Meeting the psychosocial needs of refugees and asylum-seekers in South Africa: Perspectives of NGO service providers

Taryn Harverson
HRVTAR002
Supervisor: Assoc. Professor Debbie Kaminer

A minor dissertation submitted in *partial fulfillment* of the requirements for the award of the degree of Master of Arts in Clinical Psychology

Faculty of the Humanities
University of Cape Town
2014

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

PLAGIARISM DECLARATION

1. I know that plagiarism is wrong. Plagiarism is using another's work and to pretend that it is ones own.

2. I have used the American Psychological Association (APA) as the convention for citation and referencing. Each significant contribution to, and quotation in, this essay/report/project/… from the work, or works of other people has been attributed and has cited and referenced.

3. This essay/report/project… is my own work.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

5. I acknowledge that copying someone else's assignment or essay, or part of it, is wrong, and declare that this is my own work

SIGNATURE: _____

DATE: _____

Acknowledgements

I would like to acknowledge the support of a number of people who made this thesis possible.

Firstly, I would like to thank my supervisor, Assoc. Professor Debbie Kaminer, for her steady guidance, inspiration and support, without which this thesis would not have been possible.

I would also like to thank the participants who generously gave up their time to participate in this study. Their insight made a valuable contribution to this study, for which I am grateful.

Many thanks to my colleagues, whose support and assistance proved to be invaluable.

Lastly, I would like to thank my family and friends for their unwavering support and encouragement.

Table of Contents

Abstract

Since 1994, South Africa has become one of the major destinations for asylum-seekers and refugees from unsettled countries throughout the African continent. While the international literature has recognised that refugees and asylum-seekers across many different countries have complex psychosocial needs, there is a dearth of literature regarding the psychosocial needs of refugees and asylum-seekers in South Africa. A number of non-governmental organisations (NGOs) provide services to refugees and asylum-seekers in South Africa. However, literature documenting the psychosocial needs that refugees and asylum-seekers present with and the range of services provided by these NGOs is severely limited. In the context of this gap, this study aimed to explore the psychosocial needs that refugees and asylum-seekers in Cape Town present with when they approach an organisation for help, as well as the service provision responses to these needs. In order to do this, a qualitative study focusing on service providers' perceptions about the psychosocial needs of refugees and asylum-seekers in Cape Town, and of service responses to these needs, was conducted. A qualitative approach was used in order to elicit in-depth data from multiple perspectives. Semi-structured interviews were conducted with 14 service providers recruited from four NGOs in Cape Town. Thematic analysis was used to analyse the data generated from the semi-structured interviews. The results of this study emphasise the need to address social and material conditions resulting from conflict and displacement. These needs were perceived as most pressing and immediate. Furthermore, the service provision responses to these needs align with the ecological model, adding to literature that suggests that a multi-modal response is more appropriate for refugees and asylum-seekers than a bio-medically focused response. The findings of this study may contribute to the development of a systematic framework for understanding and responding to the needs of refugees and asylum-seekers in South Africa, and potentially other low and middle-income countries.

CHAPTER 1

Introduction

A large number of people globally have been forcibly displaced due to conflict and persecution. As of June 2013, an estimated 38.7 million people worldwide had been forcibly displaced; of those, an estimated 11.1 million were recognized as refugees and 988 thousand were individuals whose asylum applications were yet to be determined by the host government (United Nations High Commissioner for Refugees [UNHCR], 2013*a*).

South Africa has become one of the major destinations for asylum-seekers and refugees from troubled countries throughout the African continent since becoming a signatory of the Organization of African Unity (OAU) refugee convention in 1994 (Landau, 2006). Testimony to this is the fact that since 2009, South Africa has received more individual asylum applications than any country worldwide (UNHCR, 2013*b*). As of December 2012, there are an estimated 66 thousand recognised refugees and 230 thousand asylum- seekers (both pending at first-instance and pending appeal) living in South Africa (UNHCR, 2013*b*). The majority of asylum applications lodged in South Africa are from nationals of Somalia and the Democratic Republic of Congo (DRC). Large numbers of asylum applications are also received from nationals of Angola, Ethiopia, Burundi, Congo, Rwanda and more recently Zimbabwe (UNHCR, 2013*b*).

The international literature has recognised that refugees and asylum-seekers across many different countries have complex psychosocial needs (Fazel et al., 2005; Miller & Rasco, 2004; Porter & Haslam, 2005). They have frequently experienced a prolonged period of severe stress, where they are exposed to pre, during and post migration stressors. There is a strong focus in the international literature on pre-migration stressors. Refugees and asylum-seekers are exposed to a range of traumatic events in their country of origin, such as torture, genocide, exposure to sexual abuse, the destruction of homes and the killing of family and friends (Peddle, 2007; Silove, 1999). They may then be exposed to further traumatic events during migration, such as violence from those transporting them (Lindert & Schinina, 2012). While there is less focus in the international literature on post-migration stressors, a number of stressors that refugees and asylum-seekers are commonly exposed to have been identified.

The losses that occur as a result of fleeing the country of origin have been found to act as significant stressors. Common losses include loss of social status; loss of employment and financial resources; not being able to maintain contact with loved ones; loss of familiar social structures and social support networks; not being able to communicate in their own language; and the loss of a familiar cultural framework and cultural norms (Bhugra & Becker, 2005; Sebit, 2011). Refugees and asylum-seekers are also exposed to prejudice from the local population (Yakushko, 2009), difficulties navigating the legal system for seeking refugee status in the host country (Proctor, 2005), a lack of access to basic necessities, such as shelter, clothes, food, healthcare and education, and difficulties with finding employment (Porter & Haslam, 2005).

However, there is a dearth of literature regarding the psychosocial needs of refugees and asylum-seekers in South Africa. In contrast to the international literature, there seems to be a stronger focus on post-migration stressors in the South African research literature. However, the range and scope of this literature is limited. There is a narrow focus on exposure to xenophobia, and, to a lesser extent, difficulties navigating the legal system for seeking refugee and asylum-seeker status (Amit, 2012; Landau, 2006). The strong focus on xenophobia may have been stimulated by the xenophobic attacks that occurred in May 2008. However, the research literature does not provide a wide-ranging and comprehensive understanding of the psychosocial needs of refugees and asylum-seekers, which is of concern given the large numbers that currently reside within South African borders.

A number of non-governmental organisations (NGOs) provide services to refugees and asylum-seekers in South Africa. However, literature documenting the psychosocial needs that refugees and asylum-seekers present with and the range of services provided by these NGOs is severely limited. This is problematic as the wealth of experience that NGOs have in relation to meeting the needs of refugees and asylum-seekers in the context of South Africa is currently inaccessible. Similarly, there is limited international literature on psychosocial interventions for refugees and asylum-seekers. The international research literature is dominated by narrowly defined, bio-medically influenced notions of mental health care. Specifically, there is a strong emphasis on trauma-focused approaches within the literature that aim to alleviate refugees and asylum-seekers of the mental health sequelae of past traumatic experiences (Ingleby, 2005; Marlowe, 2009).

While limited, there is an emerging body of research that places more emphasis on psychosocial approaches that address the social and material conditions resulting from conflict and displacement. In particular, there is an increasing focus on the ecological approach, which aims to increase the capacity of refugee communities to respond and adapt to ongoing stressors (Miller & Rasco, 2004).

Addressing the complex psychosocial needs of refugees and asylum- seekers, who represent a particularly vulnerable and disempowered group in South African society, is an important human rights concern. Documenting the experiences of NGOs that provide psychosocial services to refugees and asylum-seekers would assist with the development of a systematic framework for understanding and responding to the needs of refugees and asylum-seekers in South Africa and potentially other low and middle-income countries.

In the context of this gap, this study aimed to explore the psychosocial needs that refugees and asylum-seekers in Cape Town present with when they approach an organisation for help, as well as the service provision responses to these needs. In order to do this, a qualitative study focusing on service providers' perceptions about the psychosocial needs of refugees and asylum-seekers in Cape Town, and of service responses to these, was conducted.

Chapter 2 will review the literature on the psychosocial needs of refugees and asylum-seekers, and related service provision responses. Chapter 3 will describe the methods that were used to explore service providers' perceptions about the psychosocial needs of refugees and asylum-seekers in Cape Town, and of service providers' responses to these. Chapter 4 will report the findings of the study. Lastly, Chapter 5 will provide an interpretation of the findings of the study in light of the existing research literature, as well as consider the research limitations and directions for future research.

CHAPTER 2

Literature Review

In this chapter, the literature will be reviewed in order to highlight what is known about the psychosocial needs of refugees and asylum-seekers, and related service provision responses. This chapter begins by briefly looking at the legal situation of refugees and asylum-seekers worldwide, followed by a narrower focus on the South African context. Attention will then be turned to the factors affecting the mental health and psychological well-being of refugees and asylum-seekers. Finally, literature regarding service provision to refugees and asylum-seekers will be reviewed, in order to identify the strategies that have been used to respond to the needs of this population.

2.1. Defining Refugees and Asylum-seekers

While the definition of a refugee is dictated by the legal system of the host country, the official United Nations (UN) definition of a refugee is widely recognized by governments and agencies worldwide. As defined in Article One of the 1951 United Nations Convention Relating to the Status of Refugees (UNHCR, 1951), of which South Africa is a signatory, a refugee is a person:

> Who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country. (p. 14)

A further distinction of asylum-seeker is made for someone who has applied to be recognized as a refugee in another country (UNHCR, 2013*a*).

However, it has been argued that the UN definition does not account for the complex nature of identity amongst displaced persons (Halilovich, 2006), and that it favours particular types of conflict (Tuepker, 2002). Only a small percentage of those displaced are recognized by the UN definition and it only accounts for people that are displaced through particular types of individual persecution.

Halilovich (2006) argues that neglecting the diversity that exists within refugee populations serves to reduce "the identity of diverse groups of people to only one of their life episodes – that of fleeing persecution and leaving their homelands" (p. 60). This argument is particularly important in the context of research relating to the needs of refugees as it emphasizes the importance of recognizing the diverse range and complexity of needs that may exist within refugee groups.

In response to the limited scope and potential biases of the UN official definition, the OAU Convention Governing the Specific Aspects of Refugee Problems in Africa, adopted in 1969, broadened the official definition of a refugee by adding that:

> The term refugee shall also apply to every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality. (OAU, 1969, p. 2)

The regional addition to the UN definition emphasizes the range of problems, and possible associated needs, that compel people to seek asylum. Notably, the OAU definition makes provision for people displaced due to socio-economic crisis (disturbance of 'order') while the UN definition attempts to differentiate refugees from economic migrants (Tuepker, 2002). According to the UN, the major points of difference between refugees and economic migrants are the element of choice to migrate, and the extent of protection offered by the home government (UNHCR, 2002). Essentially, economic migrants are seen to choose to leave their country of origin in search of better opportunities, and are able to return to full protection by the state, while refugees are forced to flee due to threat of persecution and are unable to return. However, Tuepker (2002) questions the assumption that economic migrants are protected by the state.

The differing assumptions underlying the definitions, as well as the accompanying debates, highlight the difficulty in defining a refugee and illustrate that refugees are recognized according to different guidelines in various parts of the world. This is important to consider in the context of research on the needs of refugees and asylum- seekers as it makes a case for localised research instead of focusing on the notion of a homogeneous 'refugee'.

Accordingly, attention will now be turned to the legal situation of refugees and asylum-seekers in South Africa, the context of which is the focus of the current research.

South Africa is a signatory of the OAU refugee convention. It has been argued that the OAU definition, as applied in South African asylum practice, tends to favour asylum-seekers from particular countries (Teupker, 2002). While the UN definition favours asylum-seekers that can prove individual persecution, the OAU definition recognises mass persecution and tends to favour victims of generalized violence. The implementation of the OAU definition has led to the extensive use of *prima facie* asylum determination in South Africa, whereby a person is recognized as a refugee solely on the basis of being a national of a recognised country. Furthermore, Teupker (2002) has found evidence to suggest that nationals from Somalia, Burundi and Rwanda are favoured as the crises their countries are embroiled in have been internationally recognised as examples of an "abhorrent but graspable violence" (p. 414).

What is important to note for the purposes of the current research is that the South African asylum process tends to favour asylum-seekers that are African victims of mass generalized violence, and tends to reject asylum-seekers relying on the individualized political criteria of the UN definition. Accordingly, asylum-seekers that are largely rejected (or wait indefinitely for a decision) are those from Asian countries, Nigeria and Sierra Leone, to name a few (Teupker, 2002).

An understanding of the particular asylum context in South Africa, and who it favours, is important to highlight as it speaks to the potential needs of the different refugee and asylum-seeker groups living in South Africa. There is compelling evidence to suggest that the legal system can act as a significant stressor in the lives of refugees and asylum-seekers (Iverson & Morken, 2004). Attention will now be turned to a more detailed consideration of the stressors impacting refugees and asylum-seekers in order to facilitate a deeper understanding of the needs of this population group. This will then be followed by a closer look at the South African context for the same purposes.

2.2. Psychosocial Stressors amongst Refugees and Asylum-seekers

Refugees and asylum-seekers have frequently experienced a protracted period of severe stress, spanning the pre-migration period, the journey to the host country, and the post-migration period (Craig et al., 2009). They have usually experienced a range of traumatic events in their country of origin, where they may have felt threatened or actually been harmed in some way. For example, exposure to sexual abuse, torture, genocide, the destruction of homes and the killing of family and friends are common (Peddle, 2007; Silove, 1999). Following this exposure, they may have also endured a perilous escape and a long and dangerous journey to the host country. During migration they may have been exposed to further potentially traumatic events, such as violence from those transporting them and periods without adequate food, water and shelter (Lindert & Schinina, 2012).

While there may be initial relief upon arriving in a country of refuge, many refugees and asylum-seekers continue to face multiple stressors and challenges in the host country. Some of these stressors result from losses associated with fleeing the country of origin, such as: loss of social status; loss of employment and financial resources (Danso, 2002); not being able to maintain contact with loved ones; loss of familiar social structures and social support networks (Stroll & Johnson, 1997); not being able to communicate in their own language; and the loss of a familiar cultural framework and cultural norms (Bhugra & Becker, 2005; Sebit, 2011).

The loss of one's self-identity, culture and social structure is argued to potentially result in a grief reaction marked by feelings of guilt over abandoning one's culture, country of origin and loved ones, feelings of anxiety, and constant images of and a preoccupation with the past. This grief reaction has been termed 'cultural bereavement' and it is thought that refugees and asylum-seekers are particularly at risk for cultural bereavement as they may not be able to return to their country of origin due to persecution (Eisenbruch, 1991).

Furthermore, the inability to adjust to a new social-cultural context, which entails recreating a new life and a new sense of identity, is argued to potentially impact negatively on well-being (Berry, Kim, Minde, & Mok, 1987; Nwadiora & Mcadoo, 1996).

The degree and style of acculturation and the length of time within the host country may affect the ability to adjust to a new socio-cultural context. Acculturation refers to the changes in beliefs, values and identity that occur when there is sustained contact between cultures (Berry, 1997).

Four individual styles of acculturation are commonly cited, highlighting diversity in the needs of refugees: integration, assimilation, separation and marginalisation. Integration refers to those that identify with both their own cultural heritage and the dominant culture, whilst assimilation refers to those that identify strongly with the dominant culture and less with their cultural heritage. Separation refers to those that identify strongly with their own cultural heritage and less so with the dominant culture. Lastly, marginalisation refers to those that have low identification with both their own cultural heritage and the dominant culture (Berry, 1997). Acculturative stress, which refers to the distress resulting from difficulties adjusting to living in a new culture, has been found to be highly associated with marginalisation, while a low association was found with integration (Berry et al., 1987). Furthermore, acculturative stress has been found to be associated with the relative differences between the host culture and the culture of the individual undergoing acculturation. For example, individuals that come from non-"western" societies may experience higher levels of acculturative stress adjusting to life in a "western" society than those that move from one "western" society to another (Nwadiora & McAdoo, 1996). [1]

Adjustment to a new social context is not only affected by refugees' and asylum-seekers' own experiences and expectations, but is also affected by the ways in which they are perceived and accepted by the wider society (Nwadiora & McAdoo, 1996). Xenophobia towards refugees and asylum-seekers across all areas of the world has been well-documented (Pettigrew, 1998; Yakushko, 2009).

[1] The term "western" is subjective in nature. Thus, for the purposes of this research, "western" will refer to those countries whose cultures are mostly influenced by, or are directly derived from, European cultures. Specifically, the term "western" refers to European countries, Oceania (Australia and New Zealand), and the America's.

Refugees and asylum-seekers are also often portrayed as criminal, violent, uneducated and poor, contributing to negative attitudes towards them (Yakushko, 2009). Landau, Ramjathan-Keogh and Singh (2005) argue that one of the most common factors underlying xenophobia globally is that refugees and asylum-seekers are perceived as a threat to the availability of employment, services and social grants.

Furthermore, the loss of social support networks may have a negative impact on the ability of refugees and asylum-seekers to adjust to the new social context. Highlighting the importance of social support networks, Schweitzer, Greenslade and Kagee (2007) found that social support increased the ability of refugees and asylum-seekers to cope with and adjust to unfamiliar settings. Furthermore, Schweitzer et al. (2006) argue that a lack or loss of social support networks may represent an ongoing source of trauma for refugees and asylum-seekers.

These challenges may then be compounded by a period of ongoing uncertainty regarding legal status, and the stress of navigating the legal system for seeking refugee status in the host country (Proctor, 2005; Watters, 2001). Depending on the resources available in the host country, these challenges may then be further compounded by a lack of access to basic necessities, such as shelter, clothes, food, healthcare and education, and difficulties with finding employment (Porter & Haslam, 2005). Unemployment and underemployment are common for refugees and asylum-seekers (Mpofu, Stevens, Biggs, & Johnson, 2012), as many have had interrupted educations or difficulties getting qualifications recognized. These difficulties result in refugees and asylum-seekers taking on low paid or hazardous work (Gwyther & Jenkins, 1998). Refugees and asylum-seekers may also be forced into poor living conditions following arrival due to an uncertain legal status, often required to live in detention centres and refugee camps that may be overcrowded and unsanitary (Kim, Torbay & Lawry, 2007; Steel et al., 2006).

2.3. Psychosocial Stressors amongst Refugees and Asylum-seekers living in South Africa

Attention will now be turned to psychosocial stressors for refugees and asylum-seekers in South Africa. Refugees and asylum-seekers tend to reside in South Africa's major urban cities, such as Johannesburg, Cape Town and Durban, where they have access to services and to income-generating activities (Human Rights Media Centre (HRMC), 2011).

Due to its constitutional commitments, South Africa is one of the few African countries that promotes integration into urban areas and hence makes no provision for refugee camps or detention centres (Landau, 2006). Thus, refugees and asylum-seekers are less regulated in South Africa relative to many African and "western" countries, as they are able to move around freely and have access to the job and housing markets. However, refugees and asylum-seekers living in South Africa receive less direct assistance from the UNHCR than their counterparts living in camps (Landau, 2006), as well as limited assistance from the state relative to high-income countries, and may therefore have more unmet psychosocial needs than those who seek refuge in camps or within high-income countries.

South Africa's obligations to people seeking refuge within its borders are outlined in both international and domestic law. In addition to the UN and OAU refugee conventions, South Africa is also guided by the South African Refugees Act 130 of 1998, which was implemented in 2000 (Government Gazette, 1998). Aligned with South Africa's progressive constitutional commitments of rights and dignity, the Refugees Act (1998) guarantees refugees and asylum-seekers access to basic social services, freedom of movement and the right to work and study (Landau, 2006). It further commits to provide a positive environment for refugees and asylum-seekers by limiting the use of detention and deportation and guaranteeing access to documentation. In addition, recognized refugees are entitled to rights similar to those of South African citizens, such as access to social grants, education and healthcare (Government Gazette, 1998).

