ASYLUM SEEKER AND REFUGEE CLINIC (ARC)

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WHO ARE WE ?

- ARC provides mental health support for children and young people (CYP) who are asylum seekers or refugees (ASR)
- We work with those experiencing post traumatic stress disorder (PTSD) symptoms.
- Team consists of: Clinical Lead, Clinical Psychologist, Assistant Psychologist, Engagement worker and Administrator

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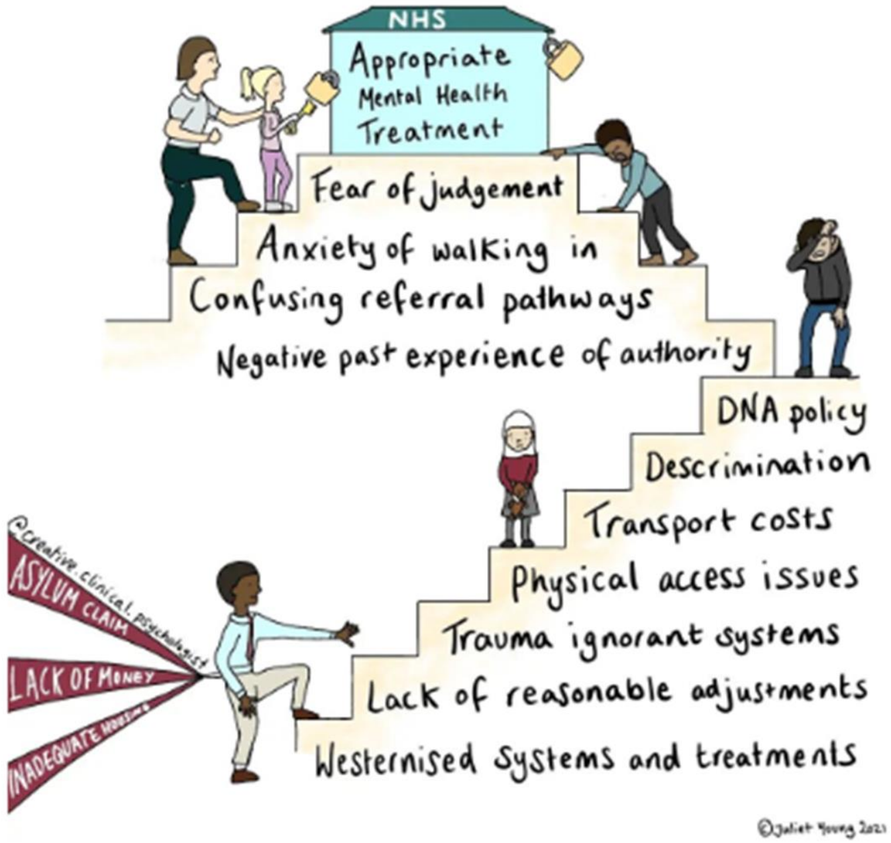
WHY DO WE EXIST?

Most ASR experience overwhelming traumatic events that result in PTSD

Multiple barriers to engagement and access to services (under-represented group and more barriers to service access to ASR)

As well as understanding of relevant cultural contexts. We also have good links to local services, experience of working with interpreters, the flexibility to meet the needs of this group and specialist knowledge.



