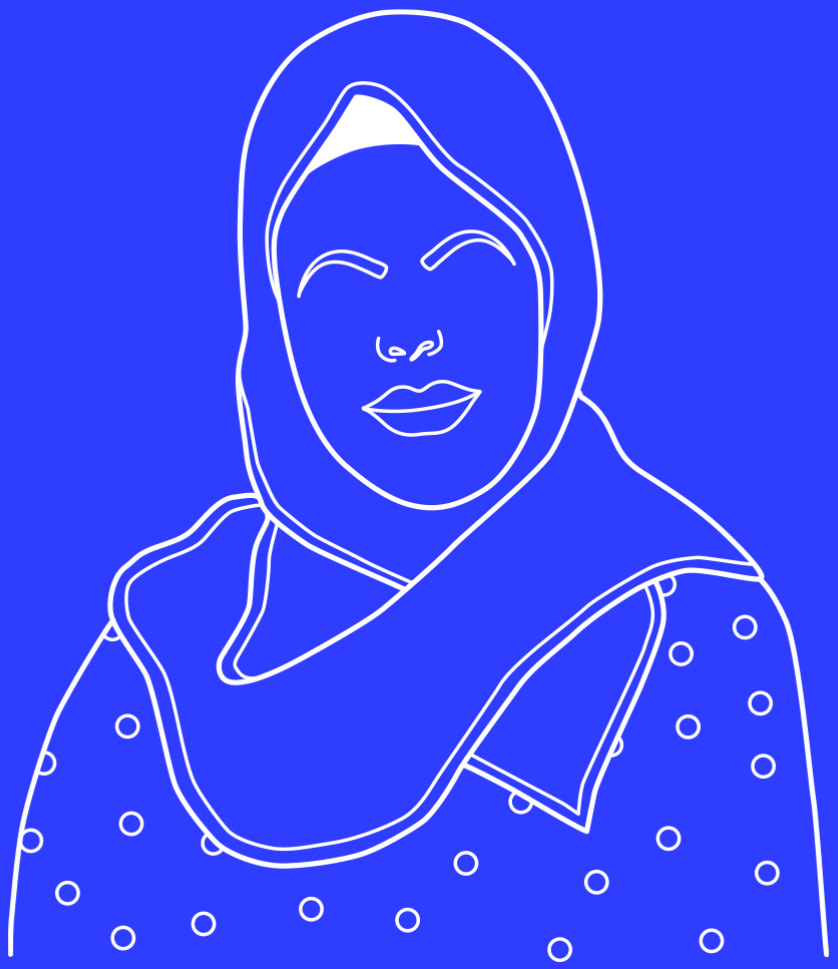
Delivering Talking Therapies to refugee women in Kent



Impact report

October 2023

Introduction

Everyone should feel comfortable getting the support they need for issues with drugs, alcohol or mental health.

We work with people on their own goals, whether that's staying safe and healthy, making small changes or stopping an unwanted habit. We give people support in a way that's right for them either face to face in their local service, community or online.

We provide a free and confidential service without judgement to more than 100,000 people a year. We use our expertise to improve the help available and raise awareness around drugs, alcohol and mental health so that more people can get support.

We Are With You.

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WithYou's NHS Talking Therapies in Kent

WithYou deliver NHS Talking Therapies in Surrey and Kent. This is talking therapies for adult anxiety disorders and depression. We also provide tailored mental health support to frontline organisations to support them with the demands of their roles.

We were approached by Kent County Council and Canterbury City Council at the end of 2022 to develop a dedicated Talking Therapy pathway, tailored to support female Afghan refugees housed in temporary hotel accommodation in Canterbury.

Kent and Medway in particular has seen a significant increase in the number of people seeking refuge in recent years, most notably in East Kent.

More than 24,000 people have arrived in the UK from Afghanistan as of December 2022, nearly all of whom had at least one family member who served with the British authorities.

Working with Afghan women

As a local provider of mental health services, we recognised the significant psychological impact refugees and asylum seekers experience as a result of leaving their homes under difficult, and often traumatic circumstances.

