Independent
Anti-Slavery
Commissioner

SURVIVORS' MENTAL WELLNESS: Our Feelings, our Minds, our World

April 2022

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1. INTRODUCTION

Mental health is a pivotal foundation of everyone's wellbeing. This research project will examine the experiences of survivors of human trafficking[1] regarding mental health support in order to identify the various gaps and challenges to sustainable mental wellness. From both my personal experience and from speaking with others, I know that many survivors who desperately need mental health support encounter barriers when seeking to obtain timely help. There has been limited research on mental health support for survivors of trafficking, and very little work on the extent to which this is culturally sensitive and trauma informed. This is important, as having proper therapeutic intervention earlier on will enable survivors to be more independent, achieve their desired mental wellness and become functioning members of society.[2]

The inclusion of survivors' voices within this work is of particular importance and aligns with the Independent Anti-Slavery Commissioner's Strategic Plan 2019-2021, which encourages studies and research into victims' experiences and the inclusion of survivors' voices within this work.[3] Therefore, as part of my research, I gathered survivors' views on their experiences of the barriers to appropriate mental health support and their perspectives on what has been positive for those who were lucky to get mental health support.

This research had two core aims:

1. To consider whether the current provision of mental health support for those in the National Referral Mechanism[4] (NRM) is able to adequately meet the needs of survivors of modern slavery;
2. To examine whether the mental health support provided is culturally sensitive and to what extent this is important to survivors' recovery process.

These particular aims were carefully determined to help identify the areas that need to be addressed and informed of the development of recommendations to ensure that mental health treatment is tailored to provide better quality, trauma informed, and culturally sensitive care which accounts for the complexities of people's experiences and needs.

It is anticipated that these recommendations will be beneficial to the following:

- Survivors
- Non-Governmental Organisations (NGOs), including support workers.

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[1] Article 3 (a) of The Office of the High Commissioner for Human Rights (OHCHR) Protocol to Prevent, Suppress and Punish Trafficking in Persons, referred to Human Trafficking as "recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation."

[2] Early Intervention Foundation (2022), 'Why early intervention matters': https://www.eif.org.uk/why-it-matters.

[3] Independent Anti-Slavery Commissioner (2019), 'Independent Anti-Slavery Commissioner Strategic Plan 2019-2021': http://www.antislaverycommissioner.co.uk/media/1329/independent-anti-slavery-commissioners-strategic-plan-19-21-screen-readable.pdf.

[4] The National Referral Mechanism is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

- Health sector professionals – including the NHS and private therapists, with the potential that more trauma informed support could have cost benefits for the NHS.[5]
- Policy makers – including the Home Office and the Department of Health and Social Care.

2. LITERATURE REVIEW

In 2021, 12,727 potential victims of modern slavery were referred to the NRM, a 20% increase from the previous year. Of those individuals, it was also reported that 77% (9,790) were male and 23% (2,923) were female. The Home Office also reported more than half or 58% (7,434) of potential victims claimed exploitation in the UK only and 31% (3,883) claimed exploitation overseas. 50% (6,411) of these referrals were for potential victims who claimed exploitation as adults and 43% (5,468) claimed exploitation as children. Statistics show referrals to the NRM overwhelmingly consisted of UK nationals, who account for 31% (3,952) of all potential victims. Albanians (20%; 2,511) and Vietnamese (8%; 991) were the second and third most commonly referred nationalities, respectively.[6]

In 2018, the Home Office also reported the economic and social costs of modern slavery in the UK. Their report estimated the cost per victim of labour exploitation in the UK to be £318,810, sexual exploitation to be £319,500, while domestic servitude has the highest estimated unit costs of all types of exploitation, costing £390,080.[7]

The UK has international obligations to support victims of modern slavery, which includes access to mental health support. Article 12 (d) of the Council of Europe Convention on Action against Trafficking in Human Beings, outlines the European obligations in supporting victims of human trafficking, saying that assistance should include 'counselling and information, in particular as regards their legal rights and the services available to them, in a language that they can understand'.[8]

In placing these obligations into guidance, the Modern Slavery Statutory Guidance Section 15.52 states that 'where required for the individual's recovery, the Modern Slavery Victim Care Contract support workers should facilitate access to the following services as appropriate: mental health services, substance dependency services, specialist counselling etc.' [9] Furthermore, Section

[5] The cost of poor mental health to the economy as a whole is estimated to be far in excess of what the country gives the NHS to spend on mental health (Online Version of the NHS Long-Term Plan).
[6] Home Office (2022), 'Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary, 2021': https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2021/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2021.
[7] Home Office (2018), 'The economic and social costs of modern slavery': https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729836/economic-and-social-costs-of-modern-slavery-horr100.pdf.
[8] Council of Europe Convention (2012), 'Council of Europe Convention on Action against Trafficking in Human
Beings': https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236093/8414.pdf.
[9]Home Office (2022), 'Modern Slavery: Statutory Guidance for England and Wales (under Section 49 of

