



MIGRANTS AND HEALTHCARE IN ABERDEEN/SHIRE

Holly Porteous

SSAMIS Project, Swansea University/University of Glasgow



SSAMIS

Social Support and
Migration in Scotland

EXECUTIVE SUMMARY

This report is part of a 2017 series of papers related to migration in Aberdeen/shire, encompassing healthcare, education, language learning, employment, and housing. It is based on wider research findings from interviews with over 200 migrants and 60 experts across Scotland, with a special focus on our work in Aberdeen City and rural Aberdeenshire.

The findings draw on interviews with an ethnically and nationally diverse cohort of migrants from Central and Eastern Europe (as detailed in the below table). As well as housing, migrants were asked about a range of topics including: their reasons for settling in Scotland; their experience of local services (from healthcare, to education, to libraries); their working life; their experiences of welfare provision; their families; and their social lives.



University
of Glasgow

OVERVIEW OF SSAMIS RESEARCH

Locations	Aberdeen (n27); Glasgow (n37); Peterhead (n41), Fraserburgh (n9), other rural locations in Aberdeenshire (n25); Arbroath (n39), Montrose (n12), Brechin (n9), other rural locations in Angus (n8)
Employment sectors	beauty and hairdressing; care industry; cleaning services; hospitality & catering; construction; farm work; food processing; interpreting/translation; IT; office work; oil industry; retail; third sector
Employment status	Agency workers; employees; professionals; self-employed; stay-at-home parents; students; unemployed
Gender	Women (n129); men (n78)
Age group	18-24 (n13); 25-34 (n66); 35-49 (n91); 50+ (n36); unknown (n1)
Country of origin	Azerbaijan (n2); Bulgaria (n8); Czech Republic (n6); Estonia (n1); Hungary (n18); Kazakhstan (n1); Kyrgyzstan (n1); Latvia (n42); Lithuania (n28); Poland (n83); Romania (n5); Russia (n5); Slovakia (n4); Ukraine (n3)

INTRODUCTION

Many issues that migrants describe in relation to healthcare can be attributed to the **gap between expectations and reality**, based on differences between healthcare in their countries of origin (COI) in Central and Eastern Europe:

- Migrants often expressed their frustration that they could not always refer themselves to specialists (e.g. for gynaecology, back problems) – it is more usual in their COIs to be able to self-refer to a specialist medical service for a particular problem.

You talked about medicine and doctors in Russia, have you used the NHS here?

YULIA: We go to the hospital here.

YEVGENII: Last summer I had ruptured blood vessels [in my nose – nosebleeds]. In Latvia they would have sorted me out in two days. Here I waited for one and half months. That is free medicine for you. They take money off you in taxes and you wait. And maybe snuff it in the process. That's how it is! We don't have it that way in Latvia.

Yulia, 52, & Yevgenii, 53; Russian/Latvian; Aberdeenshire

- In part due to this, we spoke with many migrants who would wait until they were going on a trip to their COI to use medical services there for long-term health issues ranging from thyroid conditions to a child's chest problems. This is also often the case for dental services, which are usually cheaper in a migrant's COI. However, there were several instances where people had travelled even for acute care as they didn't feel their needs had been addressed by the Scottish system (e.g. – one Latvian woman with head trauma causing serious, ongoing problems; another Lithuanian woman who nearly developed sepsis related to a tumour).

