What problems do failed asylum seekers face, in terms of access to health care, with particular emphasis on mental health?

“Being raped didn’t hurt as much as being told it never happened”

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Abstract

Background

Many asylum seekers each year are told that they have been refused the right to remain in the UK. The majority of these people will be unable to access health care and numerous conditions go untreated and are only brought to the public’s attention when they are severe or even life-threatening. This is unacceptable and measures need to be put in place immediately to ensure that this is no longer an issue.

Aims

To use the current knowledge about health care provision for failed asylum seekers to learn about the adverse effects on their health and the difficulties that present when trying to access health care.

Method

A variety of primary and secondary sources were used to obtain information on how failed asylum seekers are treated in terms of health care. Also a literature review was carried out using databases such as Medline, CINAHL, EMBASE and psycINFO to name but a few. Furthermore, additional information was accessed through the organisations that were visited during the SSM and the people that I talked to that have a profound interest in the subject. I also looked through many Lancet and BMJ journals to acquire articles on the topic.

Results

From the research it is now very clear that failed asylum seekers are not getting the adequate health care that is necessary to maintain a normal standard of living and so they are being deprived of the normal rights of a human being. It has also highlighted the fact that they are often portrayed in a negative light and as a result are often on the receiving end of insults and discrimination.

Conclusion

Providing failed asylum seekers with access to health care is undoubtedly a very complex issue that needs addressing. On the other hand Wales have managed to
implement a ruling that allows them to access all health care therefore it is achievable. This should be set as an example for the whole of the UK.
Contents page.

Learning objectives and Acknowledgements

Introduction

Definitions

Statistics

Medial Portrayal of asylum seekers

Case history

A flow chart of the UK asylum process

Method of search

Results of literature review

Discussion

Limitations/further study

Conclusions

References

Reflection

Appendix 1 – GMC duties of a doctor

Appendix 2 – Timetable

Appendix 3 – The Universal Declaration of Human Rights.

Appendix 4 – Top 10 contacts

Appendix 5 – Ten best websites.

Appendix 6 – Presentation

Appendix 7 – Lancet article 1

Appendix 8 – Lancet article 2
Learning Objectives

1. To recognise the struggles behind seeking asylum and what obstacles have to be overcome, including the asylum process in the recipient country.

2. To understand the health problems, particularly psychological, that are prevalent in the migrating population and the predisposing factors.

3. To explore the best approach that the NHS can employ to meet the needs of asylum seekers and refugees.

Acknowledgements

I would like to thank a number of people and organisations for their fantastic help and valuable information that significantly helped towards the production of this SSM. They are as follows:

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And in particular the asylum seekers and refugees that gave up their precious time to share their traumatic stories with me.
Introduction

“being unwanted, unloved, uncared for, forgotten by everybody, I think that is a much greater hunger, a much greater poverty than the person who has nothing to eat.” ²

Unfortunately the quote above is the harsh reality for many people who have fled their home and country. Not only this, but many of them have been on the receiving end of sickening and gruesome events that have left them mentally scarred.⁴¹ They may have come from a place that they would have described as ‘a living hell’ and then arrive in another country hoping for acceptance and support only to find that they will be the focus of prejudice and racist insults. They may even be sent back to their countries of origin,³ even after the horrors they experienced in the treacherous journey that could have involved risking their life to get here. On many occasions there has been cases reported of ‘harm on removal’ when they are being deported.³ So failed asylum seekers may find that the very people that they sought refuge in are in fact the people that that would become the tormentors.