6.5.1 of the Modern Slavery Victim Care Contract Schedule 2.1 sets out the role of support providers in assisting with this, noting that 'the Supplier shall facilitate access to medical treatment for Service Users, and their Dependents, in apparent or obvious need of medical care, whether of an emergency or routine nature to meet their physical or mental health needs…as and when required throughout the Service User's stay in the Service'.[10]

The Helen Bamber Foundation Trauma Informed Code of Conduct (TiCC) sets out useful strategic guidelines which are intended to be a simple reference for professionals from any discipline who are working with survivors. Chapter 1 of the TiCC focuses especially on survivors' mental health and wellbeing and highlights the importance of professionals 'understanding survivors' presentation' in regards to mental health needs, stating that 'many survivors experience psychological distress as a result of traumatic experiences and that the presence or absence of mental health conditions should not be assumed: wherever possible, survivors should have access to a comprehensive mental health assessment and to a programme of specialist therapeutic care provided by an experienced mental health professional'.[11]

The Survivor Care Standards (2018) developed by the Human Trafficking Foundation also echoes the importance of access to appropriate mental health services for survivors, emphasising that 'Health and wellbeing should be an immediate, primary concern for all professionals working with survivors of trafficking and slavery. It is important that each person has access to appropriate healthcare services as soon as possible… They should be given a full explanation and adequate time so that they are able to make informed decisions to provide consent'.[12]

The Organization for Security and Co-operation in Europe (OSCE) published the NRM handbook for the Office for Democratic Institutions and Human Rights (ODIHR) earlier this year. The handbook outlines practical guidelines for professionals working with survivors of human trafficking and reinforces the need for survivors to have access to suitable mental health support, stating that 'They should be supported via referrals to mental health services in order to access appropriate evidence-based treatment'. It emphasises that 'it is important for all professionals to recognize that many survivors can experience a range of psychological difficulties that can vary over time and may not fit neatly within diagnostic categories.' As such, 'Survivors of trafficking should be offered evidence-based therapy delivered by a qualified therapist who is registered with a recognized professional regulatory body'. Additionally, the handbook outlines its expectations of therapists, stating that 'Therapists should have training and experience in the provision of evidence-based psychological treatments as defined in recognized guidelines such as those developed by the National Institute of Clinical Excellence (NICE)'.[13]

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the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland': https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059234/Modern_Slavery_Statutory_Guidance__EW__NonStatutory_Guidance__SNI__v2.8.pdf.

[10]Home Office (2020), ' Modern Slavery Victim Care Contract': The Modern Slavery Victim Care Contract

[11] Helen Bamber Foundation (2021), 'Trauma Informed Code of Conduct (TICC)': https://www.helenbamber.org/resources/best-practiseguidelines/trauma-informed-code-conduct-ticc.

[12] Human Trafficking Foundation (2018), 'The Slavery and Trafficking Survivor Care Standards': https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf.

[13] OSCE (2022), 'National Referral Mechanisms: JOINING EFFORTS TO PROTECT THE RIGHTS OF TRAFFICKED PERSONS': https://www.osce.org/files/f/documents/f/5/510551.pdf.

Research has shown that, in the UK, depression, anxiety, and Post Traumatic Stress Disorder are common mental health traumas suffered by victims and survivors during or after their trafficking and modern-day slavery experiences. A study conducted by King's College London and the London School of Hygiene & Tropical Medicine found that 'nearly 80% of women and 40% of men' who were trafficked to the UK from more than 30 different countries 'reported high levels of depression, anxiety, or post-traumatic stress disorder symptoms'.[14]

In 2015, a report produced by the Provider Responses Treatment and Care for Trafficked People (PROTECT) found that one in eight healthcare professionals said they know or strongly suspect they have come in to contact with a victim (one in five in maternity services). Despite this, '86.8% of NHS staff reported not knowing what questions they should ask to identify people who may have been trafficked and 78.3% believed that they had insufficient training to assist trafficked people.'[15]

In 2021, research focused on Psychiatrists' Response to Human Trafficking found that 'physicians, including psychiatrists, seldom receive the necessary education on human trafficking that would help reduce missed opportunities for identifying victims'; while meaning that opportunities to help the victim could have been missed.[16]

3. METHODOLOGY

In order to explore survivors' views on the current provision of mental health support and how culturally sensitive these provisions are; this project was conducted using a qualitative research methodology that combines primary and secondary data collection. The methodology included three components:

1. Desk-based research examining published literature on mental health support for survivors of human trafficking.

2. A call for insights was conducted to gather perspectives from survivors with first-hand experiences on the mental health support they received and the extent to which this was culturally sensitive. This was made available on the IASC website and ran between October-November 2021.

