices in social care for asylum seekers and refugees.
Workforce development report ; 31
London : SCIE, 2010 *Web publication*
This report provides guidance to support commissioners and providers of social care services to work effectively with refugees and asylum seekers. The pointers for good practice have been developed from a review of the literature and a survey which included the views of refugees and asylum seekers, social care providers and refugee and community organisations.
http://www.scie.org.uk/publications/reports/report31.pdf
Associated documentation:
http://www.scie.org.uk/publications/reports/report31.asp

ISBN: 9789289002042
Ingleby, David
World Health Organization. Regional Office for Europe
How health systems can address health inequities linked to migration and ethnicity.
Copenhagen : WHO Europe, 2010 *Web publication*
There are about 75 million migrants in the WHO European Region, amounting to 8.4 per cent of the total population and 39 per cent of all migrants worldwide. Figures for ethnic minorities are not available, because there is little consensus on definitions, but the largest of these groups is probably the Roma, with an estimated population of 12–15 million. There is substantial evidence of inequities in both the state of health of these groups and the accessibility and quality of health services available to them. Differences from the majority population vary, however, according to the specific group studied, the health problems or services involved, and the country concerned. Some groups may in certain respects enjoy health advantages, but it is mainly disadvantages that are documented. This briefing describes how, to tackle such health inequities, health systems must not only improve the services available to migrants and ethnic minorities, but also address the social determinants of health across many sectors.
http://www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf

ISBN: 9789241599504
World Health Organization
Health of migrants : the way forward : report of a global consultation, Madrid, Spain, 3-5 March 2010.
Geneva : WHO, 2010 *Web publication*
In this consultation, some 100 participants from various government sectors across the world, representatives of non governmental agencies, United Nations agencies, inter governmental agencies, migration networks, academics and experts, worked together to review the obstacles to generating comparable global data on the health of migrants; to identify policies and legislation that advances the health of migrants; to identify key actions to create migrant-sensitive health systems; and to develop or strengthen national, regional and global platforms to foster dialogue between the various sectors involved in migration and health.
http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf
Associated documentation: http://www.who.int/hac/events/3_5march2010/en/

Stanciole, Anderson E. and Huber, Manfred
European Centre for Social Welfare Policy and Research
Access to health care for migrants, ethnic minorities, and asylum seekers in Europe.
Policy brief ; May 2009 *Web publication*
Vienna : European Centre, 2009
Poverty and social exclusion continue to be serious challenges across the European Union and for health systems in Member States. Migrants, asylum seekers and illegal immigrants are at high risk of poverty and social exclusion and there is evidence that they sometimes do not receive the care that best responds to their needs. Improved access to general health care, including also health promotion and prevention strategies, is there¬fore essential to minimising disadvantage for migrants. This Policy Brief outlines hurdles of access to health care for migrants and discusses policy implications. The results presented are part of a research project on “Quality in and Equality of Access to Health Care Services” (HealthQUEST) that was financed by the European Commission, DG Employment, Social Affairs and Equal Opportunities. This study analysed barriers of access to main-stream health care services for people at risk of social exclusion as well as policies in Member States to mitigate these barriers. The study had a focus on three groups at risk: people with mental disorders, migrants, and older people with functional limitations. Eight countries were studied in depth: Finland, Germany, Greece, the Netherlands, Poland, Romania, Spain and the United Kingdom.
http://www.euro.centre.org/data/1254748286_82982.pdf

Ingleby, David
International Organization for Migration
European research on migration and health.
Geneva : International Organization for Migration, 2009 *Web publication*
This paper reviews the different kinds of research that are required in order to identify, analyse and remedy problems in the field of migrant health.
http://www.migrant-health-europe.org/files/Research%20on%20Migrant%20Health_Background%20Paper.pdf

MIND and Lloyds TSB Foundation
A civilised society : mental health provision for refugees and asylum-seekers in England and Wales.
London : MIND, 2009 *Web publication*
In this report, which maps what services are available to refugees and asylum seekers, MIND found that people who come to the UK seeking refuge face a stark lack of understanding of their mental health needs and are often denied access to crucial services and treatments.
http://www.mind.org.uk/assets/0000/5695/refugee_report_2.pdf

MIND
Improving mental health support for refugee communities : an advocacy aproach.
London : MIND, 2009 *Web publication*
The Refugee and asylum-seeker mental health advocacy project was developed to build a better understanding of the mental health concerns of refugees and asylum-seekers in England. The core approach was to work with advocates from refugee community organisations to develop a robust form of mental health advocacy.
http://www.mind.org.uk/assets/0000/5696/Refugee_Report_1.pdf

NHS Employers
Reaping the rewards : retraining refugee healthcare professionals for the NHS.
Briefing 64 ; November 2009
London : NHS Employers, 2009 *Web publication*
This briefing explores the benefits for the NHS in supporting and employing refugee healthcare professionals. It provides information about refugees' right to work in the UK, a framework for engagement for the NHS, as well as showcasing the good work of trusts in this area.
http://www.nhsemployers.org/Aboutus/Publications/Documents/Reaping_the_rewards-Briefing_64.pdf

BME Health Forum
Access to GP practices for black and minority ethnic communities in Kensington, Chelsea and Westminster.
London : BME Health Forum, 2008 *Web publication*
Significant concerns about BME communities' access to GP services have been a feature of the findings of the BME Health Forum's work over the years. This report was commissioned to look into this in detail, to understand the barriers to GP access and identify how to overcome them.
http://www.bmehf.org.uk/media/publications/research/bme_Primary_Concern.pdf

ISBN: 9781859356258
Perry, John and El-Hassan, A. Azim
Joseph Rowntree Foundation
More responsive public services? : a guide to commissioning migrant and refugee community organisations.
York : JRF, 2008 *TLV:HCC (Per)*
http://www.jrf.org.uk/bookshop/eBooks/2166-migrant-service-provision.pdf

Refugee Support. Research and Consultancy Unit
Supporting disabled refugees and asylum seekers : opportunities for new approaches.
London : Refugee Support, 2008 *Web publication*
This report examines how refugee community and mainstream organisations assist and support disabled refugees and asylum seekers in London.
http://www.icar.org.uk/MST_RCU_DisabilityFullReport_1108.pdf

Zimmerman, Cathy, et al.
London School of Hygiene & Tropical Medicine
Stolen smiles : a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe.
London : LSHTM, 2006 *Web publication*
This report presents some of the first-ever statistical data on trafficked women's health outcomes. It also provides evidence on violence and health risks that may have influenced these outcomes.
http://www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf

ISBN: 0443101310
Papadopoulos, Irena, editor
Transcultural health and social care : development of culturally competent practitioners.
Edinburgh : Churchill Livingstone, 2006 *HMVK (Pap)*

