

Migrants in Northern Ireland generally self report their health to be good, no doubt because the vast majority are young. In the 2011 Census, while 5.8% of people born in N Ireland said their health was bad or very bad, this drops to 1.4% for Polish people, 1.5% for people born in Lithuania and only .4 % of Filipinos, of whom 96.9% said that their health was good or very good.

There can nevertheless be health problems associated with migration. A report in 2010 in Belfast found that incomers experience difficulties including:

- Finding a doctor (the term 'GP' is usually unfamiliar)
- Registering can be difficult and some people are unfairly denied (see below)
- Language barriers
- Failure to have basic cultural needs met e.g. dietary needs
- Some migrants are only entitled to free emergency treatment and not long-term care
- For some people rough sleeping, in addition to poverty, will compromise their health

### Specific Health Problems

- Some migrants might have had less access to preventive medical care in their home countries
- Accurate records of childhood immunisation may not be available.
- Some health conditions are more prevalent among some people groups e.g. Vitamin D deficiency and bone density problems among people who cover up due to their dress code
- Mental illness is a taboo subject in some cultures

These findings are drawn from the report *Barriers to Health; Migrant Health and Wellbeing in Belfast*, 2010. [www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf](http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf)

Problems can be exacerbated if professional staff fail to understand the needs and rights of people from other countries or ethnic backgrounds but there is now greater access to information e.g. Belfast Health and Social Care Trust has a Multicultural & Beliefs Handbook available to its staff, and a Welcome Pack in 18 languages. [www.belfasttrust.hscni.net/pdf/BHSCT\\_MultiCultural\\_Beliefs\\_Handbook.pdf](http://www.belfasttrust.hscni.net/pdf/BHSCT_MultiCultural_Beliefs_Handbook.pdf)

During the recession mental health and suicide became a special concern. Many migrant workers work long hours on shift work, which makes ordinary social life and access to language classes difficult. Drinking at home, accessing drugs in factories, gambling in order to escape from their day-to-day life, increased levels of domestic violence, and high levels of common mental disorders have all been observed. The high level of suicide, often in clusters, is unsurprising. In summary:

- The isolation of migrant life can lead to depressive illness.
- Racism, harassment and exploitation can all lead to depression.
- Unemployment, poverty and destitution can lead to despair.
- The asylum application system is stressful and those whose applications have been refused suffer, especially if there is pre-existing trauma.
- Immigration detention or the imprisonment of foreign nationals following criminal conviction can create additional pressure on mental health.
- Honorary consuls are reporting suicide as an area of concern and the trades unions have drawn attention to the particular vulnerability of migrants.

## Access to healthcare

People from anywhere in the world have a right to emergency medical treatment in the UK but not all family doctors are aware that their contracts oblige them to give any medical treatment that is 'immediately necessary'. Some people are not entitled to free ongoing care or to register with a doctor, but the legal situation in N Ireland is unclear and in the past there was not the same flexibility as there has been in GB in registering with a GP. The NI Health and Social Care (HSC) Business Services Organisation (BSO) determines if a person is eligible for GP registration. People who feel that they have been wrongly denied access to a GP may ask for advice from the Law Centre NI.

Incomers from outside Europe who are here on visas for work or study, have to pay for certain services such as prescriptions, dental treatment and eye tests and must now also pay an annual surcharge before they can access the NHS. [www.gov.uk/healthcare-immigration-application](http://www.gov.uk/healthcare-immigration-application)

People registering with a doctor for the first time, can access application forms in 16 languages online. [www.hscbusiness.hscni.net/services/1814.htm](http://www.hscbusiness.hscni.net/services/1814.htm) Failure to be able to register with a doctor has a knock-on affect on free entitlement to other services such as children's vaccinations. In terms of ongoing care, the five Health Trusts have been taking steps to identify and charge people who are not entitled to free healthcare in N Ireland. They now each have a Paying Patients Officer.

In 2011 a regional nurse-led service was put in place for migrants who have difficulty accessing the care they need through the existing health and social care system. This NI New Entrant Service (NINES) provides initial health assessments, health promotion advice etc. All new asylum applicants are directed to this service. For further information on the services or clinic times, or to make an appointment, phone: (028) 9504 2830.

In 2015, following lobbying, it was agreed that anyone who had ever been in the asylum system could have access to ongoing healthcare in Northern Ireland, a lifesaver especially for those refused asylum applicants who are destitute.

## Further information and sources

There is an overview of entitlements to Health and Social Care on the Migration Information Portal. [www.migrationni.org/living-in-northern-ireland#health](http://www.migrationni.org/living-in-northern-ireland#health)

Law Centre NI briefing: 'New Northern Ireland Regulations governing access to healthcare for migrants – A Summary' <http://lawcentreni.org/Publications/Policy-Briefings/New-NI-Regulations-healthcare-for-migrants-SUMMARY-March-15.pdf>

Video of a presentation on the mental health of Polish people by N Ireland, by Dr Justyna Bell and Dr Anne Kouvonen, Queen's University Belfast, at a Knowledge Exchange Seminar, Stormont, 2014. [www.niassembly.gov.uk/Assembly-Business/Research-and-Information-Service-RaISe/Knowledge-Exchange/Knowledge-Exchange-Seminars-Series-3/Dr-Anne-Kouvonen-Dr-Justyna-Bell-and-Dr-Michael-Donnelly/](http://www.niassembly.gov.uk/Assembly-Business/Research-and-Information-Service-RaISe/Knowledge-Exchange/Knowledge-Exchange-Seminars-Series-3/Dr-Anne-Kouvonen-Dr-Justyna-Bell-and-Dr-Michael-Donnelly/)

The case for free healthcare for asylum seekers' in *Frontline* 90, Winter 2013/14, pages 20–1 [www.lawcentreni.org/Publications/Frontline/Frontline-90.pdf](http://www.lawcentreni.org/Publications/Frontline/Frontline-90.pdf)

Law Centre NI policy briefing, 'Accessing healthcare for migrants in Northern Ireland: problems and solutions', 2013. [www.lawcentreni.org/Publications/Policy-Briefings/Policy-Briefing-Migrants-and-health-care-Law-Centre-NI-2013.pdf](http://www.lawcentreni.org/Publications/Policy-Briefings/Policy-Briefing-Migrants-and-health-care-Law-Centre-NI-2013.pdf)

Conference on minority ethnic health and wellbeing issues in Northern Ireland presentations, 2011. [www.publichealth.hscni.net/event/conference-minority-ethnic-health-and-wellbeing-issues-northern-ireland](http://www.publichealth.hscni.net/event/conference-minority-ethnic-health-and-wellbeing-issues-northern-ireland)

'Access Denied – Or Paying When You Shouldn't', a NI Human Rights Commission research paper, January 2011. [www.nihrc.org/documents/research-and-investigations/health/access-to-publicly-funded-medical-care-january-2011.pdf](http://www.nihrc.org/documents/research-and-investigations/health/access-to-publicly-funded-medical-care-january-2011.pdf)

*Barriers to Health; Migrant Health and Wellbeing in Belfast*, 2010. [www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf](http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf)