solace

surviving exile and persecution

Issue 1 autumn 2014

Keeping in touch

This is the first issue of the new Solace newsletter. Solace plans to Each issue will tell you about a and focus on one of our staff or about our work and how you can email this newsletter on to anyone



Lemlem's story

Lemlem has been a client at Solace for several years. Lemlem first came into contact with us in Bradford after walking miles for her first therapy session and lay down, curled up, for the entire session. At one time a destitute asylum seeker, sleeping in St. George's Crypt and on the streets, she now has refugee status.

Lemlem is from Eritrea. About ten years ago, Lemlem's life was turned upside down when she was arrested and sent to prison. Up until then, she was happily married with six children and she didn't have the time or the inclination to get involved in Eritrean politics, where the President rules with a rod of iron and ruthlessly punishes any dissent. Eritrea is a small country in East Africa, formed in 1993, that has rapidly become one of world's most authoritarian regimes with an atrocious human rights record.

Lemlem was arrested because she was close to her cousin, Mesfin Hagos, who stood against the Eritrean President in a presidential election and lost. Retribution for having the audacity to oppose the President was swift. Mesfin was out of the country at the time and never returned.

Mesfin's family were not so lucky. Because of her close association with Mesfin, Lemlem was imprisoned and spent a year incarcerated in a dark, underground cell. Her health deteriorated, but she was allowed to leave the prison briefly to receive medical attention, at which point she managed to escape, first through Sudan, then on to Libya and from there, by boat, to



Lemlem

Italy, through France and on to Britain. The three-month journey, arranged by Mesfin, was uncomfortable and dangerous. Travelling in the back of lorries, hidden under blankets, the risk of arrest or worse was a constant threat.

Once in Britain, Lemlem discovered that both her mother and sister were dead – her sister had died in prison. Her husband had been arrested on the suspicion that he knew of Lemlem's whereabouts. She doesn't know whether he is still in prison or dead.

Her two eldest children had fled to Sudan, which borders Eritrea. One of them eventually reached Australia where she is now a refugee; the other briefly escaped to Libya before being arrested and sent to Ethiopia where he is allowed to live but not work, so he is destitute. Going back to neighbouring Eritrea would mean an even worse fate.

Lemlem's third child was drafted into the military, fighting an endless war against Ethiopia.

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Eritrean military

Lemlem's Story continued ...

The three youngest children – two girls and a boy – were initially looked after by a relation after their mother had escaped to Europe and their father had been imprisoned. But then the relation caring for the children was drafted into the army, leaving the children to fend for themselves.

Fearing that they, too, would get picked up by the authorities, the children left their home and went to live in a remote village, eating off the land and in constant fear of being arrested.

Here in the UK, Lemlem, was desperate to get her children out of Eritrea. Worrying about her children was having a serious effect on her health. But she had tracked them down and was able to speak to them by telephone occasionally. So near, yet so far.

Escaping from Eritrea is not straightforward. The border crossing points into neighbouring Sudan are well guarded. Escapees are treated as traitors if they are captured. Many are imprisoned in shipping containers in the desert, beaten, raped and tortured. Lemlem wanted to get her children into Sudan to the capital, Khartoum, where they could seek asylum at the UNHCR offices. Khartoum is 200 miles from the Eritrean border and one of the most hazardous journeys in the world, not just because of the harsh, desert-like landscape, but because thousands of refugees on the road to Khartoum are kidnapped and ransomed by nomads. Lemlem, meanwhile, was in Leeds on incapacity benefit.

You can read what happened next on our blog at: www.solace-uk.blogspot.com

could you
help us support
someone like
Lemlem?
justgiving.com/
solaceuk

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Editorial

Solace has helped over a thousand asylum seekers and refugees with mental health problems since we set up a therapy service over eight years ago. During that time, only a handful of our clients have needed mental health hospital treatment, helping the NHS keep down the costs of mental health admissions, which cost thousands of pounds per hospital patient on average.

Working with asylum seekers and refugees with mental health problems is complex and works best when there is multi-faceted approach to address their complex needs, ranging from practical problems related to housing and their immigration status to trauma and chronic physical pain. At Solace we try and help people in a variety of ways, including intensive psychotherapy, pain management, trauma-focused work and finding solutions to their practical problems.

We have always had a waiting list for our services from the first day we opened our doors, but in 2013, we faced cuts of over 50% of our funding. In order to survive, we lost three posts and reduced the number of paid hours of the remaining staff. Fortunately, we received a large Big Lottery grant for £280,000 which will help us through the next three years, but only by operating a scaled-down service.



Almas from Eritrea

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Anne Burghgraef, Solace Clinical Director

Training

One way for a small but highly skilled group of people to have a bigger impact is to train others.

