

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales · Charity number 1188586

Details

Status Registered

Legal form CIO

Registered 2020-03-17

Register [View on the Charity Commission register](#)

Contact

Address Brighton Exiled/Refugee Trauma Service BERTS
C/o Community Base
113 Queens Road
Brighton
BN1 3XG

Phone 07961779010

Email information@brightonandhove.com

Website <http://brightonandhovecbt.com/index.html>

Activities

Objects: TO PROMOTE AND PROTECT THE MENTAL HEALTH OF REFUGEES, ASYLUM SEEKERS AND DESTITUTE MIGRANTS WHO SUFFERING FROM (BUT NOT LIMITED TO) POST TRAUMATIC STRESS DISORDER (PTSD), DEPRESSION AND/OR ANXIETY AS A RESULT OF TRAUMA, THROUGH THE PROVISION OF FREE SPECIALIST COGNITIVE BEHAVIOURAL THERAPY, EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR) THERAPY, TRAUMA COUNSELLING AND PSYCHOTHERAPY.

Activities: Brighton Exiled/Refugee Trauma Service (BERTS) provides mental health treatment and support to refugees, asylum seekers and destitute migrants in the city of Brighton & Hove

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** General Charitable Purposes, The Advancement Of Health Or Saving Of Lives, The Prevention Or Relief Of Poverty, Human Rights/religious Or Racial Harmony/equality Or Diversity
- **Who:** Children/young People, Elderly/old People, People With Disabilities, People Of A Particular Ethnic Or Racial Origin, Other Charities Or Voluntary Bodies, Other Defined Groups

Geography

- Brighton And Hove
- East Sussex

Finances

Period end	Income	Expenditure	Assets	Employees
2025-12-31	£5,360	£22,256	-	-
2024-12-31	£31,640	£17,612	-	-
2023-12-31	£50	£24,638	-	-
2022-12-31	£59,892	£28,830	-	-
2021-12-31	£15,400	£3,981	-	-
2020-12-31	£135	£135	-	-

Trustees

Name	Role	Appointed
Colin Michael Blowers		2020-01-01
Dr Mehran Rezaei Toroghi		2025-09-01
Dr Sally Rowena Munt		2020-01-01
Itziar Aldecoa Tamayo		2026-01-14
Reem Ali Abushawareb		2020-01-01
Tessa Louise Axelrod		2020-01-01

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



**CEO & Chair of Trustees
Brighton Exiled/Refugee Trauma Service (BERTS) Annual Report 2025
For the operating period 1/1/2025 to 31/12/2025**

Date of AGM Saturday 21 March 2026

This report was circulated to all members and volunteers for comment, and formally presented and approved by Trustees at the AGM.
Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)
Charity Registration Number: 1188586
Registered Address: C/O REFUGEE RADIO 113 QUEENS ROAD BRIGHTON BN1 3XG
All Trustees were present at the AGM

AGM Matters Arising and Minutes

1. A draft report was circulated to all personnel. Please feel free to notify the Chair with any matters arising by 1 March 2026.
2. Governance: Trustees voted 5:0 in favour of agreeing that in terms of governance, the AGM requires a minimum of 3 Trustees to attend (1 of whom may be the Chair) in order for the meeting to be quorate.
3. A verbal report was accepted from the Social Media Officer, and the Safeguarding Officer.
4. The Chair thanked the Trustees for their support over the past year.

Brighton Exiled/Refugee Service: Reference and Administrative Information
Aims, Structure, Governance and Management of BERTS

Trustees and Members

Chair: Colin Blowers

Trustees: Tessa Axelrod, Reem Abushawareb, Mehran Rezaei Toroghi, Sally R Munt, and Itziar Aldecoa Tamayo

PERMANENT OFFICERS:

1. CHAIR OF TRUSTEES – COLIN BLOWERS (CLINICAL SUPERVISOR & CBT PROFESSIONAL STANDARDS)
2. CLINICAL DIRECTOR, AND CEO – SALLY R MUNT
3. TRUSTEE – REEM ABUSHAWAREB (COMMUNITY REPRESENTATIVE, SOCIAL MEDIA OFFICER)
4. TRUSTEE – MEHRAN REZAEI TOROGHI (COMMUNITY REPRESENTATIVE AND SOCIAL RESEARCHER)h
5. TRUSTEE – TESSA AXELROD (PUBLIC HEALTH SPECIALIST, EX-NHS PARAMEDIC, AND

SAFEGUARDING OFFICER)

6. TRUSTEE – ITZIAR ALDECOA TAMAYO (SUPPORT WORKER MANAGER)

ADDITIONAL KEY ROLES:

1. TREASURER - DAVID LEWIS
2. OFFICE MANAGER – SASHA MERCER
3. PROJECTS MANAGER – ALYSHIA GOULSBOROUGH
4. IT AND WEBSITE MANAGER – DAVID GUEST
5. GP ADVISOR: DR HANNAH GOULD-BROWN

- BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a predominantly voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR/NET service, we also provide other accredited mental health interventions with other modalities/training, where appropriate. We also offer a limited number of therapist trainee placements.
- BERTS offer free/no cost specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their refugee journey and forced relocation in the UK. Our clients are typically suffering mental health impairment due to extreme trauma as a result of political, religious or cultural oppression, torture, war, trafficking and/or slavery. We are a 'safe' organisation and do not ask patients for proof of status.
- Currently our staff are predominantly unpaid and usually volunteer their time for free, so that mental health support can be provided free of charge to clients. We undertake a very limited number of subcontracted treatments for local NGOs and/or Sussex Partnership NHS Trust. However, the principle of donated skills and time is our principal focus of operations.
- BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2015.
- 2025 was our 10th year of operation and we have continued to develop and consolidate our operations as a registered charity.
- BERTS is primarily managed on a day to day basis by the Trustee, Clinical Director and CEO, Professor Sally Munt, who discusses and receives referrals as Clinical Director from associated Voluntary, Community, and Social Enterprise [VCSE] organisations and statutory providers, principally NHS and Social Services, and subcontracted city services for the homeless. Sally Munt is assisted by administrative and support staff who oversee the support workers and manages HR matters, by a Projects Manager, IT Manager, and Treasurer. There is a team of psychotherapists/psychologists, a team of support workers, Trustees, and an admin team; the CEO oversees and is responsible for all aspects of activities both clinical and governmental.
- Key Changes in staff during 2025: – we appointed a new Office Manager, several new therapists, a new Trustee, a Support Worker Manager and made some changes to roles during this year.

Achievements, Activities and Objectives

During 2025 we continued to follow BERTS founding principles as written in our Volunteer Handbook which was revised during Autumn 2025 so the latest version is 2025/6. We did not have specific annual objectives for 2025 to carry over from our 2024 AGM as our work is ongoing and iterative, and is responsive to local need and changing funding conditions.

NHS referrals constitute the majority of referrals. Our objective is to treat a referred patient within 6 months of being placed on the waiting list. No patient has had to wait for longer than this during 2025; we have a waitlist for treatment as of January 2026 and we hope to continue with our 6 month limit although this may not be sustainable in the longer term, staff depending.

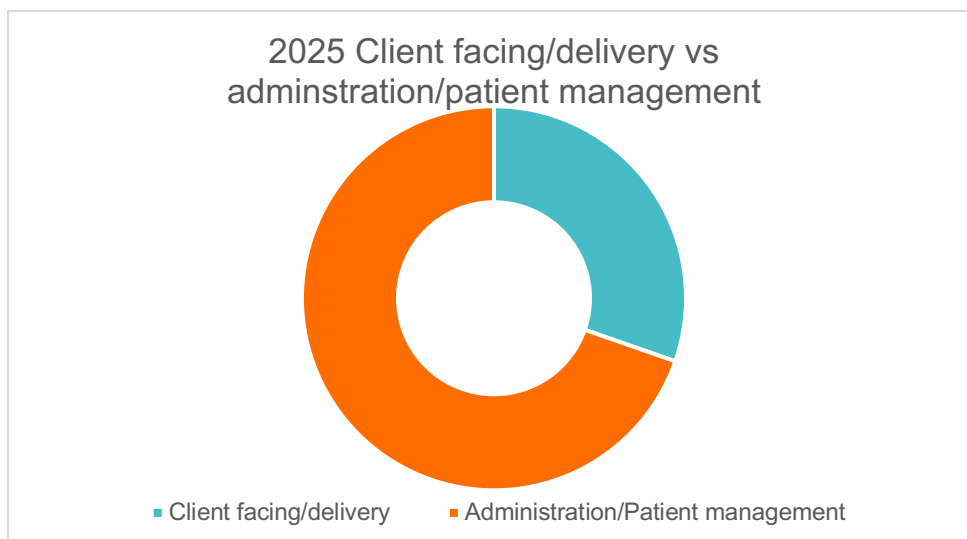
During 2024 the Chair asked an HR Consultant to look over our policies and procedures to ensure we were properly addressing our liabilities, and minor changes to our handbook and processes were implemented. We aim to review this in 2027.

Annual Summary:

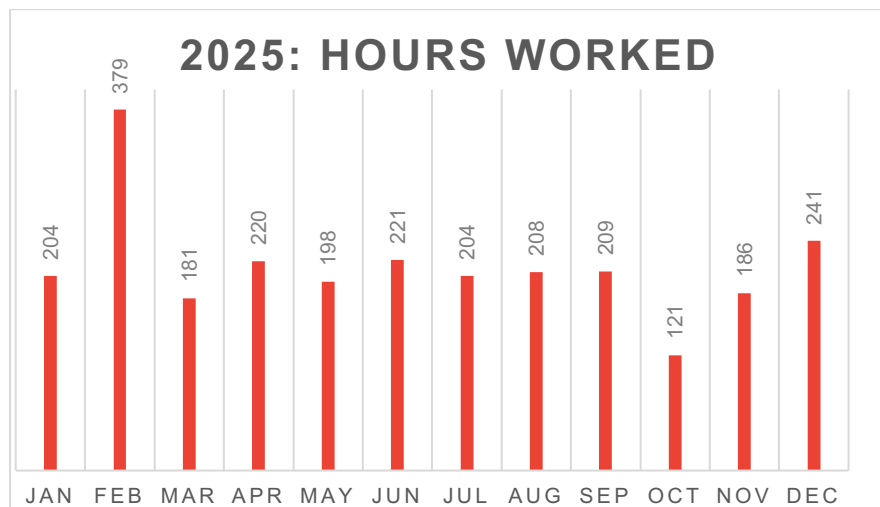
This year we spent more time on administration due to focussed small funding grant by UOK. This was a partnership between Robin Hood Health Foundation/WellBN, Trust for Developing Communities, and BERTS. Most of this work was done (unpaid) by Projects Manager, and Chair. This brought us in income for the year, as did our other UKHO/SEMP grant occurring later in the year, partnering with NHS surgery WellBN & HERA which is for 6 months from October-April 2026 but will pay for delivery of limited asylum seeker therapies at a more standard rate as only CD has capacity to deliver this as additional clinical work (this payment remains less than the normal rate for this work however, and remains subsidized). We have appointed several new counselling and early career clinical psychologist volunteers for 2025 and we should improve our productivity/capacity for therapeutic delivery going forward as an outcome of expanding our therapeutic resource. These volunteers were initially tasked with delivery of the bespoke emotional stabilisation module and were not specialists in complex trauma treatment, although we later provided training in NET, following the EMDR training we did in 2023. We also appointed a trainee clinical psychologist assistant on a small paid internship for 1.5 days per week, paid pro rata. Thus, this year because fewer qualified/accredited experienced trauma therapists claimed an honorarium, this meant that CD could do some extra paid work taking additional NHS referrals, and we could also fund a clinical psychologist trainee on a part-time basis.

Colin Blowers kindly offered to do more clinical supervision this year due to the change in less experienced volunteers arriving with the delivery brief of emotional stabilisation rather than trauma work. Colin meets with the 4/5 counselling volunteers at least once a month in addition to the monthly 'all staff' meeting; later in the year another Clinical Psychologist joined this group which was a welcome addition to the groups skills and competencies.

External projects, personnel changes and HR matters, including the Operations Managers departure, recruitment, supervision, training, improved reporting, and a number of high risk patient cases that meant there were a lot of extra liaison and team meetings to discuss risk. Regrettably there was no Salomons/Canterbury Christchurch University clinical psychologist placement which brings in income for the charity, and we hope this is restored in the future. Our greatest single purpose as a charity continues to be offering 1:1 therapy to patients, mainly delivered face to face or online. Patient administration and operating BERTS overall took more time this year than patient treatment, this is partly to do with admin contracts we had with different partners, the fact that the CD was required to do more operations management this year due to strategic and personnel changes, and also to do with a number of organisational changes within the charity itself in order to develop training and standardize our clinical provision.

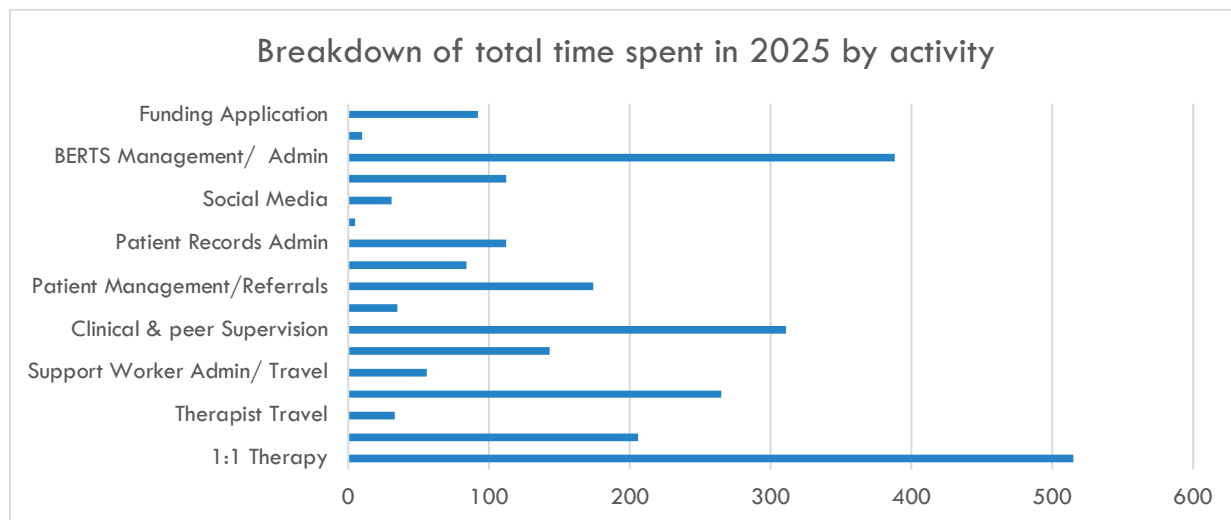


This was quite a different distribution this year.



Task	Hours 2023	Hours 2024	Hours 2025
1:1 Therapy (clinical hours)	894	564	490
Therapist Admin	332	384	206
Therapist Travel	101	27	33
1:1 Support Work	441	172	265
Support Worker Admin/ Travel	137	37	56
HR, E&D	125	129	143
Clinical & peer Supervision	306	121	311
Meetings NHS/VCSE	31	48	35
Patient Management/Referrals	110	111	174
IT & Website Updates	74	184	84
Patient Records Admin	125	69	112
SMG admin	0	0	5
Social Media	93	19	31
Training & CPD	59	59	112
BERTS Management/Admin	289	537	388
Special Project	34	139	10

Funding Application	195	55	92
Total hours	3346	2655	2547



Key Achievements:

1. Improving Access to Migrant Pathways [IMP] funded project. We received £8k during 2024-5 for a funded bid in partnership with Trust for Developing Communities and Robin Hood Health Foundation. This was funding directed to help health inclusion for asylum seekers, refugees and migrants, in Brighton & Hove. Available on the BERTS website here: <https://brightonandhovecbt.com/refuge>
 - a. Projects Manager and Chair worked on the first destination online resource for new asylum seekers who have arrived in the city, which was hosted by Trust for Developing Communities on their community resource pages during 2025. 150 pages of website content was generated, and the resource is extremely comprehensive and valuable, it is a significant contribution to community access and knowledge, and the only resource of its type currently available.

2. South East Migration Partnership (SEMP) in September 2025 there was an urgent call for bids for this scheme so CD contacted HERA and WellBN and asked them to partnership with us in a bid; this is UKHO funding that has been directed to the SEMP, a regional community hub. Delivery of this project is over 2025-6 (Sept-April). This is a complicated bid involving diverse activities and the complex trauma treatment in the bid will be subcontracted to Brighton & Hove CBT as there is currently no capacity in BERTS to provide this service for free. BERTS will be delivering other therapeutic activities at the asylum hotel and outside (in reach and outreach) during Spring 2026 in conjunction with the partners, and also meeting UKHO representative.

SEMP Costs for SE Asylum Therapeutic Care Grant

The Hera Project

Enhanced social prescribing support	
9 x sessions Oct - Nov	700
Monthly walk support	500

Management (7 x £400 daily rate)	2800
Total	4000

BERTS	
25 treatment sessions for three patients	6000
Total	6000

WellBN	
Mental health support 9 sessions	4000
Monthly walk support	500
Education event at Asylum Hotel Jan 2026	500
Total	5000

Partnership total	15,000
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3. Screening protocol for NHS Primary Care in Sussex – Chair, together with our GP Advisor Dr Hannah Gould-Brown who is a GP at the St Peter’s GP practice in Brighton, with a specialist interest in refugee work, met several times in 2022 to design a screening protocol for GPs and Practice Nurses for newly arrived asylum seekers, assessment of physical and mental health. As experts working with this community we wanted to stress the co-implication of physical and mental health in addressing the needs of asylum seekers, refugees, and victims of trafficking, who have frequently been subjected to torture and sexual violence. The protocol went out the GPs in the area to comment on and provide feedback in 2023 and also to the Sussex NHS GP management group. All feedback was acted upon and the screening protocol was going to be trialled in primary care during 2023. However, the illness of the lead PCN Manager has halted progress on this trial so we are currently hopeful that another GP practice in Eastbourne led by Dr Neil Singh will be now trialling the protocol. Thank you to those particularly from RHHF who continue to raise this at NHS RAM meetings and we continue to monitor progress on this initiative. Note: there hasn’t been much progress on this in 2024 or 2025 despite chasing. This was not taken up again by the NHS in 2025 despite Clinical Director chasing it up with Commissioning Team, which is very disappointing.
4. Staff Training – a number of therapists completed personal CPD trainings of different methods primarily provided by BABCP or EMDR membership, including on new models for treating PTSD. Clinical Director also wrote and delivered 3 x 2 hour small group trainings to all therapists during Autumn/Winter 2025 in order to standardize our treatment provision and ensure that we have consistency across the service. All therapists and counsellors were funded and required to take the 2 day online training by the N.E.T. Institute in Germany in Narrative Exposure Therapy in December 2025. This was very successful and we continue to refine and improve our treatment model across the service and standardize our delivery protocols.
5. We continued with specialist EMDR clinical supervision, kindly provided by NHS EMDR Consultant and CBT therapist Vicki Lidbetter who provides monthly group supervision to 2 BERTS therapists on an ongoing basis. We suspended this in Summer 2025 due to staff sickness however this should be reinstated during 2026 when our experienced EMDR therapist returns.
6. A significant new strategic development starting in 2024 was the partnership with University of Canterbury’s training institute Salomons, based in Tonbridge Wells. Clinical Director began discussing with Salomons in early 2024 the possibility of hosting a trainee Clinical Psychologist on

a doctoral programme on a 6 month placement. It also involves at least 3 hours a week supervision for each placement student that is provided by Clinical Director. She attended a mandatory 2 day training event for Salomons placement supervisors in February 2025 as part of this agreement. Over the summer, we also had meetings with Surrey NHS/Guildford University for the possibility of developing a similar placement with them, but there were unable to proceed in time for the Autumn placement start date. Both partnerships were reviewed in March 2025 and we have discontinued Surrey University. We continue to be open to Salomons placement however so far no more are forthcoming.

7. Trustee Tessa Axelrod and CD applied for funds of £2,000 from the Brighton & Hove Fairness Fund for People 25/26 in December 2025, for delivering short CBT treatments of 6 sessions duration for emotional regulation skills, 1:1 with asylum seeker patients. We are currently awaiting the outcome of this application.

Financial Review and Independent Examiner's Report

Until 2020, BERTS operated completely as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. Incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This arrangement became untenable as we have expanded and as Brighton & Hove CBT's income changed. Volunteers continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible so since 2022 we sought out external funding out of necessity required to fund partially some core activity (treatment) and also some strategic development funding for specific initiatives such as the screening protocol, 1:1 short course CBT delivery, and the website @refugeehelp.

A fully accredited (not member or provisional accreditation, only full accreditation) psychotherapist or clinical psychologist (BPS) volunteering for BERTS receives an honorarium payment of £20 per clinical hour of patient treatment. This is intended to go toward meeting the costs of our psychotherapist team and is not intended to be payment for services per se. It might cover for example room hire cost, transport to appointment, or help with insurance or accrediting body membership cost. The operating principle of BERTS is our professional labour is provided for free. (A typical payment for a BABCP Accredited therapist is c.£100-120 per hour, a Clinical Psychologist is £150-180 per hour, by comparison). Therefore we remain a predominantly donatory, goodwill service.

Chair continues to search for third sector funding opportunities but these are limited given that our core operation is NHS is open-ended complex specialist trauma work that the NHS currently doesn't fund. The NHS Sussex Trauma Pathway remains in development and not fully implemented and we are struggling to understand what the NHS is currently activating or resourcing in order to provide appropriate provision for asylum seekers, refugees and destitute migrants in the city in terms of appropriate access to mental health care for these vulnerable communities, who also commonly represent a marginalised (health exclusion) group with restricted access to appropriate health care due to a complexity of factors. We understand that NHS Time to Talk instigated a very limited treatment resource for a small number of asylum seekers with complex trauma during this year 2024 (managed by an ex-BERTS IAPT therapist), to be delivered within the IAPT programme, although this represents only a fraction of what is required to provide appropriate health inclusion for ethnic minorities in the city, as required by NHS England policies on Health Exclusion. Whilst many consultations have taken place over the past 12 years, the lack of appropriate MH provision for treatment for complex trauma in this vulnerable group – the majority of which suffer from serious mental illness conditions as a result of their asylum trauma - remains much the same. Other areas with similarly high numbers of

asylum seekers such as Bristol and London have specialist regional NHS MH services for asylum seekers and refugees. NHS Sussex does not appear to have the will to investigate such provision, either as a sole provider or as a joint provider with NHS Surrey or Kent, or even in partnership with third sector providers. This means that the Sussex, and its coastal towns and cities which host so many vulnerable and traumatised asylum seekers, provides very little targeted mental health treatment or care for this demographic, other than psychopharmacology provided by local GPs, which is often not appropriate for the severity of illness. (With notable exception of the ‘Safe Surgeries’ within the city).

Projected income generation for 2026

Currently, many subcontracted NHS and local statutory funded grants do not allow for funding for 1:1 delivery of services, which is basically all we do, whether in support work or therapeutic treatment. This means we are excluded from most relevant funding calls.

The financial situation going forward for 2026 is even more challenging. The funding situation in 2024/5 already worsened with many funding programmes for asylum seeker needs specifically excluding 1:1 delivery of services. There were two national initiatives that required an extremely tight deadline, but the window available was not sufficient for us to develop a partnership bid with local organisations who would have made us eligible under their funding criteria. Our funding from the IMP project (£8k), for which we thank our partners RHHF and TDC, and then the SEMP partnership with HERA and WELLBN were the only external funds we were able to find this year, leaving us extremely financially vulnerable going forward with a serious projected shortfall for 2026.

Income from Salomons/Homeless Link

In 2025 there was £2671.50 income per six month clinical psychology placement, paid by Salomons to BERTS until March 2025. This should be paid again if there is another clinical placement in 2026 but this cannot be guaranteed. The national UK charity Homeless Link has worked to develop a framework to support voluntary and community organisations within the homelessness sector to implement trauma-informed care in practice. This funding has come through their programme.

Indemnity Insurance

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd, details below. This covers any student/trainee placement and claims against BERTS, details can be found below:

Receipt
<i>Brighton Exiled/Refugee Trauma Service (BERTS)</i>
<i>28/08/2025</i>
<i>Customer Reference: xxxxxx</i>
<i>Policy Reference: xxxxx</i>
<i>T: 01924 241945</i>
<i>E: enquiries@howdengroup.com</i>
<i>We would remind you that there is no automatic entitlement to a return premium if you cancel the policy.</i>
<i>Return premiums are entirely at the discretion of Insurers and are usually only permitted in exceptional circumstances.</i>
<i>Thank you for payment of the premium due in respect of your policy for Professional Civil Liability.</i>
<i>The amount paid is broken down as follows:</i>
<i>Amount</i>
<i>Civil Liability Premium (including Legal Helpline) : £207.24</i>
<i>Employers Liability Premium : £0.00</i>
<i>* Insurance Premium Tax : £24.00</i>

Administration Fee : £15.50
Total Insurance Cost : £246.74
* Insurance Premium Tax (IPT) is at the current rate of 12%. (There is no IPT on the Legal Helpline element of the premium).
Howden is

Banking

During 2021 due to the expanding costs we opened a Business Account with the Co-operative Bank and we have continued with them in 2025 despite all the ongoing problems we have accessing Customer Services, often being put on hold for an hour or more, and their totally inadequate app which only shows transactions for one calendar month, and even then the beneficiary is unclear.

Chair, and CD are now the only card holders on the BERTS bank account.

We have a 2025 **Financial Report** which has been kindly prepared by our Treasurer:

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE

(BERTS)

INCOME & EXPENDITURE STATEMENT

YEAR ENDED 31 DECEMBER 2025

	2025	2024
Income	£	£
Grants	5,300	31,090
Donations received	60	550
Total income	5,360	31,640
 Expenditure		
Insurance	247	247
DBS checks	269	50
Therapist fees	6,900	5,305
CEO Fees	6,000	6,000
Administration staff cost	3,204	3,670
Office expenses	1,335	1,177
Client support costs	1,089	829
Resources	331	180
Training	2,727	-
Fixed asset depreciation	154	154
Total expenditure	22,256	17,612
(Deficit)/Surplu s	(16,896)	14,028

BALANCE SHEET at 31 DECEMBER 2025

	2025		2024
Assets	£		£
Cash at bank	14,869	Cash at bank	31,611
Fixed assets	156		310
	15,025		31,921
Liabilities			
General fund	15,025	General fund	31,921

<u>Fixed assets</u>	(write off over 3 years)	Cost	Dep'n	NBV
Printer	2024	379	252	127
External HD	2024	85	56	29
		464	308	156

These are audited accounts that have been externally checked by Independent Chartered Accountant Tom Atkins.

Thank you to our Treasurer, David Lewis, Chartered Accountant, for his very kind ongoing support for BERTS this year and previous years.

Independent Financial Report

Tom Atkins ICAEW number 8960987 is a local independent chartered accountant who has kindly agreed to provide our independent financial report to the Charity Commission going forward. We are also very grateful for his support to BERTS:

Independent examiner's report

Independent examiner's report to the trustees of BRIGHTON EXILED REFUGEE TRAUMA SERVICE (BERTS);

I report to the trustees on my examination of the accounts of Brighton Exiled Refugee Trauma Services (BERTS) ("The Trust") for the year ended 31 December 2025.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable

Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed:



Tom Atkins

Brighton

17 March 2026

Clinical Overview and Summary

Despite a Labour Party Government, it is very depressing to report that conditions for asylum seekers in the UK have actually worsened this year in many important respects. The political environment in the UK (due to the ongoing rise of Far Right parties and following white Christian Nationalism influence from USA) has become even more hostile to refugees and migrants. As I write at the end of 2025, the government is promising to 'empty' the asylum hotels and relocate refugees to migrant camps. These environments, likened to prison camps, have historically produced further emotional trauma, serious disease outbreaks, child neglect and abuse, high rates of self-harm and suicide, and violence due to intolerably desperate conditions, and we are seriously concerned about the treatment of refugees nationally and how the UK is increasingly breaking human rights laws and slipping toward a xenophobic and cruel culture toward refugees. Unaccompanied children have been housed with adult strangers in these camps leading to further neglect and abuse. Our patients are increasingly feeling desperate and unsafe, suffering from serious mental illnesses with PTSD affecting all clinical presentations this year with multiple other diagnoses in addition.

Patient Treatment Model

Treatment durations have traditionally been from 6 weeks to 40 months+, depending on individual patient clinical need. The typical PTSD treatment is to follow NICE guidelines and be 25 sessions, but we find that sometimes this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, hunger, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental

health services. We often have to do a lot of emotional stabilization work before trauma treatment can be commenced, - for 2-3 years in some cases, which is not sustainable as a service with the usual resource pressures and not equitable for those waiting in the queue to be seen by a therapist.

During Autumn 2024 the Clinical Director had discussions with other therapists and NHS colleagues about the possibility of designing a two stage treatment model. This has been because therapists who were trained in treating complex trauma are spending significant periods of time doing this emotional stability work instead, for extended numbers of sessions that could be delivered by trainees in accredited courses in mental health, or early career therapists/counsellors without specialist further training in complex trauma such as EMDR or NET or CBT for complex trauma.

In Spring 2025 we commenced having a two tier delivery model, with either group or individual short course treatments in emotional stabilization, followed by 1:1 trauma therapy (NET, EMDR CBT for Complex Trauma, or other). We required facilitators at the Assistant Psychologist level to deliver a formulaic/standardized emotional stabilization treatment before patients go on to complex trauma psychotherapy. CD met with Dr Mary Griggs, Consultant Clinical Psychologist at Hope: Asylum Seeker & Refugee Trauma Service (Traumatic Stress Service), AWP Mental Health Partnership NHS Trust, who manages a specialist service in Bristol, and Mary kindly offered resources and use of their protocols which was kept under review during 2025, in conjunction with consideration of using volunteer APs and Counsellors to deliver (and recruitment thereof). Changing our treatment protocol to a 2-tier model required some careful thought and planning in terms of demands on specialist staff to deliver, and the accompanying literature (translated) that would be made available to patients. This work was undertaken and piloted during 2025 and was successful, although further training on the model was required and delivered subsequently by the CD during Autumn 2025 to ensure a shared toolkit and approach.

DNA Policy

A consistent pattern on DNA and disengagement must be observed before consideration of discharge and our normal protocol is 3 consecutive DNAs and for the case to be discussed with the CD before discharge, who will also contact the patient herself to enquire about barriers to attendance. Nevertheless patients continue to disengage with treatment for a number of reasons – deterioration in mental health being the primary reason, and risk of acute mental breakdown is a fairly continuous risk which we have red flagged with GPs on a number of occasions. Other reasons for disengagement include: digital poverty (no access to stable wifi/privacy), cold weather (difficult when you cannot afford heating in winter), no money for transport to therapy (cannot afford bus tickets), lack of nutrition/affordable food mean that staying in bed with low energy is tempting, and so on. Most of our non engagement issues could be solved with extra funding to support access to therapies. Health exclusion is very real with this population, and BERTS simply doesn't have the resources to fund participation in treatment more than the minimal we already do.

Patient Demographic Profiles

Patient Summary

BERTS has so far accepted 210 patient referrals for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area, and who have benefitted from longer term treatment for significant mental distress. We treated 25 patients in 2025, most of whom received more than 25 sessions of treatment, some of whom received 40-50.

Patient referrals process

The need to include GAD PHQ9, PCL-5, International Trauma Questionnaire and possibly IOER in referrals has been discussed and continues to be reviewed. NHS staff referrals are now expected to complete some of these measures before sending us the referral. Non-medical staff are not expected to do this. This will enable us to triage more accurately and also assess risk whilst patients are waiting for a therapist. We are grateful to Holly Bryan of WellBN for developing the patient referral form into the SystemOne database that NHS PCNs use as their primary patient record.

