'Somali' refugees, mental health and employability in the Southwest: Exploring the barriers to inclusion



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Migration is associated with poor mental health outcomes. Studies undertaken by Hamid et al. (1993) and Lamont et al. (2000) agree that "transient populations have a wide range of social problems, higher levels of unmet need and significant levels of severe mental illnesses" (Warfa et al., 2006: 504). Indeed, one small-scale study indicate that 'Somali' refugees experience 'terrifying levels of ill-health and disability' (Hassan et al., 2009: 22). One-third suffered from long-term illnesses, including mental health conditions. This led to a vicious cycle of deprivation and poverty, a 'perfect storm' of interlinked circumstances which predict generational psychosocial problems (Hassan et al., 2009: summary). Yet the reasons and consequences of such an association are still poorly explored - despite growing interest not only from the academic community (see for example McCrone et al., 2005) but also from Trade Unions - especially after a number of high profile cases of exploitation by employers. This article begins to investigate the experiences of 'Somali' immigrants in Bristol. It reviews a number of key explanations for the evidence of high mental health 'conditions' namely; the experience of migration, access to health care, economic and social exclusion and finally, limited advocacy. It argues that there is a significant requirement for research. Warfa et al., (2006) agree with this sentiment, noting that 'Somalis' are amongst the most likely to seek asylum in the UK; yet, little is known of their experience on arrival. However, with limited financial resources, language and communication barriers together with cultures and customs which differ from those of the majority in the host country, asylum seekers and refugees are undoubtedly more vulnerable to social exclusion and marginalisation following migration to a new country (Ager, 1993; Sinnerbrink et al., 1996; Silove et al., 2000; Beiser and Hou, 2002; Watters, 2001; Watters and Ingleby, 2004).

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Historical Context: 'Somali' settlement in the UK and Bristol

The UK has several pockets of expanding 'Somali' settlement including Bristol, Cardiff, Leicester and London. 'Somali' immigration dates back to the 1880s, when various colonial mariners employed in the merchant

naval service settled in port cities (Olden, 1999: 213). In addition to first-

destination refugee settlement, considerable, repeated and rapid within-Europe remigration occurs (van Liempt, 2010) as would be stereotypically (though contested

movement) expected of a nomadic culture – meaning official statistics are always lagging behind on-the-ground events and data.

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as an explanation for post-migration

British Somaliland gained independence in 1960, merging with the geographically larger former Italian Somaliland. After initial

expansion under a progressive government, serious drought in the early 1970s led to a wave of forced migration.

Subsequent military rule, war with Ethiopia and increasing disunity led to civil war in 1991. 'For 20 years Somalia has been the most complete and intractable case of state

collapse to confront ... the international community' (Sheik *et al.*, 2009: 12-15). Some one million 'Somalis' (equivalent to 14 per cent of the pre-civil war population) now live elsewhere. Approximately half of these are refugees (*ibid*: 31) with an estimated additional two million internally displaced persons within the country (African Union Mission, 2008).

A United Nations prediction of world economic development identified 'Somalis' as one of eight countries where political and social instability were likely to prevent shortterm positive change (UN, 2010a). Somalia is one of the least-developed counties in the world (UNCTD, 2009) based on a complex metric of economics, literacy, health outcomes and nutrition, with a per capita annual income below US\$900. Thirty-three of the forty-nine least-developed countries are African, many being Somalia's immediate neighbours. Thus, when refugees cross local borders, the host country may itself be economically deprived and thus ill-equipped to properly cope with refugees. Refugees often suffer a double blow when their nearby host itself undergoes internal conflict, for example Yemen (UN, 2010b). After the Djibouti Agreement for peace and reconciliation in 2008, the new Transitional Federal Government in 2010-11 highlighted the sheer enormity of rebuilding Somalia's infrastructure, bringing peace and restoring political and social stability, with the country reliant on foreign peacekeeping/ humanitarian aid and redevelopment funds for decades (UN, 2011a). The reinstatement process is threatened by predicted chronic drought followed by cyclical flooding, causing increased famine in the region and social and humanitarian tensions from 2011 onwards, with 27 per cent of the population (approximately two million people) already in urgent need of food aid (UN, 2010c) which drives increasing numbers of refugees leaving the country.

