
Working with FNPs with Mental Health Issues

Cultural bereavement, anxiety for those left behind, loss of social status, poverty, poor housing, uncertainty over status, isolation, unemployment, lack of education, loneliness are some of the reasons cited for the high prevalence of mental ill health among certain migrant communities. For younger migrants growing up in the UK the conflict between parental values and expectations and those of peers and popular culture can also exert a heavy toll. Common manifestations of mental distress include depression, anxiety disorders, behavioural problems, schizophrenia, and post traumatic distress disorder.

Cultural Issues

Unlike the more universally accepted concepts of physical health, there may be very different cultural understandings and factors in the perception and manifestation of mental health issues. For example, there is often mistrust and uneasiness at the culturally unfamiliar idea of confiding in an unknown counsellor. There is also the fear of stigmatisation, particularly for men from cultures which prize strength as a positive masculine trait.

Language

Language may be a barrier to addressing mental health issues. Apart from the difficulty in communicating, some concepts lack a direct translation. For example, 'For those born into a large extended family in Somalia, surrounded by generations of kin, 'loneliness' is not part of their vocabulary.' Neither is there a word for depression (Harris 2004, 'The Somali Community In the UK').

The question of interpreting is always a slippery and complex one, from the relationship between interpreter and client, to the pitfalls of direct translations and failing to understand the context. It should be noted that within any language there may be many different dialects. In terms of good practice when using an interpreter, in order to ensure trust and clear comprehension between FNP and interpreter, it is recommended to check with the member of the FNP what part of his/her country he/ she comes from and what dialect they speak.

Religion

In some cultures, mental health may be seen through the lense of religion or cultural

practice. This may include:

- The perception that mental illness is a 'punishment' for bad behaviour
- Belief that mental illness is caused by evil spirits such as djins, or by witchcraft
- Treatment by exorcism or by praying for a cure

It is unhelpful to dismiss such beliefs out of hand and may cause a person to withdraw further from help or to lose trust in a person who is trying to assist them. It may be useful in such cases to enlist the help of an appropriate chaplain who can help the FNP to explore their beliefs around mental health and reassure them about proposed treatment.

Drug use

The impact of drug use, both legal and illegal, on mental health has been the subject of much research with some evidence of regular use of certain drugs leading to an increased risk of suffering from mental health issues.

There is no evidence that FNP's are any more or less likely to use drugs than their British counterparts, but it is possible that the drugs used might be specific to their cultures and not well understood in the UK. For example, Khat or Qat is a herbal stimulant commonly used among Somali, Yemeni and East African communities. Many maintain that Khat, like most drugs, is harmless if used moderately but Khat use has been linked to depression and increased risk of suicide. In July 2013 it was announced that Khat was to be banned and designated as a Class C substance under the Misuse of Drugs Act 1971.

Mental health and deportation

Mental health issues may impact upon deportation in two instances.

1. An FNP who is detained under s37 of the Mental Health Act 1983 is a person who falls within one of the categories of exemption from automatic deportation. However, the exemption only lasts while the hospital order is in place. Once the FNP is discharged deportation may be pursued.
2. In some very limited circumstances, the situation in which an FNP with a mental health issue would find themselves if deported to their country of origin might be so severe as to give rise to a claim under Article 3 of the Human Rights Act, the prohibition on torture, cruel, unusual or degrading treatment. The bar for meeting the criteria is extremely high but any FNP who believes that they may have a case to make should seek expert legal advice.

Mental health and immigration detention

The Home Office Immigration Enforcement has a policy on detaining people with mental illnesses. In general the principle is that people with serious mental illnesses should not be held in immigration detention except in exceptional circumstances. Exceptional circumstances may include very high risk of serious offending or very high risk of absconding.

When considering whether to detain a person the HOIE should consider the potential impact of detention on a person's mental health. If there are concerns about this in relation to an FNP this should be brought to the attention of the HOIE CC caseworker.