



## **Refugee Mental Health and Place Conference**

*Friday 13<sup>th</sup> May 2022 (Online) 10:00-17:15*

*Organisers: Peter Schofield, Hanna Kienzler, Guntars Ermansons, Zara Asif*

*ESRC Centre for Society and Mental Health, Department of Population Health Sciences,  
King's College London and Refugee Mental Health & Place Network*

This conference will bring together scholars, activists, artists, policy makers and people with lived experience to explore and examine what it means to be a refugee in a particular place and how this can be relevant to mental health. We imagine place as a complex domain that can include risk factors such as neighbourhood violence, poor housing conditions and social isolation or protective and resilience factors such as community ties, gainful employment and therapeutic potential of green and recreational spaces. We will seek to understand how social, material, cultural, environmental, political and institutional dimensions and characteristics of places constitute and affect refugee mental health in a post-migration context.

Mental health remains a pressing issue for displaced people. Scholarship has recognised unequivocally the importance of pre- and post-migration factors, including flight and resettlement, for refugees' mental health and wellbeing. Yet, increasingly hostile treatment of refugees is but one sign that the post-migration context does not guarantee the peace of mind and safety associated with refuge. As well as experiencing precarious and uncertain conditions until asylum is granted, refugees have the added challenge of adapting to a new sociocultural environment, which can be difficult because of structural racism, discrimination, and marginalisation. The role of place is salient given refugees have often little or no control over where they live and are more likely to experience the kind of adverse neighbourhood factors that have been more broadly associated with poor mental health. Furthermore, refugees can be isolated geographically because of dispersal policies which often entails providing people with accommodation in often impoverished and isolated areas of the country. All these factors have been linked to worse mental health outcomes and a decrease in quality of life for refugees



Centre for  
**Society and  
Mental Health**



Neighbourhoods & Refugee  
Mental Health Project

# Conference Programme

Friday 13th May, 2022 10:00-17:15

TIME	SESSIONS
10:00	Welcome
10:15	<b>Session 1: Keynote Speech</b>  <i><b>Maya Goodfellow</b></i> <i>The roots and impacts of the hostile environment in Britain: racism, discrimination and disposability</i>
11:00	TEA BREAK
11:10	<b>Session 2: Solidarities and networks</b>  <i><b>Elaine Chase:</b> Building solidarities through research</i> <i><b>Rachel Tribe:</b> Developing partnerships around mental health with refugee and migrant community organisations</i> <i><b>Sohail Jannesari:</b> The mental health importance of spaces of safety and stability amidst the insecurity of migration journeys</i>
11:55	<b>Session 3: Sexual and gender-based violence</b>  <i><b>Sandra Pertek:</b> Adapted religious coping mechanisms among forced migrant survivors of sexual and gender-based violence</i> <i><b>Jeanine Hourani:</b> How structural violence exacerbates mental ill-health risks and consequences for forced migrant survivors of intimate partner violence</i> <i><b>Helen Liebling and Hazel Barrett:</b> Experiences and impact of sexual and gender-based violence and torture amongst south Sudanese refugees living in northern Uganda</i>
12:40	LUNCH BREAK
13:20	<b>Session 4: Round Table Discussion</b> <b>Bordering higher education: Discussing experiences, practices and alternatives for refugees and migrants</b> Discussion involving Fuad Trayed, Samuel Remi-Akinwale and Katie Barringer (hosted by Francesca Meloni and Leonie Ansem De Vries)

