

Academic/Research Article

The preparedness of therapists for working with refugees and asylum seekers: A quantitative study

By Edel Myers



therapy outcomes. This study aims to ascertain the preparedness of Irish therapist to work refugees and asylum seekers, to identify the gaps in their knowledge and highlight gaps in the training. Additionally, perceived therapist challenges and barriers are identified. Though existing research is limited and can be outdated (considering the present migration crisis affecting Europe and elsewhere) it seems important to understanding the preparedness of Irish therapists to respond to the complex situations and needs of asylum seekers and refugees. This study was carried out using quantitative methodology using an online survey of 20 questions to measure therapists preparedness.

Recent increases in mass migration to Ireland means that psychotherapists will inevitably see more of this cohort in therapy, but, are Irish Psychotherapists adequately trained to work with their complex needs?

Introduction

Refugees, asylum seekers and migrants have been identified as suffering up to ten times the rate of post-traumatic stress disorder (PTSD) compared to the indigenous population.

(McCourt, 2019)

Annually, millions of people worldwide are forcibly displaced from their country of origin. In 2022 over 80,000 asylum seekers

and refugees arrived in Ireland according to Integration Minister Joe O'Brien with similar figures are expected in 2023. (Gataveckaite, 2023). Recent increases in mass migration to Ireland by asylum seekers and refugees means that psychotherapists will inevitably see more of this cohort in the therapy rooms. Psychotherapy literature shows that culturally informed practice, along with empathy and good communication lead to improvements in the therapeutic alliance and better

Literature Review

An asylum seeker is someone who has left their country of origin and is seeking protection in another country. Seeking asylum is a human right. Asylum seekers in Ireland, must make an application for international protection and, once processed, they may be declared a refugee or granted permission to remain in Ireland for humanitarian reasons or refused international protection and deported. A refugee is a person who has a genuine fear of persecution in their own country (Citizens Information Board, 2022).

Asylum seekers are placed in the direct provision system and usually provided with accommodation, food, money and medical services while their international protection

application is being processed. Placements may be extended if they appeal the decision or are declared refugees. Placements continue in direct provision accommodation until they can find or are provided with suitable accommodation. (Citizens Information Board, 2023).

Based on figures from the International Protection Office (2022) 13,651 applications for international protection were filed from asylum seekers in Ireland. A further 70,000 refugees arrived from Ukraine, meaning over 80,000 migrants came to Ireland in 2022 alone (Gataveckaite, 2023).

By Comparison, in 2020 over 3,000 refugees from almost 30 nationalities were resettled to Ireland. These included people from Syria (the highest numbers in 2020), Zimbabwe, Iraq, Nigeria, Somalia, Pakistan and Georgia. (Integral Human Development, 2021). In 2021 the Irish government assigned refugee status to a further 400 people coming from Afghanistan. The Russian invasion of Ukraine forced further to migration to Ireland (Integral Human Development, 2021). These numbers are expected to be significantly surpassed in 2023. (Gataveckaite, 2023).

There are many reasons why people make the difficult decision to leave their home countries in search of a safer, better life and with the hope of rebuilding their lives in a different country. Some people leave for educational or financial reasons whilst others are forced to flee due to war, persecution or human rights violations. Some no longer feel safe and might have been targeted because of who they are or what they do or their beliefs, their ethnicity, religion, sexuality, or political opinions. Many of those seeking asylum have witnessed war, persecution, natural disasters, and poverty. The journey to another country is often traumatic

and dangerous. They can be at a risk of falling prey to exploitation and human trafficking. Some are detained by the authorities and many face racism, xenophobia, and discrimination. Many can remain in the direct provision system long-term, with many forced to wait for years for a final decision on their claim. Despite finding relative security in their country of asylum, settlers are often faced with new psychosocial stressors as they simultaneously contend with the impact of their trauma in a foreign setting, along with language barrier and cultural differences. Loneliness and isolation are common due to the loss of valuable support networks e.g. family/community.

With the recent anti-refugee protests in Ireland; threats of violence; and vigilante attacks on a homeless migrant camp (Holland, 2023), it is understandable that Refugees and asylum seekers experience severe vulnerability. Popular anti-refugee narratives use language to other and isolate e.g. *unvetted* or *military age young males*, and depict them as posing a risk to the public safety - especially to women. Irish far-right activists, preying on these fears, disseminate false information about criminal activities which has led to xenophobia, racism and discrimination, all of which have a detrimental effects on the mental health of migrants (Gannon, 2023).

