



# 2022

## Evaluation of the Afghanistan Resettlement Mental Wellness Programme

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This is a project where people from multiple organisations came together to help those in need. Set up at speed, people working on the project went above and beyond to set up a service that was responsive, holistic and compassionate.

This programme was implemented using the enactment of Hampshire and Isle of Wight (HIOW) Local Resilience Forum (LRF) Psychosocial Plan as part of the LRF response to the Afghan Resettlement Programme. The Psychosocial plan was developed from the learning from Manchester Arena incident, to provide support to public, families and responders to incidents.

This evaluation shows just what can be achieved through working collaboratively and wanting to do the right thing.

A huge thank you to all our partners who made this project possible – your hard work, willingness and compassion created a service that truly made a difference.

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## CONTEXT

Hampshire, Southampton and Isle of Wight Clinical Commissioning Group rapidly established an All-Age Mental Health Support Programme delivered across 4 hotels within the region where people from Afghanistan were being temporarily accommodated prior to relocation across the UK.

## AIM

To understand and learn from the rapid setting up of a mental health support service for people seeking refuge from Afghanistan.



## METHODS

We completed a rapid qualitative appraisal, a form of rapid evaluation method or rapid qualitative inquiry that provides a snapshot of a particular context. We completed 7 in-depth interviews with the programme workforce (mental health practitioners, nurses, a GP, and members of the programme management team) and 1 ethnographic observation within the hotels where people from Afghanistan were being temporarily accommodated.

## MAIN FINDINGS



### Above and beyond

– plugging the gaps in system deficits

- The programme workforce worked beyond their usual professional scope of practice to provide broad and holistic care.
- The rapidly emerging need empowered many of the workforce to go above and beyond but this was viewed as short term and unsustainable.
- Bringing the mental health support programme directly to the hotels where the people from Afghanistan were staying (as opposed to a clinic setting) was important in establishing trust and a therapeutic relationship.



### Uncertainty and Sustainability

– the effect of an unstable context on programme delivery

- Mental health care needs included a response to past trauma as well as anxieties for the future.
- The context of temporary relocation in hotels for some may have affected mental health need.
- Gaps in wider system provision (such as communication from the Home Office) fuelled uncertainty and was challenging for the programme workforce.



### Rapid adaptation

– cross collaboration and continuous improvement

- Collaborative, cross-sector working is valued by the programme workforce.
- Responding and adapting to change resulted in continuous improvement cycles.



### Humanitarian response

– the experience of those working on the programme

- There was a huge sense of pride from the programme workforce.
- Clinical supervision and programme specific support was highly valued as part of workforce wellbeing.

## Key Learning



Multi-provider mental health provision can be set up and delivered at speed



Tailored opportunities for clinical supervision and personal one to one support is valued



Mental health programmes need to be adaptable and personalised to respond to change



Location and consistency of workforce are important



Basic infrastructure such as IT support and translators are essential in enabling a rapid response.



Workforce will work beyond their usual remit but this is not sustainable longer-term



Responding to a humanitarian need and providing a rapid and responsive service is hugely rewarding.

# Introduction

In August 2021 the Taliban took control of Afghanistan after 20 years of war in the country. In response, millions of people in Afghanistan sought to flee Taliban control and mass famine within the country. The UK government launched the Afghan Citizen's Resettlement Scheme to allow up to 20,000 people seeking refuge to settle in the UK. On arrival, people from Afghanistan were temporarily accommodated in hotels while permanent relocation within the UK was arranged by the Home Office.

In September 2021, the Hampshire, Southampton, and Isle of Wight Clinical Commissioning Groups rapidly established an All-Age Mental Health Support programme for people who were being relocated from Afghanistan. The programme was a collaboration between five mental health providers, Improved Access to Psychological Therapies (IAPT) and voluntary sector support services. These were:

Southern Health  
NHS Foundation  
Trust

Dorset  
Healthcare  
Foundation Trust

Solent NHS  
Trust

Hampshire  
Children and  
Adolescent  
Mental Health  
Services

No Limits -  
Children and  
Young People  
Support  
Services

The purpose of the programme was to work alongside GPs to provide direct mental health support across 4 hotels within the region where people from Afghanistan were being temporarily accommodated prior to relocation throughout the UK.

