

**STRATHCLYDE INTERNATIONAL**

**PUBLIC POLICY INSTITUTE**



**Centre for Health Policy**

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## Centre for Health Policy

- Academic hub: connects health policy expertise across the university
- ‘Triple Helix’ approach to engage university expertise with Government/ public sector, third sector and business partners
- Aspires to be an internationally significant centre for research, learning and knowledge exchange
- Aims to make a distinct contribution to health policy in Scotland and internationally
- Adopts a participatory action research model



# Sanctuary:

community-based participatory action  
research with asylum seekers and refugees  
in Scotland



## Anti-Stigma Partnership

- Based in Glasgow, Scotland – one of Europe’s most concentrated areas of deprivation
- An alliance of stakeholders - academic, NGOs, health service, community activists
- Focused on marginalised communities in areas of high deprivation
- Priority given to communities that experience multiple discrimination due to ethnicity, migration, sexuality and poverty

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UK Entrepreneurial University  
of the Year 2013/14  
UK University  
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# Sanctuary Campaigners





# Sanctuary Programme

- **Purpose:**
  - Understand asylum seekers and refugees' experience of mental health, discrimination and help-seeking
  - Improve how policymakers, services and communities respond to asylum seekers and refugees
- **Process:**
  - A 5-year community of practice including universities, public agencies, NGOs (Refugee Council, Torture Care)
  - Empowering communities through participation

## Community-based participatory research (CBPR)

- Collaborative approach to research, [CBPR] equitably involves all partners in the research process and recognizes the unique strengths that each brings.
- CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. (Minkler & Wallerstein, 2003, p. 4)



# Principles of CBPR

- 1) genuine partnership means co-learning (academic and community partners learning from each other)
- 2) research efforts include capacity building (in addition to conducting the research, there is a commitment to training community members in research),
- 3) findings and knowledge should benefit all partners, and
- 4) CBPR involves long-term commitments to help bring about change and reduce disparities

## Participatory research approach

- Community based participatory research (CBPR)
  - Involvement of asylum seeking and refugee communities at all stages (framing research, undertaking research, analysis, validation events)
  - Employment and training of peer researchers
  - Power and focus on action
- Qualitative focus group research
- Over 100 participants



## Findings

- Pre-migration trauma
- Status, fear of deportation and detention
- Loneliness and isolation
- Racism and social conditions
- Culture and stigma (rejection and avoidance)
- Language and knowledge of services
- Prejudice within services limits help-seeking
- Peer discussion groups identified as a valuable resource



“Human beings are the same everywhere but different circumstances cause mental health problems.

In Somalia, it’s poverty and civil war.

But it’s different here – worse – because of the isolation, not being supported by many people and fear of being deported back. In this country, we can’t relax.

We can become sick and stressed inside with bad news from the Home Office”

(African women’s group)

People pretend to listen to you but they are false, even the GP is trying to get rid of you because of colour of your skin. There was a doctor who was racist, everyone know it”  
(African women’s group)



# Challenges and Paradoxes

- Participation
- Community consent
- Power
- Resources



## Conclusions from the research

- Beliefs about mental health problems are influenced by cultural beliefs
- Asylum seekers and refugees' social circumstances lead to mental health problems
- Being an asylum seeker or refugee with mental health problems results in stigma, discrimination and prejudice
- Asylum seekers internalise this rejection and devalue their role contribution to society



## Validation Event

- Attended by all stakeholders
- Agreed findings from the research
- Discussed way forward to address findings
  - Community conversation to improve awareness and help-seeking with asylum seeker and refugee communities
  - Arts project to improve community tolerance
  - Practitioner training to improve service response
  - Policy engagement







## Community conversation project

- Safe, supportive workshops developed and led by trained peer educators
- Explored mental health and stigma and responses
- Engaged 300 participants
- Reduced stigma, improved help-seeking and confidence to help others



“After being to this group, it will change my reaction – I would go and help now but before I would be afraid”  
(African women’s group)



## Arts and culture project

- Series of public arts events using visual arts, theatre, music and film production
- Connect communities through events
- Engaging wider community in dialogue to enhance understanding and reduce prejudice
- Reached large numbers of people, especially low-income communities,
- Enhance understanding and empathy





## Practitioner training project

- Capacity building to shape services and influence policy
- Courses by Refugee Council and Torture Care for health, social work and housing staff
- Further Amaan project developed to increase practitioners' understanding of pre-migration trauma amongst women





## Policy advocacy

- Members of the group the Scottish contributed to Government's New Scots strategy on refugee integration
- Refugee voices at the heart of developing the new strategy
- Mental health a major focus of action planning within the strategy





## Conclusions

- There is a strong link between beliefs about mental health problems, their causes, the associated stigma and discrimination and how this interacts with social factors, such as racism and the stress of the asylum process
- Any solution designed to tackle exclusion needs to address this complex range of factors and be directed to influencing policy, practice, community tolerance and help-seeking
- The study demonstrated the value of a participatory action research model in shaping community and policy responses to these issues, although challenges exist around levels of participation and power



# New Orleans videovoice project, New Orleans, Louisiana.





## Next Steps

- Adopted in other contexts within Glasgow – LGBT people, mental health service users, housing tenants, unemployed people and settled minority ethnic communities
- Developing a partnership with Turning Point Scotland to develop a CBPR programme within a homelessness/addictions context







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