Location of assault during removal (where known) in 2008.³

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Airport</td>
<td>93</td>
</tr>
<tr>
<td>On plane prior to take off</td>
<td>46</td>
</tr>
<tr>
<td>Escort van on way to airport</td>
<td>23</td>
</tr>
<tr>
<td>Escort van on return to detention centre</td>
<td>14</td>
</tr>
<tr>
<td>Detention centre</td>
<td>12</td>
</tr>
<tr>
<td>On plane after take-off</td>
<td>5</td>
</tr>
<tr>
<td>During stopover in other country</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Some experienced assaults in several locations

Cigarette burns, head injuries, rape, electrocution, restraint injuries, cuts, bruises, swellings, losing teeth, nerve damage from hand cuffs and fractured bones.³ This preceding list runs through a few of the consequences of torture that asylum seekers have been subjected to in the past and are still treated this way in some places today.
As a result of the appalling incidences which they have undergone many have now acquired adverse health problems. The following list does not even begin to cover the extent of health problems that they face but it does outline the main ones. 3,41

Depression,

Anxiety,

Panic attacks,

Agoraphobia,

Poor sleep patterns,

Anxious,

Nervous,

Problems with memory and concentration,

Suicidal feelings,

And PTSD.

In relation to children many of them are mature beyond their years and are in caring roles. They will often experience anxiety, nightmares, withdrawal and hyperactivity. 3,41 In order for any improvement to be made a sense of security must be created and, education and self-esteem promoted. 3,41

It has been proven that “social isolation and poverty have a compounding negative impact on mental health as can hostility and racism.” 41 Therefore this suggests that asylum seekers may not have had any signs of mental health problems when they arrived in this country but it could have been brought on by their treatment in the UK.

How can this type of treatment be justified by anyone? Who has the right to subject anyone to this level of hatred and pain? So with all the above in mind how can any doctor turn away someone just because they are a failed asylum seeker? It is our duty as doctors to “Never discriminate unfairly against patients.” 4 This kind of treatment
of asylum seekers is also in breach of the Beauchamp and Childress four principles of medical ethics. Which are:

**Respect for autonomy:** respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices.  

**Beneficence:** this considers the balancing of benefits of treatment against the risks and costs; the healthcare professional should act in a way that benefits the patient.  

**Non maleficence:** avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment.  

**Justice:** distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner.  

The main one which they are in breach of in the situation of failed asylum seekers is ‘justice’.

The inverse care law states that “the availability of good medical care tends to vary inversely with the need for it in the population served.”6 This is often true in the case of refugees and asylum seekers because they are unable to access the health care that they need or they are too intimidated to go to a GP.
In terms of how the public perceive asylum seekers they are often mistaken about how the system works. For instance many people think that;

Myth = “the UK takes more than its fair share of refugees and asylum seekers”

Fact = The UK, one of the richest countries in the world, hosts less than 3% of the world’s total refugee population.

Myth = “the number of people seeking asylum in Europe is spiralling out of control”

Fact = Asylum-seeking in Europe is on the decline due to the stricter regulations that have been put in place to deter them from coming.

Myth = “Asylum seekers come here just to cream off our benefit system”

Fact = There is no evidence to suggest that asylum seekers had a detailed knowledge of our policies or welfare benefits and most of them didn’t even know where they were going to end up.

Myth = “Most asylum seekers and refugees are criminals”

Fact = Asylum seekers are most likely to be the victims of crime than the perpetrators

Myth = “Asylum seekers are all lazy, work-shy so-and-so’s.”

Facts = Asylum seekers are not actually allowed to work in Britain until they are granted refugee status.
### Definitions

**Health** – “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” - World health Organisation.

**Human Rights** =

- The Universal Declaration of Human rights (UDHR) = The General Assembly of the United Nations adopted and proclaimed the UDHR on 10<sup>th</sup> December 1948 which meant “the equal and inalienable rights of all the members of the human family as the foundation of freedom, justice and peace in the world.”<sup>10</sup> These can be seen in Appendix 3.

- The European Convention on Human Rights (ECHR) in 1950 = “The rights set forth in the European Convention are similar to the first twenty-one articles of the Universal Declaration, covering standard civil and political rights. The European Convention defines its rights in greater detail than the Universal Declaration”<sup>11</sup>

- The Human Rights act in 1998 = “ensures that your human rights are respected by public authorities, and makes it unlawful for them to act against your rights.”<sup>12</sup>

**Health inequalities** – “The gap between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds.”<sup>13</sup>
Poverty – “People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in society. Because of their poverty they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to education. It can be divided into relative income poverty and consistent poverty.