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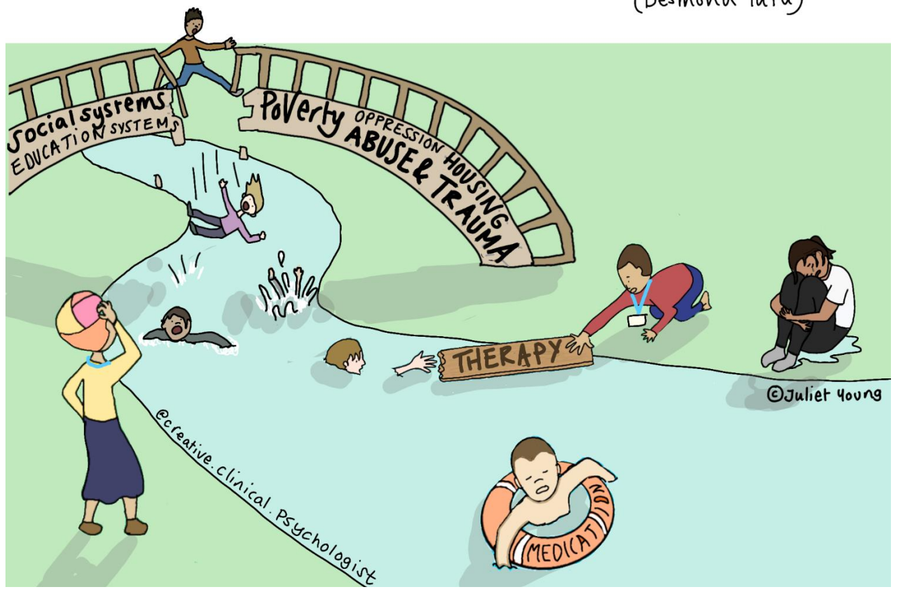
Why this service?

- Escalation of PTSD symptoms along with multiple risk factors can lead to long term poor mental health outcomes
- Without early intervention there is a bigger costs:
- Cost to society e.g. lack of employment due to poor mental health
- Cost to adult services
- Cost to sense of self
- Increase medication

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)



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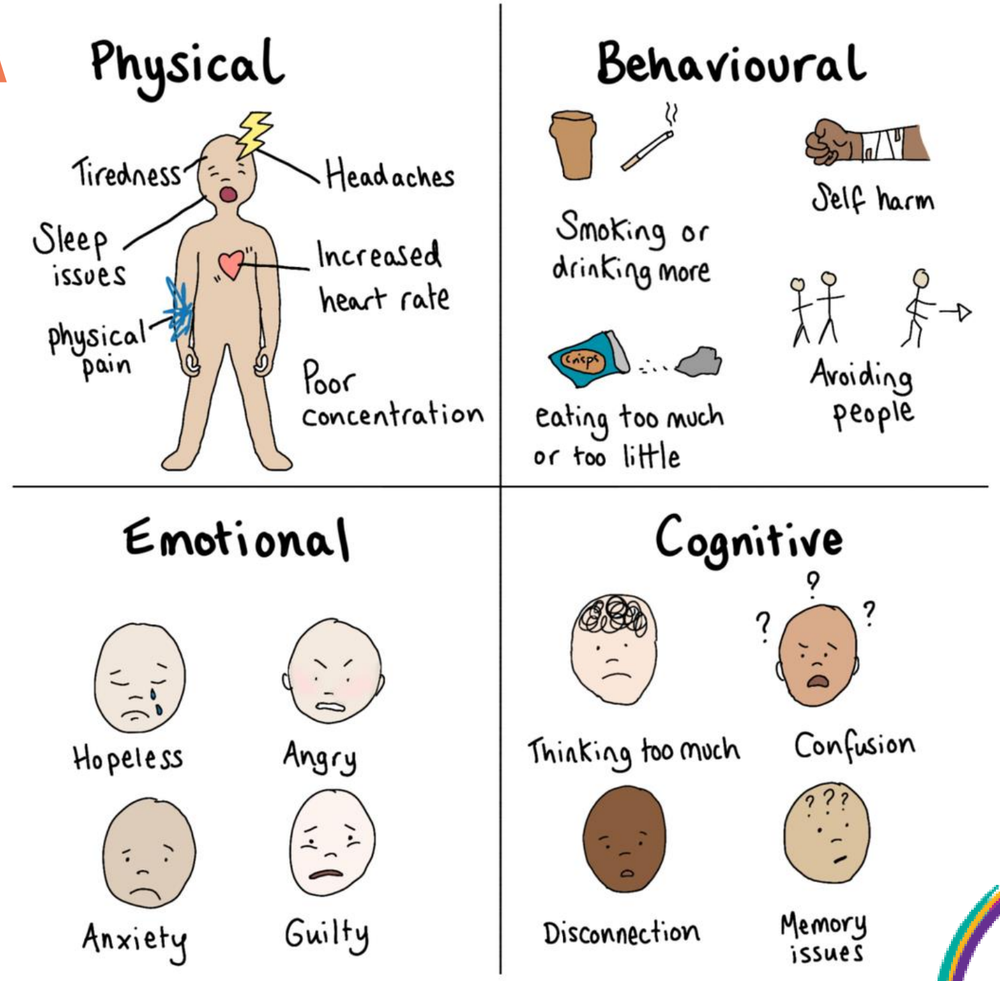
INCLUSION CRITERIA