## The rapid appraisal

This rapid appraisal took place between January 2022 and March 2022 across Hampshire and Isle of Wight Integrated Care System (ICS).

The aim was to learn from the workforce experience of the rapid setting up of a mental health support programme for people seeking refuge from Afghanistan.



To understand the experience of workforce in the rapid setting up of a mental health support service for people seeking refuge.



To understand excellence within the rapid setting up of the mental health support service for people seeking refuge.



To share learning to inform on-going and future response to the rapid setting up of mental health support services for people seeking refuge.

## Data collection

Data collection focused on a quality improvement design, looking at what worked well and why and capturing future learning for continuous improvement. Data was collected using two main methods: in-depth interviews and ethnographic observation. Key informants from contributing organisations were purposively invited to take part in interviews. Seven in-depth interviews with members of the programme workforce were completed virtually. The participants included mental health practitioners, nurses, a GP, and members of the programme management team. People who were being relocated were not included in the sample. This was a project team decision made on the basis that the programme was live and clinical care was on-going. One Ethnographic observation within one of the programme hotels was also completed. Following rapid appraisal methodology, data was collected and analysed iteratively with data informing on-going data collection. All data was then synthesised and analysed using thematic analysis.

# Key Themes

There were four key themes identified as part of this rapid appraisal:



### Above and beyond

- plugging the gaps in system deficits



### Uncertainty and Sustainability

- the effect of an unstable context on programme delivery



### Rapid adaptation

- cross collaboration and continuous improvement



### Humanitarian response

- the experience of those working on the programme

## Above and beyond – plugging the gaps in system deficits

The Afghanistan Relocation Mental Wellness Programme was set up rapidly in response to the unfolding crisis in Afghanistan. Teams were mobilised quickly often with very little notice. The speed of the response meant that the programme workforce (including GP's) were some of the first health and social care professionals on the hotel sites where people from Afghanistan were being temporarily accommodated. Many of the programme workforce felt that the speed of the response affected the care that was delivered, often extending well beyond mental health provision to a broad and holistic care delivery. The programme workforce often found themselves involved in providing clothes, sorting activities, providing education, making referrals, and raising safeguarding concerns.

“

It is easy to assume that just because people are from Afghanistan that everyone is the same but there are big cultural differences between each person.”

