

Promoting the emotional wellbeing and mental health of unaccompanied young people seeking asylum in the UK

Research summary

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This research summary provides an overview of findings from an 18-month, in-depth research project: *The social functioning, emotional wellbeing and mental health of unaccompanied young people seeking asylum in the UK.*

The research was conducted by the Thomas Coram Research Unit, at the Institute of Education, University of London. It was commissioned and funded by the Department of Health, although the views expressed in this summary do not necessarily reflect those of the Department.

The key findings from the study are presented and some of the specific implications for policy and practice for those working with unaccompanied children and young people in a range of health, social care, education, immigration and legal settings are discussed.

Details of how to obtain the full report are provided at the end of this briefing.

Background to the study

For the whole of the year 2006, 23,520 asylum applications were received by the Home Office. Out of these applications, 2,850 (about 12% of the total applications) were from unaccompanied (or 'separated') asylum-seeking children and young people under the age of 18. In the same year, 2,565 initial decisions were made on asylum applications for unaccompanied minors. Of those decisions relating to children and young people aged 17 or younger (2,560), seven per cent were granted asylum. Less than one per cent of applicants (10 young people) were granted humanitarian protection, 22 per cent were refused, and the remainder (71%) were awarded discretionary leave, mostly up until their 18th birthdays.

Within local authorities, children services have become the departments which have responsibility for the care and treatment of unaccompanied asylum-seeking children and young people. Children and young people under 18 arriving in the UK alone are entitled to protection under the Children Act (1989) and are supported by the relevant local authority and not directly by the Border and Immigration Agency (BIA), as is the case for adults.

The mental health and emotional wellbeing of refugee and asylum-seeking children and young people has received increasing attention in recent years. Most of the literature and research to date, has, however, been informed by clinical understandings of mental health, with relatively little attention being paid to the broader aspects of emotional wellbeing. Existing research concerned with the health and wellbeing of refugee and asylum-seeking children and young people has also tended to consider these children and young people as a homogenous group. There is also relatively little literature focusing on the specific needs of those children and young people who arrive on their own to seek asylum, or which attempts to disentangle the needs of different groups (for example young men and young women, or older and younger children) within the asylum-seeking population. Above all, little research has taken place that has attempted to understand, from the viewpoint of unaccompanied young people themselves, how their experiences of leaving their country of origin and seeking asylum in the UK have affected their emotional wellbeing, and how this in turn might shape the kind of help and support that they need. This study aimed to address these gaps.

Purpose of the study

The overall purpose of this study was to explore, from the perspectives of unaccompanied children and young people themselves, the factors affecting their emotional wellbeing and mental health in different living situations. It aimed to create insights into the types of social and health care programmes, actions and interventions that might positively impact on these dimensions of their health. The main research questions explored through the study were:

- What factors positively and/or negatively impact on the emotional wellbeing and mental health of unaccompanied children and young people seeking asylum in the UK?
- Are there differences in emotional wellbeing among unaccompanied children and young people seeking asylum according to age, gender and their country of origin?
- What types of health and social care provision and services are useful in promoting the emotional wellbeing and mental health of unaccompanied children and young people?

Research design

The study comprised a review of relevant literature to contextualise the study; in-depth discussions with 54 children and young people seeking asylum on their own in the UK; and interviews with 31 professionals (including three foster carers looking after asylum-seeking children) in one London borough. They included staff working in social care, primary care, education, child and adolescent mental health services (CAMHS) and in voluntary organisations. All interviews were recorded where possible, partially transcribed and analysed thematically.

The sample of children and young people in the study ranged in age from 11- 23 years and was made up of 25 male and 29 female participants living in either foster placements, semi-independent or independent living arrangements. They came from 18 different countries, in particular Afghanistan, Eritrea, Ethiopia, China and Somalia and the average length of time spent in the UK at the time of interview was 3.3 years (with a range of less than one year through to seven years). While 80% of the sample was drawn from asylum teams within one London local authority, a further 20% of participants were identified through an independent advocacy service working across a number of different London local authorities.

Key findings

The research findings are organised around key themes that emerged from the analysis of the data gathered from children, young people and professionals.

1. Journey and arrival in the UK

The circumstances surrounding each young person's departure from their home country and their journey to the UK were all unique and need to be treated as such. Many, though not all, young people described experiencing extreme trauma and distress before leaving their countries or during their journeys. Young people may have left their country of origin at a young age and have faced accumulated loss of family members over many years.