Refugee Council
Safe from harm? : health and social care for vulnerable refugees and asylum seekers.
London : Refugee Council, 2006 *RLR (Ref)*
http://www.refugeecouncil.org.uk/OneStopCMS/Core/CrawlerResourceServer.aspx?resource=87155FE7-7527-481A-81C7-3B04BE59EC82&mode=link&guid=6171f4a659b24d28a7f7acdeb48c21db

Vernon, Gervase and Feldman, Rayah
Refugees in primary care : from looking after to working together.
[London : NHS Networks, 2006] *RLR (Ver)*
http://repository.forcedmigration.org/pdf/?pid=fmo:5934

Kelley, Nancy and Stevenson, Juliette
Refugee Council
First do no harm : denying healthcare to people whose asylum claims have failed.
London : Refugee Council, 2006 *RLR (Kel)*
http://www.refugeecouncil.org.uk/policy/position/2006/healthcare.htm

Palmer, David and Ward, Kim
Commission for Patient and Public Involvement in Health
'Unheard voices' : listening to refugees and asylum seekers in the planning and delivery of mental health service provision in London.
London : CPPIH, 2006 *RLRed (Pal)*
http://www.irr.org.uk/pdf/Unheard_Voices.pdf

Temple, Bogusia, editor and Moran, Rhetta, editors
Doing research with refugees : issues and guidelines.
Bristol: The Policy Press, 2006 *RLR (Tem)*

JOURNAL ARTICLES

Bogic, Marija, et al.

Factors associated with mental disorders in long-settled war refugees : refugees from the former Yugoslavia in Germany, Italy and the UK.

British Journal of Psychiatry 2012; 200 (3): 216-223 (March 2012)

BACKGROUND: Prevalence rates of mental disorders are frequently increased in long-settled war refugees. However, substantial variation in prevalence rates across studies and countries remain unexplained. AIMS: To test whether the same sociodemographic characteristics, war experiences and post-migration stressors are associated with mental disorders in similar refugee groups resettled in different countries. METHOD: Mental disorders were assessed in war-affected refugees from the former Yugoslavia in Germany, Italy and the UK. Sociodemographic, war-related and post-migration characteristics were tested for their association with different disorders. RESULTS: A total of 854 war refugees were assessed (255 per country). Prevalence rates of mental disorders varied substantially across countries. A lower level of education, more traumatic experiences during and after the war, more migration-related stress, a temporary residence permit and not feeling accepted were independently associated with higher rates of mood and anxiety disorders. Mood disorders were also associated with older age, female gender and being unemployed, and anxiety disorders with the absence of combat experience. Higher rates of post-traumatic stress disorder (PTSD) were associated with older age, a lower level of education, more traumatic experiences during and after the war, absence of combat experience, more migration-related stress, and a temporary residence permit. Only younger age, male gender and not living with a partner were associated with substance use disorders. The associations did not differ significantly across the countries. War-related factors explained more variance in rates of PTSD, and post-migration factors in the rates of mood, anxiety and substance use disorder. CONCLUSION: Sociodemographic characteristics, war experiences and post-migration stressors are independently associated with mental disorders in long-settled war refugees. The risk factors vary for different disorders, but are consistent across host countries for the same disorders. [Abstract]

Grit, Kor, et al.

Access to health care for undocumented migrants : a comparative policy analysis of England and the Netherlands.

Journal of Health Politics, Policy and Law 2012; 37 (1): 37-67 (February 2012)

The presence of undocumented migrants is increasing in many Western countries despite wide-ranging attempts by governments to increase border security. Measures taken to control the influx of immigrants include policies that restrict access to publicly funded health care for undocumented migrants. These restrictions to health care access are controversial, and evidence suggests they do not always have the intended effect. This study provides a comparative analysis of institutional, actor-related, and contextual factors that have influenced health care policy development on undocumented migrants in England and the Netherlands. For undocumented migrants, England restricts its access to care at the point of service, while the Netherlands restricts through the payment system for services. The study includes an analysis of policy papers and semi-structured, in-depth interviews with various actors in both countries. Findings confirm the influence of such contextual factors as immigration considerations and cost concerns on health care policy making in this area. However, these factors cannot explain the differences between the two countries. Previously enacted policies, especially the organization of the health care system, affected the kind of restrictions for undocumented migrants. Concerns about the side effects of generous treatment of undocumented migrants on other groups played a substantial role in formulating restrictive policies in both countries. Evidently, policy development and implementation is critically affected by institutional rules, which govern the degree of influence that doctors and professional medical associations have on the policy process. [Abstract]

Fazel, Mina, et al.

Mental health of displaced and refugee children resettled in high-income countries : risk and protective factors.

Lancet 2012; 379 (9812): 266-282 (21 January 2012)

We undertook a systematic search and review of individual, family, community, and societal risk and protective factors for mental health in children and adolescents who are forcibly displaced to high-income countries. Exposure to violence has been shown to be a key risk factor, whereas stable settlement and social support in the host country have a positive effect on the child's psychological functioning. Further research is needed to identify the relevant processes, contexts, and interplay between the many predictor variables hitherto identified as affecting mental health vulnerability and resilience. Research designs are needed that enable longitudinal investigation of individual, community, and societal contexts, rather than designs restricted to investigation of the associations between adverse exposures and psychological symptoms. We emphasise the need to develop comprehensive policies to ensure a rapid resolution of asylum claims and the effective integration of internally displaced and refugee children. [Summary]

Taloyan, Marina, et al.

Kurdish men's experiences of migration-related mental health issues.

Primary Health Care Research and Development 2011; 12 (4): 335-347 (October 2011)

BACKGROUND: The migration process may impose stress on the mental health of immigrants. AIM: To describe the experiences of immigrant men of Kurdish ethnicity during and after migration to Sweden with regard to mental health issues. METHOD: Using the grounded theory method, we conducted a focus group interview with four Kurdish men and in-depth individual interviews with 10 other Kurdish men. FINDINGS: A model with two major themes and interlinked categories was developed. The themes were (1) protective factors for good mental health (sense of belonging, creation and re-creation of Kurdish identity, sense of freedom, satisfaction with oneself) and (2) risk factors for poor mental health (worry about current political situation in the home country, yearning, lack of sense of freedom, dissatisfaction with Swedish society). IMPLICATIONS: The study provides insights into the psychological and emotional experiences of immigrant men of Kurdish ethnicity during and after migration to Sweden. It is important for primary health care providers to be aware of the impact that similar migration-related and life experiences have on the health status of immigrants, and also to be aware that groups are comprised of unique individuals with differing experiences and reactions to these experiences. The findings highlight the common themes of the men's experiences and suggest ways to ameliorate mental health issues, including feeling like one is seen as an individual, is a full participant in society, and can contribute to one's own culture. [Abstract]

Devill, Walter, et al.