Patient health profiles

Most of our patients have significant psychiatric diagnoses with co-morbidities present, including often trauma-based psychosis and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. Additional typical presentations may also be GAD, suicidality, social anxiety, panic attacks, eating disorders, paranoia, self-harm, and avoidance disorders – all symptoms of extreme trauma coupled with frequent isolation and cultural alienation. These patients are often multiply traumatized, and require lengthy clinical interventions. Although referral to NHS IAPT/Talking Therapies can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this multicultural client group which often requires flexible and costly treatment subject to frequent DNAs due to the challenges of asylum seekers' daily lives; because of complex trauma they are frequently assessed by IAPT, ATS, or CAMHS and rejected. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations; whole families can be suffering from serious mental health trauma. This can be a problem if children are in distress due to the lack of capacity in CAMHS. Every year of BERTS operation a significant number of referrals were declined as being unsuitable for our service and alternatives were suggested or recommendations for interim measures and re-referral advised. We continue to recommend that patients who are unable to conduct therapy in English participate in ESOL lessons at Brighton Metropolitan College and additionally go to the Migrant English Project for 1:1 support so that they can access our service. We are still in a position in which we have normally to decline treatment to under-16s; we need a child and adolescent volunteer therapist on the clinical team in order to address this unmet need.

We continue to receive most of our referrals direct from the NHS and Social Services/vulnerable adult and unaccompanied children asylum seeker unit. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first; we continue to normally refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project or Brighton Metropolitan College for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months. We have provided patients with an interpreter as recently as last year, but the therapeutic intervention was not very successful due to reasons previously explained – this has always been our experience, unfortunately and this is why we continue to normally insist that patients are able to speak English for a therapeutic treatment to be successful. The additional benefit of greater social inclusion that comes from linguistic confidence also contributes to a decrease in isolation and an increased ability to access medical services, which are important for therapeutic risk.

We always will continue to offer therapy and support to homeless patients.

In 2020 NHS Sussex formulated a new mental health strategy for local provision which explicitly shifted significant responsibility onto local NGOs for mental health support of refugees/asylum seekers. This has had significant implications for our service and others such as Refugee Radio and Voices in Exile and the Network of International Women (who also offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. Wait times for patients on our list has varied over 2025 from 2 weeks to 6 months.

Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need, or a minor, they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 9 patients waiting for allocation to a therapist (Jan 2026) but we closed to new referrals in November in order to manage the waiting list. We will reopen to referrals in Spring/Summer 2026. We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS. We have had an increase in safeguarding concerns this year, and we observe that many of our patients are frequently in mental health crisis – anecdotally CD has the impression that patients referred to us appear to be more unwell than in previous years and suffering from more acute distress.

We continue to be all too aware of the lack of sufficient treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer on complex/acute cases for psychiatric evaluation, or prescribe appropriate psychopharmacology where needed. There seems to be based in unhelpful assumption by mental health professionals that BME healthcare users are 'over-medicated', yet the psychopharmacological needs of refugees are acutely different to Black BME citizens and this is a problem to do with demographic categorization – where refugees are bunched together undifferentiated, in with BME British, and so their very specific needs are elided/ignored. We strongly encourage NHS colleagues to disaggregate the mental health needs of British BME versus asylum seeker patients in order not to withdraw necessary psychiatric and psychopharmacology treatments from asylum seekers. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise' or given inappropriate medication such as 50mg Sertraline, which does not remotely or appropriately address the severity of the presenting mental illness diagnosis/symptoms.

Social Prescribing, Destitution and Welfare Issues

We continue to build on an effective relationship with HERA, based at WellBN PCN and Trust for Developing Communities where we can cross-refer patients for social prescribing and welfare concerns. Nevertheless: **destitution continues to be an acute aggravating factor in refugee mental illness and significantly affects participation in treatment.** Many of our patients are living in acute poverty and in terrible housing situations, or actually street homeless. This has meant that sometimes BERTS has paid for bus or train fares for patients to access support, we have paid for essential clothes and shoes for patients who cannot afford them, we have paid for electricity meter credit, we have paid for 3 nights respite care in a hotel for one patient having an acute mental health crisis, we have paid for clearing blocked drains, for deterring rat infestation, for CCTV for security, basic supplies for setting up a home, shoes or winter coats, we have also paid for basic medicines for Covid and for flu (during the epidemic Nov/Dec 2025), we have given out Christmas presents, bought groceries, provided dental care, and occasionally we have provided a mobile phone or basic second-hand laptop for online sessions. When our patients are destitute, meeting basic needs where the state has failed to do so, means that charities like ourselves need to step up and be more flexible in our sphere of operation. Basic humanitarian responses to need have been required, but necessarily our resources are very limited.

Poverty and Social Exclusion:

In this past year 20% of our patients were destitute and street homeless, and with No Recourse to Public Funds. We amended our referral form in order to understand housing/homelessness better and with more reporting categories. Therefore, these details can only be taken as a snapshot of patient details on referral date. Homelessness, and insecure housing, remain one of the biggest factors for patient distress and are aggravating factors for serious mental illness. Despite our frequent advocacy to housing services, we have had little success improving living conditions for many of our clients and the housing situation in the city for the poorest and most vulnerable demographic remains desperate. Many of our patients are prioritising their poor

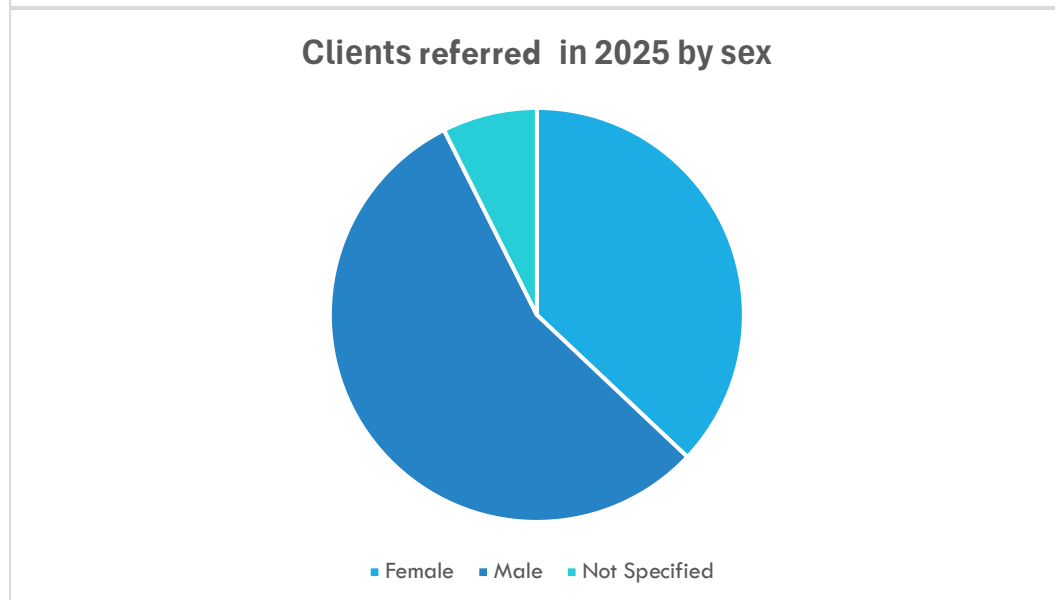
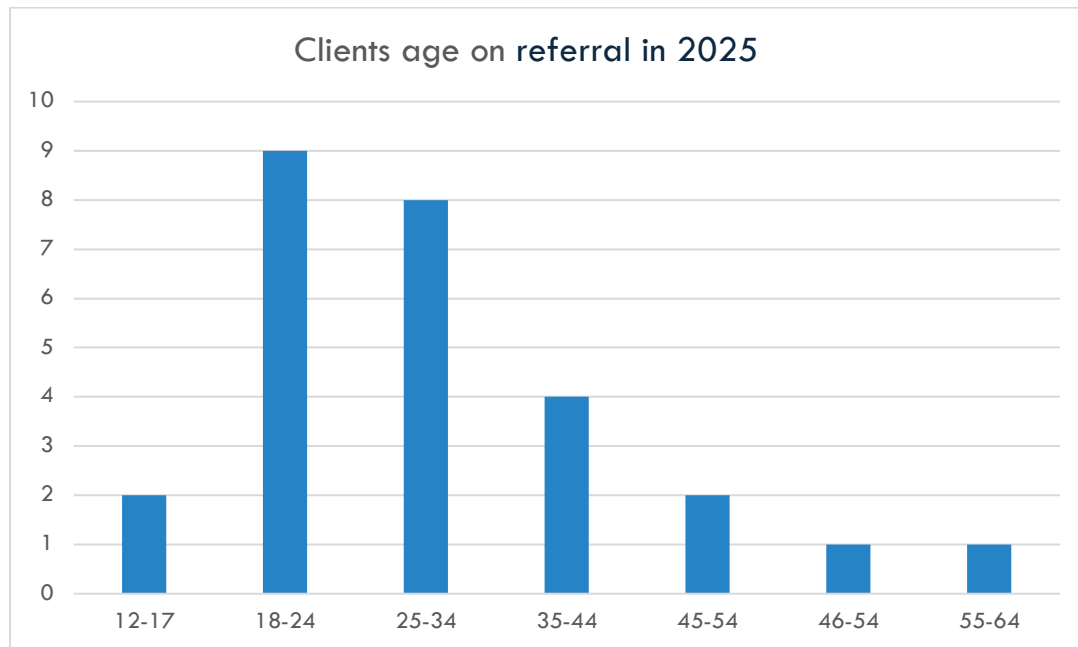
housing over their mental health treatment, which requires understanding from therapist practitioners – to look at one’s trauma, a patient needs a sense of safety, which most do not have.

Summary Information of Patient Referrals:

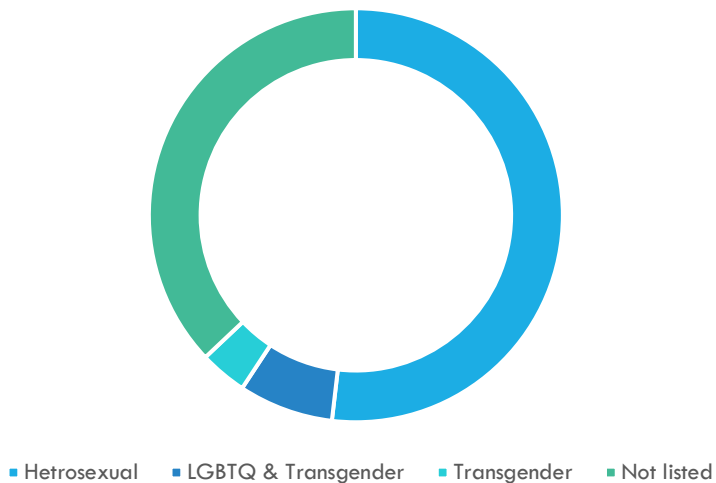
Equality and Diversity Statistics

We started collecting full patient data in 2022, due to reasons of caution and concerns about GDPR and patient confidentiality.

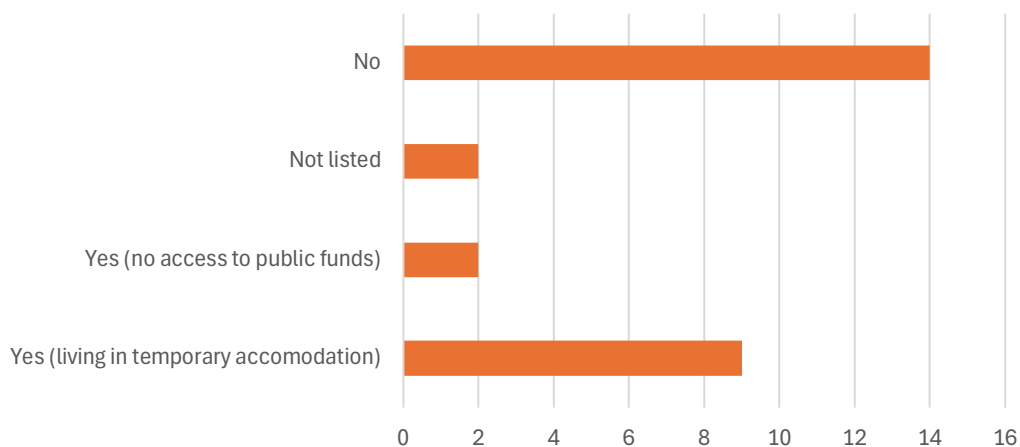
Below is a brief visual overview of our patient demographics for 2025:



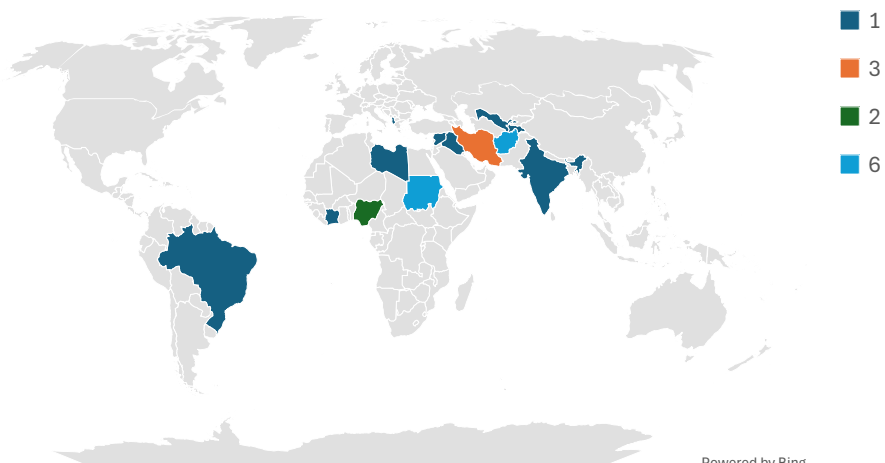
2025 referrals LGBTQ+ identity



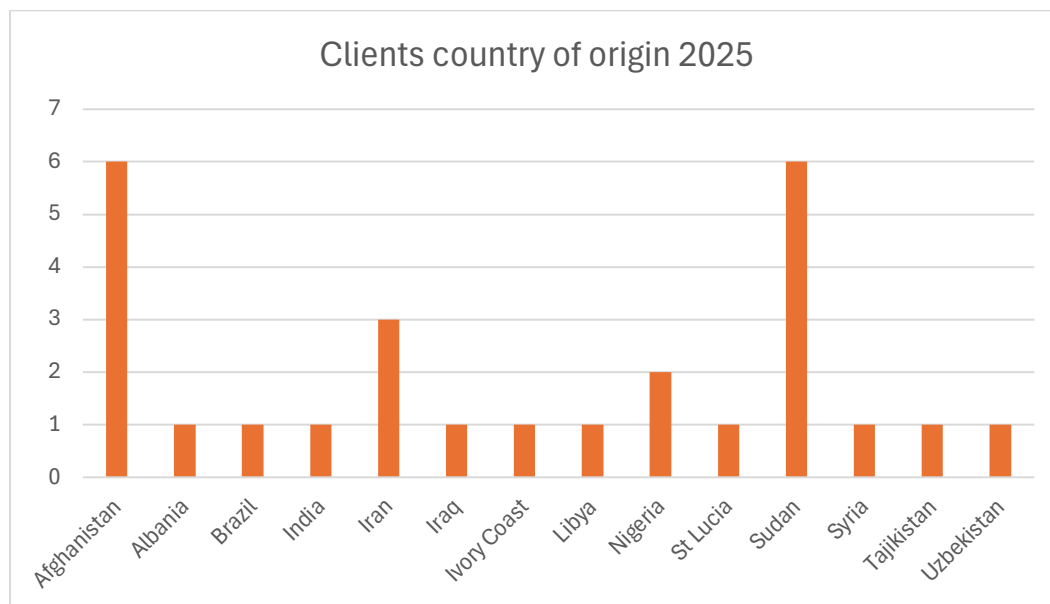
Number of clients referred in 2025, broken down by access to public funds



Clients country of origin 2025



© Australian Bureau of Statistics, GeoNames, Microsoft, Navinfo, Open Places, OpenStreetMap, Overture Maps Foundation, TomTom, Zenrin
 Powered by Bing



These demographics give us a clearer picture of patient referrals, although some data may change over the course of treatment, for example, a patient may not have disclosed to the referrer that they are LGBTQIA, or that they are street homeless/destitute, as this is not a formal category of referral. Additionally, referrer may not have understood that the patient is an ethnic minority with a specific nationality (for example, Turkish, but identifies as a Kurdish refugee), Sudanese or Egyptian or Iranian Coptic Christian etc. In sum, more people were referred to us from Sudan this year in relation to the ongoing war there, and new countries have appeared: St Lucia, Tajikstan, and Uzbekistan.

Service User Feedback and Comments from Activities:

Any prospective funder requires outcomes measures, this is increasingly normative in the voluntary sector, it is an activity that also helps us reflect on our operations and potentially improve experiences by service users. During 2024 Chair received training in the Refugee Council tool the Outcomes Star. This ended up being too costly and complex to implement and so we continue to search for an appropriate outcomes measure that could be used by our practitioners. Every funder requires their own version of outcomes measurement and this places an unreasonable burden on charities for retraining and sometimes purchasing costly licences or software. We generally refuse to provide ‘outcomes of the month’ and provide instead narrative therapist feedback coupled with patient monitoring with medical assessments such as GAD 7 or PQH9 or equivalent. Chair needs to work with Project Manager in 2026 to devise and implement an appropriate outcomes assessment for our patients.

BERTS have been able to state clear and defined activities; including inputs, short-term and long-term outputs and outcomes, and wider society impact outside of our interaction base. All these will help the organisation to reach its overall aim: to improve the quality of life of the targeted population, through providing essential and appropriate mental health care. To build upon this work, BERTS needs to implement better qualitative and quantitative data collection over the coming year in order to demonstrate and measure the outcomes and outputs stated in the framework.

This includes:

- Questionnaires to support workers to evaluate the outcomes of volunteering with BERTS on their development and their interactions with wider society.

- A questionnaire designed for therapists to evaluate the outcomes of volunteering with BERTS on their personal and professional development and their interactions with the wider society.
- Starting interview and exit interviews with all volunteers to understand their growth during their time with BERTS.

All these data collection methods should include EDI and a chance for volunteers to provide feedback to BERTS, so we can try to retain volunteers and grow more as an organisation. Although this is time consuming, we need to prioritise for development in 2026. Unfortunately, too much time in 2025 has been spent on fire-fighting and reacting to circumstances, rather than strategic development – a classic scenario in underfunded third sector working... we are aware we wrote this last year and continue to find this frustrating.

Another audit of the time frame of clients' treatment with BERTS to better understand the average duration of treatment is desirable. We did not do this, due to lack of staff availability. We will carry this task over to 2026.

Staff Summary

Establishing a separate counselling service as part of our new 2-tier stabilisation protocol commenced in February 2025, such counsellors have to be at least tier 5 in further education/training, under clinical supervision, and have complementary professional experience in healthcare or social care.

Mental Health Practitioners, as volunteers, continue to pay for their own mandatory CPD, individual accreditation, professional indemnity insurance, premises costs and ongoing business expenses.

Our clinical staff who are qualified and accredited clinical psychologists, social workers, psychiatrists/medical doctors, nurses, high intensity CBT therapists, psychotherapists and counsellors, means that we have become a Multidisciplinary Team [MDT], including a Trustee who is a former NHS Paramedic and specialist in world health; as a group we have advanced specialist expertise and meet monthly to share and support each other.

We continue to have a monthly meeting for all therapy staff to attend, clinicians and placements, this is our main opportunity to meet as a clinical team and review any issues with delivery and discuss any issues with patient care, we also use this opportunity for group training. This is also an essential 'team building' meeting as we work in an isolated way and don't see each other regularly in any other forum. It is also important given that our work can risk secondary trauma that we build strong relationships of trust with each other as a clinical team so that if we need support then it is available.

In addition, our counselling and trainee clinical psychologists have mandatory supervision with Colin Blowers at least once a month, meaning that they are seen for a minimum of twice a month by seniors, plus all therapists are encouraged to seek 1:1 supervision on an ad hoc basis where necessary with either Colin or Sally. CEO/Clinical Director [CD] together with therapist/Trustee Colin B continue to provide 1:1 clinical supervision to individual BERTS therapists and counsellors on a request basis. CD continues to be responsible for recruitment, retention and management of clinical and admin staff, and Operational Manager [OM] is responsible for managing and recruiting support workers, in consultation.

We always need more accredited cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week of complex trauma therapy. Please could all therapists consider asking their colleagues to donate a small

amount of clinic time if appropriate. Geography not necessary now as half of our provision is now delivered as online therapy and will be for the foreseeable future.

This year we welcomed two new Trustees: Mehran Rezaie Toroghi and Itziar Aldecoa Tamayo. In 2025 we appointed a volunteer Consulting GP – Dr Hannah GB – to be available in an advisory capacity where there is a patient without a registration that requires medical advice or prescribing advice, or when the CD needs to consult on medical matters relevant to a patient's mental health treatment.

During 2025 the CEO/CD wrote responses to over 5,000 emails and received over 200 telephone enquiries regarding client referrals, ongoing client matters, and organisational enquiries. During 2024 she worked for the charity typically for more than 20 hours per week (0.6 FTE) for which she receives an honorarium payment of £6,000 p.a., to be paid annually on September 1st. This payment was agreed to be ongoing in recognition of the increasing labour required to keep BERTS going, and the charity becoming more sustainable as a CIO in the longterm. In addition, fully qualified therapists with full accreditation are eligible to claim basic expenses for providing patient care at the hourly rate of £20. This year we have funded a trainee clinical psychologist placement in the form of Tanya Akpinar who is given 5-6 patient case-load and works for BERTS 1.5 days per week (not including supervision), this has worked well as Tanya gains clinical experience and training under the joint supervision of Colin and Sally, and she has also received NET training so emotional stabilisation plus NET can be her delivery model for a number of patients this year.

In March 2025 we addressed our lack of child and adolescent therapists with recruitment of two ('Youth Fairies') but these volunteers never received patients as there was a lack of understanding about the necessity of attending regular monthly supervision so they both withdrew; we recruited a small team of Assistant Psychologists/Counsellors in Feb 2025 one of whom was required to resign due to failure in risk and safeguarding monitoring, and another had performance issues, so we retained 2 therapists from this recruitment who are doing well. Recruitment of experienced trauma therapists continues to be a significant resource burden for the charity.

Brighton & Hove Mental Health Refugee, Asylum Seeker, Migrant Working Group

CEO/CD continued to be part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and local NGOs, called RAM. Chair attends this meeting occasionally although it continues to have poor outcomes in terms of increasing statutory care and MH resources to this vulnerable group. There were cuts in funding at NHS Sussex during 2025 and this meeting after being convened for 12 years (the majority of which were attended by CD), was folded into another meeting that is convened by Brighton & Hove City Council, it will now include the NHS and voluntary sector charities and not be primarily about asylum seekers or mental health but more generally on health inclusion. This is very regrettable: NHS Sussex is now even more distanced from understanding the direct health needs of this excluded population.

Infrastructure

BERTS does not have its own building, we cannot afford an office, (most therapists who volunteer for BERTS either work primarily online or have their own clinic space, those that don't are able to access the Jubilee Library in donated facilities by the Library Service); this excludes us from most government funding initiatives which are predicated on business models that exceed our financial reach.

Technical Support and Communications

Web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of our IT Manager, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS. We continue to

depend on his goodwill and generosity to provide advanced, secure data hosting and management; a single commercial software portal for all our needs remains out of reach as we simply don't have the funds to explore this further.

We continue to be very grateful to all the admin team Alyshia and Sasha for all their hard work, responsiveness, and reliability, for their careful maintenance of our systems and records. Our Trustee Reem continues to serve as our Social Media Officer and she manages our BERTS Facebook page, keeping up our profile, for which we are grateful. We have deleted our account on X for widely held reasons.

Premises Costs

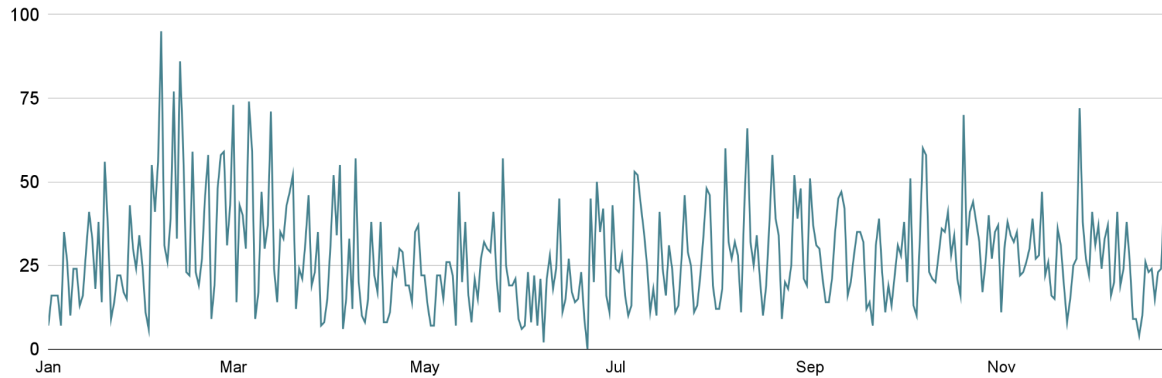
We continue to be deeply grateful for Brighton Jubilee Library and Hove Library's continued valuable support for BERTS in provision of clinical treatment space. We also note that this has added benefit in that clients start to use the Library as a resource independently of their therapy, which has a range of social inclusion benefits and informational access for them that is really valuable.

Treatments in 2025 were delivered roughly 50/50 face to face and online, because we do have generous access to the Brighton Jubilee Library room, Whitehawk, and Hove Library room without charge because of their commitment to refugee community in the city.

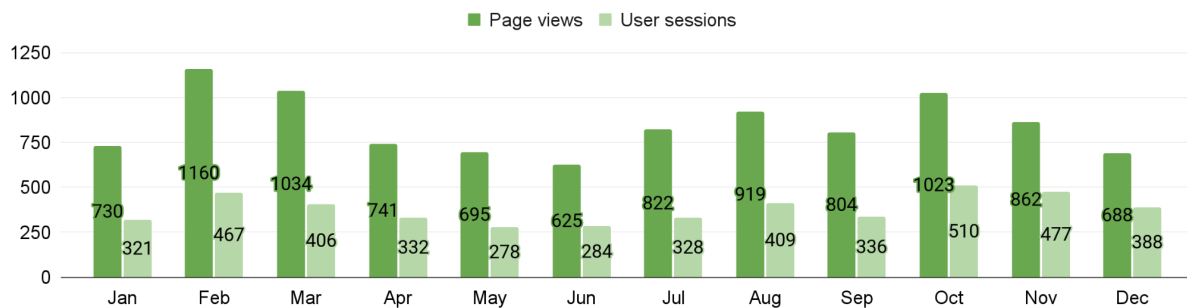
Moving to mixed F2F and remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches and community buildings are now charging for use of rooms and no longer offering voluntary services as no-fee use of their premises. St John the Evangelist in Preston Park have also offered us clinical space thanks to the kindness of the vicar in charge. All Saints church in Hove have offered us space in the past. Despite us treating NHS patients for free, we have been unable to gain access to any kind of suitable NHS space to treat patients, with the occasional exception of patients being treated at Robin Hood Health Foundation/WellBN practice in Hove who kindly made space available for us there during less used periods. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband and privacy in our client group.

Web Statistics

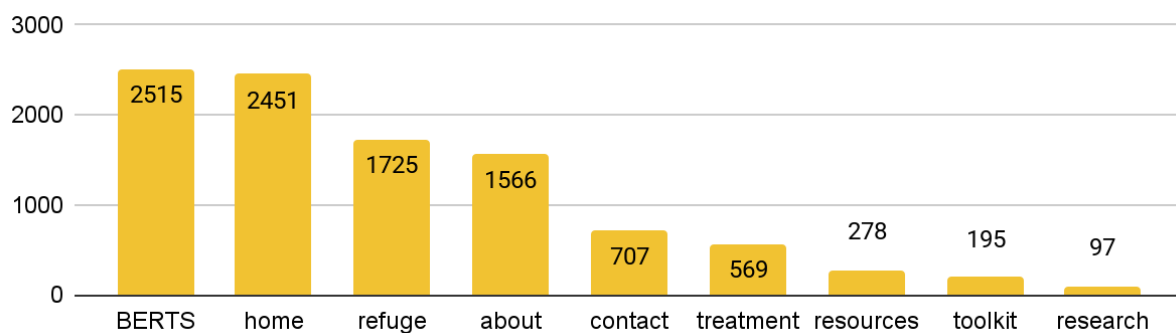
Daily activity Shows page views per day on the Brighton and Hove CBT website. On average, 28 pages are viewed per day with a peak of 95 page views on 6 February. In total, 10,103 pages viewed in the year.



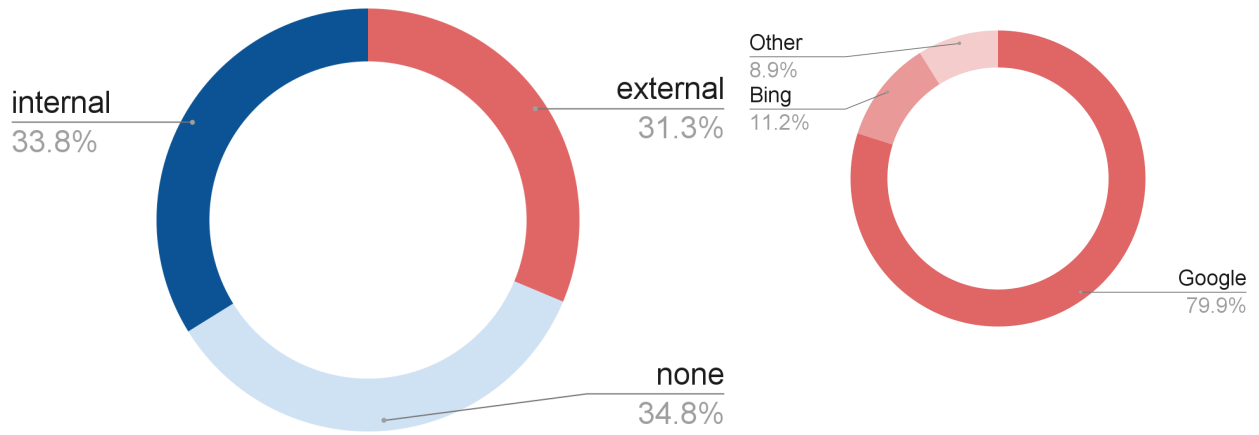
Monthly activity Shows the monthly totals and individual users browsing pages. On average, each visitor views 2.3 pages.



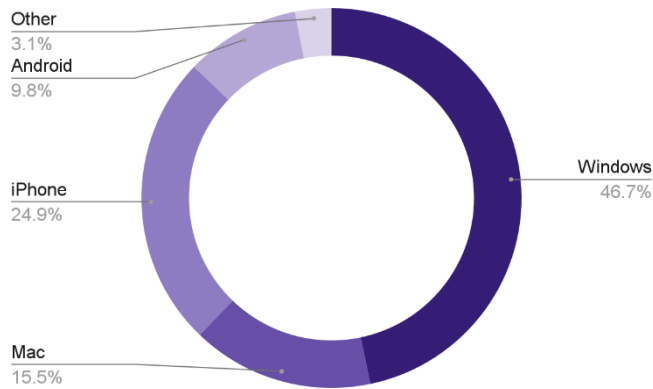
Most popular pages Shows number of views per page. The refuge page is the comprehensive guide to health and community resources.



