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## Mental health in a migration crisis

### Policy brief - options and recommendations

Designing front-line services for refugees, asylum seekers and local populations at-risk in the United Kingdom

Insights from an academic - policy knowledge exchange workshop

UK Research and Innovation (UKRI)



UK Research  
and Innovation

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## Front cover images courtesy and thanks to

Luke Dray: <https://lukedray.com/>

Daniel Etter: <https://www.danieletter.com/>

Thank you to Nik Palmer in the Reprographics Centre of the University of Cambridge

## Funding

The workshop was part of the “Supporting healthier and more accountable aid design and delivery: Disseminating the findings of the political determinants of health research in the Middle East research - Research for Health in Conflict” project. We are very grateful to the University of Cambridge Global Challenges Research team for the funding and support. This is kindly given by the UK Research and Innovation fund.

## Keywords

#MentalHealth #WellBeing #Refugees #AsylumSeekers #Migration #MiddleEast #HomeOffice #GCRF #R4HC #RCUK #PublicServices #PublicPolicy #RefugeeHealth #PopulationsAtRisk #NHS #KCL #UniversityOfCambridge #UnitedNations #UNHCR #IRC #MdM #MSF

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## Host and grant lead

[Centre for Business Research, University of Cambridge.](#)

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**Frontline public services and civil society in the UK:** NHS, [Doctors of the World UK](#), [Médecins sans Frontières UK](#), [Helen Bamber Foundation](#), [Solace](#), [UCLH Respond](#), [Freedom from Torture](#), [Action West London](#), [British Medical Association](#).

**Civil society and Humanitarian agencies from MENA:** [United Nations High Commissioner for Refugees](#), [Medair](#), Doctors of the World ([Medicine du Monde](#)), [International Medical Corps](#), [International Rescue Committee, Middle East](#).

**Details of the Research for Health in Conflict (R4HC) project can be found [here](#) along with [interviews with our research leads](#).**

- 1) [What were the challenges in R4HC-MENA research?](#)
- 2) [What are the key research findings of R4HC-MENA?](#)
- 3) [Why is research important for academia and policy?](#)
- 4) [What were the key lessons from the research and project?](#)

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## Foreword

With public and political attention fixated on numbers of refugees arriving from Europe, giving proper thought and weight to their experiences as individual human beings is long overdue. There are many voices calling for this, but few have had an effect so far on policy-making by governments.

Britain has a mixed record: the genuine compassion for refugees shown in much of society is set against the chilling “hostile environment” policy put in place by the government. Subsequent hardening of the policy, in the face of its failure to achieve its deterrent purpose, has compounded its harmful effects on human lives. The harm inflicted on individuals goes on to damage the social cohesion of communities and families, for lifetimes.

The work done by the participants in this workshop springs from both a humanitarian approach to refugee needs, and clear-headed understanding that the psychological harm being inflicted by current policies is creating a greater problem for Britain as a society, with serious consequences long into the future.

This report explains how these unintended and highly undesirable consequences of policy choices can be mitigated, and if possible reversed, without creating pressure on public services that is not more than offset by long-lasting and beneficial outcomes.

The report is centred on mental health services. These will never be sufficient to meet the needs of the population if, elsewhere in the picture, government policies are not helping to enhance the existing capacity of frontline services for both local populations at risk and newly arrived refugees. Coping with trauma and mental health issues, as the great majority of refugees arriving in Britain are, requires a supportive environment of trust, hope and recognition. Not its exact opposite.

I hope all those involved in wrestling with the difficult questions of refugee and asylum policy will take time to read and think about the important conclusions reached in this report. And act in the way proposed.

**James Watt is a former British Ambassador to Lebanon, Jordan and Egypt and Chairman, International Advisory Board, Research for Health in Conflict in the Middle East and North Africa, Conflict and Research Group, King’s College London.**

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## **Policy brief, options and recommendations**

### ***Designing a more human centred policy response***

The current asylum and refugee crisis response being played out in Portland off the Dorset coast is damaging brand Global Britain. It threatens to relegate us from the Premiership of nations. In the media and political hubbub, the personal stories, mental health and wellbeing of migrants, refugees and asylum seekers is absent.

Survival migration<sup>1</sup> and population displacement are challenges that will worsen in coming years due to climate change, conflict, and economic crises. The United Nations state that one in eight of all people across the world are on the move – an estimated 1 billion people. Of this population, one in 10 (100 million people by end of May 2022) have been displaced due to armed conflict and climate change.<sup>2</sup> Practical policy ideas based on evidence, and which treat people humanely are now needed to tackle these systemic challenges.

