

Amaan: Community Conversations for Refugee and Asylum Seeking Women – NHS Health Scotland Social Prescribing Case Study

BACKGROUND

Amaan was a three year project (2011-2014) funded by LankellyChase and Comic Relief and led by the Mental Health Foundation (MHF) in partnership with the Scottish Refugee Council (SRC) and Freedom from Torture (FfT). The project developed and tested a 'Community Conversations' course for asylum seeking and refugee women and an awareness raising training course for professionals and to co-produce a mental health and well-being resource booklet with the women.

Amaan was based on the findings and recommendations from the 2011 Scottish Sanctuary Project evaluation report¹ which identified that mental health problems are a major public health issue for asylum seeking and refugee women. This is exacerbated by their experience of the asylum process, barriers to participating in their new community and by the fact that they face barriers accessing support services in Scotland. Evidence tells us that refugees and asylum seekers have unique mental health needs but face structural exclusion from society in general and are disengaged from their local communities and the mainstream supports available within them. This experience is disempowering, impedes recovery and is a major contributor to mental ill health.

COMMUNITY CONVERSATIONS

The aims of the Community Conversations were to: raise awareness of mental health issues and strategies for well-being amongst refugee and asylum seeking women; decrease their levels of mental distress and mental health problems; increase levels of positive engagement with community support projects; increase awareness of when and how to seek help amongst those women experiencing or at risk of developing mental health problems; facilitate the development of self-help groups.

The project involved running two Community Conversations, each of which involved 12 fortnightly 2 hour sessions. The sessions were educational, participative and aimed to empower those attending. The content was tailored to meet the needs of the women attending. The main focus of topics for the sessions were: concepts of mental wellbeing and illness, causes of this, recovery, stigma, fear, help seeking, community engagement and peer support. The sessions integrate art work activities to enhance opportunities for expression and communication. Women attending had the unique opportunity to share their experiences and benefit from peer support

¹ http://www.mosaicsofmeaning.info/sites/default/files/sanctuary_community_conversation_evaluation_report.pdf

which empowered them to engage more fully within their local community and enhance their well-being.

Currently no other organisation provides this service. Community Conversations provided opportunities to bring women together to learn about mental health and well-being and the ways in which they could help themselves by engaging with their local community as well as making changes in their everyday lives.

EVALUATION

The evaluation of the community conversations pilot demonstrated the extent to which women experience isolation in the community and struggle to connect with any community based support for their unique mental health and wellbeing needs. Many women reported that participation in the Community Conversations project gave them an opportunity to meet others who share their experiences. The facilitators successfully helped women to share their often distressing stories in a safe and supportive environment with the aim of helping others which has been empowering. The women were also able to make new friends and offer each other informal peer support which extended beyond the project. As a result many of the women connected in with mainstream activities in their community such as yoga and food and mood classes.

CHALLENGES

Funding for the community conversations has recently come to an end and there is a demand for more of these sessions from asylum seeking and refugee women and support organisations who have been in contact with us seeking to refer some of their clients. This demand is supported by the project evaluation evidence which demonstrates the great need for positive impact of the community conversations for this group who are often excluded. The project managed to reach women that are not accessing support and successfully sign posted them on to appropriate community based services. We are now seeking further opportunities from statutory providers and independent funders to develop a sustainable model for the provision of community conversations to asylum seeking and refugee women and other vulnerable groups.

Asylum seeker and refugee women have unique needs in terms of their mental health and wellbeing that are not fully recognised or responded to by national policy makers and statutory providers. Like veterans, the life experiences of those living in exile as asylum seekers or refugees leave them at great risk of developing mental health problems, particularly PTSD and at greater risk of suicide. However, the response to asylum seeker and refugee women is in no way comparable to the recent rush to provide specialised, peer based 3 tier mental health support services to veterans in the statutory and voluntary sectors in Scotland. In Scotland, the only

NHS based mental health support service specifically targeted at this group is Compass, a psychology based service for those with moderate to severe mental health problems which as with many other specialist mental health services operates a waiting list. There is no sustained access to statutory funded preventative mental health support or support with mild to moderate mental health problems that is specifically targeted to the needs of these women.

The women do have access to GPs, however there is substantial evidence from Sanctuary, Amaan and elsewhere that gaining support from primary care can be incredibly difficult for this group with repeated reports of major communication problems, poor attitudes and perceived discriminatory behaviour. It is consistently evident that these women lack both appropriate services that can cater for their unique needs as well as support to properly access other services they might benefit from.

From the recent Scottish Independent Advocacy Alliance's Advocacy Map report, it is also evident that these women do not currently have good access to existing advocacy services. This report tracked the NHS and LA spend on advocacy across Scotland. The research highlights gaps in advocacy provision which has consistently identified refugees and asylum seekers as there is no specialist provision for this group and often they are not included in contracts and service level agreements that advocacy organisations have. Reasons for this are not clear but it is concerning that some respondents reported that they do not and are not required to collect information about the ethnicity of the people they support. As a group that is desperately marginalised and lacking a coherent voice it is unclear how services can and will begin to respond to these needs without the input of both individual advocacy but also a confident, supported and organised voice from the community of women themselves.

NEXT STAGES

We are now developing the next phase of this work called Sawti (Our Voice), which addresses the need to build the role of advocacy for asylum seeking and refugee women. This work aims to ensure not only that these women are empowered to gain better access to the mainstream health and social services to which they are entitled, but that they are empowered to develop their own voice to influence service providers and policy makers to respond more positively to their needs. By improving refugee and asylum seeking women's access to advocacy support and increasing their capacity to advocate collectively for themselves, and develop their own peer support connections, we aim to improve mental wellbeing and prevent mental ill health in this marginalised group.

