

Health Briefing

Scottish Refugee Council Integration Study – Health Briefing

Introduction

This briefing is one of five looking at domains of integration in Scottish Refugee Council's longitudinal refugee integration study. These findings are based on some of the data from Stage 1 (Winter 2010/2011) and Stage 2 (Spring/Summer 2011) of the study so combine 262 questionnaire responses and 30 semi-structured interviews. What follows is some of the main findings of interest within the realm of health. More detail can be found in the full reports on http://www.scottishrefugeecouncil.org.uk/policy_and_research/research_reports

Understanding the health system

There is a degree of misunderstanding of the healthcare system in this country, crystallised by one interviewee. "When I first arrived, personally I thought that the GP would take care of all my health problems. I didn't know that you had to go and register with a dentist. It was only when I was doing this questionnaire that I realised that I could also go to a dentist as well as a GP" (E137). Experience of GP services was generally very positive. One typical comment was that refugees had a "good opportunity for the health. The health system is good here, just when you register and book an appointment they help you" (E752).

Access to healthcare

A small number of interviewees have struggled to access health care in Scotland, although the vast majority have no such problems. One interviewee felt that he could not rate his health as it was something of an imponderable due to not having managed to access health care. "I don't have a doctor because they ask me for a letter through the Home Office, I don't get any letter from the Home Office.....Just like Home Office say they agree to pay like for your dentist, for your, I've been asking the [Scottish]Refugee Council as well I don't get anything.....Nothing you can do, nothing, I just go like, if you go, I have to go for a pharmacy to get like a painkiller.....Just like I never, like I no been doctor about eight years and I don't know..... I might have some problem and I don't know as well" (E430).

Healthcare access for refused asylum seekers

Most of those who had experienced difficulties were refused asylum seekers. One refused asylum seeker receiving Section 4 support talked of the problems in travelling to healthcare providers. She stated that "I am grateful that I get Azure card, that I don't have to sleep hungry, but in terms of travel I cannot stay at home, this is one...if I stay at home I can become more sick, because that's the time I have to think about everything that we went through" (E279). That said, the treatment received was rated very highly. She continued "I've been well looked after and I've been well treatment, I've been given the right medications, I've been...psychologists and

psychiatrists have really been so good and understanding” (E279). She was particularly grateful that she was allowed to keep her existing GP even after she moved out of the catchment area. Nevertheless, there was no prospect for this interviewee to ever feel that their health was excellent due to her experiences. “What I’ve gone through, you can feel bitter, but it’s part of me, it’s part of my...it’s now like in my history, part of my history.....It doesn’t disappear, the scars are always there towards me” (Ibid).

Access to healthcare – registration

The vast majority of both refugee and asylum seeker respondents are registered with a GP (96.5%), while a lower 77% are registered with a dentist. For the small numbers not registered with a doctor, the reasons given included that they are new to the city, that they don’t know where to register, and that they don’t have any diseases. For those not registered with a dentist it is clear that a significant minority of our respondents do not see dental care as preventative as the most common reason given was that they do not have any problems with their teeth.

Reasons for non-registration

There were also other reasons for non-registration. One man told us he had not registered with a GP due to the long waiting times. One refused asylum seeker who was not registered with a dentist told us “I really like scared myself, even sometimes if my teeth are sore and stuff I can’t mention it because of my situation. I’m living a stressed life, I’m telling you I can’t sleep, one night I had a dream, sleep and relax all night – never..... I have a lot to do here to first protect myself and having to go to a dentist I can do that later” (E606). There is also an issue of lack of complete and correct information regarding access to dental care. One said “I went to ask in my area to register for a dentist, but they told me that I have to pay £10 to book an appointment, but I didn’t have it so I left” (E751). One even alluded to the present lack of problems with her teeth being risked by going to a dentist. “Since I entered here, I’ve never had any dental problem. At the moment I haven’t registered, as I told you, just like law, the law is it is like sleeping, it is rude to wake it up” (E382).

Health rating

Overall refugees and asylum seekers rate their health highly. Almost 60% said their health was either excellent or good with another 25% saying it was fair.

Refugees rate their health more highly than asylum seekers with just over 20% of asylum seekers rating their health as either poor or very poor.

Women also rate their health more negatively than men, with just over 20% of women, compared to half of that amount of men, describing their health as poor or very poor.

Mental health

There are varying degrees of mental health problems among refugees and asylum seekers as well as significant under-reporting of mental health problems. According to the ‘Warwick Edinburgh Mental Well Being Scale’ (WEMWBS) used in the questionnaire asylum seekers have worse mental health than refugees and women have worse mental health than men. Both male and female refugees and asylum seekers have worse mental health than the overall Scottish male and female populations. Despite the relatively high levels of mental health problems apparent in WEMWBS responses, only 22 respondents answered that they had such a problem when specifically asked in the questionnaire.