Source of traffic Roughly a third of traffic comes from internal links (links from other pages on the site). Another third has no referrer, meaning that the address was typed in or the visitor followed a link from an email or bookmark. The last third is external traffic, which mostly comes from Google searches.



Device usage Most visitors are using Windows or Mac computers but roughly a third are browsing on mobiles (iPhone and Android).



BERTS Support Worker Report 2025

Current support workers: 6 (+1 in progress in recruitment)

Moved on in 2025: 4

Recruited in 2025: 5

The provision of support workers in order to enhance sustained client engagement with the service continues to provide valuable additional resource to clients, and good social justice, volunteering, and care experience to a committed team. BERTS provision is based on the principle that mental health is dependent on social inclusion, resulting in improved quality of life, and welfare support and access to resources is essential to that aim.

Support Worker Activity and Client Engagement

Number of support workers–client sessions delivered: *estimated at over 265, including regular contact via messaging, phone calls and video calls.*

This figure cannot be stated with certainty, as no statistics were recorded during the first trimester of 2025 and several support workers did not record all of their contacts. Under usual practice, support workers meet clients face-to-face for one hour per week and also provide additional remote support via WhatsApp. In 2025, however, the majority of clients expressed a preference for maintaining contact through phone calls, video calls, and messaging rather than in-person meetings.

Support Worker Volunteers – Overview

The new Support Worker Manager took up the post in March 2025 and for the first 3 months of the year since this position was vacant, engagement was not sufficiently reported. Since then, there has been consistent supervision and regular interaction with the support worker team. Communication has taken place on a weekly basis, with daily contact when complex situations have arisen.

During the year, two highly active and committed support workers stepped back from their roles. One joined the team of psychotherapists at BERTS, while the other relocated due to personal circumstances. Two additional support workers left the team after a six-month commitment, as they moved out of town. In both cases, limited engagement from their allocated clients resulted in a relatively small contribution during their time with the service.

Additionally, three candidates who successfully completed all stages of recruitment were ultimately unable to join the support worker team due to personal circumstances.

Client engagement in 2025 was mixed. While some clients engaged very minimally, those who did engage consistently were able to develop trust and found their conversations with their allocated support worker highly valuable. BERTS support work continues to be a valued service, enabling clients to increase independence and build supportive social networks. However, in several cases where clients presented high levels of vulnerability and significant mental illness/withdrawal, support workers were unable to establish the sustained engagement required to build a consistent supportive relationship.

Despite these challenges, having support workers assigned to clients proved valuable in several situations, particularly through the information reported by support workers to the Support Worker Manager and the client's individual therapists. Even where consistent engagement and trust were not fully achieved, the information transfer was nevertheless positive and useful in many circumstances.

The range of assistance offered remains broad, and inclusive, including support with navigating housing and asylum-related forms and processes, accessing medical services, completing education and study application forms, and identifying language and leisure courses to support network-building. Signposting to English language classes continues to be a frequent need, alongside guidance and support during legal processes that often involve interviews and changes in accommodation.

Continued recruitment of support workers remains necessary in order to extend this service to clients currently on the waiting list.

Overall, volunteers who have achieved the intended level of befriending and trust report positive and rewarding volunteering experiences. Conversely, there is a need to improve how clients understand the value of having a support worker, as limited engagement has at times left support workers feeling ineffective or under-utilised.

Goals for 2026

The key objectives for 2026 are:

1. To increase our reach and recruit additional support workers, in anticipation of potential changes in team capacity. Recruitment was not prioritised by the Support Worker Manager earlier in 2025 due to an initially favourable ratio of support workers to clients; however, subsequent circumstances resulted in a smaller team.
2. To develop a stronger, more coordinated engagement strategy between therapists and support workers at the point of client allocation, with the aim of promoting early engagement, strengthening the working relationship, and improving continuity of support.

Support Worker CPD and Activities

The Support Worker Manager attended BERTS' core training on delivering emotional stabilisation treatments for PTSD and related conditions.

Safeguarding

We have a robust safeguarding protocol which is spelled out in detail in the BERTS Volunteer Handbook; for confidentiality reasons this is only available to volunteers involved in client-facing roles.

All support workers and therapists continue to have DBS Enhanced which is paid for out of BERTS funds.

This year we produced a safeguarding quick reference flow chart, and a leaflet for patients with all local contact information as to what to do in a mental health emergency and where to find help.

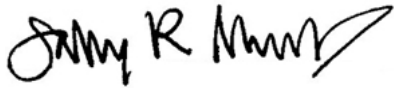
As mentioned, one trainee counsellor was required to resign this summer due to failure to keep adequate records. Another trainee counsellor self-resigned due to exposure of their poor knowledge and skills, and their additional failure to keep adequate records. This situation requires more careful thought, as both were recently appointed and adequately qualified and appeared to be functioning competently as part of a team. Nevertheless this performance inadequacy was picked up fairly early and action taken. In terms of learning points, more careful regular supervision of new volunteers' performance may be necessary. CD to discuss performance monitoring improvements with seniors.

We thank our Trustee Tessa for her ongoing role as Safeguarding Officer and for her professional advice in handling difficult situations. There have been several times in the year when we have needed to escalate concerns and follow our safeguarding procedures as stated in the Volunteer Handbook. We note that there have been no known suicides/deaths, or serious incidences of self/harm, and we hope and pray that this continues.

Any Other Business


The Chair of Trustees and the Clinical Director wish to formally thank all the wonderful people who make our work possible and whom have given so generously of their time during what has been a demanding period for us all. This is a special big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin and IT support, Treasurer, therapists and support workers and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

Thank you all BERTS volunteers for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.

A handwritten signature in black ink, appearing to read 'Jimmy R. Murray', with a stylized flourish at the end.





SRM 31/1/26

Appendix: Social Media Report (Reem Abushawareb)



BERTS
Social Media
2025
Annual Report


BERTS on Social media platforms:

 <p>X is inactive 11 followers</p>	 <p>Facebook Over 127 follower</p>	 <p>Instagram No existence</p>	 <p>LinkedIn No existence</p>
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Facebook had been deactivated since August 2025, waiting for decision to reactivate the page.

Identified Audience

- Targeted audience is mainly refugees and asylum seekers who suffered trauma or experienced war atrocities.
- (Not by choice audience) Officials or authorities
- (Possible audience) Doners to the charity



2025 Brighton Exiled/Refugee Trauma Service 3

BERTS Social media sources

Local services – NGO and government

- Voices in Exile
- Migrant English Project, Cowley club
- Migrant Help
- Immigration Legal Services
- Sanctuary Cafe
- Refugee Radio
- The Guardian Newspaper
- Other

2026 Brighton Exiled / Refugee Trauma Service Immigration Legal Service

Aims of Social media Presence

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graph LR
    Outreach --> A[Raise awareness of mental health significance]
    Outreach --> B[Offer guidance for help seekers]
    Outreach --> C[Promote mental health services offered by BERTS]
    A --> A1[Help refugees and asylum seekers to recognize their need of a mental health support]
    B --> B1[Accessible information of how to call for mental health support]
    C --> C1[BERTS updated services and activities]
    