3. Examination of extracts from Modern Slavery, Mental Health and Survivors research initiative *(*MOMENTS 1)[17] by the Rights Lab at the University of Nottingham on mental health support for survivors and cultural sensitivity within this.

[14] London School of Hygiene & Tropical Medicine (2016), 'High levels of mental illness reported by victims of human trafficking in the UK: https://www.lshtm.ac.uk/newsevents/news/2016/mental_health_trafficking.html.

[15] The University of Central Lancashire (2015), 'Provider Responses Treatment and Care for Trafficked People : Final Report for the Department of Health Policy Research Programme': https://clok.uclan.ac.uk/14394/1/PROTECT%20Final%20Report.pdf.

[16] Psychiatric Times (2021), 'Psychiatrists' Response to Human Tratrauma ifficking': https://www.psychiatrictimes.com/view/psychiatrists-response-to-human-trafficking.

[17] MOMENTS-1 (Mental health recovery for survivors of modern slavery: A grounded theory study) is funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number NIHR RfPB PG-PB-1217-20036.

Ethical considerations

Due to the sensitivity of the subject, a number of ethical considerations were taken when conducting this research to ensure the safety and wellbeing of all participants. Survivors were invited to complete the call for insights using an online form, and this form also contains signposting information should they need to seek support. The potential impact of trauma was taken into account when drafting the questions and all participants were given the option to answer or decline individual questions. In addition, we made clear that their response would be anonymised, omitting all personal and/or identifiable information. The MOMENTS I project had already undergone an ethical approval process.

Limitations

It is also important to emphasise that survivors' views were given in the context of responding to the survey through the call for insights, therefore answers were limited to multiple choice answers and text boxes. In addition, this was a rapid piece of research, therefore the survey was only available in English which may have prevented some individuals from responding. It is important to note that the survey reflects the views of survivors who were motivated to respond and is not representative of all views. Finally, the call for insights was carried out during the Covid-19 pandemic with restrictions altering the way that mental health support was delivered, therefore it must be acknowledged that this may have had an impact on survivors' perceptions of mental health support.

3. FINDINGS

Findings from the IASC call for insights

We received eight responses to the call for the insight, including - two men and six women.
A pen picture for each of the participants is below:

Respondent 1

Is a male, currently still in the NRM and have not been offered mental health support, and therefore none has been accepted. He commented "nobody contacted me even if I have a positive conclusion ground(s)".

Respondent 2

Is a female, who has left the NRM after receiving a Conclusive Grounds decision. While still in the NRM, mental health support was offered after she had been on the waiting list for one year and she accepted. She found accessing mental health support neutral however, the support provided was suitable to her personal needs. She commented more relaxation activities should be provided to support people's mental health.

Respondent 3

A female, who is still in the NRM. She was offered mental health support and accepted it. She found accessing mental health support easy and supported given was suitable to her personal needs and was culturally appropriate.

Respondent 4

A female, who is still in the NRM. Mental health support was offered after being on the waiting list for years under Community Mental Health Teams (CMHT), and she accepted the support. She found accessing mental health support easy but she did not comment on the suitability of the support to her needs. She noted the need for more face-to-face counselling sessions and being provided as much support as possible.

Respondent 5

A female, who is still in the NRM. Mental health support was offered and she accepted. She found support easy to access and the support provided was suitable to her personal needs and culturally appropriate.

Respondent 6

Is a male who is currently still in the NRM. Mental health support was offered which he accepted. He found accessing mental support 'very easy' and the support was suitable to his needs, however, did not comment on whether or not the mental health support was culturally appropriate for him.

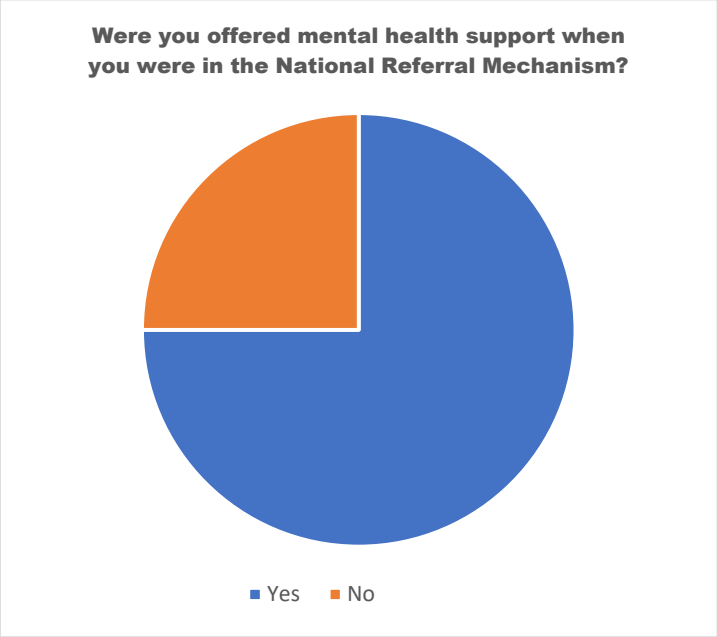
Respondent 7

A female and currently still in the NRM. Mental health support has not been offered and therefore, none has been accepted.