These combined experiences can contribute to complex psychological needs (including PTSD, depression, and anxiety). These needs can be addressed by providing easy access to, and culturally sensitive, mental health services (Amnesty International, 2022).

O'Connell, Duffy and Crumlish (2016) note that high levels of psychopathology have been found in this cohort, with evidence that asylum seekers are at further risk than refugees because they are

left in the unstable position of insecure residency and denial of the right to look for work, causing extra stress. Asylum seekers live in direct provision accommodation for a much longer period than refugees and this reality has attracted much criticism and has been described by the same report authors as "not humane" (p.36). According to the study, specific therapies appear to be beneficial for those disorders that are highly prevalent among refugees and asylum seekers i.e. cognitive-behavioural therapy (CBT) and narrative exposure therapy for PTSD (p.36). It is interesting to note that at present, no HSE policy exists on specific provision of mental healthcare to refugees and asylum seekers, including them instead in a local catchment area's general adult psychiatry and community mental health teams (CMHTs) and further, no additional resourcing or specific training is available for CMHTs with direct provision centres in their areas. Indeed, consultant psychiatrists in Ireland, when asked reported that they felt under-resourced to deal with the specific needs of asylum seekers, and that asylum seekers were "a particularly difficult group to treat" (p.37).

Bogic et al. (2015) in a systematic literature review of 29 other studies explored the long-term mental health of 16,000 war-affected refugees. The study found that greater exposure to pre-migration traumatic experiences plus post-migration stress were the most consistent factors associated with PTSD, depression, and anxiety, whilst a poor post-migration socio-economic status was particularly associated with depression for refugees. This study found that whilst we may not be able to prevent trauma to refugees caused by war, we can likely influence the post-migration challenges which emerge by improving resettlement policies and their effectiveness to promote long-term mental health.

In a 2021 study of 93 Afghan refugees and asylum seekers, Schiess-Jakanovic et al. found that 19% met the diagnostic criteria for post-traumatic stress disorder (PTSD) and 50% for Complex PTSD (CPTSD). Post migration living difficulties such as language acquisition, language barriers and trauma to children led to higher levels of CPSD overall.

This position is supported in a German study which similarly found higher rates of PTSD and depression, than the German indigenous population. 177 adults were interviewed in five languages and results showed that 97 participants suffered with mental health problems and although 28 of the 97 expressed a desire for therapy, none of them received psychotherapy. The study went on to find that the most frequently stated barriers to accessing mental health services were; not receiving information about mental health; and language difficulties. Other barriers to seeking psychotherapeutic care for trauma survivors, included fear of exclusion, stigmatization, and feelings of shame. Cultural issues e.g. seeing psychotherapy as weakness and failure in the Arab world was identified as another significant barrier with a lack of knowledge about mental health such as the relationship between traumatic experiences and physical symptoms, having a further impact on therapy seeking behaviours (Boettcher, Nowak & Neuner, 2021).

In a more recent paper (Khairat, Hodge & Duxbury, 2023) found several themes emerging from their qualitative investigation including; the importance of recognition and validation within therapy; building a human connection within the therapeutic relationship; the importance therapist cultural competency; revisiting trauma; managing difficult emotions from

Irish literature is scant however and much of it is outdated and demonstrates the need for additional research resources to help inform Irish therapists

therapy and regaining hope; the value of practical interventions; cultural stigma and accessing therapy. These themes demonstrate the complexities of working with asylum seekers and refugees and the vital role of gradually building trust, rapport, and safety within the therapeutic relationship. Khairat et al. suggest that therapists would benefit from increasing knowledge around working with forced migrant communities and developing skills in cultural competency.

