

Improving Wellbeing:

Two approaches to addressing the mental health needs of people seeking asylum and living in Initial Accommodation (IA)



Initial Accommodation provided by the Home Office
 150+ people
 Approx stay 2 -3 weeks

- Begin their asylum application
- Access to a health team

EVIDENCE

NHS England Health Needs Assessment (IA London) 2014

- 84% report having mental health needs
- 36% accessing mental health services
- Recommend focus on developing services to address MH needs

EVIDENCE

- Consultation exercise on mental health needs of refugees in Lambeth (Refugee Health Team -RHT LSL, 2000): Depression- most common mental health problem
- Health-needs-assessment carried out by the RHT (2003): Asylum-seeking residents in a pre-dispersal unit (Eurotower), reported stress-related symptoms as main complaint source
- Dahl et al (2006): Significant association was found between severe chronic pain, posttraumatic stress disorder, anxiety and depression scores amongst refugees
- Olsen et al (2006): Years after torture was inflicted, there was a strong association with specific loci of pain



Occupational Therapy Scoping Exercise

WHO Measures of Well-Being (1986)
 Engagement in daily occupations is a critical in maintaining well-being

World Federation of Occupational Therapists (2012)
 Occupation

- is a source of control, choice, satisfaction, identity and balance
- influences health and well-being
- promotes understanding of new culture

Occupational deprivation in an asylum centre: the narratives of three men (2013)

- loss of roles, boredom, stress, need to feel useful, creating structure and adopting new roles

What the clients say...
 "I have nothing to do, therefore nothing to talk about"

Model of Occupational Therapy

Accessible environment using photos and multilingual signs	Open groups to increase access to activities in the hostel and the community	Small caseload
<ul style="list-style-type: none"> ↑ orientation ↑ understanding ↑ independence 	<ul style="list-style-type: none"> ↑ structure ↑ engagement ↑ choice/control ↑ social opportunities ↑ skills ↓ stress ↓ anxiety 	<ul style="list-style-type: none"> Significant mental or physical health needs Skills assessment and development Assessment of support needs Additional support to access activities

Three Boroughs Health Inclusion Team Wellbeing and Self-Care Project Rationale

- Vargas et al (2004): Manual therapies advance the psychological and physical healing process of torture survivors suffering from PTSD and chronic pain.
- Ernst et al (2007): Evidence supports the effectiveness of massage for a range of conditions, such as back pain and anxiety

Aim

Improved mental and physical wellbeing of asylum seekers and refugees

Expected Outcomes

Increased awareness of stress and capacity to deal with chronic pain associated with the refugee experience

Wellbeing and Self-Care Project Interventions

- Individual assessment, health advice/education, action plan
- Soft tissue manual therapy, using a combination of techniques (digito-pressure on tender/trigger points, massage, passive movements, stretching, post-isometric contraction)
- Simple self-help techniques are taught (self-massage, breathing, and stretching exercises).
- Evaluation of therapy results is made after each session and in follow up encounters

'They (the torturers) left me alive because they knew I was destroyed, but now I am recovering'

'I feel lighter, relaxed, and happy'

'Now I understand why I have pain and how I can deal with it'

'This treatment is like a painkiller, my pain is gone'

'I feel released, free from something heavy'

Future developments

- Multi-lingual induction film
- Drama and writing group for young adults
- Sports group
- Multi-lingual singing and reading group for parents and children
- Formally research the impact of attending groups