“

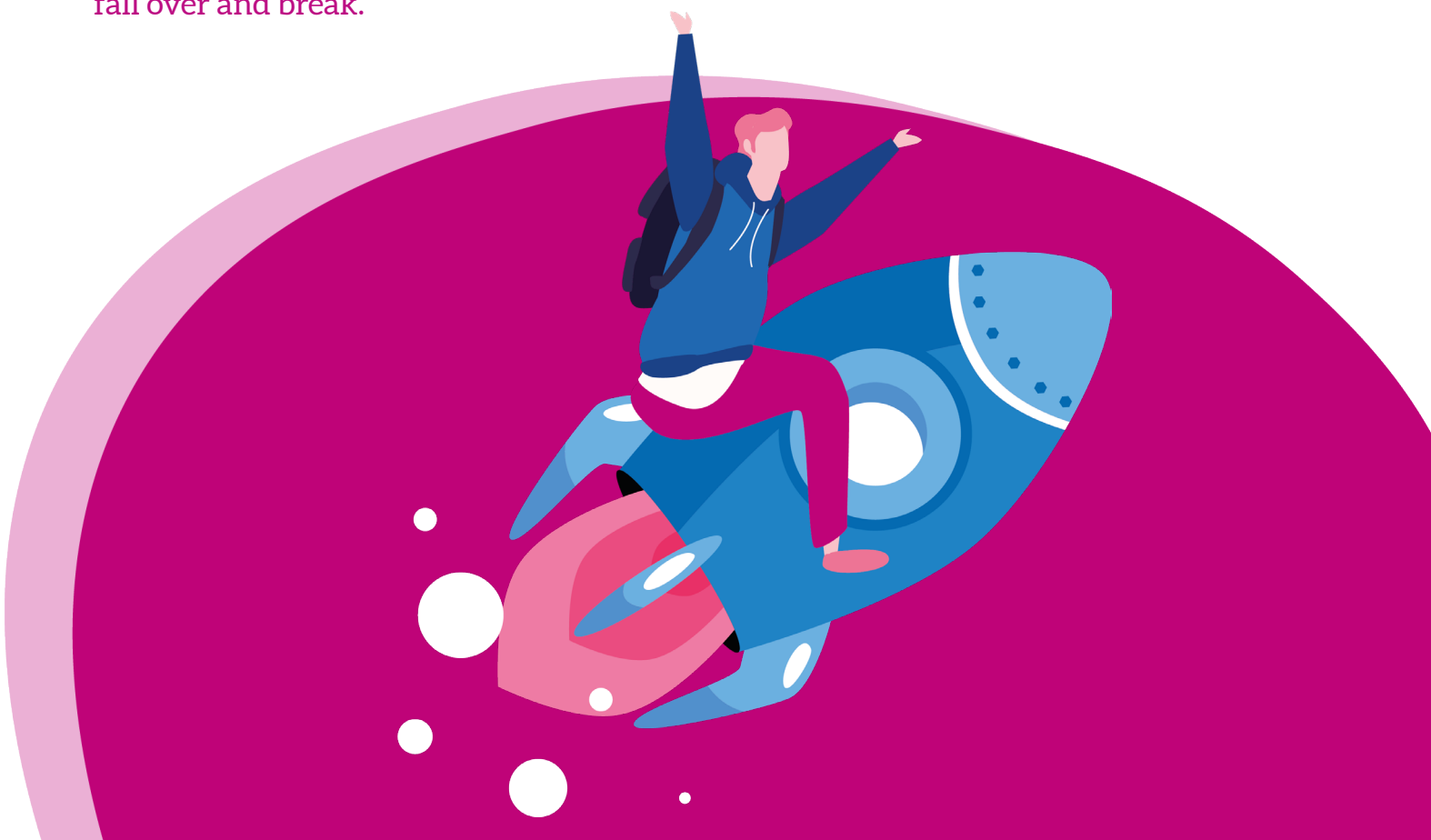
It is important to remember that people have nothing. All basic day to day tasks have been taken away, no taking children to school, no cooking, no routine.”

“

Building that trust is a massive, massive part of sort of breaking down some of those barriers around trauma, and I do believe that that had a positive impact”

This holistic care delivery was enabled by the perception of the workforce as emergency and humanitarian response providers and, as a result, they were happy to go above and beyond their usual remit of care. This rapid, direct, and personalised contact provided by the programme workforce was seen as an area of excellence enabling trust and closer therapeutic relationships. Many of the programme workforce, felt that over a longer-term this model was unsustainable as there was a heavy reliance on the goodwill of the workforce.

“Over the last two years we’ve been working at such a heightened level that our workforce are really tired and the more we push and push actually they are going to fall over and break.





## Uncertainty and sustainability – the effect of an unstable context on programme delivery

Many of the programme workforce described how the context of care provision was uncertain. This uncertainty was driven initially by the speed of the service response and then subsequently, the indeterminable future.

The speed of the service response resulted in the programme workforce having little information on the people within their care. Some of the workforce found this experience to be chaotic and, for a few, there were feelings of professional un-safety, having to make clinical decisions on very uncertain and unclear information. The reliance on translators was evident and most of the workforce discussed their importance in care provision.

“Even things like some people didn’t know what their dates of birth were so they were nominated 1st of January, and a guess was made at the year of their birth.”