Finally, one interesting study explored the experience of setting up the first ever mental health clinic solely this cohort in Norfolk in the UK. The aim of the clinic is to reduce barriers to accessing mental health services for disadvantaged populations. Quality improvement (QI) methodology was used to promote equality, increase access, and improve outcomes over three years. The clinic is managed by a team of volunteers including a psychiatrist, a GP, psychologists and trainees. The monthly clinics are held in a friendly well-being hub rather than a normal clinical setting as some clients might not be comfortable there and the location is easily accessible. Clients can be referred many ways, including via primary care, social services, charity organisations, CMHTs and so on. The clinic offers a person-centred and trauma-informed approach. The team also provided drop-in sessions in direct provision accommodation to talk about mental health and access to services. The clinic also offers training opportunities for professionals in transcultural

psychiatry and working with interpreters. The clinic has improved the access of Asylum seekers and Refugees to therapy and improved communication and collaboration amongst services (Hameed et al, 2023).

Irish literature is scant however and much of it is outdated and demonstrates the need for additional research resources to help inform Irish therapists and assist in the development of specific training.

Of particular note, the extant literature demonstrated a skewed gender imbalance in participants with more male participants overall than female. Future research could likely benefit from the experiences of female participants to identify potential differing gender needs in this cohort. Although therapists have little influence on the refugees and asylum seekers pre-migration trauma, the research has shown that they can have an impact on post migration factors.

Researcher Motivation

My interest in this topic stems through volunteering and befriending many refugees and asylum seekers from Mosney Village Direct Provision centre in Julianstown, Co. Meath. During my time as a volunteer, hearing stories of displacement, trauma, post-migration challenges and barriers, and recognising the complex needs of refugees and asylum seekers, I wondered if therapists are adequately trained to work with the complex needs of refugees and asylum seekers considering the enormous increase in numbers on the past few years. My concern is further contextualised in the context of the following albeit now dated infographic (see Figure 1) "A survey of asylum seekers' general practice service utilisation and morbidity patterns," published in the Irish Medical Journal (McMahon et al., 2007).



Figure 1: Mental health Issues among asylum seekers

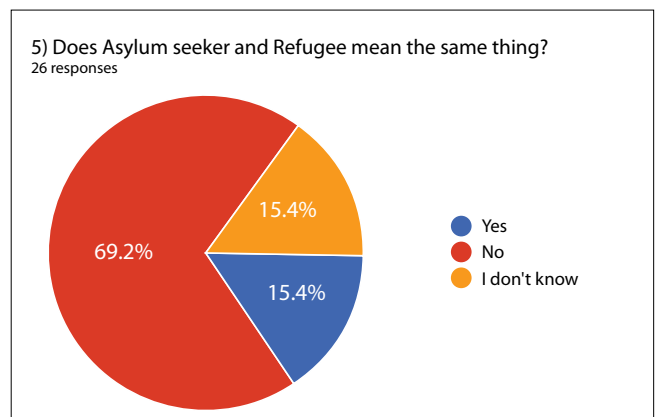
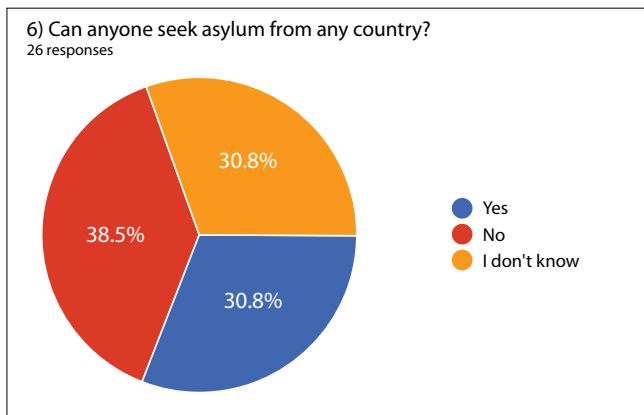
Methodological Approach

This study was carried out through a quantitative methodology utilising an online survey comprised of 20 questions. Twenty-six surveys were completed by therapists (20 females and 6 males) in their 4th year of undergraduate training in IJCP College. Respondents were students in clinical placement, pre-accredited and accredited therapists with the Irish Association of Counselling & Psychotherapy, all of whom are presently seeing clients. Data was tabulated in Microsoft Excel, analysed and prepared for presentation below.

