MINDING HISTORIES: EXPLORING EARLY EXPERIENCES OF MIGRATION, SETTLEMENT AND WELLBEING THROUGH LIFE HISTORIES OF MIGRANTS RESIDING IN THE LONDON BOROUGH OF BEXLEY*

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This article reports on oral history interviews undertaken with migrants residing in the London Borough of Bexley from the 1950s onwards. It focuses on the significance of early migration and settlement on their mental wellbeing. The findings reflect the diversity of Bexley's communities and highlight some of the unique experiences that impacted on mental wellbeing for participants. Significantly this project has had important educational benefits, giving the people of Bexley the opportunity to speak out about their experiences, thereby generating awareness in public attitudes towards the complex issues of mental wellbeing and migration.

Introduction

Immigration is the subject of ongoing public and theoretical debates with increasing analysis on every aspect of government thinking and policy (Castles and Miller, 2009). In addition, there is growing interest on the impact of diasporas and transnational communities on both the country of origin and the country of settlement (Vertovec and Cohen, 1999). The ethnic minorities of the United Kingdom derive predominantly from over a century of immigration and settlement by people from other European countries, especially Ireland, and from the countries of the former British Empire (Panayi, 2010). Thus, the Great Famine of the 1840s, and the economic, social, and political history of Ireland resulted in systematic emigration to the UK (Bielenberg, 2000). This was furthered by severe labour shortage in Britain during the mid-twentieth century, which led to a high dependency on Irish immigrant workers in construction work and domestic labour (Bielenberg, 2000). In addition, during the 19th and 20th centuries a variety of immigrant populations arrived with Germans, Italians, and Jewish peoples arriving from eastern and central Europe, followed by Ukrainians and Polish in the aftermath of the Second World War (Rex and Tomlinson, 1979). The economic boom of post-war reconstruction in Britain brought about the arrival of numerous immigrant workers from the former British Empire, particularly from South Asia and the Caribbean, in response to labour shortages (Panayi, 2010). East African Asians came in the early seventies as a

result of victimization and expulsion (Rex and Tomlinson, 1979). In recent decades Chinese, African and Eastern European migrants increased in numbers (Panayi, 2010).

The flow of immigrants has often been followed by legislative attempts to control it. At contemporary policy level, immigration issues continue to remain high on the agenda, stimulating regular public debates. Public thinking around immigration has become increasingly polarised, between those seeking to limit or stop it entirely and those advocating controlled immigration. The latter tend to recognise the need for some level of economic immigration and are often committed to the needs of asylum seekers, as recognised by the 1951 UN convention on Refugees. Recent legislation and wider public opinion is better understood within a historical context. The earliest legislation relating to immigration was the 1905 Aliens Act, which was linked to Jewish immigration and introduced controls on the entry of 'undesirable aliens' (Mynott, 2002). The Act was the result of anti-Jewish sentiments and Anti Jewish campaigning and lobbying for several years (Mynott, 2002). Anne Karpf, in an article in the Guardian Weekend (*Guardian*, 8 June, 2002) linked this historic situation with recent public policy: 'Current bigotry against asylum seekers, it's chilling to discover, closely mimics pre-war anti-Jewish sentiments, and in both instances has been legitimised by British immigration policy' (Karpf, 2002: 20). The post-war experience has known several phases of immigration including the economically motivated recruitment of manual labourers from the Caribbean, South East Asia and Eastern Europe. Public opinion can again be cited as an important influencing factor in subsequent changes to policy. Relatively unrestricted entry for citizens of the Commonwealth changed in the 1960s, due to public objections to immigration and economic decline, leading to progressive restrictive immigration legislation (Paul, 1997). In her study 'New Commonwealth migration in the 1950s', Kathleen Paul argues that governments adopted a variety of administrative devices to control migration and an educative campaign designed to inculcate among the resident UK public the dangers of uncontrolled inward colonial migration' (Paul, 1997: 13). The Commonwealth Immigrants Act of 1962, introduced work-related controls and the 1968 act of the same name denied entry primarily to Kenyan Asians holding British passports. Both acts 'enjoyed strong public support' (Hansen, 2000: 7) and were rooted more in 'a political response to coloured migration than an assessment of the economic case' (Flynn, 2002: 2). Progressive restrictive immigration policies continued with the Immigration Act 1971 and the 1981 Nationality Act[1]. These sought to define national citizenship by excluding groups of people who previously had had automatic rights to citizenship. From the 1990s the main source of inward migration was not of economic migrants but of asylum seekers. The 1996 Act introduced limits in respect of appeal times and removed the right to social security benefits from those applying for asylum after entering the country and to those whose applications were refused. It also introduced restrictions on employment. The issue of immigration became a high priority on the political agenda; in fact it has been argued that one aspect of the Conservative victory in the 2010 General election was attributable to the Conservatives apparently courting public opinion by playing the 'immigration card'.

