

The first meeting of the Syrian Refugees Taskforce took place on Thursday 21st July at the RCPsych Headquarters in London.

RCPsych Members, representatives from Public Health England and the British Psychological Society came together to hear presentation about the situation in Syria and to discuss the role of the RCPsych in meeting the needs of Syrian Refugees in refugee camps in the region and those who were in the UK.



The group heard three presentations before breaking out into small, informal discussion groups. The first of the three was an introduction from Professor Mohammed Abou-Saleh and an update on the latest issues faced relating to the Syrian Refugee Crisis. Prior to this, he began by paying tribute to the late Jo Cox, MP, stating that: " It is very sad to witness her murder at the hands of evil intolerance in such tragic circumstances. She is a great loss to us all. On behalf of Syrians we want to offer our heartfelt condolences to her family and to the constituency she has well deserved. We particularly applaud her brave, principled stance on the just cause of Syria when she stood in parliament to highlight the plight of Syrians".

He then explained in some detail the scale of the problems as a result of the significant number of forcibly displaced citizens over the last year, totalling 65.3 million worldwide in 2015 with almost 5% of these originating in Syria. The magnitude of these numbers poses significant health consequences, particularly in mental health. With reference to international organisations and initiatives such as UNHCR, WPA,EPA and WFMH and partner organization the Syrian Association for Mental Health,

Mohammed posed the fundamental question: What can UK Psychiatrists do?



Dr Nadim Almoshmosh, followed up this introduction by delving further into the specific impact of the refugee crisis on the UK, citing the declaration by the UK government to accept 20,000 refugees by 2020, with 1,603 having arrived as of March 2016, and around 6,000 asylum seekers around the UK. The problems faced with new arrivals

involve initial orientation difficulties relating to language barriers, family reunion processes and immobility as a result of limited UK credentials. These develop into difficulties finding employment, health problems and logistical needs. Each of these problems reiterates the correlation between integration and mental health vulnerability. Arabic speaking psychiatrists in the UK can provide support for those in this situation by offering support platforms, consultations and resources to help identify and help the mental health needs of Syrian refugees. Many of the Syrian refugees are health care professionals i.e. doctors, dentists and pharmacists. Finding fast track programs for employment or recognition of qualifications for these will provide a valuable resource for the health care system. Nadim goes on to give an overview of the 15 current Syrian associations and registered charities in the UK dedicated to supporting Syrian refugees in resettlement under the umbrella of SCAN-UK that include the Syrian Association for Mental Health (SAMH)-



Dr Peter Hughes then followed this by presenting on the WHO mhGAP. He explained the issues prevalent as a result of the conditions experienced in refugee camps such as those on the Turkish border with Syria. The breaking up of family support networks is a major contributing factor to mental health issues experienced by all refugees, and means that many are suffering

untreated issues prior to arrival as asylum seekers.



Once the group had heard all the speakers, they broke up into smaller groups to discuss what could be done both within the UK, and internationally. There was a clear desire from the various groups in attendance, mirrored by that of groups working overseas already. For this reason, it was decided that two distinct discussion groups would

be formed within the taskforce – one aimed at setting goals within the UK, and one focusing on possible actions internationally. Possible routes to provide support included engaging with the College's General Adult Faculty who have already initiated the *Refugee Support Network* aimed at targeting the adversely high level of issues such as anxiety, PTSD and depression within the refugee and asylum-seeker cohort. There was also discussion of collaboration with the Helen Bamber Foundation, where ex-dean of RCPsych Professor Cornelius Katona was appointed medical



director in 2012. The organisation provides therapeutic care, medical consultation, legal protection and practical support to survivors of human

rights violations. 30% of those requesting international protection in the UK are estimated to have experienced torture or serious harm.

Other possible collaboration partners include the British Association for Psychopharmacology, The Refugee Children's Consortium and the RCGP. Further to the emphasis in much of the discussion on the significance of family ties or the lack thereof, ventures such as Project17 were raised as a potentially valuable resource. Project17 aims to work specifically at helping migrant children, improving access to local authority support for those living in poverty.

Among other projects and activities, one prevalent idea was that of holding a training event in tele-psychiatry for UK based members. This would aim to overcome the problem of access to psychiatric support in crisis areas.

Internationally, and particularly in countries neighbouring Syria, Turkey, Lebanon and Jordan, it was recommended that the SRTF, alongside other mental health professionals, action the following:

- The provision of training with supervision, including the use of tele-psychiatry for non-specialist and specialist health professionals in the recognition of mental health problems and evidence-base interventions.
- Advocacy, including the permission of health professionals with licence to practice and brokering for human resources and engaging the RCPsych Volunteering programme.
- Supporting research in priorities such as the implementation of evidence based interventions.

It was agreed at the end of the meeting that attendees be included in a working group and hold regular future meetings. It was clear that there was a real desire from a diverse range of professionals and organisations to be active in the plight of refugees, and as a result there was a significant depth of expertise on offer to the group all with overlapping motivations. The Syrian Refugees Taskforce aims to continue communications and collaboration from this point forward, and plans to hold a second meeting in the near future as coherent plans are solidified.