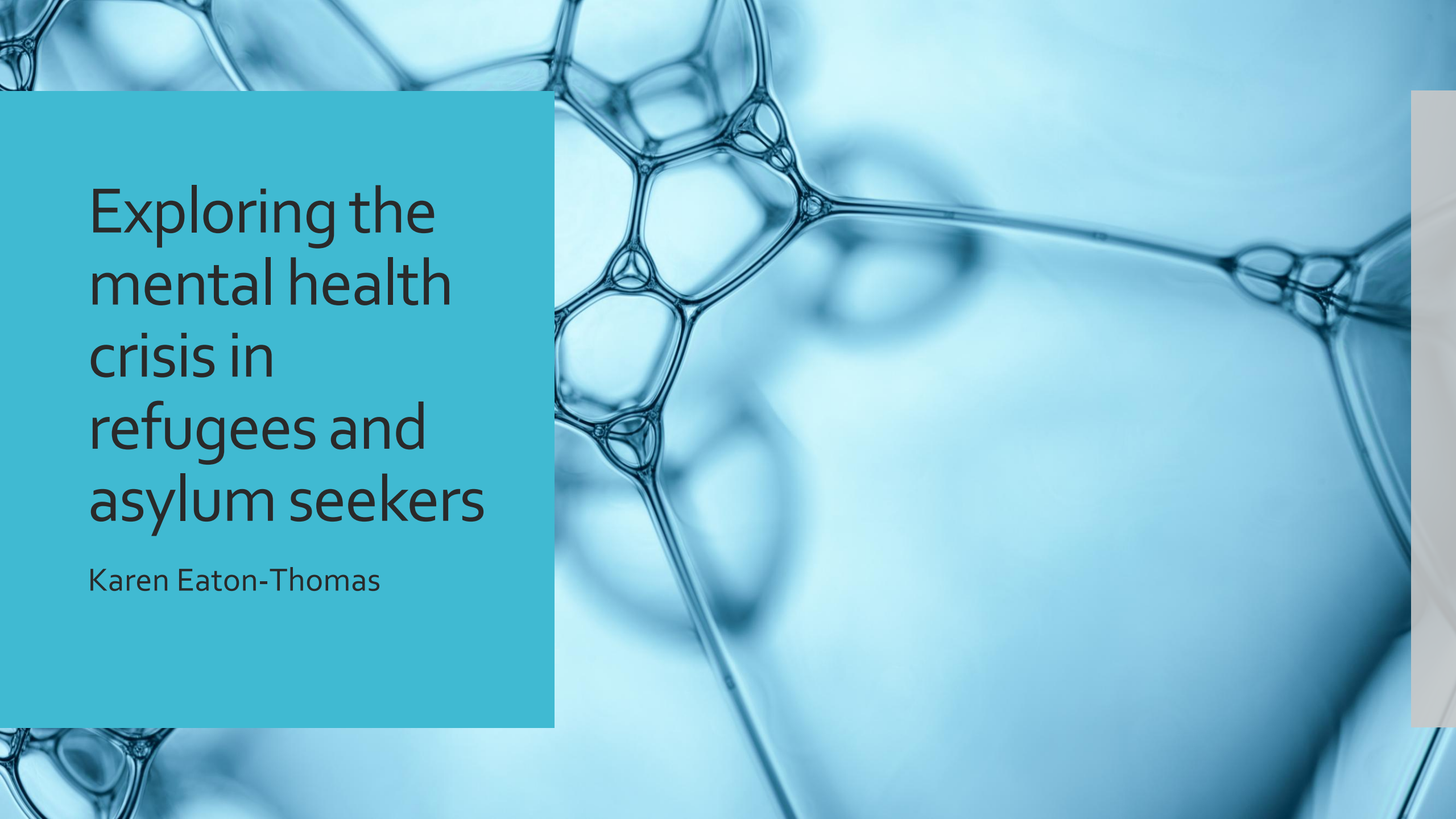




Exploring the mental health crisis in refugees and asylum seekers

Karen Eaton-Thomas

What is an Asylum Seeker?

Background information
to the topic

- Internationally, asylum seekers are people who have moved across international borders to seek protection.
- In the UK, an asylum seeker is someone who has applied for protection under international law, specifically on the basis of the UN Refugee Convention or Article 3 of the European Convention on Human Rights, which prohibits torture or inhuman or degrading treatment or punishment and prohibits the return of a person to a country where the person may suffer a violation of their rights under Article 3. (BPS, 2018)

What is a Refugee?

- Under international law, the United Nations Convention on the Status of Refugees, 1951 defines a refugee as a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, as a result of such events, is unable to or, owing to such fear, is unwilling to return to it' (Article 1 (A)(2)).
- In the UK, refugee status is given to a person recognised by the Home Office as a refugee as defined by the Refugee Convention. Hence, refugees are those who have been granted protection in the UK. (BPS, 2018)

What is meant by the term Migrant?

- A migrant is a person who chooses to move not because of threat of death or persecution, but to improve their lives, to seek family reunion, education or employment etc.
- Migrants are those people who do not face threats to their lives or their safety if they returned to their country and they could receive the protection of the government in their country.
- The distinction can be blurred since many seeking asylum are fleeing from war and violence and may also seek to improve their lives. Typically, 'migrants' is a term used for foreign nationals' resident in a country but who move for family, education or employment reasons. (BPS, 2018)

What is Statelessness?