“We had people who were diabetic, that didn’t have any medication and their usual medications that didn’t exist in this country”

“You know you’re always going to be doing your best, but you know, are we doing the right thing?”

The initial remit of the programme was to provide short term all-age mental health support as people were accommodated in hotels prior to permanent relocation to housing throughout the UK. Many of the programme workforce described how they felt the housing process was erratic and unpredictable. The programme workforce described how some of the people from Afghanistan could be waiting months whilst others were relocated within 48 hours with little or no notice.

“What became more challenging as time went on was managing and supporting their frustration with their situation, which we had little control”

“They didn’t feel it was appropriate to start counselling, which would need ongoing support because we just lived in this kind of sphere where we just didn’t know when they were going.”

“Some of them described that they almost felt like they were being imprisoned again because they had no money. They were dependent fully on the services that were being provided but they didn’t always know when those services will come in”

This unpredictability provided a huge challenge to the programme workforce with many describing how the unstable context was amplifying mental health needs of the people from Afghanistan. The context challenged the mental health needs of people waiting to be relocated, with the programme workforce needing to help with huge trauma from the past in addition to massive anxieties for the future. For the programme workforce, many found this challenging, with a few describing of the programme workforce describing how helpless they felt in absorbing issues that were out of their control.

“A lot of them needed mental health support. Not necessarily in and what they had witnessed, but actually the situation that they were now living in.”

“You know they were living in Afghanistan had generally good jobs. They had homes. They had all of this. They’ve come here. They’re now in a hotel. They have no money. They have no jobs. What do they do? And for them, yes, OK, there’s not like imminent threat of their life, but actually, there are really massive things that they have no control over.”



## Rapid adaptation – cross collaboration and continuous improvement

As well as the programme itself, many of the programme workforce found the ways of working rewarding too. The rapid set up and delivery meant that the programme workforce were responding and adapting to change as it happened. The programme workforce described the value of working across boundaries, enjoying close collaborations with voluntary, health and social sectors. They also valued the cycle of continuous improvement, adapting and responding to needs. This was facilitated by a shared goal and purpose. For many, working on the programme was a once in a lifetime experience and career highlight.

“I think there is that kind of continuous improvement... learning from that real kind of feet on the ground delivery stuff.”



“ I think one of the best things was how willing people were to kind of just muck in and get on with it. I mean, we had to go from zero to a seven day a week service so I just think the willingness of people to work collaboratively really made it”

## Humanitarian response – the experience of those working on the programme

There was an overwhelming sense of reward that the workforce experienced by being part of this programme. The programme workforce were motivated by the humanitarian need, driven by ethical considerations that it was the 'right thing to do'. The programme workforce valued having a good infrastructure to support care delivery, particularly in a context of huge uncertainty. Basics like internet, printers, and translators were highly valued. A few of the programme workforce felt frustrated when these were not available and felt that this hindered the speed of response. Clinical supervision was very important to the programme workforce. Many discussed how emotional the work was and for some it was traumatic. A few felt that there should have been more programme specific support beyond clinical supervision and whilst things like Employee Assistance programmes were available, having support from the programme would have been of value.



