

Appendix 1 (consent to share these cases studies has been given)

Case studies from primary care providers delivering health services to ASC hotel residents

Case Study 1

A 49-year-old patient presented with back pain and hypertension and was on multiple medication. He also had depression and had taken an overdose in France before arriving in UK. He felt comfortable in discussing his feelings of loneliness, isolation and lack of friends with the primary care team.

He was referred to Lingua GM for one to one therapy as well as group therapy support and signposted for English lessons and ways to exercise. The ability to refer him to voluntary and community sector support as well as Manchester Adult Education Service provision has been critical in terms of appropriately meeting his needs quickly through a relationship of trust.

Case study 2

A resident at one of the male-only ASC hotels attended an appointment with the GP reporting mental health issues. He felt low mood and depression symptoms since coming to the UK, going through the asylum process and living in the hotel. He had a feeling of helplessness with having no control over any decisions regarding his life – where he can live, the food he eats, when the decision will be made for citizenship, along with his past lived experiences and traumas. He also felt boredom with having no activities to do at the hotel or in the local area and spends most of his time sitting in his bedroom with a roommate.

With working with the asylum cohort for a sometime and taking part in cultural competency training, the GP was aware of the importance of involving each resident in their own care decisions and discussed options available to help with the resident's mental health, such as medication, mental health therapies or a combination of both. He opted for the combination option, the GP started him on medication and referred him for mental health therapies. The GP also asked the care coordinator to signpost him to outside agencies in the local area who can offer activities for asylum seekers or volunteering posts.

The GP scheduled bi-weekly appointments to discuss his medication compliance, mental health symptoms and mood, which he was open to.

After several weeks, he attended his appointment and expressed his gratitude for all the help the GP and extended services had offered. He had engaged in the talking therapies he had been referred to, had begun volunteering and found activities to take part in outside the hotel. His mood and mental health had improved immensely and he felt more positive about his future. He wanted to thank everyone involved in helping him so far and had even started to share his experience with other residents to encourage them to seek help or take part in activities to improve their mental health.