TORTUREID

Clinical information for healthcare providers about working with people who have experienced human rights abuses and are seeking asylum

The following are general suggestions for GPs and other healthcare providers.

1. Developing a therapeutic relationship

A trusting relationship with an individual clinician or team can itself be therapeutic. People seeking asylum can find it particularly difficult to discuss their mental health. Fears of madness and of being stigmatised or disbelieved are common. The success of any treatment - physical, psychological or psychosocial - depends on a positive therapeutic relationship and frequent follow up.

2. Interpreters

People using NHS care have a right to language support when needed. If your service does not have access to telephone interpretation this should be raised with commissioners.

3. General advice about mental health.

All individuals benefit from basic information about mental health and wellbeing and in particular encouragement to eat well, to be outdoors and physically active, to be social and to pay attention to sleep patterns. Sometimes advice needs frequent reinforcement. The Doctors of the World website has a useful leaflet of wellbeing guidance, translated into different languages. There is also information on the 'Looking after yourself' section of the TortureID website.

4. Social interventions

Social isolation and loss of support networks are near universal among people seeking asylum. It is important to ensure that people are in contact with a local refugee support organisation or know how to make contact with one if they want to, in future. Such organisations may offer help with practical issues affecting people's mental health and may be a source of social contact. Social prescribing is often helpful, for example enabling people to access exercise or social events.

5. Psychological therapy and prescribing

More structured psychological interventions, over and above a reliable therapeutic relationship, may help people seeking asylum to manage symptoms, feel supported, and become more able to cope with the uncertainty of their asylum claim. Where possible, it is useful to refer for this to an organisation experienced in working with their very particular problems.

Difficulties relating to specific adverse experiences (such as PTSD and complex PTSD) are often said to require psychological therapy focusing on the traumatic experiences, but this approach can have limited benefits (and sometimes negative effects) until the person has the safety and security of leave to remain in the UK. This should not be a barrier to offering other forms of psychological input, and even trauma-focused work can be helpful for some while still waiting for an asylum decision.

Symptom-focused medication prescribing 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.

6. Prognosis and risk management.

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 should be assessed whenever 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 separated from friends and support, is faced with being returned to a place that frightens them, or who loses hope.

7. Somatic symptoms

Somatic symptoms are common with psychological trauma. If major physical pathology is not apparent, enquiries as to the person's psychological condition and life circumstances are likely to be helpful. Typical somatic complaints include back pain and headaches. Pain may be the only manifest complaint and may shift in location and vary in intensity. In addition, individuals may have very limited understanding of their psychological symptoms.

Somatic symptoms are particularly common among torture victims. They may be a direct physical consequence of the torture, of psychological origin, or a mixture of the two. Chronic headaches are frequent, and may be caused or exacerbated by poor sleep, tension and stress.

8. Screening for blood borne viruses and other sexually transmitted infections (STIs)

Offer testing for hepatitis B and C and HIV, if not already done. Torture and sexual abuse may transmit blood-borne viruses, including through the use of implements, and bleeding injuries. When rape is disclosed, facilitate a referral for full sexual health screening.

9. Coding and flagging 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 with a significant impact on an individual for the rest of their life. It is easy to lose this information in medical records. Flagging records about communication issues is also important.

10. More information

More information about working with people seeking asylum is available on the TortureID website.

The book 'Seeking Asylum and Mental Health: A Practical Guide for Professionals' (2022), Editors Chris Maloney, Alison Summers and Julia Nelki, and its website Asylummentalhealth.uk offers comprehensive links to a wide range of services and resources.

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