Health care for immigrants in Europe : is there still consensus among country experts about principles of good practice? : a Delphi study.

BMC Public Health 2011; 11 (699): (13 September 2011)

BACKGROUND: European Member States are facing a challenge to provide accessible and effective health care services for immigrants. It remains unclear how best to achieve this and what characterises good practice in increasingly multicultural societies across Europe. This study assessed the views and values of professionals working in different health care contexts and in different European countries as to what constitutes good practice in health care for immigrants. METHODS: A total of 134 experts in 16 EU Member States participated in a three-round Delphi process. The experts represented four different fields: academia, Non-Governmental Organisations, policy-making and health care practice. For each country, the process aimed to produce a national consensus list of the most important factors characterising good practice in health care for migrants. RESULTS: The scoring procedures resulted in 10 to 16 factors being identified as the most important for each participating country. All 186 factors were aggregated into 9 themes: (1) easy and equal access to health care, (2) empowerment of migrants, (3) culturally sensitive health care services, (4) quality of care, (5) patient/health care provider communication, (6) respect towards migrants, (7) networking in and outside health services, (8) targeted outreach activities, and (9) availability of data about specificities in migrant health care and prevention. Although local political debate, level of immigration and the nature of local health care systems influenced the selection and rating of factors within each country, there was a broad European consensus on most factors. Yet, discordance remained both within countries, e.g. on the need for prioritising cultural differences, and between countries, e.g. on the need for more consistent governance of health care services for immigrants. CONCLUSIONS: Experts across Europe asserted the right to culturally sensitive health care for all immigrants. There is a broad consensus among experts about the major principles of good practice that need to be implemented across Europe. However, there also is some disagreement both within and between countries on specific issues that require further research and debate. [Abstract]

http://www.biomedcentral.com/1471-2458/11/699

Reynolds, Sile
Migrant mental health : out of sight out of mind.
Open Mind 2011; (168): 14-15 (September 2011)
One of the greatest challenges for commissioners is identifying and quantifying the needs of the invisible and often vulnerable migrant population. {Introduction]

Sandhu, Sima
Good practice in health care for migrants : views and experiences of care professionals in 16 European countries.
BMC Public Health 2011; 11 (187): (25 March 2011)
BACKGROUND: Health services across Europe provide health care for migrant patients every day. However, little systematic research has explored the views and experiences of health care professionals in different European countries. The aim of this study was to assess the difficulties professionals experience in their service when providing such care and what they consider constitutes good practice to overcome these problems or limit their negative impact on the quality of care. METHODS: Structured interviews with open questions and case vignettes were conducted with health care professionals working in areas with high proportion of migrant populations in 16 countries. In each country, professionals in nine primary care practices, three accident and emergency hospital departments, and three community mental health services (total sample = 240) were interviewed about their views and experiences in providing care for migrant patients, i.e. from first generation immigrant populations. Answers were analysed using thematic content analysis. RESULTS: Eight types of problems and seven components of good practice were identified representing all statements in the interviews. The eight problems were: language barriers, difficulties in arranging care for migrants without health care coverage, social deprivation and traumatic experiences, lack of familiarity with the health care system, cultural differences, different understandings of illness and treatment, negative attitudes among staff and patients, and lack of access to medical history. The components of good practice to overcome these problems or limit their impact were: organisational flexibility with sufficient time and resources, good interpreting services, working with families and social services, cultural awareness of staff, educational programmes and information material for migrants, positive and stable relationships with staff, and clear guidelines on the care entitlements of different migrant groups. Problems and good care components were similar across the three types of services. CONCLUSIONS: Health care professionals in different services experience similar difficulties when providing care to migrants. They also have relatively consistent views on what constitutes good practice. The degree to which these components already are part of routine practice varies. Implementing good practice requires sufficient resources and organisational flexibility, positive attitudes, training for staff and the provision of information. [Abstract]
http://www.biomedcentral.com/1471-2458/11/187

McCartney, Margaret
Out of sight?
BMJ 2010; 341 (7768): 326-327 (14 August 2010)
Slow improvements in health care in immigration removal centres must speed up, argues Margaret McCartney. [Introduction]

Urquia, Marcelo L. and Gagnon, Anita J.
Glossary : migration and health
Journal of Epidemiology and Community Health 2011; 65 (5): 467-72 (May 2011)
The literature on migration and health is quite heterogeneous in how migrants are labelled and how the relation between migration and health is conceptualised. A narrative review has been carried out. This glossary presents the most commonly used terms in the field of migration and health, along with synonyms and related concepts, and discusses the suitability of their use in epidemiological studies. The terminology used in migrant health is ambiguous in many cases. Studies on migrant health should avoid layman terms and strive to use internationally defined concepts. [Abstract]

Truswell, David

Black, minority ethnic and refugee (BMER) communities and the National Dementia Strategy : the London experience

Diversity in Health and Care 2011; 8 (2); 113-119

The National Dementia Strategy (NDS) is a five year plan that sets out initiatives designed to improve awareness and knowledge of the issue, ensure early diagnosis and improve GP training, services in General hospitals and Care homes as well as services aimed at Carers. While recent government policy in health and social care has highlighted the need for local partnerships across sectors to deliver improved healthcare and reduce health inequalities, there has been limited research on dementia in minority ethnic groups. Despite the cosmopolitan mix of the capital's population, black, minority ethnic and refugee (BMER) communities have historically been marginalised from strategic health initiatives. This article highlights the work undertaken by the London Region Dementia Implementation Task Group to support commissioner engagement with BMER communities in planning dementia services, and to help these communities to have more influence on the implementation of the NDS in London. The article ends by describing the potential health access and economic risks of failing to improve the involvement of BMER communities when planning dementia care. [Abstract]

Philipp, Robin

Public health support for refugees and asylum seekers.

Perspectives in Public Health 2010; 130 (2): 67-69 (March 2010)

This brief paper explores what public health support is needed for populations such as refugees, asylum seekers and failed asylum seekers. [KJ]

Redman, E. A., et al.

Self-reported health problems of asylum seekers and their understanding of the National Health Service : a pilot study.

Public Health 2011 125 (3: 142-144 (March 2011)

Cardiff is an “initial accommodation” (IA) centre for asylum seekers. This study describes the self-reported health problems of asylum seekers living in IA, evaluates their satisfaction with initial health assessments, and assesses their knowledge of the NHS. [KJ]

Bolderson, Helen

The ethics of welfare provision for migrants : a case for equal treatment and the repositioning of welfare.

