

- There is a need, as part of this, both to develop new sorts of health workers within mental health and to provide education for health workers generally to ensure that they can all undertake psychosocial–physical assessments of their patients and deliver services accordingly.

### Implementation – the crucial next step

Policy and research-based evidence of what works need to be followed by successful implementation. As De Silva & Ryan (2016) argue, ‘the rise of implementation science is the crucial next step in the evolution of global mental health’. They point, for example, to the important work being done by PRIME (a UK-funded consortium working on district-level mental health plans) and EMERALD (with its focus on national policy and system-level issues) in India, Nepal, Uganda, South Africa, Ethiopia and Nigeria. Between them these two projects are learning how best to implement improvement in these very different environments.

Knowledge about implementation needs also to be accompanied by resources. Middle-income countries should expect to fund developments themselves – as with all the SDGs; low-income countries, however, will need to rely on development partners. A recent study shows that while development assistance for mental health increased between 2007 and 2013, it remains low in absolute terms and amounts to no more than 1% of total development assistance (Gilbert *et al*, 2015).

### Reasons for concern and optimism

There are real reasons for concern for the future. Global policy towards mental health has improved but there are only rare examples as yet where this has been translated at scale into action and resourcing. There are, however, substantial reasons for optimism in the new policy background, in the many innovative practical developments around

the world and in the way that evidence is being gathered and learning shared. Perhaps most importantly, the understanding that mental health is intimately connected to physical, social, environmental and economic health – which is so evident in the SDGs – represents a major and very hopeful change in mind-sets globally.

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# Mental health services for asylum seekers and refugees: a snapshot

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As fellow human beings uproot their lives in search of protection, and for those who survive to reach European shores, many countries are faced with an unprecedented, highly complex challenge of managing huge and immediate need. Clearly, immigration agencies are front line in this scenario, but they are closely followed by accommodation, subsistence, community and health agencies. It is widely recognised that the mental health burden

of asylum seekers is large and the stir of growing interest at a clinical level in addressing that burden is encouraging. Mental health services have been aware of asylum seekers and refugees for decades but we have grappled with our role, been confused by the relevance of a political dimension and overwhelmed with how to manage diverse need, in the face of endless competing demands. Mental health services for asylum seekers and refugees have

largely evolved in many and varied ways, dependent on local need and interest.

I work for the Asylum Seeker and Refugee Mental Health Service in Plymouth, a specialist community team with a small staff complement, dedicated to the out-patient assessment and treatment of adults. If I had one wish for the next step in supporting this important group, it would be to see the union of grass-roots experience with a development of strategy and operational policy to support mainstream clinicians far and wide. The goal would be to build knowledge, skills, confidence, capacity, sustainability and leadership in delivering equality and meeting the diverse needs of this group.

This collection of articles begins a theme in the *BJPsych International* that is intended to continue across future editions. We will be hearing from those grass-roots. In this issue, we begin with a

helpful editorial overview of some of the mental healthcare needs and considerations in meeting those needs, from the eyes of a UK-based consultant psychiatrist. We then move on to the current state of play for mental health services for asylum seekers and refugees in Malta and the Republic of Ireland. Our psychiatric colleagues succinctly paint pictures of the diverse structures of local health and community services and of the interfaces between agencies, and they give thoughtful consideration to what could work locally. Undoubtedly, there are resounding shared aspirations to see mental health service provision for asylum seekers and refugees improve and evolve.

We encourage College members to join the Asylum Seekers and Refugees Mental Health Network (see p. 51 of this issue), a space in which to share grass-roots clinical experience and develop our services together.



# The mental health needs of asylum seekers and refugees – challenges and solutions

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**Global events like wars and natural disasters have led to the refugee population reaching numbers not seen since the Second World War. Attitudes to asylum have hardened, with the potential to compromise the mental health needs of asylum seekers and refugees. The challenges in providing mental healthcare for asylum seekers and refugees include working with the uncertainties of immigration status and cultural differences. Ways to meet the challenges include cultural competency training, availability of interpreters and cultural brokers as well as appropriately adapting modes of therapy. Service delivery should support adjustment to life in a foreign country. Never has the need been greater for psychiatrists to play a leadership role in the area.**

nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (United Nations Convention Relating to the Status of Refugees, 1951, amended by the 1967 Protocol)

Asylum seekers are defined as people who have applied for asylum under the 1951 Refugee Convention on the ground that if they are returned to their country of origin they have a well-founded fear of persecution on account of race, religion, nationality, membership of a particular social group or political opinion. They remain asylum seekers for so long as their application or appeal against refusal of their application is pending. Asylum seekers should be distinguished from economic migrants, who choose to enter another country for paid employment.

## Challenges

Because of global events like wars and natural disasters, but also because of increased freedom of travel, which is exploited by people-trafficking networks, the number of refugees has reached levels not seen in western Europe since the Second World War. According to figures from the end of 2014, there were nearly 20 million refugees throughout the world, and that number is now likely to be even greater (United Nations, 2016).

## Definitions

A refugee is defined by the United Nations 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