### **The current situation: the politicisation of migration and asylum**

The arrival of refugees via the Home Office resettlement programme and smuggling routes across the English Channel has become a highly politicised issue creating anger and fear among the UK population. The latest immigration estimates suggest that in June 2022, around 16% of immigration was accounted for by asylum seekers and refugees. This included 75,000 people who sought asylum through the UK's in-country process, 12,000 relocated Afghans, and 89,000 Ukrainians.<sup>4</sup> In an international league table of the registration of new asylum seekers the UK sits at the bottom. European countries have resettled more refugees relative to their populations, as well as more asylum seekers.<sup>3</sup>

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<sup>1</sup> Betts, Alexander (2013) *Survival migration: failed governance and the crisis of displacement*. Cornell University Press. Available at: <https://library.oapen.org/bitstream/handle/20.500.12657/30779/642723.pdf?sequence=1>

<sup>2</sup> WHO-UNHCR (2023) *Concept Note for the Third Global Consultation on the Health of Refugees and Migrants 13-15 June 2023*. Rabat, Kingdom of Morocco. Available at: [https://cdn.who.int/media/docs/default-source/country-profiles/refugee-and-migrant-health/concept-note-for-3rd-global-consultation-on-the-health-of-refugees-and-migrants\\_final.pdf?sfvrsn=3b11930d\\_6](https://cdn.who.int/media/docs/default-source/country-profiles/refugee-and-migrant-health/concept-note-for-3rd-global-consultation-on-the-health-of-refugees-and-migrants_final.pdf?sfvrsn=3b11930d_6)

<sup>3</sup> Kienzler H, Mitwalli S, Cicek M (2022) 'The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature. *International journal of law and psychiatry*', 81, 101764.

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'Global Britain'<sup>4</sup> is perceived as a stable and welcoming country adhering to the rule of law; one in which people are safe and can *get on* and better their lives and that of their families. Unfortunately, the policy landscape, media and domestic environments in which they arrive are similar to the ones they left in the Middle East. They are confronted by coarse statements from governing politicians who tell them to '*F\*\*\* off back to France*'<sup>5</sup>, portrayed as ungrateful and dependent on the State, an '*unwanted influx who are taking our jobs*' and threatening '*our ways of life*', including the social cohesion of local communities.<sup>6</sup> These vulnerable groups have become 'stuck in legal limbo', politicised by the Illegal Immigration Act and the policy mantra of 'stop the boats';<sup>7</sup> political rhetoric wheeled out in hope of placating disgruntled constituents in marginal seats in England.<sup>8</sup> Indeed, a June 2023 poll by Nesta shows 'managing the numbers of both legal and illegal migration to the UK' as a key public concern in these battleground Westminster constituencies.<sup>9</sup>

### **The economic win-win case**

However, recent research shows that employing refugees and asylum seekers seems to be an *economic no-brainer*. The Migration Observatory at Oxford University found that allowing people seeking asylum the right-to-work would increase tax revenue by £1.3 billion, reduce Government expenditure by £6.7 billion, increase GDP by £1.6 billion, and improve the

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<sup>4</sup> HM Government (2021) Global Britain in a competitive age The Integrated Review of Security, Defence, Development and Foreign Policy. March. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/975077/Global\\_Britain\\_in\\_a\\_Competitive\\_Age\\_the\\_Integrated\\_Review\\_of\\_Security\\_Defence\\_Development\\_and\\_Foreign\\_Policy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/975077/Global_Britain_in_a_Competitive_Age_the_Integrated_Review_of_Security_Defence_Development_and_Foreign_Policy.pdf)

<sup>5</sup> The Independent Newspaper (2023) Lee Anderson's 'f\*\*\* off back to France' remark risks making Tories 'even nastier party'. August 9th. Available at: <https://www.independent.co.uk/news/uk/politics/lee-anderson-asylum-seekers-gb-news-b2389815.html>

<sup>6</sup> Commission on the integration of refugees (2022) *A broken system: Asylum reform initiatives 1997-2022*. Produced by the Good Faith Partnership for The Commission on the Integration of Refugees, November. Available at: [https://refugeeintegrationuk.com/wp-content/uploads/2022/12/CIR\\_Asylum\\_Reform\\_Report.pdf](https://refugeeintegrationuk.com/wp-content/uploads/2022/12/CIR_Asylum_Reform_Report.pdf)

