

FOCUS ON RESEARCH

ASYLUM SEEKERS AND HEALTH: UNDERSTANDING THEIR VIEWS, THEIR KNOWLEDGE AND THEIR USE OF HEALTH SERVICES

Researchers

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Aim

The aim of this study was to develop on-going work exploring the health care needs and beliefs of asylum seekers

Project Outline/Methodology

A qualitative methodology was used, comprising semi-structured one-to-one interviews and group interviews. A total of 9 one-to-one interviews and 2 group interviews were conducted with 16 individuals. Respondents were aged between 20 and 55, included equal numbers of men and women and came from 9 countries including Sri Lanka, Iran, Syria and Turkey.

Key Results

Asylum seekers appeared generally positive about their health care, although this may have reflected a desire to appear positive given their current situation. Several areas of potential difficulty were identified. While access to interpreters was generally good in primary care and for routine appointments in secondary care, there were times when such provision was less reliable, e.g. during in-patient stays, leading to communication difficulties with staff. Sri Lankan Tamil respondents had particular difficulties when provided with Indian Tamils as interpreters, as there were important language and cultural differences. Several wanted interpreters to act as advocates, rather than just translate verbatim. Most had attended a dentist, but this tended to be when there was a problem. The need for interpreters was perceived as less important for dental care. There was a general lack of knowledge of health promotion and screening programmes and few people appeared to have access to health information, either written or from others. Access to specialists in secondary care was particularly problematic. There were two issues: a perception that GPs' were reluctant to refer them in the first instance and, when referred, the long waiting lists. One respondent felt this was due to their status as asylum seekers, however others acknowledged that this was a general problem. Health care systems in respondents' country of origin ranged from the well developed and modern to war-

torn areas where health care collapsed. In all cases, primary care was not well developed. This impacted on their views of health care in the UK, leading to a perception that GPs were not specialised enough and that there should be more access to specialists in hospitals.

Conclusions

Asylum seekers appeared generally positive about their health care, but identified areas of potential difficulty including access to interpreters in secondary care, lack of knowledge of health promotion and screening programmes, access to primary care services out with surgery hours and to specialists in secondary care. In some instances, their views were coloured by the health care system that they were used to in their own country.

What does this study add to the field?

This work adds to our understanding of asylum seekers views of health care in the UK. It demonstrates their different attitudes towards medical and dental services and highlights the importance of previous health care experience on their view of the UK NHS.

Implications for Practice or Policy

This study has implications for the provision of appropriate health care information and advice to asylum seekers and for the future training and development of interpreter services.

Where to next?

Dissemination to the National Resource Centre for Minority Ethnic Health, to NHS Greater Glasgow and to the asylum seeking community. The development of appropriate modes of communication regarding health care issues for this population is a priority.

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