Journal of Social Policy 2011; 40 (2): 219-235

The paper examines the structure of selection that determines migrants’ welfare rights. Using illustrations from the UK, it confirms that migrants’ welfare rights are stratified by, and dependent on, immigration status. It describes the outcome of this structure and shows why welfare policies need to reclaim independence from immigration policies to which they have become tied. Using terms from Walzer (1983), an argument is made for ‘autonomy’ in these different ‘spheres’. An alternative approach is suggested in which access to welfare provisions for migrants is made regardless of immigration status and is based instead on equal treatment and non-discrimination between migrants and nationals of the receiving country. Nationals are seen to be migrants’ comparators, and unequal treatment between them constitutes discrimination. Alternative approaches to migrants’ welfare include reliance on universal international human rights law, and approaches that take into account more radical, substantive equality values than equal treatment. We argue, however, that amongst the advantages of an equal treatment policy are the rights retained by national governments to exercise sovereignty in determining the shape of their welfare provisions whilst also engaging international law on human rights. [Abstract]

Doherty, Sharon M., et al.

How does it feel for you? : the emotional impact and specific challenges of mental health interpreting.

Mental Health Review Journal 2010; 15 (3): 31-44 (September 2010)

Approximately 42 million people worldwide are displaced due to persecution, war or natural disaster (UNHCR, 2008). Many seek refuge in countries far from their own. Where host countries supply refugee mental health services, these services rely heavily on the work of interpreters. Despite interpreters being exposed to significant client distress, little attention has been paid to the impact of mental health interpreting on the well-being of interpreters themselves. This study set out to build on limited previous work in this area. A total of 157 interpreters contracted by Glasgow Translating and Interpreting Service, UK, were surveyed in April 2007. Responses were analysed using grounded theory analyses. Of the 18 interpreters who responded, 56 per cent reported having been emotionally affected by mental health interpreting, 67 per cent reported that they sometimes found it hard to put clients out of their minds and 33 per cent reported that interpreting for clients with mental health difficulties had had an impact on their personal life. Respondents experienced a range of emotions in relation to their work, including anger, sadness, hopelessness and powerlessness, and 28 per cent reported sometimes having difficulty moving onto their next job due to distress associated with a previous client. These findings are discussed in relation to good practice guidelines. [Abstract]

Stewart, Miriam J., et al.

Social support and health : immigrants' and refugees' perspectives.

Diversity in Health and Care 2010; 7 (2): 91-103

Migration and integration are linked to depleted support networks. Although social support is a key determinant of health, newcomers' appraisal of social support and its impact on health have not been adequately studied. This investigation focused on immigrants' and refugees' views of social support, its perceived influence on health and the use of health-related services. Individual in-depth interviews were conducted with 60 Chinese immigrants and 60 Somali refugees in Canada. The study revealed many stressful situations, including health problems that signified a need for support. Just as inadequate and inappropriate support has a negative impact on health, poor health can diminish available support. Social support facilitated employment and ability to meet basic needs, reduced stress, and improved physical and mental health. Support from others reduced loneliness and despair and enhanced the mental health of newcomers. Newcomers believed that inadequate support exerted a negative influence on their health and use of health-related services, and that poor health had a detrimental effect on the ability to seek or offer support. [Abstract]

Newman, Andrea

Improving reach : promoting engagement by building bridges between refugee women and the voluntary sector.

Diversity in Health and Care 2010; 7 (2): 139-47

This paper presents the outcomes of the evaluation of a project undertaken within a leading specialist provider of services to refugees and asylum seekers in the North West of England. The project's aim was to deliver the first stages of facilitating engagement between refugee women and the mainstream voluntary sector. Central to the project was the employment of two refugee women to carry out much of the project work by acting as bridge builders connecting refugee communities and voluntary organisations with each other. This was done by providing a number of bridge-building activities to facilitate engagement opportunities. The findings confirmed that refugee women are a reservoir of untapped and unrecognised skills and qualifications, but they are under-represented in the mainstream voluntary sector because of multiple barriers and challenges. Bridge builders have a role in facilitating engagement, but raised concerns about the sustainability of such initiatives. The paper ends by suggesting some approaches to engagement for those working with refugees. [Abstract]

McDaid, David, Editor

Migration and health in the European Union. [Special issue]

Eurohealth 2010; 16 (1)

The articles making up this special issue are: 'Migrant health policy: The Portuguese and Spanish EU Presidencies', María-José Peiro and Roumyana Benedict, pages 1-4; 'What can be done in EU Member States to better protect the health of migrants?', Paola Pace, pages 5-10; 'Migration: a social determinant of migrants' health', Anita A. Davies, et al., page; 10-12; 'Access to health care for undocumented migrants in the EU: a first landscape of NowHereland', Ursula Karl-Trummer, et al, pages 13-16; 'Better health for all in Europe: Developing a migrant sensitive health workforce', María-Teresa Gijón-Sánchez, et al., pages 17-19; 'Health and well-being among child immigrants in Europe', Michal Molcho, et al., pages 20-23; 'New citizens, new challenges for the Spanish National Health System', Cristina Hernández Quevedo and Dolores Jiménez Rubio, pages 24-26; and 'Mapping EC-funded initiatives on health and migration in Europe', Mariya Samuilova, et al., pages 26-28. [KJ]

http://www.euro.who.int/__data/assets/pdf_file/0013/122710/Eurohealth_Vol-16-No-1.pdf

The Centre for Excellence and Outcomes

Differentiated services for disabled children.

Community Care 2009; (1796): 24-25 (19 November 2009)

The Centre for Excellence Outcomes (C4EO) presents the latest guidance on the importance of differentiated services for disabled children. [Introduction]

http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=113143

Taylor, Keith

Asylum seekers, refugees, and the politics of access to health care : a UK perspective.

British Journal of General Practice 2009; 59 (567): 765-772 (October 2009)

The UK government has recently consulted on proposals to prohibit access to health care for some asylum seekers. This discussion paper considers the wider ethical, moral, and political issues that may arise from this policy. In particular, it explores the relationship between immigration and health and examines the impact of forced migration on health inequalities. It will be argued that it is both unethical and iniquitous to use health policy as a means of enforcing immigration policy. Instead, the founding principle of the NHS of equal access on the basis of need should be borne in mind when considering how to meet the needs of this population. 1 fig. 1 table 66 refs. [Abstract]

Toar, Magzoub and Fahey, Tom

Comparison of self-reported health & healthcare utilisation between asylum seekers and refugees : an observational study.

