Positive
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Mental health, destitution and asylum

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PAFRAS (Positive Action for Refugees and Asylum Seekers) is an independent organisation based in Leeds. By working directly with asylum seekers and refugees it has consistently adapted to best meet and respond to the needs of some of the most marginalised people in society. Consequently, recognising the growing severity of destitution policies, in 2005 PAFRAS opened a 'drop-in' providing food parcels, hot meals, clothes, and toiletries. Simultaneously experienced case workers offer one-to-one support and give free information and assistance; primarily to destitute asylum seekers. PAFRAS works to promote social justice through a combination of direct assistance, individual case work, and research based interventions and analysis.

Below an underclass, destitute asylum seekers exist not even on the periphery of society; denied access to the world around them and forced into a life of penury. To be a destitute asylum seeker is to live a life of indefinite limbo that is largely invisible, and often ignored. It is also a life of fear; fear of detention, exploitation, and deportation.

It is from the experiences of those who are forced into destitution that PAFRAS briefing papers are drawn. All of the individual cases referred to stem from interviews or conversations with people who use the PAFRAS drop-in, and are used with their consent. As such, insight is offered into a corner of society that exists beyond the reach of mainstream provision. Drawing from these perspectives, PAFRAS briefing papers provide concise analyses of key policies and concerns relating to those who are rendered destitute through the asylum process. In doing so, the human impacts of destitution policies are emphasised.

Mental health, destitution and asylum

The fifth of these briefing papers focuses on mental health and destitution and draws from interviews with PAFRAS service users, unique analysis of PAFRAS data, previous research, and findings from key service providers in Leeds.

It argues that destitution has particular ramifications for the mental health of those who experience it. Yet, in turn a reduction in vital services – in certain cases – works to reinforce a policy framework in which destitution is utilised in order to force people to leave the country when their claims have reached a reached a negative decision. The consequences of this are severe, and this briefing paper argues that an increasing number of people are either having mental health problems exacerbated by, or caused by a policy framework that imposes destitution.

Rendering the vulnerable destitute

According to Dr Angela Burnett, of the Medical Foundation for the Care of Victims of Torture, it is estimated that between 5% - 30% of asylum seekers have survived torture: An act that she describes as 'killing a person without dying'.[1] The repercussions of this are well documented, and cause extreme physical and psychological trauma. Having survived danger, turmoil, and sometimes the deaths of friends and loved ones asylum seekers arrive with a series of needs and often in particular distress. This has a serious effect on people's mental health, and is often compounded by the processes of leaving their country of origin through 'dangerous modes of transportations such as being packed into small unventilated containers to cross boarders or reach ports'.[2] As one interview respondent explained:

In prison they would make me sit or stand for hours in one position. No talking was allowed. I was electrocuted. I had my hands tied behind my back with rope and they would lift me up by [it], sometimes for up to five minutes. I saw someone's head split open with a pistol. After that you are crazy. Your mind is gone.[3]

There are no substantiated figures for the number of asylum seekers arriving in the UK with mental health needs. However, previous research has suggested that two-thirds of asylum seekers have suffered from anxiety or depression;[4] whilst it has been suggested elsewhere that around half of asylum seekers 'have mental health difficulties

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[1] Burnett, A. (2006) *Tackling Inequalities in the Health of Refugees in Host Countries: A Challenge for Researchers and Policy Makers,* Paper presented to the LSE and LSHTM, June 2006.

[2] Palmer, P. and Ward, K. (2006) *"Unheard voices": Listening to Refugees and Asylum seekers in the planning and delivery of mental health service provision in London,* London: Commission for Patient and Public Involvement in Health, p. 18.

[3] Interview with author, March 2008.

[4] Victorian Foundation for Survivors of Torture (1998) *Refugee health and general practice.* Melbourne: Melbourne Printing Professionals.

associated with depression and post-traumatic trauma'.[5]

These traumas have a direct impact not only on the well being of the individuals, but in the quality of interview and information that can be provided to substantiate their asylum claim. In a context where the provision of legal assistance for asylum seekers has been dramatically withdrawn,[6] many claims that are rejected are those where the credibility of the applicant is questioned and dismissed. Yet numerous research studies have indicated that trauma and mental health issues directly have an impact upon memory, and the ability to recount past experiences.[7] Further evidence suggests that, particularly with regard to certain abuses of human rights, individuals may be unwilling or unable to disclose details of their experiences.[8] This was reiterated by one PAFRAS 'client' who explained:

They ask you questions about things you have tried to shut out of your mind. My memory is bad now. Things come back to me at night when I am sleeping. Other times my memory is empty. The things they did to me took everything from my mind.[9]

In this context, mental health difficulties can have a detrimental impact on the result of an applicants claim for asylum. In turn, leading to destitution if the claim is then rejected.

Destitution and mental health

Whilst, as discussed above, mental health problems can have specific implications for an individual with regard to their ability to present information for their asylum application; as PAFRAS has described elsewhere, destitution policies themselves have 'psychological costs'.[10]

Denying the most fundamental of provisions creates a perpetual state of uncertainty and transience. And according to one interview respondent who has experienced destitution:

My mind is busy. Is that how to describe it? I don't know. I see images of people, my family, my dead family and they are calling for me. Sometimes I just go sit in the park at night and I cry. I want to end it all and I know how I will do it.[11]

These feelings resonate with previous research studies on the impacts of destitution on mental health. In 2005, for example, the Refugee Survival Trust highlighted that destitution consolidates a 'spiral of vulnerability' in which acute anxiety and stress, depression, feelings of extreme vulnerability and powerlessness, and aggravated trauma fosters.[12]

In February 2007 representatives from the Leeds 'Destitution Steering Group' – a group founded in 2003 in order to implement practical measures to combat destitution – conducted a survey on mental health and destitution.[13] This survey was conducted in order to glean a rough idea of the mental health of destitute asylum seekers, and representatives from the four organisations involved were asked: Of the destitute asylum seekers that you have worked with in February how many people:

- would you consider to have been experiencing emotional distress?
- had a diagnosed mental illness?
- and have talked about ending their own life?