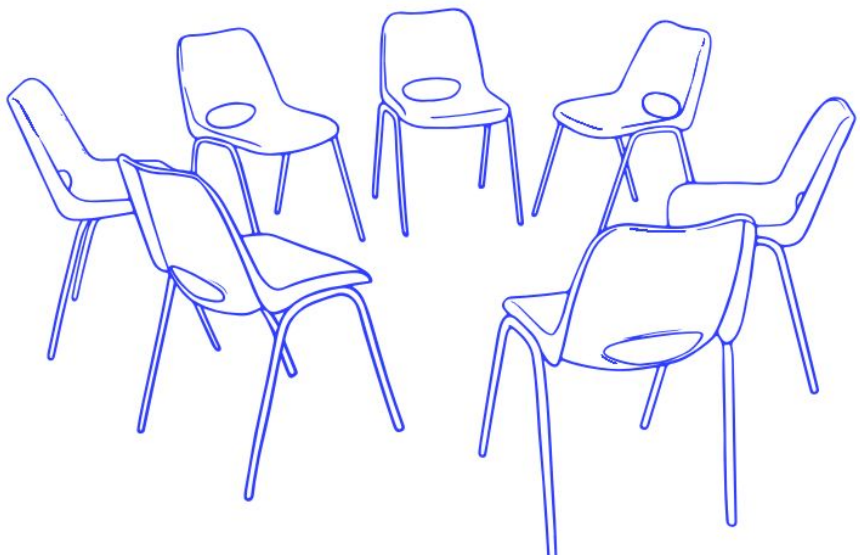
There were immediate concerns around the increased risk of suicide of already very vulnerable people in these communities, and risks around being resettled in hostile communities.

Alongside the challenges of adjusting to a new country and culture, overcoming barriers such as language, GP registration and navigating unfamiliar systems, can mean that refugees are one of the groups least likely to access support for their mental health, despite their increased likelihood of needing to access these services.

Many Afghan people who fled their homes, experienced multiple traumas and continue to deal with stressors such as threats from the Taliban.

Some of the practical considerations when delivering tailored support included:

- Living in temporary accommodation within the hotel is an unusual and unsettling experience for many families, with some being housed for over 18 months.
- Families from across the socioeconomic spectrum are housed within the hotels, which can create challenges when trying to bring groups together in a therapeutic environment. For example, some women are not educated and struggle to read and write in their first language, whereas others are highly educated.
- There is a linguistic divide between those speaking different dialects, such as Dari or Pashto.



What did we do?

Our British-Iranian cognitive behavioural therapist worked with the Resettlement Officers overseeing the hotel to set up a women-only Talking Therapy group within the two Canterbury hotels.

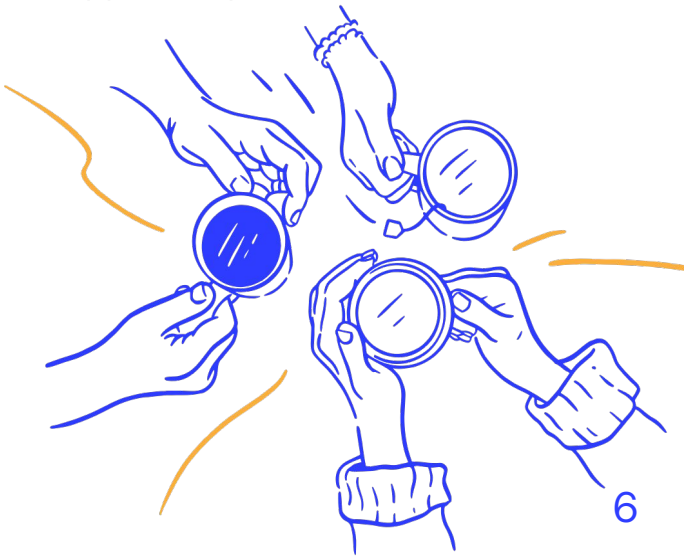
She joined local management and resident meetings giving her an opportunity to hear the issues and concerns being raised at these forums, and allowing her to get to know the women.

She used these informal and formal settings to introduce herself and provide information on the mental health support on offer, introducing the idea of group therapy sessions and how the women could access them. As a British-Iranian women who speaks Farsi, she was able to build a trusting relationship with both the men and women in the refugee families.

She highlighted that the sessions would provide a safe space to have a cup of tea and a chat, whilst also learning about how to manage depression, anxiety, panic, anger, and sleep problems. This investment in early engagement meant that our cognitive behavioural therapist was able to assess women in the hotels and establish a group therapy programme. For many, this was the first time they had spoken to someone directly, without an interpreter present since arriving in the UK, which they found to be a hugely valuable experience.