```

Thank you

Reem Abushawareb
BERTS Trustee and Social Media Officer

BERTS Social media challenges for 2026 onwards

- Separating immigration topic from political posts generally.
- Focus on sharing posts that promote mainly mental health wellbeing and refugees local events and activities eg. psychosocial wellbeing activities.
- Focus on posts that address alienation/isolation/loneliness in asylum seekers
- Focus on information sharing and also building up diversity and social inclusion

Social media strategy

X

- Stopped

Moral values stands against supporting the platform by making a contribution/post.

Facebook

- News items, mainly.
- Engage with your audience.
- Listen to your audience.
- Promote your events. Use Facebook Ads
- The First half of 2025, contribution was 1 -3 post a week.

Instagram

Instagram has over 1.074 billion users. Instagram has a very high user interaction rate. Instagram has an average interaction rate of 1.22 percent. That is four times more interactions on Instagram compared to Facebook

Yet, no account on this platform. Would there be a decision to launch one?

LinkedIn

- 310 million active monthly users,
- connect co-workers, influencers, donors, and corporate sponsors.
- A decision to activate presence on this platform is awaited.

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



Trustees' Annual Report for the period

From January 1st 2024
Period end date

Period start date To 31st December 2024

Charity name: Brighton Exiled/Refugee Trauma Service

Charity registration number:

Objectives and Activities

	SORP reference	
Summary of the purposes of the charity as set out in its governing document	Para 1.17	Brighton Exiled/Refugee Trauma Services (BERTS) is a dedicated trauma service, for refugees, asylum seekers and destitute migrants in Sussex. It is a purely voluntary service run for the benefit of the community. We offer free specialist Cognitive Behavioural Therapy, EMDR, trauma counselling and psychotherapy to local people to help them come to terms with their relocation in the UK.
Summary of the main activities in relation to those purposes for the public benefit, in particular, the activities, projects or services identified in the accounts.	Para 1.17 and 1.19	Mental health treatment and support <ul style="list-style-type: none">• General Charitable Purposes• The Advancement Of Health Or Saving Of Lives• The Prevention Or Relief Of Poverty• Human Rights/religious Or Racial Harmony/equality Or Diversity
Statement confirming whether the trustees have had regard to the guidance issued by the Charity Commission on public benefit	Para 1.18	Yes

Additional information (optional)

You may choose to include further statements where relevant about:

	SORP reference	
Policy on grant making	Para 1.38	Clinical Director is responsible for this activity with advice and support from Trustees
Policy on social investment including program related investment	Para 1.38	N/A

Contribution made by volunteers	Para 1.38	
Other		

Achievements and Performance

	SORP reference	
Summary of the main achievements of the charity, identifying the difference the charity's work has made to the circumstances of its beneficiaries and any wider benefits to society as a whole.	Para 1.20	See annual report

Additional information (optional)

You may choose to include further statements where relevant about:

Achievements against objectives set	Para 1.41	
Performance of fundraising activities against objectives set	Para 1.41	
Investment performance against objectives	Para 1.41	

Other		
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Financial Review

Review of the charity's financial position at the end of the period	Para 1.21	Completed by Treasurer (chartered accountant) and audited by external/independent chartered accountant
Statement explaining the policy for holding reserves stating why they are held	Para 1.22	Reserves are held because funding is precarious from year to year
Amount of reserves held	Para 1.22	Reserves at year end 31/12/24 = £31,921.
Reasons for holding zero reserves	Para 1.22	N/A
Details of fund materially in deficit	Para 1.24	N/A
Explanation of any uncertainties about the charity continuing as a going concern	Para 1.23	N/A

Additional information (optional)

You may choose to include further statements where relevant about:

The charity's principal sources of funds (including any fundraising)	Para 1.47	Grants from local authority, partnerships with other third sector organisations, NHS grants.
Investment policy and objectives including any social investment policy adopted	Para 1.46	N/A
A description of the principal risks facing the charity	Para 1.46	Lack of funds for operational costs
Other		

Structure, Governance and Management

Description of charity's trusts:		
Type of governing document (trust deed, royal charter)	Para 1.25	Charity Commission CIO
How is the charity constituted? (e.g unincorporated association, CIO)	Para 1.25	CIO
Trustee selection methods including details of any constitutional provisions e.g. election to post or name of any person or body entitled to appoint one or more trustees	Para 1.25	Election, discussion and agreement with existing Trustees

Additional information (optional)

You may choose to include further statements where relevant about:

Policies and procedures adopted for the induction and training of trustees	Para 1.51	
The charity's organisational structure and any wider network with which the charity works	Para 1.51	
Relationship with any related parties	Para 1.51	
Other		

Reference and Administrative details

Charity name	Brighton Exiled/Refugee Trauma Service
Other name the charity uses	BERTS
Registered charity number	1188586
Charity's principal address	Brighton Exiled/Refugee Trauma Service BERTS C/O COMMUNITY BASE 113 QUEENS ROAD BRIGHTON BN1 3XG

Funds held as custodian trustees on behalf of others

Description of the assets held in this capacity	N/A
Name and objects of the charity on whose behalf the assets are held and how this falls within the custodian charity's objects	N/A
Details of arrangements for safe custody and segregation of such assets from the charity's own assets	N/A

Additional information (optional)**Names and addresses of advisers (Optional information)**

Type of adviser	Name	Address
GP Advisor	DR Hannah Gould-Brown	NHS St Peters Medical Practice, Brighton
Treasurer	David Lewis	151 Huddersfield Road Holmfirth W Yorkshire HD9 3TP
Clinical Supervisor	Vicki Lidbetter	NHS West Sussex, Time to Talk Mental Health Service

Name of chief executive or names of senior staff members (Optional information)

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Exemptions from disclosure

Reason for non-disclosure of key personnel details

Working with asylum seekers incurs personal risk from Far Right organisations who are well organised. We do not divulge personal details of Trustees or volunteers for this reason.

Other optional information

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Declarations

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)

--	--

Full name(s)

Colin Michael Blowers	
-----------------------	--

Position (eg Secretary, Chair, etc)

Acting Chair of Trustees	
--------------------------	--

Date

10 Sept 2025

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)
INCOME & EXPENDITURE STATEMENT
YEAR ENDED 31 DECEMBER 2024

	2024		2023
Income	£		£
Grants	31,090		-
Donations received	550		50
Total income	31,640		50
 Expenditure			
Insurance	247		247
DBS checks	50		50
Therapist fees	5,305		12,900
CEO Fees	6,000		6,000
Administration staff cost	3,670		3,830
Office expenses	1,177		577
Sim card for vulnerable client	-		252
Client support costs	829		998
Resources	180		179
Training	-		(395)
Fixed asset depreciation	154		-
Total expenditure	17,612		24,638
Surplus/(Deficit)	14,028		-24,588

BALANCE SHEET at 31 DECEMBER 2024

	2024		2023
Assets	£		£
Cash at bank	31,611	Cash at bank	17,893
Fixed assets	310		
	31,921		
Liabilities			
General fund	31,921	General fund	17,893
 Fixed assets			
	(write off over 3 years)	Cost	Dep'n
Printer	2024	379	126
External HD	2024	85	28
		464	154
			310

Independent examiner's report

Independent examiner's report to the trustees of BRIGHTON EXILED REFUGEE TRAUMA SERVICES (BERTS)

I report to the trustees on my examination of the accounts of Brighton Exiled Refugee Trauma Services (BERTS) ("The Trust") for the year ended 31 December 2024.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

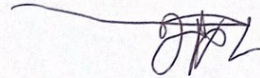
Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed:



Tom Atkins

52 Bates Road

Brighton

BN16 PG

6 September 2025

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



Chair's Annual Report 2023 For the operating period 1/1/2023 to 31/12/2023¹

The AGM was held virtually. This report has been approved by Trustees.
Date of AGM Thursday 7 March 2024 at 2pm.
Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)
Charity Registration Number: 1188586
Registered Address:
C/O REFUGEE RADIO 113 QUEENS ROAD BRIGHTON
BN1 3XG
Current Trustees: Professor Sally Munt (Chair), Tessa Louise Axelrod, Colin Michael Blowers, Reem Ali Abushawareb, Elizabeth West.
All Trustees were present at the AGM on 7/3/24

Introduction:

Aims and Structure of BERTS

BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2015.

2023 was our 8th year of operation and we have continued to expand and consolidate our operations as a registered charity.

BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a predominantly voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR service, we also provide other accredited mental health interventions with other modalities/training, where appropriate. We also offer a limited number of therapist trainee placements.

BERTS offer free specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their refugee journey and forced relocation in the UK. Our clients are typically suffering mental health impairment due to extreme trauma as a result of political, religious or cultural oppression, torture, war, trafficking

¹ First names or job titles are sometimes used in this report in order to protect the identities of those volunteers working in a small charity, as this report will be publicly available on the Charity Commission website. Please note that this report has been compiled in consultation with specific key roles/functions of BERTS staff.

and/or slavery. We are a 'safe' organisation and do not ask patients for proof of status. Currently our staff are predominantly unpaid and usually volunteer their time for free, so that mental health support can be provided free of charge to clients. We undertake a limited number of subcontracted treatments for local NGOs and/or Sussex Partnership NHS Trust. However, the principle of donated skills and time is our principal focus of operations.

BERTS is primarily managed on a day to day basis by the Chair of Trustees, Clinical Director and CEO, Professor Sally Munt, who receives referrals as Clinical Director from associated Voluntary, Community, and Social Enterprise [VCSE] organisations and statutory providers, principally NHS and Social Services, and subcontracted services for the homeless. Sally Munt is ably assisted by administrative and support staff Operations Manager Sally G who joined us in 2020, and who oversees the support workers and manages HR matters, by Alyshia G who is Projects Manager, David G IT Manager, and David L, Treasurer. There is a team of psychotherapists, a team of support workers, Trustees, and an admin team; CEO oversees and is responsible for all aspects of activities.

Matters Arising

A draft report was circulated to all personnel on 7 February 2024. Please feel free to notify the Chair with any matters arising by 28 February 2024.

Activities and Objectives

During 2023 we continued to follow BERTS founding principles as written in our Staff Handbook [revised 2023].

We did not have specific annual objectives for 2023 as our work is ongoing and is responsive to local need. However, we have stabilized staff during the year in response to raising our profile through various activities.

NHS referrals have doubled over the past few years and constitute the majority of referrals. Our objective is to treat a referred patient within 6 months of being placed on the waiting list. No patient has had to wait for longer than this during 2023; we have a waitlist for treatment as of January 2024 and we hope to continue with our 6 month limit although this may not be sustainable in the longer term, staff depending. During 2023 the Chair asked an HR Consultant to look over our policies and procedures to ensure we were properly addressing our liabilities, and minor changes to our handbook and processes were implemented.

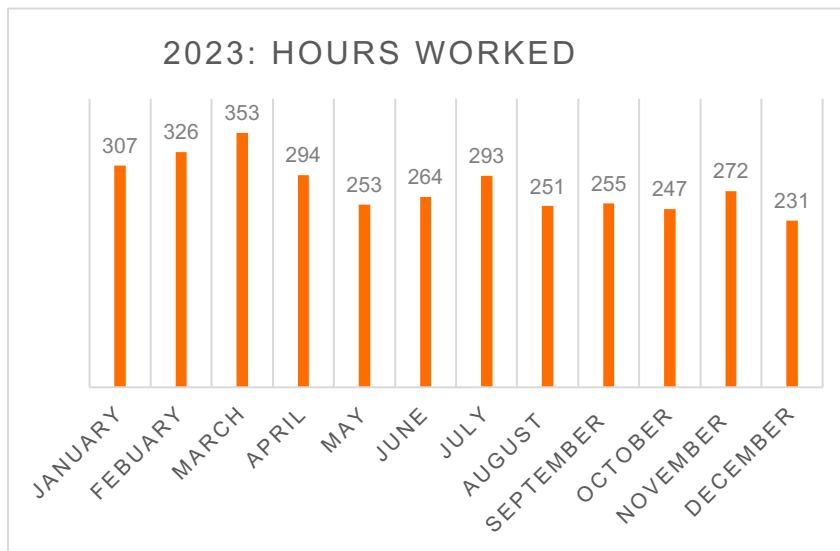
BERTS Amalgamated Service Hours/ Annual Timesheets

In 2023 we completed tasks with notional time distributed as follows:

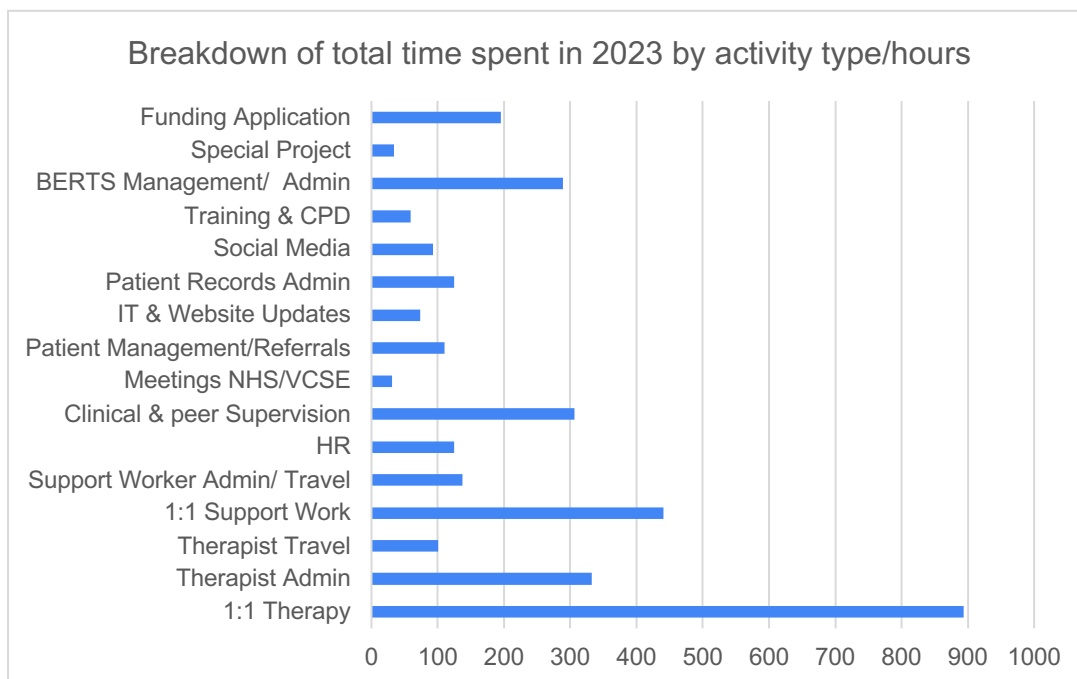
Task	Hours
1:1 Therapy (clinical hours)	894
Therapist Admin	332
Therapist Travel	101
1:1 Support Work	441
Support Worker Admin/ Travel	137
HR, E&D	125
Clinical & peer Supervision	306
Meetings NHS/VCSE	31
Patient Management/Referrals	110
IT & Website Updates	74
Patient Records Admin	125

SMG admin	0
Social Media	93
Training & CPD	59
BERTS Management/ Admin	289
Special Project	34
Funding Application	195
Total hours	3346

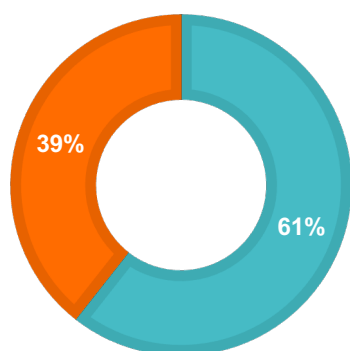
This activity can be shown more clearly as a graph:



We had a slightly larger therapist team in the first quarter of 2023 which accounts for the increased activity at the beginning of 2023. Over Christmas (December), several BERTS staff were on leave.



2023 SPLIT BY CLIENT FACING ACITIVITIES/DELIVERY AND ADMINISTRATIVE/PATIENT MANAGMENT



■ Client Facing/Client Delivery ■ Administrative/Patient Management

Our greatest single activity as a charity continues to be offering 1:1 therapy to patients, mainly delivered face to face. We are pleased to note, administration, patient management, and support work takes up only 1/3 of our activity, and direct delivery is two thirds of the total effort, measured in hours:

Other achievements:

1. Website for asylum seekers and refugees – Alyshia and Sally worked on a first destination online resource for new asylum seekers who have arrived in the city, to be hosted by the NHS on their community resource pages. 140 pages of website content was generated, and the resource is extremely comprehensive and the only resource of its type currently available. We don't have a final web address yet as the NHS Sussex Communications Team is still uploading the material (Update: during the whole of 2023 only a part of the resource was uploaded to the NHS site. In 2024 in collaboration with Robin Hood Health Foundation and Trust for Developing Communities we successfully bid for funds to develop the resource and disseminate strategically in the city); the website @refugeehelp went online 'live' on an NHS site in March 2023 although in a much reduced form. This initiative was in response to discussions at the monthly RAM meeting and also in response to service users comments about the difficulty of finding information locally. In response to the slow/limited uploading on the NHS website, BERTS took the decision to upload all of the material to its own website and David G uploaded the resource in Spring/Summer 2023. It is very comprehensive and of great use to new arrivals to the city. In 2024 we will be extending and updating the information and understanding how to disseminate to stakeholder organisations more effectively.
2. Screening protocol for NHS Primary Care in Sussex – Sally and Dr Hannah Gould-Brown who is a GP at the St Peter's GP practice in Brighton, with a specialist interest in refugee work, met several times in 2022 to design a screening protocol for GPs and Practice Nurses for newly arrived asylum seekers, assessment of physical and mental health. As experts working with this community we wanted to stress the co-implication of physical and mental health in addressing the needs of asylum seekers, refugees, and victims of trafficking, who have frequently been subjected to torture and sexual violence. The protocol went out the GPs in the area to comment on and provide feedback and also to the Sussex NHS GP management group. All feedback was acted upon and the screening protocol was going to be trialled in primary care during 2023. However, the illness of the lead PCN Manager has halted progress on this trial so we are currently hopeful that a GP practice in Eastbourne led by Dr Neil Singh will be now trialling the protocol in 2024. Thank you to those particularly from RHHF who continue to raise this at NHS RAM meetings and we continue to monitor progress on this initiative.
3. Staff Training – we invested in The Refugee Council trauma care for refugees training for Operations Manager Sally G, so she could more effectively recruit, advise and supervise support workers. A small library resource was purchased for loan by

practitioners.

4. Additional monitoring of activities and data collection – see later in report.

Financial Review

Until 2020, BERTS operated completely as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. Incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This has become untenable as we have expanded. Volunteers continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible so during financial year 2021-2 we sought out funding out of necessity required to fund partially some core activity (treatment) and also some strategic development funding for specific initiatives such as the screening protocol and the website @refugeehelp.

Sally M continues to search for funding opportunities but these are limited given that our core operation is NHS complex specialist trauma work that the NHS currently doesn't fund. The NHS Sussex Trauma Pathway remains in development and not fully implemented and we are struggling to understand what the NHS is currently activating or resourcing in order to provide appropriate provision for asylum seekers, refugees and destitute migrants in the city in terms of appropriate access to mental health care for these vulnerable communities, who also commonly represent a group with restricted access to appropriate health care due to a complexity of factors. Whilst many consultations have taken place over the past 9 years, the MH provision for treatment for complex trauma in this vulnerable group remains much the same.

Several Funding applications were made during 2023, by CEO/CD, two sole applications to Ben and Jerrys community fund for £10k both of which were unsuccessful. Feedback was requested but the 1 sentence received in response didn't seem to relate to the specifics of our applications. One application jointly with RHHF for £86k+, to NHS HeadsON fund, was awarded a reduced amount of 23k and RHHF is giving us all of it which is money that we should receive in 2024 due to the successful PTSD treatment of 11 patients (plus oncots). We are indebted to RHHF for this generosity as it ended up being our only income for 2023 and allowed us to fund a range of mental health treatments and core expenses. The money will be paid in early 2024 and will see us through this year so we can meet our basic running costs.

One application to Brighton and Hove city council jointly with RHHF was completed in September 2023. The procurement model deployed by the council was extremely complicated, and whilst we applaud the robustness of the council's financial probity, we also wonder about how such complex funding grant models may exclude small operations/charities like ourselves who do not employ professional grant writers to complete such a task, yet it is small specialist organisations like ourselves who are most likely to have the precise and focused, relevant professional expertise.

We have been approached by another local charity in 2024 to explore joint funding initiatives and this will be explored in consultation with them, initially by BERTS CEO and then in consultation with relevant officers.

Indemnity Insurance

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd. This covers any student/trainee placement and claims against BERTS:

Schedule and Evidence of Professional Civil Liability Insurance Name of Policyholder:
Brighton Exiled/Refugee Trauma Service Customer Ref: P21P6338

Policy Period: (both days inclusive) Indemnity Limit: Public Liability Limit: Professional Services:

Brighton Exiled/Refugee Trauma Service (BERTS) P21P6338

This year the premium was £246.50 (see Appendix) which remains the same as last year.

Web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of David G, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS. Mental Health Practitioners continue to pay for their own mandatory CPD, individual accreditation, professional indemnity insurance, premises costs and ongoing business expenses.

During 2021 due to the expanding costs we opened a Business Account with the Co-operative Bank and we have continued with them in 2023 despite all the problems we have accessing Customer Services, often being put on hold for an hour or more, and their totally inadequate app which only shows transactions of one calendar month, and even then not always the beneficiary. Trustees Sally M and Colin B are now card holders, as is also Operations Manager Sally G.

CEO/CD (Sally M) continues to be part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and local NGOs, called RAM. This group was been under new direction following a change in the CCG in 2022 and has been moving toward more solution-focused objectives in the past year. In Jan 2023 a new commissioner has started which is the 5th commissioner to be involved in this work in 8 years. Regrettably, the SMI initiative of 2021/2 ended meaning a withdrawal of direct financial support and to continue to challenge the lack of NHS MH resources to this most vulnerable of local population, a demographic historically blighted by issues of health and social exclusion, poverty, racism, and extreme trauma.

We have a 2023 **Financial Report** which has been kindly prepared by our Treasurer David L:

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)
INCOME & EXPENDITURE STATEMENT
YEAR ENDED 31 DECEMBER 2023

	2023		2022
Income	£		£
Grant from NHS	-	Grant from NHS	58,710
Donations received	50	Donations received	-
BHCC Wellbeing programme	-		1,182
Total income	50	Total income	59,892
 Expenditure			
Insurance	247	Insurance	247
DBS checks	50	DBS checks	259
Therapist fees	12,900		18,935
CEO Fees	6,000		-
Administration staff cost	3,830		1,980
Office expenses	577		340
Sim card for vulnerable client	252		-
WBP	998		3,417

Resources	179		28
CPD	-		85
Training	(395)		3,464
Donation	-		75
Total expenditure	24,638	Total expenditure	28,830
(Deficit)	(24,588)	Surplus	31,062

BALANCE SHEET at 31 DECEMBER 2023

Assets			
	Cash at bank	17,893	Cash at bank
			42,481
Liabilities			
	General fund	17,893	General fund
			42,481

These are audited accounts.

Thank you to our Treasurer, David L, for his kind support for BERTS this year. David and Marie L also made a very generous donation of £300 in early 2024 for provision of a laptop for a vulnerable client.

Patient Summary

BERTS has so far accepted 162 patient referrals for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area, and who have benefitted from longer term treatment for significant mental distress. Most of our patients have significant psychiatric diagnoses with co-morbidities present, including often trauma-based psychosis and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. Additional typical presentations may also be GAD, suicidality, social anxiety, panic attacks, eating disorders, paranoia, self-harm, and avoidance disorders – all symptoms of extreme trauma coupled with frequent isolation and cultural alienation. These patients are often multiply traumatized, and require lengthy clinical interventions. Although referral to NHS IAPT/Talking Therapies can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this multicultural client group which often requires flexible and costly treatment subject to frequent DNAs due to the challenges of asylum seekers' daily lives. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations. This can be a problem if children are in distress due to the lack of capacity in CAMHS. In 2023 around 25 referrals were declined as being unsuitable for our service and alternatives were suggested or recommendations for interim measures and re-referral advised. We continue to recommend that patients who are unable to conduct therapy in English participate in ESOL lessons at Brighton Metropolitan College and additionally go to the Migrant English Project for 1:1 support so that they can access our service. We are still in a position in which we have to decline treatment to under-17s, we need a child and adolescent volunteer therapist on the clinical team in order to address this unmet need.

Treatment durations have been from 6 weeks to 40 months+, depending on clinical need. The

typical PTSD treatment is to follow NICE guidelines and be 25+ sessions, we find however that frequently this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, hunger, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental health services. We often have to do a lot of emotional stabilization work before trauma treatment can be commenced, up to 1 year in some cases. A consistent pattern on DNA and disengagement must be observed before consideration of discharge and our normal protocol is 3 consecutive DNAs and for the case to be discussed with the CD before discharge, who will also contact the patient herself to enquire about barriers to attendance.

We continue to receive most of our referrals direct from the NHS and Social Services/vulnerable adult and unaccompanied children asylum seeker unit. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first (Sally M); we continue to normally refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project or Brighton Metropolitan College for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months. We have provided 2 patients with an interpreter this year, but the therapeutic intervention was not very successful due to reasons previously explained – this has always been our experience, unfortunately and this is why we continue to normally insist that px are able to speak English for a therapeutic treatment. The additional benefit of greater social inclusion that comes from linguistic confidence also contributes to a decrease in isolation and an increased ability to access medical services, which are important for therapeutic risk. We always will continue to offer therapy and support to homeless patients.

Statutory Services/NHS (Sussex Partnership Trust) mental health lead commissioner in 2020 formulated a new mental health strategy for local provision which explicitly shifts significant responsibility onto local NGOs for mental health support of refugees/asylum seekers. This has had significant implications for our service and others such as Refugee Radio and Voices in Exile and the Network of International Women (who also offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. Wait times for patients on our list has varied over 2023 from 2 weeks to 6 months. Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 8 patients waiting for allocation to a therapist (Jan 2024). We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS primary care, Assessment and Treatment Service and CAMHS who routinely decline treatment for our demographic. We have had an increase in safeguarding concerns this year, and have made 1 Police Report for a Person at Risk.

We continue to be all too aware of the lack of available treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer on complex/acute cases for psychiatric evaluation, or prescribe appropriate psychopharmacology where needed. There seems to be based in unhelpful assumption by MH professionals that BME healthcare users are 'over-medicated', yet the psychopharmacological needs of refugees are acutely different to Black BME citizens and this is a problem to do with demographic categorization – where refugees are bunched in with BME British, their very specific needs are elided/ignored. We encourage NHS to disaggregate the mental health needs of British BMEC versus asylum seeker patients. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise' or given inappropriate medication such as 50mg Sertraline, which does not appropriately address

the severity of the presenting mental illness diagnosis/symptoms.

Social Prescribing and Welfare

We continue to build on an effective relationship with HERA at Robin Hood Health Foundation, based at WellBN PCN in order that our clients can participate in more collective activities to benefit their mental health by a specialist organisation. This year, one of their social prescribers, Lizzy W became one of our Trustees, we are grateful to Lizzy for agreeing to join us and look forward to working with her. Whereas in previous years we have offered a range of social prescribing and wellbeing activities ourselves, this was simply too resource intensive for us to continue and we have consolidated our core activity – mental health support and treatment – and focused on this rather than enter a field of competing and expert VCES groups concerned with refugee welfare overall.

Nevertheless: **destitution continues to be an acute aggravating factor in mental illness.** Many of our patients are living in acute poverty. This has meant that sometimes BERTS has paid for bus or train fares for patients to access support, we have paid for clothes and shoes for patients who cannot afford them, we have paid for electricity meter credit, we have paid for 3 nights respite care in a hotel for one patient having an acute mental health crisis, we have also paid for basic medicines for Covid, we have given out Christmas presents, bought groceries, provided dental care, and twice we have provided a mobile phone. When our patients are destitute, meeting basic needs where the state has failed to do so, means that charities like ourselves need to step up and be more flexible in our sphere of operation. Basic humanitarian responses to need have been required. One of our therapists, Sadia O, has kindly set up a Foodbank for asylum seekers in conjunction with a central mosque, and we await news of this initiative gladly.

Technical Support and Communications

In 2021, the production platform for patient records was successfully migrated to the main BERTS web host by David G, where the data could be secured with commercial SSL encryption. The former system was set up on a platform that required very specialist knowledge so this transfer was necessary to a more widely-used data management system. The code base was updated and is maintained at a current release in order to take advantage of security improvements and a regular back-up programme was also put in place. We continue to use password protected Googledocs for patient flow systems as these two software systems are most flexible and safe for multiple users to access and update. In 2023 we made all patient address and phone records another layer of password protection on the portal so that all contact details have restricted access are secure. Additionally, we have expanded our data-gathering activity this year so that we have a better statistical grasp of BERTS operations and reach. We have used a lot of different platforms now, but a single commercial software portal for all our needs remains out of reach as we simply don't have the funds to explore this further, we continue to be grateful to admin and IT for their careful maintenance of our systems and records.

Premises Costs

We continue to be deeply grateful for Brighton Jubilee Library and Hove Library's continued valuable support for BERTS in provision of clinical treatment space. We also note that this has added benefit in that clients start to use the Library as a resource independently of their therapy, which has a range of social benefits and information access. In 2023 we started using Whitehawk Library for two of our clinical placements due to the ongoing and invaluable support of the Community Librarian and her staff. Treatments in 2023 were face to face and online, because we do have generous access to the Brighton Jubilee Library room, Whitehawk, and Hove Library room without charge because of their commitment to refugee community in the city. Moving to mixed F2F and remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches and community buildings are now charging for use of rooms and no longer offering voluntary services as no-fee use of their premises. We are thankful that Worthing4Refugees, another NGO, offered us church space in Hove, and also St John the Evangelist in Preston have also offered us clinical space thanks to the

relevant vicars in charge. Despite us treating NHS patients for free, we have been unable to gain access to any ongoing NHS space to treat patients, with the exception of patients being treated at Robin Hood Health Foundation/WellBN primary care practice in Hove who kindly made space available for us there. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband and privacy in our client group.

Staff Summary

We are now in a position that all of our clinical staff are NHS trained or have worked in the NHS, which is a reflection on the high calibre of professionalism and skills typical of BERTS clinical staff. Currently we have clinical staff who are qualified and accredited clinical psychologists, social workers, psychiatrists/medical doctors, nurses, high intensity CBT therapists, psychotherapists and counsellors. This means that we have become a Multidisciplinary Team [MDT], including a Trustee who is a former NHS Paramedic and specialist in world health, and another Trustee who is an NHS Social Prescriber with special expertise in refugees and asylum seekers.

This year we have stabilized the therapist team and welcomed another experienced CBT therapist Sadia O; we completed a successful clinical placement for counsellor and psychiatrist Dave I, and welcomed a new clinical placement, Occupational Therapist and trainee counsellor Izzy S. We continue to have a monthly meeting for all therapy staff to attend, clinicians and placements, this is our main opportunity to meet as a clinical team and review any issues with delivery and discuss any issues with patient care. This is also an essential 'team building' meeting as we work in an isolated way and don't see each other regularly in any other forum. It is also important given that our work can risk secondary trauma that we build strong relationships of trust with each other as a clinical team so that if we need support then it is available.

CEO/CD has interviewed several potential therapists this year, although actual recruitment of personnel has been limited. We always need more accredited cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week. Please could all therapists consider asking their colleagues to donate a small amount of clinic time if appropriate. Geography not necessary now as we are largely providing online therapies for the foreseeable future.

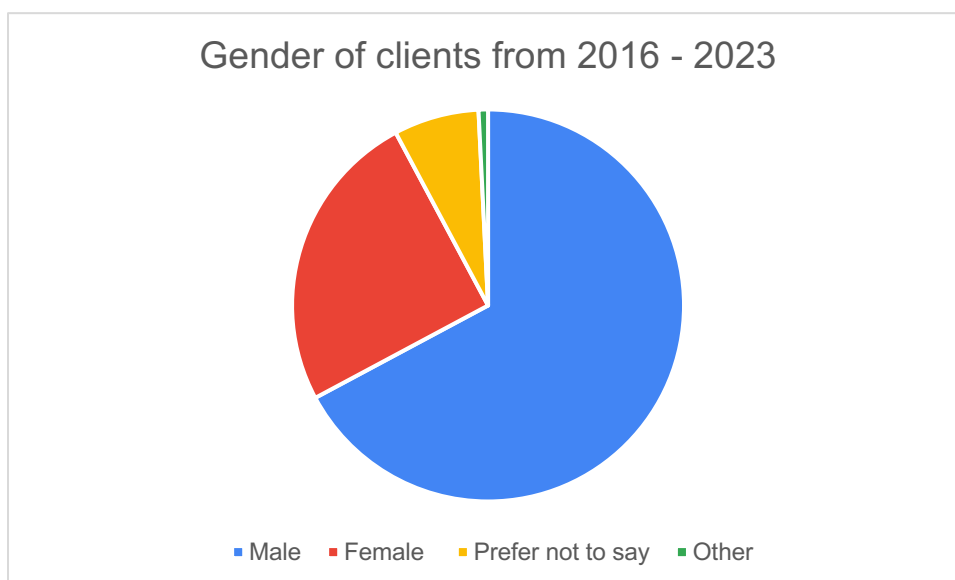
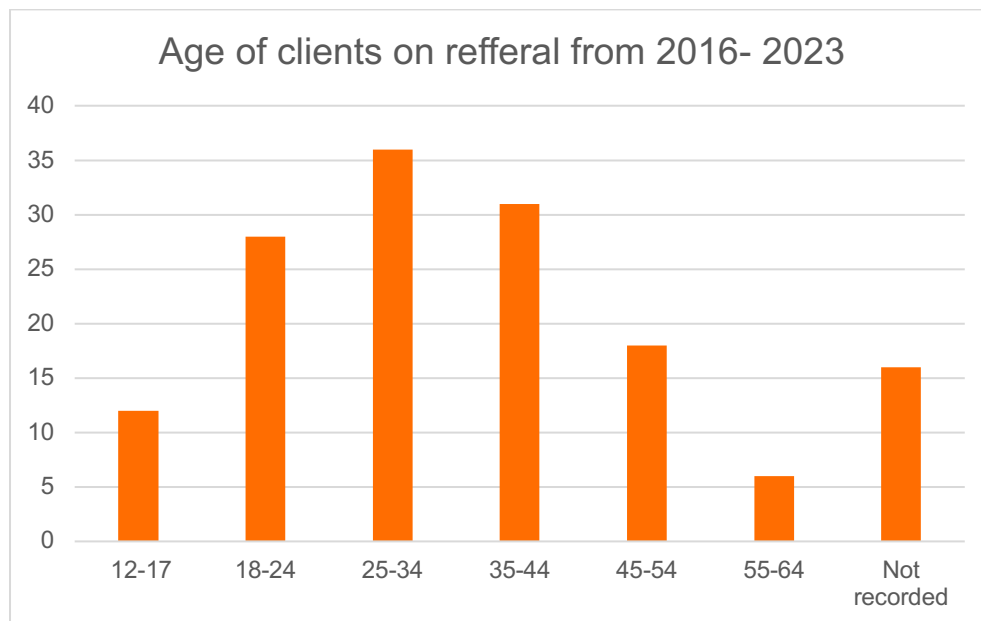
CEO/CD together with therapist/Trustee Colin B continue to provide 1:1 clinical supervision to individual BERTS therapists and counsellors. CD continues to be responsible for recruitment, retention and management of clinical and admin staff, and OM is responsible for managing and recruiting support workers, in consultation.

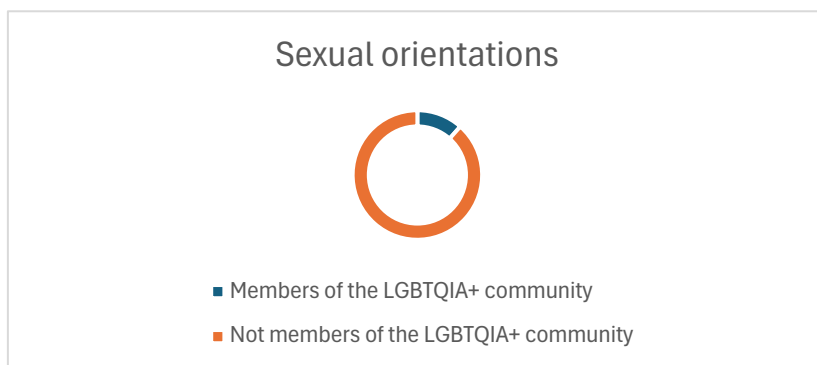
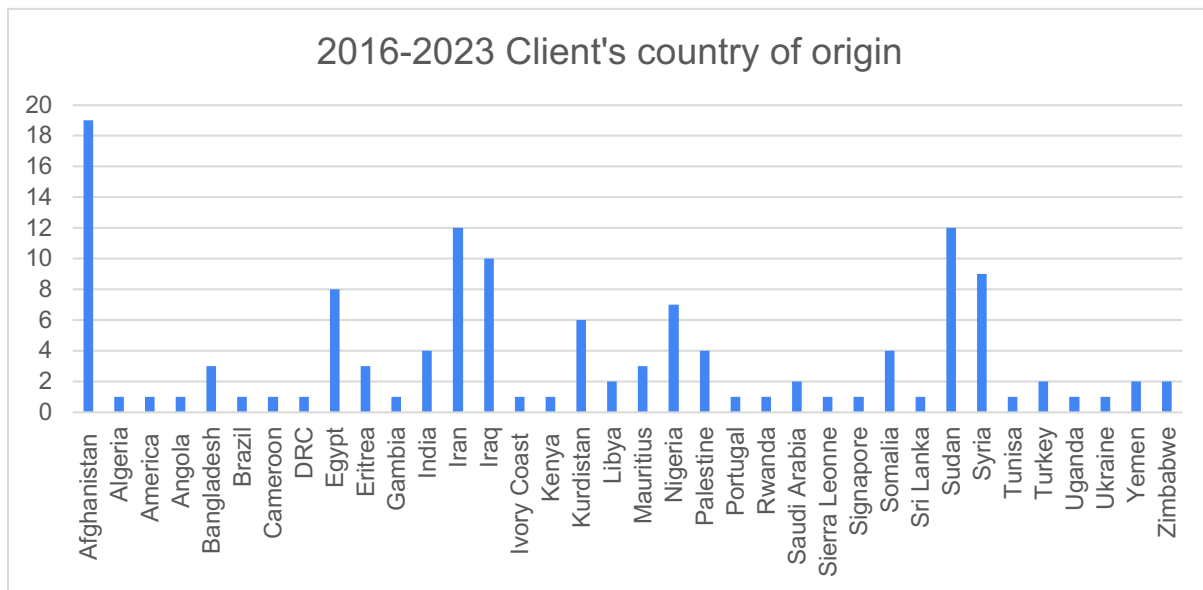
Summary of HR matters - One Trustee was required to resign and leave his clinical placement, another Trustee resigned due to changes in personal circumstances, and one new Trustee was appointed who has professional NHS expertise with asylum seekers. We have a vacancy for 1 trustee. We have additionally appointed a volunteer Consulting GP – Dr Hannah GB – to be available to CD in an advisory capacity where there is a patient without a registration that requires medical advice or prescribing advice, or when the CD needs to consult on medical matters relevant to a patient's mental health treatment. We thank Hannah for agreeing to fulfil this role. Alyshia G was promoted to Projects Manager from Projects Assistant, in recognition for the extra responsibilities she has taken on this year. BERTS continues to meet the terms of demands on our service and concomitantly volunteer recruitment. During 2023 the CEO/CD wrote responses to over 4,000 emails and received over 200 telephone enquiries regarding client referrals, ongoing client matters, and organisational enquiries. During 2023 she worked for the charity typically for more than 20 hours per week. In 2023 the CEO/CD's workload and income situation changed, as a result of which she requested that Trustees approved an

honorarium payment of £6,000 p.a., to be paid annually on September 1st, (which is the equivalent of £6 per hour in terms of work completed for the charity). This payment was agreed to be ongoing in recognition of the increasing labour required to keep BERTS going, and becoming more sustainable as a CIO in the longterm.

Equality and Diversity Statistics

This year we started collecting and analysing core statistics related to equality and diversity criteria. Prior to 2016 we did not collect demographic statistics, and we only started collecting full patient data in 2022, due to reasons of caution and GDPR. Below is a brief overview of our patient demographics:





These demographics give us a clearer picture of patient referrals, although some data may change over the course of treatment, for example, a patient may not have disclosed to the referrer that they are LGBTQIA, or that they are street homeless/destitute as this is not a formal category of referral. Additionally, referrer may not have understood that the patient is an ethnic minority within a specific nationality (for example, Turkish, but identifies as a Kurdish refugee). In this past year 20% of our patients were destitute and street homeless, and with No Recourse to Public Funds. We have amended our referral form for 2024 in order to understand housing/homelessness better and with more reporting categories. Therefore, these details can only be taken as a snapshot of patient details on referral date.

Service User Feedback and Comments from Activities : Caveat Toolkit

Any prospective funder requires outcomes measures, this is increasingly normative in the voluntary sector, it is an activity that also helps us reflect on our operations and potentially improve experiences by service users. During 2023 we discussed and agreed to design outcomes measures using the Caveat Toolkit. Alyshia has been leading on this.

Recording Patient Outcomes Data: Caveat toolkit.

Launched by the NHS, Caveat is a toolkit designed for small NGOs and VCSE to understand, measure, and demonstrate their outcomes, by providing resources.

In July 2023, BERTS staff took part in training in using the Caveat toolkit to measure the impact of our work not only on clients, but also on volunteers and the local community. Utilising The Theory of Change framework, provided by Caveat, BERTS have been able to state clear and defined activities; including inputs, short-term and long-term outputs and outcomes, and wider society impact outside of our interaction base. All these will help the organisation to reach its overall aim: To improve the quality of life of the targeted population, through providing essential mental health care. BERTS have also began recording their clients EDI information in order to understand our client base.

To build upon this work, BERTS needs to implement better qualitative and quantitative data collection over the coming year in order to demonstrate and measure the outcomes and outputs stated in the framework.

This includes:

- Questionnaires to support workers to evaluate the outcomes of volunteering with BERTS on their development and their interactions with wider society.
- A questionnaire designed for therapists to evaluate the outcomes of volunteering with BERTS on their personal and professional development and their interactions with the wider society.
- Starting interview and exit interviews with all volunteers to understand their growth during their time with BERTS.

All these data collection methods will include EDI and a chance for volunteers to provide feedback to BERTS, so we can try to retain volunteers and grow more as an organisation.

Additional data collection:

- BERTS will conduct an audit of referral origins in 2024 to collect information and understand a bit more of how clients learn about the organisation.

An audit of the time frame of clients' treatment with BERTS to better understand the average duration of treatment.

BERTS Support Worker Report 2023

Current support workers: 13

Moved on in 2023: 5

Recruited in 2023: 9

Number of support worker client sessions delivered: 551

Support Worker Volunteers – Overview

This year we continued to grow the support worker network thanks to our Operations Manager Sally G; clients need this kind of regular weekly 1:1 personal contact particularly during and after the isolation of the asylum journey, and it is much appreciated. Sometimes this is given whilst clients are waiting for treatment and also required during treatment if clients are particularly isolated or vulnerable. Occasionally we maintain support worker contact after treatment has concluded for a period of time if the client continues to be socially isolated or vulnerable but we encourage independence and facilitate the client's ability to grow their own network. We continue to have a good flow of support worker volunteers working with BERTS for a minimum of 6 months, many for substantially longer.

BERTS Support work has proved to be very successful with clients progressing in terms of gaining more independence, growing supportive and social networks. The majority of clients who engage with the support and volunteers report that they have learnt from and enjoyed their time with BERTS. We have not had any negative feedback from this aspect of our service and indeed clients seem to really value the consistent input of a weekly contact and the practical and supportive advice and befriending that is given. Support workers report the meetings with clients continue to prove invaluable as a reliable contact point which clients develop trust in and are

able to ask for help. The range of assistance given ranges from assistance in navigating forms and processes related to housing, asylum claims, medical needs and access to communication tools such as phones, wifi and laptops. The role of a support worker in clients' lives also helps them integrate into the community with wider access to knowledge of courses, classes and social events they can access. Signposting to English classes continues to be a regular need from clients, along with support and guidance during legal processes which entail interviews and often changes in housing.