- Relative income poverty - is having an income that is less than what is regarded as the norm in society, giving a lower than normal standard of living. It is "relative" because it is measured by how much less it is relative to the income of the majority of people. It is usually expressed as a percentage figure, e.g. the 60% relative income poverty line is 60% of the disposable income of the average household.

- Consistent poverty - Relative income poverty combined with the lack of basic items such as warm coat, sufficient food or adequate heating. The percentage of people living in consistent poverty is the proportion of the total population, e.g. 7% who are living on a lower than normal income and who lack certain basic essential items thereby experiencing a lower standard of living than the rest of society.”

Homelessness – “An individual who lacks a fixed, regular and adequate night time residence; or an individual who has a primary night time residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- An institution that provides a temporary residence for individuals intended to be institutionalized, or
- A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.”

Asylum seeker – “An asylum seeker is someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the ECHR.”
Refugee – A refugee is someone 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 to or, owing to such fear, is unwilling to avail himself of the protection of that country.” - The 1951 Convention relating to the Status of Refugees. 16

Sanctuary - is “protection or a safe place, especially for someone or something being chased or hunted.” 19

PTSD – (posttraumatic stress disorder) is “an anxiety disorder associated with serious traumatic events and characterized by such symptoms as survivor guilt, reliving the trauma in dreams, numbness and lack of involvement with reality, or recurrent thoughts and images.” 20

Depression – “Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide, a tragic fatality associated with the loss of about 850 000 thousand lives every year.” 21

FMG – (female genital mutilation) “comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.” 22

Torture – “any act by which severe pain and 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.” 23

Suicide – “Suicide is the process of purposely ending one's own life.” 24
Statistics

The subsequent bullet points are the shocking statistics for the UK:

- Only 3% of the world’s refugees and asylum seekers live in the UK.  
- 82% of refugees are hosted by developing countries. 
- 299,700 refugees were in the UK in 2007 – about 0.5% of the population. 
- 23,430 people claimed asylum in the UK in 2007. 
- In 2007, 10,725 refused asylum seekers and their dependants were forcibly removed from the UK. 
- It is estimated there are between 155,000 and 283,500 destitute asylum seekers in the UK

The top five refugee-hosting countries in 2007 were:

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of refugees in that country</th>
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<tbody>
<tr>
<td>Pakistan</td>
<td>2033100</td>
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<tr>
<td>Syria</td>
<td>1503800</td>
</tr>
<tr>
<td>Iran</td>
<td>963500</td>
</tr>
<tr>
<td>Germany</td>
<td>578900</td>
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<tr>
<td>Jordan</td>
<td>500300</td>
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</table>

The UK came 8th, just after China, with 299,700 refugees.

The top 10 countries of origin in 2008 were Iraq, Somalia, Russian Federation, Afghanistan, China, Serbia, Nigeria, Pakistan, Eritrea and Mexico.
Media portrayal of asylum seekers.

The media has an immense influence on the general public’s opinion and it often portrays asylum seekers in an inferior light. I looked up a few of the most popular newspapers in society – The Daily Mail, The Sun and The Guardian. Most newspapers often have misleading headlines that increase the revulsion and disgust towards these defenceless and innocent people. The following are a few recent headlines that I can across when I was searching the websites:

The Sun had a title “Fury at families who ‘just take, take, take’”28. This article is about a former asylum seeker who is now costing the “tax payers £1,700 a week”.28 This portrays a negative light on refugees and asylum seekers as a whole even though most of them are living of £35.13 a week35 and they may even be destitute, but there is no mention of this in the article.

A title that appeared in The Daily Mail was “Asylum seekers threaten to jump off roof of UK military base in Cyprus – unless they get British passports.”29 This sends a message of fear to the public that they may even be dangerous people that are prepared to kill themselves to get what they want. It begs the reader to think “What else are these people capable of?”