- There were many complaints from migrants about ‘paracetamol culture’ – being prescribed paracetamol for various minor health problems rather than something stronger (e.g. antibiotics) or further tests. This may be due to the increasing pressure in the UK *not* to prescribe antibiotics, or a cultural difference in the importance of taking medicines rather than taking a ‘wait and see’ approach with particular minor ailments like colds or coughs.
- However, there may also be a language dimension to this – some migrants without good English rely on family members to interpret or interpreting services may not always be available, meaning that GPs may find it difficult to understand the exact health problem they are describing.
- Similarly, some migrants spoke about what they perceived as an overemphasis on telling people to stop smoking and drinking alcohol as panacea for many health issues. The perception was that the GP thought their health problem stemmed from these behaviours, and did not look properly into other issues. This can also be seen as a cultural difference: Scottish GPs routinely ask questions about these behaviours in order to promote healthy living, whereas this may not have been the case in the migrants’ COI.
- On the other hand, some migrants voiced the opinion that Scotland is too ‘soft’ on individuals with substance abuse/alcohol addiction problems in comparison to their COI – they generally perceived punitive measures as more appropriate than education or rehabilitation.
- This may have an effect in terms of community education around illegal substances. For example, I was told that in Peterhead around 10% of the people using the needle exchange are CEE origin, but this same community makes up around 30% of those with blood-borne conditions (Hep C, HIV, etc).
- Particular services are not available without charge on the NHS and thus may be less widely available compared to in COI (e.g. massage therapy is a significant one for the Hungarians we interviewed). Whereas individuals may have to pay for these services back home, they would still be more easily accessible.
- There is a perception that more stress could be put on preventative care measures in the UK – for our participants this could include anything from nutrition to what we might refer to as complimentary therapies.

[Hungarian Interviewer] Yes, in general, health things here are rather different...

Don't even get me talk about it. I am ordering everything from Hungary. From one particular company, I tried them already, I trust their products, so I know what I am using. Here I wouldn't trust any of these products. And for me this is serious, I used to have very serious liver and kidney problems, some kind of allergy, and these health products saved me then, so I would never gave it up. So every half a year I order a large parcel... you can imagine, it's not £2, it's very expensive, but it's worth it. So I always have some stuff from home. And I'd rather pay for the expensive parcel, than to put all these who knows what stuff into my body. So maybe, let's say my first 3 months of vitamins cost over £150, but it lasted for 3 months, maybe even four. So then divided over a month, it's not so bad then. And the health care system here - it's a catastrophe.

Eszter, 35, Hungarian, Aberdeen City

So, when I go to Poland I'm not entitled to medical [care]. Yeah, we go to the private [doctors].

Do you go back for healthcare?

Yes, every time I'm in Poland I go to doctors with my son because I think there are differences in the approach to different medical issues here and there; and I find Polish doctors and doctors in Eastern European countries... sometimes I have the impression that they are better qualified.

So, you don't trust [the doctors here] somehow...

I do trust [them], we are quite happy with the surgeon here who helped us a lot and he's very competent in he's very good. But for example, in terms of my thyroid disease [...] *[Explains how she felt she needed more blood tests after her pregnancy.]*

Hanna, 37, Polish, Aberdeen City

[When my son was ill for several months] we spent the Christmas before last in hospital. They just said it's a simple virus... my child was ill on antibiotics for five months. Do you know how antibiotics destroy the body? So that's why I grabbed my child and went to the seaside in my country. It's a bit different, we have the Baltic Sea. It's more healthy. [...] So the doctor [in Lithuania] said he has really bad bacteria inside, they were surprised that he hadn't been treated here – it could have been avoided. So that's why here I don't go to the GP very often – I'm sorry, I don't trust them. [...] Our doctors are not the best in the world – we have quite a high level of death – but we have a little bit of a different system, how we treat people – blood tests, urine tests, they must be taken every time when you have a health condition. Here it's very difficult to get.

Katya, 32, Lithuanian, Aberdeenshire

- Migrants could find it difficult to comprehend where they were in the system, especially if their English was not sufficient. Waiting lists, processes, etc can be difficult to comprehend because they are complex, and language difficulties impede this.

[My elderly friend in Aberdeen had] been waiting for her hip replacement operation for almost two years. It was a very, very long time, and basically she was almost dying mentally and physically. She couldn't move, she couldn't do anything. I think that – and I don't want to boast – but [it was] thanks to me because I phoned the GP, I phoned the orthopaedic department, the hospitals, etc. This helped to get her into this queue, and eventually the operation was done.