Overall volunteers report positive experiences of volunteering. Giving them better insight into the varied situations people are in, awareness and sensitivity in providing support and enjoyment of the social aspect of getting to know someone new. There is a need to provide support to volunteers on the occasions where a client is not responding positively to engagement, disengages completely or is experiencing increased distress and on one occasion this year a support worker felt out of their depth.. Feedback included asking for more training to recognise and respond to someone in mental health crisis and regular opportunities for peer support to reduce isolation. Within the constraints of time and resources of a completely voluntary team we aim to develop ways to respond to these comments.

Support Worker CPD & Activities

NHS/Refugee Council training - an introduction to trauma informed care was attended by Sally G who also attended a number of related activities (see later section). BERTS purchased a small number of books for use by loan of staff. CEO had a range of meetings with other local NGOs in order to liaise more effectively with peer organisations in the area and improve care. The NHS Refugee Screening Tool – with Dr Hannah Gould-Brown was proactively implemented with a pilot, however meetings with Charter PCN who intended to run a trial was stopped because of ill health of PCN lead. The situation with this is currently unclear. Implementation of treatment and support objectives was advanced by the development of the caveat tool kit and online NHS training was attended by both Sallys.

Tavistock and Portman CPD course

Working with refugee people and their families (CPD27)

A 15 hour training that aims to develop empowering and therapeutic skills to work in a socially and politically conscious way with refugee people

The course was well organised and delivered providing a wide range of speakers and topics
Aims and learning objectives

- explore theoretical issues pertaining to the asylum seeking/refugee experience and the dynamics involved in supporting asylum-seeking/refugee people
- develop practical skills in working with and supporting asylum-seeking/refugee people
- exchange ideas and share experiences and feelings about this work
- present and discuss specific work issues for reflection in a supportive learning community

In 2024 several support workers and staff will take part in CPD suicide awareness training provided by Grassroots.

Support Worker Recruitment

The majority of student recruitment has been via the University of Sussex, from both the STAR (Student Action for Refugees) and by direct contact with tutors from relevant MA programs at the University. We attract candidates that have a genuine knowledge and interest in the lives of our client group and wish to effect positive change from their volunteering. Some candidates continue to come via word of mouth or with a need to gain valuable experience alongside

studying towards counseling or therapeutic qualifications. We advertised on local Facebook pages and third sector job boards at Community Base this year but with limited success.

We have initiated a bi-monthly social meet up for support workers which will continue throughout 2024. This is aimed at addressing what could be an isolating experience and to strengthen the line management connection for volunteers. We continue to have the goal of creating some induction training for volunteers in addition to the staff handbook. This could either be a general resource created elsewhere or written in house. This year has shown that there are some core values and approaches to working as a befriender that would be useful to provide in training form.

The Refugee Council Mental Health Forum

Chaired and convened by The Refugee Council the Mental Health Forum meets quarterly and this year BERTS has attended. This is a space where staff from organizations working to help asylum seekers and refugees with mental health issues meet to discuss relevant issues and share best practices. At each meeting there are presentations from various organisations, an update from the Refugee Council and from representatives from the Home Office Mental Health and Wellbeing team. Overall there are positive discussions and best practice shared by participants sparked by the presentation topics. Those attending range from civil servants, NHS staff, charity workers, therapists and befriending services. There is a good representation across the sector, a mindful, supportive and championing approach to providing mental health support to this vulnerable client group. The commitment to working well within a hostile and challenging political environment is supported by sharing in these meetings which provide information, knowledge and motivation.

Summary of some of TRCMHF presentations this year:

1. Mind Spring

This is a programme the Home Office are piloting for new arrivals in hotels and other accommodation. The forum raised concerns about the quality of delivery, care needed to be trauma informed and how would outcomes be measured and participants monitored for any adverse effects?

- a. "Mind-Spring is a preventative psychoeducational group programme for refugees and asylum seekers presented in the participants' mother tongue. Mind-Spring has been developed by the psychologist Paul Sterk in 2002 in the Netherlands and is active now in Belgium, Germany, Finland, Sweden, Iceland, Denmark and Wales.
- b. The Mind-Spring programme runs over 7 weekly sessions of 2 hours, with each session exploring a different topic. The maximum number for each cohort is 15 participants and the minimum is 8. The last session ends with feedback and a party to celebrate the completion of the course. A cultural trip is then arranged for all participants."

2. Refugee Council Briefings

The council gave a useful and informative briefing on the Illegal Migration Bill. Assessment of impact of inadmissibility, removals, detention, accommodation and safe routes

3. NHS Guys and St Thomas Health Inclusion Team

This NHS team shared inspiring practices of an holistic multi agency approach to addressing the mental health needs and wellbeing in initial accommodation

UK Home Office Meeting

Sally M and Sally G met with Christian FitzHugh in July to discuss local provision and learn more about Christian's role as the Asylum Mental Health and Wellbeing Lead in the Asylum Support, Resettlement and Accommodation (ASRA) department of the Home Office. Projects Christian discussed were a commitment to delivering training to leaders within government on trauma informed care, the Barnardos Helpline offering support for new arrivals and a link to access Section 4 Asylum support to help those whose appeal has been rejected.

Additional Information:

[Section 4 asylum support](#) | [NRPf \(nrpfnetwork.org.uk\)](#)

Christian from UKHO explained more about the Barnardos Boloh Helpline service which runs until January 2025. This is a virtual mental health and wellbeing service accessible via freephone and webchat contact. This is offering wellbeing tips and signposting, practical support with things like devices and wifi access and referral to therapeutic support if necessary. The aim is to aid earlier and greater access to therapeutic support. *further details*

<https://helpline.barnardos.org.uk/asylum-seekers>

The Helpline is open Monday – Friday (10am-8pm) and Saturday (10-3pm) via phone 0800 151 2605, webchat and email Boloh.helpline@barnardos.org.uk.

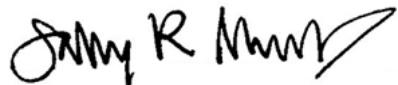
Safeguarding

All support workers and therapists continue to have DBS Enhanced which is paid for out of BERTS funds. We thank Tessa for a successful first year completed as Safeguarding Officer and for her professional advice in handling difficult situations. There have been several times in the year when we have needed to escalate concerns and follow our safeguarding procedures as stated in the Volunteer Handbook. We note that there have been no suicides or serious incidences of self/harm, and we hope and pray that this continues.

Any Other Business

The Chair of Trustees, Sally M wishes to formally thank all the wonderful people who make our work possible and whom have given so generously of their time during what has been a demanding period of growth for us all. This is a special big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin support Sally G, Alyshia, IT David G, and Treasurer David L, and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

Thank you all BERTS staff, for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.



SRM 31/01/24

Appendix to follow:

Caveat Toolkit



Refugee and Asylum Seeker Health Template

A 3-STAGE ASSESSMENT PROTOCOL² to be formatted in S1 and EMIS

Guidance:

Patients will generally be identified as asylum seekers when first registering at a practice. It may be the case that asylum seekers have not disclosed their UKHO status and this screening may occur at a later point. For many patients whose registered address is a dispersal hotel/hostel or equivalent, this should be recognised by appropriate admin staff. Note that if a new patient does not have an NHS number, this is a key indicator that they might be an asylum seeker/refugee.

Reception staff are expected to identify if a patient requires an interpreter when booking appointments, and book appropriate appointment time accordingly. Reception staff are also asked to identify if a female practitioner is required for religious/cultural reasons.

Preparation:

Start by explaining that you will ask questions in order to help the patient with their health, and that none of this information will be passed on to UK Home Office, or will in any way affect their asylum case.

Reassure the patient that these questions are intended to help them recover from their refugee journey.

Note that the patient may have difficulty disclosing adverse experiences to you, and that they might be scared of you.

Screening Protocol Structure:

The protocol is divided into two stages, the first stage can be delivered by an HCA or sufficiently trained PCN based mental health advisor, the second stage is to be delivered by a GP or Practice Nurse.

Stage 1

(For HCA or equivalent)

Before starting the screening questions that are specific to refugees/asylum seekers, begin with a separate practice appointment that performs simple medical tests that can be done by HCA or equivalent:

- a) Physical health monitoring

² The screening can also be used with asylum seeker patients who are presenting with new conditions particularly related to mental health and may have undisclosed history of torture/trauma.

1. Blood pressure
2. Height
3. Weight
4. Baseline bloods- FBC, U&Es, LFTs, TFTs, HbA1c, lipids, Syphilis, HIV, vitamin D. Consider hepatitis B/C & T spot if indicated. TB & hepatitis screening if appropriate – look at website gov.uk which has A-Z list countries where this is a risk. Needs needs patient directive if done by HCA.
5. Offer sexual health screening (gonorrhoea, chlamydia) – a very high proportion of asylum seekers have experienced sexual violence including rape. Self-swab (F) or urine (M)§;1 qa.
6. Question patient about any eyesight or hearing difficulties?

HCA or admin staff for these specific tests:

- b) Consider external Screening programs – NB these *may* be triggered automatically via national screening service.
 1. Bowel cancer screening
 2. Abdominal aortic aneurysm screening (men over 65 will not receive automatic invite)

Stage 2 (30 minutes)

(For GP, Practice Nurse, or equivalent)

Part 1: Medical History

Past medical/psychiatric history:

Have you ever been diagnosed with any medical conditions before?

Are you taking any medication? Or were you taking medication before your travel to the UK?

Vaccination history (incl. Coronavirus/Covid 19)

Do you have any vaccinations? Were you vaccinated as a child?

Family medical history- eg diabetes, heart attacks, strokes, cancer, inherited conditions etc.

In your family has anyone had a serious health problem that needed treatment in a hospital?

Demographics/history of migration in order to assess exposure to disease eg. TB, hepatitis, polio etc. Which countries have you travelled through on your way to the UK?

How long did it take you to reach the UK?

(indicator of probable level of trauma experienced on asylum journey; take up again in detail later)

Part 2: Lifestyle and General Health Screening

Do you have somewhere to live? Is this somewhere safe?

Social:

Who lives with you, do you have any family, is there anyone here who supports you?

Do you smoke?

How many a day?

Do you drink alcohol?

How much do you drink every day, do you ever drink a lot, do you drink alone?

Drugs:

Have you ever regularly taken drugs that you have bought or been given by someone who is not a doctor, for example marijuana, cocaine, to help your mind and thoughts?

Part 3: Women's health

1. Cervical screening (25-64)- when was your last smear, any previous abnormal results?
2. Breast screening (50-70)- when was your last mammogram, any previous abnormal results?
3. Do you need any birth control/contraception? Might you be pregnant? When was your last period?
4. FGM- have you ever had any operations on your private parts, or been cut on your vagina/genitals/down below
5. Do you have any daughters living with you and how old are they?
6. Have you ever been forced into a marriage or sexual relationship that you didn't want?

Part 4: The Asylum Journey and Mental Health

Torture/abuse/adverse experiences:

Has anyone ever hurt you?

Have you ever experienced trauma of any sort?

When you were coming to the UK, were you ever attacked? Beaten? Sexually assaulted?
(note that male asylum seekers, particularly young adults, are often sexually assaulted by traffickers and in refugee camps)

Do you have pain in your body from old injuries that happened when you were attacked?

Do you have headaches or back pain, or pain in your legs?

PTSD:

Do you ever experience flashbacks or nightmares.

Do you avoid certain situations because they cause you distress?

Do you get angry a lot?

Depression:

In the past month have you felt down, depressed or hopeless.

In the past month have you had little interest or pleasure in doing things?

Sleep:

Do you have problems sleeping?

Can you sleep at night or do you have to wait until the sun comes up before you can get to sleep?

Do you have problems getting to sleep or staying asleep, or waking up very early?

Do you wake up at night feeling very frightened?

Do you regularly sleep during the day, or for a long time (more than 9 hours)?

Anxiety:

Do you often feel very worried about things or panic?

Are you scared to leave your home or talk to people?

Do you get shaky or sweaty or feel nauseous when you are nervous?

Suicidal thoughts:

Do you ever feel life isn't worth living or had thoughts of hurting yourself?

Have you ever made a plan to end your life?
Do you feel like that now?

Trauma-based Psychosis:

Do you ever hear voices speaking to you when you are alone, or see, taste or smell things that you are not sure are real?

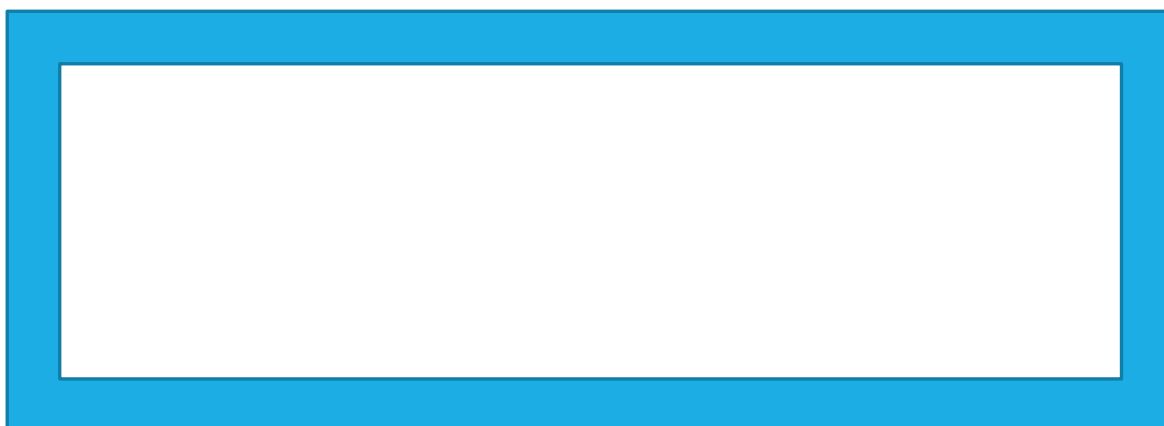
Safeguarding:

Has anyone ever threatened you in order to stop you telling your story of how you came to the UK?

Are there people you are afraid of, or are hiding from?

Other – please detail:

In this section please summarise a narrative with any key points relating to possible mental or physical health/harm experienced due to asylum/refugee experience and describe any disclosures of harm that the patient has given to you that you think may have affected their health:



If time is available and you are familiar with these measures, you can also use NHS protocol screenings such as:

1. TSQ, Trauma Screening Questionnaire
<https://www.surrey.ca/sites/default/files/media/documents/Trauma%20Screening%20Questionnaire.pdf>
2. CAPS-5 assessment - specifically for PTSD – if you are trained in administering this measure
3. Less used now, but still useful is Impact of Events Scale (Revised)
4. PQH9 and GAD7

Stage 3

If issues are raised in Stage 2 then Practice Nurse to refer to GP to make appropriate onward referrals or follow up abnormal blood tests. (Unless GP has completed the assessment)
There are local organisations that can support asylum seekers and refugees with their mental health, but an initial NHS assessment via Wellbeing/ATS/CAMHS is recommended, and also such patients frequently require psychopharmacology from GP. Wellbeing can also offer interpreter-based assessments.
Arrange follow up appointment with patient.

APPENDIX – USEFUL SHORT ASSESSMENT TOOL

BASIC MH SCREENING TO USE IN STAGE 2 IF DESIRED
(THIS SHORT QUESTIONNAIRE IS USED TO IDENTIFY TYPICAL MH SYMPTOMS RELATED TO PTSD)

This is a simple checklist that isn't a formal diagnosis but DOES indicate that further clinical observations should be made by a mental health professional:

Clinical Symptoms of Mental Health Trauma

Feeling very sad	Tick	()
Finding it hard to stop thinking about past problems		()
Feeling very lonely		()

Wanting to keep away from other people	()
Getting angry very easy	()
Feeling scared	()
Problems falling asleep	()
Waking up a lot in the night	()
Nightmares	()
Finding it hard to concentrate	()
Not remembering things	()
Repetitive and distressing memories/images from the past	()

Brighton Exiled/Refugee Trauma Service
Indemnity Insurance (copy)

Broker at One Linear Park Avon Street Temple Quay Bristol BS2 OPS: +44(0)117 205 1800 •
www.howdengroup.com

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T: 01924 241945

E: enquiries@howdenpro.com

W: www.howdenpro.com

Prof S Munt

Brighton Exiled/Refugee Trauma Service (BERTS)

15 Herbert Road

Brighton

BN1 6PB

5 September 2023

Customer Ref: P23P6338

Dear Prof Munt,

Professional Civil Liability Insurance

Thank you for your payment of £246.50.

We are pleased that you have chosen to renew your policy with us and we attach the following documents:

Σ A "Schedule and Evidence of Insurance" document (this should be read in conjunction with your policy)

Σ A receipt for your payment

Please check these carefully and tell us immediately if there are any omissions or discrepancies in the information recorded. If all the information is correct you do not need to return them to us but they should be retained in a safe place together with your other insurance documents.

Duty of fair presentation

We take this opportunity to remind you that you owe a duty to make a fair presentation of the risk to the insurer. You have a duty to disclose to the insurer every material circumstance which you know or ought to know after a reasonable search or which is sufficient to put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. In addition, you have a duty to disclose information in a clear and accessible manner.

A circumstance is material if it would influence a prudent insurer's judgment in determining whether to take the risk and, if so, on what terms.

Failure to disclose a material circumstance may entitle an insurer to:

Σ in some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;

Σ impose different terms on your cover; and/or

Σ proportionately reduce the amount of any claim payable.

This duty applies:

Σ before your cover is placed;

Σ when it is renewed; and

Σ at any time that it is varied.

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We also draw your attention to certain important terms that apply to this quotation:

Provision Description

Recovery of Costs Insurers must give their prior written consent to costs being incurred if these are to be recoverable under the different sections of the policy. There is reference to this in a number of different sections including: 2.2, 3.7, 3.9, 3.11, 3.12 and 3.16 and also in the definition of 'Costs' in section 4.3.

Prompt Notification In order to be covered under certain cover extensions of the policy, you must comply with the requirement to notify to insurers within 30 days of the event in sections 3.4 (Loss of Documents), 3.9 (Public Relations) and 3.16 (Run Off).

Claims Conditions It is essential that you comply with all the claims conditions, otherwise insurers will

not accept your claim, including the requirements to:

Σ notify insurers as soon as practicable and during the policy period, or within 30 days after the policy expires, after you first become aware of any claim made against you or any circumstance which might reasonably be expected to produce a claim against you whether or not you believe such a claim would be valid;

Σ not to admit liability for or settle any claim, make any admission, offer or payment or assume any obligation in connection with any claim, or incur any costs in connection with any claim without the insurers written consent.

Alteration of Risk Insurers may not cover you for any claim if you do not notify the insurers in writing as soon as practicable of any material alteration to the risk during the policy period, including any material change in the nature of the Professional Services.

Please note, failure to comply with, or failure to comply within a specified time period in relation to certain provisions applicable to this indication/quotation may invalidate this insurance or reduce the amount recoverable under this insurance.

There is NO policy excess.

Please note that any mid-term changes to your insurance policy will incur no additional fee by us, only the additional fee charged by insurers.

Please see the "How we are remunerated" section of your quote which sets out how we shall be remunerated, should you request us to place the quoted policy on your behalf.

Should you wish to discuss any of the information provided or amend any details, please do not hesitate to contact us on 01924 241945 and we will be pleased to help you. Our standard office opening times are Monday to Friday (excluding Bank Holidays), from 8.30am to 5.30pm.

Yours sincerely,

Julie Kitchin

Senior Account Handler

Howden

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Schedule and Evidence of Professional Civil Liability Insurance

Name of Policyholder: Brighton Exiled/Refugee Trauma Service (BERTS)

Customer Reference: P23P6338

Policy Period: (both days inclusive) From: 25 September 2023 To: 24 September 2024

Indemnity Limit: £1,500,000

Public Liability Limit: £10,000,000

Professional Services:

Trauma Service (Counselling, Psychotherapy, Befriending)

Including, where applicable, the provision of supervision and training in these services.

Cover is provided by Liberty Mutual Insurance Europe SE – UK Branch under a Binding Authority with Unique

Market Reference B1161LS16222

Master Policy Number AB087130W/ 08.

This Policy covers (subject to its terms and conditions) any civil liability arising from the professional services shown. It is, effectively, a combination of Professional Indemnity and Public Liability insurance. The indemnity limit applies to each and every claim.

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Claims made basis

The policy is issued on a 'claims made' basis this means that it is essential that any claims or circumstances that might give rise to a claim are notified during the policy period in accordance with the terms of the policy wording, otherwise the right to cover under this insurance will be lost.

The cover will respond to a claim against you, or complaint to your professional association only if the policy is in force at the time claim or complaint is made against you, irrespective of the date when the events giving rise to the claim or complaint are alleged to have occurred. PROVIDED THAT:

1. when you took out the policy you were not aware of any circumstance that may give rise to a claim against you, or complaint to your professional association, subject to the Significant Exclusions below.
2. you tell us immediately (and in any event within 30 days of the expiry of the policy period) if you become aware of any claim against you or any complaint to your professional association, or circumstances that might give rise to a claim against you or any complaint to your professional association, as in both these cases any actual claim or complaint that subsequently arises will be considered as being made in the policy period in which you report it.

It is important that you bear these points in mind before allowing your policy to lapse because once you are aware of circumstance which might lead to a claim against you, or complaint to your professional association it can only be dealt with in the policy period in which you first became aware of it.

If you are contemplating closing down your organisation please contact us to discuss your requirements for run-off cover. If you need to make a claim you can contact us on 01924 241945 similarly if you need to make any amendments to your policy or inform us of any changes in your circumstances you can contact us on the same number.

IMPORTANT

The insurance can only respond to a claim if the policy is in force at the time a claim is made against you. Therefore, you must immediately contact Howden on 01924 241945 with details of any circumstances that you think may result in a claim being made against you.

Legal Advice Helpline

Howden Professionals have arranged for You to have access to a legal advice helpline provided by Law Express Ltd. The advice line is free for policyholders to use, completely confidential and designed to provide access to a dedicated team of

legal advisers who are on-hand to offer advice on any personal or business legal matter, should the need should arise. The helpline is available 24 hours a day 365 days a year for matters relating to the law and practice of the United Kingdom, Channel Islands, Isle of Man and Gibraltar.

Please note, however, for matters in Channel Islands, Isle of Man and Gibraltar the issue will be referred to lawyers in that jurisdiction. Any calls received at a weekend or Bank Holiday, for those jurisdictions, will be referred the next working day. Advice is available on an extensive range of issues; from starting a business, acquiring a property and entering into a service contract, to dealing with a neighbour dispute or consideration when making a Will so you can be confident that the right advice and support is always available.

To access the service please call 01275 378748. You will be asked to identify yourself and quote your policy reference. Naturally, the advice available over the telephone can only go so far.

Any complaints regarding the legal advice helpline will be investigated and should be made directly to the Operations Manager, Law Express Ltd, 10 the Sanctuary, Macrae Road, Ham Green, Bristol BS20 0DD. Complaints regarding the legal advice helpline may not be referred to the Financial Ombudsman Service.

To Contact the helpline call 01275 378748 quoting your customer reference number.

Please note that the legal helpline should not be used where the issue you wish to discuss pertains to anything which may be covered by your policy – e.g. a complaint made against you, or an issue which may give rise to a complaint against you – informal, formal or to your professional or registering body, or is a claim for compensation or issue which may give rise to a claim for compensation, if this is the case please call Howden on 01924 241945.

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RECEIPT

Date :

5 September
2023

Prof S Munt

Brighton Exiled/Refugee Trauma Service (BERTS)

15 Herbert Road

Brighton

BN1 6PB

Customer Ref : P23P6338

Client Number : 918611

Insurance/Cover : Professional Civil Liability Insurance

Thank you for payment of the premium due in respect of your Professional Civil Liability Insurance.

The amount paid is calculated as follows:

Amount

Premium (including Legal Helpline) : £207.00

Insurance Premium Tax : £24.00

Administration Fee : £15.50

Total Amount Payable : £246.50

*Insurance Premium Tax (IPT) is at the current rate of 12.00%. (There is no IPT on the Legal Helpline element of the premium).

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BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



Chair's Annual Report 2022

For the operating period 1/1/2022 to 31/12/2022

The AGM will be held virtually. This report has been approved by Trustees.

Date of AGM Saturday 25th February 2023 11am.

Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)

Charity Registration Number: 1188586

Registered Address:

C/O REFUGEE RADIO 113 QUEENS ROAD BRIGHTON

BN1 3XG

Trustee Details: Professor Sally Munt, Tessa Louise Axelrod, Colin Michael Blowers, Jane Traies, Reem Ali Abushawareb, Abdallah Mshaty [tbc]. Resigned: Sarah Fisher.

Please note that this report has been compiled in consultation with specific key roles/functions of BERTS staff.

The Aims and Structure of BERTS

BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2015. 2022 was our seventh year of operation and we have continued to expand.

BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a predominantly voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR service, we also provide other accredited mental health interventions with other modalities/training, where appropriate.

BERTS offer free specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their relocation in the UK. Our clients are typically suffering mental health impairment due to extreme trauma as a result of forced relocation due to oppression, torture, war, trafficking and/or slavery. We are a 'safe' organisation and do not ask for proof of status.

Currently all our staff are predominantly unpaid and volunteer their time for free, so that mental health support can be provided free of charge to clients. This situation changed during the last financial year as we undertook a limited number of subcontracted treatments for Sussex Partnership NHS Trust. However, the principle of donated skills and time is our principal focus of operations.

BERTS is primarily managed on a day to day basis by the Chair of Trustees and CEO, Professor Sally Munt, who receives referrals as Clinical Director from

associated Voluntary, Community, and Social Enterprise [VCSE] organisations and statutory providers, principally NHS and Social Services. Sally Munt is ably assisted by Operations Manager Sally Goodwin who joined us in 2020, and who oversees the support workers and manages HR matters. Trustees have historically primarily recruited from the Charity's staff – either Therapists or administrative co-ordinators, or those persons with experience.

Matters Arising

Please feel free to notify the Chair with any matters arising by 20 February 2023.

Activities and Objectives

During 2022 we continued to follow BERTS founding principles as written in our Staff Handbook [revised 2023, please see the newly distributed BERTS Volunteer Handbook].

We did not have specific annual objectives for 2022 as our work is ongoing and is responsive to local need. However, we have grown in size during 2022 in response to raising our profile through various activities, and in response to local need. NHS referrals have nearly doubled over the past few years. Our objective is to treat a referred patient within 6 months of referral. No patient has had to wait for longer than this during 2022, however we have a long waitlist as of January 2023 and we hope to continue with our 6 month limit although this may not be sustainable in the longer term, staff depending.

Achievements and performance

During 2022 we significantly expanded the range of our activities in relation to SMI funding from the roll over from 2021 of the NHS Sussex Partnership Trust grants totalling £58,000+. Although we were led to believe that this funding would be sustainable, this has not been the case and we start 2023 with incoming funds of £0. The situation requires substantial strategic planning on our part, and after the rejection of our grant bid to Heads On in September 2022, we have revised and resubmitted in January 2023 our joint partnership bid with Robin Hood Health Foundation (Trustees to refer to final bid which was circulated). More details of SMI initiative funding activities that were completed occurs below. Going forward we continue to discuss devising more appropriate pathways for asylum seekers to gain relief, treatment and support for serious mental illness.

Trustee Tessa Axelrod has taken on the role of Safeguarding Officer with effect from Feb 1st 2023.

We have also significantly expanded in terms of staff and skills this year. We have grown to over 40 staff, consisting of Trustees, therapists, support workers, and administrative staff; this is an increase on the previous year as our operations continue to grow. During 2022 the Chair asked an HR Consultant to look over our policies and procedures to ensure we were properly addressing our liabilities, and minor changes to our handbook and processes were implemented.

BERTS has grown during the year in terms of demands on our service and concomitant volunteer recruitment. During 2022 the CD [Clinical Director] and Chair wrote responses to over 4,500 emails and received over 250 telephone enquiries regarding client referrals, ongoing client matters, or organisational enquiries. The CD currently volunteers for the charity for the equivalent of 25 hours per week. At the moment this is a sustainable workload for one person to manage but in terms of the longer term it may be necessary to start to distribute some of these tasks, to other BERTS officers where possible/appropriate.

This year we continued to grow the support worker network thanks to our Operations Manager Sally Goodwin; clients need this kind of regular weekly 1:1 personal contact particularly during and after the restrictions of the pandemic and it is much appreciated. Sometimes this is given whilst clients are waiting for treatment and also required during treatment if clients are particularly isolated or vulnerable. Occasionally we maintain support worker contact after treatment has concluded for a period of time if the client continues to be socially isolated or vulnerable but we encourage independence and facilitate the client's ability to grow their own network.

Brighton Quakers, continue to provide weekly Pilates classes for our clients, in gender specific groups. The Meeting House in the Lanes has generously provided a room, and Mr John Rignell has kindly agreed to teach these classes. We are working on providing consistent participation and on stabilising this provision which started in November 2021 and will be ongoing subject to the agreement and kindness of John and the Quakers.

We continue to be deeply grateful for Brighton Jubilee Library and Hove Library's continued support for BERTS in provision of clinical treatment space. We also note that this has added benefit in that clients start to use the Library as a resource independently of their therapy, which has a range of social benefits and information access. In 2023 we started using Whitehawk Library for two of our clinical placements due to the ongoing and invaluable support of the Community Librarian and her staff.

Chair/CD (Sally Munt) continues to be part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and local NGOs, called RAM. This group was been under new direction following a change in the CCG and has been moving toward more solution-focused objectives in the past year, however in Jan 2023 a new commissioner has started which is the 5th commissioner to be involved in this work in 8 years. Regrettably, the SMI initiative of 2021/2 has not been continued and we are in discussion with NHS managers in order to resolve their withdrawal of financial support and to continue to challenge the lack of NHS MH resources to this most vulnerable of local population, a demographic historically blighted by issues of health and social exclusion, poverty, racism, and extreme trauma.

Fabrica - BERTS worked with the Brighton Fabrica Gallery to provide an artist in residence during Refugee Month. This liaison was completed by Chair Sally Munt and Trustee Jane Traies who kindly interviewed artists, and also with input by Sally G. We struggled to find client engagement with the artist workshops on the refugee journey that had been arranged. This continues to be a problem for clients with SMI who find activities generally too challenging to attend, despite ongoing isolation. We are very grateful to Fabrica for initiating and funding this project and are very sad that due to lack of engagement it didn't really come off. We did commission a feedback report on engagement, see later in the report.

NHS SMI Funding for 2 substantial research activities completed during 2022

1. **Website for asylum seekers and refugees** - Alyshia and Sally worked on a first destination online resource for new asylum seekers who have arrived in the city, to be hosted by the NHS on their community resource pages. 140 pages of website content was generated, and the resource is extremely comprehensive and the only resource of its type currently available. We don't have a web address yet as the NHS Sussex Communications Team is

still uploading the material but this website @refugeehelp is supposed to go online 'live' in March 2023. This initiative was in response to discussions at the monthly RAM meeting and also in response to service users comments about the difficulty of finding information locally.

2. **Screening protocol for NHS Primary Care in Sussex** – Sally and Dr Hannah Gould-Brown who is lead GP at the Moulsecroomb GP practice in Brighton, with a specialist interest in refugee work, met 5 times during 2022 to design a screening protocol for GPs and Practice Nurses for newly arrived asylum seekers, assessment of physical and mental health. As experts working with this community we wanted to stress the co-implication of physical and mental health in addressing the needs of asylum seekers, refugees, and victims of trafficking, who have frequently been subjected to torture and sexual violence. The protocol went out the GPs in the area to comment on and provide feedback and also to the Sussex NHS GP management group. All feedback was acted upon and the screening protocol is going to be trialled in primary care during 2023. See later in the report for this.
3. Staff Training – EMDR training was completed, and we also booked DBT Training in December for lead practitioners but both BERTS practitioners withdrew from the training due to the poor quality of the training and its lack of awareness about working with our service users.
4. Wellbeing Programme – a complicated wellbeing programme was designed and delivered from Feb-Aug 2022 in order to support psychosocial development of those with SMI.
5. Symptom Management Groups – a psychoeducational development module was delivered at Jubilee Library by ex-Trustee Sarah Fisher.

Financial Review

Until 2020, BERTS operated completely as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. Incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This has become untenable as we have expanded. Volunteers continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible in some circumstances and so during Autumn 2021-December 2022 we sought out funding out of necessity required to fund partially some core activity (treatment) and also some strategic development funding for specific initiatives such as the screening protocol and the website @refugeehelp (see financial summary below). CD continues to search for funding opportunities but these are limited given that our core operation is NHS complex specialist trauma work that the NHS currently doesn't fund. The NHS Sussex Trauma Pathway remains in development and we are struggling to understand what the NHS is currently activating or resourcing in order to provide appropriate provision for asylum seekers, refugees and destitute migrants in the city in terms of appropriate access to mental health care for these vulnerable communities, who also commonly represent a group with restricted access to appropriate health care due to a complexity of factors.

Indemnity Insurance

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd. This covers any student/trainee placement and claims against BERTS:
 Schedule and Evidence of Professional Civil Liability Insurance Name of Policyholder: Brighton Exiled/Refugee Trauma Service Customer Ref: P21P6338

Policy Period: (both days inclusive) Indemnity Limit: Public Liability Limit: Professional Services:

Brighton Exiled/Refugee Trauma Service (BERTS) P21P6338
 From: 25 September 2021 To: 24 September 2022 £1,500,000
 £10,000,000

Trauma Service (Counselling, Psychotherapy, Befriending)

Annual premium 2022 = £246.50 (the same as last year)

There are web hosting, telephone and email service costs which are met in part by Brighton & Hove CBT and personally by volunteers, although web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of David Guest, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS. Practitioners continue to pay for their own mandatory CPD, individual accreditation, professional indemnity insurance, premises costs and ongoing business expenses.

During 2021 due to the expanding costs we opened a Business Account with the Co-operative Bank and we have continued with them in 2022 despite all the problems we have accessing Customer Services, often being on hold for an hour or more. Trustees Sally Munt and Colin Blowers are now card holders, as is also Operations Manager Sally Goodwin. We now have a Financial Report which has been kindly prepared by our Treasurer David Lewis:

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

INCOME & EXPENDITURE STATEMENT

YEAR ENDED 31 DECEMBER 2022

	2022		2021
	£		£
Income			
Grant from NHS	58,710	Grant from NHS	12,400
Donations received	-	Donations received	2,000
Arch Health CIC	-	Arch Health CIC	1,000
BHCC Wellbeing programme	1,182		
Total income	59,892	Total income	15,400
Expenditure			
EMDR Training	-	EMDR Training	3,000
EMDR training resources	-	EMDR training resources	400
Insurance	247	Insurance	381
DBS checks	259	DBS checks	100
Placement expenses	-	Placement expenses	100
Therapist fees	18,935		-
Administration costs	1,980		-
Office expenses	340		-

Brighton Exiled/Refugee Trauma Service [BERTS] Annual Report 2022

Wellbeing Pr	3,417	-
Resources	28	-
CPD	85	-
DBT Training	3,464	-
Donation	75	
Total expenditure	28,830	Total expenditure
Surplus	31,062	Surplus
		3,981
		11,419

BALANCE SHEET at 31 DECEMBER 2022

Assets

Cash at bank	42,481	Cash at bank	11,419
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Liabilities

General fund	42,481	General fund	11,419
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These are audited accounts.

Thank you to our Treasurer, David Lewis, for his kind support for BERTS this year.

Chair's Review - Organisational Matters

