

**[Sample letter]**

**[Insert your own  
address]**

Mr. Seamus McNulty  
Assistant National Director  
Service Management, West with National Responsibility for Mental Health and  
Disabilities, HSE West  
Merlin Park,  
Galway

**[Insert date]**

Dear Mr McNulty,  
20 June was World Refugee Day. While I am concerned at the slow pace of implementation of the national mental health policy, *A Vision for Change*, generally, I wish to take this opportunity to express my concern at the the huge levels of mental distress experienced by asylum seekers and refugees in Ireland. A 2007 study published in the *Irish Medical Journal* found that asylum seekers are **five times** more likely to be diagnosed with mental illness in general practice than Irish citizens.

Studies have also shown how the Government's policy of direct provision, where asylum seekers are dispersed to accommodation centres around the country, is exacerbating mental health difficulties. While asylum seekers are provided with full board under this policy, they have an allowance of just €19.10 per week (€9.60 per child), which has not increased since 2000. They lack control over their lives (e.g. shared room policies, overcrowded living spaces, isolation, nutritionally deficient and culturally inappropriate diets). Combined with the denial of the right to seek or enter paid employment, direct provision is causing mental trauma to an already vulnerable group. Asylum-seeking children may be particularly vulnerable to mental health problems. In addition, the introduction of the Habitual Residence Condition in May 2004 has restricted the access of asylum seekers to the formerly universal Child Benefit payment, which is meant to be a measure to prevent child poverty, and this is causing further hardship to children's well-being.

I believe that asylum seekers who have lived in Direct Provision centres for longer than six months should be supported to seek privately rented accommodation and be allowed to work. I also believe that the weekly payments of €19.10 should be increased to overcome poverty, and that child benefit should be restored to its former universal status and should be issued for all children in the state. For those who seek help, there are even further barriers than the mainstream population (for whom mental health services are also widely deficient). Also, while dedicated psychological services exist for asylum seekers and refugees, they do not have any where near the resources necessary to serve this population.

*A Vision for Change* points to asylum seekers' and refugees' "specific vulnerabilities or difficulties that should be taken into account in the way mental health services are delivered". It recommends community development models of mental health in the provision of mental health services to culturally diverse groups, by reaching out actively to communities to find alternative paths to channel support to individuals and families as a complement to mental health services. It also points to the need for appropriate interpretation services. More generally, *A Vision for Change* points to the co-relation between employment and

good mental health, again which asylum seekers' enforced long-term unemployment needs to be viewed.

*A Vision for Change* Recommendation 4.8 states: "Mental health services should be provided in a culturally sensitive manner. Training should be made available for mental health professionals in this regard, and mental health services should be resourced to provide services to other ethnic groups, including provision for interpreters."

As you know, the HSE's *National Intercultural Health Strategy 2007 - 2012* (NIHS) was published in February 2008. According to the *NIHS*: "It is estimated that between 10% and 35% of those seeking refuge in European countries have suffered torture in their pre-migratory state. Their mental health is adversely affected by social isolation, pre and post-arrival trauma, culture shock, language barriers and fear of deportation coupled with a lack of understanding about services, poverty and poor housing." It acknowledges the negative effects of direct provision.

In the *NIHS*, the HSE commits to implementing Recommendation 4.8 of *A Vision for Change*. As a key priority, it says, discussions will be held with structures in the Department of Justice, Equality and Law Reform around the effects of the direct provision system. An implementation plan for the *NIHS* is to be adopted, and I urge that all these recommendations are addressed in full, with time-lines, indicators and budgets. However, the HSE Implementation Plan published in January 2008 for the mental health services components of *A Vision for Change*, does not reference Recommendation 4.8 of *A Vision for Change* or mention asylum seekers, refugees or any other minority ethnic/cultural group. It does not reference the *NIHS*. Therefore, this Plan needs to be redrafted in light of the *NIHS*, and giving full effect to all recommendations in *A Vision for Change*. (Of course, there are many other weaknesses in this Plan)

I would be grateful for an answer to the following questions:

- What steps have been taken to implement Recommendation 4.8 in *A Vision for Change*?
- Specifically, what steps have been taken – and/or will be taken and when - by the HSE to engage with the Department of Justice, Equality and Law Reform around resolving the negative effects of the direct provision system on asylum seekers' mental health, a stated "key priority" under the *NIHS*, so that people can live with dignity and humanity?
- Will the HSE Implementation Plan published in January 2008 be re-published to reflect outputs and timelines for delivering on all recommendations in *A Vision for Change*, and commitments given by the HSE under the *NIHS*?

I look forward to hearing from you.

Yours sincerely,

**[Insert your name]**