<sup>7</sup> United Kingdom Parliament (2023) *Illegal Migration Act. Government Bill*. Available at: <https://bills.parliament.uk/bills/3429>

<sup>8</sup> Institute for Government (2022) *Stop the boats, get the votes? Inside briefing podcast*. Available at: <https://www.instituteforgovernment.org.uk/podcast/inside-briefing/stop-boats-get-votes>

<sup>9</sup> Nesta (2023) *What does the public expect the government to be able to solve by 2040?* Available at: <https://options2040.co.uk/what-public-expect-government-to-solve-by-2040/>

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mental health and wellbeing of those individuals'.<sup>10</sup> Current political arguments that asylum seekers cost six million pounds per day in terms of accommodation needs could easily be offset by allowing the right-to-work.<sup>11</sup> There are currently over a million job vacancies in the UK with industries such as hotel and catering struggling to find staff.<sup>12</sup> The NHS is facing critical staff resource shortages which displaced medics and nurses could help alleviate.<sup>13</sup> *Asylum seekers and refugees could pay for themselves: they have a good rate of return and are value for money!*

### **Security and cohesion**

In addition, emerging research shows that social discrimination suffered by refugees in host countries may negatively impact their mental health. This developing body of research suggests these mental health issues may also increase their susceptibility to extremism and radicalisation.<sup>14 15 16</sup> Existing research shows that frontline mental health professionals have a role to play in the treatment and understanding of radical engagement particularly among young people.<sup>17</sup> A National Institute of Health Research (2021) report prepared for the

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<sup>10</sup> National Institute of Economic and Social Research (2023) *The Economic and Social Impacts of Lifting Work Restrictions on People Seeking Asylum*. June. Available at: <https://www.niesr.ac.uk/publications/economic-social-lifting-restrictions-people-seeking-asylum?type=discussion-papers>

<sup>11</sup> Sarah Dines, a Home Office minister, told Sky News earlier on Monday August 7th that the barge formed part of a plan to increase the number of sites the government could use to house migrants after the bill for hotels rose to 6 million pounds (\$7.7m) a day. See also The Independent Newspaper (2022) 'Government spending £6.8m a day housing asylum seekers in hotels', Government spending £6.8m a day housing asylum seekers in hotels'. October 26th. Available at: <https://www.independent.co.uk/news/uk/diana-johnson-channel-government-french-mps-b2210968.html>

<sup>12</sup> Office of National Statistics (2023) *Vacancies and jobs in the UK: May 2023: Estimates of the number of vacancies and jobs for the UK*. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/may2023>

<sup>13</sup> House of Lords Library (2022) *Staff shortages in the NHS and social care sectors*. December 9th. Available at: <https://lordslibrary.parliament.uk/staff-shortages-in-the-nhs-and-social-care-sectors/>

<sup>14</sup> Brooks S K, Greenberg N (2021) *Mental health, complex needs and vulnerability to radicalisation*. NIHR Health Protection Research Unit in Emergency Preparedness and Response. Report for the Department of Health and Social Care. Available at: <http://epr.hpru.nihr.ac.uk/sites/default/files/DHSC%20Radicalisation%20Report%20-%20pdf.pdf>

<sup>15</sup> Viazminsky A, Borho A, Morawa E, Martin Schmitt G, Erim Y (2022) 'Perceived discrimination among Syrian refugees in Germany and its associations with mental health', *Global Public Health*, 17:11, 2854-2867,

<sup>16</sup> European Union, Home Affairs (2019) *Extremism, radicalisation and mental health handbook for practitioners*. Available at: [https://home-affairs.ec.europa.eu/system/files/2019-11/ran\\_h-sc\\_handbook-for-practitioners\\_extremism-radicalisation-mental-health\\_112019\\_en.pdf](https://home-affairs.ec.europa.eu/system/files/2019-11/ran_h-sc_handbook-for-practitioners_extremism-radicalisation-mental-health_112019_en.pdf)

<sup>17</sup> Campelo N, Oppetit A, Neau F, Cohen D, Bronsard G (2018) 'Who are the European youths willing to engage in radicalisation? A multidisciplinary review of their psychological and social profiles', *European Psychiatry*, 52, 1-14.