While the legislation appears progressive in theory, Landau (2006) argues that it does not translate into practice as refugees and asylum-seekers frequently face extreme challenges in accessing the rights they are legally entitled to. The obstacles faced by refugees and asylum-seekers in accessing services and participating in job and housing markets are partly accounted for by an emerging bias against migrants common throughout South African society (Landau, Ramjathan-Keogh, & Singh, 2005). Prejudice towards migrants frequently results in difficulties accessing services, housing and job markets due to hostility and ignorance, and increases the vulnerability of refugees and asylum-seekers to abuse from the police force (HRMC, 2011).

Furthermore, prejudice towards migrants can also have other serious implications for refugees and asylum-seekers, as illustrated by the xenophobic attacks in urban cities throughout South Africa in May 2008 where hundreds of 'foreigners' were injured, dozens killed and many more displaced (Centre for the Study of Violence and Reconciliation (CSVR), 2008). A recent report indicates that, despite measures put in place to prevent similar occurrences, xenophobic attacks are on the increase, with 50 reported attacks occurring in September 2012 alone (United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2012). Notably, the majority of attacks are committed on Somali shop owners, who are frequently the targets of looting, arson and murder. The number of attacks on Somali shop owners is significantly higher than the number of attacks on their South African counterparts, and is thought to occur so frequently due to the perceived vulnerability of Somalis, which is mediated in part by a lack of state intervention (Amit, 2012). The plight of Somali entrepreneurs illustrates some of the hardships and potential dangers faced by refugees and asylum-seekers trying to compete in the job market.

Another major obstacle to translating legal rights into entitlements is the asylum system administered by the Department of Home Affairs (DHA). It has been argued that the DHA constantly fails to fulfil its legal obligations and frequently acts outside of the law, as described below, which may have severe consequences for life and liberty for those affected (Amit, 2012; Landau, 2006). Documentation is an important commodity for refugees and asylum-seekers as it allows access to services, social grants and the job and housing markets. Documentation is also a fundamental aspect of protection as it prevents arbitrary arrest and deportation (HRMC, 2011; Landau, 2006). However, asylum-seekers and refugees face mounting challenges in accessing the documentation to which they are legally entitled. Part of the problem is the general ineffectiveness of the asylum system, which has resulted in a large backlog of asylum applications (UNHCR, 2013*b*). Compounding this problem is DHA's unlawful closure of a number of refugee reception offices, which were originally opened to deal with asylum claims. New applicants are now required to travel to Durban, Messina or Pretoria to apply, which may be prohibitive in some cases (Amit, 2012; HRMC, 2011).

Other major challenges facing refugees and asylum-seekers in South Africa when applying for documentation are corruption, lengthy or indefinite waits for status determination and long queues (Landau, 2006).

The severe challenges faced by refugees and asylum-seekers related to the asylum system may result in periods without documentation, leaving vulnerable individuals open to abuse and without access to assistance (CSVR, 2005). Furthermore, refugees and asylum-seekers are also affected by the general problems faced by many South Africans, such as a general lack of housing, employment and public services (Landau, 2006). All of the above contextual stressors may impact on psychological well-being. The psychological needs of refugees and asylum-seekers will now be considered.

2.4. Psychological Needs of Refugees and Asylum-seekers

Interest in the mental health and wellbeing of refugees and asylum-seekers has been growing since the 1980s, largely due to the emerging perspective that mental health care is a key priority for the refugee population once their basic needs have been met (Tempany, 2009). This interest has led to a growing body of multi-disciplinary literature on the mental health and psychosocial wellbeing of refugees and asylum-seekers, with a strong focus on addressing traumatic stress (Ingleby, 2005; Lindert & Schinina, 2012).

Despite the array of stressors associated with forced migration, controversy persists about the nature and extent of psychopathology and psychological needs amongst refugees and asylum-seekers (Lindert & Schinina, 2012; Porter & Haslam, 2005; Van Ommeren, Saxena, & Saraceno, 2005). Overall, much of the academic literature acknowledges the adverse effects associated with the experience of forced migration, citing psychological distress as a common outcome for refugees and asylum-seekers. However, the empirical information on the epidemiology of mental health among refugees and asylum-seekers, particularly for those living in developing countries, is limited (Fazel et al., 2005). Furthermore, interpretation of existing empirical evidence is complicated by the use of different sampling and assessment methods. With this in mind, attention will now be turned to what is known about the psychological impact of forced migration, which will then be followed by a consideration of the impact of ongoing stressors on the well-being of refugees and asylum-seekers. The mental health of unaccompanied minors and the children of refugees and asylum-seekers is beyond the scope of this review as it would entail a separate discussion of developmental issues. The focus will therefore be on adult refugees and asylum-seekers.

The controversy mentioned above is highlighted by the wide variability in the rates of the most frequently studied psychiatric conditions and related syndromes, such as post traumatic stress disorder (PTSD), depression and anxiety, in refugee and asylum-seeker populations across nations. For example, prevalence rates for major depression in adult refugees have ranged from 3% to 80% and those for PTSD have ranged from 3% to 86% (Carlson & Rosser-Hogan, 1991; Hauff & Vaglum, 1994; Lavik, Christie, Solberg, & Varvin, 1996). A number of systematic reviews have investigated psychopathology amongst refugees and asylum-seekers. In a review of 20 psychiatric surveys of unselected refugee populations, Fazel et al. (2005) concluded that refugees are ten times more likely to have PTSD than the host population in the seven economically developed "western" countries surveyed. Methodological factors such as the diagnostic measure used and the sample size, as well as contextual factors such as time since resettlement, were also found to influence prevalence rates.

While research into affective disorders is limited amongst refugees and asylum-seekers, a meta-analysis of 36 population based studies of mental health amongst refugees found a combined prevalence rate for depression of 44% and a combined rate for anxiety of 40% (Lindert, von Ehrenstein, Priebe, Mielck & Brahler, 2009), rates that are substantially higher than those reported in the general population (APA, 2001). However, in contrast, another review of 20 psychiatric surveys found a combined prevalence rate for major depression of 5%, similar to levels found in "western" general populations (Fazel et al., 2005).

A single measure of psychological distress was derived from the heterogeneous outcome measures used in 59 studies that compared a refugee group to a non-refugee control group (Porter & Haslam, 2005). Refugees were found to have significantly elevated rates of psychological distress relative to the non-refugee control group, even when the comparison group had been directly exposed to potentially traumatic events. Both methodological and social-ecological variables, such as rural residence, insecure housing and restricted economic opportunities, were found to influence rates of distress. While limited, other studies point to elevated rates of somatic complaints and chronic pain in the refugee population (Norredam, Garcia-Lopez, Keiding, & Krasnik, 2009).

Research undertaken so far has shown that exposure to violence of all kinds prior to migration increases the risk for psychopathology in refugees and asylum-seekers (Lindert & Schinina, 2012). The effect is enduring, with increased rates of psychopathology found in refugees and asylum-seekers long after resettling in the host country (Marshall et al., 2005). Furthermore, there seems to be a dose-response relationship between levels of psychopathology and violence, with those exposed to acute and prolonged violence experiencing the worst effects (Mollica, Caspi-Yavin, Bollini, & Truong, 1992; Tribe, 2002).

Despite some inconsistencies, overall the research literature indicates that the multiplicity of stressors and challenges faced by refugees and asylum seekers creates a substantial mental health burden. It is also clear that both methodological and contextual variables mediate the prevalence rate of disorders and syndromes amongst refugees and asylum-seekers. However, there are a number of notable limitations within the refugee and asylum-seeker mental health literature, particularly related to the use of sampling strategies and quantitative measures, which are important to consider in more detail, as they pose an obstacle to effectively preventing and treating mental health problems within the entire population group.

A relatively large proportion of the existing knowledge on the mental health of refugees and asylum-seekers comes from research conducted on adult help-seeking populations residing in high-income settings. This is of concern considering that an estimated 80% of the global refugee and asylum-seeker population currently live in low or middle income countries, in settings and conditions that may be different to those found in high-income countries (UNHCR, 2013*a*). Given that contextual factors influence mental health outcomes amongst refugees and asylum-seekers (Porter & Haslam, 2005), it is questionable whether the current knowledge on psychological needs amongst refugees and asylum-seekers is representative of the entire population.

Furthermore, difficulties assessing the extent and nature of psychological needs amongst refugees and asylum-seekers are created by the general trend in the research literature to make no distinction between the different categories in the overall refugee population group. The term ‘refugees’ is often used inclusively in the literature to refer to ‘refugees’, ‘asylum-seekers’, ‘stateless people’ and sometimes even ‘internally displaced people’, for the often cited purpose of convenience.

Given that psychosocial stressors particular to each group have been shown to influence mental health outcomes (Iverson & Morken, 2004), the lack of distinction within the literature may undermine the ability to respond appropriately to the particular needs of each group.

Additionally, a large majority of the participants assessed are from South East Asian countries subsequent to the conflicts of 1965-1980 (Fazel et al., 2005). It is questionable whether this literature is relevant to the South African context considering that an extremely limited number of refugees and asylum-seekers residing in South Africa are from Asian countries. There is a clear need for further research into the psychological needs of adults and children who have been more recently displaced to low and middle income countries, of which South Africa is one. The ways in which refugees and asylum-seekers are assessed have also caused controversy within the literature.

Standardised psychological measures have generally been developed in high-income countries, based upon "western" values, assumptions and norms (Ahearn, 2000). There has thus been some concern that using these measures with refugees and asylum-seekers will reduce the validity of the results due to the issues of linguistic and conceptual non-equivalence across cultures (Hollifield et al., 2002; Tempany, 2009). Individual interviews, largely using a translator, are frequently conducted with refugee and asylum-seeker participants, as they are often unable to complete anonymous surveys due to illiteracy (Tempany, 2009). The use of interviews and translators may introduce factors, such as social desirability, trust between researcher and participant, mistranslation and issues with confidentiality, which may impact the validity of the results.

In addition to these issues, the symptoms dictated by questionnaires or interviews may have a different meaning for the participants under study (Summerfield, 2001; Watters, 2001). According to Kleinman (1987), symptoms may not have the same significance and meaning across all cultures. A 'category fallacy' is committed when researchers elicit symptoms in a different culture and assume that they have the same meaning and significance as they do in "western" cultures. Kleinman (1987) formally defines a category fallacy as "the reification of a nosological category developed for a particular cultural group that is then applied to members of another culture for whom it lacks coherence and its validity has not been established" (p. 452).

Thus a category fallacy may occur when research into the prevalence of particular symptoms does not consider whether the construct under investigation has the same significance and consequences in the culture being studied, but still claims to be valid (Tempany, 2009). This matter has caused considerable controversy within the refugee and asylum-seeker mental health literature regarding the suitability of the PTSD construct (Summerfield, 2001; Watters, 2001), which will be discussed in more detail below.

Overall, there is a clear need for further contextually valid and relevant research into the mental health problems of refugees and asylum-seekers worldwide in order to inform an appropriate response. Additionally, there is a growing body of research regarding the impact of psychosocial stressors on mental health which suggests that broader psychosocial needs should also be taken into account when assessing needs for mental health and psychosocial care.

Growing research suggests that political violence has an impact beyond the individual level, effecting social health with consequences for families, communities and social institutions (Summerfield, 1995). At the family level, exposure to political violence can affect the function and structure of both nuclear and extended families, resulting in, for example, violence within the family (Lindert & Schinina, 2012). At the community level, social ties may be severed through exposure to violence, creating distrust and animosity towards social institutions (Summerfield, 1995). Additionally, violent approaches to conflict resolution have been found to become the norm amongst survivors of political violence (Bayer, Klasen, & Adam, 2007).

Although far less attention has been paid to the impact of post-migration factors on mental health, factors such as legal status, the socioeconomic resources of the host country, exposure to discrimination, and social isolation have been found to increase the risk for mental health problems (Porter & Haslam, 2005; Sinnerbrink, Silove, Field, Steel & Manicavasagar, 1997). For example, a study in Norway found that asylum seekers had higher rates of PTSD than refugees (45% vs. 11%), probably due to their more uncertain legal status (Iverson & Morken, 2004). In addition, if not worked through properly, cultural bereavement further increases the risk of mental and psychiatric disorders (Eisenbruch, 1991).

It is therefore apparent that ongoing stressors in the host country related to economic, legal and social factors create a serious mental health risk for refugees and asylum seekers, compounding past traumas from the pre-migration period.

In turn, mental health difficulties may reduce the capacity of refugees and asylum seekers to cope with the challenges of daily functioning, such as finding secure dwellings or employment. This may then further increase the mental health and social care needs that refugees present with. It is therefore important to view the mental health needs present in the refugee population within the wider economic, social and political contexts in which they exist (Laban, Komproe, Gernaat, & De Jong, 2008; Watters, 2001).

Given the complex interplay between psychological difficulties and social stressors amongst refugees and asylum seekers, it has been argued that a holistic and integrative approach that considers the broad psychosocial needs of this marginalised population is more appropriate than a purely biomedical approach in informing intervention and support programmes (Miller & Rasco, 2004; Porter & Haslam, 2005; Watters, 2001). The term psychosocial is difficult to define as there have been a number of revisions to the term since it was defined by Erik Erikson in 1950. The term psychosocial was first defined as the way humans develop psychologically within, and in interaction with, a social environment (Erikson, 1950). However, the term has obtained a more general meaning over time. It is now used to refer to the overall emotional well-being of individuals (Strang & Ager, 2003). Current responses to the needs of refugees and asylum-seekers will now be considered in more detail in order to facilitate a deeper understanding of effective service provision for this population group.

2.5. Service responses to the needs of refugees and asylum-seekers: biomedical versus ecological frameworks

In terms of responding to the needs of refugees and asylum-seekers, the research literature is largely dominated by narrowly defined, bio-medically influenced notions of mental health care. Specifically, there is a strong focus on trauma within the refugee literature (Ingleby, 2005; Marlowe, 2009), which may partly be accounted for by the viewpoint, originating from the fields of psychology, psychiatry and psychiatric epidemiology, that trauma is inherent in the experience of forced displacement.

However, there is an emerging body of research which places more emphasis on the social and material conditions resulting from conflict and displacement. Two distinct frameworks for understanding and addressing distress in populations affected by conflict and forced migration are thus present within the refugee literature (Miller & Rasmussen, 2010). A trauma-focused approach is informed by a relatively simple direct-effects model, which assumes that direct exposure to war-related traumatic events, such as torture and loss of loved ones, has an effect on mental health. It also assumes that trauma is a universal response to political violence (Mollica, Caspi-Yavin, Bollini, & Truong, 1992). In contrast, a psychosocial approach assumes that psychological distress is located in the social and material conditions which emerge from, or are worsened by, conflict (Miller & Rasco, 2004). The refugee literature is characterised by much controversy and debate stemming from the two different schools of thought. Key elements of the debate will be reviewed in order to gain a deeper understanding of the limitations and benefits of the two approaches.

2.6. Biomedical trauma approaches

The framing of psychological distress experienced by refugees and asylum-seekers according to "western" diagnostic categories, such as PTSD, and the subsequent "western" defined response, has caused much controversy and debate within the refugee literature (Bracken, Giller, & Summerfield, 1995; Summerfield, 1999; Watters, 2001). As discussed previously, Kleinman (1987) cautions against assuming that symptoms associated with a particular psychiatric category have the same meaning across different contexts. The controversy stems out of the related difficulty of ascertaining whether reported distress across different social, cultural and geographical locations is indicative of a psychopathological condition or rather a normal and expected response to traumatic experiences (Marlowe, 1999; Summerfield, 2001).

There is little doubt within the literature that many refugees and asylum-seekers have been exposed to potentially traumatic events during the experience of forced migration. Indeed, a recent study reports that refugees and asylum-seekers accessing a counselling service in Johannesburg had been exposed to an average of two traumatic events each, occurring both pre and post migration (CSVR, 2011).

Other studies of non help-seeking populations similarly indicate that a large majority of refugees and asylum-seekers have experienced at least one traumatic event, with many experiencing more than one (Schweitzer, Melville, Steel, & Lacherez, 2006). Accordingly, the literature suggests that the traumatic experiences of refugees are cumulative rather than isolated events (Silove, 1999).

There is a large body of literature documenting the negative sequelae resulting from exposure to traumatic events related to the experience of forced migration. Shared expressions of psychological distress are all identified within this literature (Marlowe, 2009). However, since the formal recognition of PTSD in the 1980s, there has been an exponential increase in "western" influenced understandings of trauma within the refugee literature (Ingelby, 2005). PTSD is now the most widely acknowledged mental health outcome following exposure to traumatic experiences related to forced migration (Neuner et al., 2004).

The unsuitability of applying medicalised "western" understandings of distress to people from diverse contexts is a foundation of critiques of the trauma paradigm. Marlowe (2009) argues that the critique of the refugee trauma paradigm is levelled on three fronts. Firstly, the model is seen to individualize distress and subsequently pathologize refugees and asylum-seekers. The resultant focus on disease, deficiency and loss within the literature has led to other aspects of refugees' identities, such as resiliency, being largely ignored (Malkki, 1995; Ryan, Dooley, & Benson, 2008).

This gives rise to the second part of the critique, which argues that the model does not consider the direct impact of structural forces on the well-being of refugees and asylum-seekers (Marlowe, 2009). The inability of the model to consider social and political realities may lead to the daily needs of refugees and asylum-seekers being overlooked (Ryan et al., 2008). This is of concern considering growing research which suggests that refugees and asylum-seekers tend to prioritize needs related to adjusting to their new environment rather than those related to past experiences (Miller, Kulkarni, & Kushner, 2006; Watters, 2001). The focus on individual pathology may also entrench refugees and asylum-seekers in particular roles which may diminish their agency and access to resources. Ingleby (2005) argues that the dominant 'sick role' assigned to refugees and asylum-seekers determines their low position in society and the inequity of rights that they are entitled to.

Thus, the model is unable to contextualize distress within external factors, and may inadvertently expose refugees and asylum-seekers to distress and adversity through the roles it helps to construct.

The final element of the critique is the inability of the trauma paradigm to recognize local forms of distress, healing and coping mechanisms within refugee communities (Marlowe, 2009). The positivist foundation of the trauma paradigm has led to a strong focus on identifying universal patterns of distress, which has resulted in local particularities in the ways that people understand and react to trauma being largely overlooked (Miller et al., 2006). Highlighting this concept, Eisenbruch (1991) found that cultural bereavement would better account for the distress expressed by Southeast Asian refugees who had been diagnosed with PTSD.

Thus, while the trauma paradigm contributes to our understanding, it is important that other perspectives that consider a person's socio-political context are also taken into account when attempting to understand and respond to experiences of forced migration and conflict. Inherent in the critique of the trauma model is the idea that, while refugees and asylum-seekers may have experienced traumatic events, the need to address these may have lower priority than the need to address more pressing concerns in their immediate environment (Summerfield, 1999; Watters, 2001). It is thus argued that the psychological needs of refugees and asylum-seekers should not be conflated with psychiatric epidemiology.

The dominant trauma-focused approach has formed the basis of refugee mental health intervention. Thus, there has been a strong focus on clinic-based services, such as psychotherapy and psychiatric medication administered by highly trained professionals, when responding to the mental health needs of refugees and asylum-seekers (Miller & Rasco, 2004). However, this reliance on interventions stemming from the medical model has been widely criticized in the refugee literature. Some of the concerns regarding the appropriateness of applying "western" categories of distress to the refugee population have been noted above. We will consider concerns related to the practical usefulness of clinic-based services for refugees and asylum-seekers.

Miller and Rasco (2004) argue that three main factors decrease the utility of clinic-based services for the refugee population.

Firstly, there is a general lack of access to the services of mental health professionals amongst refugees and asylum-seekers. This is due in part to the limited number of mental health professionals in areas near violent conflict, where the majority of refugees and asylum-seekers live (UNHCR, 2011*a*). However, access to services remains difficult even in areas where there are large numbers of mental health professionals.

Communication has been found to pose a substantial obstacle to accessing mental health care. Refugees and asylum-seekers often lack proficiency in the language of the host country, and mental health professionals often have limited access to translators (Lindert & Schinina, 2012; Tribe 2002). Additionally, services designed for refugees and asylum-seekers generally have reduced capacity due to limited budgets. Overall, clinic-based services are limited in the number of refugees and asylum-seekers that they can assist.

