Appendix 3: Primary care for young people who have experienced human rights abuses

The following are general suggestions for GPs and other primary care providers.

1. **Developing a therapeutic relationship**

Opportunity to develop trust in an individual clinician in primary care can be really helpful. Young people seeking asylum can find it difficult to discuss mental health. Fears of madness and of being rejected or locked up are common[31]. Successful treatment, whether therapy or medication, is likely to depend on the therapeutic relationship in which it is offered[32].

2. **Somatic symptoms**

Somatic symptoms are common in psychological trauma. Whilst it is important to exclude other serious causes of each presenting complaint, a focus on such complaints without enquiry into the person's psychological condition and life circumstances is unlikely to result in significant improvements. In addition, young people may have very limited understanding of psychological symptoms.

Somatic symptoms are also common among torture victims. They may be a direct physical consequence of torture or of psychological origin. Typical somatic complaints include back pain, musculoskeletal pain and headaches, often from head injuries. Pain may be the only manifest complaint and may shift in location and vary in intensity. Headaches are very common among torture survivors and often develop into chronic post-traumatic headaches. They may also be caused or exacerbated by tension and stress.

3. **Psychological therapy**

Many people, whether with post-traumatic or other difficulties, find that psychological interventions help them to manage symptoms, and to feel supported and more able to move forward with their lives. Where possible, it is useful to refer to an organisation experienced in working with people seeking asylum.

First line treatment for PTSD and complex PTSD is psychological therapy focusing on the traumatic experiences. There can be limits to how successful this is until the person has secured permanent protection in the UK[33]. However, this should not be a barrier to psychological input as trauma-focused work can be helpful for some even while still waiting for an asylum decision.

Symptom-focused medication prescribing in young people (not children, who need secondary care input) may sometimes be useful, especially when provided within a trusting therapeutic relationship and with close follow-up. However, treatment should ideally still include psychological therapy.

4. **Prognosis and risk management**.

In survivors of human rights abuses, post-traumatic symptoms are frequently re-triggered by adverse life events and can play out as chronic ill health, with remission and relapse. People seeking asylum are particularly vulnerable to relapses of depression and PTSD because the asylum process can perpetuate uncertainty and fear of the future or trigger new fears.

Risk assessment should be considered at any point when there is a negative development in an individual's circumstances. Suicide and self-harm risk may escalate rapidly in an individual who receives bad news from home, is faced the prospect of being returned to a place which frightens them, or who loses hope.

5. **Screening for blood borne viruses**

If not already done, it would be appropriate to offer blood tests for hepatitis B and C and HIV. There is a risk of blood borne virus transmission during torture and sexual abuse, including through the use of implements, and bleeding injuries

6. **General advice about mental health**.

All young people benefit from basic information about mental health and wellbeing and in particular encouragement to eat well, to be outdoors and physically active and to pay attention to sleep patterns. Sometimes advice needs giving many times as young people seeking asylum may have very little prior knowledge of how to be healthy, especially when they come to a new culture. The Doctors of the World website has a useful leaflet of wellbeing guidance, translated into different languages[34].

Social interventions may help. The mental health of young people seeking asylum is likely to be helped by developing stable new attachments, peer relationships and educational achievements and from progressing towards their life goals. Disruptions to new attachments, including those with health professionals, may be disturbing, and should be planned and gradual.

7. **Coding of records**.

The addition of codes and problem headers to patient records highlights that human rights abuses have taken place. Human rights abuses are major life events which, in many cases, will have a significant impact on an individual for the rest of their life. It is easy to lose this information in medical records especially when individuals affected are often transient across services.

8. **Interpreters**

People using NHS care have a right to language support if they need this (Gov.UK, 2021). If your practice does not have access to telephone interpretation at no cost to the practice, this needs to be taken up with commissioners. It is not safe to use family members and friends as interpreters and certainly not children.