The convenient, generic term 'Somali' is a misnomer, since 'Somalis' can come from Djibouti, Kenya or Ethiopia as well as the former Italian and British 'Somalilands (Olden, 1999: 212-3). The term 'Somalian' masks a treasurehouse of contrasting micro-cultural, tribal, regional and geographical loyalties, competing interests, influences and foundations. 'Traditional `Somali' culture' is subdivided into lineages (a `Somali' person's name typically comprises their given/first name, their father's name and their grandfather's name, immediate and extended family, clan groups, trade alliances and regional relationships' (ibid: 216). The entangled complex and competing social dynamics of these factors are often transplanted to refugee host countries, where historical indigenous regional alliances and rivalries persist, despite the psychosocialphysical geography being entirely alien and distorted compared to 'home' (Samatar, 1991) including permutation/arrangement, urban vs. rural terrain, comparative populations and altered linear distance between rival clans.

`Somali' migration was initially economic, but in the past two decades it has also been driven by civil war (Sheik et al., 2009: 4). With increased migration and naturalisation, the numbers of 'Somalis' are in flux so far as any official figures are concerned. Accurate data gathering is problematised by different forms of measure across nations as 'Somalis' gain citizenship of host countries (ibid: 8). It is estimated that in Britain from 1997-2005 some 45,000 'Somalis' entered as asylum seekers, with many of these not permitted to stay. In 2008 UK 'Somali' residents numbered 93,000 (ibid: 8-10), although this has been estimated at up to 500,000 (Hassan et al., 2009: 4) due to rapid mass-movements across EU borders. A good example of this is the migration of naturalised 'trans-national Nomadic' `Somalis' with new Dutch, Italian and Scandinavian passports. Since 1988, around 22,000 'Dutch Somalis' have entered

the UK, but count as EU citizens, not `Somali´ immigrants (Brooks et al., 2010; OECD, 2010).

Social exclusion: Health, housing, work and bureaucracy

Refugees typically inhabit cramped, poorlyrepaired housing, existing on minimal income (asylum seekers are barred from employment until cases are heard), encountering discrimination, immigration-related bureaucracy, education/literacy and employment difficulties, with numerous concomitant health and wellbeing effects (Hassan et al., 2009: summary). Being refugees from what is, functionally, a protracted war zone, many 'Somalis' display health issues including malnutrition, conflict injuries and post-traumatic stress - some from experiences as child soldiers. 'Somalis' often run the risk of being subsumed into broader statistics - in the UK 'Somalis' are often classed as Black African, and they are often lost in the data; their circumstances are 'averaged up' in terms of income, health, wellbeing and integration indices. This could lead to failure to identify and target the most acutely needed

welfare interventions (ibid: 5; Brown et al., 2010). These experiences are now explored.

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among asylum seekers and refugees once arriving in the UK (Warfa et al., 2006) not least because of limited suitable housing but also as a result of exclusion and discrimination experienced in some residential areas within cities like Bristol. At the very least, there is clear evidence of substandard and overcrowded housing being a common place experience for many 'Somali' asylum seekers.

Commissioned research by a 'Somali' housing charity into deprivation found that high proportions lived in very substandard and overcrowded housing, often being subject to over a decade on Local Authority waiting lists for larger premises. The overall black and ethnic minority population in London is 29 per cent but 'Somalis' comprise 59 per cent of the total homeless (Hassan et al., 2009: 5-6), with one `Somali´ interviewee remarking: `I have been moving from one local authority to another over the four years, so I do not know where I belong' - effectively a 'double refugee'. Diaspora members are likely to spend the rest of their lives in one or more host countries, even when they fervently

> believe they will return to `Somalia´ one day. Therefore, they remain deeply engaged with 'home affairs' (especially the elders)

to the possible detriment of attention to more immediately demanding local contingencies (Olden, 1999: 213).

One dominant explanation for the movements of asylum seekers has been the concept of nomadic lifestyles; yet this has been rejected by the academic literature as 'pandering to racist stereotypes', identifying them incorrectly as 'bogus asylum seekers' (Warfa et al., 2006: 513) and accusing them of 'malingering'. What is clear is that reliance on the state for financial support may be underpinned by a variety of barriers placed in the way of migrants seeking employment.

Access to suitable accommodation

Many 'Somalis' eventually end up in the UK, where they find themselves the subject of significant press coverage and a good deal of unsavoury 'politiking'. Against a background of economic recession and an ever shrinking pool of welfare resources, the over-riding message coming from the media and many political agencies, is that the UK offers groups like 'Somalis' easy access to high quality housing, generous benefits, healthcare and employment, often at the expense of the indigenous population. The reality is very different. Geographical mobility is common

Employment

An additional issue confronting asylum seekers is access to employment. In addition, Somali-born migrants are reported to have some of the lowest employment rates of any migrant group in the UK, with over 30 per cent inactivity for men and 80 per cent for women (Khan, 2008). This may well be attributed to the high levels of asylum migration, which appears to further restrict access to employment (ibid) through both legal restrictions on their right to work as well as social barriers, including employer discrimination. As a counter to the common tabloid stereotype of 'uneducated refugees' many 'Somali' refugees were previously working in professional occupations, including working as police officers, teachers, diplomats, physicians, journalists, bankers and other graduate roles. Many refugees possess meaningful and validated, but un-used, qualifications from host-country or Somali universities (Olden, 1999: 215). The latter are often not recognised in the UK (Hassan et al., 2009: 14), a problem that is compounded by a related problem that if the host institution was damaged or destroyed in the civil war, then the chances of a potential UK employer or HE institution receiving any response to a reference request are very low. Although 14 per cent had at least an undergraduate degree, only 17 per cent were in employment (with very few in graduate roles).