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Department for Health and Social Care (DHSC), on the links between mental health and radicalisation proposes that it is important to establish the evidence base for the relationship between mental health and radicalisation, in order to ensure that the support being provided by Prevent and other programmes is appropriate' (Page 4).<sup>18</sup>

### **Displacement from the Middle East: impacts on mental health**

Displaced people from the Middle East are heavily represented within the cohort of asylum seekers.<sup>19</sup> In 2021, 42% of asylum applicants were nationals of Middle Eastern countries (three of the top five countries being Iraq, Iran and Syria).<sup>20</sup> Home Office data shows that of all refugees resettled in the UK from January 2010 to December 2021, around 70% were Syrian citizens. From January 2010 to December 2021, '31,101 refugees were resettled in the UK under its six different resettlement schemes. Around three-quarters (76%) were citizens of Middle Eastern countries, and 17% were citizens of sub-Saharan African countries. Most were nationals of Syria: 68%.'<sup>21</sup>

This is unsurprising given the Eastern Mediterranean Region has experienced severe humanitarian emergencies as a direct result of conflict, economic and political instability over the past ten years. In 2020, nine countries out of 22 countries in the region were affected by protracted and ongoing conflicts, which has left a population the size of the UK - more than 62 million people - living in daily chaos and in dire need of access to basic quality health care.<sup>22</sup> The 2011 conflict in Syria alone led to the largest displacement of people since World War Two. Alongside this in-country support and funding from the Foreign and

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<sup>18</sup> Brooks S K, Greenberg N (2021) *Mental health, complex needs and vulnerability to radicalisation*. National Institute of Health Research, Health Protection Research Unit in Emergency Preparedness and Response. Report for the Department of Health and Social Care. Available at: <http://epr.hpru.nihr.ac.uk/sites/default/files/DHSC%20Radicalisation%20Report%20-%20pdf.pdf>

<sup>19</sup> House of Commons Library (2023) *Asylum statistics, Research Briefing*, Published Wednesday, March 1st. Available at: <https://commonslibrary.parliament.uk/research-briefings/sn01403/>

<sup>20</sup> Ibid.

<sup>21</sup> The Migration Observatory (2022) *Asylum and refugee resettlement in the UK*. COMPASS. University of Oxford. Page 15. Available at: <https://migrationobservatory.ox.ac.uk/wp-content/uploads/2022/08/MigObs-Briefing-Asylum-and-refugee-resettlement-in-the-UK.pdf>

<sup>22</sup> Fouad F M, Soares L, Diab J L, Abouzeid A (2022) 'The political economy of health in conflict: Lessons learned from three states in the Eastern Mediterranean Region during COVID-19', *Journal of Global Health*. Feb 12.

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Commonwealth Development Office has dwindled over recent years thereby hampering development and early recovery policies which may have helped to stabilise neighbouring frontline countries and offset migration and displacement out of these humanitarian crises.<sup>23</sup>

The majority of refugees and asylum seekers arriving in the UK are highly vulnerable and traumatised compared to the general population after having experienced conflict and armed violence in their home countries.<sup>24</sup> A small body of research exists which shows that many arrive with severe pre-existing conditions (e.g. schizophrenia, bipolar etc) about which we know hardly anything in conflict affected settings and among refugee populations.<sup>25</sup> On top of this they face considerable challenges along the migration and smuggling routes through Africa, the MENA and Europe. Upon arrival in Europe and the UK they must deal with the complicated and protracted administrative processes of asylum applications.<sup>26</sup>

### **A double standard**

Various commentators have suggested that some European countries and the UK have a 'double standard' in their approach to Afghan, Syrian and Iraqi refugees versus those recently originating from the Ukraine.<sup>27</sup> In March 2022 the UK Home Office confirmed that 25,500 visas had been issued to Ukrainians since the war began, while the UK resettled only 20 000 Syrian refugees over the last six-years.<sup>28</sup>

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<sup>23</sup> The Foreign, Commonwealth & Development Office (FCDO) (2023) *Annual report and accounts for financial year 2022 to 2023*. Available at: <https://www.gov.uk/government/publications/fcdo-annual-report-and-accounts-2022-to-2023>

<sup>24</sup> See Fazel M and others (2005) '[Prevalence of serious mental disorder in 7,000 refugees resettled in Western countries: A systematic review](#)', *The Lancet*, 365, 1309-1314; Tempany M (2009) '[What research tells us about the mental health and psychosocial wellbeing of Sudanese refugees: A literature review](#)', *Transcultural Psychiatry*, 46, 300-315; Pollard T, Howard N. (2021) '[Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers](#)', *International Journal of Mental Health Systems*. 2021;15(1):60.

<sup>25</sup> Kienzler H, Mitwalli S, Cicek M (2022) 'The experience of people with psychosocial disabilities of living independently and being included in the community in war-affected settings: A review of the literature'. *International Journal of Law and Psychiatry*, 81, 101764.