Our bespoke training is aimed at agencies working either occasionally or entirely with asylum seekers and refugees. We have trained a number of NHS staff, for instance, who have struggled with some of the complex needs of asylum seekers and refugees, addressing questions such as: How can we help destitute asylum seekers? How can we work with someone who doesn't speak English? Why is tried and tested trauma-focused work not as successful with asylum seekers as other population groups and what we can do about it? Why is 'Recovery' not a realistic objective with asylum seekers with mental health problems?

Training with refugee agencies is different. They understand the cultural and practical issues facing asylum seekers, but want to learn about the mental health aspects of the people they deal with.

How do we manage an angry client? How can we help an asylum seeker feel less stressed and anxious? How do we know if someone is suffering from mental health problems and what can we do about it?

These are just some of the topics we cover. If you are interested in us providing training for you, please contact Anne Burghgraef on 0113 2491437 or anne@solace-uk.org.uk to discuss your training needs.

The view from the therapist's chair

Brian Sidey joined Solace as a volunteer therapist two years ago after working in the NHS and in private practice for over twenty years. After retirement he wanted to do something that had some purpose. But why asylum seekers and refugees?

"I read an article in the Big Issue about failed asylum seekers being left destitute. I was appalled by it. From there, I wanted to help people in this desperate situation and came across Solace. I liked the set up, combining advocacy and a variety of physical and psychological therapies supported by supervision. It seemed a professional approach."

"It's very different from my work in the NHS and private practice. One of the big differences is working with interpreters – there is a different dynamic and more difficulty reading between the lines. But the biggest difference is working with people who have not only been traumatised but are continuing to be traumatised by the disbelief and hostility they encounter, the waiting, the feeling that life is on hold, and uncertainty. All of this can be highly destabilising."

"The challenge of therapy with our clients is to find a way between what a psychotherapist would do in a conventional situation without falling into the trap of 'anything goes'. For example, you wouldn't normally help the client outside of the therapy, but working with asylum seekers and refugees means that offering practical support outside the therapy session can be an important part of the work."

"People often don't want to talk about what's happened to them in the past. They dissociate from these experiences as a way of coping with their present difficulties, but this also makes it harder for them to connect with their It's very different from my work in the NHS and private practice. One of the big differences is working with interpreters - there is a different dynamic and more difficulty reading between the lines. But the biggest difference is working with people who have not only been traumatised but are continuing to be traumatised by the disbelief and hostility they encounter, the waiting, the feeling that life is on hold, and uncertainty. All of this can be highly destabilising.

strengths and internal resources. I find it challenging to judge how and when to help someone reconnect with their past experiences."

"When an asylum seeker comes to us at Solace, we have our work cut out trying to restore their faith in themselves in a hostile world. It isn't easy,



Brian Sidey, Solace volunteer therapist

but it is also very rewarding. Small things show the gradual re-emergence of hope and trust – a smile, a look where previously someone was entirely downcast, or a sense of possibility from overwhelming despair. Solace gives me the opportunity to be useful."

Supporting Destitute Clients

Nearly 30% of our clients are people whose claim for asylum has been refused, and who are awaiting the results of their appeal to remain in the UK and avoid deportation. Their life is stressful and uncertain, with no state support, so many are destitute, relying on friends, churches and other organisations for shelter and food. Some are forced to sleep on the streets. To ensure that they can access the emotional and therapeutic support they need from Solace we pay for their bus fares, so that they can get to us, wherever they are staying. This costs about £4 per visit.



Solace pain and trauma therapist Nick Edwards, with clients Lemlem and Josephine

About Solace

- Solace has been running a therapy service in Yorkshire for over eight years for asylum seekers and refugees.
- Solace has helped over 1,000 asylum seekers and refugees with mental health problems. Of these, about half are Leeds NHS referrals.
- Nearly half of all our therapy sessions take place with interpreters working in over 20 languages.
- Currently, about a quarter of our clients are destitute asylum seekers, meaning they receive no money at all and have nowhere to live.
- Over the last eight years, Solace has worked with over 350 agencies and services from local GP surgeries to the UNHCR in Ethiopia.
- Over the last year we have provided over 2,000 hours of therapy to adults, children and families.
- Our current favourite piece of research is about memory and post-traumatic stress and how it impacts on immigration decisions at: twitter.com/SolaceLeeds ('credible witnesses')
- Our current favourite quirky story is about a French asylum seeker at: solace-uk.blogspot.co.uk/2014/06/french-asylumseeker.html



Can you help Solace with a regular donation?

- £4 a month would help one client access our services.
- £8 would help two clients access our services.
- £50 a month would cover the travel costs for three people to come for weekly therapy.

If you are a tax payer, we can claim gift aid and make your donation go 25% further.

Set up a standing order and sign a gift aid form:

www.solace-uk.org.uk/pdfs/ SolaceGiftAidform.pdf

or donate online:

www.justgiving.com/solaceuk