14:05	<p style="text-align: center;"><b>Session 5: Mental health and asylum systems</b></p> <p><b>Zara Asif:</b> <i>Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access in the UK's 'hostile environment'</i></p> <p><b>Brian Dikoff:</b> <i>Without capacity - Mental capacity as a barrier to justice in the immigration system</i></p> <p><b>Sara Alsaraf:</b> <i>Participatory research into the mental health impact of the asylum process with migrants in the UK</i></p>
14:50	TEA BREAK
15:00	<p style="text-align: center;"><b>Session 6: Role of place</b></p> <p><b>Ayesha Ahmad:</b> <i>Cradles and graves of land trauma in refugee narratives</i></p> <p><b>Guntars Ermansons:</b> <i>Neighbourhood context in the mental health of refugees</i></p> <p><b>Peter Schofield:</b> <i>Refugee mental health – the relevance of place for the Somali experience in Denmark and the UK</i></p>
15:45	<p style="text-align: center;"><b>Session 7: Poetry Break</b></p> <p style="text-align: center;"><i>Syed Haleem Najibi and Habib Sadat</i></p>
16:15	<p style="text-align: center;"><b>Session 8: Interventions, practices and critique</b></p> <p><b>Nazee Akbari:</b> <i>Psychosocial framework and holistic model of support of refugees and asylum seekers</i></p> <p><b>Claire Marshall:</b> <i>From policy to practice, a psychological perspective on The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health And Psychosocial Support (MHPSS) In Emergency Settings</i></p> <p><b>Cornelius Katona:</b> <i>Can the UK develop accommodation centres for asylum seekers in a trauma-informed way?</i></p>
17:00-17:15	CLOSE

## Session 1: Keynote Speech

*Maya Goodfellow: **The roots and impacts of the hostile environment in Britain: racism, discrimination and disposability***

## Session 2: Solidarities and networks

Presentations and Panel discussion by Elaine Chase, Rachel Tribe and Sohail Jannesari

*Elaine Chase (with members of the LOHST peer research team): **Building solidarities through research: The LOHST (Lives on Hold our Stories Told) project***

There is a growing literature on how post-migration stressors, and particularly the uncertainties imposed by a hostile immigration system (Chase and Allsopp 2020), impact the mental health and wellbeing of unaccompanied children and young people seeking asylum in the UK. While there has been some work on the use of arts and theatre with young people to contest the liminality imposed through violent and inhospitable immigration policies, less has been written about the possibilities of resistance to these measures through their involvement in research. The [LOHST](#) peer research project grew out of a partnership between academics and the Albanian community organisation 'Shpresa'. In this presentation we focus on the sorts of opportunities for active resistance that emerge through creating virtual and real spaces for collaboration through research and advocacy. Peer researchers reflect on the potential gains (as well as limitations) of the approach with respect to their mental health and wellbeing and consider the value of the approach over more traditional forms of research.

*Rachel Tribe: **Developing partnerships around mental health with refugee and migrant community organisations***

This presentation discusses partnerships with refugee and migrant community groups in the UK and internationally. This has taken place in community settings outside the traditional consulting room. Therapeutic skills and cultural understandings of psychological distress have been shared. Through these partnerships, both partners have developed their understanding of different cultures, explanatory health and psychological distress models. This has expanded all our professional understanding and repertoires. Working in an innovative manner can benefit those who have euphemistically been labelled 'hard to reach' groups. It can do this in non-stigmatising, accessible and culturally appropriate ways. Evidence suggests that mental health services developed in conjunction with service users and the wider community may lead to better usage, more appropriate and accessible services, and an improved sense of inclusivity. We used a variety of mediums including sport. We set up a web portal on mental health and wellbeing for refugees and migrant groups containing a range of resources: [www.uel.ac.uk/our-research/research-school-psychology/refugee-mental-health-wellbeing-portal](http://www.uel.ac.uk/our-research/research-school-psychology/refugee-mental-health-wellbeing-portal)

**Sohail Jannesari: *The mental health importance of spaces of safety and stability amidst the insecurity of migration journeys***

