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Commonly Identified Health Issues of Asylum Seekers and Refugees

A summary of a rapid desktop review of published literature. Including Wales, UK, Europe and Global Studies.

Published data and evidence dated 2001 - 2025

Commonly Identified Health Issues of Asylum Seeker and Refugees



40% of people granted asylum and humanitarian protection or alternative forms of leave and resettlement in the UK were children

29,380 asylum applications in 2018 in the UK

In Wales **2,842** asylum seekers and their dependents were being supported under section 952 of the Immigration and Asylum Act 1999 (End of March 2018)

394 people were resettled via the Vulnerable Persons'/ Children's resettlement schemes in 2018 -2019

Primary Care Engagement

- **94%** of asylum seekers and refugees in Wales reported being registered with a GP
- **67%** reported awareness of how to connect with community pharmacy
- **47%** have not heard of 111 or NHS Direct



Barriers

Barriers reported by refugees and asylums seekers in Wales include, language and communication difficulties, cultural factors, knowledge and ability to navigate the Welsh health system. Fears relating to stigma and negative affect on immigration status can also be barriers in accessing care.

Wales is working towards being the worlds first Nation of Sanctuary

Primary care services have a responsibility to develop inclusive and accessible services that meet the need of this user group.

Tools and resources have been developed to support.

Definitions



Asylum seeker refers to a person who has left their home seeking protection in another country, but they are waiting on a decision on their asylum claim.

Refugee is a person who has fled their own country who are at risk of serious human rights violations and /or persecution.

Migrant is a person who is staying outside their home country for several reasons including education, family or employment. In data collection migrant can include those who migrate for asylum and refuge as well.

Asylum Seekers, Refugees and the Determinants of Health Inequalities

Refugees and asylum seekers are a diverse group of people with differing needs. These groups tend to come from countries experiencing war, conflict, natural or environmental disaster or economic crisis. To reach Wales refugees and asylum seekers will endure long and exhaustive journeys where access to basic necessities are limited and the risk of exposure to disease, violence, injuries, and complications from non-communicable diseases and conditions is significantly increased.

Refugees and asylum seekers face extreme health inequalities, these are exacerbated by numerous factors including forced displacement, poverty, social isolation, racism, violence and asylum policies and processes of host countries.

Morbidity

- Asylum seekers and refugees suffer a disproportionate burden of morbidity across physical, mental and social wellbeing



Mortality

- Mortality is generally not reported by migrant subgroups, therefore specific and accurate information on refugee and asylum seekers is not available



Chronic Conditions

Common health concerns include:



Circulatory and cardiac conditions including hypertension and cardiovascular disease



Epilepsy



- Respiratory conditions
- Asthma



Diabetes



Dental concerns and pain

Those who migrated for employment, family and study reasons report better health outcomes than natives.

Those who migrated to seek asylum report worse health outcomes than natives.

Communicable Disease

Common health challenges include:

- Untreated communicable diseases
- Tuberculosis (Latent) **9-45%**
- Active Tuberculosis up to **11%**
- HIV and AIDS
- Malaria, but is linked to means and route of transportation
- Hepatitis B up to **12%**
- Parasitic infections common, specifically Helicobacter pylori
- Increased risk of COVID 19 infection and death
- Higher risk for the main infectious diseases such as TB, HIV, and hepatitis



Immunisation and Screening

Estimates of vaccination uptake for children presenting to Doctors of the World

- **42.6%** MMR vaccination
- **46.4%** Tetanus vaccination
- **30.4%** reported not having or not knowing vaccination status

Lifestyle and Risk Factors

- Increased risk of substance use as a coping mechanism
- **43%** prevalence smoking (Syrian refugees)

Trauma and Violence

Asylum seekers and refugees are an extremely vulnerable group of people who may have experiences of trauma and violence, including torture, war, imprisonment, physical assault, sexual assault and loss of livelihood, family and friends.



5-30% of asylum seekers have experienced torture	1/3 of refugee women who experienced sexual violence in country of origin were subject to further sexual violence in the UK
31.6% is the estimated prevalence of physical violence against migrants seeking asylum	70% more than 70% of female refugees had experienced violence either in country of origin or within the UK
Men tend to greatly under report experiences of sexual violence	Asylum seekers experience violence disproportionately to the rest of the population

Common health consequences of torture and violence include

- Post traumatic stress disorder
- Sleeplessness
- Nightmares
- Weakness / lethargy
- Headaches
- Abdominal, neck and back pain
- Hearing loss
- Malunited fractures
- Osteomyelitis
- Muscle weakness
- Neuropathies
- Keloid scars
- Sexually transmitted diseases
- Concussion
- Memory and concentration issues
- Epilepsy



Mental Health



Higher rates of:

Post traumatic stress disorder (PTSD)	5x more likely to have mental health needs than the UK population
Depression	61% will experience severe mental health distress
Anxiety disorders	
Refugees or asylum seekers may be vulnerable to developing a psychotic disorder compared to native or non-refugee migrants	

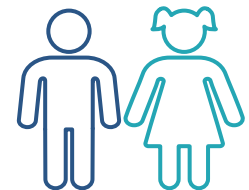


Suicide and Self Harm

- Suicide rates for people seeking asylum may be over twice as high as the rate within the general population
- Suicidal ideation is significantly higher in refugees compared to non-refugee comparison groups

Children

Child refugees and asylum seekers experience more challenges to their health and wellbeing when compared to the general population. They are more likely to have experienced a high number of Adverse Childhood Experiences during childhood and as a result will have complex physical, mental and behavioural needs.



19-53% prevalence of Post traumatic stress disorder (PTSD)	Substantial number have experienced sexual abuse or violence. This risk increases in times of war.
10-33% prevalence for depression	Significant number have experienced or witnessed physical violence and trauma
9-32% prevalence for anxiety disorders	Parental mental illness increases children's risk to:
Increased risk of using drugs and alcohol to cope	<ul style="list-style-type: none"> • Domestic abuse • Harsh parenting • Feeling of neglect
Increased behavioral problems	<ul style="list-style-type: none"> • Affects parent-child connections

Unaccompanied children require specific and appropriate protection. They are extremely vulnerable due to their age, distance from home, and separation from care givers.

These children are exposed to risks and may witness extreme forms of violence, exploitation, human trafficking, physical, psychological and sexual abuse before and/or after their arrival on EU territory.

Maternal Health

Women with asylum seeker or refugee status have the poorest perinatal health outcomes including mental health, child mortality and preterm births.

9 additional maternal deaths per 100,000 deliveries a year for migrant woman (95% CI)

Higher risk of:

- Caesarean birth
- Adverse perinatal outcomes
- Low birth weight
- Congenital malformations
- Newborn morbidity and mortality

Migrant woman at significant risk of perinatal mental health disorders when compared to host populations

Hypertensive disorders linked with migrant maternal deaths

Perinatal care access is worst for migrant woman