Respondent 8

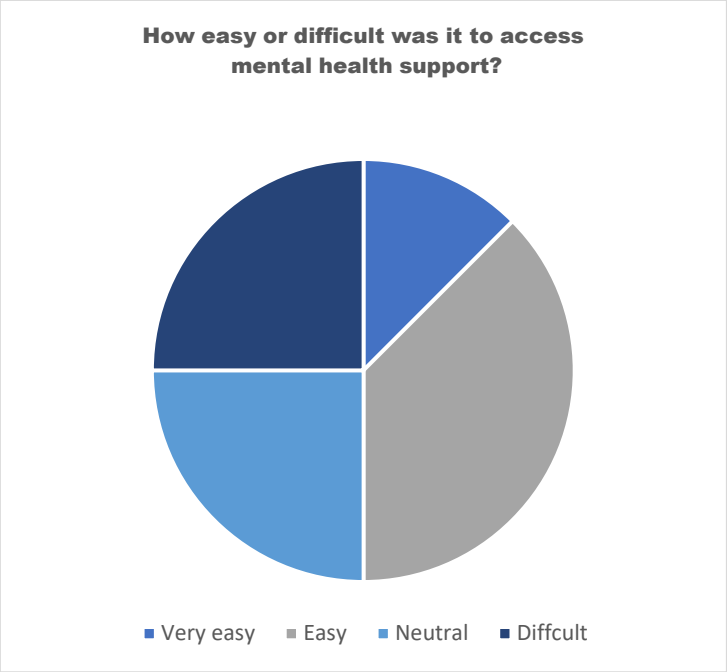
Is a female, who has left the NRM after receiving her Conclusive Grounds decision. She was offered mental health support while she was still in the NRM and she accepted it. However, she had difficulties accessing mental health support and she found the mental health support provided to her not suitable for her personal needs. She stated the support given to her was 'general counselling and time limited' and had challenges engaging in counselling sessions in the same living environment. She also commented that "the counsellor did not understand cultural element" and the support she received was not culturally appropriate and the counsellor was unaware of how mental health is perceived within her culture. She also noted the need for follow up care and the importance of counselling therapists to understand the distinction between trauma informed therapy for trafficking victims and general trauma.

Within the call for the insights, participants were asked if they were offered mental health support whilst they were in the NRM.

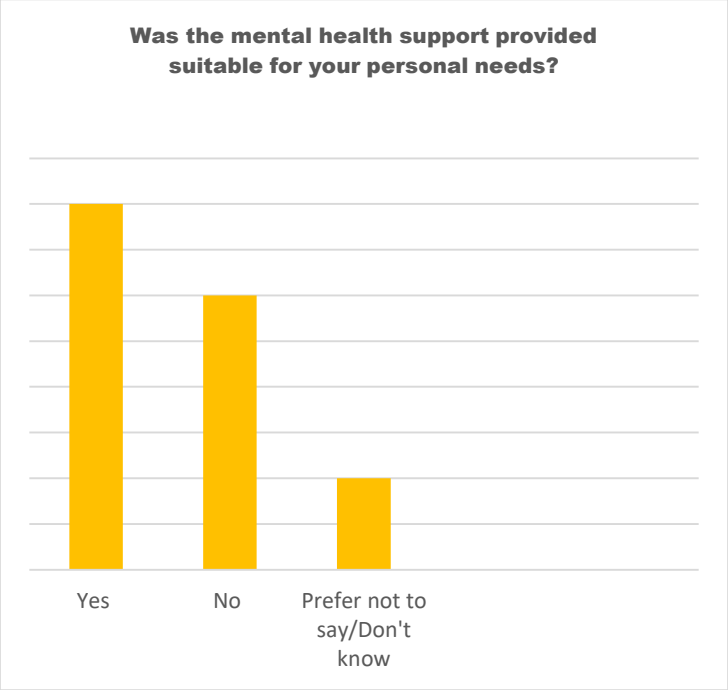


Of those who responded, 75% were offered mental health support while in the NRM, while 25% were not offered.

