



## 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 25<sup>th</sup> 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 1<sup>st</sup> 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 5<sup>th</sup> 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 Moulsecoomb 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	<b>59,892</b>	Total income	<b>15,400</b>
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 3,981
Surplus	31,062	Surplus 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
<b>TOTAL SERVICE DELIVERY</b>		<b>4742 hours</b>

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

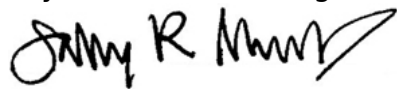
Include aspects of cultural wealth approach to Befriending Program and Wellbeing Program (perhaps through initial volunteer training). This approach recognizes and emphasizes ASRs' pre-existing strengths, such as aspirational capital (grounded in resilience), linguistic capital, and social capital. See 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 PROTOCOL<sup>1</sup> 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:

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<sup>1</sup> 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			( )