Age disputes on arrival in the UK cause significant distress for young people.

2. Common manifestations of good and poor emotional health

In a largely opportunistic sample of 54 young people, a wide spectrum of difficulties in emotional wellbeing was observed and described by young people. These ranged from missing family, feelings of isolation and loneliness, disturbed sleep patterns, general anxiety, headaches, panic attacks, depression, eating difficulties and in some cases (six young people) more severe mental health problems requiring specialist support and sometimes hospitalisation.

*'There are days when you hate going outside your bed, you hate the walls, you hate people – for me it was short term but for others it takes their life away - they suffer so much degradation and they lose humanity for themselves – they lose all respect for themselves and others'.
Zemar, from Afghanistan*

*'I'm just thinking about all the things... like my head is going. I am thinking that my head is going to explode because I'm just thinking'.
Mahlet, from Ethiopia*

Young men tended to be less likely than young women to talk or seek advice about the emotional difficulties that they were facing.

Older young people participating in the research (age 16 plus) far more frequently expressed anxieties than the younger children that we spoke to. They were also more likely to experience the types of stresses and difficulties that can exacerbate other emotional health problems.

3. Young people's understandings of mental health and emotional wellbeing

Understandings of emotional wellbeing and mental health commonly held in the UK may be different to those understood by young people from other countries and cultures. Young people may come from cultures where the concept of focusing services and therapies specifically on emotions and feelings is unknown.

The language that has evolved in many western countries in relation to mental wellbeing is not well understood by many children and young people arriving from other cultures. There is a need to promote a language for emotional wellbeing and mental health that is less stigmatised and better understood by young people across a range of cultures

'Its different here... everything when you say you are stressed, they going to say you are mental... something like that.. I don't like someone to call me mental. Mental is one who become like crazy or can't think, who fight you if you move close...this is the one we call mental. Even like counselling, they may think I'm mental. That's why I don't like to use those types of services because I don't want anyone to say I'm mental ..'cos I don't think I'm mental'.
Claude, from Burundi

A common theme was that young people often did not identify with what might be thought of as western notions of treating emotional difficulties as a mental health issue. They frequently situated their emotional responses to the various traumas and experiences they had encountered in their 'heart', and were at times perplexed by the suggestion that these responses should be addressed through the 'mind'.

Mahamat from Chad described how he could not understand why he was offered medication for his feelings of depression. He described the loss and sadness that he was feeling as 'a sickness of the heart, not of the mind'.

'You have the thinking and it is in the heart'.
Ibrahim, from Pakistan

4. Young people's experiences of primary care and other health services

Young people described both positive and negative interactions with general practice and other health services.

'(GP) Practices like this are few and far between. I often wonder how people would be received if they tried to register at a standard GP practice. Some would be brilliant and others... It's too variable, there's no standard of how someone might be received or treated'.
Nurse Practitioner in general practice

Generally, there was a reported large variation in the quality of general practice and widespread lack of expertise and knowledge of the specific needs of asylum-seeking young people.

'And I am worried about my health, because I never had a full check up and I might be suffering from something that I don't know - I have this thing - I know I shouldn't worry because I know I'm healthy ... but I have like a skin thing and my skin itches... I ask him (GP), can I have a full check up and he says - you don't need it'.
Aliva, from Somalia

Many young people participating in the study resisted the idea of counselling or other therapies. There is a need to find ways of explaining the benefits of therapeutic mental health care to young people seeking asylum alone in the UK in a way which does not stigmatise or frighten them. There was evidence from the study that some young people benefitted from having some therapeutic intervention.

'For me, my psychologist was like part of my family because, first, I was growing up in her hands and second, she put everything back inside me which I losted [sic]. I lost my personality, I lost my memory, I lost my confidence for a while and she put everything back inside. She took me back to my personality, to my qualities inside....All of me is back'.
Rakeb, from Eritrea

There appears to be a gap in terms of appropriate mental health services that social care and health professionals can refer young people on to. There is also a gap in appropriate services for young people once they reach the age of 18.

A number of young people had specific concerns about what they perceived as inappropriate and over use of medication to alleviate emotional difficulties.

There appears to be a general lack of appropriate training for primary care and other social care professionals to assist them in correctly identifying the more severe mental health difficulties that are sometimes experienced by young people seeking asylum.

5. Young people's experiences of social care services

Young people described both positive and negative experiences of social care.