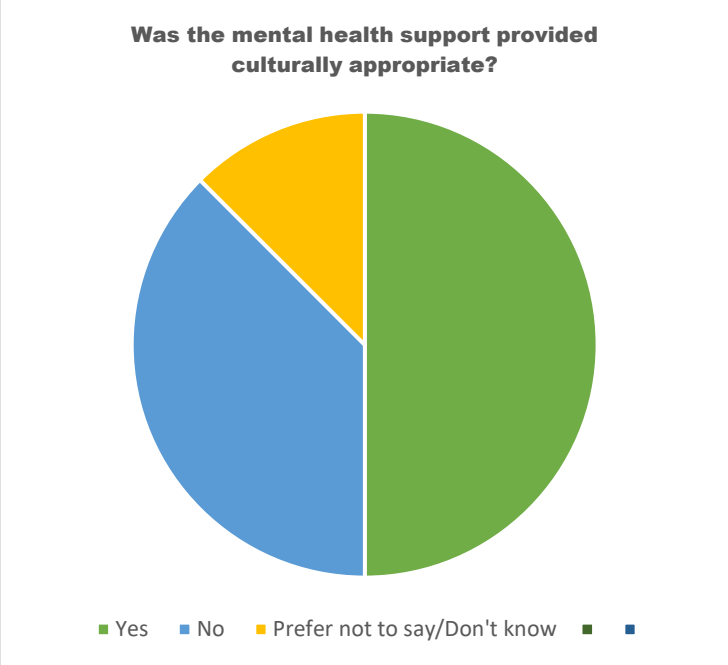
Participants were also asked to comment on how accessible mental health support was for them. 13% found it very easy to access, 38% said it was easy, 25% encountered difficulties, while it was neutral for 25% of the participants.



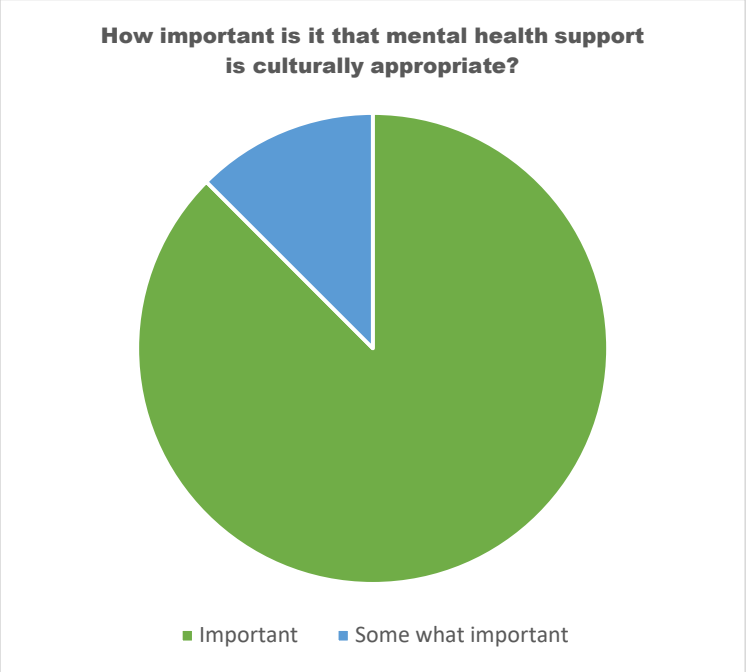
We also asked about the suitability of the mental health support they received. In response, 50% found the support was suitable to their needs, 38% reported the support to be unsuitable to their needs and 13% preferred not to comment on the suitability of support.



Furthermore, 50% of the participants who took part in the survey found the mental health provision culturally appropriate, however, 38% did not find the support to be culturally appropriate and 13% either preferred not to say or did not know.



When asked if there is an importance to mental health support being culturally appropriate to recovery, 88% of the participant agreed that culturally appropriate support is important to their recovery 13% says it was somewhat important and nobody said it was 'not important'.



Findings from the University of Nottingham Rights Lab MOMENTS 1 data

The MOMENTS 1 data is an extract from research led by the Rights Lab at the University of Nottingham. The aim of this work was to develop a theoretically informed understanding of what mental health recovery means to modern slavery survivors in the UK. A qualitative research approach was used including semi-structured interviews with 36 participants with a range of slavery experiences and mental health experiences.

The findings used in this section of the report will examine the participants' views on mental health support and cultural sensitivity from within this research.

Firstly, the findings highlighted the need for therapists to understand the importance of treating the person and not the illness. One participant commented, *"we're people, we're not talking time, and I feel like that's what they think we are, talk your problems away and then it will be fine."*

Participants also expressed the need to be listened to and be heard during counselling sections. One participant said, "*I know she couldn't help me; I know she couldn't do anything but she listened and she heard what I was saying"*. This viewpoint was also echoed by another participant, saying that *"it was just talk about your experiences, how did that make you feel, and sometimes if you just say it doesn't make me feel anything because you're at a point where you've come back from the way how you're feeling, it was almost like unless you were sort of saying, I'm crying, I'm self-harming, I'm suicidal, there wasn't another service to follow on from that because you wasn't serious enough to fit in the criteria."*

The research also found that respondents shared common sentiments on how mental health is portrayed and perceived in different cultures and religions compared to how it is seen in the UK.