- 0-18 years
- Seeking asylum or have refugee status
- Living in Bristol, South Gloucestershire or North Somerset
- Post Traumatic Stress Disorder (PTSD) symptoms
- Referring professional has completed the PTSD screening tool we use: Child and Adolescent Trauma Screen (CATS), and clinical cut off is met



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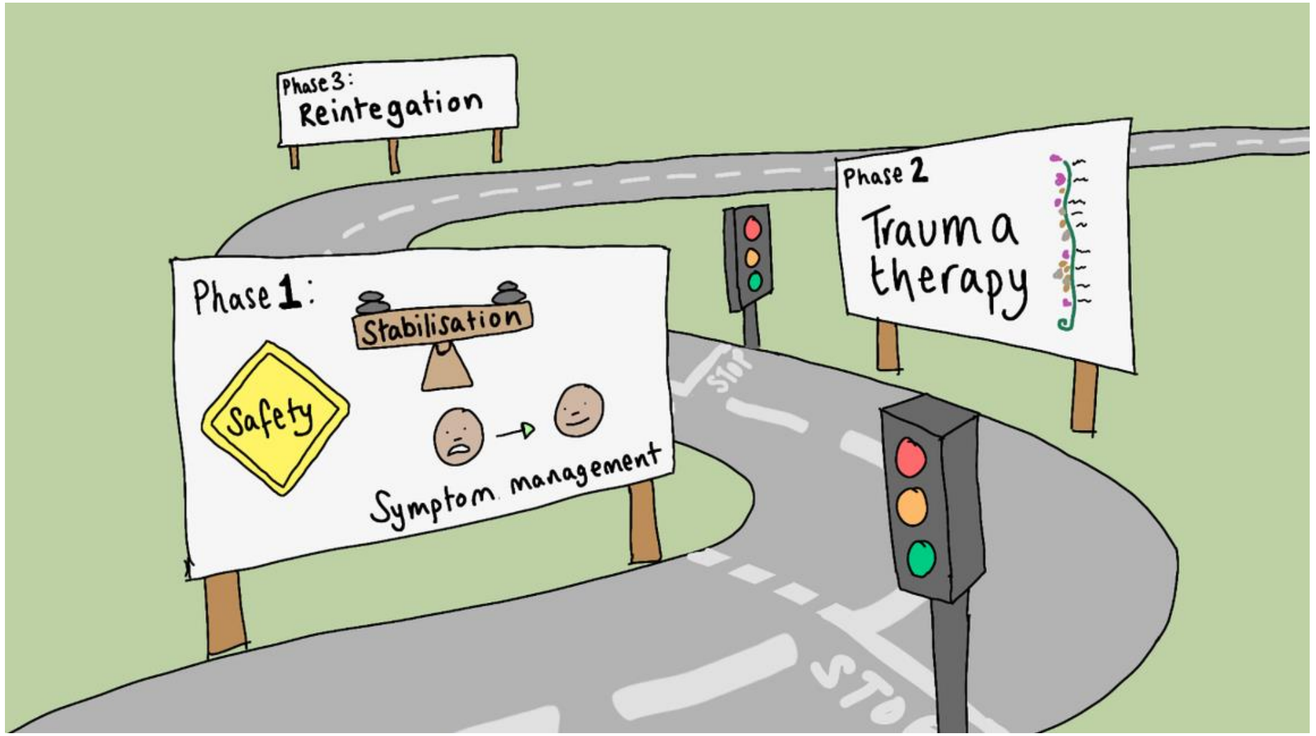
WHAT WE DO

NICE guidance recommends three phase trauma approach (Herman, 1992).