BMC Public Health 2009; 9 (214): (30 June 2009)

BACKGROUND: Adult refugees and asylum seekers living in Western countries experience a high prevalence of mental health problems, especially post traumatic stress disorder (PTSD), depression and anxiety. This study compares and contrasts the prevalence of health problems, and potential risk factors as well as the utilisation of health services by asylum seekers and refugees in the Irish context. METHODS: Cross sectional study using validated self reported health status questionnaires of adult asylum seekers (n = 60) and refugees (n = 28) from 30 countries, living in Ireland. Outcome measures included: general health status (SF-36), presence of PTSD symptoms and anxiety/ depression symptoms. Data on chronic conditions and pre or post migration stressors are also reported. The two groups are compared for utilisation of the health care system and the use of over the counter medications. RESULTS: Asylum seekers were significantly more likely than refugees to report symptoms of PTSD (OR 6.3, 95 per cent CI: 2.2-17.9) and depression/anxiety (OR 5.8, 95 per cent CI: 2.2-15.4), while no significant difference was found in self-reported general health. When adjusted by multivariable regression, the presence of more than one chronic disease (OR 4.0, 95 per cent CI: 1.3-12.7; OR 3.4, 95 per cent CI: 1.2- 10.1), high levels of pre migration stressors (OR 3.6, 95 per cent CI: 1.1-11.9; OR 3.3, 95 per cent CI: 1.0-10.4) or post migration stressors (OR 17.3, 95 per cent CI: 4.9-60.8; OR 3.9, 95 per cent CI: 1.2-12.3) were independent predictors of self reported PTSD or depression/anxiety symptoms respectively, however, residence status was no longer significantly associated with PTSD or depression/anxiety. Residence status may act as a marker for other explanatory variables; our results show it has a strong relationship with post migration stressors ($x2 = 19.74$, $df = 1$, $P < 0.001$). In terms of health care utilisation, asylum seekers use GP services more often than refugees, while no significant difference was found between these groups for use of dentists, medication, hospitalisation or mental health services. CONCLUSION: Asylum seekers have a higher level of self reported PTSD and depression/anxiety symptoms compared to refugees. However, residence status appears to act as a marker for post migration stressors. Compared to refugees, asylum seekers utilise GP services more often, but not mental health services. 4 tables 38 refs [Abstract]

http://www.biomedcentral.com/content/pdf/1471-2458-9-214.pdf

Tickle, Louise
Lone battles.
Community Care 2009; (1774): 20-21 (11 June 2009)
The Children's Society has created a toolkit to help services meet the needs of young refugee carers, reports Louise Tickle. [Introduction]
http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=111747

Davis, Rowenna
Excluded from help.
Community Care 2009; (1773): 22-23 (4 June 2009)
Asylum seekers often complain that social services are not receptive to their cause. Rowenna Davis reports on obstacles faced by social workers and on organisations that help. [Introduction]
http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=111690

Siva, Nayanah
Raw deal for refused asylum seekers in the UK.
Lancet 2009; 373 (9681): 2099-2100 (20 June 2009)
A recent UK ruling that restricts the number of failed asylum seekers who can receive free secondary care has caused concern among campaigners and clinicians. Nayanah Siva reports. [Introduction]

Robjant, Katy and Hassan, Rita
Mental health implications of detaining asylum seekers : systematic review.
British Journal of Psychiatry 2009; 194 (4): 306-312 (April 2009)
BACKGROUND: The number of asylum seekers, refugees and internally displaced people worldwide is rising. Western countries are using increasingly restrictive policies, including the detention of asylum seekers, and there is concern that this is harmful. AIMS: To investigate mental health outcomes among adult, child and adolescent immigration detainees. METHOD: A systematic review was conducted of studies investigating the impact of immigration detention on the mental health of children, adolescents and adults, identified by a systematic search of databases and a supplementary manual search of references. RESULTS: Ten studies were identified. All reported high levels of mental health problems in detainees. Anxiety, depression and post-traumatic stress disorder were commonly reported, as were self-harm and suicidal ideation. Time in detention was positively associated with severity of distress. There is evidence for an initial improvement in mental health occurring subsequent to release, although longitudinal results have shown that the negative impact of detention persists. CONCLUSIONS: This area of research is in its infancy and studies are limited by methodological constraints. Findings consistently report high levels of mental health problems among detainees. There is some evidence to suggest an independent adverse effect of detention on mental health. 30 refs. [Abstract]

O'Donnell, Catherine A., et al.
Asylum seekers' expectations of and trust in general practice : a qualitative study.
British Journal of General Practice 2008; 58 (557): 870-876 (December 2008)
BACKGROUND: The UK has substantial minority populations of short-term and long-term migrants from countries with various types of healthcare systems. AIM: This study explored how migrants' previous knowledge and experience of health care influences their current expectations of health care in a system relying on clinical generalists performing a gatekeeping role. DESIGN OF STUDY: Two qualitative methods. SETTING: Glasgow, UK. METHOD: Focus groups or semi-structured interviews were conducted with 52 asylum seekers. Analyses identified several areas where previous experience affected current expectations. An overview of health systems in each country of origin was established by combining responders' accounts with World Health Organization statistics. RESULTS: Asylum seekers had previous experience of a diverse range of healthcare systems, most of which were characterised by a lack of GPs and direct access to hospital-based specialists. For some responders, war or internal conflict resulted in a complete breakdown of healthcare systems. Responders' accounts also highlighted the difficulties that marginalised groups had in accessing health care. Although asylum seekers were generally pleased with the care they received from the NHS, there were areas where they experienced difficulties: confidence in their GP and access to hospital-based specialists and medication. These difficulties encountered might be explained by previous experience. CONCLUSION: GPs and other healthcare professionals need to be aware that experience of different systems of care can have an impact on individuals' expectations in a GP-led system. If these are not acknowledged and addressed, a lack of confidence and trust in the GP may undermine the effectiveness of the clinical consultation. 19 refs. [Abstract]

Clark, R. C. and Mytton, J.

Estimating infectious disease in UK asylum seekers and refugees : a systematic review of prevalence studies.

Journal of Public Health 2007; 29 (4): 420-428 (December 2007)

BACKGROUND: The prevalence of infectious diseases such as tuberculosis [TB], HIV and hepatitis B in the UK asylum seeker and refugee population is currently uncertain. METHODS Systematic review of published and unpublished studies. RESULTS: Five studies met the inclusion criteria. Three studies reported the prevalence of TB with rates ranging from 1.33 to 10.42 per 1,000. The three studies reporting hepatitis B estimated rates from 57 to 118 per 1,000. One study reported a prevalence rate for HIV of 38.19 per 1,000. CONCLUSION: A small number of studies have been identified reporting prevalence rates for TB, hepatitis B and HIV that vary widely where comparisons are available. These differences may reflect true variation in risk between study populations, but are likely to be affected by sampling difficulties encountered when researching these population groups. Efforts are required to improve these difficulties which are currently limiting the validity of prevalence findings and generalizability to comparable asylum seeker and refugee populations. 3 tables 29 refs. [Abstract]

Maffia, Cath

Health in the age of migration : migration and health in the EU.