Results and Findings

The results from the survey showed that the participants had a lack of basic knowledge about asylum seekers and refugees. When asked if anyone can seek asylum from any country 69.3% people replied No or Don't Know. Actually, anyone can seek international protection/ asylum from any country, even ones which may not be considered safe. Each case is treated individually. If a person has well-founded fear of persecution and they cannot seek the protection of their own country, they can apply for international protection in another country (Citizens Information Board, 2022).

In this next question, participants were asked if the titles Refugees and Asylum seekers mean the same thing. Almost 31% either thought that they meant the same, or they didn't know. An asylum seeker is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who has not yet been legally recognized as a refugee and is waiting to receive a decision on their asylum claim (Amnesty International, 2023). This is very important information for therapists because Asylum seekers have unstable futures, they do not know if their visa to stay or their refugee status will be granted, their lives are frozen and research has shown that this uncertainty contributes to mental distress.

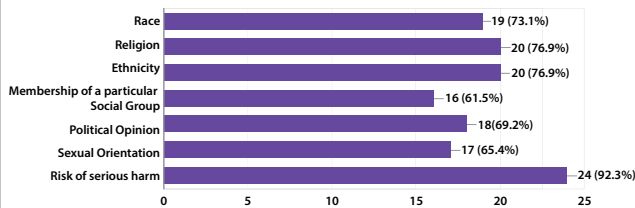


This question asked participants to tick the relevant reasons to seek protection. Participants could tick as many answers as they saw fit. From the answers it is evident that participants thought some forms of discrimination such as Race, Religion, Ethnicity and Risk of Serious harm were more relevant for asylum seeking than others. Member of a particular social group and sexual orientation scored the lowest. In fact, they were all equally valid reasons

When the survey participants were asked about potential barriers to counselling, they identified language and culture as their greatest concerns

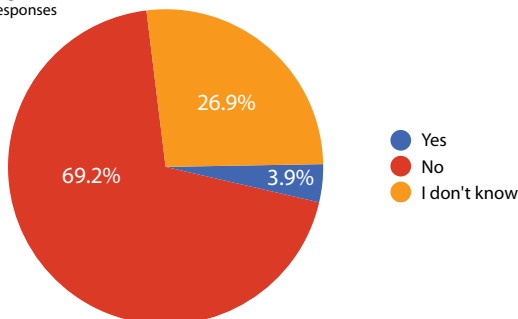
to seek international protection if the person was in genuine fear of persecution. (Citizens Information Board, 2022).

6) People can seek international protection from another country if they have a well-founded fear of persecution and they cannot seek the protection of ... ease tick the relevant reasons to seek protection?
26 responses

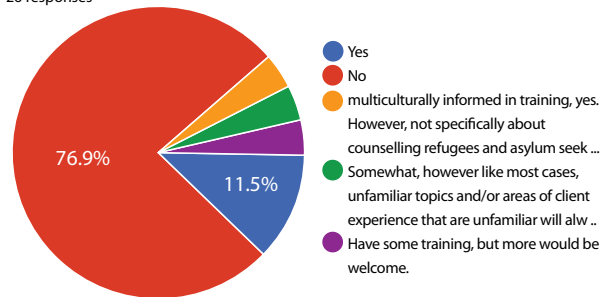


More than 96% of respondents reported not feeling fully knowledgeable about asylum seekers and refugees. They did not feel that they were adequately trained about multi culturally counselling while completing their degree, but the majority were open to further training. The aforementioned O'Connell et al. (2016) study corroborates these findings exposing a lack of training and resources to deal with the psychological needs of asylum seekers and refugees. Indeed, the Khairat, et al. (2023) study states that therapists would benefit from increasing knowledge around working with forced migrant communities and developing skills in cultural competency.

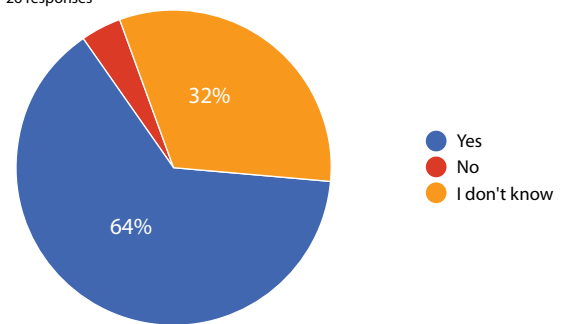
11) Do you feel adequately knowledgeable about asylum seekers/ refugees?
26 responses



