

Research Progress Summary: Exploring Service Response to the Mental Health and Service Needs of Refugee and Asylum-seeking Children and Youth - A UK Study

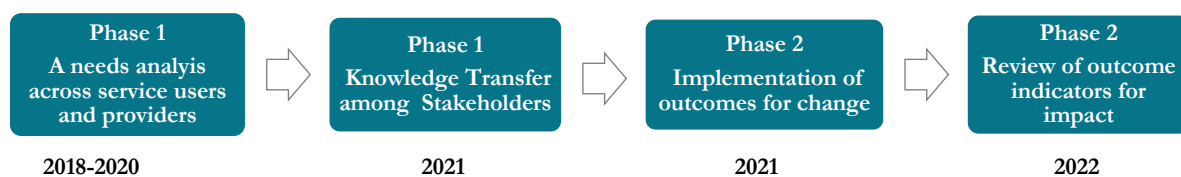
Insights for Policy & Practice

Progress Summary (2021)

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Background: The UK population of Refugee and asylum-seeking (RAS) children and youth are underrepresented within the literature, and as a result, knowledge related to needs has remained limited. Existing service structures are often not needs-led, and neither are they designed to meet the complex needs of these vulnerable groups. Post-traumatic stress disorder (PTSD), depression, and anxiety are highly prevalent and these mental health conditions are often exacerbated by post-migratory challenges that present as risk factors to mental health and wellbeing. In context, the post-migration situation is one of unfamiliarity and uncontrollability. Refugee and asylum-seeking children and youth with mental health needs are presented with an unfamiliar society, community, and a complex service system to navigate. Services in contact with and available to these vulnerable groups are required to be knowledgeable of needs to be able to respond with the necessary resource and capacity. This study aimed to provide Public Health with new knowledge in support of a needs-led service model to align service response to needs.

A sequential research programme - 2 Phases



Research Question: How will the perspectives of service providers, refugee parents, children and youth inform the development of a needs-led service model?

Project aims:

1. Develop an understanding of the mental health and service needs of asylum-seeking and refugee children and youth in the UK post-migratory context.
2. Identify contextual factors that act barriers to access and engagement with services.
3. Identify challenges experienced among service providers responding to the needs.

Phase 1. Methods applied: The research involved over 90 public health members and service providers. Three UK authorities participated in the research and Bristol represents one of them. The research was introduced during stakeholder meetings, presentations, and one to one meetings with key stakeholders to gauge a need for the research in Bristol. The research gathered the perspectives of service users and service providers $n = 55$ participants: Public Health, multiple service providers, refugee and asylum-seeking parents of school-aged children and youth, and unaccompanied asylum-seeking youths.

Phase 1. Results: A thematic analysis of nine focus group discussions identified nine key themes that represent; post-migratory risk factors to mental health and wellbeing and factors that represent barriers to access and engagement with services.

Key Outcomes: Service Implications

- **Training in Refugee Trauma:** Considered a service priority. Asylum-seeking and refugee children and youth experience multiple trauma events (war related trauma) involving multiple losses; family, social support networks, resources. Needs are complex, high prevalence of mental health conditions.
- **Contextual Knowledge:** Migration experiences (pre and during flight) and the impact of post-migratory stressors that present as risks factors to mental health and wellbeing. Policies are not well understood. Service providers require increased contextual knowledge to have insight into the totality

of the post-migratory situation. These vulnerable groups are faced with challenges related to navigating and adapting to UK systems: communities, schools, health services, mental health services.

- **Access:** Pathways are not well understood among service providers and users. Existing pathways are not developed specifically for RAS populations of children and youth. Fast access is required.
- **Language Barrier:** Prevents identification of trauma, contributes to challenging health and mental health assessments, and is a barrier to access. Unaccompanied asylum-seeking youths require conversational practice to communicate in their new community, opportunities to develop communicative competency early post-migration to mitigate against the impact of challenges, support difficult transitions and access to services.
- **Societal Barriers:** Children and youth experience discrimination and bullying that cause avoidance behaviours, withdrawal from social activities, and social exclusion, a risk factor to mental health.
- **Psychosocial Transitions:** Unaccompanied youths report difficult transitions that inhibit help-seeking and access to services e.g. no knowledge of systems; community, education, healthcare, mental health services, differing cultural beliefs related to help-seeking. Participants suggest a needs-led integration to facilitate transitions and support psychosocial adjustment.
- **Building Relationships:** Refugee and asylum-seeking children and youth suffer multiple traumas, have differing cultural beliefs related to mental health and help seeking.
- **Psychosocial Support:** Limited or no access to school-based wrap-around services and activities in the community due to poverty resulting in social exclusion, a risk factor to depression and anxiety.
- **Silo Working:** Services report limited knowledge of services, service partners and pathways across the system, no shared knowledge related to needs, training and practice.
- **Systemic Working:** A consensus among service providers was the need to integrate services to overcome silo working, to benefit from shared knowledge, capacity and resource. (Contextual knowledge: refugee experiences, trauma, and barriers to accessing services).

Phase 1. Summary of Outcomes ‘A Systems Thinking Perspective’

Overall the focus group data illustrated that service provision often doesn’t align with needs. Insight into service user and service provider experiences highlight a number of service challenges that impact on service response. A key outcome is the consensus among multiple service providers (e.g., education, health, mental health, public health, and voluntary services) that an improved response requires an integrated approach to overcome challenges related to silo working. Services require training in refugee trauma, knowledge of migration experiences, and UK policy. Pathways to access are largely unknown among service providers and service users impacting on access, engagement, and referral. Mental health needs need to be considered within the context of migration experiences. Post-migration is a critical time involving a number of transitions and risk factors that can exacerbate existing mental health conditions. The shared experiences of unaccompanied asylum-seeking youths during early resettlement provides a needs-led integration strategy to facilitate transitions, psychosocial adjustment, and wellbeing.

Service Priorities

1. **Refugee Trauma Training:** Required across services working with asylum-seeking and refugee families, children and youth.
2. **Develop knowledge of pathways to increase access:** Stakeholders expressed concerns related to a lack of knowledge of pathways and suggested collaborating with local service providers to produce a visual map of pathways (Incl. referral criteria). Implementation of a pathways to access resource.
3. **Increased contextual knowledge:** A training program tailored to provide contextual knowledge: e.g., migration experiences (Incl. post-migratory challenges that present as risk factors to mental health and wellbeing).
4. **A systems approach to overcome silo working:** Develop linkages across services working within the system responding to the needs of asylum-seeking and refugee children and youth. Engage in knowledge exchange across services to share knowledge and build capacity and resource.

Phase 2 - Responding to Stakeholder Perspectives ‘Implementing Outcomes for Change’

Stakeholders are invited to operationalise outcomes in a participatory focus group discussions facilitated by external researcher S. Hunt, a Public Health lead and a key Stakeholder Group. (July 21-July 22)