



Submission to the Committee on Justice and Equality on direct provision and the international protection application process

May 2019



St. Patrick's Mental Health Services (SPMHS) is Ireland's largest independent, not-for-profit mental health service provider. St. Patrick's Mental Health Services' vision is a society where all citizens are given the opportunity to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field.

SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – 'Changing Minds. Changing Lives', is firmly rooted in these principles and commitments¹.

SPMHS welcomes the opportunity to contribute to the Committee on Justice and Equality's consultation on direct provision and the international protection application process. This submission will focus on the welfare and conditions of people living in the direct provision system within the context of mental health and wellbeing.



Mental Health Needs of Refugees and Asylum Seekers

A Vision for Change, the document that sets out Ireland's mental health policy, clearly identifies a strategic imperative to address the mental health needs of culturally diverse groups². SPMHS encourages future development of services for those accessing direct provision and the international protection application process to prioritise the mental health needs of these individuals.

As is well acknowledged, those accessing Ireland's direct provision and international protection application process may be fleeing from war, violence (including gender-based violence and torture), chronic poverty or natural disaster. Many will have encountered trafficking, exploitation or abuse along the way³. The impact of experience of adversity and trauma, as noted in the Mc Mahon Report (Final Report of the Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers)⁴, and an increased risk of mental health difficulties including for the development of anxiety⁵, depression, psychosis, and post-traumatic stress disorder (PTSD)⁶ are pertinent. Additionally, the risk of compounding experience of trauma as a result of environmental factors associated with living in direct provision has been acknowledged in the McMahan Report⁷. SPMHS agrees with the McMahan Report in relation to the need for prompt mental health services that fit the needs and relative risk of mental health difficulties in this population, and also shares the concern that there are long waiting lists for some such services⁸.

SPMHS encourages the provision of a trauma-informed care model for all persons who have experienced trauma, and supports the recommendation within the HSE's Second National Intercultural Health Strategy⁹ to 'promote provisions of programmes' to staff in this regard. Knowledge about trauma should be fully integrating into policies, procedures, and practices and all future considerations around the provision of services to this population should actively seek to resist re-traumatisation. In this regard, it would be of benefit if training around issues of trauma be extended to key staff working in direct provision centres to complement the "understanding of basic mental health issues" recommended for centre managers¹⁰.

SPMHS agrees with the assertion within *A Vision for Change* that mental health services need to reach out to culturally diverse communities¹¹. SPMHS further supports the recommendations made by the College of Psychiatrists of Ireland in their position paper on mental health requirements for asylum seekers, refugees and migrants, in particular the recommendation that "psychological assessment at point of arrival should be carried out, appropriate treatment given and relevant information communicated to mental health services subsequently involved in a timely manner".

Cultural Competence and Health Literacy

The launch of the HSE's Second National Intercultural Health Strategy 2018-2023 is welcomed, and the attention therein to the health needs of those living in direct



provision and the necessity for cultural competence training for healthcare staff important. Notwithstanding the acknowledged pressures on, and resource limitations of, mental health services currently, additional barriers to accessing mental health care when needed are noted amongst asylum seekers¹². These include informational barriers, such as receiving information about entitlements and available services in formats that are not accessible. Cultural barriers may contribute to stigma associated with mental health needs. Health literacy is acknowledged as a factor which can impact both access to, and engagement with healthcare services¹³. Ensuring availability of information in varied formats (e.g. classroom format, simplified written and pictorial formats) and from a variety of sources (e.g. community and religious groups), would be a practical measure to increase health literacy amongst those living in direct provision¹⁴. Similarly, these approaches could be employed for any stigma-reduction efforts focussed on people living within direct provision.

Social Participation and Meaningful Occupation

In the context of occupation as encompassing meaningful productive, leisure, social and self-care activity, the notion of 'occupational deprivation' has been asserted by occupational therapists and occupational scientists as a human rights issue inordinately experienced by those living within the asylum-seeking process¹⁵. Meaningful occupation, including social and productive roles and outlets, are recognised as being key to mental wellbeing and thus where someone is precluded or restricted from participation in these spheres of life, a negative impact on health can result. The World Health Organisation highlights the significance of social integration and employment as a key area of mental health intervention and promotion. It notes an association between social isolation and unemployment with higher prevalence of mental disorders in long-term refugees¹⁶. This is further highlighted in Mental Health Reform's 2014 report on the mental health needs of ethnic minorities – "Representatives reported that male and female asylum seekers regularly link feelings of anxiety, depression and more serious mental health difficulties to their experience of long term communal living and forced inactivity (without the right to work) in the direct provision system of accommodation"¹⁷.