BERTS has so far accepted 133 patient referrals for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area. Most of our patients have significant psychiatric diagnoses with co-morbidities present, including often trauma-based psychosis and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. Additional typical presentations may also be GAD, suicidality, social anxiety, panic attacks, eating disorders, paranoia, self-harm, and avoidance disorders - all symptoms of extreme trauma coupled with frequent isolation and cultural alienation. These patients are often multiply traumatised and require lengthy clinical interventions. Although referral to IAPT/Time to Talk/Wellbeing can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this client group which often requires flexible and costly treatment subject to frequent DNAs due to the challenges of asylum seekers' daily lives. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations. This can be a problem if children are in distress due to the lack of capacity in CAMHS. In 2022 around 40 referrals were declined as being unsuitable for our service and alternatives were suggested or recommendations for interim measures and re-referral advised. We are still in a position in which we have to decline treatment to under-17s, we need a child and adolescent volunteer therapist on the clinical team in order to address this unmet need.

Treatment durations have been from 6 weeks to 40 months+, depending on clinical need. The typical PTSD treatment is to follow NICE guidelines and be 25+ sessions, we find however that frequently this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental health services. We often have to do a lot of emotional stabilization work before trauma treatment can be commenced, up to 1 year in some cases. A consistent pattern on DNA and disengagement must be observed before consideration of discharge and our normal protocol is 3 consecutive DNAs and for the case to be discussed with the

CD before discharge, who will also contact the patient herself to enquire about barriers to attendance.

Treatments in 2022 were often online/phone due to ongoing pandemic restrictions although we do have generous access to the Brighton Jubilee Library room, Whitehawk, and Hove Library room without charge because of their commitment to refugee community in the city. Moving to mixed F2F and remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches and community buildings are now charging for use of rooms and no longer offering voluntary services as no-fee use of their premises. Despite us treating NHS patients for free, we have been unable to gain access to any ongoing NHS space to treat patients, with the exception of 1 patient being treated at Robin Hood Health Foundation/WellBN primary care practice in Hove who made space available for us there. It might be possible to negotiate this further. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband in our client group.

We continue to receive most of our referrals direct from the NHS and Social Services/vulnerable adult and unaccompanied children asylum seeker unit. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first (SRM); we continue to normally refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months. We have provided 2 patients with an interpreter this year, but the therapeutic intervention was not very successful due to reasons previously explained - this has always been our experience, unfortunately.

Statutory Services/NHS (Sussex Partnership Trust) mental health lead commissioner has (late 2020) formulated a new mental health strategy for local provision which explicitly shifts significant responsibility onto local NGOs for mental health support of refugees/asylum seekers. This has had significant implications for our service and others such as Refugee Radio (who also offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. On the other hand, NHS Commissioning strategy has been to offer competitive funding to community organisations, during 2021/2, in order to mitigate this policy. We have successfully bid for and been given for Autumn 2021 and 2022 around £72,000 worth of funding in total from Sussex Partnership Trust in order to facilitate training in EMDR for 6 therapists, to fund a wellbeing programme which commenced in early 2022 and lasted 9 months, for designing a screening protocol and a website, and also funding for symptom management groups. We held over some of these funds so that activities can be repeated next year in 2023 and to meet our charity expenses if funds aren't repeated (they weren't). This has been a successful initiative under the SMI support funds and we have completed all promised activities. We applied for further funding in November 2021 to the Heads On NHS charity and were refused; we had a resubmitted application in January 2023 and are awaiting outcome.

Wait times for patients on our list has varied over 2022 from 2 weeks to 6 months, and as of 2023 Jan we have more patients on the waitlist than we have had before. Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 16 patients waiting for allocation to a therapist (Jan 2023). We are seeing an increase

in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS primary care, Assessment and Treatment Service and CAMHS who routinely decline treatment for our demographic. We continue to be all too aware of the lack of available treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer on complex/acute cases for psychiatric evaluation, or prescribe appropriate psychopharmacology where needed. There seems to be a widespread assumption by MH professionals that BME healthcare users are 'over-medicated', yet the psychopharmacological needs of refugees are acutely different to Black BME citizens and this is a problem to do with demographic categorization – where refugees are bunched in with BME British, their very specific needs are elided/ignored. CD subsequently attended a meeting with Clinical Director, Medical Director, and Commissioner (Mental Health) for Sussex Partnership Trust to discuss these issues in Feb 2022 but no real progress was seen on funding. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise' or given inappropriate medication such as 50mg Sertraline, which does not address the severity of the mental illness diagnosis/symptoms.

Social Prescribing

During the Autumn Term of 2021 Sally Goodwin (Operations Manager) in conjunction with SRM Clinical Director has worked with the 2 University of Sussex student placements to develop and implement a social prescribing and wellbeing programme which started in Autumn 2021 and ended in August 2022. This initiative was made possible through NHS SMI funding. This scheme has been very work intensive and we have decided not to repeat it in future due to the strain it puts on staff resources, although client feedback was very positive. It is fair to say that we underestimated how much time it would take to encourage clients to engage and create activities that were relevant to them; we ended up phoning and texting every client every week at least once (thank you Sally G) but this is not a realistic use of time, going forward. BERTS took on these 2 student placements in Autumn 2021 to work with the support workers, with the University of Sussex. These were line managed by Sally G. These student placements were with us for 9 months and worked 3.5 days a week, they were intended to help with admin, write some key outputs for us including handbooks and introductory guides for patients/service users, design and run the wellbeing programme to run during 2022, and to do some research support where needed. The student placements also operate a social media communication activity under the supervision of Trustee Reem Abushawareb, who took over the Twitter and Facebook site once the placements had been completed.

We built up our relationships with other local organisations, Fabrica, the HERA arts programme, led by a consortia of GP surgeries, agreed to work with our clients, and a dance teacher, a martial arts instructor, and swimming coach have all offered their skills. Brighton & Hove buses have supported us again with 100 day passes. Robin Hood Health Foundation donated several free Vodafone SIM cards which we have distributed to clients. We have had free tickets for the Brighton I360, and other offers of help and support for which we are very thankful. For further information see support worker report below, and the commissioned feedback reports that follow.

Technical Support and Communications

In 2021, the production platform for patient records was successfully migrated to the main BERTS web host by David Guest, where the data could be secured with commercial SSL encryption. The former system was set up on a platform that

required very specialist knowledge so this transfer was necessary to a more widely-used data management system. The code base was updated and is maintained at a current release in order to take advantage of security improvements and a regular back-up programme was also put in place. We continue to use password protected Googledocs for patient flow systems as these two software systems are most flexible and safe for multiple users to access and update. In 2022 we made all patient address and phone records another layer of password protection on the portal so that all contact details have restricted access and are secure. In 2022 we had a review of our communications strategy, in September, in order to reassess patient security and confidentiality.

CD/Chair has observed the necessity to have a better communication strategy within the organisation, currently communication between BERTS staff can be rather ad hoc and perhaps sometimes leads to a sense of incoherence or isolation amongst BERTS members. During 2022 we piloted a new email group system for information management and exchange to increase openness and improve communication during 2021 using dedicated email groups BERTStherapists@, BERTSall@ BERTSsw@ and BERTStrustees@ to enhance organisational communication and increase openness. This has improved communication and led to better liaison and sense of purpose.

Clinical Director's Summary

We are now in a position that all of our clinical staff are NHS trained, which is a reflection on the high calibre of professionalism and skills typical of BERTS clinical staff. Currently we have clinical staff who are qualified and accredited clinical psychologists, social workers, psychiatrists/medical doctors, nurses, CBT therapists, psychotherapists and counsellors. This means that we have become a Multidisciplinary Team [MDT], including a Trustee who is a former NHS Paramedic and specialist in world health.

This year we have appointed 5 new therapists and our clinical supervision arrangements have been reviewed. We continue to have a monthly meeting for all therapy staff to attend, clinicians and placements, this is our main opportunity to meet as a clinical team and review any issues with delivery and discuss any issues with patient care. This is also an essential 'team building' meeting as we work in an isolated way and don't see each other regularly in any other forum. It is also important given that our work can risk secondary trauma that we build strong relationships of trust with each other as a clinical team so that if we need support then it is available. From March 2023 this meeting will also include a CPD element of 30 minutes a month skills training.

We always need more cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week. Please could all therapists consider asking their colleagues to donate a small amount of clinic time if appropriate. Geography not necessary now as we are largely providing online therapies for the foreseeable future until the pandemic situation is under control. Note that our community is low priority in terms of Covid vaccination and so this situation is not changing soon.

In terms of staff training, 4 of our therapists are now qualified to practice EMDR and from February we will start monthly peer supervision group thanks to Vicki Lidbetter who is a senior and proto- EMDR Consultant in Time To Talk/West Sussex NHS.

Clinical Director in addition provides direct, regular monthly supervision to the 3 clinical placements and any other therapist that requires advice, and also deals

with regular enquiries from psychotherapy/counselling trainees looking for suitable placements. Colin Blowers provides supervision to 3 clinical placements. We have had 1 placement move to full accredited status this year, well done Giulia ☺.

NHS SMI funding paid for the delivery of a six week modular psychoeducational programme that was written by CD and Sarah Fisher, with the aim of treating 10 patients, and to run 2 groups consecutively at the Brighton Jubilee Library. In the event there were 6 participants despite high input to recruitment, and because of low attendance the second group was cancelled and the funds were redirected to patient 1:1 treatment. Although the participants were very positive (see below for feedback) and found the SMG very helpful, many of our clients told us clearly that they did not want to attend a group of any kind. We ensured that every existing and past patient of BERTS (over 100 people) were contacted personally with at least one phone call to invite them to attend, but although people were polite, it was clear that a group was declined due to fears (various) and lack of interest. Thus our conclusion was that group work for asylum seekers with SMI was not actually something they wanted to participate in, and this activity might be better suited for people with less intensive mental health difficulties, less serious diagnoses, and a cultural familiarity with group work. We really wanted this to work and put a lot of effort into it, but participation was low, albeit very satisfied with what we delivered. CD wonders whether this model of delivery is too westernized for our client group who lack familiarity and felt uncomfortable with the idea. What our patients tell us repeatedly is that they don't want psychosocial support or group work - what they want more than anything is to be able to access 1:1 treatment - our core service.

BERTS Amalgamated Service Hours

During the past year recorded delivery of hours for support work is as follows:

Wellbeing Project/student placement	1424	
Support Worker 1:1 (17 clients supported)	1088	
Psychotherapy/CBT/EMDR Treatment delivery 1:1 (30 patients supported)	980*	
	subtotal	3492
Management and administration		1250
TOTAL SERVICE DELIVERY		4742 hours

980 hours patient treatment delivered at £90 per hour at rate for clinical psychologist/specialist CBT practitioner is equivalent to £88,200
 2512 hours support worker delivery at £15 per hour basic rate is equivalent to £37,680
 1250 administration hours (including clinical management) at £25 per hour £31,250

TOTAL EQUIVALENT COSTS OF BERTS OUTPUT/CONTRIBUTION 2022 = £157,130

This figure does not include ON COSTS benefits (clinical supervision & CPD, premises, professional costs, insurance, or VAT) - this means that BERTS real contribution to the local community is the equivalent of approx. £200,000ta pa.

Interpreting

We continue to get negative feedback from NHS and from other refugee organisations about our policy of not normally working with interpreters unless there are exceptional circumstances. To recap:

I have attended numerous meetings and made many and various phone calls and sent a large number of emails over the past few years, requesting that NHS Commissioners and/or primary care networks pay for the use of interpreters for their own NHS referrals - which averages additional treatment costs to us of about £2,000 per patient which we cannot pay for (this for 25+ sessions). On all occasions these requests have been denied despite repeated requests.

Treatment costs for NHS patients are met by BERTS staff in donations in kind, personally, these are not institutional costs as the charity does not fund raise. Larger charities are able to employ salaried fund raisers at £30k pa.; we choose not to spend our time raising such funds in order to pay salaried staff to raise funds because we are clinicians focussing on doing the work we are trained to do.

We are currently in the position that NHS Sussex expects us to treat NHS patients for free (that the NHS has a statutory duty to treat itself under NHS England stipulations about addressing health exclusion), AND pay ourselves as individuals for their additional costs such as interpretation - as private individuals, out of our own pockets. Where we make exclusions, in exceptional circumstances, for example where a client has Learning Difficulties and is unlikely to ever learn English, or has such SMI that they are unable to leave the house, we still find therapy delivered with interpreters relatively ineffective in terms of measurable clinical improvement due to the constraints of working with interpreters from the same community. This is specifically because of the sexual abuse and torture our patients frequently endure, and cultural issues of disclosure/shame. Typically, using an interpreter has meant the number of sessions required to treat is also double or triple what we normally deliver - meaning that as a principle of equity, patients without English fluency are declined as treating that person means declining treatment to 2 other patients as there is no therapist available.

In Winter 2022 NHS Commissioners took this issue to the exceptional circumstances cttee who said they would fund 1 patient (!) an interpreter if the treatment was delivered at the patient's own GP surgery. This is impractical for us as it ties up a therapist for 3 hours if travelling time is included. Again, this means that the therapist has to decline the 2 other referrals that would normally be accepted for treatment in those 3 hours. Thus, this policy regarding interpreters is about equity of access for all asylum seekers, refugees and destitute migrants, as well as clinical justifications. [SRM Jan23]

We have strong clinical reasons for not using interpreters for patients with SMI, and in addition we are unable to meet those costs ourselves. This year we have used interpreters 3 times with patients, one with severe disabilities including learning disabilities, and 2 with clients with limited English who were deemed high risk. One completed treatment with little improvement in symptoms, 1 declined treatment after 1 session, and the last patient is so far engaging but has had only 3 sessions, using 2 members of the clinical team. We now have a Syrian doctor fluent in Arabic working as part of the clinical team and we have more ability to offer a limited access to non-English speaking patients, so this situation is under partial review. In relation to negative feedback about interpreters - BERTS provides a significant level of service as a gesture of goodwill to the most vulnerable population in our city, the very least we expect from the NHS's failure to respond to these needs (statutory, as explained by NHS England's health exclusion policy), is a recognition

of professional trust, and acknowledgement that we are free to operate under our own governance, administrative, and clinical principles, as approved by our Trustees.

Training

During 2022 4 BERTS therapists have been funded to do EMDR accredited training by Sussex Partnership Trust, through the SMI Grant. 1 of those therapists subsequently left BERTS but 3 continue to acquire skills. All therapists completed and passed the training and are qualified to practice EMDR. As part of BERTS funding the training, we are each required to complete 2 EMDR treatments for triaged patients.

We are continuing/consolidating this training with a EMDR specific group supervision to start in February 2023.

BERTS also funded 2 therapists to train in Dialectical Behavioural Therapy on a 9 month course starting in December 2022; both of us have withdrawn from this course due to bullying and inappropriate behaviour on behalf of the trainer, we are in the process of getting our fees partially refunded and this was not a constructive experience.

Sally Goodwin is looking into online training for our volunteer support workers – this was something we intended to do during 2022 and we will continue to pursue.

BERTS Support Worker Report 2022

Support Worker Volunteers – Overview

BERTS Support work has proved to be very successful with clients progressing in terms of gaining more independence, growing supportive and social networks. The majority of clients who engage with the support and volunteers report that they have learnt from and enjoyed their time with BERTS. We have not had any negative feedback from this aspect of our service and indeed clients seem to really value the consistent input of a weekly contact and the practical and supportive advice and befriending that is given.

Staffing

During 2022 support worker volunteer enquiries increased, particularly in relation to the outbreak of war in Ukraine. We had a total of 31 enquiries from people wanting to join us as support workers, 22 interviews and 14 new volunteers during the year.

We have retained 7 support workers from 2021 many of whom have supported multiple clients, 11 support workers moved on during the year, some to employment in the field and others to travel or return to study.

We currently have 12 support workers registered and completed DBS Enhanced checks, and we continue to operate recruitment drives approximately 3 times a year. We continue to have great success recruiting students from the University of Sussex; both undergraduates and those undertaking MA's.

In the upcoming year we plan to widen our advertising to include membership of Brighton and Hove Community Works where we can advertise and attract experienced volunteers and also stay in touch with updates and events from other community groups working in the sector.

HR & Training:

We also plan to source and offer training to new support worker volunteers. We currently interview in person and highlight BERTS policies and procedures and give an overview of working with our clients. We plan to source a basic online course or series of videos for support workers to learn more about working as a befriender.

Sally Goodwin undertook training with Amna (formerly Refugee Trauma Initiative). This was an introduction to setting up Safe Spaces and was offered to Support Workers to access if they wished.

Safeguarding

All support workers continue to have DBS Enhanced which is paid for out of BERTS funds.

Ongoing Psychosocial Support Activities

Pilates

We started working with teacher John Rignell in November 2021 to offer gentle classes and continued throughout 2022. Brighton Quakers, based in Ship Street, continued to provide a much appreciated weekly space and teacher to offer Pilates classes for our clients throughout 2022.

Encouraging consistent attendance has been a challenge. During June and July we had 2 support workers specifically working on staying in touch with clients and meeting them to travel to the classes which proved successful in increasing attendance. In the autumn we offered a set of 3 classes rather than ongoing classes with the aim of enabling greater commitment to a shorter length of time. This did improve attendance and was easier to manage in terms of reminders for clients to attend.

Social Prescribing

During the Autumn Term of 2021 Sally Goodwin (Operations Manager) in conjunction with Clinical Director began working with 2 student placements to develop and implement a social prescribing and wellbeing programme which started at the end of January 2022 and continued until July 2022

During this time a calendar of events was created that included multiple cultural visits, walks and arts programs. We continued to build relationships with the HERA arts programme and offered dance and art workshops to clients. In April and May as part of the Brighton Festival we collaborated with Brighton Fabrica Gallery to offer clients story writing sessions in conjunction with an exhibition on the meaning of home by a Syrian refugee artist.

Service User Feedback and Comments from Activities of 2022

1. BERTS Pilot NHS funded Symptom Management Group: 'Mental Health Awareness' Summary and Feedback from the Facilitator:

Number of Sessions: 6

Dates: Weekly 8/9/22 to 13/10/22

Venue: Brighton Jubilee Library

Overview of Aims & Objectives

The aim was to provide psycho-education on mental health issues which commonly affect refugees and asylum seekers, to discuss tools for understanding and managing such issues, and to promote access to suitable support and specialised healthcare through appropriate channels. The group aimed to achieve this within a welcoming, safe, and compassionate space, facilitating recognition and strengthening of personal resources whilst empowering participants in their journey towards recovery.

Session content

included: consideration of what constitutes mental health, assessment, diagnosis and evidence based treatment options, risk and safety planning, simple CBT-based

formulation, information on specific diagnoses such as anxiety problems, depression, post-traumatic stress disorder, and psychosis, statistics relating to mental health issues commonly experienced by refugees, and the roles of resilience, meaning-making and personal values in the mental health recovery journey. Basic tools for managing mental health issues were considered, for example breathing techniques and muscle relaxation to help calm the threat response, grounding, awareness of common thinking patterns, self-care through exercise, daily structure, good sleep hygiene, and cultivating an attitude of self-compassion. Participants had opportunities to discuss cultural factors pertaining to mental health. The group also considered potential barriers to accessing help and support for mental health and how to overcome these. Information was shared as to how and where to access relevant support, advice, and healthcare services, and participants were able to offer one another encouragement and companionship in this regard.

Structure

The first 20-30 minutes of each session was given to welcoming participants, offering refreshments and facilitating social support and relationship building. The remainder of each session followed a workshop format, with planned content each week aiming to present information and opportunity for activities and discussion in pairs or in a small group. Information was given verbally, by PowerPoint presentation, and through leaflets and printed handouts (adapted or given according to language needs and choice of each participant). Folders were provided, to collate information. Participants were encouraged to reflect on information/discussions between sessions, and given weekly opportunity to feed back.

Recruitment and Attendance

Participants were recruited from BERTS existing and previous client group, and referrals also received from sources such as via a Leaving Care Personal Advisor and a Social Prescribing Link Worker. A total of ten participants signed up to attend the group. In the event, five individual participants attended which is fairly typical for recruitment. All of our clients were phoned and emailed multiple times in order to encourage engagement, but many said that they did not wish to attend as they did not find the idea of group activity desirable.

Delivery

In general, each session went as planned. Participants appeared to engage with the material and with one another. People appeared keen to consider the information provided and a good amount of discussion took place. Participants offered encouragement to one another, made connections, and shared additional information about community resources. Previous sessions' main points were revisited for those who had not attended. No risk or safeguarding issues were raised.

Feedback

Due to some participants limited written English skills, verbal feedback was sought in addition to written feedback forms.

Verbal feedback

In general, the group said they liked the structure of the sessions - with information, handouts, and planned activities/discussions. They said they enjoyed discussions because they were facilitated in such a way that they felt safe - they could think about a topic or information given and share ideas, without this becoming too personal or being asked to talk directly about their own distressing/traumatic experiences. The group suggested it was important that the

group leader was a qualified mental health professional – this gave them assurance that information was correct and that they could ask any questions. All agreed that they would like more sessions – of the same nature – structured/educational and with time for discussion, reflection and signposting.

Sample quotes from participants feedback:

Session 1 “It’s been good, welcoming.” “It felt safe and warm.” “You were professional.” “I think this can help me.” “It was hard to come.”

Session 4 “To be frank I love coming here. I am learning things each time that I’m not familiar with.” “To come and meet with people it gives me confidence and hope that things can be better.”

Feedback forms

Ratings (Very bad/Bad/Idon’t know/Good/Very Good):

The room – 1 good, 4 very good

The tutor – 1 good, 4 very good

What learned – 2 good, 3 very good

How useful – 2 good, 3 very good

What was good about the Group?

“Safe involvement, welcoming, tutor very professional, good food, safe space to talk.”

“The group was quite free and I liked how we all felt open to share situations at hand and reflect different issues affecting the society.” “Looking forward to more, the coordinator made it very accommodating.” “All friendly, open-minded, shared our opinions.”

How could it have been better?

“Nothing, it was very effective.” “It’s better for me and I would love another session.” “There is nothing more to add.” “To made it for more weeks.” “I feel better.”

Anything else?

“This kind of groups should be facilitate more often.” “The NHS should emphasise on finding solution to different mental health patients that are struggling & affected with the situation around them to reduce depression.” “I so much love everything about it.”

Courtney McKelvey, a Master’s student in Migration Studies at the University of Sussex, was asked to compile some user engagement feedback research during the summer of 2022, and these were her findings:

2. BERTS Wellbeing Programme Summary Feedback (independently compiled by Masters Student/U of Sussex)

1. Befriending Programme

Helpful to have handover notes from previous support workers

Support workers saw and felt the positive impact they were making as they offered practical support and helped their clients navigate complex systems

Program design of one-to-one support is working well. Support workers believe that they are establishing trust with clients and providing a safe space. Bridging relationships between support worker who understands UK systems and client are helpful to client social integration

One support worker expressed interest in more training at the beginning of volunteer term around how to support ASR clients with mental illness. Would rather

have engagement with other support workers where they can share experiences instead of reading through only reading through handbook
Volunteers emphasized importance of increasing agency in their clients so they will be able to understand and navigate certain systems on their own (for example, GP surgery) after support worker term ends. They asked for support with this

2. Wellbeing Programme

Clients wanted a mix of BERTS activities and community activities

Interest in English classes, one wants social opportunities to meet other ASRs in Brighton around his age (30s), exercise classes especially boxing – wants to try Pilates when it comes back in September

Lack of clarity around communications for Wellbeing Program

One support worker went with her client to an activity and no one from BERTS was there. She said it was good but felt disorganized at times - the person leading it was late and there were no signs indicating where the activity was taking place
Support workers empathized that it's hard to plan activities that appeal to each client

One client worried about going to social events that lacked structure...felt that they would be overwhelming.

Some clients couldn't come to most Wellbeing Program activities because of their physical limitations (many activities required physical activity or were just not inclusive of people with disabilities). Other clients didn't want to attend activities where they would have to talk with other people. Some already have good support system in Brighton and have no interest in meeting other ASRs

Support workers felt that it would be easier for some clients who are digitally savvy to have access to activities calendar/information and resources. They felt sometimes like gatekeepers of information since clients would not find out about events if they forgot to tell them or didn't have time to tell them.

Pros of Wellbeing Program (especially Pilates classes):

Financially accessible - all clients who attended Pilates classes could only come because BERTS paid bus fares and class was free. Appreciated a way to get out into the community. Support workers also echoed this → clients are not able to do almost anything in the community that requires money for transportation, etc
Wellbeing Program activities feel safe to many clients because of connection to BERTS

Clients do not want to attend activities without support worker or something else they know.

Other points raised by service users:

A welcome session (or something similar) is necessary when clients are referred to BERTS. Many clients right now are confused as to what BERTS is and what services BERTS provides. Many are confused on difference between BERTS and NHS

One support worker suggested workshops for clients on trauma management, self care workshops, etc. → this need will be filled by symptom management courses this fall

3. Recommendations from User Survey

Wellbeing Program move from community events to one-to-one, client-led activities with support workers. Given a small stipend per month and support finding and signing up for events in the community.

Accessible list of community resources for clients. Ability for those involved in BERTS to add resources to this list as they come up ACTION SALLY THIS HAS BEEN SORTED

Pilates classes continue to run but clearly communicate calendar of when, where, and what time sessions will take place. Stay open to the community so clients can feel comfortable bringing family and friends (especially those housed in Hove

hotels). Volunteer needed to coordinate classes - communicate with John and clients, escort clients if necessary, and stay throughout class session to get consent forms signed/feedback forms filled out.

Communication method to directly speak to clients about events, etc

Client welcome session upon referral to BERTS to explain organization aims, services, and structure

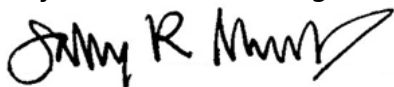
Include aspects of cultural wealth approach to Befriending Program and Wellbeing Program (perhaps through initial volunteer training). This approach recognizes and emphasizes ASRs' pre-existing strengths, such as aspirational capital (grounded in resilience), linguistic capital, and social capital. See Yosso, 2005:

<https://www.tandfonline.com/doi/abs/10.1080/1361332052000341006>.

Any Other Business

The Chair wishes to formally thank all the people who make our work possible and whom have given so generously of their time during what has been a demanding period of growth for us all. This is a big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin support Sally G, Alyshia, David and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

Thank you all BERTS staff, for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.



SRM 31/01/23

Appendix to follow:

New NHS Screening protocol



Refugee and Asylum Seeker Health Template

A 3-STAGE ASSESSMENT PROTOCOL¹ to be formatted in S1 and EMIS

Guidance:

Patients will generally be identified as asylum seekers when first registering at a practice. It may be the case that asylum seekers have not disclosed their UKHO status and this screening may occur at a later point. For many patients whose registered address is a dispersal hotel/hostel or equivalent, this should be recognised by appropriate admin staff. Note that if a new patient does not have an NHS number, this is a key indicator that they might be an asylum seeker/refugee.

Reception staff are expected to identify if a patient requires an interpreter when booking appointments, and book appropriate appointment time accordingly. Reception staff are also asked to identify if a female practitioner is required for religious/cultural reasons.

Preparation:

Start by explaining that you will ask questions in order to help the patient with their health, and that none of this information will be passed on to UK Home Office, or will in any way affect their asylum case.

Reassure the patient that these questions are intended to help them recover from their refugee journey.

Note that the patient may have difficulty disclosing adverse experiences to you, and that they might be scared of you.

Screening Protocol Structure:

The protocol is divided into two stages, the first stage can be delivered by an HCA or sufficiently trained PCN based mental health advisor, the second stage is to be delivered by a GP or Practice Nurse.

Stage 1

(For HCA or equivalent)

Before starting the screening questions that are specific to refugees/asylum seekers, begin with a separate practice appointment that performs simple medical tests that can be done by HCA or equivalent:

¹ The screening can also be used with asylum seeker patients who are presenting with new conditions particularly related to mental health and may have undisclosed history of torture/trauma.

- a) Physical health monitoring
 1. Blood pressure
 2. Height
 3. Weight
 4. Baseline bloods- FBC, U&Es, LFTs, TFTs, HbA1c, lipids, Syphilis, HIV, vitamin D. Consider hepatitis B/C & T spot if indicated. TB & hepatitis screening if appropriate – look at website gov.uk which has A-Z list countries where this is a risk. Needs needs patient directive if done by HCA.
 5. Offer sexual health screening (gonorrhoea, chlamydia) – a very high proportion of asylum seekers have experienced sexual violence including rape. Self-swab (F) or urine (M)§';1qa.
 6. Question patient about any eyesight or hearing difficulties?

HCA or admin staff for these specific tests:

- b) Consider external Screening programs – NB these *may* be triggered automatically via national screening service.
 1. Bowel cancer screening
 2. Abdominal aortic aneurysm screening (men over 65 will not receive automatic invite)

Stage 2 (30 minutes)

(For GP, Practice Nurse, or equivalent)

Part 1: Medical History

Past medical/psychiatric history:

Have you ever been diagnosed with any medical conditions before?

Are you taking any medication? Or were you taking medication before your travel to the UK?

Vaccination history (incl. Coronavirus/Covid 19)

Do you have any vaccinations? Were you vaccinated as a child?

Family medical history- eg diabetes, heart attacks, strokes, cancer, inherited conditions etc.

In your family has anyone had a serious health problem that needed treatment in a hospital?

Demographics/history of migration in order to assess exposure to disease eg. TB, hepatitis, polio etc. Which countries have you travelled through on your way to the UK?

How long did it take you to reach the UK?

(indicator of probable level of trauma experienced on asylum journey; take up again in detail later)

Part 2: Lifestyle and General Health Screening

Do you have somewhere to live? Is this somewhere safe?

Social:

Who lives with you, do you have any family, is there anyone here who supports you?

Do you smoke?
How many a day?

Do you drink alcohol?
How much do you drink every day, do you ever drink a lot, do you drink alone?

Drugs:
Have you ever regularly taken drugs that you have bought or been given by someone who is not a doctor, for example marijuana, cocaine, to help your mind and thoughts?

Part 3: Women's health

1. Cervical screening (25-64)- when was your last smear, any previous abnormal results?
2. Breast screening (50-70)- when was your last mammogram, any previous abnormal results?
3. Do you need any birth control/contraception? Might you be pregnant? When was your last period?
4. FGM- have you ever had any operations on your private parts, or been cut on your vagina/genitals/down below
5. Do you have any daughters living with you and how old are they?
6. Have you ever been forced into a marriage or sexual relationship that you didn't want?

Part 4: The Asylum Journey and Mental Health

Torture/abuse/adverse experiences:

Has anyone ever hurt you?

Have you ever experienced trauma of any sort?

When you were coming to the UK, were you ever attacked? Beaten? Sexually assaulted? (note that male asylum seekers, particularly young adults, are often sexually assaulted by traffickers and in refugee camps)

Do you have pain in your body from old injuries that happened when you were attacked?

Do you have headaches or back pain, or pain in your legs?

PTSD:

Do you ever experience flashbacks or nightmares.

Do you avoid certain situations because they cause you distress?

Do you get angry a lot?

Depression:

In the past month have you felt down, depressed or hopeless.

In the past month have you had little interest or pleasure in doing things?

Sleep:

Do you have problems sleeping?

Can you sleep at night or do you have to wait until the sun comes up before you can get to sleep?

Do you have problems getting to sleep or staying asleep, or waking up very early?

Do you wake up at night feeling very frightened?

Do you regularly sleep during the day, or for a long time (more than 9 hours)?

Anxiety:

Do you often feel very worried about things or panic?
Are you scared to leave your home or talk to people?
Do you get shaky or sweaty or feel nauseous when you are nervous?

Suicidal thoughts:

Do you ever feel life isn't worth living or had thoughts of hurting yourself?
Have you ever made a plan to end your life?
Do you feel like that now?

Trauma-based Psychosis:

Do you ever hear voices speaking to you when you are alone, or see, taste or smell things that you are not sure are real?

Safeguarding:

Has anyone ever threatened you in order to stop you telling your story of how you came to the UK?
Are there people you are afraid of, or are hiding from?

Other - please detail:

In this section please summarise a narrative with any key points relating to possible mental or physical health/harm experienced due to asylum/refugee experience and describe any disclosures of harm that the patient has given to you that you think may have affected their health:



If time is available and you are familiar with these measures, you can also use NHS protocol screenings such as:

1. TSQ, Trauma Screening Questionnaire
<https://www.surrey.ca/sites/default/files/media/documents/Trauma%20Screening%20Questionnaire.pdf>
2. CAPS-5 assessment - specifically for PTSD - if you are trained in administering this measure
3. Less used now, but still useful is Impact of Events Scale (Revised)
4. PQH9 and GAD7

Stage 3