Secondly, utilization of mental health services by refugees and asylum-seekers is often low, even when they are available. Miller and Rasco (2004) argue that the various ways distinct cultures understand and respond to distress accounts for the low utilization of often unfamiliar "western" methods of treatment. Some refugees and asylum-seekers may prefer to use culturally relevant and familiar methods of treatment, such as traditional healers. Mental health services may also be resisted due to culturally sanctioned stigma (Lindert & Schinina, 2012).

Lastly, Miller and Rasco (2004) argue that clinic-based services have low utility as they are unable to address the post-displacement stressors that have been shown to have a significant impact on the mental health of refugees and asylum-seekers. Based on the available evidence, four key tasks are outlined by Miller and Rasco (2004) which are thought to be imperative in alleviating the distress of refugees and asylum-seekers, and are also outside the scope of clinic-based services: the development of social networks in order to reduce social isolation and increase social support; the development of purpose and structure within refugee's lives by identifying new projects and social roles; the development of skills to allow access to resources; and improving social ties within communities which have been severed through violence and its associated effects.

2.7. Ecological framework

In response to the outlined limitations of the dominant medical approach, and the resultant need for culturally relevant and appropriate interventions, a small number of practitioners have turned to the ecological model in which to ground their approach (Stanciu, & Rogers, 2011). Miller and Rasco (2004), prominent clinicians in this field, argue that interventions designed for refugees should have two main aims: they should help refugees manage or resolve their traumatic symptoms, and they should increase the capacity of refugee communities to respond and adapt to ongoing stressors. Furthermore, Miller and Rasco (2004) argue that interventions should broaden their scope to the level of the community as the mechanisms of political violence have an impact on communities and societies as a whole. For example, the critical task of creating support networks may need to be preceded by an initial process of healing ties between community members, as they are often shattered following exposure to political violence (Stanciu, & Rogers, 2011).

The guiding principles underlying the ecological model will be briefly considered in order to illustrate the potential benefits inherent in this model when applied to refugee communities. Firstly, the ecological framework suggests that psychological distress and pathology is mediated by a mismatch between the demands of the setting in which people exist and the adaptive resources available to cope with those demands. Thus, ecological interventions aim to alter or change the problematic setting so that it is better suited to people's needs or capacities; or alternatively, to increase people's ability to cope within the problematic setting (Miller & Rasco, 2004). A practical example to improve well-being at a macro level would be to limit the detention of asylum-seekers (Fazel & Silove, 2006). At the local level, programmes can be introduced that facilitate self-sufficiency, such as small business loans, which diminishes the need for outside assistance and could lead to increased self-esteem and well-being (Miller & Rasco, 2004).

Secondly, the problems that are of concern to the community should be addressed by the intervention. Thus, interventions should reflect the priorities of the community (Miller & Rasco, 2004). The focus on addressing PTSD with refugees and asylum-seekers may be at odds with their pressing concerns, as suggested by the findings that higher priority is placed on immediate needs (CSVR, 2005).

Interventions that include the needs articulated by the communities themselves may be more effective as people may be more open to addressing their symptoms of trauma when their immediate needs have been met (Watters, 2001).

Thirdly, wherever possible, prevention of chronic psychological difficulties should be prioritized over treatment (Miller & Rasco, 2004). Since many refugees and asylum-seekers may already be experiencing high levels of distress when they arrive in the host country (Fazel et al., 2005), secondary prevention programmes, which aim to restore psychological well-being and prevent the onset of chronic psychological difficulties, are well-suited to the refugee community. In light of growing evidence which shows the secondary preventive effects of social support on traumatic symptoms, Miller and Rasco (2004) argue that naturally occurring support systems may help the majority of refugees and asylum-seekers recover from exposure to traumatic events. Thus, an intervention should prioritize strengthening social support networks within refugee communities.

Fourthly, local interpretations regarding psychological distress and well-being should be considered when designing, implementing and evaluating interventions. This ensures that interventions will be culturally appropriate, increasing their utility and efficacy. However, as Miller and Rasco (2004) point out, "western" mental health practices are still valuable within ecological approaches for a number of reasons. Some cultures have not developed systems that can adequately address the psychological effects of war-related trauma. Furthermore, significant variation exists within cultures; some members may be more comfortable within a "western" approach due to increased familiarity with "western" ways of being; while some members of the same community may be more comfortable using traditional methods, or some combination of the two. Thus, a variety of perspectives should be considered when developing and implementing interventions.

Fifthly, ecological interventions should be implemented in community settings wherever possible. Implementing interventions in less stigmatizing settings than clinics, such as schools or community centres, should increase utilization of services. Miller and Rasco (2004) argue that the use of a community setting has two further benefits: the egalitarian setting decreases the likelihood of the outside professional assuming an expert role; and it decreases the likelihood of programme participants falling into the ‘sick role’, an influence that can be quite powerful in highly medicalized settings.

While appropriate in some circumstances, the ‘sick role’ is not conducive to increased adaptability in the context of ongoing psychosocial stressors (Ingleby, 2005).

Lastly, capacity building, especially in areas where there are limited services available, should be an intervention priority (Miller & Rasco, 2004). Capacity building entails building on the strengths that communities possess, as well as enhancing the capacity of existing resources within the community to enable community members to better meet their own needs. In order to do this effectively, mental health professionals need to move away from direct service provision, and instead should take on the roles of trainer, facilitator and consultant. Members of the community should take on the role of mental health provision to ensure that the community is able to meet its own mental health needs. Miller and Rasco (2004) argue that capacity building approaches are thus more empowering and more efficient than expert-driven models.

It is clear from the above outline of the key assumptions underlying the ecological framework that this approach may have many benefits in terms of responding to the psychosocial needs of refugees and asylum-seekers. Moreover, due to the general lack of service provision in South Africa (Landau, 2006), and a setting which is characterized by a large number of stressors, the ecological approach, with its emphasis on capacity building and coping, may be highly suited to responding to the needs of refugee communities in South Africa.

Due to a number of factors such as a general lack of public services and mistrust of government institutions, the care of refugees and asylum-seekers in South Africa generally falls to a limited number of non-governmental organisations (NGOs) (HRMC, 2011). However, literature documenting the psychosocial needs that refugees and asylum-seekers in South Africa present with and the range of services provided by these NGOs for this population is severely limited. This is of concern as the wealth of experience that NGOs have in relation to meeting the needs of refugees and asylum seekers in the context of South Africa is currently inaccessible. Addressing the complex psychosocial needs of refugees and asylum seekers, who represent a particularly vulnerable and disempowered group in South African society, is an important human rights concern. Documenting the experiences of NGOs that provide psychosocial services to refugees would assist with the development of a systematic framework for understanding and responding to the needs of refugees and asylum seekers in South Africa.

2.8. Conclusion

This chapter has highlighted the range of complex psychosocial needs that affect the well-being of refugees and asylum-seekers. However, it illustrated that there is contention surrounding the prioritisation of needs which should be addressed. The potential value of a comprehensive, integrated approach to intervention that considers a broad range of needs on a number of levels was explored. Finally, a number of gaps were identified within the literature related to addressing the psychosocial needs of refugees and asylum-seekers living in South Africa. Following on from the gaps in the knowledge base, this study aims to explore the psychosocial needs that refugees and asylum seekers in South Africa present with when they approach an organisation for help, as well as to identify the strategies that are common across different psychosocial service providers with regard to meeting the needs of this population.

CHAPTER 3

Methodology

This chapter describes the methods that were used to explore service providers' perceptions about the psychosocial needs of refugees and asylum-seekers in Cape Town, and of service responses to these. This chapter begins with a discussion of the research design, which is followed by a detailed discussion of the methods employed, including explanations of the setting, the sampling strategy used and participants, data collection, the procedure followed, and data analysis. The chapter concludes with ethical considerations.

3.1. Research Design

Given the exploratory nature of this research, a qualitative methodology was considered appropriate to encapsulate the complexity and diversity of understandings that may exist regarding the psychosocial needs of refugees and asylum-seekers living in South Africa, and how these needs are being addressed (Babbie & Mouton, 2008).

The research question was informed through the use of multiple case studies, where each case represents an NGO that provides services to refugees and asylum-seekers. The multiple case study design was considered useful as it allowed for an exploration of similarities and differences across multiple settings (Stake, 2000; Yin, 2003). Exploring common perspectives and strategies across NGOs provides for a more complete understanding, as well as more robust and reliable findings, than relying on a single case study (Baxter & Jack, 2008). Furthermore, given the need for context specific information, the case study was considered a useful methodology for providing in-depth, context-bound knowledge that incorporates multiple perspectives (Flyvbjerg, 2011; Stake, 2000).

3.2. Setting

This study was conducted at a number of NGOs that provide psychosocial services specifically to refugees and asylum-seekers in Cape Town. The study consisted of four case studies, where each case study represented a particular NGO.

Organisation A, established in 2005, provides a walk-in service that attempts to address a range of needs through a holistic approach. The organisation largely addresses the needs of refugees and asylum-seekers living in Cape Town; however, their scope includes local South Africans. In 2012, the organisation was run by 26 permanent staff members and 40 volunteers. The organisation assists an estimated 2000 people per month, most of whom are refugees and asylum-seekers.

Organisation B, established in 1994 and an implementing partner of the UNHCR, is similarly a walk-in service that attempts to improve the quality of life of refugees and asylum-seekers in Cape Town by meeting a range of needs through a comprehensive approach. In 2012, the organisation was run by 11 permanent staff members and 19 interns.

Organisation C is a shelter catering for female refugees and asylum-seekers, as well as their children. The shelter is part of a wider organisation that provides a range of services to local South Africans. The shelter aims to address a wide range of needs through a holistic approach. In 2012, the organisation provided services to 120 refugee and asylum-seeker woman and children.

Lastly, Organisation D is aimed specifically at refugee and asylum-seeker males in Cape Town. The project is part of a wider organisation that has similar objectives but works with local South Africans. The project was developed in 2008 to support refugees and asylum-seekers in accessing their rights, and to challenge the xenophobia that created barriers to services. The project was run by 8 permanent staff members in 2012.

3.3. Sample

Participants within each organisation were identified through the use of purposive sampling techniques. Purposive sampling, which by definition is a non-probability sampling technique, entails the selection of a sample that may best facilitate understanding of the research question (Marshall, 1996). Thus, participants were purposively selected on their ability to contribute to an understanding of the questions under investigation. Purposive sampling is a suitable means of producing rich data in situations where it is not feasible to interview every member of a group of interest, which was the case for this study (Higginbottom, 2004).

Furthermore, purposive sampling is helpful in identifying a range of perspectives, which is necessary in facilitating a comprehensive understanding of a particular issue (Lee, Altschuld, & White, 2007). In order to obtain a broad understanding of the needs of refugees and asylum-seekers living in South Africa, and how these needs are addressed, it was important that a range of psychosocial service providers that address the different needs of refugees and asylum-seekers were recruited to this study. From the outset it was thought that key informants would be useful to help identify and recruit suitable participants to this study. For the purposes of this research, key informants were defined as prominent NGO personnel that were in a position to identify and allow access to suitable psychosocial service providers. The directors of Organisations A and B, and the project managers for Organisations C and D, were identified as possible key informants, and were sent an informed consent form (see Appendix A) outlining the rationale for the study, and requesting their help in recruitment. All four that were contacted agreed to the request and attempted to assist in the recruitment of suitable participants to the study by identifying suitable staff members (based on the selection criteria).

In terms of selection criteria, only NGO personnel that provided psychosocial services directly to refugees and asylum seekers were recruited to participate in this study. Personnel that did not provide a service directly to refugees, such as those that worked behind the scenes in an administrative role, were excluded from the study. Exclusion on this basis was to ensure that participants had sufficient exposure to the needs that refugees and asylum seekers may present with, as well as sufficient understanding of the strategies associated with meeting the needs of refugees and asylum- seekers. One exception to this exclusion criterion was personnel that may not work directly with refugees, but had a comprehensive understanding of service provision within the NGO, such as the NGO director. Insight from such personnel added value and depth to the data.

Further, only psychosocial service providers that were able to communicate in English were selected to participate in the study, in order to negate the need for interpreters, for which there were limited resources. Despite the diversity of languages spoken amongst refugees and asylum- seekers, many have English as a common language, and English is used widely in NGOs that worked with refugees and asylum-seekers.

The key informant from each organisation identified suitable staff members, who were then contacted by email or by telephone. A convenient time and place was organised for the interviews to take place with those that agreed to participate in the study. A number of staff members indicated that they would not be able to participate in the study due to time constraints. Those that were unable to participate in the study were an advocacy officer from Organisation A, a social worker from Organisation B, a registered psychologist from Organisation C, and five staff members (performing various functions) at Organisation D. Thus, the sample recruited may not reflect a comprehensive understanding as a number of staff members, who seem to play an important role based on having busy schedules, were not able to participate in the study. However, this limitation was buffered somewhat by the participation of the directors and project managers of the four organisations, as they were able to give an overview of service provision within the organisations. Please refer to Table 1 for the role that each participant fulfilled at the various organisations.

Despite difficulties recruiting a number of service providers to this study, a diverse sample of participants with multiple roles and responsibilities participated in this research. A sample size of 14 psychosocial service providers working within the above four organisations were recruited to participate in this study. A small sample size is appropriate given the preliminary, in-depth nature of the study (Babbie & Mouton, 2008).

Due to the fact that some psychosocial service providers that work with refugees and asylum seekers may themselves be refugees or asylum seekers, it is important to discern between the multiple roles that may be influencing their perspectives in the interviews. However, the fact that the participants may have a number of positions from which to inform the research question is not necessarily viewed as a problem, as it may add richness and diversity to the data.

Table 1

The role of each participant by organisation

Participant	Organisation	Role
1	A	Intern counsellor
2	C	Social worker
3	C	Outreach worker

4	D	Project manager
5	B	Director
6	B	Project manager (empowerment and self-reliance programme)
7	B	Social worker (education programme)
8	A	Employment access programme manager
9	A	Director
10	A	Intern counsellor
11	A	Welfare desk manager
12	A	Intern counsellor
13	A	English teacher
14	A	Outreach manager

3.4. Data Collection

Semi-structured interviews were conducted with the participants. Due to the preliminary nature of this study, semi-structured interviews were considered appropriate as they allowed the researcher to obtain vital information required to answer the research question, as well as allowed the participants to contribute additional information to the process (Cohen & Crabtree, 2006). Thus, semi-structured interviews allowed for the generation of information-rich data that expanded the understanding of the needs of refugees and asylum seekers in South Africa, and how these needs are addressed.

The interview schedule (see Appendix B) was developed according to the aims of the project to ensure that the schedule aided in answering the research question. Thus, the interview schedule addressed three broad areas: the psychosocial needs of refugees and asylum seekers, the strategies used to address the needs of refugees and asylum seekers, and issues/challenges associated with service provision.

The course of the interview was partly determined by the interview schedule, and partly determined by the participants' responses to questions. Most of the interviews began with a consideration of the needs of refugees and asylum-seekers, and then typically progressed onto a consideration of the specific strategies employed by the participant.

However, four participants felt more comfortable discussing the needs and strategies together, rather than two separate discussions. After each interview, the researcher wrote down initial reflections on interview technique, which helped to alert the researcher to areas where interview technique could be improved.

3.5. Procedure

Individual interviews were conducted with each participant. Individual interviews provided a level of privacy, which aimed to encourage participant openness and comfort (Parker, 2005). The interviews lasted approximately 60 to 120 minutes and took place at a time and location which was convenient for the participant. All of the interviews were conducted at the workplace of the participants, in a quiet environment that was free from distractions. Conducting the interview at a convenient time ensured that the service provided by the participant was not unduly disrupted. Furthermore, conducting the interview in an environment which was familiar to the participant may have contributed to the level of comfort experienced, thereby facilitating conversation and rapport (Babbie & Mouton, 2008). The attempt to prevent inconvenience also aimed to increase the willingness of the participant to comply with the research process.

Before the interview commenced, the researcher introduced herself to the participant and explained the objectives of the research. Confidentiality was then explained and the participant was informed of their right not to answer any questions that they did not feel comfortable with, as well as their right to withdraw from the study at any time. Permission to record the session was then sought, which was obtained from all the participants. The participant was then informed that any identifying particulars would be removed from the transcript. Space was then given to the participant to ask any questions they may have had. After answering any questions, the researcher then went through the consent form (see Appendix C) with the participant. If the participant was willing to participate at this stage, which all were, they were asked to sign two consent forms, one of which they could keep for their own records. Once informed consent was obtained, the researcher commenced with the interview.

At the end of the interview, the participant was again given the space to ask any questions they may have had and was told that the data obtained in the interview was to be kept in a secure place only accessible to the researcher. The participant was then thanked for his/her participation in the study, signalling the end of the interview.

A summary of the findings of this research will be given to the directors of Organisation A and B, and to the project managers of Organisation C and D.

3.6. Data Analysis

Thematic analysis was used to analyse the data generated from the semi-structured interviews. Thematic analysis is a widely-used, flexible analytic approach that allows for a detailed and rich account of the data (Braun & Clarke, 2006). Thematic analysis allowed the interview data to be organised in considerable detail, which assisted in the identification and subsequent analysis of any patterns found within the data.

The following steps were used in the analysis of the data (Glaser, 2002; Strauss & Corbin, 1997):

1) The researcher familiarised herself with part of the data by transcribing 8 interviews verbatim. Due to time constraints, the other 6 interviews were transcribed by two other transcribers, both of whom signed a confidentiality agreement. The researcher checked the transcripts carefully for any errors by listening to the recording while reading the transcript. This allowed the researcher to familiarise herself with all the data, as well as check the quality of the transcripts.

2) Through a process of open coding, initial codes were produced for each unit of analysis (that is, each phrase of text) in the first three transcripts, in order to develop a coding schedule. Through a process of constant comparison, the remaining transcripts were compared with this initial coding schedule, and new codes were added to the schedule where needed.

3) Once all the transcripts were coded and the coding schedule was completed, codes on the coding schedule were examined for conceptual similarity or distinctiveness. Codes that were conceptually similar were merged. The remaining codes formed the thematic categories, which were named and defined. Their frequency of occurrence across the transcripts was examined, their meaning and relationship with each other were interpreted, and their relationship with existing literature on the psychosocial needs of refugees were considered.

3.7. Ethical Considerations

Informed consent was obtained from every participant. Written (in the form of an information sheet) and oral explanations of the purpose of the study was given to each participant prior to seeking consent, to ensure fully informed consent. Explanations of the purpose of the study was given to each participant on the day of the interview, and informed consent forms were signed by the participant before the interview commenced. The participants were informed that they were not obliged to partake in the study, and may withdraw from the study at any time, without incurring any penalties. Permission was obtained from all participants to record the interview.

Participants were informed that the data generated from the interview was to be treated with strict confidentiality. Only the researcher and her supervisor had access to the data, which was stored in a place solely accessible by the researcher. Furthermore, identifying details were removed from all transcripts to ensure anonymity. There were no explicit risks or benefits to participating in this study.

This chapter described the strategies that have been used to explore the research questions. The following chapter provides a summary of the generated data, to which attention will now turn.

CHAPTER 4

Results

In this chapter, the findings of the study are reported. Overall, the participants put forward a range of views highlighting the complex and multi-faceted nature of the needs of refugees and asylum-seekers, and of service provision responses to these. This chapter begins by reporting the perceptions of service providers of the psychosocial needs of refugees and asylum-seekers, followed by service providers' descriptions of how their organisation is attempting to meet these needs.

4.1. The Psychosocial Needs of Refugees and Asylum-seekers in Cape Town

While the participants posited a wide range of views regarding the needs of refugees and asylum-seekers living in Cape Town, these clustered around two main overarching themes: practical needs and mental health needs. These themes will be explored over the course of this section, paying particular attention to the variation and interconnectedness of themes.