The validity of such a survey is of course questionable in certain ways. Aside from one agency, those conducting the survey were not medical professionals. And the first question in particular relied on those compiling the answers to make a subjective judgment on the well-being of the destitute asylum seekers who they worked with. Nevertheless, the results sought to give an indication of the links between destitution and mental health.

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[5] Carlowe, J. (2001) 'The doctor won't see you now…', *The Observer Online,* 24 June http://www.guardian.co.uk/society/2001/jun/24/health.life

[6] See Burnett, J. (2008) 'No access to justice: legal aid and destitute asylum seekers', *PAFRAS Briefing Paper No. 4,* Leeds: PAFRAS.

[7] See for example Herlihy, J. Scragg, P. and Turner, S. (2002) 'Discrepancies in autobiographical memories – implications for the assessment of asylum seekers: repeated interviews study', *British Medical Journal,* 324, pp. 324-327.

[8] Bögner, D. Herlihy, J. and Brewin, C. (2007) 'Impact of sexual violence on disclosure during Home Office interviews', *British Journal of Psychiatry,* 191, pp. 75-81.

[9] Interview with author, March 2008.

[10] PAFRAS (2007) *Submission to the Independent Asylum Commission,* PAFRAS: Leeds: PAFRAS, para 4.

[11] Interview with author, March 2008.

[12] Refugee Survival Trust (2005) *What's going on? A study into destitution and poverty faced by asylum seekers in Scotland,* London: Refugee Survival Trust, pp31-5.

[13] The organisations taking part in the survey were the Health Access Team; Abigail Housing; PAFRAS; and Leeds Asylum Seeker Support Network (LASSN). I would like to thank the individuals who took part in this survey, and especially Pauline Cooke from LASSN for collecting the completed answers.

The results of the survey are harrowing, and emphasise the severe trauma that many people experiencing destitution are suffering. Of the 61 destitute asylum seekers 'seen' by the relevant case-workers or staff members, 83% were judged to be experiencing emotional distress; 51% had a diagnosed mental illness; and 26% had discussed ending their own lives in the month the survey was conducted.

As indicated above, these figures emphasise, from one perspective, a particularly high proportion of people who are experiencing extreme distress. Yet as particular individuals have made clear, this distress is frequently either caused, or compounded by destitution. As one PAFRAS 'service user' explained:

I have nothing here. I have no friends, no family, nothing. I am almost completely alone. Look in my phone. I have four numbers. That is all. I have lived here for years and I have only four people I can speak to. There is nothing for me here. No job, no house, no food. I sometimes think, seriously, about killing myself. I have nothing. I am nothing here.[14]

In this context, the enforced isolation and removal of both rights and responsibilities caused by institutionalised destitution were fundamental factors leading to suicidal thoughts. And as another interview respondent – who had once been a child soldier – explained, mental health problems resulting from torture in his country of origin were exacerbated further by the experiences of destitution:

After all that happened to me I came here looking for peace. Instead I had to eat out of bins. I had to eat rubbish. I am tired now, I am broken.[15]

Medical support, mental health and destitution

'End of process' asylum seekers are unable to access secondary healthcare except in the most extreme circumstances. Many destitute asylum seekers have noted difficulties with finding GP's and accessing medical care for a range of ailments, of which mental health needs are one example. Moreover, even when medical care can be granted the ability of healthcare professionals to provide meaningful and effective treatment is limited. For as one PAFRAS 'service user' explained:

What can doctors do for me? They cannot solve my case. All I can think of is what happens to me if I am sent back. I will be killed. Doctors cannot stop this.[16]

Ultimately, mental health problems that are compounded or caused by destitution cannot be treated effectively if a policy context that institutionalises destitution remains. Without removing the root cause of mental health problems, any treatment that is offered is, even when administered professionally, limited at best. In this way, the treatment that is offered in some (although not all) cases is reduced to an attempt to simply make a person's situation more bearable, rather than alter the structural conditions through which trauma and anxiety fosters. This can have alarming consequences and, in one example, a PAFRAS 'service user' was given a range of sedatives from different doctors. As he later stated *'they couldn't change anything so they just tried to block my mind'*.[17]

Conclusions

Mental health concerns and the asylum process are explicitly linked. By nature of having to flee their home, asylum seekers are particularly traumatised. Yet this is given little precedence in the asylum process and, in certain cases, can have serious implications for their asylum claim. And if a claim is 'rejected' and destitution consequently enforced, mental health problems only exacerbate. The results are depression, anxiety, and in some cases suicide. Government plans to potentially withdraw primary, as well as secondary healthcare from 'failed' asylum seekers will only compound this further. They will add to an already formidable set of policies that attempt to make conditions for 'failed' asylum seekers, quite literally, unbearable. They are policies with very real human costs.

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[14] In conversation with author, February 2008.
[15] Interview with author, March 2008.
[16] Interview with author, March 2008.
[17] Interview with author, March 2008.