Community Practitioner 2008; 81 (8): 32-35 (August 2008)

Migration is a growing phenomenon throughout the world, including in the UK and elsewhere in the European Union. This massive movement of peoples has implications for the health of individuals and groups, and therefore for healthcare professionals. Migrants are not a homogeneous group, and their health is affected more by the conditions under which they travel and the social conditions in which they live in the receiving country. The wider determinants of their health are often different from those of the settled community and require a different approach from healthcare professionals. An understanding of the background of migrants is essential in order to seek out and attempt to effectively address health needs. 23 refs. [Abstract]

Joels, Claire

Impact of national policy on the health of people seeking asylum.

Nursing Standard 2008; 22 (31): 35-40 (9 April 2008)

Recent Department of Health policy has modified the stage in the application process that people seeking asylum are end to free NHS health care. This has caused confusion, not only among asylum seekers and settled refugees, but also among healthcare professionals. In turn, this has led to increased difficulty for people seeking asylum in accessing healthcare services. This article identifies when in the process asylum seekers are end to free NHS care. It considers how current legislation and the government stance on immigration are having a negative effect on the health of people seeking asylum while they are in the UK, and to what extent nurses and other health professionals can help. 1 fig. 1 table 46 refs. [Summary]

Gould, Mark

Médecins sans frontières?

Health Service Journal 2008; 118 (6098): 22-24 (20 March 2008)

Irregular migrants' access to primary care is at GPs' discretion, but observers predict a ban on all but emergency care. An analysis found patients only want basic GP services, which in turn reduce hospital admissions. The Department of Health and Home Office have completed a review of foreign nationals' access to NHS care, expected shortly. [Summary]

The social care needs of refugee and asylum-seeking children

Community Care 2007; (1693): 24,26 (4 October 2007)

This article examines the quality of the provision of social care for refugee and asylum seeking children. It concludes that generally there is a lack of policies, training and planning for working with unaccompanied children in most local authorities. [BRD]

http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=105988

Harling, R., et al.

Tuberculosis screening of asylum seekers : 1 years' experience at the Dover induction centres.

Public Health 2007; 121 (11): 822-827 (November 2007)

SUMMARY OBJECTIVES: To describe the uptake and outcomes of a service for tuberculosis screening of asylum seekers. STUDY DESIGN: Descriptive study. METHODS: A tuberculosis screening service was established at the Dover induction centres for all asylum seekers entering the UK through ports in Kent. This study describes the uptake and completion of tuberculosis screening, the results of tuberculin skin testing and follow-up, and the cost of the service during its first year. RESULTS: In one year, 8,258 asylum seekers were screened: 94 per cent of 8,799 who were eligible. A total of 2.2 per cent of those with completed screens were positive (on the basis of symptoms requiring further investigation or positive Heaf reaction). Eleven cases of active respiratory disease were diagnosed on the basis of symptoms, Heaf reaction plus chest X-ray, or both; three were confirmed microbiologically. One-quarter of Heaf tests were not read because of the rapid dispersal of asylum seekers. The follow-up of those requiring further investigations at their destinations was largely unknown. The service cost was *350,000. CONCLUSIONS: Induction centre tuberculosis screening services for asylum seekers can achieve a high uptake, but their cost-effectiveness is questionable, particularly where the yield of active disease is low. Tuberculin skin testing is not an ideal screening procedure in this setting because it may be uncompleted and the benefit of detecting latent infections is uncertain. 2 tables 33 refs. [Abstract]

Correa-Velez, Ignacio and Gifford, Sandra M.

When the right to be counted doesn't count : the politics and challenges of researching the health of asylum seekers.

Critical Public Health 2007; 17 (3): 259-267 (September 2007)

A fundamental prerequisite of population health research is the ability to establish an accurate denominator. This in turn requires that every individual in the study population is counted. However, this seemingly simple principle has become a point of conflict between researchers whose aim is to produce evidence of disparities in population health outcomes and governments whose policies promote (intentionally or not) inequalities that are the underlying causes of health disparities. Research into the health of asylum seekers is a case in point. There is a growing body of evidence documenting the adverse affects of recent changes in asylum-seeking legislation, including mandatory detention. However, much of this evidence has been dismissed by some governments as being unsound, biased and unscientific because, it is argued, evidence is derived from small samples or from case studies. Yet, it is the policies of governments that are the key barrier to the conduct of rigorous population health research on asylum seekers. In this paper, the authors discuss the challenges of counting asylum seekers and the limitations of data reported in some industrialised countries. They argue that the lack of accurate statistical data on asylum seekers has been an effective neo-conservative strategy for erasing the health inequalities in this vulnerable population, indeed a strategy that renders invisible this population. They describe some alternative strategies that may be used by researchers to obtain denominator data on hard-to-reach populations such as asylum seekers. 53 refs. [Abstract]

Social Care Institute for Excellence

Barriers to support.

Community Care 2007; (1687): 36-37 (23 August 2007)

The barriers faced by asylum seekers and refugees in terms of access to social care support can be significant. Their voices are not heard and their needs misunderstood and overlooked. [Introduction]
http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=105559

Bhatia, Ravi and Wallace, Paul

Experiences of refugees and asylum seekers in general practice : a qualitative study.

BMC Family Practice 2007; 8 (48): (21 August 2007)

BACKGROUND: There has been much debate regarding the refugee health situation in the UK. However most of the existing literature fails to take account of the opinions of refugees themselves. This study was established to determine the views of asylum seekers and refugees on their overall experiences in primary care and to suggest improvements to their care. METHODS: Qualitative study of adult asylum seekers and refugees who had entered the UK in the last ten years. The study was set in Barnet Refugee Walk in Service, London. Eleven semi structured interviews were conducted and analysed using framework analysis. RESULTS: Access to GPs may be more difficult for failed asylum seekers and those without support from refugee agencies or family. There may be concerns amongst some in the refugee community regarding the access to and confidentiality of professional interpreters. Most participants stated their preference for GPs who offered advice rather than prescriptions. The stigma associated with refugee status in the UK may have led to some refugees altering their help seeking behaviour. CONCLUSIONS: The problem of poor access for those with inadequate support may be improved by better education and support for GPs in how to provide for refugees. Primary care trusts could also supply information to newly arrived refugees on how to access services. GPs should be aware that, in some situations, professional interpreters may not always be desired and that instead, it may be advisable to reach a consensus as to who should be used as an interpreter. A better doctor-patient experience resulting from improvements in access and communication may help to reduce the stigma associated with refugee status and lead to more appropriate help seeking behaviour. Given the small nature of our investigation, larger studies need to be conducted to confirm and to quantify these results. 4 tables 39 refs. [Abstract]

http://www.biomedcentral.com/content/pdf/1471-2296-8-48.pdf

Palmer, David

Caught between inequality and stigma : the impact of psychosocial factors and stigma on the mental health of Somali forced migrants in the London Borough of Camden.