The article that I came across in The Guardian was one of the few newspaper titles that reflected to some extent the pain and the suffering that asylum seekers are exposed to in this country. The title was as follows “We need a gender-sensitive asylum system.”30 It focuses on the trauma that is faced by women in detention centres and prisons and highlights the hardships and trials they face.30 Many women will be able to empathize with this.

On the whole newspapers are not very sensitive to the plight of asylum seekers and so this seriously jeopardizes their chances if integrating into society and subjects them to horrific prejudices. It also instils a fear of asylum seekers in the community and this is all because of the massive influence of the media on the public’s opinion. It is now clear that newspapers are more worried about how many papers they are going to sell rather than delivering the truth!
The young man that I spoke to was from Trinidad. He was forced out of his country to the UK in 2004 and only received his refugee status in 2009, even though he was a Commonwealth citizen. He came to Britain because it had the perception of being the “safest place in the world”. He spent a lot of time in detention centres where he witnessed “people trying to commit suicide and self harming”. He described the health service in the detention centres as “up to date and good”. The worst thing was “not knowing what tomorrow will bring” and always “thinking that the police will come and get you”, it would always “plaque on your mind”.

He described the screening interviews as intimidating and stressful. He was eventually sent to Wrexham in Wales where he was able to get a GP and was not treated any differently by the GP. The organisation WRASSG helped him out a great deal. He was then placed in a house with other men who did not speak his language. He did not have many issues in his house apart from being bored and frustrated as there was “no activities, no TV and no radio” to keep you occupied. He heard of other people having problems where there was a conflict of religions, for example, there was a Christian and a Muslim sharing a room and the Muslim was waking the Christian up in the night with her praying, also friends have had experiences such as fights, gangs and people throwing rubbish at them.

He was being provided with psychological help such as counselling and he couldn’t sleep at night and so he was provided with sleeping tablets which were too strong and so he started falling asleep during the day.

He is now a member of WRASSG and so helps other refugees. WRASSG helped him by just getting him out of the house. If you didn’t get involved you just spent your time “looking at four walls”.

He says that overall he was treated well but he has heard of many other people who have suffered a lot more, he thinks that it may be because he was tall or maybe it was the fact that he was a Commonwealth citizen. He said that it was “all about state of mind, how mentally strong of mind you are”.

The improvements that he would like to see in the NHS is more attention paid to the mental health of asylum seekers, there should be 20 minutes (a double appointment) for all refugees at the GP etc and where there is an interpreter needed it should be a face to face one.
A flow chart of the UK asylum process.\textsuperscript{31, 32}

Arrival in the UK

\[\text{Asylum claim should be made to the immigration officer upon arrival to the UK}\]

\[\text{Screening (asylum screening unit in Croydon or at port of entry) = interviewed briefly, expected to produce passport or travel document and this will be retained. Your fingerprint and photograph will be taken. They are then given application registration card (ARC).}\]

\[\text{You will be allocated to a case owner within a few days of making your application of asylum. They deal with every aspect of your application from beginning to end.}\]

\[\text{Your first meeting is when they explain the asylum process, invite you to come to an interview, tell you to stay in contact and offer legal representation.}\]

\[\text{Your asylum interview will take place a week later and you will be asked reasons for seeking asylum in the UK.}\]

\[\text{The case owner evaluates the asylum application and within 30 days a decision is made.}\]

\[\text{Your asylum decision}\]

Given asylum (recognized as a refugee)

Granted discretionary leave

Granted humanitarian protection

Refused asylum (you have the right to appeal)
Three out of four asylum seekers are refused asylum and are violently removed by the UK government.  

A lot of refugees have been subjected to horrors, which are beyond even my imagination, and as a consequence they could lead to adverse medical conditions such as ‘home office syndrome’ which is when taking care of their health, or bothering to take tablets for conditions, such as high blood pressure or diabetes, seems unimportant compared to the immediate problems of survival. Health problems take second place to the progress of their asylum case — people will miss important appointments with their GP or hospital specialist to see their solicitor.  