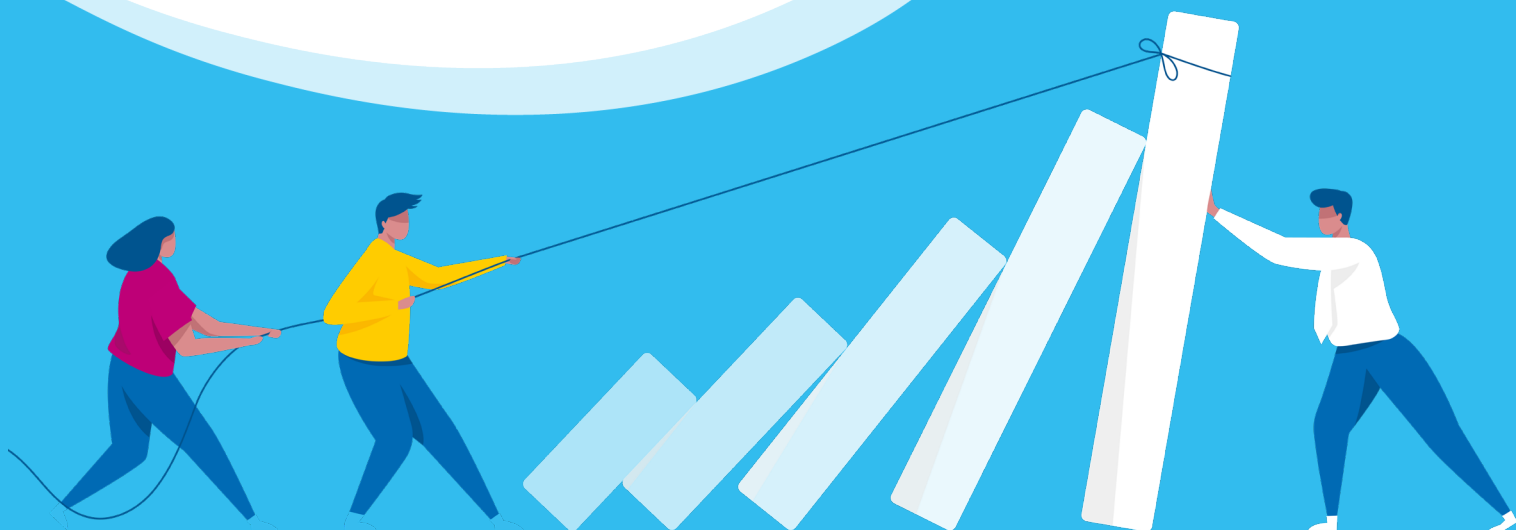
"We had just lots and lots of energy and lots and lots of willingness to support. I think we worked really well."



"In fact, it's been probably the greatest privilege of, my 20 years of GP-ing to be honest because fundamentally we absolutely knew that we were making a difference."

The rapid set-up and delivery of an all-age mental health support programme for people being resettled from Afghanistan required a new model of working and service provision to be established at speed. Driven by a humanitarian need, people working on the programme boldly went above and beyond their scope of practice to provide holistic care seeking to care and support basic human needs. Gaps in national programmes, particularly communication around the timing and location of the permanent relocation of the people from Afghanistan, added to the mental health need and the challenge for people working on the programme. For many, the experience of working on this programme was profound, with many of the programme workforce describing it as a career changing experience. It is clear that underpinning the programme was a deep humanitarian response driven by empathy, kindness and doing the right thing.

"It's a humanitarian crisis that you just have to help with because, that's what good humans would do"



## Key Learning Points



Multi-provider mental health provision can be set up and delivered at speed in response to a rapidly emerging need.



Tailored opportunities for clinical supervision and personal one to one support that recognises the unique context of programmes and impact of system deficits are important to workforce wellbeing.



There is a need for awareness, training and support that workforce will be working beyond their usual remit to provide broad and holistic support.



Mental health programmes need to be adaptable and personalised to respond to changing contexts and wider system constraints.



Working beyond remits is not a sustainable workforce model. The workforce need acknowledgment of short-term goodwill and the development of a longer-term plan.



Basic infrastructure such as IT support and translators are essential in enabling a rapid response and improving workforce experience.



Location and consistency of workforce are important to building trust and a therapeutic relationship.



Collaborative, cross-sector working, and workforce led improvement is rewarding for the workforce.



Responding to a humanitarian need and providing a rapid and responsive service is hugely rewarding.



## Implications for future programmes

- When planning similar programmes, robust workforce support plans need to be in place, including tailored clinical supervision for the programme and access to one-to-one support.
- Thought on location of clinical services is important – direct access to clinical teams is likely to increase engagement, trust, and acceptability.
- Get the basics in place before the workforce arrives – it is essential that it is easy for the clinicians to do their clinical jobs.
- Put plans in place for regular programme wide communication to promote collaboration and to response to front-line need.

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