Before outlining the perceived needs of refugees and asylum-seekers, it is important to consider a number of general observations regarding these needs in order to put them into context. Firstly, all of the participants indicated that the needs outlined do not apply uniformly to all refugees and asylum-seekers. A number of variables were thought to be associated with the perceived needs, further highlighting their complexity. For instance, nationality was the most pervasive, with 13 participants indicating that refugees and asylum-seekers tended to have different perceived needs based on their nationality. A wide range of possible factors were thought to underlie the presentation of different needs according to nationality. While not possible to detail them all here due to space constraints, language was found to be the most pervasive, with 10 participants indicating that English language ability is associated with different types of need.

Gender was also thought to influence the needs that refugees and asylum-seekers may have. Women were viewed by four participants as having a particularly high level of need due to being disempowered through traditional gender roles.

However, while acknowledging trends based on different variables, nine participants indicated that refugees and asylum-seekers are individuals with a host of different needs based upon an array of factors. The following quotes illustrate the combination of factors that can have an influence on need:

> There are varying degrees of education, and there are varying degrees of wealth, a number of refugees come and have... adequate financial resources and... tertiary education, so their needs are just very much about trying to negotiate employment channels and maybe improving their English, whereas, other people come with very little training and so it is much more difficult to find work...so they have much more basic needs. (P1)

> You might have a client that has had extreme trauma, but they have not maybe been affected as much as a different client because of in terms of their resilience and their support system and how they cognitively process things, for example. (P12)

Despite acknowledging the array of factors that can have an impact on needs, two participants indicated that refugees and asylum-seekers all have fundamental needs based upon shared variables, as summed up in the following quote:

> They're all human beings and all of us have the basic needs of shelter, safety, um, job, finance. And that's basically throughout. (P12)

With these general observations in mind, attention will now be turned to the perceived needs of refugees and asylum-seekers living in Cape Town that were most commonly identified by the participants.

4.1.1. Practical needs

The theme of practical needs encompasses three interconnecting elements: basic needs, empowerment and protection.

4.1.1.1. Basic needs

Basic needs, such as food, clothing and shelter, were viewed as being one of the most immediate and pressing of needs for refugees and asylum-seekers living in Cape Town. As illustrated in the following quotes, 12 of the 14 participants indicated that refugees and asylum-seekers had a primary need to survive on a day-to-day basis:

> And normally people come to our organisation to seek assistance with their basic needs, such as assistance with rent, assistance with shelter; some will also come to us for food. (P5)

> We get plenty of people who do not even have clothes. So right down to food, clothes, accommodation, just the general basic, basic needs. (P9)

4.1.1.2. Empowerment

Alongside an urgent need for assistance with basic needs, refugees and asylum-seekers were also viewed by all the 14 participants as having a need to empower themselves in various ways in order to become self-sustaining, as illustrated in the following quote:

> Things that they will come to seek is for them to become self- reliant. In that case they will want us to expose them to technical or practical skills so that they can either get jobs or they will also want to initiate a new business ventures using the various skills. (P5)

Refugees and asylum-seekers were viewed as having a number of interconnected needs that were thought to lead to self-reliance: employment and financial security, English language ability, documentation, education, support navigating the legal system and practical information. Generally, these needs related to empowerment were viewed by all the participants as a high priority for refugees and asylum-seekers. However, there was little consistency regarding the priority of the needs grouped under the theme of empowerment, which may be due to the different levels of individual ability and resources present amongst refugees and asylum-seekers.

Employment and financial security

Gaining employment was viewed as an important need by 12 participants, with eight participants indicating that employment was the primary need for refugees and asylum-seekers. One of the main reasons employment was thought to be so important was due to the associated financial security and stability it is perceived to bring. The ability to send money home and meet everyday requirements, such as paying bills, was thought by seven of the participants to be connected to the financial security that employment afforded. Furthermore, highlighting the stability that employment was thought to bring, four participants indicated that the need for employment must be met first before any other needs could be met, as illustrated in the following quote:

> Everyone who comes into the country one thing for sure will think of looking for a job. Before he can do the workshops and so forth you will first have to look for a job so that you can try to support yourself and try to support your family so that is why the employment helpdesk is the most popular. (P8)

In terms of context, two participants indicated that the need for employment, and the related financial security it was thought to bring, was particularly important in South Africa due to the country's policy of non-encampment, and the associated lack of direct assistance to refugees and asylum-seekers. However, a majority of nine participants thought that it was generally difficult to find employment in Cape Town due to a number of factors, further exacerbating the need for employment.

Difficulties getting qualifications recognised in South Africa was mentioned by five participants as a major barrier to accessing employment in the area for which refugees and asylum-seekers had qualified. A number of factors were thought to act as barriers to registering as a professional in South Africa. Highlighting the distinction in need between nationalities, three participants referred to treaties between Southern African Development Community (SADC) membership countries restricting professionals from practicing in South Africa:

> If you are a nurse from the DRC or you are a nurse from Zimbabwe it is extremely difficult for you to register here because of that SADC protocol. (P6)

The costs involved in registering as a professional in South Africa, in terms of both money and time, were also viewed by six participants to be prohibitive, as illustrated in the following quotes:

> And then there is also financial barriers, for a nurse you have to attain to do the Toefl (*Test of English as a Foreign Language*) exam, which I think costs about R6 000. 00. (P9)

Subsequently, refugees and asylum-seekers were thought to either take on low- skilled jobs, or jobs for which they were overqualified:

> It is not easy for professionals to get jobs in their specific areas of expertise. Right we have got people with very good professions who end up doing this low skilled jobs just for them to put food onto the table. (P8)

However, as one participant pointed out, difficulties are not necessarily faced by all professionals, highlighting the complex nature of the needs of refugees and asylum-seekers:

> So a lot of jobs will require SAQA (*South African Qualifications Authority*) qualifications which is in some professions easy to get and in others virtually impossible. (P9)

English language ability was another major obstacle to gaining adequate employment, mentioned by 10 participants. Four participants mentioned that a high level of English language ability is a common requirement for professional registration in South Africa, which is prohibitive for many, even for those who do speak English as a second or first language:

> ... you have to do the Toefl exam…(which) is probably so difficult that few university first language English students would pass it because the English, I mean it is really, it is like beyond metric grammar, I do not think I would manage... it is beyond even a first language speaker. So few pass. (P9)

English language ability was also mentioned by eight participants as a necessary skill to perform the job:

> To do their job properly... they need to have the English skills. (P3)

Discrimination against refugees and asylum-seekers was also thought by nine participants to have a negative impact on employment opportunities. As suggested in the following quotes, prejudice against refugees and asylum-seekers may make it difficult to find employment; even if employed, five participants suggested that discrimination may have a negative impact on the conditions of employment:

> ...you have got a South African and a foreigner looking for the same job, now the chances are that an employer will always opt for a South African...if employed... they are given less pay than local South Africans because there is a general trend that a foreigner will take anything. (P8)

> ...some they cannot to be even employed, whenever they are employed they are always treated unfairly, because of sometimes the conditions might be different with the foreigners... meaning that sometimes the wages would be lower. (P3)

The discrimination faced by refugees and asylum-seekers when applying for jobs was thought by seven participants to be partly due to ignorance surrounding the right of refugees and asylum-seekers to work, while five participants thought that it was due to negative perceptions about refugees and asylum-seekers on the part of the employers, as illustrated in the following quotes:

> ... it's difficult for them to get a job even if they have a document which allows them to conduct work, just because people don't know about that permit. They may be asked for passport or ID which they don't have. (P14)

> Normally when you are a foreigner people will always say...why did this person leave his or her country, maybe the person is not trustworthy. (P8)

Lastly, documentation was mentioned by seven participants as another factor that was considered to potentially constrain employment opportunities.

Despite the fact that refugee and asylum-seeker permit holders are entitled to work in South Africa, three participants thought that access to employment was constrained by the fact that South African citizenship was a requirement for some jobs. The difficulties associated with applying for documentation, which will be discussed in more detail below, were also thought by five participants to have a negative impact on existing employment opportunities for refugees and asylum-seekers, as illustrated in the following quotes:

> You have to go there to Home Affairs after every six months, after every six months try to renew them and then at the end of the day employers tend to lose trust in you (P6).

> ...someone is doing maybe part-time job and he has to produce the document and then the documents take three or four days and the employer may say no, go and then where is he going to maybe to take the family, he has to pay rent. (P4)

Due to the factors discussed above, four participants thought that refugees and asylum-seekers were employed in less than optimal jobs, often working long hours for little pay in potentially unsafe working conditions:

> They work long hours in uncomfortable jobs like car guarding and security guards where much – many of our people would not do that. So they have to and they are in a situation they have got nothing to rely on. They have to just throw themselves into it. (P13)

However, while many participants thought that it was difficult to find jobs, one participant indicated that refugees and asylum-seekers found it easy to get jobs in South Africa. This contradictory view may be due to the fact that the participant, an English teacher, may have mainly been exposed to refugees and asylum-seekers who had the resources required to equip themselves with a skill, and thus may have found it easier to find employment.

> ...they love South Africa, it is very easy to get jobs... (P13)

Overall, participants suggested that refugees and asylum-seekers living in Cape Town have a significant need for employment, due to the stability it provides.

However, obtaining employment was generally thought to depend on an array of factors, making it easier for some than for others.

English language ability

The need to learn English was mentioned by all 14 of the participants as a high priority that in many ways underpins the ability of refugees and asylum-seekers to empower themselves. For instance, as already discussed, the ability to gain employment was thought to be associated with the ability to speak English. Similarly, the ability to gain a skill was also thought by eight participants to be associated with English language ability:

> ...to also attend the workshops that are conducted in English, so they need to have the English skills. (P3)

> ...if their language skills are lacking they wouldn't be able to do the workshops because it's in English. (P12)

The ability to speak English was also thought by six participants to have an impact on the ability of refugees and asylum-seekers to navigate daily practical issues such as filling out forms, using public transport and negotiating loans:

> ... they take public transport... they don't speak the language and sometimes the driver will give the instruction and they don't understand and then they end up getting lost. (P2)

> ...you have got to find a place to live when you arrive... and you have to know how to negotiate a place to live, the rent conditions and so on... everything is difficult; it is like suddenly having no hands and trying get your way round as other people can. (P13)

An inability to speak English was also thought to act as a major barrier to accessing services by 12 of the participants. As suggested in the following quote, the ability to communicate needs was thought to be linked to English language ability:

> ...they cannot be able to... access other services because they need English... whenever they have to go to hospitals, they will need to speak English. (P3)

Furthermore, the ability for refugees and asylum-seekers to participate in the community was thought by eight participants to hinge on English language abilities, as suggested in the following quotes:

> ...they (*South Africans*) all speak different languages and English is kind of the language that can help them to communicate. But also some of them are not able to express themselves in English, so... language is... a challenge. (P14)

> ...the language, that was very difficult because... it was difficult to connect with people beyond your own community if you can't speak English and so it kept people quite isolated in their communities. (P1)

It is thus clear that English language ability is viewed by these service providers as a necessary skill needed by refugees and asylum-seekers to navigate many aspects of their new lives.

Documentation

The need for documentation was also considered to be a high priority by 13 participants as it was similarly thought to underpin the ability of refugees and asylum-seekers to empower themselves. Accordingly, four participants indicated that documentation is the most important need for refugees and asylum-seekers. As already discussed, the need for documentation was thought to be high as it provides access to employment. Furthermore, nine participants indicated that documentation provides access to a range of services; and five participants cited access to social grants as an important reason for the need for documentation. Lastly, four participants indicated that documentation is significant as it allows refugees and asylum-seekers to remain in South Africa:

> ... if they don't have a document they can't access a lot of social services... they're not going to get any job if they don't have a permit...plus of course people without documents can be deported. (P14)

However, seven participants indicated that refugees and asylum-seekers face a number of difficulties obtaining documentation. The process involved in applying for refugee and asylum-seeker status was thought by six participants to be prolonged due to the perceived lack of capacity of the DHA, as illustrated in the following quote:

> ...the Department of Home Affairs is overwhelmed, the numbers are too high for them to deal with, they are working beyond capacity. (P9)

In addition to waiting long periods to receive permits, refugees and asylum-seekers were thought by four participants to have to contend with poor service at the Refugee Reception Office, which could be prohibitive in some cases. For instance, three participants indicated that long queues and not being able to access the service after a specific time were common, as illustrated in the following quote:

> ...if you go there by seven you know you won't be assisted. Seven is early in the morning, but you are not going to be assisted. (P3)

The difficulties in acquiring documentation were thought to have a negative impact in many areas of the lives of refugees and asylum-seekers. For instance, four participants indicated that the prolonged application process has resulted in asylum-seekers being required to extend their permits for indefinite periods. As already illustrated, the need to extend a permit on a regular basis may have a negative impact on employment opportunities. Furthermore, seven participants mentioned that difficulties accessing the service may also result in people being left without documents, which can act as a barrier to a range of resources. The difficulty in acquiring refugee status was also mentioned by three participants as acting as a barrier to gaining social grants, to which only recognized refugees are entitled. Furthermore, the high need for documentation coupled with the difficulties associated with obtaining documentation were thought by four participants to increase the vulnerability of refugees and asylum-seekers to corruption and exploitation by some DHA officials.

However, in contrast, one participant indicated that the service provided by the DHA was improving, which was thought to be possibly due to an established relationship between the NGO and the DHA.

Education

The need for education was also thought by 11 participants to be a high priority for refugees and asylum-seekers. There were two groups identified in the theme of education: children and adults. The need for education for adults, specifically skills training, was considered important by 11 of the participants as it was viewed as enabling people to gain employment and as an investment in the future:

> ...the minute they come in the first day, that's the first thing they remind you about and it's something tangible ...a skill that enables them to be employable. (P2)

> ...skills is something that you will retain... even in future you know that at least you can make something. (P11)

Furthermore, the education needs of children was considered to be high by four participants due to the disruption caused by forced migration and the events that led up to it, as suggested in the following quote:

> ...quite a few of our refugee children took quite a while to get to South Africa and they've got such a big gap that they've got their grade 6, but 3 years ago. So they come here and they've now got to redo grade 6, so it's taking them forever to do it. (P7)

Support navigating the legal system

The need for assistance navigating the legal system was also considered by seven participants to be important for refugees and asylum-seekers, as illustrated in the following quotes:

> ...the advocacy officer (*in this organisation*) was was very, very, very busy. (P1)
> I reckon we could have four or five – we have got work for four or five advocacy officers. (P9)

The type of legal assistance required by refugees and asylum-seekers was wide-ranging.

For instance, six participants indicated that refugees and asylum-seekers sought out legal assistance in order to gain access to a number of resources, such as documentation and bank accounts, as illustrated in the following quotes:

> ...the need for documentation and access to banking accounts and access to education and all the access issues. And so our advocacy department developed. So looking at the more kind of legal higher end needs. (P9)

> ...refugees looking for legal assistance very often with cases where their asylum-seekers permits had been refused. (P1)

Overall, five participants thought that legal assistance was a high priority as it enabled refugees and asylum-seekers to empower themselves through the legal system, as suggested in the following quote:

> ...so she is able to put pressure, people do not want to mess with an advocate, you know you do not want to mess with litigation. So while you have got a little refugee lady sitting there going; "But my teeth", and they will just string her along... but now she is not being strung along anymore because she has got someone who is advocating on her behalf. (P9)

Practical information

Lastly, the need for practical information to aid in the process of empowerment cut across all subthemes and was thought to be particularly important by 10 participants. For instance, refugees and asylum-seekers were thought to need practical information to assist in navigating unfamiliar social and health systems, and to assist in accessing resources, such as education opportunities and services, as illustrated in the following quotes:

> ...people need to be empowered with information... they do not have any English, then I do also give that kind of information, the English school... (P3)

> ...information on issues like how to register with professional councils. (P8)

4.1.1.3. Protection

By definition, asylum-seekers come to South Africa seeking refuge. However, once in South Africa, it was indicated that asylum-seekers and refugees still had a need for protection. Broadly speaking, refugees and asylum-seekers were thought to need protection from two forms of violence: violence stemming from xenophobia and domestic violence.

Violence stemming from xenophobia

Prejudice towards refugees and asylum-seekers was thought by 12 participants to be prevalent in Cape Town, as suggested in the following quotes:

> Xenophobia is a reality, it's what the people live with everyday. (P3)

> ...there is a kind of discrimination because of the nationality, being a foreigner they're being discriminated in the society. (P11)

However, in contrast, while acknowledging that the local population may be xenophobic, two participants thought that refugees and asylum-seekers may also have the tendency to falsely perceive prejudice, as suggested in the following quote:

> ...sometimes foreigners have this tendency to victimise themselves. So even if that's not the real problem, but they tend to create that problem. So they then have this tendency of seeing xenophobia everywhere. (P14)

Generally, the type of prejudice experienced by refugees and asylum-seekers in Cape Town was thought to be non-violent, as indicated in the following example:

> ...you can see through their language, through their expressions. Ya.
> They wouldn't want to sit next to you, they wouldn't want to look at you. When they look at you, there is a lot of 'these people', they say 'these people'. (P3)

However, five participants indicated that refugees and asylum-seekers may experience prejudice in the form of physical violence, as suggested in the following quotes:

> ...native South Africans who can be very, well violent, physically violent. (P13)

> ...the citizens are always brutal...they always react so brutally with violence. (P3)

Furthermore, the need for protection was thought by three participants to be exacerbated by the lack of trust that refugees and asylum-seekers have for the police, resulting in an unwillingness to turn to the police for protection, as illustrated in the following quote:

> ...the police, they say that they are there to protect the public... but when it comes to implementation it... doesn't happen...because there are many cases of refugees, some they don't want to come forward...because they know when you go there and then they just compromise you, they undermine you, they don't take your case seriously, so the violence continues. (P3)

The lack of perceived safety has resulted in refugees and asylum-seekers taking a number of steps to protect themselves. For example, seven participants mentioned that refugees and asylum-seekers tend to live in suburban areas where they feel safer, as suggested in the following quotes:

> ...you find that they don't want to live in the townships, they would rather live in the suburbs because they feel safer there. (P2)

> ...it is dangerous for them to be in the township, there had been incidents of death, destruction, violence. So they... tend to find places to live in suburban areas... where they can be safe. (P13)

However, highlighting the interconnectedness of needs, the need to live in a suburban area was thought by five participants to have exacerbated the need for accommodation, due to the typically higher rents in suburban areas, as suggested in the following quote:

> Some of them are avoiding to stay in the community, in the township because of they fear their life. They have to flock in, in the towns you know to occupy flats. And the cheapest flat that you get is when you get a flat of R 3 000.00 or R 2 000.00. They still have to share or they don't find somewhere to live because of the prices. (P6)

Domestic violence

The need for protection from domestic violence was generally thought to concern female refugees and asylum-seekers only. Domestic violence was thought by six participants to be prevalent in the refugee and asylum-seeker communities, as indicated in the following quotes:

> Domestic violence is also being a very, very big concern... (P3)

> ...like if you can see there are the big issue around gender-based violence... (P4)

Furthermore, the need for protection from domestic violence was thought by three participants to be exacerbated by the financial dependency many women have on their partners, as they are unwillingly to seek protection due to the need to be supported:

> they need to be protected...once a person is being abused by their husband and then... they just keep their mouth shut... I am depending on the money. (P3)

In addition to the physical harm domestic violence was thought to cause, three participants indicated that being dependent on a partner that abuses you can have a negative impact on your emotional well-being, as exemplified in the following quote:

> ...that's why we end up having sometimes people committing suicide because they are being pressed and pressed... and they keep on and they keep on, it's like you just have to do this to be in your marriage or in a relationship. (P3)

Highlighting the interconnectedness of themes, it was found that a number of the needs discussed above were thought by participants to have an impact of emotional well-being.

Attention will now be turned to a consideration of the mental health needs of refugees and asylum-seekers that were identified by the participants.

4.1.2. Mental health needs

Overall, less emphasis was placed by participants on the emotional well-being, and related needs, of refugees and asylum-seekers living in Cape Town, when compared with their practical needs. With the exception of those participants whose function specifically involved responding to mental health needs, such as counsellors, most of the participants placed more emphasis on practical needs, while mental health needs tended to be mentioned in significantly less detail. Furthermore, the mental health needs of refugees and asylum-seekers were predominantly interpreted in terms of post-migration stressors.