- Statelessness in international law refers to the lack of citizenship. A stateless person is someone who is 'not considered as a national by any state under the operation of its law' (article 1 of the 1954 Convention relating to the Status of Stateless Persons).
- Some stateless people are also refugees, and some people become stateless, or some are born stateless.
- Without citizenship or official identification papers to prove citizenship, a person who is stateless cannot vote, obtain travel documents or access government-provided services. (BPS, 2018)

Refugee Status

- Once a person is recognised as refugee, they are normally given refugee status, known as 'leave to remain' which entitles them to stay legally in the UK for five years.
- At the end of this five-year period, the person can apply for the permanent status of refugee, called 'Indefinite Leave to Remain'. (BPS, 2018)



Torture Status

- A person who has experienced torture is described as a torture survivor. Many asylum seekers and refugees (adults and children) may be torture survivors, but not all.
- The definition of torture is a legal definition enshrined in the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1987 which states in Article 1 that:
- 'Torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.
- It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.'
- The Human Rights Act and the European Convention on Human Rights both enshrine the prohibition against torture.

A person who is 'Trafficked'

- In international law, trafficking under Article 3 of the Protocol to Prevent, Suppress and Punish trafficking persons ('Palermo Protocol') is defined as 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.'
- Exploitation can include different forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.'
- Additionally, the Council of Europe Convention on Action against Trafficking in Human Beings entered into force in the UK in 2008.
- In the UK, the Modern Slavery Act 2015 criminalises offences of human trafficking and slavery and encompasses trafficking for all forms of exploitation.

Some other important terms to be familiar with:

- **Indefinite leave to remain**
- Indefinite leave to remain (ILR) is a form of immigration status granted after consideration of an asylum application by the Home Office. ILR grants permission to stay in the UK on a permanent basis.
- **Discretionary leave**
- Discretionary leave is a type of immigration status granted to a person where the Home Office has decided the person does not qualify for refugee status or humanitarian protection but where there are other compelling reasons why the person is recognised as needing to stay in the UK on a temporary basis.
- **Humanitarian protection**
- Humanitarian protection is a form of immigration status. It is granted by the Home Office to a person who they have decided has a need for protection but who does not meet the legal criteria for refugee status.
 - (BPS, 2018)

Pre-migration

Challenges faced here include lack of livelihoods and opportunities for education and development, exposure to armed conflict, violence, poverty and/or persecution.

Facts and figures

In 2019: United Nations estimated that nearly 69 million people worldwide have been forcibly displaced by violence and conflict, the highest number since World War II.



In 2020: The United Nations Refugee Agency (UNHCR) estimated that at the end of 2020 more than 82.4 million people were forcibly displaced worldwide Mid-2021: UNHCR estimates that global forced displacement has surpassed 84 million at mid-2021.



At the end of 2023, an estimated 117.3 million people worldwide were forcibly displaced due to persecution, conflict, violence, human rights violations and events seriously disturbing the public order. Based on operational data, UNHCR estimates that forced displacement has continued to increase in the first four months of 2024 and **by the end of April 2024 is likely to have exceeded 120 million.**

Mental Health and PSS

- The National Institute of health (NIH, 2019):
- There are raised chances of developing mental health problems; like post-traumatic stress disorder (PTSD), anxiety and depression, and poorer life outcomes as adults World Health Organisation – The Lancet report (2019):
- It is estimated that one in five people will develop a mental health disorder at any point in time and the rate of anxiety and depression is five times higher than the rest of the world
- Within areas of conflict, one person in five is living with some form of mental disorder, from mild depression or anxiety to psychosis. Worse, almost 1 in 10 is living with a moderate or severe mental disorder.
- Their disorders often impair their ability to function – so access to care isn't just about improving mental health, it can be a matter of survival.
- For depression and PTSD, 'years living with the disorder' were more than five times higher than the global mean – showing that, not only is there a higher prevalence of mental disorders, but that they are more likely to be chronic and last a lot longer.

The effects of war on children and young people

- Conflict experiences, ranging from being denied access to psychologically supportive environments and resources to being forced into involvement with armed forces or armed groups, violate child rights as outlined in the Convention on the Rights of the Child (Wolf, Prabhu and Carello, 2019)
- Exposure to different types of violence, the duration of the conflict, and the nature of experienced and witnessed traumatic events are all associated with the onset and severity of mental disorders among conflict-affected children (Charlson et al., 2019)
- Studies among children affected by the Israeli–Palestinian conflict report post-traumatic stress disorder (PTSD) prevalence ranging from 18% to 68.9% (Canetti et al., 2016)
- In one study among children exposed to the ongoing Syrian Civil War, 60.5% meet the criteria for at least one psychological disorder and cases of probable PTSD (35.1%) were greatly elevated compared to the general population (Perkins et al., 2018)
- Overall, the most common mental disorders reported among children exposed to conflict are PTSD and depression (Catani, 2018). Other reported disorders include acute stress reactions, attention deficit hyperactivity disorder (ADHD), panic disorder, anxiety disorders specific to childhood, and sleep disorders.
- In later childhood, children exposed to conflict-related trauma are predisposed to externalizing symptoms, including behavioural problems and conduct/oppositional defiant disorders (Halevi et al., 2016).

The effects of war on children and young people

- Studies also report high levels of somatic complaints such as headaches, stomach aches or dizziness (Jensen et al., 2019), often interpreted as idioms of distress or 'somatisation' (Worthman, 2019).
- Sleep problems are also common and are closely connected to trauma and parental care (Richter et al., 2020).
- Younger children may also suffer from substantial distress, but most studies include only children six years or older. Distress in pre-school children may be expressed differently, often as non-specific behavioural and emotional reactions (e.g. including traumatic events in play rituals, developing new fears, clinginess, low frustration tolerance, aggressiveness, sleep, eating or attachment problems) (Sloane & Mann, 2016).
- Moreover, trauma and stress in childhood has been shown to affect developmental processes, and some studies describe how forced migration is linked to working memory, emotional processing (Mueller et al., 2021) and to future educational attainment and employment.