The enhanced access to the labour market for asylum seekers introduced by the government in 2018 is very welcome, however this still entails a period of nine months' exclusion from the labour market. The importance of facilitating participation in meaningful occupation during this time to wellbeing and mental health should be recognised, and varied programmes to this end are outlined in the WHO's 2018 technical guidance on mental health promotion and health care in refugees and migrants¹⁸. Further, the improvements outlined in the final progress report on the implementation of the McMahan Report¹⁹, to enable culturally meaningful participation in meal preparation tasks within accommodation centres is also positive, and it is important this is maintained and enhanced where needed.

Enabling access to social activity within local communities, and to meaningful productive activity via educational, voluntary and paid employment opportunities is vital for supporting the wellbeing of people currently living within the direct provision system. Access to occupational therapy services as part of health supports available to those living in direct provision would be of great benefit to enable displaced people "to



participate in valued occupations that help bridge a former life to the current situation”²⁰.

Gender-based violence and women’s mental health

A high risk of experience of gender-based violence has been evidenced amongst women and girl refugees, occurring prior to displacement, and during the process of migration and seeking asylum²¹. There is a strong association between occurrence of mental health difficulties with experience of gender-based violence however research indicates this is under-identified within mental health services generally [22][23]. Increasing awareness and understanding of health professionals and others working with those in direct provision about issues of gender-based violence would be of great benefit in increasing access of those who may need related support. This should include awareness of additional barriers to women and girls living in direct provision around disclosure or seeking support. Cultural taboos or the impact of requiring an interpreter may be prohibitive to disclosure or accessing support.

Children and young people living in direct provision

The impact of displacement and living in a direct provision system on children has been well-documented²⁴, and the vulnerability and health and development needs of children living in direct provision highlighted²⁵. SPMHS endorses the European Network of Ombudspersons for Children’s (ENOC) position statement on ‘Child Mental Health in Europe’²⁶ which states that -

“protecting and enhancing children’s mental health is not only a key component of promoting their rights, including their best interests, but also has immense advantages. It gives children the best opportunity to live a happy, fulfilled life. It enables them to make the most of their childhoods and of growing up to be productive and happy adults”²⁷.

Children living within direct provision centres have been acknowledged “as among the most vulnerable in Irish society”²⁸, and the importance of access to timely mental health support when needed cannot be overstated. Similarly, culturally meaningful efforts to promote mental wellbeing and decrease any associated stigma are to be encouraged. The suggestion of collaboration with the Office of the Ombudsman for Children “in respect of children living in direct provision centres and emergency, reception and orientation centres” within the HSE’s Second National Intercultural Health Strategy²⁹ is most positive, and SPMHS supports such efforts to ensure the voices of children and young people are heard and supported.

The need for additional temporary support for young refugees on turning 18, to enhance social inclusion and ensure continued access to necessary services such as healthcare including psychological supports, has recently been highlighted by the Council of Europe’s Committee of Ministers in their recommendation on supporting young refugees in the transition to adulthood³⁰. They further highlight as particularly vulnerable young people who are unaccompanied or have been separated from their families, and young refugee women³¹.



Summary of Recommendations

- Enhance outreach efforts of mental health services for those in direct provision.
- Increase awareness and understanding of trauma-informed approaches amongst health care professionals and staff directly working with people living in direct provision centres.
- Develop practical approaches to increasing health literacy and decreasing stigma, including availability of mental health information in varied formats and from a variety of sources, if not already sufficiently accessible.
- Enable participation in meaningful occupation, particularly during the time a person is precluded from accessing the labour market; include timely access to occupational therapy services as part of health supports available.
- Increase awareness and understanding of gender-based violence, related supports available, and challenges to disclosure.
- Support children and young people's engagement with advocacy outlets.
- Implement anti-stigma and mental health promotion strategies for children and young people.

END

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References

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