*Background:* Over the last two decades, increasing numbers of Iranians and Afghans have sought sanctuary in the UK, most recently with 15,000 Afghan evacuees arriving after the Taliban takeover of Afghanistan in 2021. Evidence suggests that these arrivals may have high rates of mental health needs. Yet, when sanctuary seekers arrive in the UK, they are often met with substantial mental health stressors related to the asylum system. I investigated how the asylum process affected the mental health of Iranian and Afghan sanctuary seekers, and how space and place were important to understanding both stressors and coping mechanisms. *Methods:* I interviewed 40 Iranians and Afghans using in-depth and walking interviews (to understand how space affects mental health). I analysed these interviews using reflexive thematic analysis and poetic analysis. *Results:* Findings demonstrated how participants had few stable physical spaces in which to feel safe and recover from difficult migration, and postmigration, experiences. Being housed during the asylum process in unhygienic and isolated accommodation was described as perpetuating feelings of instability, insecurity, and rootlessness among sanctuary seekers. Forced dispersal during the asylum process also led to the loss of social networks. Sanctuary seekers should be accommodated in urban centres linked to diaspora, voluntary sector, and sanctuary seeking community networks, close to amenities, and in clean housing. *Conclusions:* Good practice guidance on asylum seeker housing emphasises the importance of creating local networks of service providers and community organisations to coordinate inclusion, bring people together. My study suggests that the recent Nationality and Borders Bill might have severe negative mental health consequences for sanctuary seekers, in its plans to process people 800 miles away from the UK and house people in isolated military barracks.

### **Session 3: Sexual and gender-based violence**

Presentations and Panel discussion by Sandra Pertek, Jeanine Hourani and Helen Jane Liebling

**Sandra Pertek: *Adapted religious coping mechanisms among forced migrant survivors of sexual and gender-based violence***

While research has evidenced a relationship between religion, resilience, and mental health among forced migrants, minimal evidence exists concerning displaced survivors of sexual and gender-based violence (SGBV). Drawing upon a mixed-methods approach and data collected in Turkey and Tunisia with 38 displaced women survivors, I explore how religion enabled their resilience and coping. I introduce the concept of adapted religious coping mechanisms. Women engaged in fairly high levels of adapted religious coping, namely cognitive, behavioural, and emotional strategies, which integrated their mind, body and spirit. Despite reporting the buffering effects of religion on their mental health, they exhibited high

levels of psychological distress moderated by daily stressors. I discuss the results and offer implications for future research and practice.

***Jeanine Hourani: How structural violence exacerbates mental ill-health risks and consequences for forced migrant survivors of intimate partner violence***

*Background:* Pre- and post-migration stressors can increase the risks of intimate partner violence (IPV) for refugees. There is also an increased risk of mental ill-health among refugees, and this is gendered, with refugee women being more at-risk. IPV can also lead to mental ill-health, compounding the risk and severity of mental illness for refugee women. Refugee women face specific structural barriers to disclosing IPV and subsequently accessing IPV and mental health services – this is a form of structural violence. Little is known about the intersection of structural violence with IPV and mental ill-health from refugee women's perspectives. *Aims:* This research aimed to explore the interplay between structural violence and IPV on Arabic-speaking refugee women's mental health in the Australian resettlement context. *Methods:* This research took a qualitative approach. Data collection included 2 participatory workshops with a total of 28 refugee women, 16 in-depth interviews with refugee women, and 24 in-depth interviews with mental health, settlement, and domestic violence service providers. Data were analysed using thematic analysis. *Results:* Our findings reveal an intersecting and compounding relationship between structural violence and IPV on the mental health of refugee women. *Discussion:* The intersecting and compounding impact of structural violence and IPV on refugee women's mental health suggests that there needs to be more collaborative efforts across resettlement, domestic violence, and mental health services to deliver services and programs that tackle violence against refugee women at the levels of both individual healing and structural support.

***Helen Liebling and Hazel Barrett (with Lillian Artz): Experiences and impact of sexual and gender-based violence and torture amongst south Sudanese refugees living in northern Uganda***