<sup>26</sup> Pollard T, Howard N (2021) '[Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers](#)', *International Journal of Mental Health Systems*. 2021;15(1):60.

<sup>27</sup> Chatham House (2022) *Ukraine exposes Europe's double standards for refugees*. Available at: <https://www.chathamhouse.org/2022/03/ukraine-exposes-europes-double-standards-refugees>

<sup>28</sup> Ibid.

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How we treat the most vulnerable, both those newly arrived and locals, is understood beyond the UK to reveal a great deal about the level of care and importance to which policy and politicians pay to those who most need our help. Perceptions of how debased policy and the media narrative have become in modern Britain are now commonplace abroad, limiting the scope for meaningful cooperation with our international partners.

**Workshop overview: Designing mental health services for refugees, asylum seekers and local populations at-risk**

The purpose of the workshop was to bring together policy and frontline staff stakeholders from across the UK and frontline humanitarian countries in the Middle East who work in or have experience of mental health (MH) provision for refugees and asylum-seekers. The aim: *to critically examine how mental health services for refugees and asylum seekers could be improved and how policy discourses in the UK may be framed to become more humanitarian and sensitive to the MH needs of refugees and asylum seekers.*

The Global Challenges Research Funded -Research for Health in Conflict (R4HC) project has generated a [vast amount of knowledge and evidence on the health](#) of refugees and health system design across a number of Middle Eastern countries such as Turkey, Jordan, Lebanon and Gaza. The workshop aimed not only to share this knowledge with UK counterparts but also to ensure the first-hand experience of refugees were present. Challenges faced and ideas for improvement were workshopped to bring together a set of key policy and research recommendations.

36 participants took part in the full-day workshop, ranging from healthcare professionals, researchers, students and policy advisors. Facilitators used a human-centred design approach with six stages: plan, discover/empathise, define, ideate, prototype and test, embed.

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Participants first mapped the MH service landscape for refugees in the UK. MH services are under increasing strain with over 1.4 million people waiting for treatment. It is well documented that Refugees and Asylum Seekers (RAS) have complex and diverse needs, due to the profound impact of migration and trauma, the stress of acculturation and social discrimination, as well as additional barriers when accessing MH services. Participants noted that current MH provision is fractured, confusing and often ill-equipped to manage this complex population.

When asked to explore challenges in more detail, workshop participants examined micro- and macro-level factors. A hostile UK policy environment, unsuitable living arrangements, lack of support and information-sharing, drawn-out claims, as well as language barriers currently intensify RAS' MH difficulties.<sup>29</sup> Healthcare providers and refugees with first-hand experience reported how the lack of early intervention can lead to long-term MH conditions and increased fiscal burden on the NHS. Knowledge and data on the health status of refugees and asylum seekers in the UK is limited, as is experience and specialisation in supporting the healing. The recent Department for Health and Social Care (DHSC) discussion paper 'Mental health and wellbeing plan' discussion paper noted that 'there is a gap in the literature regarding UK-wide assessment of access and delivery of mental healthcare for asylum seekers and refugees in the UK'.<sup>30</sup>

For the third part of the workshop, participants were asked to examine the root causes of the issues. Public opinion towards those claiming asylum in the UK is complex and often exploited by political agendas. The strain on health provision leads to competition for care which can cause a detrimental effect on social cohesion and increased animosity towards refugees. Furthermore, government policy currently appears to focus on deterring

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<sup>29</sup> Asif Z, Kienzler H (2022) 'Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK', *Social Science and Medicine-Mental Health*, 2, 100088.

<sup>30</sup> Department of Health and Social Care (2022) *Mental health and wellbeing plan: discussion paper*. Available at: <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper>; See original paper: Pollard T, Howard N (2021) '[Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers](#)' *International journal of mental health systems*. 2021;15(1):60.

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migration, rather than supporting those who have claimed asylum here to successfully navigate their new life and employment in the UK.

The importance of social integration was discussed in-depth, in order to improve long-term outcomes for refugees and continued migration. Two workshop participants from Lebanon described how creative hobbies during their displacement helped them mitigate the continuous stress they faced. In terms of policy, several participants advocated strongly for the participation of asylum-seekers in the labour force, particularly displaced medics and commissioning research to demonstrate the economic value of providing the right-to-work for refugees and asylum seekers in the UK.

The final section of the workshop brought together key policy options and recommendations to improve mental health services, provision and policy. These are detailed in section five of the report and summarised below in options for high level policy, humanitarian operations and future research needs.