The general lack of emphasis placed on mental health needs may be due to the fact that the majority of the participants were primarily involved in responding to practical needs, and may thus have tended to focus more on those needs. However, as will be shown, it seems that refugees and asylum-seekers living in Cape Town themselves tend to place less priority on meeting mental health needs.

There was little agreement on the range and scope of the mental health needs of refugees and asylum-seekers. Seven participants thought that there was a high need for mental health care, as illustrated in the following quotes:

> I mean we have a lot of psychiatric clients coming through... and then wellbeing…we found that people were needing assistance in being comfortable in their own skins. (P9)

> **...** definitely we came across many people with that kind of need (*mental health*) (P14)

In contrast, while acknowledging that a small proportion of refugees and asylum-seekers may have mental health needs, six participants thought that the majority did not, as suggested in the following quotes:

> ...they do not seem to be very much inclined to get depression that I'd recognize. They are a very cheerful lot of people. I do not want to be simplistic about it, say they are always smiling but I think they do have a more even level of psychological health than many of the Westerners. (P13)

> ...if one looks at the employment helpdesk because most of the clients coming to us are those who want to look for jobs so it is only a few, only a handful who comes for those issues like those who need some psychological counselling, yes. (P8)

It could be argued that the participants who primarily responded to practical needs may have had a skewed perception of the mental health needs of refugees and asylum-seekers as they were only exposed to individuals who had the capacity to attempt to meet their own needs. This is something to consider. However, 13 participants, including those who are more likely to encounter individuals with mental health needs, indicated that refugees and asylum-seekers tended to place less priority on addressing mental health needs:

> ...saying to somebody...you are traumatized and then they're saying, well I don't care, I need a job. (P2)

> ...so I do try to obviously introduce counselling when they first come, but most of them I find come for legal reasons such as opening a bank account, or immigration, or things like that. (P12)

Six participants thought that refugees and asylum-seekers placed less emphasis on mental health needs due to the unstable context in which many were perceived to live, and the resultant need to meet practical needs first, as exemplified in the following quote:

> ...Maslow's hierarchy of needs, if people don't have houses or jobs or shelter or the basic things that you would need to survive it does not make sense to talk to them about their feelings... it's not going to help find me a house, or a job or shelter or food, but let's actually be proactive, let's go and find a shelter for me.
> (P10)

The mental health beliefs of refugees and asylum-seekers were also perceived by five participants to be a contributing factor to the limited uptake of services that respond to mental health needs. The participants tended to equate refugee and asylum-seekers' beliefs about mental health and illness with African or non-"western" mental health beliefs. As illustrated in the following quotes, it was thought that mental health was generally understood in terms of somatic symptoms in the African culture, which could account for the limited emphasis placed on mental health needs:

> ... African people don't like talking about the psychological stuff... it's the way that we understand...if I'm sick it's something else... even if there was a death in the family... it's never attributed to what is happening, it's a physical illness because that's far more easy to understand. (P2)

> ...things would be expressed somatically like I have a stomach ache, I have got a headache for stress and anxiety. (P10)

It is important to note that the participants seemed to place more emphasis on addressing mental health needs than refugees and asylum-seekers may necessarily do. As illustrated in the following quote, five participants indicated that mental health needs are important to address as poor mental health may have a negative impact on the capacity to meet other needs:

> ...mental health affects everything because he can't really do his job, he can't also concentrate and look after himself. (P3)

However, participants predominantly viewed mental health in terms of it being affected by the ability to meet practical needs. As illustrated in the following quotes, six participants thought that mental health was impacted negatively by living in an unstable context:

> ...when people don't have jobs or houses or shelter they are obviously desperate, obviously depressed, obviously stressed and anxious and worried. (P10)

> ...people are living in, some of them are in desperation and in very difficult conditions, it's the reason why people stress and why they need to also receive that kind of psychological support. (P14)

While the participants tended to view mental health needs and practical needs as interconnected, two participants indicated that refugees and asylum-seekers tended not to make that connection.

> ...when they come their main concern is the shelter, food and work, the psychology stuff is at the back, what is happening to my mind and sometimes they don't make the connection that the reason I actually can't get up out of bed is because I have these nightmares about what happened to my family and it's, it's connected, there is a connection to all of this. (P2)

4.1.2.1 Impact of xenophobia

In addition to living in an unstable context, the impact of xenophobia was highlighted by seven participants as a factor that had an impact on emotional well-being. A strong theme of fear cut through all seven accounts of the negative impacts of xenophobia. Participants predominantly thought that refugees and asylum-seekers lived with constant feelings of fear, which could potentially result in the need for mental health care:

> ...all refugees know about what happened, the xenophobia that took place, so there's always that fear, that what happens if something like that breaks out again...all the worry can make them feel depressed. (P2)

> Their most common thing is to say they do not feel safe, they always talking of looking behind their backs to see who might be threatening them; which can wear them down psychologically, it can be quite traumatic. (P13)

Two other factors related to living in a new social world as a result of forced migration were also thought to have an impact on the emotional well-being of refugees and asylum-seekers, and were thus thought to contribute towards the array of needs that refugees and asylum-seekers may have: adjustment, and separation and loss.

4.1.2.2. Adjustment

Difficulties adjusting to a new and potentially different society, culture and role were thought by five participants to potentially impact negatively on emotional well-being. As exemplified in the following quote, participants thought that refugees and asylum-seekers may feel a sense of failure and loss if they are unable to participate in society in the ways that they are used to:

> ...the person ends up doing a job that he did not train for, that the person now end up doing – I mean a low paid job for a low skilled job so that on its own I think it destroys the person...he will look at himself or herself like you know I am a failure, I am failing to make that breakthrough into the South African society. So psychologically I know it is really traumatising. (P8)

The issues of adjustment predominantly centred on the need to cope with different cultural understandings about gender. As exemplified in the following quote, participants tended to equate refugee and asylum-seekers' understandings of gender with African or non-"western" cultural understandings:

> ...there is an African culture, they say no you are a man, you grow up like this and this, so all the time you are the head of the house, you have to do this and this. A woman, she is the householder, she have to just take care of the kids, but that isn't the responsibility for the man. (P4)

However, four participants thought that expectations about gender roles had changed as a result of settling in South Africa. Shifting gender dynamics were thought to have an impact at the family level, changing family dynamics. Three participants thought that the traditional family unit, headed by a male breadwinner, was challenged in South Africa.

Greater financial and social freedom for women in South Africa was viewed as a key factor contributing to shifting gender roles. Greater financial freedom was thought by the three participants to stem from the fact that women in South Africa were able to gain employment, have their own bank accounts and receive social grants if they hold refugee status. Greater social freedom was viewed by the three participants to primarily centre on employment.

Being able to work was thought to empower women, giving them more independence and removing them from the traditional gender role of staying at home. However, shifting gender roles were viewed by the three participants as a potential source of conflict in refugee and asylum-seeker families as men were thought to potentially feel a sense of failure or resentment at the perceived loss of their traditional breadwinner role. Thus, changing gender dynamics were thought to potentially contribute to domestic violence and family break up, as illustrated in the following quote:

> I mean with South Africa being so democratic they're not under the same pressures that they would be at home...the women can do whatever they want, if you don't want to get married it is ok you can build a career for yourself... but sometimes the husband comes to confront us: 'you don't understand, we not South African, our women are not South African like you they, we do things differently in my country'... sometimes he beats his wife because he is frustrated. (P2)

The majority of women were thought by two participants to respond positively to greater financial and social freedom, as illustrated in the following quote:

> ...most of them (women) will say 'no I don't want to go back to my country, I would rather stay here in South Africa' even though at home they have family but it makes much more sense here because they have got a bit of control over what happens in their lives than they do at home. (P2)

However, three participants indicated that some women had difficulties adjusting to new gender roles due to their social conditioning, and were thus thought to be a group with particularly high needs as they were unable to support themselves or their children:

> ...they want to be taken care of, or maybe it is too much of a responsibility when you have never had it and now all of a sudden you have so much power that you wouldn't know what to do with it, so it is much better if you stay with what you know, and sometimes they leave the same way and can't provide for themselves. (P2)

Thus, the participants viewed the need to adjust to changing gender dynamics as important due to the fact that difficulties adjusting to gender roles could potentially result in negative impacts on emotional well-being, such as feelings of frustration for men; and may hinder the ability of women to empower themselves, leaving them with greater needs.

4.1.2.3. Separation and loss

The emotional well-being of refugees and asylum-seekers was also thought to be negatively impacted by what may have been lost through forced migration. As illustrated in the following quotes, eight participants thought that refugees and asylum-seekers may have limited social support due to being separated from established support networks in their home countries:

> ...you have left behind your family and your support system and your friends. (P1)

> ...they don't have any support structures... they don't have friends, they are all at home. (P2)

Loss of social support was thought to result in refugees and asylum-seekers becoming isolated, which was thought by six participants to have a negative impact on their emotional well-being as there was limited access to emotional support, as illustrated in the following quote:

> ...when I talk about psychological needs I'm obviously talking about many of them are alone here in South Africa. Usually they don't have a support system, they don't have anyone to talk to, which can make them quite depressed. (P12)

Furthermore, the lack of both emotional and physical support resulting from social isolation was thought by one participant to exacerbate mental health needs, as illustrated in the following quote:

> I have got one of the clients that is also mentally challenged...and he went into the hospital for months and months... by the time he was... discharged from the hospital, then he had to start a life... where he was now he was staying alone, on his own, he needed at least some kind of support, so that they can at least help him...but then later he ends up in the hospital again, so there hasn't been any assistance, he goes to somebody and then he needs to support him, and then later on they don't support him, they don't give him any assistance, so he keeps on going to hospital. (P3)

In addition to a lack of emotional support resulting from a loss of support networks, four participants indicated that the bereavement of a lost family member or friend could also have a negative impact on emotional well-being, as illustrated in the following quotes:

> ...most of them it's (*poor mental health*) to do with a story of loss, a mourning – a very prolonged mourning of a family member. (P12)

> ...a lot of depression that refugees faced and also homesickness and loss, you know there was a lot of bereavement going on in terms of, of the family and friends they had lost. (P1)

While more emphasis was placed on post-migration stressors, pre-migration stressors were also perceived to have an impact on the mental health of refugees and asylum-seekers, to which attention will now be turned.

4.1.2.4. The need to address trauma related issues

Eight participants highlighted the need to deal with the perceived negative impact of exposure to traumatic events on emotional well-being. Generally, the participants tended to view traumatic events as inherent to the experiences of refugees and asylum-seekers, as suggested in the following quotes:

> **...**they're highly traumatised because of what they experienced in their country, the journey from their country to South Africa. (P4)

> ...the women who come here are traumatized...so that's the basis we work under. (P2)

> ...a lot of them suffered from PTSD. (P10)

> ...there are high levels of trauma illnesses. (P9)

However, with the exception of those whose specific function involved responding to mental health needs, the participants were generally unable to expand on this notion. For example, when prompted about how the negative impact of trauma manifests, most of the participants indicated that they were unable or reluctant to answer as mental health issues were not within their domain, as exemplified in the following quote:

> I'm really not the … now you are asking me to – I mean I am not a counsellor. (P9)

An inability to sleep, lack of appetite, aggressiveness, and a depressed mood were all mentioned as possible trauma related symptoms by the three participants that did attempt an answer after an initial reluctance. However, the participants who solely responded to mental health needs, such as the counsellors, viewed trauma through the lens of PTSD, as exemplified in the following quote:

> PTSD...usually they experience some form of a flashback of a recurring, intrusive memory, obviously. And then also they have an intense preoccupation about this trauma in retelling it over and over again and on certain aspects they're preoccupied. They can't actually look at the present situation because they're so focussed on their trauma. (P12)

Thus, while exposure to trauma was widely viewed as negatively influencing emotional well-being, the understanding surrounding this impact was either not well formed, or was guided by the medical model.

Furthermore, while the participants largely perceived a need to address the emotional impact of trauma, it was thought by five participants that refugees and asylum-seekers did not place high priority on addressing trauma related issues in the context of other needs, as illustrated in the following quote:

> ... only five, ten percent will actually come and say I need counselling for trauma. (P2)

The lack of emphasis placed on addressing the effects of trauma was thought by three participants to possibly be due to a lack of insight into the effects following exposure to trauma, which is perhaps unsurprising given the perceived mental health beliefs of refugees and asylum-seekers:

> ...I'm not sure that they recognize that they might be traumatized. (P10)

Furthermore, three participants highlighted that the ability or readiness of refugees and asylum-seekers to address the impact of trauma was contingent upon the ability to meet their practical needs. It was thought that refugees and asylum-seekers needed to address their practical needs first before they were willing to address issues related to exposure to trauma, as they were wary of losing their ability to cope in an unstable context:

> ...and only now that she's in a space where she feels safe and stable she can sit and look back, but even that looking back, it's only opening up to a certain level because she says she can't afford to be falling apart. (P2)

4.1.2.5 The need to address other mental health issues

In addition to the need to address trauma related issues, a number of participants mentioned the need to address other mental health issues. While not spoken of in detail, seven participants thought that refugees and asylum-seekers had a need to address depression. Consistent with the medical model, feeling sad and down, a lack of appetite, and an inability to sleep were all mentioned as possible symptoms related to depression in the refugee and asylum-seeker population. However, one participant indicated that interpreting symptoms in an unstable context may be misleading, as illustrated in the following quote:

> ...the symptoms of depression, not eating, but then you think, they don't have food, so it gets confounded a little bit. I think it would be difficult to diagnose it properly, because of all the other variables. (P10)

Five participants thought that depression occurred as a result of stressors in the immediate environment, such as difficulties finding employment and adequate housing. The impacts of separation, such as social isolation, were also thought by two participants to be associated with depression.

Severe mental health issues, such as psychosis and schizophrenia, were also thought by five participants to be present among the refugee and asylum-seeker populations. Psychosis and schizophrenia were thought by three participants to be characterised by hallucinations and delusions, as illustrated in the following quote:

> ...then there were other people that I think were actually psychotic, hallucinations, delusions, schizophrenic I think. (P10)

> ...very paranoid and suspicious and to extent that it could be delusional. (P12)

However, the perceived range and scope of depression and psychosis amongst refugees and asylum-seekers was unclear from the participants' accounts.

The exploration of the practical and mental health needs of refugees and asylum-seekers living in Cape Town in this section highlights a diverse array of needs. The emphasis on context in this section points to the need to reflect on how such a multi-faceted array of needs is being addressed by organisations. Thus, the next section will address the question of how the psychosocial needs of refugees and asylum-seekers living in Cape Town are being addressed by the participating organisations.

4.2. Organisational Responses to Addressing the Psychosocial Needs of Refugees and Asylum-seekers

In the previous section, participants' perceptions of the psychosocial needs of refugees and asylum-seekers living in Cape Town were presented. The perceptions centred on practical needs, which were thought to be pressing and immediate, and the less pressing need to address mental health needs. This section will explore whether those needs are being addressed and how so, providing a platform for comparison between needs and responses.

A majority of 11 participants indicated that the key aim of the service they provided was to assist refugees and asylum-seekers to become self-reliant, as indicated in the following quotes:

> ... is to make sure that our clients, when they are here in the Western Cape they become self-reliant and self supportive. (P5)

> Primarily my focus and my responsibility in our organisation is to help refugees to be self-reliant. (P6)

> The aims is to make sure that you are building a society that is self-reliant, a society that can be able to take care for their next generation, a society that is not going to depend on the handouts or social assistance. (P11)

In order to become self-reliant, it was thought by nine participants that refugees and asylum-seekers should be able to participate fully in society, or to be 'integrated' into society, as it was commonly termed. Thus, the participants tended to indicate that a secondary aim of the service they provided was to help refugees and asylum-seekers to integrate into a particular sector of society, such as the employment sector, or to assist them to gain the skills needed to integrate into society as a whole, such as English language skills:

> ...so we are trying to assist them by integrating to fit, yes to enable them to be part of this society by trying to assist them to get jobs. (P8)

Furthermore, seven participants indicated that an important aim of their service was to assist refugees and asylum-seekers to integrate into society through reducing tension between the local and refugee and asylum-seeker populations. Those three participants who did not indicate that the aim of their service was to specifically assist refugees and asylum-seekers to become self-reliant, indicated that the key aim of their service was to address negative impacts on emotional well-being, suggesting a possible lack of understanding of the wider aims of their organisations.

Additionally, three participants, who work specifically with or in relation to women, indicated that gender empowerment was an important aim of the service they provided, as illustrated in the following quotes:

> ... what we want is to get women empowered. (P2)

> ...the main aim is to get rid of gender inequality. (P4)

As discussed in the previous section, females were typically seen as a group within the refugee and asylum-seeker population who had particularly high needs due to being disempowered through traditional gender roles. Thus, gender empowerment was viewed by three participants as necessary to assist female refugees and asylum-seekers to participate in society and ultimately become self-reliant. Furthermore, three participants indicated that a key objective of gender empowerment was to protect individuals from domestic violence.

A wide range of strategies were employed by the organisations to achieve the aims of self-sufficiency and gender empowerment. Due to a demonstrated understanding of the interrelatedness of needs, and an understanding that refugees and asylum-seekers have a range of individual needs, a multi-modal approach was employed by three of the four organisations. Eight participants indicated that the range of strategies employed were all significant as they were interrelated, as exemplified in the following quotes:

> ...all of them are necessary because they compliment – I am talking now about the programs, the programs that I am running are necessary because they complement one another. (P5)

> ...it is virtually impossible because they all complement each other. You know welfare leads to advocacy, welfare feeds employment access program, employment access program gives self-sustainability, the counsellors and all the workshops supports the other programs. (P9)

In order to increase capacity, one organisation departed from the multi-modal approach by providing a narrowly focused service (focused mainly on raising awareness about gender inequality).

However, the organisation still attempted to assist refugees and asylum-seekers to meet a wide range of needs through identifying and facilitating access to resources. Eleven participants indicated that a common approach to increase capacity was to work in collaboration with other organisations to form a network of resources, as illustrated in the following quote:

> ... we work in the network with other partner so us we provide trainings via education and awareness campaign. But there is lucky some other organisation who are providing like an English course, computer course and then others they are providing for job hunting. So if we get some people from our workshop or from our activity who are looking for job, we send them to those other organisation for job hunting. (P4)

Thus, as borne out in the above quote, participants indicated that referrals were commonly made to other organisations that had the resources and expertise to meet a particular need. While most of the organisations employed a multi-modal approach, they were unable to provide for the entire range of needs due to a lack of capacity. Thus, according to eight participants, access to a network of resources was beneficial as it allowed provision of a holistic service without taking on too many functions:

> ...it's very important for us to maintain that relationship with other organizations because that's how we ensure that we provide a holistic service to our clients, we don't have to provide it ourselves when we make that connection for them. (P5)

Similarly, it was indicated by five participants that it was beneficial to advocate in conjunction with organisations who have the expertise and access to specialized resources, as exemplified in the following quote:

> ...is very you know 100 percent you know positive because especially if we work with organisations that are already you know in the business of advocating, so they know the routes they know you know the tactics, they know who are the relevant people, they know whom to target, they know when they have to hit and do it intensively, they know you know when to persuade and things like that. (P5)

Attention will now be turned to the specific strategies employed by the organisations to meet the needs of refugees and asylum-seekers. The strategies detailed by the participants clustered around their responses to practical needs and responses to mental health needs.

4.2.1. Response to practical needs

The participants revealed four key strategies that were employed to meet the practical needs of refugees and asylum-seekers living in Cape Town. These strategies were understood as providing direct assistance, facilitating access to the employment market, advocacy and raising awareness.

