August 2023 **Mental Health Needs of Children of Asylum Seekers**

Philip Graham

Introduction: What is an asylum seeker?

Asylum seekers are a mixed group of adults and children who have had an extraordinarily varied set of traumatic experiences before arriving in their host countries, as well as similarly varied experiences after they have arrived. Their stories of persecution and/or serious human rights violations in their countries of origin are under formal investigation by the Home Office: an often lengthy process in which their integrity and truthfulness are often vigorously challenged.

To seek asylum is a human right, according to the UNHCR Refugee Convention 1951. State provision for asylum seekers is, however, basic, with the explicit political goal of disincentivising illegal entry into the UK. Most asylum seekers endure sub-standard living conditions without the rights to study or work. Prolonged destitution and uncertainty about their futures and can create a sense of hopelessness.

There is often shame attached to the status of asylum seeker. Jannesari et al (2020) address this by proposing the term 'sanctuary-seeker' as preferable to asylum seeker. For clarity, I shall use the term 'asylum seeker' here, as it is widely understood and legally accurate.

Mental health problems

Mental health problems comprise a great variety of types of behaviour and emotional experiences that cause distress and loss or reduction in the capacity to function in everyday life. By far the most common symptoms are depression, anxiety and the involuntary re-experiencing of traumatic experiences. Less commonly, mental health problems may take other forms, like the resignation syndrome that sometimes afflicts children of asylum seekers. (See: https://www.ucl.ac.uk/global/publications/2022/sep/resignation-syndrome-towards-new-understanding) Psychiatrists and psychologists classify these in various ways that they find helpful in treatment and research, but which are not particularly helpful for the purposes of this paper.

Here I am just concerned with those who are in distress and/or poorly functioning. Although it is widely thought that mental health problems only arise in response to unusual stress, this is not the case. They can have a variety of other causes, including particularly genetic influences as well as quite ordinary experiences that most children face with equanimity.

Types of Trauma

Children who arrive as asylum seekers in this country will have experienced many traumatic stresses arising from their departure from their home countries. Nelki, Hughes and Kavner (2021), who have vast experience in assessing refugee children, list them as follows: 'sudden

loss of home, friendship networks and extended family to multiple traumas associated with war and persecution, loss of significant family members, dangerous, long and traumatic journeys to the UK (and children travelling on their own are particularly vulnerable to sexual abuse). Refugees frequently suffer acute stress because of the social, emotional and psychological transitions of exile and their experience of being in a state of limbo because their ability to integrate into the host culture is compromised.'

To these must be added the stresses that adversely affect disturbed children who are not refugees, such as parental marital disharmony, bullying at school, educational difficulties and illness of various types in themselves or in other members of their families.

The Importance of the Age of the Child

Young children under the age of five years will suffer particularly from lack of parental care arising from their parents suffering from depression and anxiety arising from their refugee experience. Physical growth and brain development may be affected. Older children aged between 5 and 12 years are likely to suffer from interference with their education, inability to form stable friendships because of frequent moves and being given inappropriate levels of responsibility looking after younger children. Teenagers, aged 13 to 18, although physically well developed, and this can result in them being coerced into inappropriate social and sexual behaviour. Although officially categorized as children, they may have unrecognised competence and so may feel frustrated at the degree of protection they receive.

Why Do Children React to Trauma So Differently?

Children experiencing similar or even identical adverse experiences may react in very different ways. This may be because of their genetic makeup, the way they are built. Children with cheerful, optimistic personalities, may withstand even severe stress with remarkably little adverse effect. On the other hand, some vulnerable children may develop severe reactions that seem disproportionate to what they have experienced. Differences in reaction to stress may also arise from early experiences. Children who have had the benefit of a secure early childhood with parents sensitive to their emotional needs withstand stress better than those who have not had these advantages.

As well as these personality differences and varieties of early experience, some children have ways of coping with stress that enable them to show more resilience than others. Children who can communicate their feelings, who can remain hopeful and can think positively even in the presence of seriously adverse circumstances will do better than those who feel hopeless and without the possibility of a better future.

Prevention of mental health problems in country of origin

This form of prevention would result in children not having to endure the refugee experience in the first place. The most obvious reason this might occur is if they lived in countries that provided a safe environment for all their children in which the needs of children for food,

warmth, education and emotional security were all met. Children of asylum seekers come from countries which, because of their governing regimes or war, are unable or unwilling to provide these.