This British Academy/Leverhulme-funded research focussed on the health and justice service responses for South Sudanese refugees residing in refugee settlements in Northern Uganda. They had all been subjected to sexual and gender-based violence (SGBV) and torture. The study involved thematic analysis of narrative interviews with 20 men and 41 women refugee survivors, including their experiences in South Sudan, their journeys to Uganda and experiences in refugee settlements. Thirty-seven key stakeholders including international, government, non-government organizations and civil society organisations were interviewed about their experiences of providing health and justice services for refugees. All refugees had survived human rights abuses mainly carried out in South Sudan, but some had taken place on route to and within Uganda. Despite the significant effect of their experiences, analysis indicated there was limited-service response in the settlements once the crisis ended. Thematic analysis indicated seven main themes including: *nature of SGBV and torture, service provision, impact of experiences, gender issues, and involvement of community-based organisations, service provision barriers and recommendations.* There was a lack of screening, and health and justice services. Refugees remained worried about

violence and SGBV in the settlements. Whilst they were familiar with the reporting system, they questioned its effectiveness. Women opted for family reconciliation rather than reporting the crimes to authorities. Men found it hard to report incidences because of high levels of stigma and shame. The authors recommend provision of integrated gendered and culturally sensitive services that bring together formal and informal health, justice services and survivor support programmes.

#### **Session 4: Round Table Discussion: Bordering higher education: Discussing experiences, practices and alternatives for refugees and migrants**

***Discussion involving Fuad Trayed, Samuel Remi-Akinwale and Katie Barringer (hosted by Francesca Meloni and Leonie Ansem De Vries)***

This roundtable brings together NGOs, students, and scholars to discuss the barriers experienced by refugees and asylum seekers as they seek access to higher education. It will examine the impacts of those barriers from two main perspectives. On the one hand, it will discuss how barriers impact on students' wellbeing and mental health, as students re-establish their lives and identities in the UK. On the other hand, it will explore how hostile environment policies affect professional practices, turning educational administrators into border-guards. The aims of the roundtable are to share insights and identify the most pressing needs in relation to access to higher education, as well as to suggest strategies and approaches to addressing these needs.

#### **Session 5: Mental health and asylum systems**

Presentations and Panel discussion by Zara Asif, Brain Dikoff and Sara Alsaraf

***Zara Asif (with Hanna Kienzler): Structural barriers to refugee, asylum seeker and undocumented migrant healthcare access in the UK's 'Hostile Environment'***

This presentation contributes new insights into how refugees, asylum seekers and undocumented migrants experience access to healthcare in the UK from both the perspective of caseworker volunteers and the assessment of policy regulations that influence such experiences. Drawing on material taken from qualitative interviews conducted with Doctors of the World caseworkers and Freedom of Information documents from NHS trusts, we reveal the various complexities faced by refugees, asylum seekers and undocumented migrants when trying to access vital health care. These issues include, charging regulations, the refusal to register patients at GP practices without proof of ID, language barriers and complications navigating the healthcare system. We found that such deterrents lead to risky help and health seeking, lack of or inadequate healthcare, and worse health outcomes among these populations. DOTW caseworkers perceived policies such as charging regulations, to be unjust as they plunge patients into significant debt, which is reported to the Home Office and can lead to the detainment or deportation of patients and their families. Study participants called on the UK government to recognise health as a fundamental human right, to develop inclusive social policy and to create an empathetic health system that allows refugees, asylum seekers and undocumented migrants equitable

access to health and social services. To achieve health for all, they argued the need for clearer guidelines regarding access to healthcare and charging regulations, with some suggesting the importance of revising current Department of Health and Social Care policies and Home Office measures. Our article concludes that there is a need to tackle the underlying causes of ill health, including discriminatory policies, racism, and exclusion; addressing the social and economic determinants of health; and providing meaningful and culturally sensitive healthcare and social support.

**Brian Dikoff: *Without Capacity - Mental capacity as a barrier to justice in the immigration system***

Migrants and asylum seekers who suffer from mental health issues might lack the requisite mental capacity to engage with the immigration process. For example, they might be unable to understand the nature of the asylum process or be able to make a decision to claim asylum. At the moment, there are numerous barriers faced by such individuals to be able to access the immigration system. Many individuals end up simply unable to regularise their status in the UK, and be left bearing the full brunt of the hostile environment policy, be indefinitely detained or forcibly removed to a country where they might be persecuted. This report provides an overview of the work that's been carried out under the Migrants Mental Capacity Advocacy (MMCA) project, and highlights through case study, the various barriers and gaps in the current UK immigration system when it comes to individuals with issues with their mental capacity.