4.2.1.1. Direct assistance

One strategy employed by three organisations to assist refugees and asylum-seekers with basic needs was to meet those needs directly. For example, basic needs such as food, clothing and shelter were either met through providing the item itself, or through a cash equivalent, as suggested in the following quote:

> The social assistance here I am talking about things like maybe someone who comes the person is hungry and need some food...then they would be looking for things like clothes, we have got refugees who come looking for maybe shelter, we will give them all of those. (P11)

However, two organisations mainly provided direct assistance on a short-term basis for those in urgent need only, due to budget constraints. Furthermore, seven participants indicated that larger amounts such as rent were only partly contributed towards due to limited funds. As indicated by five participants, decisions regarding the amount of direct assistance provided to an individual were made on a case-by-case basis depending on the level of need.

While most of the organisations provided limited direct assistance due to the reasons mentioned above, one organisation placed strong emphasis on providing for all the basic needs an individual may have, as it was understood that a stable context was a necessary precursor to empowerment, as suggested in the following quote:

> ...whilst they in the shelter we try to meet their basic needs, so we we'll provide for all their basic needs so the food, shelter , schooling for the children, the clothing, so we'll try and meet as much of the basic needs as possible to sort of free them from the burden of having to think where will my next meal come from, how will me children go to school while they are trying to gain a skill that will help them either be employable or become self employed to be able to support them and their children. (P2)

4.2.1.2. Facilitate access to the employment market

Meeting the basic needs of refugees and asylum-seekers was generally considered important due to an understanding of the interconnectedness of needs. However, as illustrated, the main focus of all the organisations was to assist refugees and asylum-seekers to meet their own needs on a long term basis. One strategy employed by three organisations was to equip refugees and asylum-seekers with the necessary requirements to participate in the employment sector, as suggested in the following quote:

> ...we assist refugees and migrants to gain access to these socio economic opportunities as part of the integration into the South African society. (P8)

As already discussed, gaining employment was considered necessary due to the financial security it was thought to bring. Facilitating access to employment was thus considered essential by 10 participants and was achieved through the following means: English language skills training, translation and evaluation of qualifications, business grant, formal skills training, skills programmes and assistance navigating employment channels.

English language skills training

As elucidated in the previous section, English language ability was considered a necessary requirement for gaining access to employment. Highlighting the interconnectedness of themes, English language ability was also thought to be an important requirement when accessing resources and navigating many aspects of daily life. Thus, English language skills training was offered by three organisations to assist refugees and asylum-seekers to participate fully in society.

In terms of facilitating access to employment, English language skills training was thought to enable individuals to gain the skills needed to perform the job, and assist individuals to gain the necessary requirements for professional registration in South Africa, as illustrated in the following quote:

> ...then we send them to an English training program to say whilst we are in this process (obtaining professional registration) it is good that you understand English very well so that you do not struggle. (P6)

Translation and evaluation of qualifications

Language was also thought by three participants to constrain employment opportunities in other ways. Many professional refugees and asylum-seekers have certificates that need to be translated into English and evaluated before they can be submitted to a professional body to be considered for professional registration in South Africa. Not only are the costs involved prohibitive for many, but two participants also indicated that the process involved is often confusing for refugees and asylum-seekers, especially if they have limited English language ability. Thus, one organisation paid in full for certificates to be translated and evaluated. Other costs involved in registration, such as application fees, were also paid in full. Furthermore, individuals were guided through what was thought to be a complex process, as illustrated in the following quote:

> ...and after evaluating the qualification then if the person needs to register to a certain professional council then we also assist in the registration of that particular professional council. We take them step by step because it can be confusing. (P6)

Business grant

Due to the fact that it can be difficult for refugees and asylum-seekers to gain employment in South Africa for the reasons already discussed, one organisation offered successful individuals a small grant to assist them to start their own business. Typically, individuals would use the grant to set up small businesses selling goods, as illustrated in the following quote:

> Yes, some mainly gets stands on the streets, some will get a tuck shop on the township, some yes will sell, a roving business. One will say that, look I want to buy bags and sell it, individually visiting people house to house... (P5)

In addition to purchasing the initial stock for the business, individuals would also be given guidance on the steps involved in setting up and running a business. Possibly due to the high need for employment, and the difficulties associated with securing employment, this strategy was thought to be in high demand by four participants, as suggested in the following quote:

> ...it (*budget*) is R5 000.00 for this year so my target for people, target for this year is to help 30 people. From January to March quarter I have received close to 53 application… I have already exceeded the quarter. Now it is the second quarter, I am sitting with 73 applications but no budget. (P6)

Assistance navigating employment channels

Due to unfamiliar systems and possible language difficulties, refugees and asylum-seekers were thought by six participants to need guidance in finding and applying for jobs. Thus, in order to facilitate access to employment, two organisations assisted refugees and asylum-seekers with the tasks related to securing employment, such as locating suitable jobs. Furthermore, individuals were also provided with the resources necessary to apply for those jobs, such as the use of a telephone and computer, as suggested in the following quote:

> And then we do a job search and then assist clients in making application to the jobs that we search for. And then we assist clients or we offer them the facility to type up their own CV's and motivational letters. We photo copy their documents, their ID documents which is important and help them with phone calls and faxing. So it is just a gateway, it is not more than that. (P5)

Skills training

Facilitating access to formal skills training was another strategy that was indicated by nine participants to be in high demand.

This strategy was employed by three organisations as the acquisition of a skill was thought to assist refugees and asylum-seekers to gain employment, as suggested in the following quotes:

> ...so through that skills training we try and assist clients in accessing employment. (P5)

> We assist them to take part in vocational skills training...ideally is to equip them, immediately after equipping them they can be able to go and seek employment from different employment agency outside Cape Town. (P6)

While two of the organisations paid for training in full, one organisation was unable to due to limited funds. Instead, the organisation assisted refugees and asylum-seekers by identifying and facilitating access to available resources, as suggested in the following quote:

> ...but then we have developed a data base where clients are then directed to referral to other organisations who offer other trainings aside from our own, and then we send a referral letter with them to other organisations. (P9)

It was indicated by five participants that the training was outsourced to accredited training institutions and was mainly vocational skills training. One participant indicated that refugees and asylum-seekers were encouraged to acquire specialized skills such as bricklaying as it was thought that there was more demand for these skills due to limited interest from South Africans, as illustrated in the following quote:

> We are streamlining this training precisely it is because we have identified the gap in the market… not a lot of South Africans are following the trend of artisan you know, got trained on your typical vocational skills training like your bricklaying.
> Very few or most of them they went to the administrative training program. So you are also eliminating competition between local and refugee. (P6)

Furthermore, three participants indicated that vocational skills training was also encouraged as the skills acquired would allow individuals to start a business if required.

In addition to outsourcing skills training, three organisations also provided skills training directly by offering a range of programmes that aimed to equip refugees and asylum-seekers with the necessary basic skills required to secure employment. In order to increase the likelihood of securing employment, refugees and asylum-seekers were equipped with basic skills such as writing a curriculum vitae, cover letter and email. Individuals were also equipped with basic computer literacy skills, such as using MS Word, in order to increase their value in the employment market, as well as to assist them in finding employment.

Furthermore, five participants indicated that it was necessary to inform individuals about appropriate employment practice in South Africa, such as arriving to interviews and work on time, in order to assist refugees and asylum-seekers to secure and maintain employment, as suggested in the following quote:

> ...so it's general employment skills that are very relevant in life and in helping clients here. And many of the clients are unaware maybe of this. Like, so for example time management in a Western culture is important. (P12)

However, illustrating the interconnectedness of needs, one participant questioned the appropriateness of this strategy as it was thought that the way in which it was employed could have a negative impact on emotional well-being due to issues of adjustment and self-esteem, as illustrated in the following quote:

> ...I felt like it (*manual*) was written in such a way or presented in such a way that is was very patronising and this is the western way and this is the right way, and you need to change who you are and your culture to fit in, basically you are lazy, you not on time, this is South Africa, and you need to be on time. (P10)

Furthermore, demonstrating an understanding of the connection between mental health and employment, two organisations provided programmes that equipped individuals with skills that had a positive impact on mental health, such as stress management and positive thinking, in order to assist refugees and asylum-seekers to secure and maintain employment, as illustrated in the following quote:

> The life skills program was designed specifically to motivate people to finding work and also finding the correct mental state to looking at work. (P9)

4.2.1.3. Advocacy

Another way all the organisations were assisting refugees and asylum-seekers was through advocating for their needs. Examples of advocacy centred on influencing public policy and individual legal issues. For example, six participants indicated that past advocacy efforts by a number of organisations to change public policy had been successful in securing access to social grants for recognized refugees, as illustrated in the following quote:

> ... I mean mainly now we have been targeting social assistance. So that has been a major step forward that now social grants are available to refugees. (P9)

Other examples of advocacy efforts mentioned by seven participants included assisting individuals to access their constitutional rights, such as securing maintenance orders, opening bank accounts, accessing employment or accessing documentation.

Advocacy efforts took a number of forms. Litigation was mentioned by six participants as a common means to change public policy and assist refugees and asylum-seekers to access their constitutional rights, as illustrated in the following example:

> ...we identify problems and then do a lot of handing over to our legal partners and then offering them the basis for their case. So we will collect clients who fit into certain categories so that they can then argue and litigate. And then the advocacy in the same way as everything is case to case so that our advocacy officer has individual clients, and she helps them individually. But then she looks at all her clients strategically and then does higher level advocacy based on that knowledge. (P9)

In addition to litigation, advocacy also took the form of writing letters and making phone calls on the behalf of refugees and asylum-seekers to assist them in accessing their constitutional rights, as illustrated in the following example:

> ...it takes the department and what-what the whole year. So it is where you put pressure and it is where you say that if you are speaking to someone over the phone that side …I phone and say that I have sent the application of people almost two weeks or almost three months, wants the feedback, I know that within a period of day I will be receiving an email saying that no the particular certificate in this process, no we want this additional information, we want this thing. So that you are able to make sure that document do not stay long, you fast track the processes and make sure that you do not let the client to starve. (P6)

As indicated by four participants, advocating on behalf of refugees and asylum-seekers through representation was usually considered effective as the parties concerned would generally try to avoid litigation.

4.2.1.4. Raising awareness

A prevalent way in which all four organisations were trying to assist refugees and asylum-seekers was through raising awareness. From the participants' accounts, awareness raising was aimed at three main target groups: refugees and asylum-seekers, the local population, and female refugees and asylum-seekers. Awareness campaigns with the different groups served a number of purposes that cut across a range of themes. Raising awareness of rights, cultural diversity and the experiences of refugees and asylum-seekers were seen by participants as being a means to reduce xenophobic attitudes. Rights awareness and the provision of practical information also aimed to assist refugees and asylum-seekers to access resources. Furthermore, rights awareness as well as gender inequality awareness aimed to promote gender empowerment.

As will be discussed in more detail, the organisations raised awareness about the various issues in a number of ways, such as through facilitating workshops. In addition, two organisations worked in partnership with the community to raise awareness. It was indicated by four participants that their organisation took on a training and mentoring role, educating community members about the various issues who in turn would educate others, as suggested in the following quote:

> If we educate maybe 10 men during a workshop and then they really understand what is the objective or the mission of (*Organisation*) then those men become community action team. And then if they become community action team, they do not – we train them and then we go through to the manual of (*Organisation*) and then they do not sit, they go out or so, they teach other men. And then they recruit other men to come, to be part of (*Organisation*), to be – to know those information and then they share. (P4)

Working with members of the community to raise awareness was considered beneficial by four participants as it increased capacity. Attention will now be turned to how refugees and asylum-seekers were being assisted through raising awareness.

Rights awareness

One way in which all the organisations were assisting refugees and asylum-seekers was through rights awareness. According to nine participants, one objective of raising awareness of the rights of refugees and asylum-seekers was to facilitate access to resources. It was thought that a lack of knowledge of the rights of refugees and asylum-seekers may act as a barrier to accessing resources, such as public services and social grants. As suggested in the following quotes, if refugees and asylum-seekers are unaware of their rights, they may not know to access a particular resource, or they may not persist in trying to access what they are entitled to if they do get barred from a particular resource:

> ...refugee health and rights project...it is to promote refugees to access the health services, and then also their rights, because sometimes they don't know about them so we must tell them. (P4)

> ...they can't be turned down from the job based on the fact that they are from Zimbabwe if they have a valid work permit and you know if they have a permit they have as much rights as a South African citizen, you know, so really making them aware of that. (P3)

Furthermore, nine participants indicated that a lack of awareness of the rights of refugees and asylum-seekers on the part of the local population, such as public service providers and employers, may also act as a barrier to resources as they may not provide what refugees and asylum-seekers are rightfully entitled to, as suggested in the following quote:

> ...there is an ignorance around the services that refugees can have access to, and I'm not even there on talking about the grant cause that gets totally confused, just the basic services that they are allowed to, that they are allowed to receive, or allowed to have access to, you find people, because they don't know, they just chase them away. (P7)

It was also indicated by six participants that educating the local population about the rights of refugees and asylum-seekers could reduce negative perceptions and thereby increase social integration. It was thought that an understanding that refugees and asylum-seekers are legally entitled to what they access may reduce hostilities, as suggested in the following quote:

> ...if they know about the rights then they won't think the refugees are stealing the jobs and then they might be more friendly and accept them. (P3)

Furthermore, with the aim of gender empowerment, three participants mentioned that it was important to educate female refugees and asylum-seekers about their particular rights as refugees and under the constitution. It was thought that an awareness of rights would facilitate access to resources, which would contribute to gender empowerment through financial independence.

The participants revealed a number of ways in which they were raising awareness about the rights of refugees and asylum-seekers. A common approach, mentioned by eight participants, was to facilitate a workshop in a number of languages where information about rights was provided directly to the local population or refugees and asylum-seekers. For example, rights awareness workshops were held with service providers, as exemplified in the following quote:

> Also we do that through to the training in a workshop, like to know to access the health, we work with the clinic. There is a lot of clinics where refugees are attending.

> So because you know there is this, the issue of documents, some clinics they do not know if this document is not I.D, but what kind of document, and we go to those clinic... we are having two days every week in different clinic, with the staff...we do the talks about rights. (P4)

Three participants further indicated that rights awareness workshops were facilitated for specific groups of refugees and asylum-seekers, such as women or the elderly, in order to assist them to apply for rights that they were specifically entitled to, such as a pension:

> ...we have a group for elderly people. Now we want to encourage them so that they can start going to apply for their social grant for the elderly. (P5)

Additionally, six participants indicated that information about the rights of refugees and asylum-seekers would be presented when needed on a case-by-case basis to assist in accessing those rights, as exemplified in the following quote:

> Well definitely getting the information out to the schools that they have the same rights, I have contacted one school ... the bursar was adamant that why should she give the refugee the exemption because she knows of these local kids who are worse off than this refugee child that we were talking about and why should this person get the advantage. I was just giving her the information that actually they qualify for exactly the same process and that particular client did get a partial exemption. (P7)

Cultural diversity awareness

In addition to rights awareness, six participants indicated that refugees and asylum-seekers were also being supported through cultural diversity awareness. As elucidated in the previous section, it was thought that prejudice towards refugees and asylum-seekers may result in physical harm, impact negatively on emotional well-being or act as a barrier to resources. Thus, it was considered important by six participants to reduce prejudice by changing the perception the local population had of refugees and asylum-seekers, as suggested in the following quote:

> ...the asylum seeker needs to be protected from perception. So South Africans have this very negative perception and so we try and work around changing that perception. (P9)

It was thought that raising awareness about the different cultures and traditions of refugees and asylum-seekers, as well as highlighting the positive aspects of those cultures, would change the way the local population viewed refugees and asylum-seekers, as suggested in the following quote:

> ...they have an attitude of discriminate people because they don't have enough knowledge of why these people are coming, what are the tradition, the culture of these people. So once they get that knowledge and they get a better understanding of this diversity then I'm sure they will, they will embrace and accept people in a better way. (P14)

Raising awareness about cultural diversity was approached in a number of ways. Three participants indicated that children were targeted through providing a number of activities at schools, such as games and documentary screenings, which aimed to educate children about the positive aspects of diversity. Additionally, four participants indicated that workshops were held with the local population that aimed to raise awareness about cultural diversity. While the local population was the target audience in these workshops, three participants indicated that refugees and asylum-seekers were encouraged to join the workshops in order to encourage both groups to mix. It was thought that by mixing with people from different cultures, South Africans could experience positive attributes firsthand. Furthermore, two participants indicated that by encouraging the groups to mix, it was thought that similarities that cut across cultures and traditions could also be appreciated, as suggested in the following quote:

> ...it's both groups bringing together... so that really brings the cohesion to form and to create some sort of understanding bring to that relationship to say we are one, nothing that really divides us. We are all human. (P3)

Gender equality awareness

In addition to empowering women through rights awareness, one organisation was attempting to promote gender equality in order to prevent violence against women, as well as to empower them. Gender equality was thought by one participant to be achieved by altering male attitudes towards traditional gender norms. Thus, one organisation ran awareness campaigns that targeted men specifically, and aimed to challenge traditional concepts of masculinity associated with violence in order to change attitudes and behaviour, as suggested in the following quote:

> ...other people they will tell you no, for me to beat my wife it is a correction, it is not - does not mean I am beating her, I am correcting her. So if someone say no, no, no, I used to beat my wife and from today according to this session, I find that this is wrong, I was doing something wrong, so I am going to apologise to my family and that is a behaviour change. (P4)

These aims were thought to be achieved through raising awareness and creating dialogue around the issues of gender inequality, gender based violence and patriarchy in a workshop format, as suggested in the following quote:

> ...and then we run some talk, the information and the education... yes we raise awareness, we conduct the workshop then also the dialogue about domestic violence and inequality.....challenging the issue of masculinity, patriarchy and also stopping – promoting gender equality... (P4)

4.2.2 Addressing mental health needs

While not as numerous as those employed to address practical needs, a number of strategies were employed by the organisations to address mental health needs. Highlighting the interconnectedness of themes, five participants indicated that mental health needs were addressed through assisting refugees and asylum-seekers to meet their practical needs. Additionally, the participants revealed three key strategies that were thought to address mental health needs: individual counselling, group programmes, and facilitating access to emotional support.

4.2.2.1 Individual counselling

One way in which three organisations were attempting to address the mental health needs of refugees and asylum-seekers was through offering individual counselling. Six service providers, with varying levels of expertise and different backgrounds, provided mental health care across three organisations. One organisation solely utilized psychology honours' students who were required to do a six or twelve month counselling internship in order to register as a professional counsellor. These interns indicated during their interviews that they had little previous counselling experience.

The other two organisations employed professional social workers on a full time basis to address mental health needs, and one of these organisations further employed a professional psychologist on a full time basis. However, it is important to note that the psychologist and one social worker were unable to partake in this study due to time constraints. Thus, the accounts mentioned here reflect the experiences of four mental health care providers, three of which were intern counsellors.

From the participants' accounts, a number of ways in which mental health care providers attempted to address the mental health needs of refugees and asylum-seekers were revealed. All four participants indicated that they were not equipped to address diagnosable mental health problems such as PTSD, depression or psychosis; instead, the four participants indicated that one of their roles was to identify possible mental health problems in order to make a referral to a resource that could provide adequate mental health care, as suggested in the following quotes:

> ...so obviously I am not allowed to diagnose anybody because I am not a clinical psychologist, but I identify symptoms, things that I know of for example PTSD or psychosis and then refer people... I couldn't counsel anyone with severe symptoms or severe problems. (P10)

> ...my first step is to obviously assess the client and see the extent of the disorder in terms, that's obviously my opinion, but then I'd refer them to Groote Schuur. (P12)

As borne out in the above quote, the state health system was relied upon heavily to address the mental health issues of refugees and asylum-seekers. Eight participants indicated that refugees and asylum-seekers with more severe mental health problems would be referred to hospitals such as Victoria Hospital and Groote Schuur Hospital. In some cases, as mentioned by three participants, the police would assist in the process of referral, as suggested in the following quote:

> ...the very violent people we will ask a special unit in the police, you know, South African Police Service, so they normally come here and then take them to Victoria hospital, Victoria will assist them if they need observation then they will – they are referred to Valkenburg for 30 days observation. (P5)

Accordingly, three participants indicated that a significant part of their role as a counsellor was to identify and facilitate access to resources that could best address the needs of their client, as suggested in the following quote:

> It's mainly a crisis management role...so there's a lot of referrals – internal referrals. (P1)

Furthermore, demonstrating an understanding of the interconnectedness of needs, three of the four participants indicated that the resources identified for referral included those pertaining to practical needs, since addressing practical needs was considered an important means of improving emotional well-being. Indeed, two participants thought that practical needs had to be addressed first before mental health needs could be adequately addressed, as suggested in the following quote:

> ...even though there may be psychological needs, most of the clients that come here have very extreme basic needs like shelter etc, so that's referrals...I firmly believe in that because if they are for example living on the street how are we going to help them psychologically when they aren't in a safe environment...you have to intermesh it, you have to provide the other need. But that's not my job. My job is to obviously open the avenues to that. So I will make them aware that the service has these needs and I'll follow up with them.