Prevention in host country

Assuming asylum seeking is unavoidable, the question arises how the policies of host countries can be framed to reduce the likelihood of children developing mental health problems. The first principle to recognise is that all policies that make the lives of parents less stressful are likely to help them to give their children's needs more attention and thus reduce the risk of mental health problems. Inevitably, parental stress will be increased if there is a long period of uncertainty as to whether the refugee family will be given permission to stay. A rapid decision-making process is therefore imperative providing this is fair and, to the maximum degree possible, predictable given the legal position of the family. If the period before a decision is made is short, this is likely to reduce the likelihood of children being separated from their parents and a stable parental presence is essential for the mental wellbeing of children.

While the family is waiting for a decision, the parents should be given sufficient income and/or provisions to maintain adequate health; nutritious food should be a priority. The accommodation provided needs to be sufficient for the family's needs. This means there should be sufficient space for the privacy of the parents to be retained and for the children to play. There are well-recognised minimum standards for the housing of families of different sizes and these should be respected. During the wait for a decision, if parents are not allowed to undertake paid work, which is usually the case, they should at least be given the opportunity to engage in voluntary activities. There should be opportunities to attend religious services and other cultural events.

Outside the home, children should be protected from racism and all forms of bullying and social exclusion. Attention should be given to their needs for continuing education. A stable placement will ensure they can continue to attend the same school and retain any friends that they make. Their health care needs should be protected by the availability of access to primary and secondary health care professionals. They should receive routine vaccinations.

Interventions to prevent mental health problems

There is a variety of measures that can be taken to prevent mental health problems in children. The important principle that measures which support parents will also reduce difficulties in their children should be borne in mind. Parents need the opportunity to talk to counsellors who are knowledgeable about different matters. Some may cover more than one area. The specific areas where advice should be available are:

- Legal. How to present their case for permanent residence most effectively.
- Housing. How to manage in crowded accommodation and how to find a more suitable place to live.

- Occupation. If, as is usually the case, paid work is not permitted, how to find voluntary activities that are rewarding and satisfying.
- Language. How to access English language classes.
- Child-rearing. Basic principles of health, psychological and social care of children.
- Education. How to access college courses and prepare for work. [schools and communicate with teachers.]

In addition to the need for counsellors in these specific areas, there is also a need for every parent or parental couple to have access to a key worker who can 'stay' with them for months or years, if necessary. Such a 'key worker' or befriender needs to be available for ongoing support by telephone, email and, at least occasionally, on a face-to-face basis.

Most asylum seekers will form part of informal groups of people in similar circumstances. Some local authority councils and voluntary organisations (e.g. Freedom from Torture, Refugee Action, Hackney Migrant Centre, the Cotton Tree Trust) facilitate groups of asylum seekers who can come together on a regular basis to meet and share experiences. A small number of councils run mixed groups of teenagers and young people with age-appropriate activities.

<u>Assessment and treatment of mental health problems.</u>

Specialist mental health resources, known as CAMHS (Child and adolescent mental health services) are only very patchily available even for indigenous children. The bar for referral to these services is therefore necessarily high. In general, children are in need of referral if they are showing signs of emotional or behavioural disturbance that are putting others or themselves at risk or if, over a period of at least several weeks, they are unable to function in everyday life. The most common reasons for referral are post-traumatic stress disorder (PTSD), shown by involuntarily re-experiencing traumatic experiences, avoidance of people or places that remind one of the trauma and constantly feeling anxious or 'on edge'. Other symptoms that should lead to referral of disturbed children are suicidal thoughts or behaviour, persistent depression, overwhelming anxiety and great difficulty in forming and maintaining relationships.

Referral to CAMHS is normally made via the primary health care service (a family doctor or nurse) but there is a small number of services that offer direct access. Information about these is usually available locally through voluntary agencies.

<u>Useful resources</u> (needs expansion)

Valsamma Eapen, Philip Graham, Shoba Srinath (2012) Where There Is No Child Psychiatrist: A Mental Health Care Manual. London, Royal College of Psychiatrists

https://uktraumacouncil.org/research_practice/refugee-asylum-seeking-resources?cn-reloaded=1

Matthew Hodes,and Panos Vostanis (2019) Mental health problems of refugee children and adolescents and their management, JCPP 60, 7, 716-731
Expert report on the impact on the children of asylum seekers of living for extended

periods in temporary asylum accommodation in hotels and/or hostels Prepared for the court by Dr Julia Nelki, Gillian Hughes and Ellie Kavner

Jannesari S, Hatch S, Oram S (2020). Seeking sanctuary: rethinking asylum and mental health. Epidemiology and Psychiatric Sciences 29, e154, 1–6. https://doi.org/10.1017/S2045796020000669