When asked about the importance of cultural views on mental wellbeing, one participant commented *"Yes, it is important, it is very important to be mentally balanced and stable in my culture and tradition and in my religion."*

The participant continues: *"Out of your mind, your emotions, every aspect, your spirituality, every aspect contributes to mental health, so you have to have all that in balance."*

Another participant shares a similar view, explaining that *"But when it comes to my culture, with mental health, if you've got 0 or 100%, so people always think that once people have mental health issues on the streets, stuff like that, that's the kind of […] that they have, so it's either zero or 100."*

The misrepresentation of mental health, stigma and the lack of acceptance in most cultures however has also created challenges for people. During the interview, some participants talked about the difficulties of admitting to mental health challenges due to this being deemed shameful in some cultures and religions, leading to people being isolated in their community. A participant stated that *"I definitely think that it's both ways so from like mental health isn't really seen as, it is seen in the culture but it's not necessarily appreciated in the culture so a lot of it was okay you've been through what you've been through, let's just hide it under the carpet."*

This participant further admitted that *"religion and culture can sometimes force you to brush it under the carpet and a lot of it is why are you depressed."* Another participant also added that *"it's a stigma when you say to someone that you're mentally unstable, it is not something that we discuss. It's not something that we discuss, it's nothing something that you talk about or you tell anyone, or they will see you as someone who needs to be in a psychiatric. it's a stigma culturally."*

This perception was shared by another respondent, who stated that *"In Malawi if we tell someone about a mental problem, they don't believe that people go through what we go through. Because people do have mental problems but over there, they just say 'maybe they are just crazy, maybe you're smoking or doing something' There is no like education to make people understand what a mental problem is so in my culture; mental problem doesn't work in my country."*

Another participant stated that *"I felt wasn't understood, so for example being Asian and there was a lot of cultural elements, there was a lot of things that maybe I was saying, the counsellor was just like 'whaaaat', or even with the trafficking when talking about it, it was almost like she, not to diss her, I'm sure she was experienced but a bit unequipped to deal with it, if you talk about shame or honour or things that are quite prevalent in the Asian community, she didn't seem to kind of get it, and then there was never, there wasn't ever any strategies given."*

According to one participant, *"traditionally having a mental issue is not something they welcomed in the community."*

Furthermore, the study found that mental health issues can be 'overlooked'. According to one participant, *"from a South African perspective… they will just be like that person is thug, that person is an angry person or that person is possessed with evil spirits. So I feel like a lot of people do not have any insight or education around mental health."* Furthermore, another participant accentuated that *"yeah well culture wise because with my culture the kind of, people with mental health are seen spiritually tormented"*

Additionally, another participant explained that *"where I come from in Africa and when you are stressed or you are depressed, they think that someone is crazy, that they are mad, that means you are total crazy."*

3. DISCUSSION

This project explored the perceptions of people with lived experience on the current provision of mental health supports and its cultural sensitivity. In exploring participants' experiences, five overarching themes emerged from the data: the impact of time limited sessions, long waiting lists for mental health support, the lack of face-to-face support, the counsellors are unaware and/or misunderstanding of cultural elements and incomplete therapy sessions.

Long waiting lists for mental health support

When analysing the responses from the call for insights, long waiting lists for mental health support was a central theme that was mentioned by respondents. The participants highlighted being on the waiting list for as long as one year before they were offered mental health support, and other participants under the CMHT were waiting for years to access support. It is important to recognise the impact of the long waiting period of time for mental health support on survivors' psychological and mental wellbeing. Being without support, especially after trauma could likely lead to further deterioration of their mental wellbeing, and this can impede the recovery process.

The impact of time limited nature of mental health support

This project has also identified participants' concerns about the time limited nature of the mental health support that is currently offered to survivors. This can lead to survivors finding it difficult to engage with support, as the first few sessions can be spent with individuals trying to build trust and rapport with a counsellor. It is also important to acknowledge that even after a good rapport had been developed, it may still take a while for survivors to dig deep and feel comfortable enough to share their experiences with their counsellors. It can also be re-traumatising being required to recall experiences multiple times. The research identified concerns that when people exit the NRM, ongoing support can be a postcode lottery.

The importance of face-to-face mental health support

The findings also suggest survivors' reluctance to engage with mental health support where face-to-face support is not being offered. During the Covid-19 pandemic, it was necessary for a lot of mental health support to move online, however, in some cases, this has resulted in survivors finding it difficult to share their experiences with their counsellor over online therapy sessions via online platforms such as Zoom and Teams. There are concerns about the lack of privacy from other residents in the same living environment which can make it uncomfortable for survivors to share their most difficult and personal experiences, as well as a need for more in-person interaction in order to build trust and rapport.