They have often been the victim of many dreadful, repulsive and generally shocking things in their pasts such as sexual assault, coercion and rape, these events usually lead to subsequent mental health problems including PTSD and depression. The threat of forced removal moreover adds to the mental strain that they are suffering. Even with all these problems the access to the NHS care may be restricted especially if they are a refused asylum seeker.  

Furthermore hundreds of failed asylum seekers and foreign ex-offenders are being held in detention centres for indefinite periods. This practice has a huge psychological impact on detainees, with significant numbers developing mental health problems, self-harming and attempting suicide.  

Often the things that we take for granted, like friends, become an uncommon thing to countless asylum seekers because they are often secluded from society and pushed to the side. They also have a language barrier to overcome which makes interacting more of an effort than normal.  

In addition if an asylum seeker wishes to get married they must submit an application for a marriage approval certificate. This is in breach of the UDHR, article 16, which states that ‘Men and women have the right to marry and found a family.’
The following is what asylum seekers are entitled to in terms of accommodation, education and employment;

Accommodation = If you are homeless or destitute you may qualify for housing. You will not be able to choose where it is.\(^\text{35}\)

Education = the children of asylum applicants have the same right to education as all other children in the United Kingdom. You must make sure they receive full-time education if they are of compulsory school age. It is compulsory for children to have full-time education between the ages of five and 16. \(^\text{35}\)

Employment = the majority of asylum applicants are not permitted to work while we consider their application. \(^\text{35}\)

The National Asylum Support service (NASS) are provides of accommodation and support for destitute asylum seekers. \(^\text{36}\)

**Method of search**

Over the past few weeks I have been able to retrieve information from various sources such as the organisations that I visited and the individuals that I have been able to talk to. In addition to this I carried out an extensive search on numerous search engines such as Medline and EMBASE to name but a few. I was able to conduct the search because of the directions that I received from Kieran Lamb at the FADE library where I was given access to the NHS Evidence Health information resources. A summary of the literature search is demonstrated in the following table:

<table>
<thead>
<tr>
<th>Database</th>
<th>Search term</th>
<th>Hits</th>
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<tbody>
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In order to carry out the above search I had to keep a few limits in mind. They were

- The article must be available in English,
- It must have been published recently,
- I need to have access to the full text of the article.

These literature searches proved to be very useful and two articles in particular caught my attention. Both were from the Lancet, the first one was called “Health care for refused asylum seekers: evidence over ideology” and the other is called “Raw deal for refused asylum seekers in the UK.” These articles can be viewed in appendix 7 and 8 respectively.

**Results of literature review.**

| Health care for refused asylum seekers: evidence over ideology. By Erica Pool, Helen Preston and Ian van Schim van der Loeff. |

This article focuses on the injustice that refused asylum seekers are exposed to as a result of being declined treatment in primary care. The Home office expresses its appalling opinion: “to ensure that living illegally [in the UK] becomes ever more uncomfortable and constrained until they leave or are removed.”

The main aim of the article is to raise awareness of the restrictions that are placed on refused asylum seekers in terms of access to health care and how “it underpins the role of a doctor”.  

**Strengths**

To begin with this editorial is clear and concise in getting across a very relevant message. It is easily illegible and has many strong points including the fact that they use a range of sources, opinions and figures to back up their point. They also give both sides of the argument and so this limits any bias and leaves the reader fully informed. They notify us of what could be done to change this ruling and how it would benefit not only the refused asylum seekers but also the general public e.g.; “costs can be saved by providing treatment in a primary care settings, rather than allowing the condition to need emergency department care.”
Weaknesses
On the whole this editorial did not have very many shortcomings but I would say that it writes in a very flourish manner and so sometimes the true meaning behind the writing is sometimes lost. It would be better if it could just get straight to the point and it would enhance the force of the message that they are trying to get across.