To facilitate these therapy groups, we translated PHQ 9,and GAD 7 clinical questionnaires (screening tools to assess the presence and severity of anxiety and depression) into Farsi, and built a repertoire of resources that could be used regardless of a client's educational level. This included using culturally appropriate illustrations.

We delivered group programmes both inside and outside the hotels. Many women did not want to leave the hotel, and therefore the only way they could attend the group sessions was if they happened within the hotel itself. For others, they found the opportunity to attend a session in the local community hall incredibly valuable.



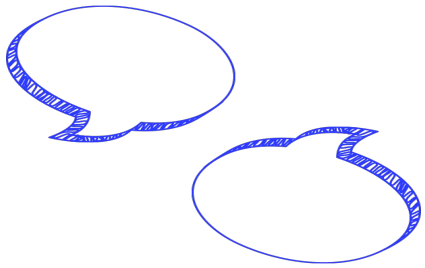
What impact did we have?

Both groups ran for 6 weeks, located at two hotels, working with 29 women across both groups.

As a result of this project, we have been able to engage with a very marginalised community, who are very vulnerable to mental ill health, but often cannot access support.

We used a simplified patient experience questionnaires, including the following questions:

- What did you like about the group?
- Is there anything that you didn't like about the group or anything you think we could do to improve it?
- Is there anything else you would like to share about your experience?



The feedback we have received has been overwhelmingly positive. Attendees reported that as a result of the groups they are able to talk about their mental health in a way they haven't been able to before. They have told us how much they get out of the group sessions, and that they would like to see more groups.

One of the essential features of the model is that it focuses not only on providing individual mental health support but also extends to community healing by promoting the development of social connections within the therapy group and the continuation of social support.

What did we learn?

1. **Having practitioners who are culturally aware and confident working with diverse communities is essential.**

   Our cognitive behavioural therapist and project lead is British-Iranian and speaks Farsi, and was able to use her experience of living in the Middle East and cultural background to provide accessible and meaningful support. We were also cognisant of how certain questions may be perceived by the Muslim community. For example, many Muslims with strong religious beliefs may find questions about suicide embarrassing. However, we knew it was important not to avoid this topic. Cultural insight ensured we were able to guide clients through the assessment process in a culturally sensitive way, following a robust risk assessment.

2. **Communicating directly with clients in their own language had a very positive impact.**

   Farsi is very similar to Dari, which meant our cognitive behavioural therapist was able to speak directly with clients. This allowed stronger relationships to be formed and a better understanding of the culture that people were coming from, and allowed sessions to be better tailored to their needs. Currently we have practitioners from a variety of diverse backgrounds that speak additional languages such as Farsi, Hindi, Urdu, Bengali, and Yoruba. We also use interpreters to deliver therapy in other languages, with additional time for appointments.

3. **Supporting other stakeholders helps provide holistic support for our clients.**

   Our cognitive behavioural therapist was able to support the hotel staff to develop their own cultural competency. For example, a number of residents had opened up about how hungry they were during a group session. While attending the hotel premises, our practitioner noticed the hotel chef was frustrated because residents complained they were hungry but were not eating his food. Our therapist was able to use her cultural knowledge to explain how the residents are used to eating rice that has been cooked at altitude not at sea-level, which is why residents were struggling to eat it. This opened up the conversation between the facility manager and residents within the hotel to ensure the food being prepared was culturally appropriate and met the residents' needs.

4. **Using visual aids helped our clients develop their language skills.**

Alongside English and Farsi, we included a variety of images in our screening questionnaire. As well as increasing our clients' understanding of the questionnaire itself, those taking English lessons said that seeing the visuals alongside Farsi and English writing was a helpful learning tool.

5. **Empowering our staff to support diverse communities is critical to ensuring engagement with talking therapies.**

We ensure that all practitioners are culturally competent and confident working with diverse communities is critical to ensure people engage with talking therapies. We achieve this by making diversity and inclusion training mandatory for all staff, and delivering continuing professional development sessions for staff, led by our Step 2 and 3 Clinical Leads. We support our diverse staff team to use their lived experience to upskill others. Our staff champions work within communities to develop better links with local community leads to reduce barriers to access and create pathways into the service.

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