> And if the service can't provide and they say no, there's no available, I would then obviously look at outside organisations. (P12)

In addition, all four participants indicated that refugees and asylum-seekers were assisted with their mental health needs through providing them with an emotionally safe space, which was thought by all four participants to be achieved by providing a supportive space where the individual was listened to and empathized with, as suggested in the following quotes:

> ... hopefully to help them in the way that they finally had someone that they could speak to freely, hopefully, openly, honestly and have that therapeutic benefit of having someone really listen to them, I am here to listen, to support them, I tried to empathise with them... (P2)

> My role here is then therefore to offer a safe, supportive environment where I listen and empathise... (P12)

It was thought that an emotionally supportive space was beneficial as it allowed refugees and asylum-seekers to reflect on their feelings and on any problems that they may have. Furthermore, a supportive space was thought to be especially important for refugees and asylum-seekers as they may not have access to a supportive relationship in any other area of their lives due to social isolation resulting from forced migration, as suggested in the following quotes:

> ...maybe they haven't had that before. Or don't have another space where they could do that because they don't have family or friends. (P10)

> My general aim is obviously to provide that support to clients that most of them don't have any support... my role here is to want them to have a safe place to feel free to speak to someone and by speaking to someone even though it may be hard, to maybe clarify things, reflect on things. (P12)

Lastly, three participants indicated that psychoeducation was an important approach to improve the emotional well-being of refugees and asylum-seekers.

All three participants indicated that, where appropriate, psychoeducation was used to educate individuals about the symptoms of disorders so that they could understand and be better able to deal with the presented disorder, as illustrated in the following quote:

> I think that would be probably the predominant thing that I did was psychoeducation, informing people of again not saying PTSD, but making them aware of if there are any symptoms that they may be having, helping them to understand the symptoms, which will help them cope with them more (P10)

4.2.2.2. Group programmes

Group programmes were another way in which organisations were attempting to address the mental health needs of refugees and asylum-seekers. However, a limited number of group programmes were provided relative to the number of skills programmes provided.
Overall, the organisations seemed to rely on individual counselling and referral to the state health system to address the mental health needs of refugees and asylum-seekers.

A number of non-directive group programmes were provided by three of the organisations. Art therapy workshops for both adults and children were mentioned by six participants. According to the participants, art therapy workshops were provided to address issues of identity and adjustment, as well as to assist individuals to access their feelings, as suggested in the following quotes:

> ...there's the art therapy for the adolescences...it's a programme that's aimed at helping them deal with their new identity, so new identity in terms of being a refugee, new identity in terms of being a child who lives in a shelter, a child who doesn't live with both parents, your identity in the family and most of the work is done through the art medium, so they paint, they do plays... (P2)

> ...it was just also an opportunity for the group to access their feelings and to express themselves in a different way. (P1)

It was thought by four participants that utilizing art as a medium of expression was particularly beneficial for refugees and asylum-seekers due to the difficulties they may have in expressing themselves in English. Furthermore, it was thought by one participant that art therapy was more appropriate for refugees and asylum-seekers considering their perceived mental health beliefs, as suggested in the following quotes:

> ...because its non-directive, you don't necessarily have to use language, which is massive barrier. You don't deal with actual issues on the surface you wouldn't use terms like PTSD, any sort of western psychology terms or notions, ya, so I think that it's the most promising sort of thing to really connect with refugees. (P10)

> ...and it's just like a way, cause sometimes, most of our children who come don't speak English very well but you can learn a lot through their drawings. (P2)

Lastly, one organisation provided psychoeducation on the effects of exposure to trauma. In line with empowerment, the aim of the programme was to assist individuals to understand and identify the negative effects of trauma so they could access mental health care if needed.

4.2.2.3. Facilitate access to emotional support

Another way in which three organisations were attempting to meet the mental health needs of refugees and asylum-seekers was through facilitating access to emotional support, which was thought by six participants to be particularly important for refugees and asylum-seekers as they may be socially isolated as a result of forced migration.

Participants mentioned a number of ways in which the organisations were assisting refugees and asylum-seekers to access social support. As already discussed, six participants indicated that refugees and asylum-seekers had access to emotional support through individual counselling. Additionally, five participants indicated that support networks were activated through facilitating access to support structures, such as faith-based institutions. Activating support networks was thought to be effective as it was a sustainable source of emotional support, as suggested in the following quote:

> ...we look at what support system do they have, so if a women who's connected to the church we try and get the church involved so that, because they will be part of the women's life way longer than we will be so if they have friends we try and strengthen that friendship while they still here in the shelter so that when she leaves the shelter they can be a support structure for them. (P2)

Lastly, the physical environment of the organisation itself was viewed as an indirect form of emotional support by six participants. It was thought that the organisation provided a space where individuals could meet others who they could relate to, and communicate with. Furthermore, it was thought that refugees and asylum-seekers were supported emotionally through having a space where they were treated with dignity and respect, as illustrated in the following quote:

> ...they feel at home, they are amongst their compatriots mainly; they can understand one another speaking their own language. And they feel welcome because there is very much a welcome here for refugees. It is an institute for refugees mainly. So it is a home, it is a home from home...that sense of being welcome and being honoured for who they are, not just seen as sort of refuse who nobody really wants. (P13)

4.3. Summary

This chapter provided a description of the generated data. Practical needs, such as basic needs, the need for empowerment, and the need for protection were generally thought by the participants to be pressing and immediate. In contrast, addressing mental health needs was generally considered by the participants to be a low priority for refugees and asylum-seekers. The impact of xenophobia, the impact of separation and loss, adjustment related issues, the impact of trauma, and the impact of living in an unstable context, were all viewed by participants as having a negative impact on emotional well-being.

The main aim of the service provision response of all four organisations was to empower refugees and asylum-seekers to become self-reliant in order to negate the need for external assistance. In order for refugees and asylum-seekers to become self-reliant, it was thought that they needed to be integrated fully into society.

This entailed equipping them with the skills necessary to participate fully in the various sectors of society, such as the employment sector; as well as reducing hostility towards refugees and asylum-seekers within the wider society. Furthermore, female refugees and asylum-seekers were assisted to become self-reliant through gender empowerment. A secondary aim of gender empowerment and reducing prejudice was to protect refugees and asylum-seekers from violence.

Due to an understanding that needs are interconnected, all four organisations attempted to meet the mental health needs of refugees and asylum-seekers. Individual counselling, therapeutic programmes and facilitating access to emotional support were utilized by three organisations to respond to the mental health needs of refugees and asylum-seekers. One organisation attempted to meet the mental health needs of refugees and asylum-seekers indirectly through identifying and facilitating access to appropriate resources. Moreover, all four organisations relied on the state health system to address more severe forms of psychopathology. The following chapter provides an interpretation of these findings by comparing them to the research literature, to which attention will now be turned.

CHAPTER 5

Discussion

The following discussion provides an interpretation of the findings of this study in light of the existing research literature. The needs and responses identified in the preceding chapter will be discussed in relation to the dominant trauma perspective. Furthermore, the approach utilized by NGOs, who provide the majority of care to refugees and asylum-seekers in Cape Town, will be discussed in relation to the dominant biomedical approach. A consideration of the limitations of the current research as well as directions for future research will conclude the chapter.

5.1. Psychosocial needs of refugees and asylum-seekers

The needs of refugees and asylum-seekers living in Cape Town were perceived by the participants to be wide-ranging and complex. The perceptions in this study illustrate that refugees and asylum-seekers living in Cape Town are individuals with a host of different needs based upon an array of interconnected factors, such as language, nationality and gender. Furthermore, the impact of the distinct legal system for refugees and asylum-seekers in South Africa, such as the perceived difficulties with the DHA, and limited direct assistance from the state, was emphasised by the participants in this study. The perception of the participants of the needs of refugees and asylum-seekers as diverse and located in a particular context highlights the potentially problematic trend in the literature that focuses on the notion of a homogenous 'refugee', and further strengthens the need for localised research and contextually responsive intervention approaches.

Practical needs, such as basic needs, the need for empowerment, and the need for protection were generally thought by the participants to be pressing and immediate. Difficulties accessing rights, limited direct assistance from the state, difficulties accessing employment and limited English language ability were all perceived to contribute to an unstable context and were thus thought to underlie the high need for assistance with meeting practical needs. Furthermore, gender disempowerment and xenophobic attitudes were thought to contribute to the need for protection.

Xenophobia, separation and loss, adjustment related issues, trauma exposure, and living in an unstable context, were all viewed by participants as having a negative effect on emotional well-being. However, addressing mental health needs was generally considered to be a low priority for refugees and asylum-seekers, resulting in poor uptake of available counselling services. Two theories were posited by the participants for this low uptake. The first was the more urgent need to address basic physical security. This is in line with emerging research which suggests that despite having been exposed to traumatic experiences in the past, the need to address these is often overshadowed by the need to address current stressors in post-displacement contexts (Ryan et al., 2008; Summerfield, 1999; Watters, 2001). Similarly, Herman's trauma intervention model also emphasises safety (including basic needs) first (Herman, 1992). The second was cultural beliefs that de-emphasise the value of a "talking cure". This is in line with research that suggests that the utilization of "western" methods of treatment are generally low due to their unfamiliarity (Miller & Rasco, 2004).

The existing literature does not seem to reflect the participants' perception that practical needs are of higher priority than mental health needs, as there is a disproportionate focus in the literature on mental health needs stemming from pre-displacement experiences (Ingleby, 2005; Lindert & Schinina, 2012). The considerable focus on the impact of traumatic experiences on refugees and asylum-seekers may be partly accounted for by the fact that the majority of the literature comes from high-income settings, where the practical needs of refugees and asylum-seekers may be addressed directly by the state (Zepinic, Bogic, & Priebe, 2012). In line with research that suggests that mental health needs tend to be addressed after practical needs have been met (Watters, 2001), it may be that the focus on mental health is higher in countries where practical needs are already met. However emerging research from high-income settings suggests that refugees and asylum-seekers face a number of post-displacement stressors (Porter & Haslam, 2005), which brings into question the focus on the impact of pre-displacement stressors in the literature.

The differing legal definitions of refugees and asylum-seekers worldwide may also partly account for the focus on mental health needs in the literature. The international research tends to come out of countries that predominantly define refugees and asylum-seekers according to the UN refugee convention. As already discussed, the UN refugee convention tends to favour those that can prove individual persecution (Halilovich, 2006).

In comparison, South Africa has adopted the OAU refugee convention, which tends to favour asylum-seekers from particular countries (Teupker, 2002). As a result, the implementation of the OAU definition has led to the extensive use of *prima facie* asylum determination in South Africa (Landau, 2006).

Thus, it may be that refugees and asylum-seekers in high-income countries have higher mental health needs due to asylum practice. Application decisions are made on an individual basis guided by the UN convention in most of the countries where the international literature has emerged, possibly favouring those that can prove individual persecution based on severity, frequency and duration of past traumatic events. In contrast, application decisions in South Africa are guided by nationality, possibly resulting in individuals being granted refugee and asylum-seeker status that have had differing histories of exposure to traumatic events than those selected in high-income countries. Further research is needed in this regard. However, what is important to note for the purposes of this discussion is that the specific socio-political context of South Africa may partly account for the lack of emphasis placed on mental health needs in this research relative to the focus placed in the international literature.

While the focus of participants in this study was on practical needs, the idea that refugees and asylum-seekers need to address pathology related to past experiences of trauma also emerged as a concern, which is in accordance with the dominant trauma paradigm (Mollica, Caspi-Yavin, Bollini, & Truong, 1992). A relatively large number of participants seemed to view trauma as inherent to the experiences of refugees and asylum-seekers. However, the understanding of the psychological impact of traumatic stress seemed to be differentiated according to profession. Perhaps unsurprisingly, the participants who came from a psychological background were more likely to emphasise the role of PTSD compared to those that did not. The difference may be partly explained by a greater reliance of those from a psychological background on dominant trauma understandings in the academic literature to inform perceptions; while the perceptions of those who did not have a psychological background may have been influenced by general societal understandings maintained by public institutions such as the media (Marlowe, 2009).

Marlowe (2009) argues that bio-medically informed constructions of refugees and asylum-seekers are potentially harmful as they may be viewed as victims trying to survive within society rather than peers participating in society.

The perception of empowerment by the participants as a pressing and immediate need suggests that refugees and asylum-seekers have a desire to be active participants in meeting their own needs, and adds to research that highlights coping skills and resiliency (Malkki, 1995; Ryan, Dooley, & Benson, 2008). The findings of this study strengthen the need for further research into the positive aspects of refugee and asylum-seeker identities so that the effects of forced migration, and related needs, are understood in their entirety.

Furthermore, the description of some post-migration stressors as traumatic by five participants, such as the impacts of xenophobia and the issues relating to adjustment, is important. This suggests that traumatic experiences may not be solely located in the past experiences of refugees and asylum-seekers, but instead may be ongoing. Such understandings may prompt a re-assessment of conventional understandings of trauma, and how trauma may be addressed in refugee and asylum-seeker populations.

Lastly, this research reiterates the growing emphasis in the literature on the negative impact of post-displacement stressors on emotional well-being (Porter & Haslam, 2005). There is consistency between the current study and the conclusion of Porter and Haslam's (2005) meta-analysis that the strongest moderator of mental health for refugees and asylum-seekers are the social conditions they face after forced migration, and with other findings that post-migration stressors include adjustment and acculturation (Nwadiora & McAdoo, 1996), employment and financial security (Danso, 2002), social isolation and social support (Stroll and Johnson, 1997), and host country reception and discrimination (Pettigrew, 1998; Yakushko, 2009). Thus, the findings of this research strengthen the argument that psychological needs should not be conflated with psychiatric epidemiology.

5.2. **Organisational Responses to the Psychosocial Needs of Refugees and Asylum-seekers**

The dominance of the trauma paradigm not only affects how the needs of refugees and asylum-seekers are conceptualized, but also affects the development and implementation of intervention and support programmes. The literature is dominated by narrowly defined, bio-medically influenced notions of mental health care that aim to alleviate refugees and asylum-seekers of the mental health sequelae of past traumatic experiences (Ingleby, 2005).

Thus, the dominant "western" developed interventions, such as counselling, generally aim to address issues relating to past experiences that are removed from current socio-political contexts in which refugees and asylum-seekers exist.

In contrast to the dominant bio-medical approach, which tends to view refugees and asylum-seekers as victims in need of professional care (Summerfield, 1999), the findings of this study suggest that NGOs largely utilize a strengths-based approach, which places emphasis on human agency (Schweitzer, et al., 2007; Westoby, 2008). The main aim of the service provision response of all four NGOs was to empower refugees and asylum-seekers to become self-reliant in order to negate the need for external assistance. In order for refugees and asylum-seekers to become self-reliant, it was thought that they needed to be integrated fully into society. This entailed equipping them with the skills necessary to participate fully in the various sectors of society, such as the employment sector; as well as reducing hostility towards refugees and asylum-seekers within the wider society. Furthermore, female refugees and asylum-seekers were assisted to become self-reliant through gender empowerment. A secondary aim of gender empowerment and reducing prejudice was to protect refugees and asylum-seekers from violence.

Furthermore, in contrast to the dominant trauma paradigm, the findings of this study suggest that the model of care employed by all four organisations was more in line with an ecological framework, which takes into account the socio-political context by addressing a broad range of needs on a number of levels. Thus, a multi-modal approach was employed to assist refugees and asylum-seekers to become self-reliant.

A strong emphasis was placed on addressing practical needs. Four key strategies were utilized to respond to practical needs across three NGOs: facilitating access to the employment market, providing direct assistance, raising awareness and advocacy. One NGO did not directly employ a multi-modal approach, but instead focused on raising awareness. However, the organisation did attempt to meet a broad range of needs through identifying and facilitating access to resources. Moreover, while three NGOs employed a multi-modal approach, they were unable to provide for the entire range of needs due to a lack of capacity, and similarly attempted to meet a broad range of needs through access to a network of resources.

Due to an understanding that mental health needs and practical needs are interconnected, there was an attempt amongst the organisations sampled to address mental health needs. Individual counselling, therapeutic programmes and facilitating access to emotional support were utilized by three NGOs to respond to the mental health needs of refugees and asylum-seekers. As already discussed, one NGO attempted to meet the mental health needs of refugees and asylum-seekers indirectly through identifying and facilitating access to appropriate resources. Moreover, all four NGOs relied on the state health system to address more severe forms of psychopathology.

In contrast to the dominant trauma paradigm, and in line with the argument posited by Miller and Rasco (2004), intervening at the macro level was considered important to assist refugees and asylum-seekers to address their needs. A key strategy employed to assist refugees and asylum-seekers was advocacy efforts to influence the socio-political context in which refugees and asylum-seekers live. For example, advocacy efforts to influence social policy regarding social grants succeeded in securing direct assistance from the state for recognized refugees. Social grants enable refugees and asylum-seekers to meet their own practical needs, which was thought by some participants to have a positive impact on overall well-being (Miller & Rasco, 2004).

Furthermore, a number of strategies were employed at the local level to assist refugees and asylum-seekers. For example, in line with the recommendation by Miller and Rasco (2004), small business loans were provided to increase self-sufficiency. Additionally, at the level of the community, strategies were employed to improve relations between refugee and asylum-seeker communities and the host society in order to assist with integration.
Improving relations between the two groups was seen as a necessary first step to empowering refugees and asylum-seekers.

Interventions based on the medical model are at risk of decontextualising the needs and experiences of refugees and asylum-seekers and may thus be experienced as irrelevant (Marlowe, 2009; Miller & Rasco, 2004). Furthermore, overlooking local idioms of distress in refugee and asylum-seeker communities may render such service delivery models culturally inappropriate (Miller et al., 2006). This research gives weight to such concerns; it was thought by some participants that "western" mental health beliefs did not resonate with refugees and asylum-seekers living in Cape Town.

Instead, they were perceived to have their own meanings of distress, often characterized by somatisation. The perceived low uptake of mental health services, such as counselling, may suggest that such interventions are perceived by refugees and asylum-seekers as irrelevant or of low priority in the context of urgent practical needs. In line with the argument made by Miller and Rasco (2004), there may be a need for mental health services to explore how local strategies for addressing distress can be incorporated into existing strategies in order to increase relevance.

Service responses that attempt to address both mental health needs and practical needs are less common (Watters, 2001). This is despite the potential for such integrative approaches to address the needs that refugees and asylum-seekers seem to perceive themselves as being the most important. Thus, this research adds to the argument that a fixation on the past does not match refugees' and asylum-seekers' needs in the present. It also demonstrates that existing services for refugees and asylum-seekers in Cape Town clearly align with the ecological, rather than the biomedical, model. The experiences of these service providers can contribute to the development of multi-modal interventions for refugees and asylum-seekers elsewhere, particularly in low and middle-income countries.

5.3. Research limitations and directions for future research

The main limitation of this research was that the perceptions of refugees and asylum-seekers of their own needs, and of whether those needs were being addressed, were not included due to time and budget constraints. The perceptions of refugees and asylum-seekers would have significantly increased the understanding of needs and service provision responses. Particularly, it would have been useful to gain insight into the significance of mental health needs for refugees and asylum-seekers. The findings are not clear as, on the one hand, mental health needs were perceived to be low priority for refugees and asylum-seekers, but on the other hand, two mental health service providers were too busy to partake in this research, suggesting a possible demand for mental health services. Further research is needed in this regard. Furthermore, in line with the argument made by Summerfield (2001), it is important that refugees and asylum-seekers contribute towards the development of intervention and support programmes in order to avoid a 'top-down' approach to service provision.