Language

Language issues are perhaps more pressing for 'Somalis' than many other refugees. They are a profoundly oral society and a formal 'Somali' language did not exist in writing until the 1970s. Second-language learning is thus often something that occurs 'by ear' (in some cases via radio) rather than more formally and textually - the dominant Western mode of teaching (Olden, 1999: 215) which may have implications for language classes held in a host country. 'Somali' rural youth often experience little by way of formal education, and mostly receive no schooling in refugee

camps, due to their transient nature and where the lengthy chores of daily survival tasks are often all that can be maintained. English, if spoken at all, is often only the fourth most likely language held after `Somali´, Arabic and Italian (Olden, 1999: 212, 219). Following a claimed home literacy rate of 95 per cent in 1976 by the early 1990s it was estimated that 96 per cent of `Somali' resident women could not read (ibid: 218). `Somali' immigrant and refugee women with poor or no English skills usually rely on younger community members (either their own children or the children of friends or relatives) to assist with such things as help with daunting and linguistically-complicated immigration and benefits interviews and medical appointments, which can lead to accumulating educational disadvantages as those school children miss classes in order to act as interpreters (ibid: 220). Both the language barriers and bureaucratic vagaries are often insurmountable and confidencedetriments, and avoidable discrimination such as officials asking `Where is Somalia?' deter some from further pursuing enquiries on benefits, welfare, further education etc. (ibid: 222). The impact of this is likely to be further exacerbated as `Somalis´ in the UK encounter very low levels of provision of English as a Foreign Language teaching, combined with high discrimination and poor access to advocacy schemes (Hassan et al., 2009: 3).

Conclusions

Migration and subsequent geographical mobility has numerous psychosocial costs. Medical evidence suggests that female elders experience generalised ill-health, partially as a psychosomatic response to catastrophic loss of status and social disempowerment in the new country. The home culture venerates older women as sages, and transplantation to an alien and artificial environment strips away much of the lifelong accumulated local knowledge (Wiggs, 1994: 213) A cultural consequence of a fractured society is that continuities of clan customs and micro-

histories which would normally be orally passed down a lineage are endangered since the necessary face-to-face links are eroded or obliterated by conflict, dispersal and emigration, leading to intergenerational communication problems which may become irreconcilable. Social demographic/gender role changes are important to note. Refugees who are applicants to the UK benefits system will find that women are the named recipient of welfare monies (due to childcare issues) and so the traditional male 'breadwinner/bread-holder' status is often subsumed by the focus of Western welfare provision and bureaucracy, especially so as male unemployment in the immigrant community is high (Olden, 1999: 220). Furthermore, according to Johnsen et al. (2005), work regarding the impact of the conceptualisation of mental health may well result in those Somalis in receipt of welfare assistance become viewed as the 'undeserving poor', impacting upon both societies reaction and the provision of care. There is a clear need to greatly improve our understanding of the experiences of asylum seekers in all aspects of UK society if we are provide suitable social support systems and prevent the frightening levels of poor health.

`Somalis' and research

The factors detailed above show how the `Somali' population of the UK are a discrete group worthy of further research as a prelude to generating solutions to the problems they experience. With a significant local community in Bristol, CESR is ideally placed to be involved in meaningful studies, and while theirs is an innovative, entrepreneurial culture, the individuals that constitute the `Somali´ diaspora are in need of considerable help in dealing with refugee resettlement issues, including education, employment and employability. We would welcome interested parties to contact us with a view to engaging in future collaborative works, especially those interested in using qualitative, and more sensitive, research methods involving case

studies, perhaps with diary-based tasks for participants.

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References

African Union Mission `Somali´ (2008). *Bulletin on Humanitarian Position*, www.africaunion.org/root/au/auc/department s/psc/amisom/AMISOM Humanitarian.htm (8-1-11).

Ager, A. (1993). Mental Health issues in refugee populations: A review', Working paper of the *Harvard Center for the Study of Culture and Medicine*, Queen Margaret College: Edinburgh.