If issues are raised in Stage 2 then Practice Nurse to refer to GP to make appropriate onward referrals or follow up abnormal blood tests. (Unless GP has completed the assessment)

There are local organisations that can support asylum seekers and refugees with their mental health, but an initial NHS assessment via Wellbeing/ATS/CAMHS is recommended, and also such patients frequently require psychopharmacology from GP. Wellbeing can also offer interpreter-based assessments.

Arrange follow up appointment with patient.

APPENDIX - USEFUL SHORT ASSESSMENT TOOL

BASIC MH SCREENING TO USE IN STAGE 2 IF DESIRED

(THIS SHORT QUESTIONNAIRE IS USED TO IDENTIFY TYPICAL MH SYMPTOMS RELATED TO PTSD)

This is a simple checklist that isn't a formal diagnosis but DOES indicate that further clinical observations should be made by a mental health professional:

Clinical Symptoms of Mental Health Trauma

Feeling very sad	Tick	()	
Finding it hard to stop thinking about past problems		()	()
Feeling very lonely		()	
Wanting to keep away from other people			()
Getting angry very easy		()	
Feeling scared			()
Problems falling asleep		()	
Waking up a lot in the night			()
Nightmares		()	
Finding it hard to concentrate			()
Not remembering things		()	
Repetitive and distressing memories/images from the past			()

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



Chair's Annual Report 2021

For the operating period 1/1/2021 to 31/12/2021

**Due to the current pandemic the AGM will be held virtually.
This report has been approved by Trustees (Insert date)**

Charity Name: Brighton Exiled/Refugee Trauma Service (BERTS)

Charity Registration Number: 1188586

Registered Address:

C/O REFUGEE RADIO

113 QUEENS ROAD

BRIGHTON

BN1 3XG

Address for mail/deliveries: 15 Herbert Road, Brighton, BN1 6PB.

Trustee Details: Professor Sally Munt, Tessa Louise Axelrod, Colin Michael Blowers, Sarah Fisher (Secretary), Catherine Clerkin, Reem Ali Abushawareb.

Please note that this report has been compiled in consultation with specific key roles/functions of BERTS staff.

The Aims and Structure of BERTS

BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which started treating clients in 2016. 2021 was our sixth year of operation and we have continued to expand.

BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a voluntary service run for the benefit of the community. Although we are primarily a CBT/EMDR service, we also provide other accredited mental health interventions with other modalities/training, where appropriate.

BERTS offer free specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their relocation in the UK. We are a 'safe' organisation and do not ask for proof of status.

Currently all our staff are unpaid and volunteer their time for free, so that mental health support can be provided free of charge to clients. This situation may change during the next financial year as we may do a limited number of subcontracted treatments for Sussex Partnership NHS Trust. However, the principle of donated skills and time is our main focus of operations.

BERTS is primarily managed by the Chair of Trustees, Professor Sally Munt, who receives referrals as Clinical Director from associated organisations and NHS providers. Trustees have been primarily recruited from the Charity's staff – either Therapists or administrative co-ordinators.

Matters Arising

Please feel free to notify the Chair with any matters arising.

Activities and objectives

During 2021 we continued to follow BERTS founding principles as written in our Staff Handbook. We did not have specific annual objectives for 2021 as our work is ongoing and is responsive to local need. However, we have grown in size during 2021 in response to raising our profile through various activities, and in response to local need.

Achievements and performance

Simply keeping our operations going, consistently and conscientiously, has been the biggest achievement despite the ongoing 2020- 2021 pandemic. We have continued to honour our responsibilities despite staff sickness and complications. Trustees and staff have also experienced significant personal challenges this year due to illness and personal or family circumstances, so overall I think maintaining a steady service without interruption during 2021, has been a major achievement.

However, we have also significantly expanded. We have grown to over 40 staff, consisting of Trustees, therapists, support workers, and administrative staff; this is an increase on the previous year as our operations continue to grow.

BERTS has grown during the year in terms of demands on our service. During 2021 for example the CD/Chair wrote responses to over 2,300 emails and received over 300 telephone enquiries regarding client referrals, ongoing client matters, or organisational enquiries. This represents a 150% increase in activity by comparison with the previous year. At the moment this is a sustainable workload for one person to manage but in terms of the longer term it may be necessary to start to distribute some of these tasks, to other BERTS officers where possible/appropriate. SRM's retirement from her university job has partly enabled this growth as BERTS has required more time and attention; in terms of sustainability in the medium term this remains feasible.

This year we continued to grow the support worker network and thanks to our new operations manager Sally Goodwin, have now 19 active befrienders, this is great as some clients need this kind of regular contact particularly during the restrictions of the pandemic and it is much appreciated. Sometimes this is given whilst clients are waiting for treatment and also required during treatment if clients are particularly isolated or vulnerable. Occasionally we maintain support worker contact after treatment has concluded if the client continues to be socially isolated or vulnerable but we encourage independence and facilitate the client's ability to grow their own network.

Brighton Quakers, based in Ship Street, have agreed to provide weekly Pilates classes for our clients, in gender specific groups. The Meeting House in the Lanes has generously provided a room, and Mr John Rignell has kindly agreed to teach these classes. We are working on providing

consistent participation and on stabilising this provision which started in November 2021 and will be ongoing.

Colin Blowers has kindly agreed to offer a monthly supervision and training group to support workers in order for them to have a forum to raise concerns, discuss cases or issues, and to learn how to support clients and teach essential skills.

Both Secretary (Sarah Fisher) and Chair/CD (Sally Munt) are part of the NHS working group on mental health for asylum seekers and refugees which is a NHS-facilitated working group/partnership between statutory services and NGOs. This group has been under new direction following a change in the CCG and has been moving toward more solution-focussed objectives in the past year. Although the group has been active for 5 years, and the monthly meeting has undergone some personnel changes, it is fair to say we have been seeing some improvements in NHS attention, commitment and care recently in terms of their statutory duty toward minority populations and vulnerable groups, particularly in relation to the SMI fund (see later).

Financial Review

Until the past year, BERTS operated chiefly as a no-cost service, there was no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. These incidental costs were covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. This has become rather untenable as we have expanded. All staff continue to provide their time for free and cover their own expenses however a completely no-cost operation has become unfeasible in some circumstances and so this year we have out of necessity required limited funding (see financial summary below).

We continue to have annual professional indemnity insurance with HowdenPro Group Ltd. This covers any student/trainee placement and claims against BERTS:

Schedule and Evidence of Professional Civil Liability Insurance

Name of Policyholder: Brighton Exiled/Refugee Trauma Service

Customer Ref: P21P6338

Policy Period: (both days inclusive) **Indemnity Limit:**

Public Liability Limit: Professional Services:

Brighton Exiled/Refugee Trauma Service (BERTS) P21P6338

From: 25 September 2021 **To:** 24 September 2022 £1,500,000

£10,000,000

Trauma Service (Counselling, Psychotherapy, Befriending)

Annual premium 2021 = £246.50 (double the previous year because as our activities expanded we have needed broader insurance cover)

There are web hosting, telephone and email service costs which are met by SRM personally, although web support and technical support for the database continues to be provided by the generous time and technical knowledge and skills donation of David Guest, who is really essential to our continued operations and we thank him for his ongoing commitment to BERTS.

During 2021 due to our expanding income and costs we opened a Business Account with the Co-operative Bank and we now have a Financial Report which has been kindly prepared by our Treasurer David Lewis:

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)
INCOME & EXPENDITURE STATEMENT
YEAR ENDED 31 DECEMBER 2021

Income

	12400.
Grant from NHS	00
	2000.0
Donations received	0
	1000.0
Arch Health CIC	0
	15400.
Total income	00

Expenditure

	3000.0
EMDR Training	0
EMDR training resources	400.40
Insurance	381.00
DBS checks	100.00
Placement expenses	100.00
	3981.4
Total expenditure	0
	11418.
Surplus	60

BALANCE SHEET at 31 DECEMBER 2021

Assets

Cash at bank

11418. 60

Liabilities

£

General fund

11418. 60

Chair's Comments

From March 2017 when we commenced our clinical practice until December 2021 (57 months), BERTS has treated a **total of 94 patients** for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area. **In 2021 we accepted 28 new referrals as patients**, through in-person treatment sessions where possible, but also via video call and telephone. Most of our patients have significant psychiatric diagnoses with co-morbidities present, including trauma-based psychosis, personality disorder, and enduring/severe depression and acute anxiety, defined in NHS classification as those with Serious Mental Illness [SMI]. These patients are often multiply traumatised and require lengthy interventions. Although referral to IAPT/Time to Talk/Wellbeing can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this client group which often requires lengthy engagement subject to frequent DNAs due to the challenges of asylum seekers' daily lives. We also occasionally end up treating sequentially more than 1 member of a family where there are systemic presentations.

Treatment durations have been from 6 weeks to 36 months+, depending on clinical need. Most treatment involves 1:1 psychotherapy session. The typical PTSD treatment is to follow NICE guidelines and be **24+ sessions**, we find however that sometimes this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, disorientation, and the unpredictability of UKHO appointments and insecure housing, our DNA/discharge policy is significantly looser/more generous than most mental health services. A consistent pattern of DNA and disengagement must be observed before consideration of discharge which is authorised and agreed with the CD. We do not propose group therapy modalities due to the confidential legal information that transpires with our clients.

Treatments in 2021 were largely online/phone due to pandemic restrictions although we do have generous access to the Brighton Library room and Hove Library room without charge because of their commitment to refugee community in the city. We continue to be very grateful to Brighton Library and Hove Library for their ongoing donation of space to BERTS. (Medical appointments were allowed and continued during national lockdowns). Moving to predominantly remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches etc are now charging for use of rooms and no longer offering voluntary services no-fee use of their premises. Despite us treating NHS patients for free, we continue to be unable to gain access

to NHS space to treat patients. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband in our client group.

We continue to receive most of our referrals direct from NHS and Social Services. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed on the phone with the Clinical Director first (SRM); we continue to refuse clients who do not have sufficient language fluency or proficiency and refer them first to Migrant English Project for social integration, stabilisation, and English Language fluency, and we recommend re-referral in 6 months, in line with patient stabilisation models of trauma care. This has caused some friction between NHS policies and procedures on inclusion, and there has been a series of conversations between NHS CCG/Clinical Director and CD on this matter where our position is to maintain that this is a clinical decision, and also an equal-access, resources-based one. The latter rationale rests on the fact that interpreter-based sessions take at least twice as long to deliver, thus potentially withholding a therapy intervention from someone else on the waiting list.

Statutory Services/NHS (Sussex Partnership Trust) mental health strategy group has now (late 2020) formulated a new mental health strategy for local provision which explicitly shifts significant responsibility onto local NGOs for mental health support of refugees/asylum seekers; this appears to be a resource-driven innovation as NHS services continue to be under acute pressure. This has had significant implications for our service and others such as Refugee Radio (who offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap in state provision. On the other hand, NHS Commissioning strategy has been to offer competitive funding to community organisations, during 2021, in order to partially mitigate this policy. We have successfully bid for and been given £12,000 worth of funding in 2021 from Sussex Partnership Trust in order to facilitate training in EMDR for 6 therapists, and also to fund a wellbeing activities programme which was designed by the placement students from the University of Sussex in conjunction with Operations Manager and Clinical Director in 2021, and will be delivered in 2022. We intend to hold over some funds if possible so that some activities can be repeated next year.

We have applied for further NHS funding in November 2021 and await results of these 4 separate initiatives as of February 2022.

We are grateful to Reverend Kit Gray for her generous donation to our ongoing activities.

Wait times for patients on our list has varied from 2 weeks to 6 months. Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 4 patients waiting for allocation to a therapist (Jan 2022). We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS primary care, Assessment and Treatment Service and CAMHS. We continue to be all too aware of the lack of available treatment options in NHS mental health services for asylum seekers and refugees in the city. It is fair to say that our relationship with ATS and CAMHS is variable. We have also observed continued reluctance by some primary care providers to refer complex/acute cases for psychiatric evaluation or prescribe appropriate psychopharmacology where needed. SRM is attending a meeting with Sussex Partnership Trust Clinical Director, Medical Director, and Commissioner (Mental Health) to discuss these issues in Feb 2022. We continue to know of patients

with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately or presentations of severe, enduring depression or patients with torture-related disability being advised by primary care providers to 'exercise'. The Brighton & Hove Council working group initiative commenced 4 years ago for NGOs and NHS providers to meet with the Clinical Commissioner to re-evaluate refugee mental health needs has this year become significantly more active in addressing some of these issues due to the appointment and involvement of new CCG staff, which has been a welcome development and relationships with NHS and NGOs locally seems to be improving.

The Covid19 Pandemic saw a rise in anxiety presentations in our clinical demographic. More Police on the streets, particularly during lockdowns created an increased sense of threat for many refugees/asylum seekers who have often been the victims of state violence. Additionally, we know that the lockdown has led to acute isolation for some of our clients who rely on regular social contact delivered via dedicated and essential NGOs locally, such as Migrant English Project, Voices, and Refugee Radio who provide vital opportunities for connection and enhance a sense of community/new start. The increased isolation has led to more rumination, paranoid ideation, depressed mood, and loneliness for our clients, and also led to more friction in those housed in unsuitable accommodation which has made the intervention provided by our befriending service even more necessary and appreciated. We continue to write letters of appeal/support to housing services in respect of our clients where appropriate.

Clinical Director SRM provides direct, regular supervision to the 3 clinical placements (G. Giansiricusa, Misbah Mansha, and A. Lesley) and also deals with regular enquiries from trainees looking for suitable placements.

For obvious reasons we have not been able to meet in person as a governing body during 2021 due to government restrictions and/or pandemic risk. We will continue to communicate with each other via digital/online presence for the foreseeable future during 2022.

The Chair wishes to formally thank all the people who make our work possible and whom have given so generously of their time during what has been a difficult period for us all. This is a big thank you to all Trustees and officers of BERTS, all of our volunteer support workers, to admin support Sally G, Bigem, David and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

NHS Training Partnership

During 2020 NHS Woodfield Trauma Service, the specialist trauma service for refugees and asylum seekers in London, kindly sent us a number of very long annotated (2 x 4 hour, and 2 x 8 hour) ppt presentations on complex refugee trauma which were designed with the Helen Bamber Foundation. We continue to encourage any new therapist joining BERTS to watch these training videos and continued to use them to our benefit during 2021. BERTS CD is continuing to discuss with Sussex Partnership Trust NHS any new opportunities for collaboration over training. During 2021/2 4-5 BERTS therapists have been funded to do EMDR accredited training by Sussex Partnership Trust, for the reduced price of £600 per therapist (normal cost £1000). We have held over 1 funded place until September 2022 for one of our therapists who isn't able to do the training until then due to other commitments. This will mean that in total 5 of our therapists will be able to perform EMDR treatment interventions from mid-2022, where clinically appropriate and relevant.

Social Prescribing

In 2020 we noted that one thing that would help our patients manage the isolation and the concomitant mental health deterioration that comes with that is what is known as social prescribing (behavioural activation). This means engagement in social activities such as learning English (MEP), garden projects for mental health, cooking, reading groups, dancing, art, walking groups etc. We noted this in the 2020 report and during the Autumn Term of 2021 Sally Goodwin (Operations Manager) in conjunction with SRM Clinical Director has worked with the 2 student placements to develop and implement a social prescribing and wellbeing programme which started at the end of January 2022. This initiative has been made possible through NHS funding and through the generous gifting of time/resources from the local community and businesses. This scheme has been very work intensive and we are hoping to make it more permanent if funding is obtained in future years. During 2021 we also received a personal £2000 donation from Rev Kit Gray which will be put aside for use for later 2022/early 2023 social prescribing activities; specifically we hope to provide swimming lessons when the weather gets warmer.

We are building up our relationships with other local organisations, the HERA arts programme, led by a consortia of GP surgeries, has agreed to work with our clients, and a dance teacher, a martial arts instructor, and swimming coach have all offered their skills. Brighton Fabrica Gallery are currently advertising an artist - in - residence scheme run jointly with BERTS, to be run during April-May 2022, which SRM has negotiated and will be involved in recruiting and negotiating activities; this is to run in tandem with a single artist exhibition from the USA, a Syrian refugee artist, who is visiting Fabrica at the same time <https://www.fabrica.org.uk/fabrica-berts-open-call>

We are also exploring a series of 12 therapeutic workshops with a writer through the Royal Literary Fund, to be delivered in 2022. Brighton & Hove buses have supported us again with 100 day passes. We have had free tickets for the Brighton I360, and other offers of help and support for which we are very thankful.

Technical Support

In 2021, the production platform for patient records was successfully migrated to the main BERTS web host by David Guest, where the data could be secured with commercial SSL encryption. The former system was set up on a platform that required very specialist knowledge so this transfer was necessary to a more widely-used data management system. The code base was updated and is maintained at a current release in order to take advantage of security improvements and a regular back-up programme was also put in place. We continue to use password protected Googledocs for patient flow systems as these two software systems are most flexible and safe for multiple users to access and update. In 2021 we made all patient address and phone records another layer of password protection on the portal so that all contact details have restricted access to all except OM and CD.

CD/Chair has observed the necessity to have a better communication strategy within the organisation, currently communication between BERTS staff is very ad hoc and perhaps sometimes leads to a sense of incoherence or isolation amongst BERTS members. During 2021 we piloted a new email group system for information management and exchange to increase openness and improve communication during 2021 using two dedicated email groups BERTSall@ and BERTStrustees@ to enhance organisational communication and increase openness. This has improved communication and led to better liaison and sense of purpose.

Recruitment and Staff Changes

In 2021 we have had a number of staff changes:

We welcome new members – to the therapist team we welcome Clinical Psychologist Misbah Mansha who is on clinical placement with BERTS, joining Alison and Giulia, and Pilates Teacher John Rignell who is offering open-ended Pilates classes to our clients (the activity space is generously sponsored by the Quaker Meeting House in Brighton), and we've also had join us in 2021 some great new clinical psychologists and psychotherapists - Steve Morris, Jane Hoyle, Shona Cooke, as a response to the article that SRM wrote about BERTS in the BABCP magazine, *CBT Today*. Eve Ahmed, based in Leeds, joined us for 6 months. Kate Hill has rejoined us following a break and went on maternity leave in December, we wish her well!

Sally Goodwin has become Operations Manager, a role that has grown as we have expanded and we are very grateful to her for all the work she has done this year.

We have welcomed 2 student placements from the University of Sussex who are with us for 9 months, Phumiphat and Emma, who joined us in September; Phumiphat left in February and we are hoping to fill his role with other volunteers.

Reem Abushawareb, one of our Trustees, has become our Social Media Officer.

Sarah Fisher has kindly taken on the role of Trustee and Secretary. Sarah will be delivering a symptom management module during 2022 should NHS funding transpire.

This year David Lewis has kindly taken on the role of Treasurer.

If you would like to know about BERTS staff a bit more, the information is on our website

<https://brightonandhovecvt.com/about.html>

We always need more cognitive psychologist or psychotherapists, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week. Please could all therapists consider asking their colleagues to donate a small amount of clinic time if appropriate. Geography not necessary now as we are largely providing online therapies for the foreseeable future until the pandemic situation is under control. Note that our community is low priority in terms of vaccination and so this situation is not changing soon.

In addition, Catherine Clerkin (currently Vice-Chair) became Safeguarding Officer at the beginning of 2021, Bigem Aksel has kindly taken over as Patient Records Manager from December 2020.

Jane Traies has agreed to be a Trustee, subject to existing committee approval, Jane is a retired headteacher, academic and local writer who has authored a book on UK lesbian refugee experience called "Free to Be Me" <https://www.tollingtonpress.co.uk> she also previously worked as research assistant on two research council funded research projects with women refugees and asylum seekers based at the University of Sussex.

All other posts remain stet.

BERTS Support Worker 2021 Report

Sally Goodwin was promoted from Support Worker Co-ordinator to Operations Manager for BERTS, and has been doing a terrific job recruiting support workers, interviewing them and checking their credentials, and also has taken on a range of duties including supervising our student placement and streamlining our administrative systems. To see about our new staff please go to

<https://brightonandhovecvt.com/about.html>

BERTS currently has 19 support workers who have been doing fantastic, committed work with our clients.

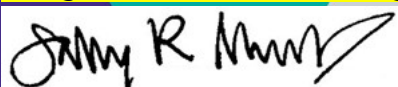
BERTS took on 2 student placements in Autumn 2021 to work with the support workers, with the University of Sussex. These student placements who are in year 2 of their undergraduate degree are with us for 9 months and work 3.5 days a week, they are intended to help with admin, write some key outputs for us including handbooks and introductory guides for patients/service users, design and run a wellbeing programme to run during 2022, and to do some research support where needed. The student placements also operate a social media communication activity under the supervision of Reem Abushawareb.

Support Workers will shortly be given a monthly forum on Zoom, courtesy of our Trustee Colin Blowers who has agreed to offer them training and facilitate a support group for them so they feel less isolated.

If it were possible to arrange some sort of training (listening, the UK asylum process) for the support workers so that they feel more equipped to support their clients, that would be wonderful. (ACTION SRM 2020 Annual Report)

Any Other Business

Thank you all BERTS staff, for the incredibly valuable work you are doing for asylum seekers, refugees, and destitute migrants in our community.



SRM 14/02/22

Appendices to follow



Innovation Grant Funding Proposal
Investing in the Sussex VCSE to
support reduction of inequalities
with regard to serious mental
illness (SMI)

13/07/2021

Sussex Health and Care
Partnership Mental Health
Collaborative

Introduction and context

The NHS knows that there is still a lot of work to do to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes.

As part of the [Governments mental health recovery plan](#), funding has been allocated to local NHS systems to expand mental health services, particularly for those with severe mental illness (SMI). Serious Mental Illness refers to a diagnosis of **schizophrenia or bipolar disorder, or a history of psychosis**.

Sussex Health and Care Partnership (SHCP) are committed to supporting innovation within our Voluntary and Community Sector (VCSE) to help reduce inequalities with regard to serious mental illness (SMI).

Ambitious goals to improve MH services have been set nationally as part of the [NHS Long Term Plan](#), such as that to provide greater choice and control over personal care to 370,000 adults and older adults with severe mental illnesses by 2023/24.

Key Commitments

To reduce inequalities with regard to SMI the statutory organisations within the Sussex Health and Care Partnership are committed to;

- working closely with, and investing in the VCSE as equal partners, addressing the imbalance of control over funds,
- listening to service users and their carers
- learning from what is heard

People living with SMI

People with SMI face stark health inequalities and are less likely to have their physical health needs met, both in terms of identification of physical health concernsⁱ and delivery of the appropriate, timely screening and treatment.

Compared to the general population, individuals with SMI are:

- Facing a shorter life expectancy by an average of 15-20 years, mostly due to deaths from cardiovascular disease;
- 3 times as likely to smoke;
- At twice the risk of obesity and diabetes;
- At 3 times the risk of hypertension and metabolic syndrome;

The contribution of factors related to socioeconomic deprivation – such as social stress and poverty – is well documented as both the cause and consequence of SMIⁱⁱ, in

particular

employment is a huge issue, with only 8% of working age people with schizophrenia being in paid employment.

Having a safe home is also problematic for many with SMI, often leading to delayed discharges from hospital careⁱⁱⁱ.

Most affected Communities

Whilst having a diagnosis of SMI can in itself lead to inequalities, data from both National and local sources shows that there are some communities for whom serious mental illness is more problematic, in particular;

- Those with an existing physical long term condition such as cardiovascular disease, diabetes, hypertension,
- Those from Black/Black Caribbean ethnicity,
- Refugee and asylum seekers,
- Gypsy, Romany and Traveller communities,
- LGBTQ+ communities,
- Armed service personnel,
- Those living in high deprivation
- Males aged 16 to 24

Due to the nature of SMI, the families and carers of people with SMI will often require additional support and care.

This list is not exhaustive^{iv}.

Outcomes

We want to stimulate innovative and creative solutions to supporting our communities who are affected by SMI and reducing inequalities in access to services and experience.

If you are a VCSE organisation that is already providing support and care services for people with diagnosed SMI or their carers and families, then you may choose to build upon the work that you are already doing, alternatively you may have fresh ideas for gathering insight or co-designing solutions through activities such as;

- Working to better understand barriers to accessing help for communities underserved for SMI using methods such as deliberative conversations
- Co-designing culturally-adjusted good support services and/or interventions for people with SMI and/or their carers and families
- Providing supportive services that address specific vulnerabilities to poor physical health caused by SMI by helping people to overcome difficulties such as reduced physical activity, increased appetite, healthy cooking and weight gain
- Psycho-educative approaches within communities to increase awareness of the benefits of seeking mental health support earlier in preventing SMI, thus helping to avoid late presentation of serious conditions

- Training packages aimed at mental health professionals, social prescribers or primary care staff to enhance cultural understandings and sensitive techniques for working with people diagnosed with SMI

(The above are examples and other innovative approaches are welcomed.)

The application process

Financial details

VCSE partners are invited to apply for a grant for up to £20,000 using the application form below.

We will also accept applications to be spoken through via video – providing that they cover all of the areas of the application.

We are very willing to offer support to organisations with their applications and are keen to receive applications from organisations that we have not yet worked with. For additional support please contact Renee Dickinson renee.dickinson@nhs.net.

Applicants must be constituted organisations with a bank account, or with an agreed organisation to hold funding.

Organisations are only permitted to apply for one lot of funding (up to £20,000) although we would encourage working in partnership and so there is the possibility of ‘pooling’ funding.

Targeted communities and groups

Applications are invited from those working to support any of the groups listed above. For groups outside of the above list, **applications are also welcome**; however you will be asked to provide information/insight on these groups/communities being underserved for mental health services relating to SMI.

Sussex wide Funding

This is a Sussex wide initiative and so we welcome applications from VCSE across Sussex. We would aim to fund work equitably across the whole Sussex area and will share the opportunity to apply accordingly.

Awarding

There will be a panel of partners to evaluate the applications and each application will be scored, recognising innovation, intended demonstrable outcome and methodology. The panel will consist of place based MH Commissioners, experts by experience, VCSE and Local Authority.

Timescales

The grant funding applications process will be launched on Monday 19th July 2021.

Applications would need to be received by Monday 23rd August (4 weeks from launch) with VCSE organisations being notified regarding the success of their application by Friday 27th August.

Application

Which community/groups do you work with/intend to work with and in which area/s? (Up to 200 words)

Brighton Exiled/Refugee Trauma Services (BERTS) is a dedicated trauma service, for refugees, asylum seekers and destitute migrants in Sussex. It is a purely voluntary no-cost service run for the benefit of the community.

We offer free specialist trauma counselling and psychotherapy to local people to help them come to terms with their relocation in the UK, fleeing what can be very life-threatening experiences for themselves and their families in their countries of origin. The aims of BERTS are:

'To promote and protect the mental health of refugees, asylum seekers and destitute migrants who suffering from (but not limited to) Post Traumatic Stress Disorder (PTSD), depression and/or anxiety as a result of trauma, through the provision of free specialist Cognitive Behavioural Therapy, Eye Movement Desensitisation and Reprocessing (EMDR) Therapy, trauma counselling and psychotherapy.'

Our referrals come from statutory services for example GP Surgeries, other NHS mental health services (mostly Wellbeing Service and Assessment and Treatment Service), Social Services Vulnerable Adults Unit, other local NGOs working with refugee and asylum seeker clients, housing services, and national refugee charities.

We operate mainly in Brighton & Hove, and Worthing with two levels of support: a befriending service with volunteers who are mental health aware but who do not offer specialist treatment, and a trauma treatment service delivered by accredited clinical psychotherapists and psychologists who are specialists in complex trauma, CPTSD, and the co-morbidities raised by asylum seekers, refugees and destitute migrants.

**Brighton Exiled/Refugee Trauma
Service Registered Charity No.
1188586**

<https://brightonandhovecbt.com/BERTS.html>

Scored out of 5

Tell us about the issues or disadvantages that your proposal aims to address, in relation to health and wellbeing inequalities for people with serious mental health illness (SMI) (up to 300 words)

Our patient demographic falls into the gap in NHS services that the MHRAM WG was set up to address, 3 years ago: being “too ill” for Wellbeing Service, yet “not ill enough” for ATS. Their MH needs are often collapsed into the social category ‘BAMER’, yet asylum seekers/refugees have very different clinical needs from British BAME communities (who are similarly indistinguished).

Asylum seekers/refugees are reluctant to disclose SMI because of cultural reasons, or fear of it damaging their legal claim for asylum in the UK. Our clients are multiply deprived and socially excluded: destitute, socially isolated, frequently homeless or in UKHO temporary accommodation, and without funds to pay for a SIM card so they can access video calls, return text messages, or access messages left from therapists on a voicemail service.

Most of our clients have experienced torture, abuse, extreme trauma and threat to life; frequently they’ve witnessed first-hand family members being violently murdered. The asylum journey is a source of severe trauma, often involving criminal gangs who abuse (often sexually) their charges. Unfortunately, once they get to the UK the harrowing experience of seeking asylum through the UKHO exacerbates symptoms. People can be held for months in immigration centres where abuse is rife. Asylum seekers present with a range of SMI that remains largely unaddressed.

Our patients are ontologically unsafe; they endure serious incapacity in daily living due to complex factors including mental health impairment. 90% of refugees fit diagnostic criteria for CPTSD; dissociative disorders, flashbacks and paranoid sometimes psychotic symptoms are common. Orientation to day/night is a frequent problem as many of our clients cannot sleep at night. Torture injuries often mean constant and severe pain, cognitive impairment, and physical disability.

Currently, these vulnerable patients are frequently considered “too complex” for NHS treatment and are referred to BERTS on a weekly basis; we provide >500 clinical hrs for NHS patients p.a., + >400 hrs psychosocial support, for free.

Scored out of 5

Tell us about your proposal - what do you intend to do? (up to 750 words)

Tell us what you plan to do, (gather insight, continue providing a bespoke service or co- design solutions) who with, and how.

1. Training package in EMDR:

We have been offered 6 reduced places on a 9 day EMDR training programme¹, starting October 2021, @ £600 pp. The training requires each BABCP/BACP accredited therapist to use EMDR with 2-3 patients from BERTS.

Part 1: 7th, 8th & 9th
October 2021 Part 2: 28th &
29th January 2022 Part 3:
25th & 26th March 2022

Part 4: On-line supervision dates to be advised: 2 x 2 1/2 hours
This will enable us to consolidate EMDR in our provision *and* create a peer supervision group, to make sustainable EMDR expertise. Currently only Catherine Clerkin (Time to Talk/West Sussex) is a qualified EMDR therapist, although Sally Munt has certificate in EMDR.
<https://brightonandhovecbt.com/about.html>

Our patients record very high scores on the IOESR; we frequently need to perform 6-8 week emotional stability treatments *before* minimum 20+ session trauma work can be commenced. Because of the severity, complexity and disabling conditions patients face, a single treatment duration can extend to 12-24 months before clients become stable

¹ TRAINER DETAILS:

Sian Morgan is a BACP, BABCP Accredited Psychotherapist working in private practice in Brighton & Hove. She has nearly 30 years experience and has trained in humanistic, psychodynamic and CBT approaches. She trained in EMDR in 1999 and has used EMDR as part of her practice since that time. She became an Accredited EMDR Consultant in 2006 and was a Facilitator on EMDR training courses for 10 years. She served on the national Executive Committee of the EMDR UK & Ireland Association for 8 years and has been President of Trauma Aid UK since 2010 www.traumaaiduk.org This charity is affiliated to the national EMDR Association and manages projects in countries affected by trauma such as conflict and natural disasters where EMDR training is not readily available. Its aim is to train local clinicians to work in their communities and develop their own national EMDR Associations. Sian regularly provides EMDR training in Bosnia and the Middle East. She became an EMDR Europe Accredited Trainer in 2015.

enough to safely discharge, although <50% of our clinical treatments are completed within 6 months. Using EMDR will enable us in many cases to shorten the duration of treatment, and also manage clients where language skills may not be as fluent. This will enable us to shorten waiting lists and increase efficacy. At the moment (Summer 2021) our waiting list is currently 3 months (high suicide risk) and 6-8 months (medium suicide risk). The timeliness with which we can treat patients also reduces demand on NHS services as at-risk patients are less likely to present as mental health/suicide emergencies whilst under the care of BERTS.

Although our psychotherapists and clinical psychologists are usually senior, experienced clinicians, it is important that as EMDR 'trainees' that we can build up peer support and embed skills quickly into our professional practice; this is also very emotionally demanding clinical work for practitioners. Enabling us to fund a physical meeting space for 1 year for a EMDR-specific PSG will build up therapist support and resilience and also allow for knowledge exchange and capacity-building.

2. Access to therapies by hard to reach demographic:

Access to MH services is further restricted to asylum seekers and refugees because of unsuitable housing. Many live in shared dormitories or homeless without access to privacy or stable wifi. Although BERTS does have very restricted clinical space, we sometimes deliver remotely, which depends on clients having access to phone cards/SIM. Many of our clients are on polypharmacy (sfx) or have trauma-related insomnia which can render them confused and disorientated. Being able to access voicemail messages and respond to therapists communications is a basic need. (Our clients receive c. £10 a week for living expenses from UKHO once hostel expenses are deducted)

3. Social prescribing and Psycho-education

is very effective. Our clients frequently endure extreme isolation due to a range of social and economic factors; they are unable to get out because they cannot walk to appointments due to disability from torture injuries. They do not have the money for bus fares. There is a weekly activities programme attached to this bid: in September 2021 we have 2 x work-placement students from Sussex University/Psychology who will work for BERTS 3.5 days a week for 9 months.

They will design and deliver a no/low cost afternoon programme of psychosocial engagements, designed to enhance mental wellbeing through a range of accessible activities and peer support. Bus passes will enable people to participate and also where appropriate attend F2F therapy sessions. (Multiple activities eg. we have been promised cut-rate trauma-sensitive gender specific weekly Pilates sessions to be held at the Friends Meeting House, we can access a low- cost mini-bus for trips etc)