Another potential limitation of this research was that the findings relating to needs may be skewed as they were based largely on help-seeking populations who have the capacity to seek out services. Thus the low priority placed on mental health needs may be related to the fact that the population under study is functioning adequately enough to attempt to address their needs.

Similarly, while providing the majority of care, the NGO sector is not the only service provider for refugees and asylum-seekers in Cape Town. As the findings suggest, the mental health needs of refugees and asylum-seekers are largely addressed by the state health sector. Thus, it may be necessary to include the perceptions of service providers outside of the NGO sector, such as those working in the formal health sector, as well as non help-seeking populations, when conceptualizing the needs of refugees and asylum-seekers and how service providers are responding to these.

However, it is important to note that a small number of the participants in this research came into contact with non help-seeking populations through the nature of the service that they provided. For example, a small number of participants targeted individuals within their homes or community. Furthermore, individuals accessing the service provided by the shelter may not necessarily be high functioning as they may have been referred there as a result of being homeless. Thus, the findings in this research may be buffered somewhat from the effects of this limitation.

The findings of this study suggest that different groups within the refugee and asylum-seeker populations may have different needs. It was thought that female refugees and asylum-seekers have a high level of need due to being disempowered through traditional gender norms. Furthermore, the findings of this study suggest that the presentation of needs differs according to nationality. It would thus be useful to look more closely at the different variables underlying the presentation of needs, as this understanding may be necessary to inform more targeted intervention and support programmes.

Lastly, this study reported the perceptions of organisation members who have their own motivations and investments for participating in the study, and these perceptions may be skewed in various ways. For example, the practical needs described may have been overemphasised in order to make a case for increased funding.

5.4. Conclusion

This study explored service providers' perceptions about the psychosocial needs of refugees and asylum-seekers in Cape Town, and of service responses to these, in order to assist in the development of a systematic framework for understanding and responding to the needs of refugees and asylum-seekers in South Africa, and potentially other low and middle-income countries. The findings of this study highlight that refugees and asylum-seekers in Cape Town have wide-ranging and complex needs, many of which are located in the post-migration context. This adds to literature that places emphasis on post-migration stressors. Furthermore, the service provision responses to these needs align with the ecological model, adding to literature that suggests that a multi-modal response is more appropriate for refugees and asylum-seekers than a bio-medically focused response.

The findings of this study may also contribute to social policy and funding decisions. In terms of social policy, the interconnectedness of needs was emphasised in this study, as well as the negative impact of post-displacement stressors on emotional well-being. Thus, social policy decisions may have broad implications. For example, the closure of a number of refugee reception offices in Cape Town, and the requirement to instead apply for asylum-seeker status in Durban, Messina or Pretoria, may have an impact on emotional well-being. It is thus recommended that social policy decisions are carefully considered in light of these findings in order to promote overall well-being. In sum, the diverse needs that refugees and asylum-seekers present with require a multi-modal response, as is provided by organisations in Cape Town.

References

Amit, R (2012). *No way in: Barriers to Access, Service and Administrative Justice at South Africa's Refugee Reception Offices*. Retrieved from http://www.migration .org.za/publication/report/2012/no-way-barriers-access-service-and-administrative-justice-south-africa-s-ref

Ahearn, F. L. (2000). *Psychosocial wellness of refugees: Issues in qualitative and quantitative research*. New York: Berghahn Books.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental Disorders* (4th ed., text rev.). Washington, DC: Author.

Babbie, E., & Mouton, J. (2008). *The practice of social research.* Cape Town: Oxford University Press.

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The qualitative report, 13*, 544-559.

Bayer, C. P., Klasen, F., & Adam, H. (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *The Journal of the American Medical Association*, *298*, 555-559.

Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, *21*, 491-511.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, *46*, 5-34

Bhugra, D., & Becker, M. A. (2005). Migration, cultural bereavement and cultural identity. *World Psychiatry*, *1*, 18-24.

Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science & Medicine, 40*, 1073–1082.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Carlson, E. B., & Rosser-Hogan, R. (1991). Trauma experiences, posttraumatic stress, dissociation, and depression in Cambodian refugees. *The American Journal of Psychiatry, 148*, 1548-1551.

Cohen, D., & Crabtree, B. (2006). *Qualitative research guidelines project.* Retrieved on February 1, 2012, from http://www.sswm.info/sites/default/files/reference_ attachments/COHEN%202006%0Semistructured%20Interview.pdf

Craig, T., Jajua, P. M., & Warfa, N. (2009). Mental health care needs of refugees.

Psychiatry, 8, 351-354.

CSVR (2005). *Engendering wartime conflict: Women and war trauma.* Retrieved on February 16, 2012, from http://www.csvr.org.za/docs/gender/engender.pdf

CSVR (2008). *Understanding current xenophobic attacks and how South Africa can move forward.* Retrieved on February 1, 2012, from http://www.csvr.org.za/index.php?option.comcontent&view=article&id=1640%3Aunderstanding-current-xenophobic-attacks-and-how-south-africa-can- move-forward&Itemid=2

CSVR (2011). *Profiling torture II: Addressing torture and its consequences in South Africa.* Retrieved on October 13, 2012, from http://www.csvr.org.za/docs/Profiling TortureIIMandEbooklet2009-2011.pdf

Danso, R. (2002). From 'there'to 'here': An investigation of the initial settlement experiences of Ethiopian and Somali refugees in Toronto. *GeoJournal*, *56*, 3-14.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: diagnosis of Southeast Asian refugees. *Social Science and Medicine, 33,* 673-680.

Erikson, E. (1950). *Childhood and Society*. New York: Norton.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *Lancet, 365*, 1309-1314.

Fazel, M., & Silove, D. (2006). Detention of refugees: Australia has given up mandatory detention because it damages detainees' mental health. *British Medical Journal, 332*, 251-252.

Flyvbjerg, B. (2011). Case study. In N. K. Denzin and Y. S. Lincoln (Eds), *The Sage handbook of qualitative research, 4th edition* (pp. 301-306). California: Thousand Oaks.

Glaser, B. (2002). *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Government Gazette (1998). *No. 130 of 1998: Refugees Act. 1998.* Retrieved on August 14, 2012, from http://www.info.gov.za/view/DownloadFileAction?id=70666

Gwyther, M. E., & Jenkins, M. (1998). Migrant farmworker children: Health status, barriers to care, and nursing innovations in health care delivery. *Journal of Pediatric Health Care*, *12*, 60-66.

Halilovich, H. (2006). Aussie Bosnians from Germany: reconstructing identity. *Local-Global Journal, 2*, 59-72.

Hauff, E., & Vaglum, P. (1994). Chronic posttraumatic stress disorder in Vietnamese refugees: A prospective community study of prevalence, course, psychopathology, and stressors. *Journal of Nervous and Mental Disease, 182,* 85-90.

Herman, J. L. (2002). *Trauma and recovery: The aftermath of violence. From domestic violence to political terror.* New York: BasicBooks.

Higginbottom, G. (2004). Sampling issues in qualitative research. *Nurse Researcher, 12*, 7-19.

HRMC (2011). Introduction. In S. Gunn (Ed.), *Torn Apart* (p. 8-22). Cape Town, CT: Human Rights Media Centre.

Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., . . . Westermeyer, J. (2002). Measuring trauma and health status in refugees.*JAMA: the journal of the American Medical Association, 288,* 611-621.

Ingleby, D. (2005). *Forced migration and mental health: Rethinking the care of refugees and displaced persons.* New York, NY: Springer.

Iverson, V.C., & Morken, G. (2004). Differences in acute psychiatric admission between asylum-seekers and refugees. *Nordic Journal of Psychiatry, 58,* 465-470.

Kim, G., Torbay, R., & Lawry, L. (2007). Basic health, women's health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan. *American Journal of Public Health, 97,* 353-361.

Kleinman, A. (1987). Anthropology and psychiatry: The role of culture in cross-cultural research on illness. *British Journal of Psychiatry, 151*, 447–454.

Laban, C. J., Komproe, I. H., Gernaat, H. B., & de Jong, J. T. (2008). The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology, 43,* 507-515.

Landau, L. B. (2006). Protection and dignity in Johannesburg: shortcomings of South Africa's urban refugee policy. *Journal of Refugee Studies, 19,* 308-327.

Landau, L., Ramjathan-Keogh, K., & Singh, G. (2005). Xenophobia in South Africa and problems related to it. *Forced Migration Studies Programme, University of the Witwatersrand, Working Paper Series, 13*, 1-42.

Lavik, N. J., Christie, H., Solberg, O., & Varvin, S. (1996). A refugee protest action in a host country: possibilities and limitations of an intervention by a mental health unit. *Journal of Refugee Studies, 9,* 73-88.

Lee, Y., Altschuld, J., & White, J. (2007). Effects of multiple stakeholders in identifying and interpreting perceived needs. *Evaluation and Programme Planning, 30*, 1-9.

Lindert, J., Ehrenstein, O. S., Priebe, S., Mielck, A., & Brahler, E. (2009). Depression and

anxiety in labor migrants and refugees – a systematic review and meta-analysis. *Social Science and Medicine, 69,* 246-257.

Lindert, J., Schinina, G. (2012). Mental health of refugees and asylum-seekers. In B. Rechel (Ed.), Migration *and health in the European Union* (p. 169-181). New York, NY: Open University Press.

Malkki, L. H. (1995). Refugees and exile: From" refugee studies" to the national order of things. *Annual Review of Anthropology, 24*, 495-523.

Marlowe, J. M. (2009). Conceptualising refugee resettlement in contested landscapes. *The Australasian Review of African Studies, 30*, 128-151.

Marshall, M. N. (1996). Sampling for qualitative research. *Family practice, 13,* 522-526.

Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C. A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *The Journal of the American Medical Association, 294*, 571-579.

Miller, K. E., & Rasco, L. M. (2004). An ecological framework for addressing the mental health needs of refugee communities. In K. E. Miller, & L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (p. 1–64). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Miller, K. E., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry, 76,* 409-422.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine,70,* 7-16.

Mollica, R., Caspi-Yavin, Y., Bollini, P., Truong, T. (1992). The Harvard Trauma Questionnaire: Validation of a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease, 180,* 111-116.

Mpofu, E., Stevens, C., Biggs, H. C., & Johnson, E. T. (2012). Socio-structural influences on the work participation of refugees: an exploratory systematic mixed studies review. *Vulnerable Groups & Inclusion*, *3*, 1-22.

Munro, N. (2006). The immigrant numbers game. *National Journal, 38*, 5-7.

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert, C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for posttraumatic stress disorder through previous trauma among West Nile refugees. *BMC psychiatry, 4*, 34.

Norredam, M., Garcia-Lopez, A., Keiding, N., & Krasnik, A. (2009). Risk of mental disorders in refugees and native Danes: A register-based retrospective cohort study. *Social Psychiatry and Psychiatric Epidemiology, 44,* 1023-1029.

Nwadiora, E., & McAdoo, H. (1996). Acculturative stress among Amerasian refugees: Gender and racial differences. *Adolescence, 31,* 477-488.

OAU (1969). *Convention governing the specific aspects of refugee problems in Africa.* Retrieved on August 3, 2012, from http://www.africa- Treaties union.org/Official_ documents/_%20Conventions_%20Protocols/ Refugee_Convention.pdf

OCHA (2012). *South Africa: Foreigners still at risk*. Retrieved on November 2, 2012, from http://www.migration.org.za/news/2012/south-africa-foreigners-still-risk

Parker, I. (2005). *Qualitative psychology: Introducing radical research.* New York: Open University Press.

Peddle, N. (2007). Assessing trauma impact, recovery, and resiliency in refugees of war. *Journal of Aggression, Maltreatment & Trauma, 14,* 185-204.

Pettigrew, T. F. (1998). Reactions toward the new minorities of Western Europe. Annual Review of Sociology, 24, 77-103

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons. *The Journal of the American Medical Association, 294,* 602-612.

Proctor, N. G. (2005). 'They first killed his heart (then) he took his own life'. Part 1: A review of the context and literature on mental health issues for refugees and asylum seekers. *International Journal of Nursing Practice, 11,* 286-291.

Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. *Journal of Refugee Studies, 21,* 1-18

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry, 40,* 179-188.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: a narrative account. *Australasian Psychiatry, 41,* 282-288.

Sebit, M. (2011). Refugees and mental health care in Africa: What can be done? *African Journal of Traumatic Stress, 2,* 10-16.

Silove, D. (1999). The psychosocial effects of torture, mass human rights violations and refugee trauma: Towards an integrated conceptual framework. *Journal of Nervous*

and Mental Disease, 187, 200-207.

Sinnerbrink, I., Silove, D., Field, A., Steel, Z., & Manicavasagar, V. (1997). Compounding of premigration trauma and postmigration stress in asylum seekers. *The Journal of Psychology: Interdisciplinary and Applied, 131*, 463-470.

Stake, R. E. (2000). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 435-454). Thousand Oaks, CA: Sage.

Stanciu, E. A., & Rogers, J. L. (2011). Survivors of Political Violence: Conceptualizations, Empirical Findings, and Ecological Interventions. *International Journal for the Advancement of Counselling*, *33*, 172-183.

Strang, A., & Ager, A. (2003). Psychosocial interventions: some key issues facing practitioners. *Intervention, 1*, 2-12.

Strauss, A. L., & Corbin, J. M. (1997). *Grounded theory in practice*. Thousand Oaks CA: Sage.

Stroll, K., & Johnson, P. (2007). Determinants of the psychosocial adjustment of southern Sudanese men. *Journal of Refugee Studies,* 20, 621–640.

Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, I. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. *The British Journal of Psychiatry*, *188*, 58-64.

Summerfield. D. (1995). Addressing human response to war and atrocity: Major challenges in research and practices and the limitations of Western psychiatric models. In R. Kleber, C. Figley, & B. Gersons (Eds.), *Beyond trauma: Cultural and societal dynamics* (p. 17-29). New York: Plenum Press.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine* ,48, 1449-1462.

Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *BMJ, 322*, 95–98.

Tempany, M. (2009). What research tells us about the mental health and psychosocial wellbeing of Sudanese refugees: a literature review. *Transcultural Psychiatry, 46*, 300-315.

Tribe, R. (2002). Mental health of refugees and asylum-seekers. *Advances in Psychiatric Treatment*, *8,* 240-248.

Tuepker, A. (2002). On the threshold of Africa: OAU and UN definitions in South African asylum practice. *Journal of Refugee Studies*, *15*, 409-423.

UNHCR (1951). *Text of the 1951 convention and 1967 protocol.* Retrieved on February 1,

2012, from http://www.unhcr.org/3b66c2aa10.html

UNHCR (2002). *Protecting refugees: Questions and answers.* Retrieved on September 7, 2012, from http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=3b779dfe2&query=protecting%20refugees%20questions%20and%20answers

UNHCR (2013*a*). *Mid-year trends*. Retrieved on December 9, 2013, from http://www.unhcr.org/52af08d26.html

UNHCR (2013*b*). *UNHCR operation in South Africa, Lesotho and Swaziland*. Retrieved on January 2, 2014, from http://www.unhcr.org/524d87689.html

Van Ommeren, M., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: Emerging consensus?. *Bulletin of the World Health Organization, 83,* 71-75.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science and Medicine, 52,* 1709-1718.

Westoby, P. (2008). Developing a community-development approach through engaging resettling Southern Sudanese refugees within Australia. *Community Development Journal, 43,* 483-495.

Yakushko, O. (2009). Xenophobia: understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist, 37,* 36-66.

Yin, R. K. (2003). *Case study research: Design and methods (3rd ed.).* Thousand Oaks, CA: Sage.

Zepinic, V., Bogic, M., & Priebe, S. (2012). Refugees' views of the effectiveness of support provided by their host countries. *European Journal of Psychotraumatology,* 1-9.

Appendix A
Informed Consent Form

Consent form
University of Cape Town
Consent to participate in a research study:

Meeting the psychosocial needs of refugees and asylum seekers in South Africa:
Perspectives of NGO service providers

Dear service provider,

You are invited to take part in a research study about the needs of refugees and asylum seekers in South Africa, and how these needs are being addressed. The research will be conducted by myself, a Clinical Psychology Masters student from the University of Cape Town.

If you do decide to participate in this study, you will be asked to take part in an interview. The interview will last approximately 1 to 1½ hours and will take place at a time and place that is suitable for you.

Participation in this study is voluntary. You may choose to withdraw from the study at any time, with no consequence. You may also refuse to answer any question you feel uncomfortable with.

Your name and any other identifying information will be removed from the interview transcript and all recordings will be destroyed. The interview transcript will only be seen by the researcher and the research supervisor, and will be kept in a locked file cabinet only accessible to the researcher. Your name and any other identifying information will not be included in publications or reports about the study.

There are no known risks to participating in this study. There are no direct benefits for you in participating in this study, but we hope that the information gained in this study will help refugees, asylum seekers and NGOs in the future.

The research will be written up in the form of a research dissertation, and may also be published as a journal article. Once the dissertation is completed, a summary of the findings can be made available to you if you would like to have this.

If you have any questions or concerns related to this study, please feel free to contact the following researchers:

Miss Taryn Harverson (researcher) 0769075502
Dr. Debbie Kaminer (supervisor) 021 6503900

I have read the above and understand the purpose of the study and its possible risks and benefits. All my questions about the study have been answered. I understand that I can withdraw from the study at any time and do not have to answer all the questions. I voluntarily consent to participate in this study as it has been described.

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of researcher	Date	Signature

I understand that my name and all other identifying information will be removed from the interview transcript, which will be kept in a locked file cabinet only accessible to the researcher.

_____	_____	_____
Name of participant	Date	Signature

_____	_____	_____
Name of researcher	Date	Signature

Appendix B
Interview Schedule

I am interested in hearing your views and opinions about responding to the needs of refugees and asylum seekers in South Africa.

There are a number of areas that I would like to cover in this interview:

1) The typical needs that refugees and asylum seekers present with at your organisation
2) The ways in which you respond to these needs
3) Challenges you may face in meeting these needs

Personal Particulars

Please tell me a bit more about the role you play at this organisation.

1) What is your job title?
2) Do you have any qualifications? What is your background?
3) How long have you been working here?
4) What attracted you to working with refugees and asylum seekers?

Psychosocial needs of refugees

What is your understanding of the issues faced by refugees and asylum seekers that come to your organisation?

Probes:

1) What are some of the difficulties and issues refugees and asylum seekers face after settling in South Africa?
2) What effect do these difficulties and issues have on the ability of refugees and asylum seekers to integrate into South African society?
3) What are some of the health needs that refugees and asylum seekers may have?
4) What are some of the mental health needs that refugees and asylum seekers may have?

5) How do refugees and asylum seekers deal with any mental health issues they may have?
6) What are some of the material needs that refugee and asylum seekers may have?
7) What are some of the issues and challenges refugees and asylum seekers may confront when navigating the legal system?
8) What helps refugees and asylum seekers overcome the difficulties and challenges they may face?
9) Are there any groups within the refugee and asylum groups that have greater needs than others?

Service Provision

Please tell me a bit more about the ways you go about meeting the needs of refugees and asylum seekers that you mentioned.

Probes:

1) What service do you provide?
2) How long has this service been provided?
3) What were the reasons for providing the service?
4) What does the service involve?
5) In what ways is the service effective?
6) In what ways is the service ineffective?
7) How could the service be improved?
8) How do refugees and asylum seekers hear about your service?
9) Under what circumstances would you refer a client to another service?

Challenges/issues faced in meeting the needs of refugees and asylum seekers

What are the challenges you face in meeting the needs of refugees and asylum seekers at your organisation?

Probes:

1) What are some of the factors that impact on quality of service provision?
2) How could these challenges be overcome?

Thanks for your help, is there anything else that you would like to add?