Impact of the asylum process on mental health

The asylum process itself has an effect on the mental health of those traversing it. “It make me feel very depressed.....I was thinking I was coming for a better life but to be honest I know I feel safe in somehow but in some way it gets struggling as well, you know, and most of the time I’m always lucky I’ve got good people around me but other way, you know, how do you manage (E430). One respondent talked of problems developing during the asylum process. “Maybe

because the thinking, too much thinking and the changing in your life, the big change in your life. Just now its giving me sore and headache and things like that.....that was only for the process, the process of the asylum seekers. That was the hardest period in my life. I will never, never forget. So this is maybe I think that's why, because the problem started there, and after that developed. But now its ok. Partly you find medication and you find GP"(E751). The stress involved in waiting for the outcome of claims meant that for some, the situation they had fled had migrated with them. "I've got depression, being stressed all the time because I'm from a difficult situation, and then you find another harder one here" (E279).

Sources of mental health problems

There were multiple dimensions to mental health problems for some interviewees. One talked of depression being related to both finances, lack of employment and concern about his children. "Three or four years, five years, me and my wife are totally depressed due to all this process and house and everything and she still see people, she feel lonely if somebody got a job and you couldn't get a job yet. But I'm supporting her and I myself couldn't get a job as well, so mostly she just tackle with me and she nearly fight with me, that we are so qualified and can't get a job, I said look I'm trying going to the job centre and tell them to give me a job. But one thing we believe in God this is my luck, God didn't wish that I should get a job so I look in the papers, so hard luck" (E35).

Sources of mental health problems – social isolation

Loneliness and isolation were also identified as negatively impacting on mental health. Added to this was the issue of adjustment and loss of status. Many interviewees referred to having decent lives in their country of origin, and contrasted that with difficulties here. "In my country, we never used to think about tomorrow and it wasn't that stressful, life was just going smoothly. Although you might be poor, you might not have sufficient food, but the beliefs that you have used to help you. Although you have the same beliefs, but when you are in a different situation, it just feels you're not the same person" (E536).

Sources of mental health problems – employment

Lack of employment for both asylum seekers and refugees was seen as having a negative impact on the health of our respondents. Not only did inactivity lead to general health deterioration, this was particularly marked with regard to mental health (E657). One respondent stated that "Since I have been so desperate for a job and extremely disappointed and I have been so low emotionally" (E541).

Sources of mental health problems – guilt and time

Life here has many stresses and strains for refugees and asylum seekers that impacts on health. One interviewee highlighted the increased stress as a result of not being able to send money to his family. As a result "You feel you are under pressure and you don't have any job here and you're wasting your life here" (E681). Keeping busy was seen as being a way to avoid thinking about problems. "To keep myself busy that's my point is that I should be, otherwise I should be psychologically depressed" (E35).

Sources of mental health problems – confidence and status

The losing of confidence was also mentioned by a number of interviewees and suggested a downward spiral of social contact and mental health and was also linked to lost status. "I don't find myself very free, as such. My movements are much calculated because I have lost confidence. Losing confidence means I don't have money. This is a different country, but instead of moving with my eyes, some two metres away from me, I move with my eyes, point it at say 100 metres, I don't want to meet anybody who might know me [laugh]. Because they would hardly understand that things have changed. I mean that I am trying the best I can to avoid people who may identify

me. Because if I meet anybody who knows me and identifies me, it would mean trying to give assistance. In my country, I was assisting people” (E382).

Sources of health problems – housing

There were also physical problems that had specific causes. The link between housing and health was mentioned by a number of interviewees. One respondent talked of the negative impact homelessness had had on her child’s health and the guilt this had subsequently left her with. “ I had a problem back home. Even when I came from...since the day I came to the UK I’ve been having, you know, shades of problem, from one problem to another, yeah. My baby, I remember when the baby was three months and I was homeless..... That was when the baby got this acute bronchitis, cold, and that was what led to asthma, yeah, because I was homeless twice” (E58). Getting a home made a substantive difference to this interviewees feelings of well-being. Another also referred to more physical health effects of poor housing. “My GP has given me medicine for my skin, but that’s also linked to the dampness. And then eye problems, I’ve had lots of drops put in my eyes. But apart from these things which are linked to the housing conditions” (E137)

Health change

There were a large minority of refugees and asylum seekers who felt that their health is deteriorating. Almost 23% of respondents felt their health had got worse in the past six months, with a similar number feeling likewise with regard to the past two years.

However, some of our interviewees felt that they had moved up a point on a likert scale, meaning health had improved. This was partly due to pre-existing conditions being seen to (E153). One said “I discovered a problem when I came to this country, but from my country maybe because of lack of doctors and stuff I didn’t know I had blood pressure.....maybe I had it but I don’t know about it”(E751). This issue was also evident in other responses. One interviewee with underlying health problems stated that “I didn’t know that they existed prior to arriving here, but it was through undergoing medical tests that I did find out I had developed long term illnesses, chronic illnesses as they are called, and I thank God that I’m in this country, where it’s well developed and we are well” (E140).

Next steps

In the Spring of 2012 a number of interviews will be conducted on educational matters. This will add to the existing data about health and together will provide a more meaningful understanding of health and refugee integration in Scotland.

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Scottish Refugee Council is an independent charity which provides advice and information to people seeking asylum and refugees living in Scotland. We also campaign for fair treatment of refugees and people seeking asylum and to raise awareness of refugee issues.

This research project runs for two years and will provide better information and understanding of the lives of refugees and people seeking asylum in Scotland. The project uses mixed methods and is supported by an Advisory Group of academics, the voluntary sector and statutory authorities. The work is funded by the Big Lottery Fund.