'She (Social worker) followed me through every little step. I didn't have to tell her what was coming up, I didn't have to tell her to do things for me. With her, she looked at me in the eyes and knew exactly what was up. She knew me very very well' .
Asif, from Afghanistan

Foster placements, when they work well, can provide essential support to asylum-seeking young people, who are usually placed with foster carers below the age of 16 years. However, from the perspectives of young people interviewed, it was the quality of the relationship between the carers and the young person that was the most vital element of this support.

*'It's nice, it's comfortable here. It just feels nice here, like my own house. They treat me like I am one of them, you know, not different. I know that my foster mum cares about me. Once I got arrested and when she came to bail me out, she was crying like she was my own mum. It made me think "she's like my mum"'.
Thierry, from Burundi*

Placements that can maintain a link with language and culture are important, but such matching is not always crucial; this will depend on the young person and the carers. The individual needs and wishes of young people need to be taken into account.

For asylum-seeking young people not in foster placements, there is clear value in them having access to support through a one-to-one key worker or mentor who can provide personalised and comprehensive support.

'Some of them get very lonely (on moving to independent living) because they're much more obviously on their own at that stage. Some of them have had very little chance to develop any kind of support network by that stage and a good few of them have said 'look I'm just lonely'.
General Practitioner

Young people who experienced residential care provided specifically for children seeking asylum, were very positive about the support they received and the quality of the relationships that they established with staff within the residential care home.

Allocated social workers should not be expected to conduct age assessments with young people. This can undermine any trusting relationship that a professional might have built with a young person up until that point.

'It [the age assessment] was such a horrible experience. My social worker did it. They checked my teeth, skin, my height and everything. The doctor said I was between 19 and 21 but I was only 16. But the people in the children's home agreed I was 16 because they were living with me, everyday, they could see my behaviour and how I was with the other young people'.
Chrisna, from Democratic Republic of Congo

Social workers and other professionals need also to understand different experiences of childhood in different cultures. Unaccompanied asylum-seeking young people may have had to mature more quickly as a result of traumatic and abusive experiences, or as a result of assuming adult responsibilities from an early age.

Young people participating in the study reported a lack of consistency, fairness and equity in how social care services including financial, educational and social work support were provided to asylum-seeking young people.

Staff in the different agencies that are likely to come into contact with young people seeking asylum often lack sufficient information and knowledge in terms of eligibility for housing, social benefits and other services. This implies the need for joint training and guidance between relevant agencies.

There is an evident need for clear and accessible information for asylum-seeking young people about their eligibility for support and how they can best access this.

6. Young people's experiences of education

The social, educational and wider benefits of education for children and young people seeking asylum are potentially extensive. Placing children and young people in quality, appropriate and well-supported educational placements as early as possible is central to their sense of wellbeing.

'One of the things that I liked is that everyone kind of accepted me and didn't ask many questions. They made me feel happy. At school there were different people, different cultures and different religions'.

Malashu, from Eritrea

Appropriate assessment of individual learning abilities and needs which includes a verbal account of achievements and educational experiences prior to coming to the UK would ensure that young people are able to work to their full potential from the earliest opportunity.

Concerns and anxieties about other aspects of their lives such as accommodation changes, or their immigration status can negatively impact on young people's ability to fully benefit from a learning environment. The provision of holistic mentoring support for young people to help them cope with these wider concerns is likely to benefit their education.

'It's really stressful. I ask what I am doing this for? Two months before I graduate, they might ask me to leave the country. You just don't know, it's really horrible. You tell yourself to try and build up your life but then it all comes back, you can't ignore it all the time. There are two different sides of your life - on the one side you are trying to build it up and find wide experiences and do this and do that so your CV will look good and get a job and build up your future and on the other side, you don't know if you'll be able to live here the day after tomorrow, so why are you doing all these things?'

Maryam, from Iran

Opportunities to strengthen communication between education and social care professionals may help support young people better during difficult times of transition in their home or school lives.

There is a distinct lack of guidance and support in terms of eligibility for financial and other support for those young people who want to progress to university. There appears to be a lack of consistency and equity in terms of how the decisions about access to student loans are made and confusion in terms of eligibility for student loans for asylum-seeking young people.

7. Immigration status and legal services

Uncertainty concerning their immigration status causes extreme anxiety and distress for young people, particularly those who are in their late teens and nearing the end of their discretionary leave to remain in the UK.

'I'm afraid, my papers are nearly finished. Before they gave me two years but it finishes in June – I don't want to go back to my country. I think about it every day'.