The effects of war on children and young people

- However, recent findings suggest that although psychological and physical wellbeing is reduced, satisfaction with family relations and school environments is high (Dangmann et al., 2020). Studies also report more prosocial behaviour, such as getting along better with adults, being more helpful and sharing (Nilsen et al., 2022).
- Unfortunately, though, many refugee children continue to experience stress also after resettlement, related to language problems, poor social support, economic strain, discrimination and prolonged application processes (Dangmann et al.). These represent low-grade and long-term stress that both directly and indirectly influence mental health and wellbeing (Hou et al., 2020).
- Children are dependent on caregivers, and parental health is closely linked to children's health. The most explored mechanism is how parental distress leads to harsher parenting strategies (e.g. spanking) (Bryant et al., 2018). Others describe more complex pathways where environmental factors, such as poverty, force parents to work and leave children unsupervised, or how unsafe surroundings lead to increased parental control (Sim et al., 2018).
- Children who are unaccompanied are at higher risk of exploitation and trafficking, report more traumatic events, daily stress and mental health problems (Heenan et al., 2019).

Further reading

- The intergenerational impact of war on mental health and psychosocial wellbeing: lessons from the longitudinal study of war affected youth in Sierra Leone (<https://doi.org/10.1186/s13031-020-00308-7>)
- Living through war: Mental health of children and youth in conflict-affected areas (https://internationalreview.icrc.org/sites/default/files/pdf/1590391258/irc101_2/S181638312000017Xa.pdf)
- New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis (<http://dx.doi.org/10.1016/>)
- Mental health in Syrian children with a focus on post-traumatic stress: a cross-sectional study from Syrian schools (<https://doi.org/10.1007/s00127-018-1573-3>)
- Mental Health in Displaced Child and Youth Populations: A developmental and family systems lens ([Mental Health in Displaced Child and Youth Populations: A developmental and family systems lens | Innocenti Global Office of Research and Foresight \(unicef.org\)](#))

Task one:

Research some initiatives put in place to promote mental wellbeing in PSS – what is currently available?



Then consider this scenario:



You are working for a charity to promote and improve mental health and psychological wellbeing in PSS – what do you do?
Who you try to help first? What/who do you prioritise?

Migration, travel and transit

Challenges faced here include exposure to challenging and life-threatening conditions including violence and detention and lack of access to services to cover their basic needs.

Quote:

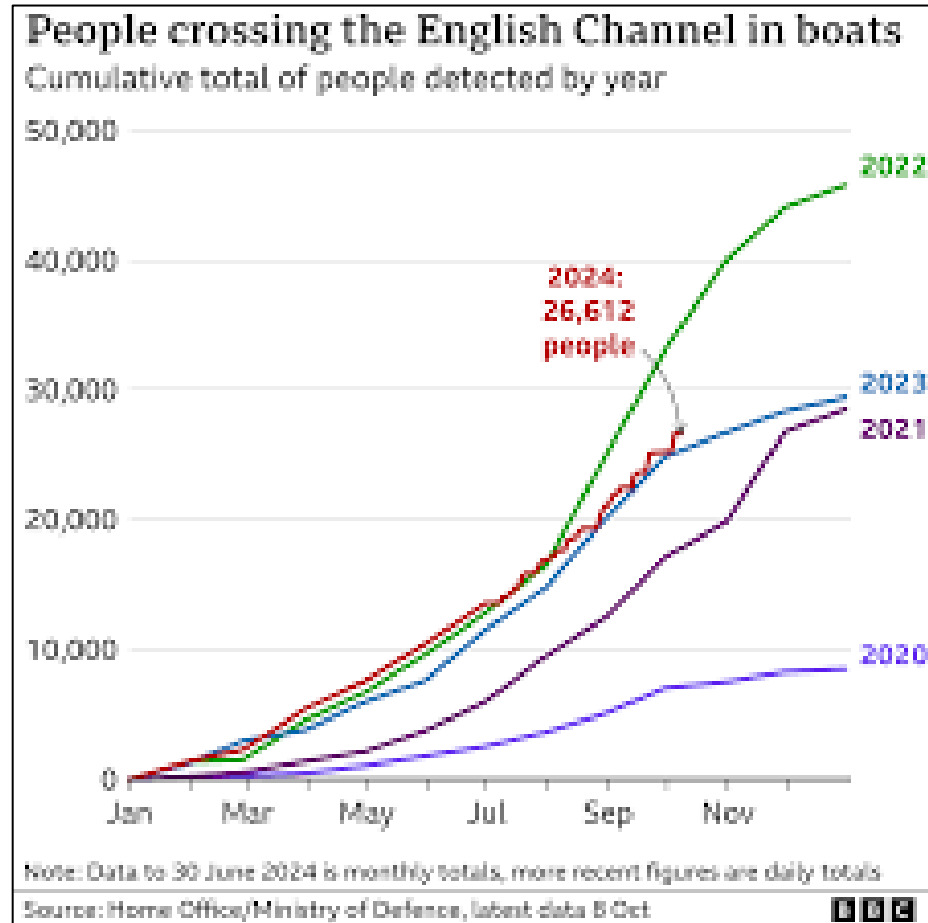


"You have to understand, that no one
would put their children in a boat
unless the sea is safer than the land,"