### **Headline policy and operational options**

- 1. Ensure equitable service access and delivery for RAS and local populations at risk.**
- 2. Develop a cross-departmental government approach to supporting refugees and asylum seekers.**
- 3. Support and fund holistic models of care at local, regional and national levels.**
- 4. Creation of Refugee and Asylum Seeker Mental Health Guardians.**
- 5. NHS England to increase 'trauma sensitive' training of frontline staff.**
- 6. Trialling of healthcare record passport.**
- 7. Include interventions and programmes sensitive to refugee and asylum seeker needs in the Levelling Up agenda.**

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8. **Changing public perceptions and the media narrative.**
  9. **QualityRights assessments of any institution or frontline service delivering MH support.**
  10. **Increase funding support to successful employment interventions for refugees and asylum seekers.**
  11. **Enhance and speed up process to employ medical professionals who are stuck in the asylum system.**

#### **Research and community of practice recommendations**

1. **Establish an assessment (updated each month) of available MH service provision across the UK.**
2. **Develop the economic case for employing refugees and asylum seekers.**
3. **Establish research to examine links between refugee mental health and susceptibility to extremism and radicalisation.**
4. **Develop advocacy strategy and engagement plan.**
5. **Policy professionals inclusion in all network activities.**
6. **Organise resources and formalise research, policy and community of practice network.**
7. **Impact evaluation of public and media campaigns to assess effects on social cohesion and general public attitudes and views.**
8. **Address the evidence gap on interventions targeting the MH of RAS and refugees in the UK.**

#### **Policy options and recommendations**

- 1) **Ensure equitable service access and delivery:** Any future policy developments concerning health service and mental health support for refugees and asylum seekers needs to also incorporate the ongoing needs of host communities and local populations at risk. The equivalent capacity building among service providers for local populations at risk is required. This will help to increase equity of access and avoid increasing local tensions between service users - *a them and us scenario in service delivery*. It will prevent different health systems and treatment paths from developing which are inefficient, cumbersome and have fiscal implications. Currently this is a major issue in humanitarian contexts with dual health systems being present

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such as UNRWA services in Lebanon and Jordan which operate alongside the public and private systems.

- 2) **Develop a cross-departmental government approach:** Establish a Humanitarian and Domestic Health Hub for refugees and asylum seekers, that includes key third-sector stakeholders, to improve data-sharing and budgetary planning for MH service with designated focal points per department responsible for coordination. This would function across DHSC, Home Office, DWP and FCDO.
- 3) **Support and fund holistic models of care at regional and national level:** bringing employment, health and welfare services together in the asylum process. This requires adopting and promoting a social determinants of health approach to service design and delivery.<sup>31</sup> This means better interoperability and cooperation must be developed between the Home Office, DWP, JCP, NHS and local MH frontline services.
- 4) **Refugee and Asylum Seeker Mental Health Guardians:** Strengthen clinically effective prevention, early intervention, community-based and peer support approaches. The approach currently advocated by the NGO Solace to develop a network of Refugee and Asylum Seeker Mental Health Guardians<sup>32</sup> should be further supported by local and central governments.
- 5) **NHS England to organise training of frontline staff:** by experts in refugee mental health to increase staff awareness for treating refugees and asylum seekers in a respectful, inclusive and patient-centred manner, and to better understand cultural and experience-influenced cues and barriers. Services need to be nuanced in their sensitivity to the diverse background experiences and non-homogeneous needs of refugees and asylum seekers. Within this a pragmatic and quick win is to increase funding for training of translators and interpreters in trauma-sensitivity and

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<sup>31</sup> World Health Organization. The social determinants of health. Available at: <https://www.who.int/health-topics/social-determinants-of-health>

<sup>32</sup> Solace (2023) The champions model. Available at: <https://www.solace-uk.org.uk/new-free-e-learning>

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Psychological First Aid and pipeline them to staff all actors in this sector. They are often the main focal point for refugees and a source of psychosocial support. This is the German model and has been effective.