This poignant piece of writing sends a very strong message that begs anyone in the medical profession to reconsider their medical ethics and their duty as a doctor to treat patients and not to turn anyone away. The author also pulls at the heart strings of the reader by saying "many have experienced torture; have experienced rape, and many have mental health needs." 

The main points of the article include the fact that we as a country have no were near reached our potential of asylum seekers. Therefore we should aim to be more accepting and hospitable towards them and give them the healthcare that any individual deserves no matter what their race, religion or status in this country.

Strengths
In favour of the article it was short and to the point. It was also about a relevant issue that needs addressing. It gave both sides of the dispute, therefore the reader wouldn’t get a misconception and it also made the article more convincing, robust and reliable. Opinions of many people of different backgrounds and age groups were given. For example the opinions of a medical student, a lecture and a doctor were all included.

Weaknesses
This article did fail to mention that Wales is an exception to the harsh treatment of refused asylum seekers as since July 2009. The welsh government state that “if the asylum seekers claim for asylum has failed they will not be charged for treatment but will be entitled to receive free NHS treatment until the point of their departure to
their country of origin." The author also could have made it a stronger article if she had backed up her points with figures. She also didn’t give any instructions that would help the reader to become a part of or take a stance against such treatment.

Discussion

These articles and the many others that I came across in my search highlighted the need for drastic change in the way that failed asylum seekers are treated especially in terms of healthcare. It is inhumane, heartless and cruel to continue in this fashion.

The following quote sums up my opinion on the matter of access to health care; “The process is stigmatising and seems to focus more on the native population than benefiting the health of the new arrivals.”

One of the most prevalent healthcare problems that a failed asylum seeker may face is mental health. “Previous studies in the UK have found that one in 6 refugees has a physical health problem severe enough to affect their life and two thirds have experienced anxiety or depression.”

Refugees are at risk of developing psychiatric illness resulting from pre-migration, migration and post-migration experiences.

Possible vulnerability factors

- Personality
- Loss, bereavement, PTSD
- Culture shock

Stages of migration

- Pre - migration
- Migration
- Post - migration

- Assimilation
- Acculturation
- Deculturation
Other things that affect the extent of trauma experienced during the stages of migration are; the reason they left, the amount of preparation time they had, the support networks in place when they arrive, their self esteem, their expectations, and what language they speak. 43

The Independent Asylum Commission is one of many organisations that are fighting to make the UK a more welcoming country for asylum seekers. The Commission believes that the UK has a duty to provide sanctuary. 45

Limitations/further study

I encountered a few limitations when I was carrying out this study.

- Firstly there was a restriction on the word count and so a detailed report couldn’t be written up on the topic.
- There was also the problem of the time constraint which prevented me from investigating it in more detail. I would like to have had the time to explore more articles and enhance my knowledge on the subject.
- Finally it was unfortunate that we were unable to visit or obtain information from some organisations and so this further limited my resources.

Given the opportunity to repeat the study I would like to carry out a survey to find out how the public view asylum seekers and how much they know about the process. Therefore this report only highlights the problems faced by failed asylum seekers.

Conclusions

On the whole it is universally understood that hardships are prevalent among asylum seekers. Unfortunately one of the most common setbacks is that they are unable to access crucial health care.

In conclusion there are a lot of amendments to be done in this area and we should begin by carrying out some simple measures such as;
- Raising awareness of the asylum process in the public,
- Double appointments (20 minutes) for all refugees and asylum seekers,
- Face to face interpreters,
- More focus on mental health.

Obviously the government needs to take a bigger stance on the matter, and using Wales system as an example would be a perfect aim and a goal to work towards.

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Reflection

This SSM experience has been an absolute eye opener for me. I was completely oblivious to the plight of asylum seekers and refugees before this. It has now instilled in me a desire to take action against the suffering that they are exposed to and help them on their way to a better quality of life. Moreover it has changed my perspective and outlook on life, making me appreciate things and not take things for granted like; having a country to call home, a place where I won’t be persecuted and having the protection of a government. I would recommend this SSM for students in the future it was a fantastic experience and I learnt a lot and I will carry this teaching with me through my career and hopefully I will become a better doctor because of it.

