Sussex Partnership NHS
NHS Foundation Trust

UASC Trauma Protocol

October 2016

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UASC and trauma:

Every Unaccompanied Asylum Seeking Child (UASC) has an Initial Health Assessment in which they are screened for Post -Traumatic Stress Disorder (PTSD). This screening takes place as there is evidence that this cohort of children have a higher incidence of PTSD. Yet due to the timing of the screening, it is likely that the score would be beyond the cut of point as the UASC will have just arrived following a variety of traumas which are still to be processed. The UASC Partnership Action Research project have also found that some of the symptoms which meet the DSM 5 criteria were contextually related to the journey made, rather than being necessarily associated to the trauma experienced[i].

Brostein et al (2012)[ii] state that adolescent males living in semi-independent living arrangements are the most vulnerable from the UASC population and that it is a cumulative effect of the pre-migration events, the immigration/asylum status and the social care living arrangements that increase the likelihood of scoring beyond the cut of level and likely PTSD. That said the study also suggests that there is a notable level of resilience within this cohort of UASC.

Our findings in the work we are doing is that the journey itself is also a compounding factor which adds to the cumulative effect, with adolescents reporting being chased by a pack of dogs, being assaulted, having rubber bullets fired at them, witnessing fellow travellers maned or killed, being separated from family, having very little nutrition and becoming nocturnal due to the need to travel during the night for safety. Sussex Partnership Foundation Trust is developing an early intervention strategy and is implementing a watchful waiting protocol in which those that do have PTSD are supported and yet not unnecessarily pathologised[iii].

In partnership with Kent County Council who is the corporate parent, a UASC Emotional Health and Wellbeing Network has been developed that brings together stakeholders supporting UASC and has devised a minimum data set that looks to put in place evidence based early intervention as protectors to resilience (see appendix 1). There are joint assessments of needs both in the Initial Health Assessment and in the Social Care, children in care assessment undertaken by the allocated Social Worker. Coupled with this, an early intervention programme of support is being trialled that includes:

- Support and a triangulated formulation in respect of sleep which include sleep hygiene, sleep packs and a carcadium rhythm reset.
- Identification of mal-nutrition, re-feeding symptoms and steps towards recovery.
- Bilateral movement via sport to support the natural ability of trauma processing to take place as an early intervention process[iv] [v]
- A preventative strategy using hope as a means of inquiry in response to a loss of purpose on arrival to the UK.

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The early intervention framework is envisaged to take place with this cohort on arrival into the UK while in reception centres and in semi-independent living. The UASC EH&WB Network has a competency based model of care in which all professionals and agencies will be supported to deliver aspects of the early intervention framework. In using a competency based framework we are acknowledging the complexity of need and the multiple professionals and lay people who will be interacting and caring for a UASC. Therefore a multi-disciplinary range of professionals can know their abilities in the support they give and also know when to ask for additional support as required.

Watch and wait protocol.

To ensure that appropriate vigilance is given to UASC who are vulnerable and could potentially develop PTSD, the following protocol is suggested, as a way to ensure that the right support is given should symptoms be present following the early intervention strategies put in place. The Sussex Partnership NHS Trust Trauma Pathway is a comprehensive guide on screening protocols which go hand in hand with this watch, wait and see protocol[vi].

Time scale	**Screening**
IHA	Initial PTSD screening
3 months post arrival	Re-screening
6 months post arrival	Re-screening
1 year post arrival	Re-screening
18 months post arrival	Re-screening
2 years post arrival	Re-screening

For this to take place, there needs to be an agreed screening tool and scoring process linked to a pathway from which a formulation can be made and the right interventions accessed. There also needs to be a contextual understanding of the scoring from which 'triggers' need to be understood to heighten symptoms which could produce a false positive. Once triggers for this cohort are understood, it would be useful to think of early intervention strategies to support them. An example of this might be marked points on the asylum journey where trauma can be amplified.

During the PTSD screening, there also needs to be an understanding that other psychological stressors may be present such as anxiety and depression which also require therapeutic formulation and support. Therefore following screening if there are concerns that PTSD is being experienced by a UASC, there needs to be a referral to CAMHS for a level 4 assessment.

Barriers to the watch and wait protocol.

Male UASC who are in semi-independent living are likely to become 18 during this time and there is a need to link their emotional health and wellbeing requirements to adult services.

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Appendix 1

Audit Quality Markers for UASC[vii]

Health Assessment	**Yes**	**No**
Initial health assessment within 28 days:		
Informed consent:		
Social Care notification to health care systems:		
Registered with GP:		
Age assessment with identified purpose and need		
Assessed for the presence and effects of malnutrition:		
Infection and injuries to include signs of:		
Torture		
Beatings		
War wounds		
Sexual exploitation		
If female:		
pregnancy possibility		
Female Genital Mutilation		

Health prevention and needs	**Yes**	**No**
Nutritional support		
Sexual advice		
Contraception		
Alcohol		
Smoking		
Illegal Substances		
Immunisation protocol explored		
Immunisation protocol followed		
Screening for:		
T.B.		
Hepatitis B		
Hepatitis C		
Sexually Transmitted Diseases		

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HIV		
Intestinal parasites		
Malaria		
Other tropical diseases		

Emotional wellbeing and mental health	**Yes**	**No**
Screening for:		
PTSD		
Anxiety		
Depression		
Evidence of continuation of health treatment(S)		
Cultural sensitivity in treatment formulation		
Is child involved in formulation of care plan		
Child has access to interpreters		
Child has a home placement		
Child has a friendship network		
Child has a culturally relevant network that includes:		
Education		
Religious		
Dietary		
Dress beliefs		
Child has community networks:		
Has there been a revisiting of asylum application		

Clinical abilities and competencies of staff	**Yes**	**No**
Clinician has advanced communication skills for UASC work		
Has training in the use of screening tools		
Has used the referral pathway for UASC		
Has regular clinical supervision/consultation from a level 3 or 4 clinician		

[i] See UASC Health Website for further information - http://www.uaschealth.org/resources/mental-health/

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[ii] See https://www.spi.ox.ac.uk/uploads/tx_oxford/files/PTSD%20in%20AsylumSeeking%20Male%20Adolescents%20From%20Afghanistan.pdf

[iii] See Sussex Partnership Foundation NHS Trust Trauma Pathway for further descriptions on working with UASC in Kent.

[iv] Luber, M (2013), Implementing EMDR Early Mental Health Interventions for Man Made and Natural Disasters, Recent trauma response: action for an early psychological intervention. Nov 25, 2013; pg 75 – 86, ISBN 9780826199218.

[vv] William, M.A., Tinley, T.M. (2016), Mental Health Benefits of Exercise for Adolescents, American College of Sport (https://www.acsm.org/public-information/articles/2016/10/07/mental-health-benefits-of-exercise-for-adolescents).

[vi] Sussex Partnership Foundation NHS Trust Trauma Pathway is found on the UASC health website as the linked document to this protocol.

[vii] These quality markers are taken from NICE EP23 - LAC 9.4 Unaccompanied asylum seeking children - John Simmonds & Florence Merredew: The Health Needs of Unaccompanied Asylum Seeking Children and Young People; John Simmonds, Director of Policy, Research and Development Florence Merredew, Health Group Development Officer *British Association for Adoption and Fostering.*

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