Faith, from Nigeria

For those young people who have experienced more severe mental health difficulties, uncertainties surrounding their immigration status are likely to add a further stressful dimension to their situation and may exacerbate their mental health problems. Many young people expressed acute anxieties about where they could return to if they were deported from the UK back to their country of origin.

'At age 17½-18, when they know their status is up for review, they start panicking. There is then an increase of mental health issues, across the board, across all nationalities'.

Manager of residential unit for unaccompanied young people seeking asylum

The quality of the legal support that young people have access to is crucial in ensuring that they have a fair chance of being able to remain in the UK. There are currently limited checks in place to ensure that young people have access to suitably qualified, experienced solicitors who are sensitive to the specific needs of unaccompanied young people seeking asylum.

The quality of interpreting services that young people have access to is highly variable. Poor interpreting can substantially undermine the strength of a young person's claim to asylum.

8. Sources of support

Many young people derive much support from their friendship groups. Placement changes experienced by young people risk isolating them from important support networks and this needs to be taken into account when decisions are made about placement moves.

'If I am sad I can talk to friends about normal things. There are some things I don't talk about – private things'.

Hellen, from Ethiopia

Professionals need to exercise caution about automatically linking children and young people into community organisations. While some community groups are clearly supportive, others may be less so and it is important to not make assumptions about the usefulness of such organisations for young people.

While religion and faith were important for the majority of young people participating in this study, the extent to which individuals wanted to engage in church and faith communities varied enormously. Many young men, for example, were more likely to describe their faith as something private, which they wished to practise on their own. Young women on the other hand frequently reported spending a lot of their free time participating in church-related activities.

Ensuring that young people are able to link up with family relatives is very important since they may be a major source of emotional and cultural support and attachment.

'My uncle is in touch [with family in Afghanistan]. We see things on the news and worry so it is a relief when he gives me news of them'.
Zalmai, From Afghanistan

9. Ways of coping, adaptation and resilience

Young asylum-seekers, given the right support, are able to achieve a great deal once they arrive in the UK.

'In this country people are good, they are nice, they make me laugh. I can have fun, I can laugh. That has changed my life a lot... it changed my life a lot'.
Nasir, from Somalia

Opportunities for sport, leisure and social activities are very beneficial for the emotional wellbeing of unaccompanied young people seeking asylum. There is clearly a need for more leisure opportunities particularly for older young people who have the least access to these services since they have fewer financial resources.

'I love to play football. When I play football, I forget everything'.
Houmam, from Syria

Many young people face elements of racism and stigma from the general public as a result of their asylum status in the UK.

Some young people find it more difficult than others to adapt culturally and find life here very different to in their

own countries. Opportunities to integrate young people into community services and events rather than establishing activities solely for asylum-seeking young people are likely to facilitate this cultural transition.

'You can't get a social life in this country, you don't have a connection with anybody, you feel lonely and this is really hard. How can you make friends in this country...even your neighbours never say 'hi'.
Mahamat, from Chad

Early pregnancy and parenthood appear to be widespread among this group of young people. Further research is needed to find out more about the motivations and reasons for early pregnancy among some young people seeking asylum and to identify implications for appropriate preventive and support services.

Conclusion

This study has given primacy to the views and opinions of young people themselves and has highlighted some important areas for future policy and practice across a number of disciplines. The study findings are of particular relevance to professionals supporting young people aged 18 years and over, experiencing the transition to adulthood, who are less likely to have the same levels of support as those unaccompanied young people who are under 18 years. The study has also provided insights into some of the understandings that young people from different cultures have in relation to areas of health that in the UK are referred to as 'emotional wellbeing' or 'mental health', which have implications for care and support across the spectrum of health and other services.

New government measures to support unaccompanied children and young people seeking asylum in the UK include placing them in local authorities outside of London and the south east of England. The findings from this study could be used to facilitate this transition, and to encourage services to think creatively about how they can provide the best possible services to asylum-seeking young people given the resources available.

A copy of the full report from this study was published in July 2008 by the British Association for Adoption and Fostering : E. Chase, A. Knight and J. Statham (2008) *The emotional wellbeing of unaccompanied young people seeking asylum in the UK*. London: BAAF. www.baaf.org.uk

The Thomas Coram Research Unit (TCRU) is a multi-disciplinary research unit within the Institute of Education, University of London. Founded in 1973 by Professor Jack Tizard, its principal function is to carry out research of relevance to the health and wellbeing of children, young people and families.

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