Diversity in Health and Social Care 2007; 4 (3): 177-191

This study was established to assess the impact that psychosocial factors have on the mental health of Somali refugees and how Somali people's perception of mental illness impacts on both community engagement and on accessing and utilising services. Information on service utilisation was drawn from secondary sources and data about users of a refugee centre in London. In addition, semi-structured interviews were conducted with a sample of Somali forced migrants accessing the refugee service. The results indicate that the mental health of Somali refugees in Camden is shaped by social factors which characterise exile, and that access to health services is compounded by a preoccupation with post-migration stressors including immigration status, housing, social and socio-economic factors. In addition, Somali forced migrants make considerably less use of community groups due to stigma, which hinders the building of social capital for their members. This research adds to the knowledge base about good practice and service delivery. 2 figs. 72 refs. [Abstract]

Palmer, David

Face to face.

Mental Health Today 2007; 16-17 (April 2007)

Research into the mental health needs of migrant communities shows that most statutory mental health services have a poor understanding of their needs. Many forced migrants have complex mental health issues as a result of their migration experiences. Stigma around mental health may prevent them accessing support from their communities and any help available from statutory and voluntary sector mental health services. In addition, they will face a wide array of practical and social difficulties, starting with the bureaucracy of the migration process, and encompassing housing, language, employment, and social isolation. Understanding the complex issues faced by forced migrants is crucial to planning and offering appropriate and culturally specific services. 1 ref. [Introduction]

O'Donnell, Catherine A., et al.

'They think we're OK and we know we're not' : a qualitative study of asylum seekers' access, knowledge and views to health care in the UK.

BMC Health Services Research 2007; 7 (75): (30 May 2007)

BACKGROUND: The provision of healthcare for asylum seekers is a global issue. Providing appropriate and culturally sensitive services requires us to understand the barriers facing asylum seekers and the facilitators that help them access health care. Here, we report on two linked studies exploring these issues, along with the health care needs and beliefs of asylum seekers living in the UK. METHODS: Two qualitative methods were employed: focus groups facilitated by members of the asylum seeking community and interviews, either one-to-one or in a group, conducted through an interpreter. Analysis was facilitated using the framework method. RESULTS: Most asylum seekers were registered with a GP, facilitated for some by an asylum support nurse. Many experienced difficulty getting timely appointments with their doctor, especially for self-limiting symptoms that they felt could become more serious, especially in children. Most were positive about the health care they received, although some commented on the lack of continuity. However, there was surprise and disappointment at the length of waiting times both for hospital appointments and when attending accident and emergency departments. Most had attended a dentist, but usually only when there was a clinical need. The provision of interpreters in primary care was generally good, although there was a tension between interpreters translating verbatim and acting as patient advocates. Access to interpreters in other settings, e.g. in-patient hospital stays, was problematic. Barriers included the cost of over-the-counter medication, e.g. children's paracetamol; knowledge of out-of-hours medical care; and access to specialists in secondary care. Most respondents came from countries with no system of primary medical care, which impacted on their expectations of the UK system. CONCLUSION: Most asylum seekers were positive about their experiences of health care. However, we have identified issues regarding their understanding of how the UK system works, in particular the role of general practitioners and referral to hospital specialists. The provision of an asylum support nurse was clearly a facilitator to accessing primary medical care. Initiatives to increase their awareness and understanding of the UK system would be beneficial. Interpreting services also need to be developed, in particular their role in secondary care and the development of the role of interpreter as patient advocate. 3 tables 29 refs. [Abstract]

http://www.biomedcentral.com/content/pdf/1472-6963-7-75.pdf

Warfa, Nasir, et al.

Post-migration geographical mobility, mental health and health service utilisation among Somali refugees in the UK : a qualitative study.

Health and Place 2006; 12 (4): 503-515 (December 2006)

Migration is known to be associated with poor health outcomes for certain marginalised and socially disadvantaged populations. This paper reviews a number of reasons why residential mobility in the 'host' country may be associated with poor mental health for refugee populations and reports on a qualitative study of Somalis living in London, UK, and their beliefs about the relationship between residential mobility, poor health and health service use. Two discussion groups were undertaken with 13 Somali professionals and four groups with 21 lay Somalis in East and South London, UK. Lay Somalis did not wish to move accommodation but felt they were forced to move. Some Somali professionals believed that the nomadic history of Somalis made them more likely to elect to move in order to escape problems of living, but this was not supported by the lay group. Frequent geographical movements were seen as stressful and undesirable, disrupted family life and child development and were detrimental to well being. Residential mobility was also perceived to interfere with health care receipt and therefore should be more comprehensively assessed in larger quantitative studies. 1 fig. 1 table 34 refs. [Abstract]

Taylor, Amy

Your money or your life.

Community Care 2006; (1633): 30-31 (27 July 2006)

Failed asylum seekers have no right to hospital services except in A&E departments. Unable to pay for treatment, they are left ill and in pain in the hope they will leave the country, says Amy Taylor. 1 ref. [Introduction]

http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=55095

Feldman, R.

Primary health care for refugees and asylum seekers : a review of the literature and a framework for services.

Public Health 2006; 120 (9): 809-816 (September 2006)

OBJECTIVES: This paper aims to provide a framework for primary health care services to meet the recognized health needs of refugees and asylum seekers that can be used in planning and evaluating services for this group. REVIEW: Primary care services for refugees and asylum seekers are reviewed and presented in terms of a tripartite framework of gateway, core and ancillary services. Gateway services facilitate entry into primary care by identifying unregistered patients and carrying out health assessments. They are typically undertaken by nurse-led outreach services and specialist health visitors. Core services provide full registration and may be provided by dedicated practices or by mainstream practices, with or without additional support. Ancillary services are those that supplement and support core services' ability to meet the additional health needs of this group. They include language and information services, close links with community-based organizations, specialist mental health services and services for survivors of torture and organized violence, as well as targeted health promotion and training of health workers. CONCLUSIONS: The framework can be used for education and training, planning and commissioning, and to provide criteria for comparison and evaluation. The paper suggests that a lack of published evaluations and reports about interventions for refugees and asylum seekers constrains further policy development that could build on the strengths of such interventions. It also stresses the importance of ancillary services to successful mainstream provision. 1 table 62 refs. [Summary]

Misra, Tania, et al.