British-Somali poet Warsan Shir



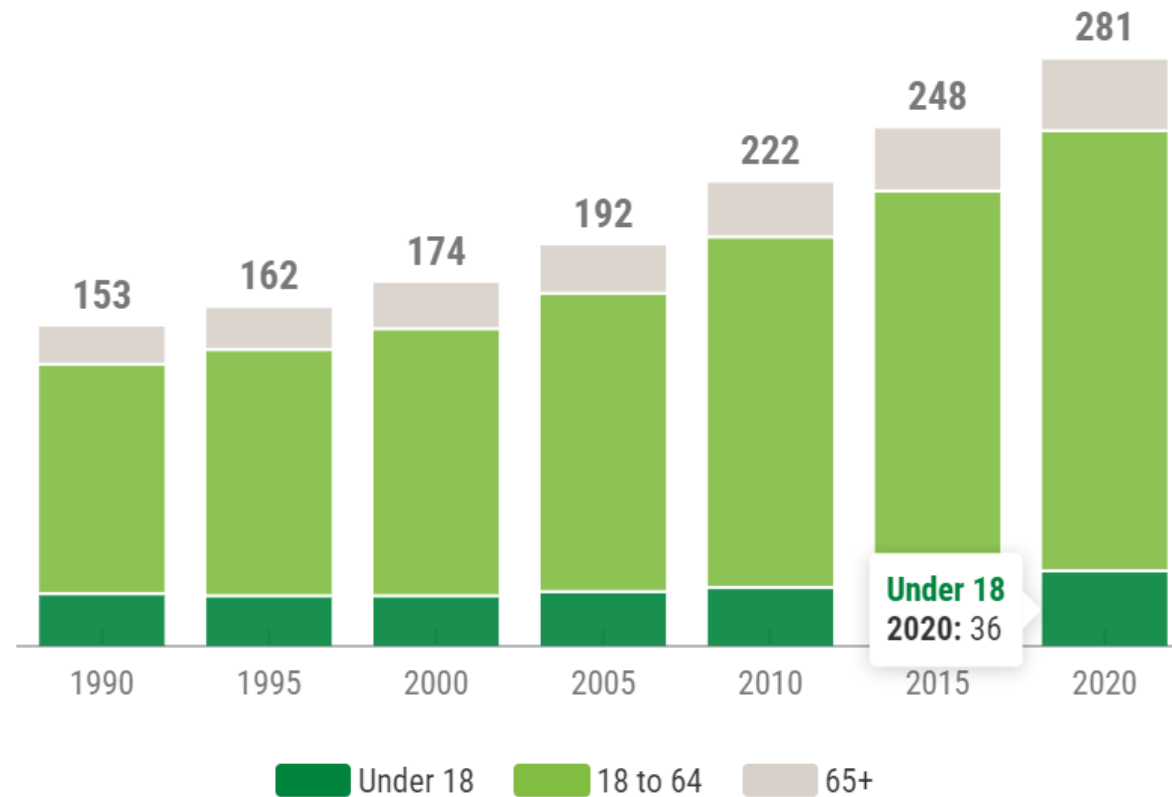
The risks people take



Children and young people

In 2020, the number of international migrants reached 281 million; 36 million of them were children.

Number of international migrants by age, 1990 to 2020 (in millions)



At a glance: the risks they face

- **Deaths and disappearances:** Some 56,800 people died or disappeared while migrating between 2014 and 2018, according to an estimate by the Associated Press. It is likely that many more deaths go uncounted.
- **Stuck in foreign lands:** Thousands of people get stuck in Bosnia trying to get into Croatia, a member of the EU. On average, they said smugglers charged them \$10,000 to bring them to the EU.
- **Forced into dangerous routes:** Since an EU-backed crackdown on irregular migration through Niger, people are taking new routes to Libya, according to researchers. People in Niger say tighter security has made the journey more difficult and dangerous.
- **Running the gauntlet of gangs:** Most routes to the United States through Latin America are beset by dangers. The Darién Gap on the Colombia-Panama border is a lawless, deadly jungle. Routes through Central America to Mexico are controlled by criminal gangs and drug cartels, leaving migrants vulnerable to kidnappings, sexual violence, and murder.

Further reading

- The New Humanitarian: Risky Journeys
(<https://www.thenewhumanitarian.org/migration/risky-journeys>)

“Behind these stark and rising numbers lie countless human tragedies. That suffering must galvanize the international community to act urgently to tackle the root causes of forced displacement.”

Filippo Grandi, the UN High Commissioner for Refugees

Task two:

- Syrian Journey: Choose your own escape route If you were fleeing Syria for Europe, what choices would you make for you and your family?
- Take our journey to understand the real dilemmas the refugees face.
- <https://www.bbc.co.uk/news/world-middle-east-32057601>

Task three: Syrian Journey: What would you take with you? - BBC News



Consider this scenario, what do you do?



You are fleeing a conflict zone.. Where do you go?



What do you take?



How do you get there?



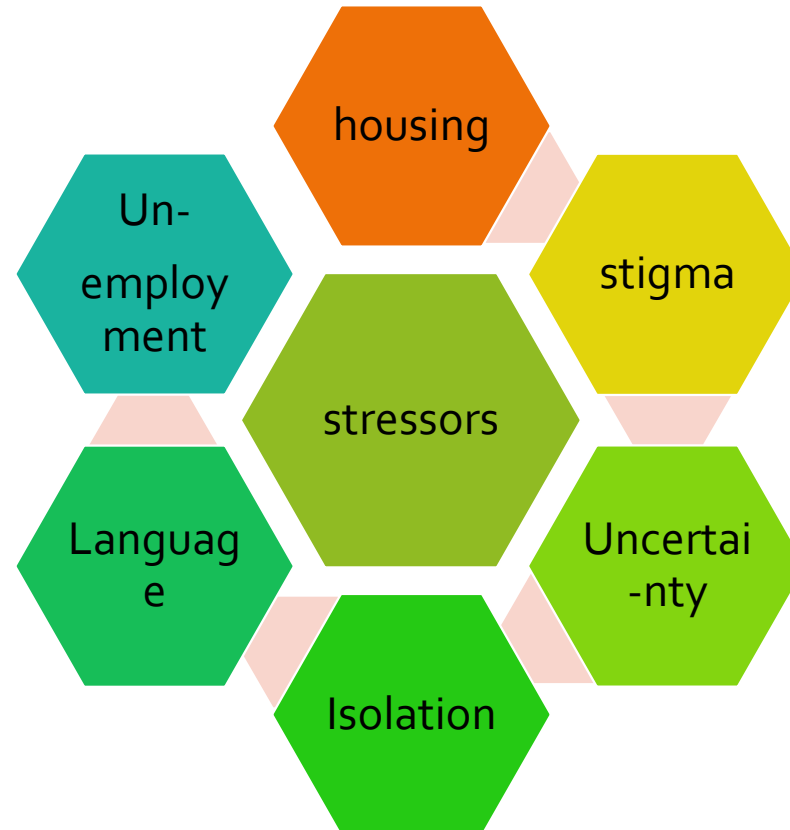
Plan your route, paying close attention to the psychological challenges that you face along the way

Post migration

Challenges faced here include barriers to accessing health care and other services to meet their basic needs, poor living conditions, separation from family members and support networks, uncertainty regarding work permits and legal status (asylum application), and in some cases immigration detention.