1. Psychoeducation and stabilisation
2. Trauma processing
3. Reintegration



ASSESSMENT

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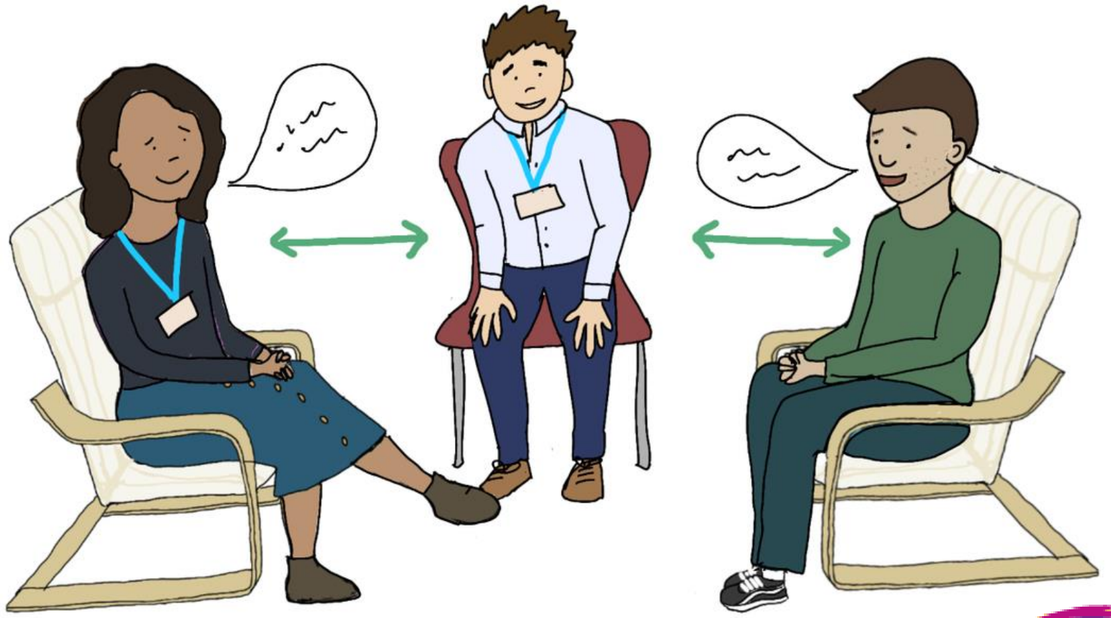
- A meeting with the network around the child (unaccompanied) or with the child and family including interpreters
- Assess PTSD symptoms and other contextual factors
- Outcome measures if not yet completed
- Later meeting with CYP on their own so they can share their perspective



ENGAGEMENT

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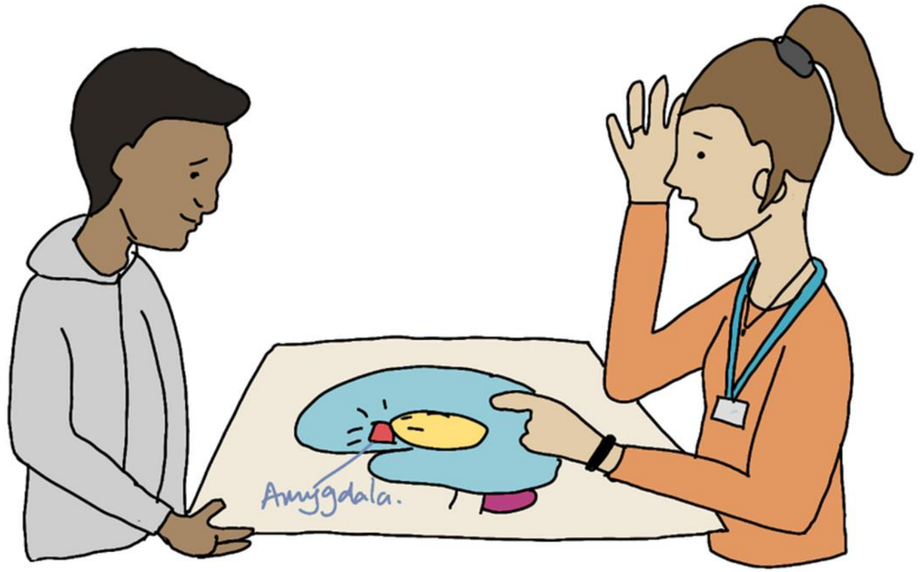
Problem