Addressing mental health needs of asylum seekers and refugees in a London Borough : epidemiological and user perspectives.

Primary Health Care Research and Development 2006; 7 (3): 241-248 (July 2006)

The objectives of this study were to undertake a needs assessment of mental health services for asylum seekers and refugees in the London Borough of Haringey, to estimate accurate numbers of asylum seekers and refugees who need mental health services, and to understand their perspective on mental health needs and services. The mental health needs of asylum seekers and refugees in Haringey were determined through a needs assessment exercise, using epidemiological and corporate approaches. The representatives of the main asylum seeker communities in Haringey were interviewed to find out what the mental health needs of this group and their community are, and how best to provide services to them. Estimates of number of asylum seekers and refugees in Haringey ranged from 5000 to 35,000, with a current best-guess figure of 31,000. The community representatives' views suggested that the factors affecting mental health of asylum seekers and refugees were not directly under the remit of the National Health Service (NHS). They felt that practical issues like education, employment, and social inclusion should be addressed alongside provision of effective professional help like psychotherapy or pharmacotherapy. They also felt that language and cultural barriers were significant impediments to constructive engagement with mental health services for this group. Mental health needs of asylum seekers/refugees are broad based, with implications for public health, social services, primary care, and mental health services. Approaches to developing services for asylum seekers and refugees should be multidisciplinary, and community driven, addressing language and cultural barriers. 1 fig. 2 tables 36 refs. [Abstract]

McColl, Karen, et al.

Project: London : supporting vulnerable populations.

BMJ 2006; 331 (7533): 115-117 (14 January 2006)

Some people in the UK find it difficult to access health care. People with chaotic lifestyles, such as those living on the streets, have difficulty fitting in with the way mainstream health services are organised. People who have not grown up with the NHS do not easily understand how to enter it or how to use the health system. Tougher restrictions on entitlement to NHS care introduced in April 2004 are another barrier to health care for migrants. Project: London will help people to access the services that they are end to and will speak out for vulnerable people who are unable to access the medical care they need. 13 refs. [Summary]

Misra, Tania, et al.

Addressing mental health needs of asylum seekers and refugees in a London Borough : developing a service model.

Primary Health Care Research and Development 2006; 7 (3): 249-256 (July 2006)

The aim of the study was to investigate the experiences of professionals who treat asylum seekers and refugees, as well as those responsible for the planning, management and delivery of mental health services to this group in Haringey; and to identify and address key areas of difficulty to assist development of appropriate mental health services for this group in Haringey. Individual face to face interviews were conducted with the service providers using a semi-structured interview schedule. The results were triangulated with another study done in general practices in Haringey. Fourteen service providers - health professionals, service managers and commissioners who were involved in responding to the mental health needs of asylum seekers and refugees in Haringey. Findings from a previous study were used for primary care professionals' views. The main issues faced by providers in dealing with mental health needs of asylum seekers and refugees were: increased demands placed on the time and resources of already stretched mental health services, language and cultural barriers, the difficulties in working through interpreters in delivering therapy, and the need for longer consultation time. Asylum seekers and refugees were felt to seek health professionals' help with matters that were outside the professionals' remit. Some providers were unsure of the appropriateness of the western model of treating mental illness for this group. Development of better information on these particular groups locally, and the use of appropriately trained health professionals from the asylum seeker and refugee community to both inform and provide mental health services, would be appropriate responses. A model of service provision addressing the wider influences on the mental health of this group is proposed, that would address the concerns raised by providers and users. 1 fig. 1 table 16 refs. [Abstract]

Raval, Hitesh

Mental health training for bilingual co-workers in the context of working with people seeking asylum and refuge.

Primary Care Mental Health 2006; 4 (1): 37-44

This paper covers four main areas in relation to providing mental health care for people seeking asylum and refuge. It firstly describes the variability in service provision for people needing the additional resource of language interpreting. Secondly, it highlights the significant level of psychological distress in adults and young people. It then describes a model of training that develops a partnership approach between the mental health practitioner and the bilingual co-worker. Finally, collaborative ways of working are suggested in order to enhance the effectiveness of their work. 1 table 86 refs. [Abstract]

WEB RESOURCES

Asylum seekers and refugees - Department of Health
http://www.dh.gov.uk/en/Healthcare/Asylumseekersandrefugees/index.htm

Asylum support and healthcare - NHS Choice
http://www.nhs.uk/CarersDirect/guide/asylum-support/Pages/asylum-support-health.aspx

Centre for Research in Ethnic Relations
http://www2.warwick.ac.uk/fac/soc/crer/
including the access to the Ethnicity and Migration Collections via the University of Warwick library:
http://www2.warwick.ac.uk/fac/soc/crer/resources/

European Council on Refugees and Exiles
http://www.ecre.org/

European Research Centre on Migration and Ethnic relations
http://www.ercomer.eu/

UK Border Agency - Home Office
http://www.ind.homeoffice.gov.uk/

ICAR - Information Centre about Asylum and Refugees in the UK
http://www.icar.org.uk/

Institute of Race Relations
http://www.irr.org.uk

Joint Council for the Welfare of Immigrants
http://www.jcwi.org.uk/

Refugee Council
http://www.refugeecouncil.org.uk/

Scottish Refugee Council
http://www.scottishrefugeecouncil.org.uk/

United Nations High Commissioner for Refugees
http://www.unhcr.org/

Reading lists

Reading lists are available at:
http://www.kingsfund.org.uk/resources/information_and_library_service/readinglists ;
email library@kingsfund.org.uk ; telephone 020 7307 2568

Age discrimination

Alternative providers in primary & community health services

Clinical governance

Clinician-led change

Commissioning new providers

Electronic patient records

Encouraging healthy behaviour

End of life care

Enhancing the healing environment

Ethnic elders

Ethnic health - an introduction to ethnic health issues

Ethnic health issues for primary care

Financial pressure in the NHS

Future of social care funding

Health inequalities

Improving care for long term conditions

Inpatient mental health services

Intermediate care

International health care comparisons

Leadership in the NHS

London - an introduction to London health issues

Maternity services

Mental health – black & minority ethnic communities

Mental health services for young people

NHS reforms

NHS workforce

Older people and mental health

Partnerships & integration

Payment by results

Point of care : improving patients' experience

Practice based commissioning

Public health in England

Public involvement in health services

Refugee health care

Technology in healthcare : telemedicine, telehealth and telecare

Workforce diversity in health & social care