

Asylum seekers

Headlines

Asylum seekers seem to fare worse on all measures of health and wellbeing than the rest of the UK population¹. Asylum seekers are not homogeneous and, therefore, the health issues affecting them are a consequence of both their past and present environment. Asylum seekers are often housed in areas of deprivation where they inherit the same social factors affecting ill health as the native population. This is exacerbated by social isolation, lack of knowledge, loss of status, lack of support and discrimination as well as past problems that may include poverty, famine, limited health care and endemic disease.

Why is this issue important?

Asylum seekers are often exposed to increased physical and psychological health risks within their home country, during their journey to the UK and during the asylum process in this country. The health and deprivation issues that are brought about by the asylum process are physical, psychological, financial, social and geographical.

What significant factors are affecting this issue?

Forced migration brings with it physical and psychological health needs that often reflect the endemic disease spectrum of the host country but are at times a product of the asylum process itself. Infectious diseases such as HIV and malaria, as well as other parasitic diseases, are often more common in sub-Saharan immigrants²; whereas higher rates of chronic diseases, such as diabetes and heart disease, have been reported in eastern European immigrant populations³. Mental health problems are reported within asylum seekers, including symptoms of depression, anxiety and agoraphobia¹. Whilst these problems may be a product of past experiences there is evidence to suggest a link to present circumstances brought about by the asylum system in this country^{4,5}.

The communicable and chronic disease that asylum seekers may bring with them to this country is often exacerbated by an increase in the social factors affecting ill health that they experience in this country. Asylum seekers often arrive impoverished and are then entitled to 70% of the UK's standard income support payment. They are often ignorant of entitlements to NHS treatment^{4,5}. Barriers such as literacy and language can complicate filling in forms that may aid with the financial cost of health care, e.g. prescription charges. Studies on asylum seeking women indicate that there is a low uptake of maternity services and that poverty, racism, isolation, deprivation, loss of control and housing problems are often an endemic part of life in the UK^{4,5}.

Factors that may impact on their health within this country are:

- Lack of awareness of services.
- Problems registering and accessing primary and community services.
- Language/literacy barriers.
- Social problems, i.e. racism, loss of choice, poverty, hostility, isolation, deprivation.

These may be further exacerbated by health problems from past experiences, such as:

- Endemic diseases, such as HIV, tuberculosis or Hepatitis.
- Imprisonment or torture.
- Coming from a country where the healthcare system is poor or has collapsed.
- Undiagnosed chronic diseases.
- Malnutrition.
- Refugee camp stays and the journey to the UK may have placed them at greater risk of communicable diseases.

Which groups are affected by this issue?

Within Kirklees asylum seekers have arrived from Iran, Iraq, Zimbabwe and a number of other African countries, plus a very small number from Afghanistan, Pakistan and China⁶. The changing global political climate suggests that this group is by no means exclusive. Some failed asylum seekers who are no longer entitled to benefits in this country also remain in Kirklees. The plight of this population may lead to homelessness, overcrowding in already deprived housing or exploitation by employers.

Where is this causing greatest concern?

Asylum seekers have been housed in the HD1 postcode district of Huddersfield and registered for primary care services with the Whitehouse Centre.

What could commissioners and service planners consider?

- Regional and local planning groups ensure the health needs of a largely homogeneous group are understood, especially young men and pregnant women.
- Ensure the health and social care needs of asylum seekers are met.
- Develop and maintain areas of good practice.
- Promote a greater understanding of available services (including voluntary and community) and the barriers to accessing these.
- Identify gaps and training needs for staff and organisations that encounter asylum seeking populations.

References

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