- Stigma in country of origin
- Multiple barriers
- Experience of negative treatment by authority

Solution

- Responsive and flexible service
- 2 x engagement workers
- Remain open about what is needed culturally



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PSYCHOEDUCATION AND SKILLS BUILDING

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- Individual psycho-educational sessions or an 8-week psychoeducational Group (CREATE – Coping and Recovery After Trauma Experiences).
- Educate and normalise experiences
- Develop ways to improve sleep and cope with PTSD symptoms
- Many young people see a huge reduction in their symptoms after this phase alone.

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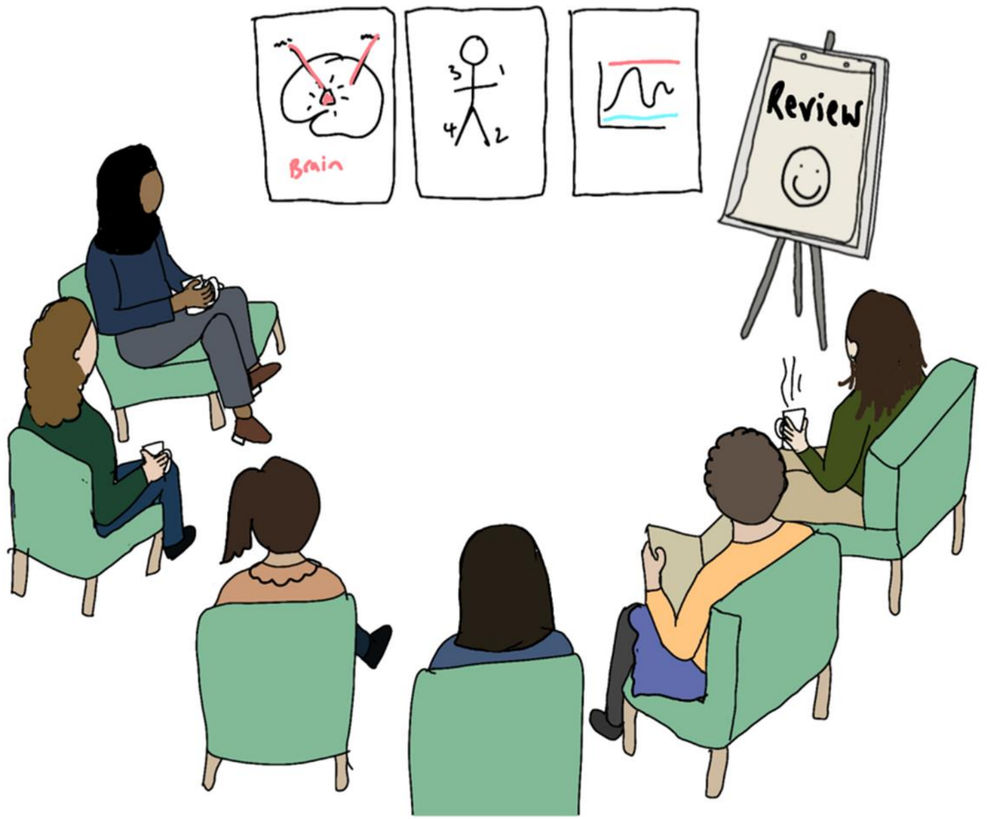
CREATE group

- How does it work?
- Why does it work?



