



Opening Statement to Sub-Committee on Mental Health

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We welcome the Sub-Committee's focus on mental health care for migrants and ethnic minorities, and we thank you for the opportunity to attend here today.

We're a refugee and migrant support organisation, not a mental health organisation. But we can highlight a number of issues from our work that we feel are important.

We will speak primarily about refugees, international protection applicants and other high risk migrants, as well as migrant workers from outside the European Economic Area (EEA). But there are other groups we hope the Sub-Committee will also consider, including Travellers, Black and mixed-race Irish people, international students, and EEA nationals from other countries.

The mental health requirements of the people we support differ from those of the general population. And within the broad categorization of migrants and ethnic minorities there are very diverse lived experiences and needs. Existing mainstream services are not meeting these needs, and consequently additional expertise, training and funding is required¹.

Policy Considerations

In a recent report the World Health Organisation highlighted a number of policy considerations to benefit the mental health of refugees and migrants that we believe are important². These include

- The implementation of policies and programmes that promote their social integration and their participation in society. Linked to this, the impact anti-migrant sentiment and discrimination can have on mental health should be noted.
- Ensuring that migrant policies recognize and address the social determinants of mental health and prioritize basic needs such as food, housing, safety, education, and employment.

¹ See 2019 position paper 'The Mental Health Service Requirements in Ireland for Asylum Seekers, Refugees and Migrants from Conflict Zones' by the College of Psychiatrists of Ireland.

² Available at <https://www.who.int/publications/i/item/9789240081840>.

- Strengthening the capacity of health care workers to assess and treat mental health conditions among refugees and migrants from diverse cultural backgrounds.

From our work, we see how factors like poor accommodation, poverty, unemployment, and homelessness adversely affect the mental health of migrants. Recognising and addressing these social determinants, and reducing the level of inequality and social exclusion faced by migrants, is essential.

The impact of restrictive immigration policies and practice, poor regulation of some sectors of the labour market that result in exploitation, and other post migration stressors increase the prevalence of mental health problems for migrants and often result in people experiencing ongoing trauma.

Barriers to Mental Health Care

Research indicates that barriers to access and use of mental health services by migrants include language barriers, cultural perceptions and lack of knowledge of mental health, and stigma around mental illness.

From our work we know that there are additional practical barriers like lack of childcare, waiting times, and lack of trained interpreters.

Mental health service providers also face difficulties. In many cases they do not have the appropriate training or protected time to care for the unique needs of refugees or migrants. We know from conversations with health professionals that the challenges they experience in attempting to meet migrant needs while not being in a position to respond adequately or appropriately is an ongoing cause of frustration.

International Protection Applicants

A high percentage of people in the international protection (IP) system face ongoing mental health challenges that are linked to experiences of war, torture, human trafficking, and other traumatic situations, and also to their migration journey itself. They survive with little or no supports in Direct Provision or emergency accommodation where there is a very poor understanding of the effects of trauma. Lack of training for staff on how to respond is a real concern. So too is the lack of privacy, and the fact that people have to live for years in a state of forced idleness.

The consequences are withdrawal, high levels of domestic violence and substance misuse, and in some cases suicide.

Many of the experiences, including the ongoing trauma, are similar for beneficiaries of temporary protection from Ukraine, but more resources have been allocated for this group.

For children in particular, the after-effects of forced migration are pervasive. Their needs must be included in all assessment of mental health care needs.

Finally, in relation to IP applicants, early and ongoing vulnerability assessments are necessary in order to identify pre-existing and also new or ongoing conditions. Once a person is identified as vulnerable, effective access to adequate and appropriate supports need to be put in place for them.

Key Recommendations

It is important that the mental health services provide choices, particularly in terms of treatment approach, in order to improve access to care, to empower individuals, and to optimize outcomes for migrants.

Equally, it is important that mental health professionals are trained in and practice cultural competence and cultural humility, focusing on identifying their own implicit biases, self-understanding, and building an appreciation for the multifaceted components of each individual (culture, gender, sexual identity, ethnicity, religion, etc.)

We have a number of further recommendations.

1. A targeted approach to promoting mental health awareness and addressing the needs of priority groups is required, including outreach to vulnerable communities. Strengthen community capacity to access to mental health care by providing information about services and referral pathways and raising awareness.
2. The acute mental health difficulties of IP applicants in particular can't be adequately addressed without additional resources, including ongoing vulnerability assessments, improved accommodation standards, and specialist outreach services to accommodation centres.
3. The lack of timely, confidential, and consistent interpretation services, and the lack of trained interpreters and regulation in the industry, needs to be addressed.³
4. More work is needed on collecting standardised data at local, national and service level in order to properly the identify gaps in mental health care for different migrant groups.
5. Provide support and training for healthcare professionals and community and voluntary sector organisations that support migrants, so that they can recognise and respond to the mental health needs of their service users.

Thank you again for this opportunity to meet with the Sub-Committee.

Doras is a non-governmental, human rights organisation working to promote and protect the rights of refugees and migrants in Ireland.

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³ A number of micro-credentials courses for the healthcare sector have been run at the University of Limerick and DCU in 2023.