**Sara Alsaraf: *Participatory research into the mental health impact of the asylum process with migrants in the UK***

In this talk, I explore the in/visibility of migrants within the mental health system, the loneliness, isolation, frustration, anger and sadness that the asylum process may trigger, services that are un/available to migrants and why they may or may not access them. My approach is influenced by the praxis of decolonial and black feminist theorists and activists and liberation psychology. This talk will draw on community based participatory research conducted in a well established migrant centre in East London. I will also explore ethical considerations and the complexity of attempting this kind of research within the academy.

## **Session 6: Role of place**

Presentations and Panel discussion by Ayesha Ahmad, Guntars Ermansons and Peter Schofield

**Ayesha Ahmad: *Cradles and graves of land trauma in refugee narratives***

In the cradle of a birth, there is a landmark, a mark not too dissimilar to the ways we emerge to look and form characteristics about whom we are. So too, does the landform who we are. In this paper, there will be an excavation of the meanings of the spaces that we emerged from to become part of the world, yet we could never be a-part from the soil that nurtured our



growth, and that when time collapses into space, there will be a space within the ground that holds us in our home in the world. I explore meanings of palliative care when the land is dying, even when the communities are in health. The meanings of mental health and place will be united to enhance our understanding about why refugees strengthen, not sever, the roots of their identity and one of the ways that this is achieved is through songs, poetry, and folk tales that will be explored in this paper and concluded that our mental health is engrained in the soil of our soul.

*Guntars Ermansons: **Neighbourhood context in the mental health of refugees***

A growing body of research at the intersections of urban mental health, migration, and minority ethnic groups points to post-migration factors and contexts that are highly relevant to refugee mental health. Refugees are more likely to live in inner-city areas with high levels of socioeconomic deprivation, and because of dispersal policies or economic constraints, have little or no choice of place of residence and are exposed to residential instability. If employment issues, unstable housing, social discrimination, racism and isolation, language barriers, and healthcare access are frequently noted as risk factors for mental health and wellbeing, then what is the role of neighbourhood context in exacerbating or easing these factors for refugees? In this talk, I report on preliminary data analysis based on semi-structured interviews that focused on post-migration and place-related experiences among non-clinical and clinical samples of Somali refugees living in London and Bristol, UK. I consider how experiences and perceptions shared by refugees during the interviews about life in diverse city neighbourhoods offer insights into the situated relationships between material and social characteristics of place, everyday life, and mental health.

*Peter Schofield: **Refugee mental health – the relevance of place for the Somali experience in Denmark and the UK***

While migrant groups typically have a higher rate of severe mental disorders, such as schizophrenia, this is exceeded by those who have been forced to migrate as refugees. One large Scandinavian study (Hollander 2018) shows just under three times the rate of schizophrenia and related disorders among refugees compared to non-migrants. There is a growing body of epidemiological evidence showing that the post-migration context plays an important role in this. What is less clear is how these elevated rates may differ depending on the type of place in which refugees find themselves living. I will present initial findings looking at rates of mental disorders and treatment experiences for one refugee population, Somalis fleeing the civil war since the 1990s, comparing two different European contexts: Denmark and the UK. I will also draw on further work carried out as part of a larger mixed methods study looking at the role of place in the mental health of refugees, conducted in both countries. I will discuss the relevance of this to current policy debates about how refugees are received, including the role of dispersal policies.