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THERAPY APPROACHES

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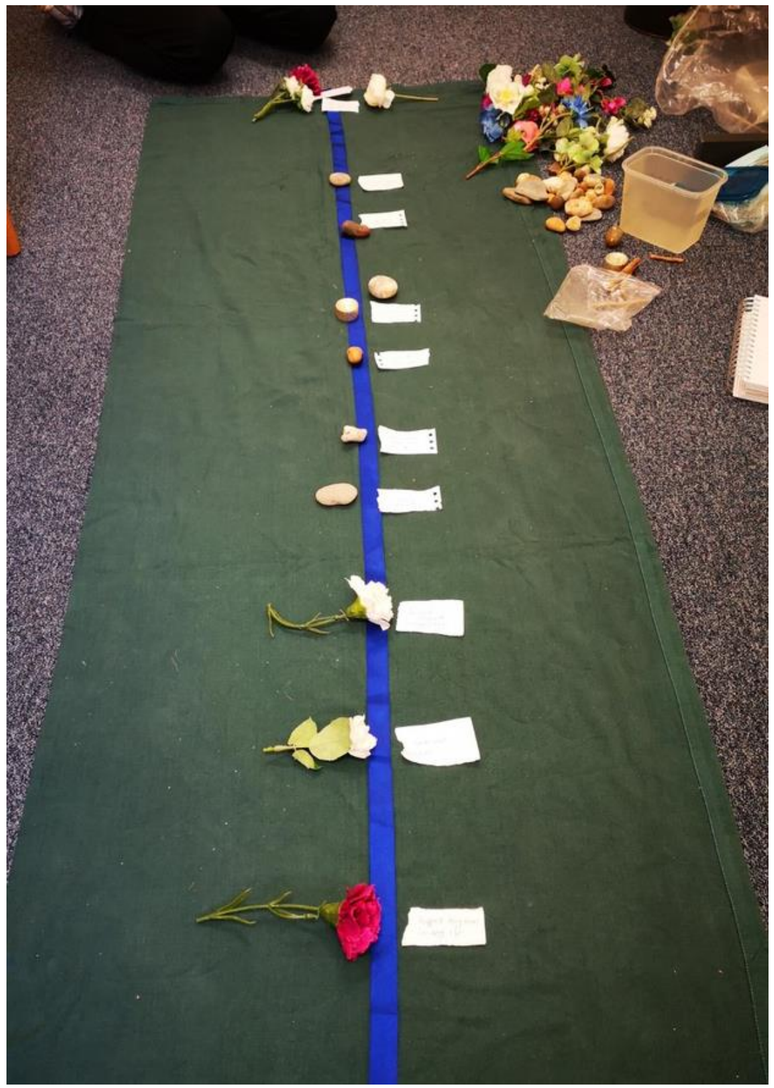
After the completion of the psycho-educational intervention most CYP opt to move on with life and some go onto receive further therapeutic treatment, this would include:

- Trauma focused cognitive behaviour therapy
- Eye movement desensitisation and reprocessing (EMDR)
- Children's accelerated trauma treatment (CATT)
- Children's narrative expose therapy (KIDNET)
- Art therapy – individual or group



Wider support

- Network support and consultation to carers and professionals.
- CREATE Group for parents, carers and professionals in the network

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Community integration

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PTSD causes isolation (Ruptures in relationships and community)

Engagement workers support CYP to access:

- Activities
- Groups
- Welcome Wednesday

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CONSULTATION TO PROFESSIONALS

One of ARC's core principles is to be accessible and to have very limited barriers to entry. We can offer a service to 0-18 yr olds, in Bristol, North Somerset and South Gloucestershire, who are asylum seekers or refugees. We can work with children and young people who are with their families or who are unaccompanied.

We work alongside other services like Locality CAMHS, social care, OTR, CYN etc
We take referrals from any professional and can help think about whether to refer, please get in touch and we will make a time to talk with you - awp.camhsarc@nhs.net

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Questions?

Email:awp.camhsarc@nhs.net
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