Concerns regarding incomplete therapy sessions

Some participants recognised that they found the therapy they participated in to be ‘amazing’ and ‘completely beneficial’, however sadly they were unable to fully complete it. As one participant stated, *“The therapy completed was amazing. Completely beneficial and effective in its education of potential to thrive against abuses experienced, yet it was incomplete”.* There were also concerns about incomplete therapy sessions due to different reasons. For example, after exiting the NRM after having received a Conclusive Grounds decision, either positive or negative, or moving from accommodation such as a safe house to NASS accommodation. In such cases, the instability of the circumstances can also cause survivors interference in their mental

health. In addition, when moving accommodation, survivors are often referred back to access support from the relevant local area, which can mean being on the long waiting lists and starting all over again. The time spent without continuation of care, and not having the right provisions of mental support in place can hinder the work and progress already made.

The extent to which mental health support is culturally sensitive

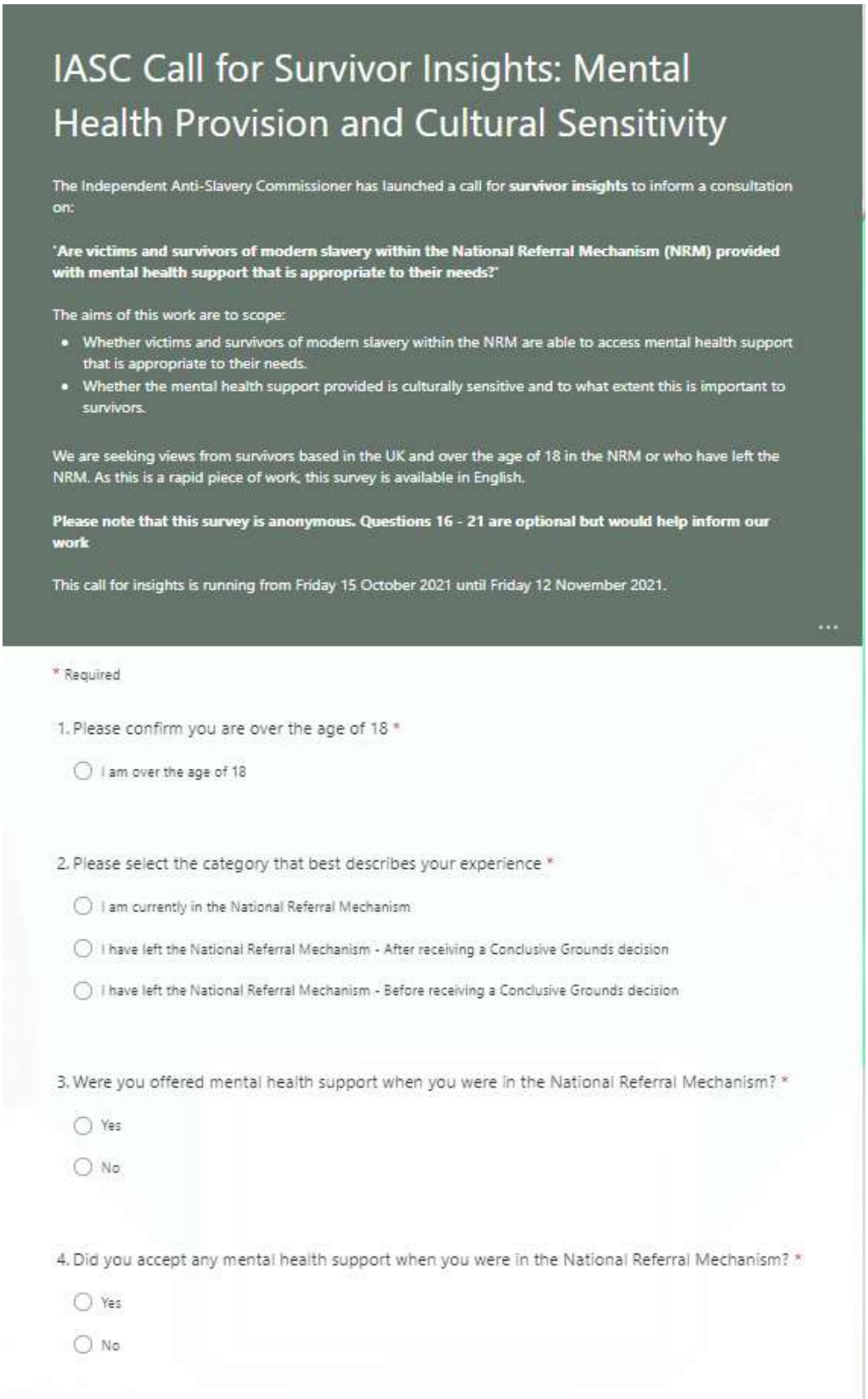
Further findings also identified the significance of having trauma informed, and culturally sensitive care in aiding the survivors' recovery process. Both those responding to the call for insights and participants in the MOMENTS 1 research indicated however that counsellors are often unaware and/or misunderstand cultural elements. One participant stated, *"the counsellor did not understand cultural element".* This view was also shared by another participant, stating that *"The counsellor was unaware of how mental health is perceived within the South Eastern culture".* This is a particular area that needs more focus because many victims and survivors of human trafficking and modern-day slavery are from different cultural backgrounds. Where counsellors misunderstand or are unaware of these cultural influences, it can create a challenging gap for accurate provision of trauma informed and person-centred care.