**Session 7: Poetry break**

Poetry readings by Syed Haleem Najibi and Habib Sadat

## Session 8: Interventions, practices and critique

Presentations and Panel discussion by Nazee Akbari, Claire Marshall, and Cornelius Katona

### ***Nazee Akbari: Psychosocial framework and holistic model of support of refugees and asylum seekers***

Refugees and asylum seekers are the most vulnerable members of society with complex needs. Every year thousands of people arrive in the UK to seek refuge. Escaping persecution, disruptions and wars, most of them have experienced torture, trauma and loss. Leaving their home, belongings and all that they were familiar with behind, they come to the UK facing so many other challenges, the main one being building new lives for themselves in an unfamiliar and sometimes hostile environment with poor linguistic skills and little or no knowledge of their rights and entitlements. As the concept of mental health support might not be known to many refugees the psycho-social activities proved to be the best framework to support this client group with their mental wellbeing. The psychosocial framework of the International Federation of Red Cross (IFRC) defines psychosocial support as “*a process of facilitating resilience within individuals, families and communities.*” By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion. New Citizens’ Gateways’ “Integrated Holistic Model of Support” provides mental health support to refugees and asylum seekers and was developed on Abraham Maslow’s five stage model of Hierarchy of Basic Human Needs which aims to acknowledge the whole person and all their physical, social, emotional and spiritual needs. This model promotes self-management by clients themselves as well as peer support. An assessment followed by a “Personal Plan” for each individual focuses on prevention and early diagnosis/identification taking into consideration social, physical, spiritual and psychological elements of each client. Majority of support is through psycho-social activities as the best way of tackling mental health issues.

### ***Claire Marshall: From policy to practice, a psychological perspective on The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health And Psychosocial Support (MHPSS) in Emergency Settings***

The politics of global movements encompasses the flow of capital, labour, goods, services, information, and culture. All are mediated by national borders. In the contemporary global context, often transcending such borders, actors at national and international level have mobilised themselves and created roles, responsibilities, hierarchies, systems of governance, taskforces, working groups and so on, which have in turn produced policy documents on guidance and best practice for specific actors working with communities of ‘forced migrants’. The Inter Agency Standing Committee (IASC) have produced guidelines on proposed ways to conceptualise the psychology of people in emergency settings and associated interventions that attempt to be sensitive to both individual and social factors. Psychosocial interventions in conflict and post-conflict societies pose a particular challenge to humanitarian agencies: from conceptualisation, to implementation. This presentation will

critique the IASC guidelines and propose alternative ways of framing psychosocial issues relating to 'forced migration'.

*Cornelius Katona (with Jennifer Blair, David Bolt, Jane Hunt, and Jill O'Leary): **Can the UK develop accommodation centres for asylum seekers in a trauma-informed way?***

Since 2020 there has been a rise in the use of institutional forms of contingency asylum accommodation. The number of asylum seekers housed in hotels reached approximately 10,000 in mid-2020, and in September 2020 the government approved the use of two disused army barracks, Penally Camp and Napier Barracks, as accommodation for hundreds of male asylum seekers. The use of and conditions within these disused military barracks have been severely criticised by the UK courts, inspectorates, the Welsh Assembly, medical organisations and the British Red Cross. In August 2021, the government issued a tender for "accommodation centres" for asylum seekers "for periods up to six months". Our clinical experience and that of colleagues in other NGOs of assessing residents in such accommodation indicates that worsening in Post-Traumatic Stress Disorder and depressive symptoms is common. Our scoping literature review of the impact of this kind of institutional accommodation on health indicated that even after accounting for pre-existing health vulnerabilities this kind of institutional accommodation is itself associated with poorer mental health outcomes. A trauma-informed service for asylum seekers and refugees could embed a focus on 'recovery', trauma-informed training, early identification mechanisms and wrap-around support to prioritise recovery needs, moving away from a focus on destitution management where only the most basic shelter, food and hygiene needs are addressed. This alternative model of an accommodation centre has not yet been fully tested in the UK but was explored by the UK Refugee Council in 2002. In 2022 these issues were looked at in a UNHCR-evaluated pilot on alternatives to detention, which emphasised the importance of 'connectedness' in asylum recovery services. A similar model is currently being developed in Ireland. There are several human rights standards relevant to the provision of accommodation in general but no international consensus on the standards that should be applied to reception centres. From a human rights perspective, any minimum standards relating to institutional asylum accommodation may need to focus on establishing safeguards to prevent serious breaches of fundamental rights.