Evaluation of prison visit

Getting the chance to see what lies behind the iron bars of a prison was an experience that I will never forget. It was both intriguing and enlightening to learn how health care was provided in that setting.

The three things that I enjoyed the most about the prison visit were:

- I was able to observe the nurses giving out methadone and how this differed from in the community.
- I was given the opportunity to sit in along with the GP as he carried out his consultations.
- I was given a tour around the prison and into the high security block which was an incredible experience.
Appendices:
Appendix 1

The duties of a doctor registered with the General Medical Council are as follows:

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognize and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients' trust in you or the public's trust in the profession.
**Appendix 2**

**Timetable**

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity (am)</th>
<th>Activity (pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23rd November</td>
<td>Registration and allocation of groups.</td>
<td>Talk from Milka Podsiedlik.</td>
</tr>
<tr>
<td>24th November</td>
<td>Met with convener and then went to LASAR.</td>
<td>Attended STAR meeting.</td>
</tr>
<tr>
<td>25th November</td>
<td>Attended the Women’s group organised by STAR.</td>
<td>Began to think of possible titles for my SSM.</td>
</tr>
<tr>
<td>26th November</td>
<td>Went to Wrexham.</td>
<td>Still in Wrexham.</td>
</tr>
<tr>
<td>27th November</td>
<td>Went to FADE library and got Athens password.</td>
<td>Attended STAR’s conversation group and then sisters of charity.</td>
</tr>
<tr>
<td>28-29th November</td>
<td>Began background reading on asylum seekers and refugees.</td>
<td>Decided on the title of my SSM.</td>
</tr>
<tr>
<td>30th November</td>
<td>Researched articles on the subject.</td>
<td>Obtained definitions of key terms.</td>
</tr>
<tr>
<td>1st December</td>
<td>Looked up current statistics online.</td>
<td>Continued to investigate statistics</td>
</tr>
<tr>
<td>2nd December</td>
<td>Looked up relevant websites</td>
<td>Looked up relevant websites</td>
</tr>
<tr>
<td>3rd December</td>
<td>Travelled to Wrexham.</td>
<td>Travelled back from Wrexham and did some personal reflection.</td>
</tr>
<tr>
<td>4th December</td>
<td>Prepared Lancet Journal Club Presentation.</td>
<td>Gave presentation</td>
</tr>
<tr>
<td>5-6th December</td>
<td>Wrote my introduction.</td>
<td>Continued to write my introduction.</td>
</tr>
<tr>
<td>7th December</td>
<td>Preformed an initial literature search using the</td>
<td>Continued to carry out a literature search.</td>
</tr>
<tr>
<td>Date</td>
<td>Activity</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>8th December</td>
<td>Started writing my method.</td>
<td>Carried out further research.</td>
</tr>
<tr>
<td>9th December</td>
<td>Visited HMP Kennet.</td>
<td>HMP Kennet and personal reflection</td>
</tr>
<tr>
<td>10th December</td>
<td>Wrote a brief evaluation of the prison visit.</td>
<td>Looked up how the media portrays asylum seekers.</td>
</tr>
<tr>
<td>11th December</td>
<td>Selected two articles for discussion.</td>
<td>Critically appraised them.</td>
</tr>
<tr>
<td>12-13th December</td>
<td>Continued to write up my SSM.</td>
<td>Continued to write up my SSM.</td>
</tr>
<tr>
<td>14th December</td>
<td>Looked up information on the asylum process.</td>
<td>Formed a flow chart with the information obtained on the asylum process.</td>
</tr>
<tr>
<td>15th December</td>
<td>Worked on the conclusion.</td>
<td>Completed the conclusion.</td>
</tr>
<tr>
<td>16th December</td>
<td>Selected a picture and quote to feature on the front cover.</td>
<td>Proof read, reference, checked final word count.</td>
</tr>
<tr>
<td>17th December</td>
<td>Created contents page and printed of copies.</td>
<td>Email draft to Kieran Lamb and Global inclusion.</td>
</tr>
<tr>
<td>18th December</td>
<td>Handed in SSM.</td>
<td>Finished.</td>
</tr>
</tbody>
</table>
Appendix 3

The Universal Declaration of Human Rights.

Article 1.

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2.

- Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3.

- Everyone has the right to life, liberty and security of person.

Article 4.

- No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5.

- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6.

- Everyone has the right to recognition everywhere as a person before the law.
Article 7.

- All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8.

- Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9.

- No one shall be subjected to arbitrary arrest, detention or exile.

Article 10.

- Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11.

- (1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.
- (2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12.
• No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

**Article 13.**

• (1) Everyone has the right to freedom of movement and residence within the borders of each state.
• (2) Everyone has the right to leave any country, including his own, and to return to his country.

**Article 14.**

• (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.
• (2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

**Article 15.**

• (1) Everyone has the right to a nationality.
• (2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

**Article 16.**

• (1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.
• (2) Marriage shall be entered into only with the free and full consent of the intending spouses.
• (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

**Article 17.**
• (1) Everyone has the right to own property alone as well as in association with others.
• (2) No one shall be arbitrarily deprived of his property.

**Article 18.**

• Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

**Article 19.**

• Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

**Article 20.**

• (1) Everyone has the right to freedom of peaceful assembly and association.
• (2) No one may be compelled to belong to an association.

**Article 21.**

• (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
• (2) Everyone has the right of equal access to public service in his country.
• (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

**Article 22.**

• Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic,
social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23.

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24.

- Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25.

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26.

- (1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory.
Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

- (2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

- (3) Parents have a prior right to choose the kind of education that shall be given to their children.

**Article 27.**

- (1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

- (2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

**Article 28.**

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

**Article 29.**

- (1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

- (2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

- (3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.
Article 30.

- Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Appendix 4

Resource list

The top 10 most useful resources were:

**Dr Joseph O’Neill**

Global Inclusion.

Tel: 01513554008

Email: global.inclusion@yahoo.co.uk

**FADE library**

Regatta Place,

Summers Rd,

Brunswick Business Park,

Liverpool L3 4BL

Tel: 01512854493

Email: kieranlamb@fade.nhs.uk

**STAR conversation group**

Merseyside Asylum Link,

St Anne’s Church,

Overbury Street.

Tel: 07533992313
LASAR

Kingsleigh Methodist Church,

Youth Centre,

73 King Street,

Leigh.

WN7 4LJ

Tel: 01942607372

Email: jeanrichardson5@yahoo.co.uk

Wrexham refugee and asylum seeker support group.

Methodist Church,

Regent Street,

Wrexham,

LL111RY.

Tel: 01978290006

HMP Kennet

Parkbourne,

Maghull,

L31 1HX.

Tel: 01512133146

Liverpool Sisters of Charity

Sister Joseph,

Seel Street.

Tel: 01517090628
Milka Podsiedlik

Timbrell House,

86-88 Timbrell Ave,

Crewe,

CW1 3LY.

Tel: 07525324503

Email: m.podsiedlik@pathways,cic.co.uk

STAR asylum women’s group,

International group,

2nd Floor of the Guild of Students,

Mount Pleasant.

Tel: 07549561776

Presentation from Professor Robert Moore in Wrexham,

Sociology Department,

Liverpool University.
Appendix 5

The 10 best websites:

The national audit website
http://www.nao.org.uk/

The medical justice website
http://www.medicaljustice.org.uk/

The World Health Organisation
http://www.who.int/en/

The Home Office website
http://www.homeoffice.gov.uk/

The Universal Declaration of Human Rights.

The General Medical Council.
http://www.gmc-uk.org/

The Amnesty website
http://www.amnesty.org.uk/

The refugee council website.
http://www.refugeecouncil.org.uk/

The Independent Asylum Commission
http://www.independentasylumcommission.org.uk/

The Refugee action website.
http://www.refugee-action.org.uk/