- 6) **Trialling of a healthcare record passport:** Explore the feasibility of a ‘health information passport’ which contains key individual health information that a refugee can carry with them on a mobile application. This could be updated in each country they pass through. To facilitate this and provide the infrastructure a feasibility study should be established which explores the possibilities and challenges of linking and harmonising the humanitarian and asylum data ecosystem (especially health information) between INGOs and multilaterals in frontline countries such as Lebanon and Turkey to frontline domestic MH services and the Home Office in the UK.<sup>33</sup> *Interoperability between these organisations is absent and hinders health service planning and budgeting. Joining up the data ecosystem will help frontline UK services to prepare in terms of MH demands and needs among refugee populations departing frontline countries.*
- 7) **Include and support interventions and programmes sensitive to refugees and asylum seeker needs in the [levelling up agenda](#):** to enhance social participation of refugees and asylum-seekers in local communities. Various examples exist which use community [social infrastructure](#) to increase social connection and social capital between groups. One is the Sanctuary Kitchen / [CitySeed in New Haven, United States](#).<sup>34</sup> <sup>35</sup> This is a culinary training and development programme for refugees and

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<sup>33</sup> There are serious ethical and data protection issues with this proposal. Considering that many refugees move through various countries before settling in the UK, these health records might be out-of-date. Also, to what extent might this be dangerous when regimes are involved (including their health services) that do not have the best interest of people fleeing in mind? These are issues that need to be considered in any future policy options.

<sup>34</sup> ‘Sanctuary Kitchen provides professional development and employment at an above-market wage for immigrants, refugees, and asylum seekers in the Greater New Haven area. Currently, 100% of Sanctuary Kitchen chefs are women. Sanctuary Kitchen chefs have reported reduced social isolation, increased financial stability, improved English language skills, professional culinary skills, and new relationships and networks that provide sustained holistic support. Since its establishment, they have also hosted more than 700 refugee/immigrant-led culinary events, which have reached thousands of community members in New Haven, and across the world’. See: <https://www.sanctuarykitchen.org/>



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asylum seekers which uses food from the countries of refugees to break down cultural barriers and educate local people about the challenges of being a refugee. In the UK there are various example initiatives of community led approaches that enable locals to interact with refugees.<sup>36</sup> The intended aim of these community projects is to overcome many of the stereotypes local people have of resettled refugees. In setting up local community initiatives it is advisable that they seek guidance from UNHCR. The agency has a toolkit and resource to support this.<sup>37</sup>

- 8) **Quality Rights assessments of any institution or frontline service** delivering in-patient or out-patient mental health care are needed to ensure adherence to human rights and ethical practices. This can help advocate for a better quality of care. Considering the vulnerability of RAS, instances of human right violations or unethical practices may take place.

These small scale and local initiatives are vital. They encourage public opinion to push for a more empathetic asylum-process. It is the case that most people in England do not know or interact with refugees or asylum seekers and therefore do not have an accurate idea of the issues they face.

- 9) **Changing public perceptions and the media narrative:** Academics, NGOs and the media must coordinate to shape narratives to be more welcoming and positive about refugees and asylum seekers to counter the growing social discrimination. Mass media and awareness campaigns using positive case-studies is one method to raise awareness and understanding of challenges refugees and asylum seekers face. These

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<sup>35</sup> Ermansons G, Kienzler H, Asif Z, Schofield P (2023) 'Refugee mental health and the role of place in the Global North countries: A scoping review', *Health and Place*, 79, 102964. UK:

<https://www.sciencedirect.com/science/article/pii/S1353829223000011>

<sup>36</sup> Sona Circle (2023) *Five Great Initiatives Supporting Refugee Integration in the UK*. Available at:

<https://sonacircle.com/5-great-initiatives-supporting-refugee-integration-in-the-uk/>

<sup>37</sup> UNHCR (2023) *Promoting integration through social connections. Integration handbook*. Available at:

<https://www.unhcr.org/handbooks/ih/social-connections/promoting-integration-through-social-connections>

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are important mediums by which to begin to dispel and challenge misconceptions surrounding refugee behaviours and attitudes.

However, there is a need to avoid ‘preaching to the choir’ in terms of raising awareness and changing public attitudes. Information and media campaigns should challenge misinformation and ‘bad’ statistics where they exist. Reporting should be balanced to take account of local residents' views, government representatives, frontline staff and refugee and asylum seekers. *We are producing two advocacy films to document the humanitarian and policy challenges in supporting refugees and issues with the asylum process in the UK.*

10) **Increase funding support to successful employment interventions:** such as the integration of refugee medics such as the [Lincolnshire Refugee Doctors Project](#) (LDRP).<sup>38</sup> More widely this involves supporting initiatives such as the [Medical Support Worker](#) scheme which was established during COVID-19 to allow refugee doctors and International Medical Graduates in the UK to work for the NHS (with some restrictions to practise) while undertaking registration with the General Medical Council.<sup>39</sup> In 2023, though the scheme is to continue with central funding, as of June 2023, the release of funds from the treasury is awaited, leaving many refugee doctors, particularly from Sudan and Ukraine in limbo. The Syrian British Medical Society and the Syria Public Health Network, continue to advocate for the continuation of this scheme.