Post migration — psychological effects

- Upon arrival in a host country, refugees can be confronted with a multitude of post-migration stressors which can have a distinct impact on their mental health.
- These stressors are also seen as potential barriers to seeking help and getting adequate support.



Life in limbo – living with uncertainty

- The uncertainty of the asylum-seeking process has been associated with a multitude of stressors and poor mental health outcomes (Hynie, 2018).
- The uncertain life situation, constant fear of the future, delays in the asylum process and deportation possibilities that asylum seekers face in their destination countries is the main contributing factor to poor mental health in this population (Médecins Sans Frontières, 2018).
- Pro-longed periods in refugee camps or urban settings with no legal status can be highly traumatic (Davidson et al., 2008).
- Upon arrival to a country of asylum, a range of additional challenges can further impact health and well-being outcomes, including the country's immigration policies - with many western countries continue to implement policies that are designed to deter the arrival of asylum seekers.

Lack of access to Mental Health services

- At present, responsibility for mental health support to refugees is shared by a network of agencies, including the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO), government and non-for-profit organizations, mainstream mental health and specialist refugee services and voluntary organizations.
- Yet, the ineluctable reality is that most refugees with mental health problems will never receive appropriate services.
- There are many potential reasons for this:
 - scarcity and inequitable distribution of services,
 - difficulties in coordinating national and international efforts,
 - barriers to accessing care even when services are available
 - persisting stigma associated with being both a refugee and mentally ill

Barriers

- Lack of provision of clear information on mental health care entitlements and how to receive services
- Fear to seek help due to legal/refugee status
- Communication concerns (e.g. lack of interpreters and cultural mediators)
- Cultural differences of how mental health is viewed
- Structural barriers (e.g., unstable housing)

Continuation of care

Lack of trust in mental health services and providers, leading to drop out.

Social determinants – reluctance to seek help outside of the immediate social network

Financial concerns: in England, refused asylum-seekers or undocumented migrants are charged for secondary care (e.g., GP consultations)

Post – migration and the experiences of children

- Traditionally, research has focussed on traumatic events before or during flight, as these are well-established risk factors for mental distress. As an example, studies reveal how Syrian children have experienced several traumatic events such as bombing, shooting, violence and death that are closely linked to high levels of PTSD symptoms (Kandemir et al., 2018).
- However, as previously noted, many refugee children continue to experience stress after resettlement. This is particularly distressing for children who may be unaccompanied.
- Despite being separated, familial ties remain crucial also for unaccompanied children's wellbeing, motivation and meaning-making.
- It is important to note that the label “unaccompanied” might hide a complexity of other important relations, as many minors travel with adults who are not their legal guardians or reunite with their families along the journey.

Post – migration and the experiences of children

- Miller and Rasmussen (2010, 2017) argued that the chronicity of daily stressors has the potential to deplete coping mechanisms, affecting the capacity to cope with potential traumatic events (PTE`s).
- Hence, post-migration stressors seem to have a direct effect on mental distress, as well as indirect effects by preventing recovery and exacerbating symptoms from trauma (Jensen et al., 2019). The hypothesis of postmigration stressors mediating, or partially explaining the effect of PTE`s on mental distress in refugees, has been supported in several studies (Newnham et al., 2015; Riley et al., 2017; Seglem et al., 2014).
- In Dangmann and colleagues` QoL research (2021), they reported that the greatest post- migration stressors included missing family, missing previous life, economic concerns and language worries.
- Interestingly, the least common stressors were feeling unsafe and perceived discrimination. However, it must be noted that this study took place in Norway with displaced refugee children from Syria.

Stigma

- The harmful effects of stigma - Some of the effects of stigma include:
 - feelings of shame, hopelessness and isolation
 - reluctance to ask for help or to get treatment
 - lack of understanding by family, friends or others
 - fewer opportunities for employment or social interaction
 - bullying, physical violence or harassment
 - self-doubt – the belief that you will never overcome your illness or be able to achieve what you want in life.
- For Syrian individuals with mental ill-health, the few existing studies suggest a high level of stigma related to undergoing specialized mental health treatments and receiving a mental disorder diagnosis
- Hassan and colleagues (2016) have pointed out that being labelled as mentally ill in Syria bears the risk of being viewed as “mad” or “crazy,” which tends to be associated with concerns about bringing shame to oneself and one's family

What stigma will children and young people face?

- Majumder (2019) conducted Thematic Analysis with 15 refugee children and their carers, with a particular focus on Stigma. Vulnerable young groups, such as those who are in public care, asylum-seeking or homeless, are particularly difficult to engage with mental healthcare services, adding to their vulnerability to succumb to the poorest mental health outcomes.
- Refugees have the potential to experience an added stigma because of their status. Many become victims of racial harassment, implying intolerance by some members of the local community (Rutter et al., 2007).
- How they perceive being accepted by the host country also seems to have a significant effect on their psychological functioning. Unaccompanied minors, young refugees who have been separated from both parents and relatives and are not being cared for by an adult, appear to be at particularly high risk of developing psychological and mental health problems, but are less likely to receive proper psychological care (Ellis et al., 2011).
- Unaccompanied refugee children in contact with mental health services can experience stigma and discrimination related to their asylum seeking or refugee status, having a mental health problem and being unaccompanied or in care can be seen as a 'triple stigma'.