12) Do you feel that you were adequately trained about multi culturally Counselling while completing your degree in order to see clients who are refugees and asylum seekers?
26 responses

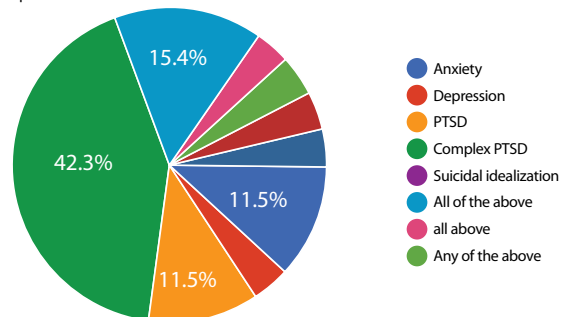


13) Would you have liked further training? A module on Multicultural Therapy?
26 responses



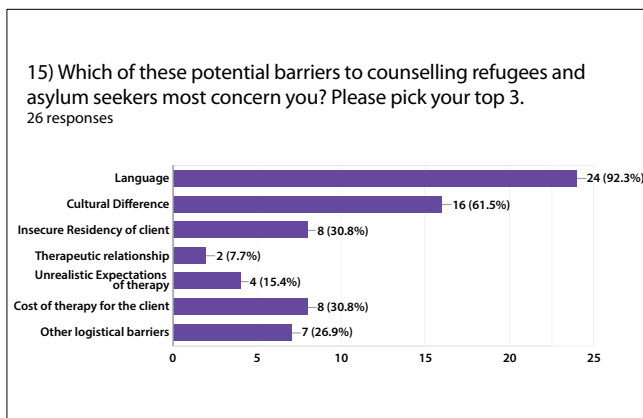
Interestingly, over 50% of participants were aware of refugees and asylum seekers mental health issues and in particular their higher levels of Post Traumatic Stress disorder (PTSD) and Complex Post Traumatic Disorder (CPLD) compared to the indigenous population of their resettlement country.

10) What issues would you expect Asylum Seekers/ Refugees to present with?
26 responses



The literature states that certain challenges and barriers to psychotherapy for asylum seekers and refugees were found to include not receiving information about mental health and language difficulties, fear of exclusion, stigmatization,

and feelings of shame, cultural issues, and lack of knowledge about and understanding of psychotherapy (Boettcher, Nowak & Neuner, 2021). Indeed, the Olotu, (2023) study results showed that culturally informed practice, integrating the perspectives of the client's along with therapists' knowledge of the specific issues of the patient's background along with empathy and good communication led to improvement of therapeutic alliance and better outcomes. When the survey participants were asked about potential barriers to counselling, they identified language and culture as their greatest concerns.



In an open-ended survey question, when the participants were asked if they aware of any groups and organisations in Ireland who support refugees and asylum seekers, there were only 10 replies with the top response being Irish Refugee Council. Other relevant organisations that were also mentioned are MASI (Movement of Asylum Seekers in Ireland) and the Redcross. Other replies were more general and apply to everyone rather than just asylum seekers and refugees such as The Mendicity and citizens information. None of them mentioned any of the following more relevant groups, Spirasi, the National Centre for Survivors of Torture in Ireland, Doras; An organisation who advocating for the rights of migrants in Ireland, Nasc Ireland; link migrants and refugees to their rights, The Mellie Project; A project designed to facilitate language and cultural exchange between DCU volunteer staff and students and asylum seekers and refugees living in Direct Provision, STAD: Standing together against Direct provision, Say No to Direct Provision in Ireland, Amnesty International and others. It is thus apparent that lack of knowledge of available resources and supports may in fact hinder therapists as much as potential refugee or asylum seeking clients.

Effective training would likely require imparting a basic knowledge about asylum seekers and refugees, tools and skills to develop a culturally sensitive practice and skills to assist with working with interpreters

Implications and Recommendations

The key implications of the survey are based around training and preparedness. Results show that participants did not feel prepared or adequately trained to work with this cohort and that further training is desired to address the gaps in knowledge. Training could be addressed within the college sphere as part of a dedicated multi-cultural module within the degree programme, integrating the various psychological impacts of being displaced. The researcher also recommends ongoing continuing professional development for all psychotherapists before working with this cohort. At present there appears to be no comprehensive training available aside from one April 2022 (after the influx of Ukrainian refugees) half-day HSE led online workshop for professionals entitled “Understanding trauma and supporting the needs of people fleeing war and/or persecution” (Health Service Executive, 2022). This training was generic and lacked specific focus on therapy providers.