## Research recommendations

11) **Establish an assessment (updated each month) of available MH service provision across the UK** (County by county), creating an online and real-time platform for healthcare professionals to triage patients and map service availability and providing

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<sup>38</sup> See University of Cambridge (2020) *Syrian refugee health workers can help Europe cope with COVID-19*. Available at: <https://www.cam.ac.uk/research/news/syrian-refugee-health-workers-can-help-europe-cope-with-covid-19>

<sup>39</sup> National Health Service (2023) *Medical support worker role helps hundreds of refugees to become NHS doctors*. Available at: <https://www.england.nhs.uk/2022/06/medical-support-worker-role-helps-hundreds-of-refugees-to-become-nhs-doctors/>

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translation in key languages where possible. *Frontline service staff who attended the workshop said this would be a valuable resource for domestic and refugee groups. It currently does not exist. An example from London is the Mental Health and Psychosocial Support Directory for Refugees and Migrants:* <https://www.kcl.ac.uk/research/mhpss-directory>.<sup>40</sup>

12) **Develop the economic case for employing refugees and asylum seekers:** From case study interventions and programmes such as the refugee employment initiative Na'amal and the LRDP, it is possible to develop an economic case for participation of professional groups of refugees and asylum seekers in host communities in the Middle East and the UK labour markets. The evidence for employing asylum seekers is developing. A recent report by the National Institute of Economic and Social Research found that 'allowing people seeking asylum the right to work would increase tax revenue by £1.3 billion, reduce Government expenditure by £6.7 billion, increase GDP by £1.6 billion, and improve the mental health and wellbeing of those individuals'.<sup>41</sup> Therefore we propose that research should be commissioned through organisations such as [Elrha](#) and the new *The International Science Partnerships Fund* (ISPF) of the [UKRI](#). Research should explore (a) the appetite of UK employers to employ remote talent from the refugee community and (b) how much of refugee and asylum seeking is now economically driven as much as it is war and displacement driven, the latter which can be led in partnership with frontline actors working with the refugee community. This will generate evidence on 1) the cost-effectiveness especially Return on Investment (ROI) and Value for Money (Vfm) of interventions to support refugees particularly the provision of MH services to asylum seekers in frontline humanitarian countries and in domestic settings such as the UK. 2) research

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<sup>40</sup> See the directory at: <https://www.kcl.ac.uk/csmh/assets/csmh-mhpss-refugee-migrant-directory-v2-june22.pdf>

<sup>41</sup> National Institute of Economic and Social Research (2023) *The Economic and Social Impacts of Lifting Work Restrictions on People Seeking Asylum*. June. Available at: <https://www.niesr.ac.uk/publications/economic-social-lifting-restrictions-people-seeking-asylum?type=discussion-papers>

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is needed on the fiscal contribution of employing displaced professional groups such as medics and nurses in the NHS and for the UK economy.

**13) Address the evidence gap on interventions targeting the MH of RAS and refugees in the UK.** Currently there is little evidence from a UK context about interventions to support the MH of refugees and RAS. Example interventions from humanitarian contexts may be replicated and transferred to the UK context.

**Next steps for the community of practice will be to:**

- 1) **Advocacy strategy and engagement plan:** Organise a series of follow up meetings to propose an advocacy strategy and engagement plan. There is an opportunity to strengthen these networks and knowledge exchange between researchers and practitioners, particularly in supporting a group initiated during the workshop.
- 2) **Policy professionals inclusion:** Future workshops must ensure participation of policy decision makers and those on-the-ground. For such a complex challenge as mental health service design and delivery, it is proposed that further and more focussed workshops are organised to address service issues such as system interoperability and data sharing agreements across the spectrum of contexts (IOM, UNHCR, UK Home Office).
- 3) **Organise resources and formalise network:** Create a central repository of resources, a virtual group (i.e., LinkedIn group) and a directory of individuals and organisations working in the field.
- 4) **Further funding:** Prepare a grant application to conduct an audit of MH service provision and access across England.
- 5) **Impact evaluation:** Conduct a pre / post evaluation of the local UK sentiment towards Refugees and Asylum Seekers to measure whether public and media campaigns have been successful in improving social cohesion and public attitudes and views.