Scored out of 10

How will you demonstrate impact? (Up to 300 words)

For example, you might score experience before and after an intervention or provide a service to a number of people who may not otherwise have accessed care

1. Clinician Upskilling

We will require 6 volunteer therapists to complete a minimum of 2 cycles of EMDR treatment with 2+ BERTS patients whilst in training. Volunteer therapists will continue to deploy their EMDR skills once the training is completed. Their training will be consolidated

with a EMDR peer supervision group within BERTS which will meet every 6 weeks, from October 2021. (Individual 1:1 specialist supervision will also be provided in the first year by the trainer/EMDR consultant, Sian). Clear impact will be demonstrated by participants successfully completing the training with BERTS clients, and if appropriate becoming accredited EMDR practitioners.

2. Patient Benefit

A BERTS clinical referral normally results in significant improvements in asylum seeker/refugee health and daily functioning; we usually write a short report back to the patient's GP to summarize treatment and advise on maintenance measures. This will continue to be our professional practice. We would be willing to consider deploying anonymous standard measures (such as PHQ-9 GAD-7) on commencement of treatment, and on completion, if the commissioners require this, - although we would advise that for our client group, such questionnaires can provoke unease about government surveillance and require sensitive/minimal deployment. Part of our vital role as MH practitioners is to be able to demonstrate independence from their asylum claim; many of our clients have been tortured by government agencies and so such practices can present difficulty in terms of building a successful TA. No patient records will be disclosed on completion of clinical treatments.

Final Report on Outcomes

The Clinical Director/Chair would be pleased to supply NHS commissioners with an end- of-contract summary report on funding outcomes, in the normal and expected way.

Identifiers may include: giving anonymised details of training completed, qualifications obtained, number of patient sessions delivered, patients treated/discharged, quality of life indicators, psychosocial programme details, pattern of client engagement etc.

(NB I'm wondering why Impact is scored so highly? Is this the same in NHS-speak as clinical effectiveness?! In which case, it would be helpful to know NHS standard parameters for measuring typical outcomes.

Currently because of reasons above to do with cultural sensitivities around surveillance, BERTS does not track patient improvement statistics quantitatively, but relies on qualitative verbal feedback from patients, because of the cultural inappropriateness of using conventional measures with this group).

Scored out of 10

What information and/or support might you need to make your project successful? (Up to 200 words)

For example, you may need signposting information for mental health services in a particular area

We are an established centre of local and national expertise in asylum seeker/refugee trauma treatment. We are networked with and do liaise and share skills with other NHS providers of specialist services for refugees such as NHS Woodfield Trauma Service in London (in fact we are offering training to them in culturally sensitive delivery of CBT to refugees), and also the Helen Bamber Trust.

BERTS already offers EMDR in a limited way: Vice-Chair (Clerkin) is an experienced EMDR practitioner delivering EMDR within West Sussex NHS, but not a trainer. Clinical Director/Chair (Munt) also has completed basic 3-day EMDR training. There is plenty of

evidence-based data about the efficacy of EMDR and its success in treating survivors of complex trauma; It is important for the bid that the peer group supervision is funded in tandem with the training, as this will embed peer support relationships within BERTS and consolidate these skills within the organisation. For sustainability, we have a small library of resources available to therapists and support workers on treating refugee trauma, to take out on loan.

We would not require any further information and support from NHS resources to make this project successful.

Not scored

How much money do you want to apply for? Please provide a breakdown of intended spend	
You can apply for up to £20,000	
Fees for 6 volunteer therapists to be trained in EMDR @ reduced fee of £600 per person	£3,600
Costs of room hire at Brighton Library for 3 hours for peer group meetings every 6 weeks for 1 year (total of 8 meetings)	£1,520
<p>(Brighton Library is a partner of BERTS, providing us with a room for clinical work for 1 day a week for no charge as part of their community remit for refugees. Hove Library also provide us with a half-day access to room under similar conditions, but we cannot exploit this generosity further, and would need to pay commercial rates for any further use of their space).</p>	
Costs of 12 x 1 year SIM cards for patients for video calls/data streaming from their	£360

mobile phones (cheapest available provider). Our technical support officer explains that “best to allow for at least 1GB per one-hour call. Based on a 50GB pay-as-you go SIM card, to allow for a bit of leeway, that would be: £30 per client for 50GB, so £360 in total per annum.”

Purchase of 6 x EMDR classic Shapiro reference textbooks for loan to BERTS EMDR trainees

£312

(Shapiro, F. (2017). [*Eye movement desensitization and reprocessing \(EMDR\) therapy: Basic principles, protocols and procedures*](#). (3rd ed.). New York, NY: Guilford Press.) at

retail price of £52 per book. Ownership to be retained by existing BERTS resource library.

£210

Further purchase of 6 individual specialist textbooks on EMDR clinical practice for loan by BERTS staff to increase/ enhance specialist knowledge and skills at an advanced level and for use with diverse case studies/assessments @ £35 each

Purchase of 12 (patients) x 26 (sessions) Brighton & Hove bus day pass @ £5 to attend face to face EMDR sessions

£1,560

where available. Any unused bus passes will be used by BERTS to donate to other destitute clients to enable them to attend their psychotherapy sessions, and also be cross-resourced to our new psycho-social and psycho-education programme.

Financial support for new programme of social prescribing/psychosocial wellbeing activities

£2600

for group of up to 30 refugee/asylum patients of BERTS, to combat isolation and consolidate peer support. Fortnightly programme to be held throughout Winter/Spring 2021-2 consisting of wellness walks, gardening, bingo/board games, visits to local

parks/places of interest. Budget of £100 per week x 26 weeks. Patients with difficult mobility or living outside central Brighton/Hove will be given bus pass. Includes 3 x weekly small-number same-gender Pilates modules, of 8 weeks duration.

Cost of delivery of EMDR complex trauma treatment for a *minimum* of 12 asylum seekers/refugees @ average 26 sessions each, delivered over 1 year to be carried by BERTS accredited clinical psychologists and psychotherapists working in a voluntary capacity.

£0

Note: This is the equivalent in kind of delivery of 312 sessions of EMDR by senior clinicians at a typical price of £85 per session which is equivalent to **£26,520.**² We have budgeted here for the minimum of sessions to be completed, we fully expect this figure to be exceeded.

£10,162

TOTAL

Will this be held by your organisation?
Yes - as a donation only, as we are a registered charity.

Not scored

If you have any questions, please contact

Renee Dickinson

Renee.dickinson@nhs.net

07876 843 166

Jane Lodge

jane.lodge1@nhs.net

07771 871 536

Please send completed submissions by 23rd August 2021 to

Renee.dickinson@nhs.net

ⁱ <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#:~:text=Of%20the%201%2C051%2C127%20patients%20aged,is%20lower%20than%20in%20QOF%20.>

ⁱⁱ Haroon S and others. '[Recording of Severe Mental Illness in United Kingdom Primary Care, 2000-2010](#)' PLOS One 2013: volume 8, issue 12

ⁱⁱⁱ <https://www.mind.org.uk/information-support/legal-rights/leaving-hospital/overview/>

^{iv} This list was formed through consideration of National research, JSNA, local insights from commissioning teams, local insights from VCSE partners such as FFT and through the Service User and Carer Group, linking with SPFT

² £130 per session is the standard professional fee quoted in court reports/insurance claims for EMDR. If we charged this costing at this usual rate it would be **£40,560**. BERTS rate of £85 takes into account that although we are senior practitioners with many years of experience in our modality (usually CBT), we would be classed as EMDR trainees in this instance and thus this would be an appropriately reduced indicative price.



Well-being Programme Activity List

Sports and Exercise

Sea Swimming

Demographic: Men

Capacity: 10 participants

Length: 6 weeks, 6 sessions

Venue: Brighton Beach (no cost)

Session Leaders: 2 Project Workers (no cost), 1 swimming coach

Equipment: Session leaders to bring towels and appropriate swimwear as needed, drinks and snacks to be bought at/around the venue

Costs: Swimming coach = £70 per 60 minute session, drink & snack = £7.50 per person; **total per session (for 10 people) = £145; total for 6 sessions (for 10 people) = £870**

Sea Swimming

Demographic: Women

Capacity: 10 participants

Length: 6 weeks, 6 sessions

Venue: Brighton Beach (no cost)

Session Leaders: 2 Project Workers (no cost), 1 swimming coach

Equipment: Session leaders to bring towels and appropriate swimwear as needed, drinks and snacks to be bought at/around the venue

Costs: Swimming coach = £70 per 60 minute session, drink & snack = £7.50 per person; **total per session (for 10 people) = £145; total for 6 sessions (for 10 people) = £870**

Pilates (ongoing)

Demographic: Both men's and women's classes

Capacity: Up to 6

Length: 21 weeks (19/01/22 - 06/06/22), 42 sessions

Venue: Friends' Meeting House (no cost)

Session Leaders: 1 Pilates teacher (no cost), 2 Project Workers (no cost)

Equipment: Provided by teacher (no cost)

Costs: None

Art

HERA Programme

Demographic: Any

Capacity: Up to 12

Length: 21 weeks (19/01/22 - 06/06/22), 21 sessions

Venue: HERA (no cost)

Session Leaders: HERA course leaders (no cost), 2 Project Workers (no cost)

Equipment: Provided by course leaders (no cost)

Costs: None

Fabrica Art Discussion Groups

Demographic: Any

Capacity: Up to 15

Length: Up to 8 weeks

Venue: Fabrica (no cost)

Session Leaders: Fabrica course leaders (no cost), 2 Project Workers (no cost)

Equipment: Provided by course leaders (no cost)

Costs: None

Music

Lunchtime Concerts

Demographic: Any

Capacity: No limit

Length: Every Wednesday at All Saints Hove / Fridays at Unitarian Church

Venue: All Saints Hove / Unitarian Church

Session Leaders: 2 Project Workers (no cost)

Equipment: N/A

Costs: None

Brighton

Dice Saloon - Board Games

Demographic: Any

Capacity: Up to 10

Length: 2 weeks, 2 sessions

Venue: Dice Saloon, Brighton

Session Leaders: 2 Project Workers (no cost)

Equipment: Provided by venue

Costs: Venue and games = £6 per person; **total per session (for 10 people) = £60; total for 2 sessions (for 10 people) = £120**

Brighton Mini Golf

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: 286 Madeira Drive, BN2 1EN

Session Leaders: 2 Project Workers (no cost)

Equipment: Provided by the venue, drinks and snacks to be bought at/around the venue

Costs: Venue = £10 per person, Drink & snack = £7.50 per person; **total per session (for 10 people) = £175**

Volks Railway and Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Brighton Seafront

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Volks Railway = £3.95 per person (or £5.05 for a return per person), Drink & snack = £7.50 per person; **total per session (for 10 people) = £114.50**

James Bond - Cinema

Demographic: Any

Capacity: Up to 15

Length: 1 week, 1 session

Venue: : Kingswest, West St, Brighton BN1 2RE

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Venue = £9 per person, Drink & snack = £7.50 per person; **total per session (for 15 people) = £247.50**

Guided City History Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session (commencing 7th May 2022)

Venue: Brighton City Centre (begin outside Al Duomo Restaurant, Pavilion Buildings, BN1 1EE, end at Brighton Seafront opposite Jury's Inn).

Session Leaders: 2 Project Workers (no cost), tour guide (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Drink & snack = £7.50 per person; **total per session (for 10 people) = £75**

Brighton Public Art Trail

Demographic: Any

Capacity: Up to 10

Length: 2 weeks, 2 session

Venue: Brighton City Centre (begins and ends at Brighton Station).

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Drink & snack = £7.50 per person; **total per session (for 10 people) = £75**

Brighton Museum

Demographic: Any

Capacity: Up to 12

Length: 2 weeks, 2 sessions

Venue: Brighton Museum

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Drink & snack = £7.50 per person; **total per session (for 10 people) = £75; total for 2 sessions (for 10 people) = £150**

Brighton Pier

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Brighton Pier

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Drink & snack = £7.50 per person; **total per session (for 10 people) = £75**

Chattri Monument

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Chattri Monument

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Travel = £4.80 per person, Drink & snack = £7.50 per person; **total per session (for 10 people) = £123**

Preston Manor

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Preston Manor

Session Leaders: 2 Project Workers (no cost), Tour guide

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Guide = £10 per person, Drink & snack = £7.50 per person; **total per session (for 10 people) = £175**

Worthing

Tree Identification Guided Tour

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Highdown Gardens, Worthing

Session Leaders: 2 Project Workers (no cost), tour guide

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = return train is £12.80 per person, tour guide = £4 per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £243**

Worthing Pier and Promenade

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Worthing Pier

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = return train is £12.80 per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £203**

Worthing Mini Golf

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Splash Point, Worthing

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = return train is £12.80 per person, drinks and snacks = £7.50 per person, venue = £5 per person; **total per session (for 10 people) = £253**

Worthing Museum and Art Gallery

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Worthing Museum and Art Gallery (no cost)

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Travel = return train is £12.80 per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £203**

Outside Brighton

Weald Museum

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Chichester

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Entry = £12.30 per person, Travel (bus + train) = train is £29.60 per person for a return, bus is £4.90 per person for a single fare, drink & snack = £7.50 per person; **total per session (for 10 people) = £543**

Chichester Castle

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Chichester

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, travel = £29.60 per person for a return, Drink/Snack = £7.50 per person; **total per session (for 10 people) = £371**

Ditchling Museum

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Ditchling

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Entry = £7.50 per person, travel = £9.60 train per person, drink & snack = £7.50 per person; **total per session (for 12 people) = £246**

Ditchling Village Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Ditchling

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £9.60 train per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £171**

Eastbourne Historic Walk - Old Town Hall and the Wish Tower

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Eastbourne

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Travel = £5.40 per person for a return, Drink & snack = £7.50 per person; **total per session (for 10 people) = £129**

Cuckmere Haven

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Near Seaford

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £9.60 per person to Seaford + approximately £5 per person bus to the walk area), Drink & snack = £7.50 per person; **total per session (for 10 people) = £221**

Lewes Castle

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Lewes

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Free entry, Travel = £9.60 per person, Drink & snack = £7.50 per person; **total per session (for 10 people) = £171**

Anne of Cleves House and Priory

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Lewes

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Entry = £6.10 per person, travel = £9.60 per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £232**

Leonardslee Gardens

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Horsham

Session Leaders: 2 Project Workers (no cost), tour guide

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £9.60 per person, Walking tour = £5 per person, drink & snack = £7.50 per person; **total per session (for 10 people) = £221**

Wakehurst Place

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Haywards Heath

Session Leaders: 2 Project Workers (no cost), tour guide

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Entry = £11.96 per person, travel = £14.60 per person for train + approximately £5 per person for bus, drink & snack = £7.50 per person; **total per session (for 10 people) = £390.60**

Walks

Preston Park Walks (Table Tennis and Church/Secret Garden)

Demographic: Any

Capacity: Up to 10

Length: 2 weeks, 2 sessions

Venue: Preston Park

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Drink & snacks = £7.50 per person; **total per session (for 10 people) = £75; total for 2 sessions (for 10 people) = £150**

Queen's Park Walk and Bird Feeding

Demographic: Any

Capacity: Up to 10

Length: 2 weeks, 2 sessions

Venue: Queen's Park

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Drink & snacks = £7.50 per person; **total per session (for 10 people) = £75; total for 2 sessions (for 10 people) = £150**

Brighton Seafront Walk

Demographic: Any

Capacity: Up to 10

Length: 4 weeks, 4 sessions

Venue: Brighton Seafront

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Drink & snacks = £7.50 per person; **total per session (for 10 people) = £75; total for 4 sessions (for 12 people) = £300**

Falmer Duck Pond Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Falmer Duck Pond

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £4.80 per person, drink & snacks = £7.50 per person; **total per session (for 10 people) = £123**

Wild Park Circular Walk

Demographic: Any

Capacity: Up to 10

Length: 2 weeks, 2 sessions

Venue: Wild Park Circular (South Downs)

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £4.80 per person, drink & snacks = £7.50 per person; **total per session (for 10 people) = £123; total for 2 sessions (for 10 people) = £246**

Sussex Campus Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Sussex campus (Falmer)

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £3.80 per person, drink & snacks = £7.50 per person; **total per session (for 10 people) = £113**

Hove Park Walk

Demographic: Any

Capacity: Up to 10

Length: 1 week, 1 session

Venue: Hove Park

Session Leaders: 2 Project Workers (no cost)

Equipment: Drinks and snacks to be bought at/around the venue

Costs: Travel = £4.80 per person, drink & snacks = £7.50 per person; **total per session (for 10 people) = £123**

<u>Activity Name</u>	<u>Frequency</u>	<u>Cost per Session (at maximum capacity)</u>	<u>Total Cost (at maximum capacity)</u>
Sea Swimming	12	£145.00	£1,740.00
Pilates	Every week	£0	£0
HERA Programmme	Every week	£0	£0
Fabrica Art Discussion Groups	8	£0	£0
Lunchtime Concerts	Every week (subject to each Church's schedule)	£0	£0
Dice Saloon	2	£60.00	£120.00
Brighton Mini Golf	1	£175.00	£175.00
Volks Railway and Walk	1	£114.50	£114.50

Brighton Cinema	1	£247.50	£247.50
Guided City History Walk	1	£75.00	£75.00
Brighton Public Art Trail	1	£75.00	£75.00
Brighton Museum	2	£75.00	£150.00
Brighton Pier	1	£75.00	£75.00
Chattri Monument	1	£123.00	£123.00
Preston Manor	1	£175.00	£175.00
Tree Identification Guided Tour	1	£243.00	£243.00
Worthing Pier	1	£203.00	£203.00
Worthing Mini Golf	1	£253.00	£253.00
Worthing Museum	1	£203.00	£203.00

Weald Museum	1	£543.00	£543.00
Chichester Castle	1	£371.00	£371.00
Ditchling Museum	1	£246.00	£246.00
Dicthling Village Walk	1	£171.00	£171.00

Eastbourne Historic Walk	1	£129.00	£129.00
Cuckmere Haven	1	£221.00	£221.00
Lewes Castle	1	£171.00	£171.00
Anne of Cleves House and Priory	1	£232.00	£232.00
Leonardslee Gardens	1	£221.00	£221.00
Wakehurst Place	1	£390.60	£390.60
Preston Park Walk	2	£75.00	£150.00
Queen's Park Walk	2	£75.00	£150.00
Brighton Seafront Walks	4	£75.00	£300.00
Falmer Duck Pond Walk	1	£123.00	£123.00
Wild Park Circular Walk	2	£123.00	£246.00
Sussex Campus Walk	1	£113.00	£113.00
Hove Park Walk	1	£123.00	£123.00
36	59 (not including recurring activities)	Totals	£7872.60

Note: I've changed the maximum capacity for all the activities (except the cinema trip) to 10 people. The overall total for 10 people in each activity is £7872.60, while the total for 12 people is £9239.62



WELL-BEING PROGRAMME ACTIVITY CALENDAR

FEBRUARY

2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	31 Badminton (Women)	1 HERA Food and Art Workshop	2 Pilates Cinema	3 HERA Dance Workshop	4 Badminton (Men)	5
6	7 Volleyball (Women)	8 HERA Food and Art Workshop	9 Pilates Dice Saloon	10 HERA Dance Workshop	11 Volleyball (Men)	12
13	14 Badminton (Women)	15 HERA Food and Art Workshop	16 Pilates Brighton Museum	17 HERA Dance Workshop	18 Badminton (Men)	19
20	21 Volleyball (Women)	22 HERA Food and Art Workshop	23 Pilates Fabrica Art Discussion Group	24 HERA Dance Workshop	25 Volleyball (Men)	26

27	28 Fabrica Art Discussion Group					
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MARCH 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Dice Saloon	2 Pilates	3 HERA Dance Workshop HERA Food and Art Workshop	4 Brighton Museum	5
6	7 Fabrica Art Discussion Group	8 Chichester Castle and Weald Museum	9 Pilates	10 HERA Dance Workshop HERA Food and Art Workshop	11 Lewes Castle and Anne of Cleves House	12
13	14 Fabrica Art Discussion Group	15 Worthing Minigolf and Pier Walk	16 Pilates	17 HERA Dance Workshop HERA Food and Art Workshop	18 Brighton Guided History Walk	19
20	21 Fabrica Art Discussion Group	22 Brighton Public Art Trail	23 Pilates	24 HERA Dance Workshop HERA Food and Art Workshop	25 Tree Identification Tour and Worthing Museum	26

27	28 Fabrica Art Discussion Group	29 Ditchling Museum and Village Walk	30 Pilates	31 HERA Food and Art Workshop		
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APRIL 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Preston Manor and Walk	2
3	4 Fabrica Art Discussion Group	5 Brighton Pier and Volks Railway	6 Pilates	7 Leonardslee Gardens	8	9
10	11 Fabrica Art Discussion Group	12 Cuckmere Haven	13 Pilates	14 Brighton Mini Golf	15	16
17 Easter Sunday	18 Hove Park Walk	19 Wakehurst Place	20 Pilates	21 Preston Park Walk	22	23
24	25 Brighton Seafront Walk (East)	26 Chattri Monument	27 Pilates	28 Fabrica Refugee Exhibition and Talk	29	30

MAY 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Brighton Seafront Walk (West)	3 Visit to Eastbourne	4 Pilates	5 Falmer Duck Pond Walk	6	7
8	9 Wild Park Circular Walk	10 Sea Swimming (Men)	11 Pilates	12 Sea Swimming (Women)	13	14
15	16 Queen's Park Walk	17 Sea Swimming (Men)	18 Pilates	19 Sea Swimming (Women)	20	21
22	23 Brighton Seafront Walk (East)	24 Sea Swimming (Men)	25 Pilates	26 Sea Swimming (Women)	27	28
29	30 Preston Park Walk	31 Sea Swimming (Men)				

JUNE 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Pilates	2 Sea Swimming (Women)	3	4
5	6 University of Sussex Walk	7 Sea Swimming (Men)	8 Pilates	9 Sea Swimming (Women)	10	11
12	13 Wild Park Circular Walk	14 Sea Swimming (Men)	15 Pilates	16 Sea Swimming (Women)	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

SPACE FOR AOB OR LATE DOCUMENTS

BRIGHTON EXILED/REFUGEE TRAUMA SERVICE (BERTS)

England & Wales - Charity number 1188586

Accounts



Chair's Annual Report 2020

For the operating period 1/1/2020 to 31/12/2020

**Due to the current lockdown regulations the AGM was held virtually.
This report has been approved by Trustees (31/1/21)**

Charity Name: Brighton Exiled Refugee Trauma Service (BERTS)

Charity Registration Number: 1188586

Registered Address: 15 Herbert Road, Brighton, BN1 6PB.

Trustee Details: Professor Sally Munt, Tessa Louise Axelrod, Colin Michael Blowers, Dr Amanda Margaretha Flint (until 31/1/21), Catherine Clerkin, Reem Ali Abushawareb.

Please note that this report has been compiled in consultation with specific key roles/functions of BERTS staff.

The Structure of BERTS

BERTS became a Charitable Incorporated Organisation (CIO) on 17th March 2020 and was previously known as The Sanctuary Project which was started in 2016.

BERTS is a dedicated trauma service hosted by Brighton & Hove CBT, for refugees, asylum seekers and destitute migrants in Sussex. BERTS is a no-cost service and is a purely voluntary service run for the benefit of the community.

BERTS offer free specialist trauma counselling and psychotherapy to local refugees, asylum seekers and/or destitute migrants to help them come to terms with their relocation in the UK. We are a 'safe' organisation and do not ask for proof of status.

All our staff are unpaid and volunteer their time for free, so that mental health support can be provided free of charge to clients.

BERTS is primarily managed by the Chair of Trustees, Professor Sally Munt, who receives referrals from associated organisations and NHS providers.

Trustees are primarily recruited from the Charity's staff – either Therapists or administrative coordinators.

Matters Arising

Please feel free to notify the Chair with any matters arising.

Activities and objectives

During 2020 we continued to follow BERTS founding principles as written in our Staff Handbook. We do not have specific annual objectives as our work is ongoing and responsive to local need.

Achievements and performance



Simply keeping our operations going, consistently and conscientiously, has been the major achievement of 2020 pandemic, on behalf of all of us. We have continued to honour our responsibilities despite staff sickness and complications, including SRM contracting Long Covid in March 2020 which has resulted in her taking early retirement from the university due to ill health. Trustees have also experienced significant personal challenges this year due to illness and personal circumstances, so overall I think maintaining a steady service without interruption during 2020, in the face of unimagined circumstances and personal stress, has been a major achievement.

BERTS has grown during the year in terms of demands on our service. During 2020 for example the CD/Chair wrote responses to over 1,000 emails and received over 200 telephone enquiries. At the moment this is a sustainable workload for one person to manage but in terms of the longer term it may be necessary to start to distribute some of these tasks currently managed solely by SRM, to other BERTS officers where possible/appropriate.

This year we continued to grow the support worker network and thanks to Hanna have now 13 active befrienders, this is great as some clients need this kind of contact particularly during lockdown and it is much appreciated. Sometimes this is given whilst clients are waiting for treatment and also required during treatment if clients are particularly isolated or vulnerable.

Although we are primarily a CBT/EMDR service, we also provide other accredited mental health interventions with other modalities/training where appropriate.

Financial Review

BERTS operates as a no-cost service, there is currently no bank account, no income, no fundraising and limited expenditure such as website charges and maintenance, professional indemnity insurance, security checks (DBS), Continuous Professional Development, professional fees and accreditation, transport, office, stationary and so on. These incidental costs are currently covered by Brighton & Hove CBT as a charitable gesture, and by individual psychotherapists as part of their annual professional fees and activities. All staff provide their time for free and cover their own expenses.

We continue to have annual professional indemnity insurance with Howden Group Ltd. This covers any student/trainee placement and claims against BERTS:

Customer Ref : P20P6338

Client Number : 918611

Insurance/Cover : Professional Civil Liability Insurance

Name of Policyholder: Brighton Exiled/Refugee Trauma Service (BERTS)

Customer Reference: P20P6338

Policy Period: (both days inclusive) From: 25 September 2020 To: 24 September 2021

Indemnity Limit: £1,500,000

Public Liability Limit: £10,000,000

Professional Services:



Trauma Service (Counselling, Psychotherapy, Befriending)

Annual premium 2020 = £134.50

There are web hosting, telephone and email service costs which are met by SRM personally, although web support and technical support for the database continues to be provided by the generous time donation of David Guest.

Chair's Comments

From March 2017 when we commenced our clinical practice until December 2020 (45 months), BERTS has treated a **total of 63 patients** for mental health trauma, all of whom were refugees, asylum seekers and or destitute migrants in the Brighton & Hove area. **In 2020 we treated 14 patients**, through in-person treatment sessions where possible, but also via video call and telephone. This is a slightly lower annual figure due to pandemic restrictions on clinical space. Most of our patients have significant psychiatric diagnoses with co-morbidities present, including trauma-based psychosis and enduring/severe depression and acute anxiety. These patients are often multiply traumatised and require lengthy interventions. Although referral to IAPT/Time to Talk/Wellbeing can provide helpful short-term interventions, NHS does not provide much locally in terms of specific treatment for this client group which often requires lengthy engagement subject to frequent DNAs due to the challenges of asylum seekers' daily lives. We also occasionally end up treating more than 1 member of a family where there are systemic presentations.

Treatment durations have been from 6 weeks to 24 months+, depending on clinical need. The typical PTSD treatment is to follow NICE guidelines and be 18+ sessions, we find however that this duration is not long enough to address multiple and complex instances of trauma and allow for cultural differences in delivering multicultural psychotherapeutic delivery. In addition, due to frequent problems of insomnia, chaotic night/day rhythms due to night terrors, disorientation, and the unpredictability of UKHO appointments, our DNA/discharge policy is significantly looser/more generous than most mental health services. A consistent pattern on DNA and disengagement must be observed before consideration of discharge.

Treatments in 2020 were largely online/phone due to pandemic restrictions although we do have access to the Brighton Library room without charge because of their commitment to refugee community in the city. We continue to be very grateful to Brighton Library for their ongoing donation of space to BERTS. The room is available on Tuesdays for our clinical placement Giulia G to use, when we are not in full lockdown locally. (Medical appointments are allowed during national lockdown). Moving to predominantly remote delivery also addresses our critical shortage of donated clinical space, which had become urgent since local churches etc are now charging for use of rooms and no longer offering voluntary services no-fee use of their premises. Despite us treating NHS patients for free, it has been impossible for the CD to persuade the NHS to provide us with like-for-like exchange



of resources, despite multiple requests to different NHS staff. As we don't have facilities to pay for clinical space, remote delivery may end up being our primary mode in the future which does provide other problems in terms of digital poverty and lack of access to broadband in our client group.

We continue to receive most of our referrals direct from NHS and Social Services. Statutory Services provide the bulk of our referrals although local NGOs and housing associations also refer. Most of the referrals are discussed with the Clinical Director first (SRM), we continue to refuse clients who do not have sufficient language proficiency and refer them first to Migrant English Project for social integration and English Language Fluency, and suggest re-referral in 6 months. There has been a noticeable increase in referrals since the pandemic, specifically from statutory services.

Statutory Services/NHS (Sussex Partnership Trust) mental health lead commissioner has now (late 2020) formulated a new mental health strategy for local provision which explicitly shifts responsibility onto local NGOs for mental health support. This has significant implications for our service and others such as Refugee Radio (who offer mental health support) going forward in terms of burden/resource criticality and expectations re our capacity to fill this gap. It would be good for local key NGOs to liaise and discuss the implications of this shift (ACTION SRM)

Wait times for patients on our list has varied from 2 weeks to 6 months. Patients are allocated a therapist mainly in order of referral date, however if there is a patient with urgent or acute need they are moved up the queue with the Clinical Director's discretion, in consultation with the referrer. Currently we have 3 patients waiting for allocation to a therapist (Jan 2021). We are seeing an increase in patients who are actively suicidal, and highly vulnerable, due to the pressures on NHS primary care, Assessment and Treatment Service and CAMHS. We continue to be all too aware of the lack of available treatment options in NHS mental health services for asylum seekers and refugees in the city. We have also observed continued reluctance by some primary care providers to refer complex/acute cases for psychiatric evaluation or prescribe appropriate psychopharmacology where needed. We continue to know of patients with severe PTSD, confusion, disorientation, and trauma-based psychosis being prescribed inappropriately (such as Hydroxetine for acute, incapacitating insomnia, or presentations of severe, enduring depression or patients with torture-related disability being advised to 'exercise'). The council initiative commenced 3 years ago for NGOs and NHS providers to meet with the Clinical Commissioner to re-evaluate refugee mental health needs has stalled as NHS staff have moved posts, which is regrettable.

The 2020 Covid19 Pandemic has seen a rise in anxiety presentations in our clinical demographic. More Police on the streets, particularly in the March-June lockdown created an increased sense of threat for many refugees/asylum seekers who have often been the victims of state violence. Additionally, we know that the lockdown has led to acute isolation for some of our clients who rely on regular social contact delivered via dedicated and essential NGOs locally, such as Migrant English Project, Voices,



and Refugee Radio who provide vital opportunities for connection and enhance a sense of community/new start. The increased isolation has led to more rumination, paranoid ideation, depressed mood, and loneliness for our clients, which has made the intervention provided by our befriending service even more necessary and appreciated.

Clinical Director provides direct, regular supervision to the 2 clinical placements (G. Giansiricusa and A. Lesley) and also deals with regular enquiries from trainees looking for suitable placements. We are currently negotiating a third qualified clinical psychologist placement from Italy who is seeking UK accreditation.

For obvious reasons we have not been able to meet in person as a governing body during 2020 due to government restrictions. We will continue to communicate with each other via digital/online presence for the foreseeable future during 2021.

The Chair wishes to formally thank all the people who make our work possible and whom have given so generously of their time during what has been a difficult period for us all. This is a big thank you to all Trustees and offices of BERTS, all of our volunteer support workers, to Hanna, Bigem, David and all those who remain committed to supporting members of our community who are struggling with trauma as a result of seeking asylum in Brighton & Hove.

NHS Training Partnership

NHS Woodfield Trauma Service, the specialist trauma service for refugees and asylum seekers in London, invited our therapists to participate in their CPD training for clinical psychologists in September, and also have kindly sent us a number of very long annotated (2 x 4 hour, and 2 x 8 hour) ppt presentations on complex refugee trauma which were designed with the Helen Bamber Foundation. BERTS CD is delivering a training in Spring 2021 to Woodfield Trauma Service on delivering multicultural psychotherapy as a quid pro quo. This skills exchange is a productive new collaboration that we hope will continue as specialist services/organisations can benefit hugely from such peer training exchange and support.

Social Prescribing

One thing that would help our patients manage the isolation and the mental health exacerbation that comes with that is what is known as social prescribing. This means engagement in social activities such as learning English (MEP), garden projects for mental health, cooking, reading groups, walking groups etc. One helpful thing to develop in 2021 might be to have a list on the website that offers local resources to patients that are free to participate in and would help them overcome loneliness and also create meaningful relationships through social engagement. (ACTION: TRUSTEES/SUPPORT WORKERS)



Our befriending service could assist in supporting clients pursue this.

Technical Support

In 2020, the production platform for patient records was successfully migrated to the main BERTS web host by David Guest, where the data could be secured with commercial SSL encryption. The former system was set up on a platform that required very specialist knowledge so this transfer was necessary to a more widely-used data management system. The code base was updated and is maintained at a current release in order to take advantage of security improvements and a regular back-up programme was also put in place. We continue to use password protected GoogleDocs for patient flow systems as these two software systems are most flexible and safe for multiple users to access and update.

CD/Chair has observed the necessity to have a better communication strategy within the organisation, currently communication between BERTS staff is very ad hoc and perhaps leads to a sense of incoherence or isolation amongst BERTS members. We will be piloting a new email group system for information management and exchange to increase openness and improve communication during 2021. CD/Chair has requested our IT Officer David Guest to look into the practicalities of setting up two dedicated email groups BERTSall@ and BERTStrustees@ to enhance organisational communication and increase openness.

Recruitment and Staff Changes

We urgently need at least one more cognitive psychologist or psychotherapist, or a senior/experienced psychotherapist in another modality to offer 1-2 hours per week. Please could all therapists consider asking their colleagues to donate a small amount of clinic time if appropriate. Geography not necessary now as we are largely providing online therapies for the foreseeable future until the pandemic situation is under control. Note that our community is low priority in terms of vaccination and so this situation is not changing soon.

Amanda Flint will step down as a Trustee and as Secretary from 31.1.21 and we thank her for her help in setting up BERTS as a charity.

Catherine Clerkin (currently Vice-Chair) will fill the Secretary role until a new Trustee is appointed to fill this role (ACTION CC/SRM)

Bigem Aksel has kindly taken over as Patient Records Manager from December 2020.

Cemre and Mert Demir designed us a new logo for the transfer of name and status to legally registered charity. We are grateful to them for their ongoing gift of design work to BERTS (and Mert for his dedication as a support worker).

Jane Traies has agreed to be a Trustee, subject to existing committee approval, Jane is a retired headteacher, academic and local writer who has authored a book on UK lesbian refugee experience called "Free to Be Me" <https://www.tollingtonpress.co.uk> she also previously worked as research



assistant on two research council funded research projects with women refugees and asylum seekers based at the University of Sussex.

We are grateful to Barbara Bush, HR specialist, for her detailed advice and consultation concerning the new BERTS staff handbook, which we submitted to the Charity Commission in support of our application for charity status. The staff handbook should be distributed to all personnel involved in the charity's work.

All other posts remain stet.

BERTS Support Worker 2020 Report

Hanna Randall - Support Worker Coordinator has been doing a terrific job recruiting support workers, interviewing them and checking their credentials. Hanna also found us another patient data management officer, Bigem Aksel. To see about our new staff please go to <https://brightonandhovecbt.com/about.html>

BERTS currently has 13 support workers, one of whom left at the beginning of 2020. I have interviewed 6 applicants for the role of support worker and appointed 5 of them over the past year.

BERTS currently has thirteen clients that are seeing a support worker and no clients waiting to be assigned.

The only issue so far has been restrictions on meeting locations and social distancing due to Covid, but the support workers and clients have been very adaptable.

If it were possible to arrange some sort of training (listening, the UK asylum process) for the support workers so that they feel more equipped to support their clients, that would be wonderful. (ACTION SRM)

Any Other Business

SRM 22/1/21