Effective training would likely require imparting a basic knowledge about asylum seekers and refugees, tools and skills to develop a culturally sensitive practice and skills to assist with working with interpreters. This is informed by Olotu, (2023) identification that these can directly contribute to enhanced therapeutic alliance and improved treatment outcomes.

Due to the absence of specific HSE mental health policy for refugees and asylum seekers, this research suggests a replication of the Norfolk model mentioned earlier to address many of the barriers faced by participants of this study and, ultimately, end users.

In terms of additional resources, it would be useful for therapists to become aware that Ireland has dedicated services (specifically, Spirasi) which provides therapy dedicated to refugees and asylum seekers who are the victims of torture. And, for self-directed learning, printed materials like the “Voices from Direct Provision” books can be incredibly useful. These books are a collection of stories, both documenting the facts of the direct provision system as well as recording life experiences written by

asylum seekers in Ireland. These two recommendations for resource awareness echo Khairat, Hodge, & Duxbury's (2023) identifying benefits of multicultural skills development overall.

Finally, the implications of inaction are worrying. Should therapists not have adequate training to work with refugees and asylum seekers, should access to vital, sometimes specialist services be openly available and should PTSD and CPTSD go untreated in this population of people seeking shelter in Ireland, the danger is mental health deterioration with complex physical and societal co-morbidities. Without treatment, the consequences of mental illness for the individual and society are staggering. According to the Mayo Clinic (2022) untreated mental health conditions can result in unnecessary disability, unemployment, substance abuse,

homelessness, inappropriate incarceration, suicide and a reduction in quality of life.

Conclusion

This research was conducted using a quantitative methodology utilising an online survey of 20 questions. Twenty-six therapists participated in the survey. Findings, based on the surveys, and comparing against the literature, demonstrated that therapists are not adequately prepared but if training needs were addressed, they would be better prepared to provide a culturally sensitive service with improved outcomes for their clients. ☺

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Edel Myers is a Psychotherapist with IACP. She received her BSc

(Hons) Degree in Integrative Counselling and Psychotherapy from IICP college. She is a counsellor with SOSAD Ireland and sees clients who are struggling with suicidal ideation, self-harming, depression, bereavement, stress and anxiety, or if they simply need to talk. Edel previously worked with ISPC Childline since 2013 and has 10+ years working within the mental health field. She is also an experienced adult trainer and group facilitator. Edel volunteers with the migrant community to support integration for those who have been displaced. Recently, Edel was invited to be a guest speaker at Growth Links Gender Based Violence online seminar. Edel is now seeing private clients in Drogheda, Co. Louth, East Meath and North Dublin areas.