With this in mind, organisations need to think about making counselling more culturally sensitive. We are aware that Justice and Care have undertaken work to identify counsellors with language skills and fund private therapy sessions for survivors. The aim of this project is to offer efficient access to trauma informed counselling in a victim's first language; and to provide the individual, and police (with consent), a psychological injuries assessment to support further treatment. Through this project, nine survivors have received private counselling with eighty-three privately funded counselling sessions taking place between 1 January 2021 to 31 December 2021.

CONCLUSION

Using both primary and secondary data collection, this study has explored survivors' perspectives on the current provision of mental health support and its cultural sensitivity. The study provides findings about the views of a small group of survivors who were motivated to respond, and so is not representative of all views. The findings demonstrate that while some have had a positive experience of accessing mental health support, various barriers and challenges remain including practical issues such as the time limited nature of therapy sessions, long waiting lists, the lack of face-to-face support and incomplete therapy sessions. Survivors also highlighted the important role that cultural sensitivity and trauma informed approaches within mental health support play in sustaining mental wellness, reinforcing the need for further work in this area.

APPENDIX



IASC Call for Survivor Insights: Mental Health Provision and Cultural Sensitivity

The Independent Anti-Slavery Commissioner has launched a call for **survivor insights** to inform a consultation on:

'Are victims and survivors of modern slavery within the National Referral Mechanism (NRM) provided with mental health support that is appropriate to their needs?'

The aims of this work are to scope:

- Whether victims and survivors of modern slavery within the NRM are able to access mental health support that is appropriate to their needs.
- Whether the mental health support provided is culturally sensitive and to what extent this is important to survivors.

We are seeking views from survivors based in the UK and over the age of 18 in the NRM or who have left the NRM. As this is a rapid piece of work, this survey is available in English.

Please note that this survey is anonymous. Questions 16 - 21 are optional but would help inform our work

This call for insights is running from Friday 15 October 2021 until Friday 12 November 2021.

* Required

1. Please confirm you are over the age of 18 *

- ◯ I am over the age of 18

2. Please select the category that best describes your experience *

- ◯ I am currently in the National Referral Mechanism
- ◯ I have left the National Referral Mechanism - After receiving a Conclusive Grounds decision
- ◯ I have left the National Referral Mechanism - Before receiving a Conclusive Grounds decision

3. Were you offered mental health support when you were in the National Referral Mechanism? *

- ◯ Yes
- ◯ No

4. Did you accept any mental health support when you were in the National Referral Mechanism? *

- ◯ Yes
- ◯ No

5. If you answered "no" to question 4 and would like to provide further information about this, you can do so below.

Enter your answer

6. If you answered "yes" to Question 4, please could you rate your experience of receiving mental health support?

	Very positive	Somewhat positive	Neutral	Somewhat negative	Very negative	Prefer not to say
Please rate	○	○	○	○	○	○

7. How easy or difficult was it to access mental health support?

	Very easy	Easy	Neutral	Difficult	Very difficult	Prefer not to say
Please rate	○	○	○	○	○	○

8. Was the mental health support provided suitable for your personal needs? *

- ○ Yes
- ○ No
- ○ Prefer not to say / Don't know

9. If you would like to provide further feedback about whether or not the mental health support provided was suitable to your personal needs, you can do so here.

Enter your answer

10. Was there anything that prevented you from accessing mental health support?

- ○ Yes
- ○ No
- ○ Prefer not to say/Don't know

11. If you would like to provide any further feedback on what prevented you from accessing mental health support you can do so here.

Enter your answer

12. Was the mental health support provided culturally appropriate? *

- ◯ Yes
- ◯ No
- ◯ Prefer not to say / Don't know

13. If you would like to provide further feedback on whether or not the mental health support provided was culturally appropropriate, you can do so here.

Enter your answer

14. How important is it that mental health support is culturally appropriate? *

	Important	Somewhat important	Not important	Prefer not to say / Don't know
Please rate	◯	◯	◯	◯

15. How could mental health support for survivors be improved?

Enter your answer

16. ***The following questions are optional and your answers will remain anonymous.**

Are you a UK citizen or do you have right to remain in the UK?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Awaiting UK citizenship

17. What is your country of origin?

Enter your answer

18. What is your self-defined ethnicity?

Enter your answer

19. Please select your sex

- ◯ Female
- ◯ Male
- ◯ Prefer not to say

20. Is the gender you identify with the same as your sex registered at birth?

- ◯ Yes
- ◯ No

21. What is your age?

- ◯ Under 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 64+