Further reading

- Mental healthcare for asylum-seekers and refugees residing in the United Kingdom (<https://ijmhs.biomedcentral.com/articles/10.1186/s13033-021-00473-z>)
- Welsh Government: Together for Mental Health (<https://gov.wales/sites/default/files/publications/2019-04/together-for-mental-health-summary.pdf>)
- Providing mental healthcare to immigrants: current challenges and new strategies (<https://www.qmul.ac.uk/socialpsych/media/socialcommunitypsychiatry/publications/documents/2014---Giacco---Providing-mental-healthcare-to-immigrants.pdf>)
- Barriers to Mental Health Help-Seeking Amongst Refugee Men (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6696447/>)
- Mental Health Self-Stigma of Syrian Refugees With Posttraumatic Stress Symptoms (<https://doi.org/10.3389/fpsy.2021.642618>)

Integration and settlement

Challenges faced here include poor living/working conditions, unemployment, assimilation difficulties, challenges to cultural, religious, and gender identities, challenges with obtaining entitlements, changing policies in host countries, racism and exclusion, tension between host population and migrants and refugees, social isolation and possible deportation.



Stereotyping, prejudice and discrimination

Many asylum seekers expect that their arrival in the UK will signal an end to their difficulties. In reality, this is frequently not the case, and the psychological impact of this realisation can be significant. While some local communities show support, many others may show a lack of interest or worse, show hostility or racist attitudes. Asylum seekers may experience a lot of stresses such as homelessness, social exclusion, stereotyping and overt discrimination' (BPS, 2018, p.6).

Stereotyping

- Stereotyping is defined as an -
- "oversimplified, usually pejorative, attitude people hold toward those outside one's own experience who are different. They are a result of incomplete or distorted information accepted as fact without question".
- A stereotype is simply a widely held belief that an individual is a member of a certain group based on characteristics. Due to the process of overgeneralization within social perception, stereotyping leads to a great deal of inaccuracy in social perception.
- What type of stereotypes do people hold in relation to immigrants, refugees and asylum seekers?

Experiencing discrimination

- The acts of discrimination can have a detrimental impact on mental health.
- This stigma and discrimination makes many people's problems worse. It can come from society, employers, the media, and even our own friends and family. You may even experience internalised stigma, where you come to believe the negative messages or stereotypes about yourself, otherwise referred to as Self-Stigma.

Research on prejudice and discrimination

- Prejudice - Attitudes toward immigrants among members of receiving societies are important because they may:
- Influence support for immigration policies within a nation,
- Influence the treatment and acceptance of immigrants,
- Alter the success of immigration policies, the life outcomes of immigrants, and, ultimately, the degree of harmony or discord within the nation.
 - For example, attitudes toward immigrants among members of a receiving society may influence the absolute number of immigrants who are allowed entry each year, the stringency and punitive nature of immigration policies, and the types of supports offered to new arrivals (**Reyna et al., 2013**).

Discrimination

- Discrimination toward immigrants is evident when immigrants receive differential treatment compared to native-born individuals in a particular domain ([Acolin et al. 2016](#)).
- The classic economic literature on discrimination distinguishes two types or sources of discrimination, with the first considered more problematic than the second (e.g., [Acolin et al. 2016](#), [Koopmans et al. 2019](#)).
- The first is **taste-based discrimination**, which is bias based on individual prejudice against certain groups, stemming from dislike of a group per se.
- **Statistical discrimination**, is discrimination based on specific characteristics—known as productivity-determining characteristics—that are correlated with group membership and could potentially influence outcomes.
 - For example, if immigrants generally have lower income levels than native-born individuals, landlords may use statistical discrimination to assume that immigrants are at greater risk of not paying rent.

Stereotyping and discrimination within the child refugee population – one example

- England's discriminatory hostile environment policies, and their integration into the health system, including the sharing of health data for immigration enforcement purposes negatively impacts the health of child migrants (Stevens, 2020).
- In England, refugee and asylum-seeking children, unaccompanied children looked after by the local authority and detained migrant children are entitled to free healthcare at all levels of care. However, with the exception of primary care and emergency department treatment, undocumented child migrants and dependents of refused asylum seekers are chargeable for many healthcare services, including inpatient care (Gov.uk, 2023).
- In addition to healthcare barriers emerging from charging regulations, child refugees, asylum seekers and undocumented migrants also face challenges accessing primary care as they are wrongly refused registration with General Practice (GP) surgeries due to the inability to provide the identification documents demanded of them. This is contrary to NHS guidance (Hamada et al., 2021).

Stereotyping and discrimination within the child refugee population – one example

- Racism, discrimination and xenophobia of institutions or among people responsible for healthcare delivery influences the overall health system responsiveness to the needs of child migrant populations.
- Medical interpretation services are not universally provided across Europe, and when available there may be a financial cost to patients. Language barriers were the most frequently identified obstacles to the provision of urgent and emergency care to refugee children in a cross-sectional survey of 110 healthcare professionals from 23 European countries (60%) (Nijman et al., 2021).
- Data from Doctors of the World UK clinics (2014–2017) showed that of the patients reporting healthcare barriers, 7% of refused asylum-seekers and 10% of asylum-seekers cited language as the access barrier (Nellums et al., 2018)
- In a 2019 Swiss cross-sectional study of 504 primary care professionals, 80% of primary care paediatricians and 75% of family doctors felt they had not been able to provide appropriate care due to language barriers.
- Sixty-two percent of respondents reported difficulties determining the right diagnoses; 62% forewent giving information on disease, therapy and care plans and 56% forewent giving preventative advice.
- One fifth reported adverse events that could have been avoided through interpreter use (Jaeger et al., 2019).