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REFERENCES

- Amnesty International. (2022). *Refugees, Asylum-seekers and Migrants*. <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/>.
- Boettcher, V., Nowak, A., & Neuner, F. (2021). Mental health service utilization and perceived barriers to treatment among adult refugees in Germany. *European Journal Of Psychotraumatology*, 12(1). doi: 10.1080/20008198.2021.1910407
- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC International Health And Human Rights*, 15(1). <https://doi.org/10.1186/s12914-015-0064-9>
- Citizens Information Board. (2022 March 22). *International protection terms explained*. https://www.citizensinformation.ie/en/moving_country/asylum_seekers_and_refugees/the_asylum_process_in_ireland/refugees_asylum_seekers_introduction.html
- Citizens Information Board (2023 January 27). *Direct Provision System*. <http://ci-prod-web-lb-1690011620.eu-west-1.elb.amazonaws.com/en/moving-country/asylum-seekers-and-refugees/services-for-asylum-seekers-in-ireland/direct-provision/>
- Gannon, C. (2023 March 2). Why are Ireland's anti-refugee protests erupting now? *The Guardian*. <https://www.theguardian.com/commentisfree/2023/mar/21/ireland-anti-refugee-protests-far-right-uk-politics>
- Gataveckaitė, G. (2023 January 23). Government should plan for over 80,000 migrants to come into Ireland this year – new integration minister Joe O'Brien. *Irish Independent*. <https://www.independent.ie/irish-news/government-should-plan-for-over-80000-migrants-to-come-into-ireland-this-year-new-integration-minister-joe-obrien/42306580.html>
- Hameed, Y., Fox, H., Clegg, I., Roupá, E., Haq, M., Rayala, M., & Ahmed, A. (2023). Meeting the Needs of Asylum Seekers & Refugees: The Norfolk Experience. *BJPsych Open*, 9(S1), S93-S93. doi:10.1192/bjo.2023.283
- Health Service Executive. (2022 April 14). *'Understanding trauma and supporting the needs of people fleeing war and/or persecution' - directory of resources*. <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/directory-of-resources.pdf>
- Holland, K. (2023 February 4). Ashtown camp allegedly threatened by 'four men' hours before attack, migrants say. *The Irish Times*. <https://www.irishtimes.com/ireland/social-affairs/2023/02/04/ashtown-camp-allegedly-threatened-by-four-men-hours-before-attack-migrants-say/>
- Integral Human Development. (2021 December). *Country Profiles Ireland - Migrants & Refugees Section*. <https://migrants-refugees.va/country-profile/ireland/>
- International Protection Office. (2022 December). *Monthly statistical report – December 2022*. <http://www.ipo.gov.ie/en/IPO/20230110%20IPO%20Monthly%20Website%20Stats%20Dec%202022%20FINAL%20V2.pdf/Files/20230110%20IPO%20Monthly%20Website%20Stats%20Dec%202022%20FINAL%20V2.pdf>
- Ireland Should Prepare to Receive Over 80,000 Migrants in 2023, Minister Says. (2023, January 25). www.schengenvisainfo.com
- Khairat, M., Hodge, S., & Duxbury, A. (2023). Refugees' and asylum seekers' experiences of individual psychological therapy: A qualitative meta-synthesis. *Psychology and Psychotherapy: Theory, Research and Practice*, 00, pp.1–22. <https://doi.org/10.1111/papt.12470>
- Mayo Clinic. (2022). *Mental Illness*. <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>
- McCourt, K. (2019 December 18). *The Unique Mental Health Needs of Migrants and Refugees*. <https://www.irishpsychiatry.ie/blog/the-unique-mental-health-needs-of-refugees/>
- McGee, H. (2022). Number of people entering direct provision rose in recent months, figures show. *The Irish Times* (21st March 2022). <https://www.irishtimes.com/news/politics/number-of-people-entering-direct-provision-rose-in-recent-months-figures-show-1.4832472>
- McMahon, J. D., Macfarlane, A., Avalos, G. E., Cantillon, P. and Murphy, A. W. (2007). A survey of asylum seekers' general practice service utilisation and morbidity patterns. *Irish Medical Journal* 100(5) pp. 461-4.
- O'Connell, M., Duffy, R., & Crumlish, N. (2016). Refugees, the asylum system and mental healthcare in Ireland. *BJPsych. International*, 13(2), 35-37. <https://doi.org/10.1192/s205647400001082>
- Olotu, S. (2023). Integrating Cultural Awareness to Improve Mental Health Services in the Multi-Ethnic Community: A Systematic Literature Review. *BJPsych Open*, 9(S1), S66-S66. doi:10.1192/bjo.2023.225
- Rice, I. (2019). Retrieved from <https://www.irishpsychiatry.ie/external-affairs-policy/college-papers-submissions-publications/positions-policies-perspective-papers/mental-health-service-requirements-for-asylum-seekers-and-refugees-in-ireland/>
- Schiess-Jokanovic, J., Knefel, M., Kantor, V., Weindl, D., Schäfer, I., & Lueger-Schuster, B. (2021). Complex post-traumatic stress disorder and post-migration living difficulties in traumatised refugees and asylum seekers: the role of language acquisition and barriers. *European Journal Of Psychotraumatology*, 12(1). <https://doi.org/10.1080/20008198.2021.2001190>
- Spirasi. (2023 March 27). *About*. <https://spirasi.ie/who-we-are/about/>