LENA: We work [as interpreters] for different agencies, different services, so we know.... for example, I'm not a legal worker, but I know how a lot of things are working here. What you need to do to make things start working, basically: so we are able to explain to the people who don't speak English. Not just translate what needs to be translated, but actually to *explain* how it works. People are like – argh, my hip replacement needs to be done, I'm dying, why is nobody bothered? But there are other steps you need to do to actually get [things done].

Alisa, 45, & Lena, in her 40s, Aberdeenshire

More **general observations** from our interviews with migrants and experts:

- Migrants generally had very positive experiences of interpreting and of maternity care in the Aberdeen/shire context.

So for these things, you can ask for a translator. When you call them and you tell them that you need a translator, do they arrange that?

Yes, I think you can arrange this anywhere. This interpreter can be just requested. Nowadays, I try to not ask for them, because that's the only way to learn English. But for the NHS, you can ask for them.

Viki, 28, Hungarian, Aberdeen City

- There is also a real appreciation for certain aspects of Scottish healthcare, e.g. free prescriptions, medical devices such as hearing aids, etc. We found this was especially so when they have elderly, ill relatives experiencing difficulties in their home country. Some migrants even compared the Scottish health and welfare system positively to the communist systems many grew up under, and spoke about feeling as if the state really cared about them.
- Informal translation – taking a friend/family member who speaks better English to the GP – is a fairly common practice, as is taking a trusted community interpreter (who generally charge a small fee).

- Some people with little English felt very vulnerable in the health care system, despite having been treated well. Could be embarrassing not to understand what it happening with your own body/medical care (e.g. maternity) or not feel in control of your children’s health decisions, as in the below example.

ESOL tutor: To begin with, you weren’t very confident about speaking to the school staff, were you? You remember, when you wrote the letter about injections, the population’s flu jabs. [Ada] did not want her daughters to have them, because one daughter sometimes has convulsions. And you were worried about it, but you wrote the letter and then rushed down to school with it, and they did stop the girls, didn’t they? It was actually going to happen even though you said no on the form, so that’s... we wrote the letter and [Ada] took it down. And you had an interview with the head-teacher, didn’t you? You called in to speak to the head-teacher. And you did fine, very well.

Ada: Yes, because before I was scared. I didn’t want to try speak with anybody.

Ada, 36, Polish, Aberdeenshire

- However, in more acute situations/in hospital migrants generally received a very good level of interpreting for their needs.
- Some migrants never get around to registering with healthcare providers if the need doesn’t actually arise – even after several years of living in Scotland.
- We encountered some migrants who had moved to Scotland as a result of having been recruited by the NHS as nurses or health professionals, though unfortunately we were unable to interview these individuals.
- From some of our expert interviews, there was a perception there is a lower than average need amongst migrants for healthcare in general, apart from for specific issues such as alcohol or abortion. This may be to do with the age profile of migrants, but could also reflect the fact above that some migrants do not register with local healthcare providers, only using them in more acute circumstances, and seeking ongoing care in their COI.
- Mental health – loneliness was a significant issue for migrants and could have an impact on their wellbeing, as could being unable to establish local support networks due to working long hours or issues with English language.

Finally, although most of the above points are general findings applicable to the urban and rural locations our research covered, there were some **specific problems encountered by migrants local to Aberdeenshire:**

- These were often associated with working in the fishing and food production industries – for example, migrants had ongoing skin problems with their hands from working in cold, wet

conditions in fish factories. Some also developed breathing problems from working with specific types of seafood.

- Some interviewees mentioned problems, especially with newly-arrived migrants, encountered as a result of working two or more jobs (e.g. heart attacks, mental health issues). However, this was seen as more of an issue with the first wave of immigration from Central & Eastern Europe, and was much rarer in present-day Aberdeenshire.
- During the period of our research in Aberdeenshire, there was an ongoing problem with shops selling 'legal highs'. Although these have now been dealt with by the Scottish legislature, one Polish participant in rural Aberdeenshire described how he and other migrants had suffered health problems as a result of using these substances.