Stereotyping and discrimination within the child refugee population – another example

- Most children within Western society enter some form of pre-school provision. These facilities are in a unique position to support children at risk, as they can consider their specific needs without having to focus on strict academic content.
- Prior, early education was found to reduce the impact of risk factors on child development and school performance in low-income children (Reynolds et al., 2011).
- Due to their backgrounds and experiences, such as interruption of formal education, young refugee children require teachers to be more flexible and to consider their specific needs (Birman & Tran 2017). However, teachers often lack experience or training for working with refugee children.
- Teachers reported feeling insecure in effectively detecting and serving refugee children's specific needs (Levi, 2019) and to find overcoming language barriers as well as communication with the parents difficult (Busch et al., 2018).

Stereotyping and discrimination within the child refugee population – another example

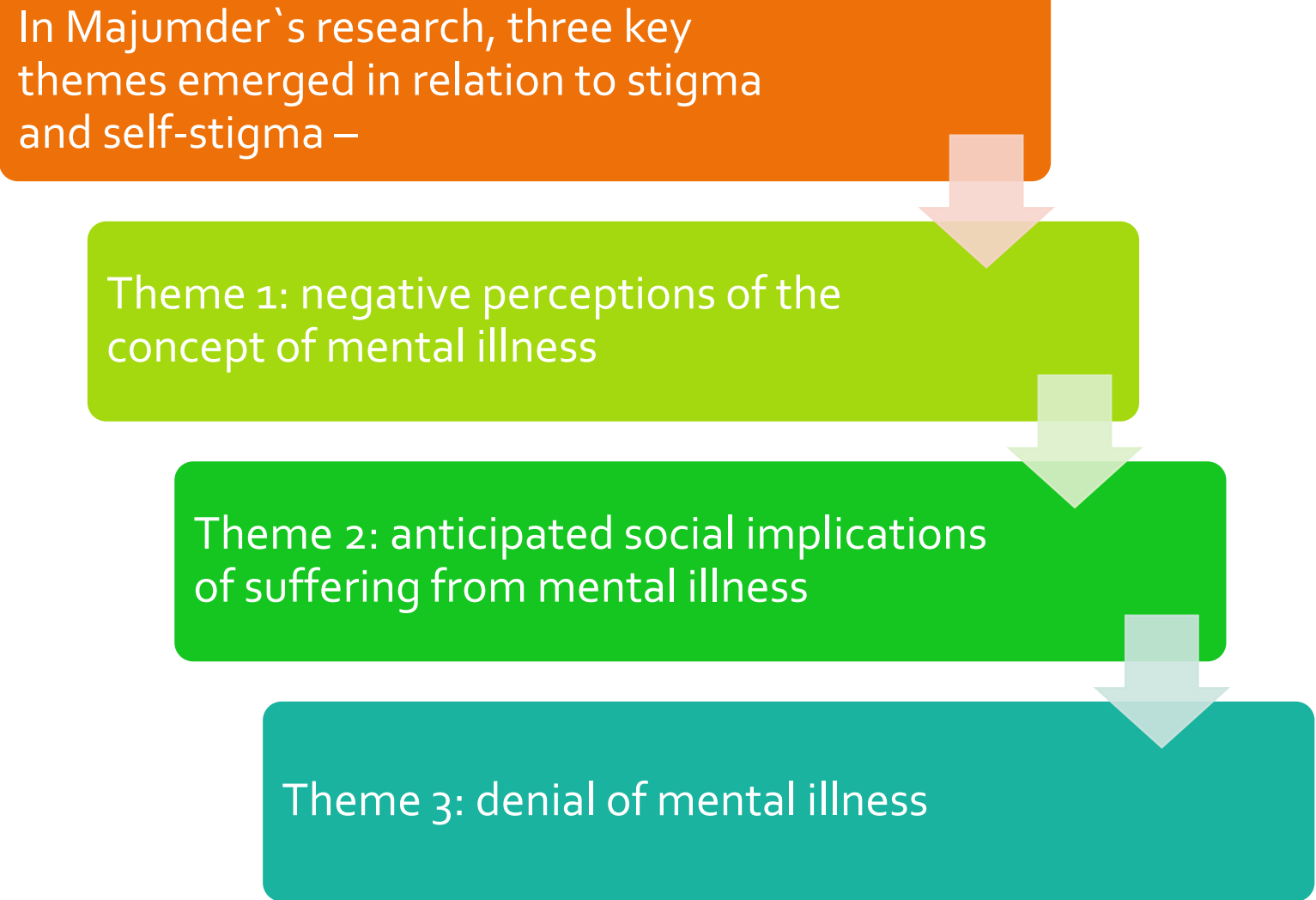
- Teachers' beliefs and values (comprising stereotypes and cultural beliefs) and teachers' motivational orientations (comprising self-efficacy and enthusiasm for teaching immigrant students), amongst others, are identified as central domains influencing the teaching of culturally diverse children.
- Evidence suggests that teachers' professional competence influences their perceptions of children's behaviour problems in educational settings. Different kinds of teachers' beliefs such as those concerning student skills and performances were linked to teachers' perceptions, judgments, and behaviours in the classroom (Pajares, 1992). This suggests that stereotypes and multicultural beliefs are linked to teachers' perceptions of behaviour problems in refugee children.
- Teachers' professional competence was also directly linked to motivation and achievements in students. In a systematic review of 34 articles on learning problems in refugee children, Graham et al. (2016) found teacher stereotyping and low expectations to be two of the major risk factors for their students' learning problems.
- Teachers' enthusiasm was found to predict students' interests (Keller et al., 2014) and, through instructional quality, students' outcomes (Kunter et al., 2013).