BBC News (July 2010). Somalia at 50: From heaven to hell www.bbc.co.uk/news/10465527 (18-1-11).

Beiser, M. and Hou, F. (2002). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: a 10 year study, *Social Science and Medicine*, 53(10): 1321–1334.

Brown, G. and Langer, A. (2010). Conceptualizing and Measuring Ethnicity, Oxford Development Studies, 38: 411–436.

Hamid, W. Wykes, T. Stansfield, S. (1993). The homeless mentally ill: Myths and realities', *The International Journal of Social Psychiatry*, 35(4): 237–254.

Hassan, M., Lewis, H. and Lukes, S. (2009). *No voice little choice: the `Somali´ housing emergency in East London*, Karin Housing Association: London.

International Maritime Organisation (2009). *Piracy in waters off the coast of Somalia*, www.imo.org/TCD/mainframe.asp?topic_id=1 178 (15-12-09).

Johnsen, S., Cloke, P. and May, J. (2005). Transitory spaces of care; serving homeless people on the street, *Health and Place*, 11(4): 323–336.

Khan, K. (2008). Employment of foreign workers: Male and female labour market

participation, Office for National Statistics: London.

Lamont, A., Ukoumunne, O., Tyrer, P., Thornicroft, G., Patel, R. and Slaughter, J. (2000). The geographical mobility of severely mentally ill residents in London, *Social Psychiatry and Psychiatric Epidemiology*, 35: 164–169.

Liempt, van I. (2010). And then one day they all moved to Leicester: The relocation of Somalis from the Netherlands to the UK explained, *Population Space and Place*, 17(3): 254-266

McCrone, P., Bhui, K., Craig, T., Mohamud, S., Warfa, N., Stansfeld, S., Thornicroft, G. and Curtis, S. (2005). Mental health needs, service use and costs among Somali refugees in the UK, *Acta Psychiatrica Scandinavic*, 11(5): 351–357.

O'Brien, B. (2010). Statement by Under-Secretary-General for Legal Affairs, The Legal Counsel, United Nations
untreaty.un.org/ola/media/info from Ic/GA
meeting_Piracy_14_May_10.pdf (18-1-11).

Olden, A. (1999). Somali Refugees in London: Oral Culture in a Western Information Environment, *Libri*, 49: 212-224.

Olden, A. (1999). Somali Refugees in London: Oral Cultures in a Western Information Environment, *Libri*, 49: 212–224.

Samatar, S. (1991). *Somalia: A nation in turmoil*, London: Minority Rights Group.

Schultes, R. (1981). Coca in the northwest Amazon, *Journal of Ethnopharmacology*, 3: 173–194.

Sheikh, H. and Healy, S. (2009). `Somalis´ missing million: the `Somali´ Diaspora and its role in development, *United Nations Development Program Somalia*, United Nations: New York.

Silove, D., Steele, Z. and Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers, *Journal of the American Medical Association*, 284: 604-611.

Sinnerbrink, I., Silove, D., Manicavasagar, V., Steel, S. and Field, A. (1996). Asylum seekers: general health status and problems with access to health care, *Medical Journal of Australia*, 165.

UNCTD (2009). United Nations Centre for Trade and Development, Press Release, 16th July 2009.

United Nations (2010a). World Economic Situation and Prospects 2011, www.un.org/esa/policy/wess/wesp2011files/wesp2011 prerelease1.pdf, (18-1-11).

United Nations (2010b). Al Qaida Taliban Sanctions Committee, www.un.org/sc/committees/1267/pdf/consolidatedlist.pdf (18-1-11).

United Nations (2010c). Press Conference on Humanitarian Situation in Somalia, www.un.org/News/briefings/docs/2010/1012 10_Somalia.doc.htm, consulted 18-1-11.

United Nations (2011a). Security Council Briefing SC/10153 14-1-11. www.un.org/News/Press/docs/2011/sc10153. doc.htm, consulted 18-1-11.

United Nations (2011b). UN Daily News, Online, 17-1-11 www.un.org/news/dh/pdf/english/2011/17012 2011.pdf (18-1-11).

Warfa, N., Bhui, K., and Craig, T. (2006). Post-migration geographical mobility, mental health and health service utilisation among Somali refugees in the UK: A qualitative study. *Health Place*, 12(4): 503-515.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees, *Social Science* and *Medicine*, 52: 1709-1718.

Watters, C. and Ingleby, D. (2004). Locations of care: Meeting the mental health and social care needs of refugees in Europe, *International Journal of Law and Psychiatry*, 27: 549-570.

Wiggs, L. (1994). Meeting the needs of refugees, *Nursing Standard*, 14 September: 18–20.