Stigma & Self-stigma

- Stigmatisation along with discrimination, can have the highest traumatising impacts on the lives of immigrants.
- Furthermore, stigmatisation and discrimination are closely and negatively related to the working and living conditions of immigrants and their psychosocial status in the society.
- This could lead to a vicious cycle, lower social status causing higher discrimination and vice versa.
- Discriminative behaviours put the immigrant in a double-bind situation: they must either reject the host society and become marginalised or accept being assimilated.
- In other words, it creates ghettos on one side or loss of identities on the other. Neither of these alternatives leads to better mental health.
- And, moreover, this can bring about self-stigma.

Self – stigma in children and young people

In Majumder's research, three key themes emerged in relation to stigma and self-stigma –



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graph TD; A[In Majumder's research, three key themes emerged in relation to stigma and self-stigma –] --> B[Theme 1: negative perceptions of the concept of mental illness]; B --> C[Theme 2: anticipated social implications of suffering from mental illness]; C --> D[Theme 3: denial of mental illness];
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Theme 1: negative perceptions of the concept of mental illness

Theme 2: anticipated social implications of suffering from mental illness

Theme 3: denial of mental illness

Self – stigma in children and young people

Theme 1: contact with mental health services in the UK did not appear to shift perceptions. The pp's referred to mental illness by terms like 'crazy', 'mental' or 'mad'. This is consistent with findings from other young vulnerable groups.



The narrative of mental illness described by several young persons had a striking similarity, in associating a mentally ill person with someone who has lost all sense of basic upkeep, hygiene, dressing and hair; is locked up in a hospital or prison; sleeps on the streets and drinks alcohol; and is being beaten up or stoned.

Self – stigma in children and young people

Theme 2: Some of the young persons expressed their worries about the anticipated consequences of being mentally ill. Many participants, both young persons and carers, talked about the young person's anxiety that they might be incarcerated in a secure mental hospital, asylum or prison. Again, there seems to be an important cultural relevance, as the young person's views are likely to be tied to what tends to happen in their own countries of origin.



Worries appeared to be quite deep-seated across the whole sample. Young persons' and carers' responses reflected their fears of becoming socially isolated as a result of their mental illness.



As per other young persons' accounts, social isolation can be due to abandonment by friends and family. The prospect of social isolation was supported by a carer's statement about the young person in her care that he would also lose his friends if they came to know about his mental illness or that he received help from mental health services.

Self – stigma in children and young people

Theme 3: the Western cultural notion of mental illness may be substantially different from what applies to other cultures. There is, therefore, a risk of approaching their predicament through a Western professional 'goldfish bowl' view of mental illnesses by interpreting their experiences as diagnostic categories of Western systems of psychiatric classification.



Many young persons denied having any mental illness despite having attended a mental health service. This seems to be linked to the earlier themes of social stigma and fears of untoward social consequences.



They appeared to be embarrassed about discussing their own mental health difficulties, which was expressed by an increasingly hesitant speech; by evading or altogether avoiding using terms such as 'mental health'; or by giving alternative explanations for seeing a psychiatrist, such as physical health problems.

Dehumanisation

- Dehumanisation involves the denial of full humanness to others and their removal from the human species (e.g. [Haslam 2006](#))
- Across nine studies conducted with EU nationals and residents, [Azevedo et al. \(2019\)](#) find that when participants were presented with visual depictions of refugees in large groups without recognizable facial features, they were especially likely to dehumanize refugees. This effect was particularly strong when the refugees were depicted in a sea context.
- [Esses et al. \(2013, 2011\)](#) examine individuals' explicit and implicit dehumanization of refugees after reading media accounts portraying refugees as bogus asylum seekers or as terrorists seeking to enter Canada illicitly. They find that in both cases, such depictions led to the dehumanization of the refugees in question and of refugees in general.

Psychologists and People Seeking Sanctuary (PSS).

- Guidelines for psychologists working with refugees and asylum seekers in the UK (BPS, 2018)
 - Guidance put together by a BPS task force
 - For use with practitioners and for government information

Psychologists and PSS.

- 'Asylum seekers may assume that you are familiar with the politics and the human rights record of their country of origin. This may mean that they do not immediately disclose their experiences of human rights abuses, including torture, and you may need to ask about this, when appropriate. You may find it helpful to be aware of this context, as it is highly likely to impact on refugees' and asylum seekers' states of mind, and their sense of wellbeing and safety' (BPS, 2018, p.5).
- 'Someone who has to seek asylum in another country is likely to encounter multiple losses – loss of home, culture, family, profession, language and friends as well as their plans for the future. Getting to the country may involve trauma' (BPS, 2018, p.6).
- 'Families are often split up and the journey is frequently fraught with risk and numerous dangers including arrest, theft, kidnap and sexual violence' (BPS, 2018, p.6).

Support and guidance – Welsh Government

- Different cultures will have and hold different perspectives on health and illness. They have different experiences and perspectives which impacts on this.
- Health problems they may experience are not necessarily different from that of the indigenous population, but their problems may be expressed in ways that reflect their cultural background which may be different.
- For instance, mental health issues may be considered taboo, the concept is little understood or the language they speak may not include words for conditions such as depression or post-traumatic stress disorder (PTSD).
- However, there are some issues, such as the impact of torture and violence experienced or witnessed, which may be new to services.
- Many PSS want help and support but do not want to be medicalised. There is therefore a need for more talking therapies, with interpretation where necessary, particularly in relation to PTSD.
- There is also a level of social stigma around mental health issues. However, this in itself should not be a reason for not ensuring the availability of professional, high-quality and culturally-appropriate treatment.

Task four:

Research the different provisions of Mental Health support there are within Wales and then consider this scenario:



You are in charge of organising mental health services for an influx of Ukrainian refugees entering into the UK – what are the immediate resources you would make available?