Migration, Mental Health and Wellbeing

There are fundamental difficulties facing any epidemiological review of the health of migrant and refugee communities. Whilst the volume of research and information is

growing, it relates to a select number of ethnic groups, mainly to Asians, the African-Caribbean and the Irish communities. There is very little known about the mental well-being of communities such as the Chinese and Vietnamese, or that of recent arrivals from EU accession countries. Of the research that exists on Asian and African-Caribbean health it is difficult to identify the needs of specific groups within these populations. There are fundamental cultural and socioeconomic differences between many of these groups, for instance between Indians, Pakistanis and Bangladeshis, and between African-Caribbean's and even regional sub groups of these populations (Bhugra *et al* 1997*;* Bhugra, 2004; Curtis and Lawson, 2000).

The studies undertaken over the last thirty years that have examined the experience of black minority ethnic and refugee people and mental health have found that they are more likely to have poorer health than White British people (Nazroo, 1997; 2003). The salient feature in the literature is that firstly, ethnic minority groups appear to suffer specific stress factors, and secondly, to suffer particular patterns of mental disorder and other problems, compared to the dominant (white) ethnic group (Nazroo 1997; 2003). Most research in this field has been in relation to African-Caribbean people living in the United Kingdom and is based on service use statistics' research. This demonstrates that they have lower rates of minor psychiatric disorders than other ethnic groups but are more likely to be given a diagnosis of severe mental illness (Nazroo 1997; 2003; Bhugra *et al*, 1997; Littlewood and Lipsedge, 1988; Sharpley *et al* 2001). They are also over-represented in Special Hospitals, secure institutions, medium secure units and prisons (See Count Me in Census: http://www.mhac.org.uk/census/index.php).

The statistics on the numbers of Asian people in the United Kingdom with mental health problems are, on the other hand, inconsistent, possibly because it has been suggested that mental health problems are often unrecognised or not diagnosed (Bhugra *et al* 1997; Cochrane and Bal, 1987; Littlewood and Lipsedge, 1988). One study suggested that Asian people are 1.5 times more likely to have a diagnosis of schizophrenia compared with other ethnic groups, although this may vary across age groups (Cochrane and Bal, 1987). However, the evidence is inconsistent; and most studies have found that there is very little difference in the rates for schizophrenia (Nazroo, 2003). Interestingly, Asian people have better rates of recovery from schizophrenia which may be linked to high levels of family support. Suicide is also low among Asian men and older people, but high in young Asian women compared with other ethnic groups (Bhugra, 2004). There is very little evidence of the extent of mental health problems in the Chinese community (Fernando, 2002). It has been suggested that the close-knit family structure of the Chinese community provides strong support for its members. While this may be beneficial, it may also generate feelings of guilt and shame, resulting in people feeling stigmatised and unable to seek help (Xiang, 1993).

Irish people in Britain have high recorded incidence of both poor physical and mental health - well above the rates for other migrant groups (with the exception of psychosis in the African-Caribbean population) (Bracken *et al* 1998; Weich *et al* 2004). Irish people have significantly higher rates of GP consultations for psychological problems, particularly depression (Ryan *et al* 2006). Common mental disorders, including anxiety, depression and phobias, are significantly more common among Irish men (Ryan *et al* 2006). The 'Count Me In' census over three years shows that the pattern of hospital admissions for Irish people with mental health problems is unlike that of other groups, being skewed

towards the 50+ age group (See Count Me in Census: http://www.mhac.org.uk/census/index.php). It also shows that a high number of people admitted with mental health problems also have a physical disability.

The limited research available into the mental health needs of forced migrants (Refugees and asylum seekers) shows that they are likely to experience poorer mental health, as well as higher levels of exclusion and vulnerability, than native populations and voluntary migrants (Duke, 1996; Burnett and Peel, 2001; Tribe, 2002; Palmer and Ward, 2007). Research indicates that psychologically, the self esteem of forced migrants suffers in the face of status loss, underemployment and rejection by the host nation (Nicassio, 1983). Many complex interacting factors determine both the context in which refugees find themselves and the experiences they have after arrival in the UK (Burnett and Peel, 2001; Tribe, 2002). Whilst the role of traumatic experience should not be overlooked when determining the psychological illness patterns of refugees, the potential effect of the refugee's experience of contextual circumstances in the host country is high. One study reported: 'poor social support was found to be a stronger predictor of depressive morbidity than trauma itself' (Gorst-Unsworth and Goldenberg, 1998: 92). Although many forced migrants are resilient, appearing to have made positive transitions and to have integrated successfully, others have found the path between cultures to be strewn with numerous economic, social and psychological obstacles. These include many of the factors outlined by Duke (1996) such as language difficulties, a lack of knowledge and understanding of services and systems, cultural disorientation, family separation, social isolation, stigma, insecurity about immigration/refugee status, hostility, racism and discrimination, and stresses caused by the situation in their country of origin, both pre- and post-flight. This experience is compounded by ongoing debates on how to work with established mental health needs, some rejecting aspects of 'Western' biomedical models of mental illness, while other continue to use this model. In addition, different needs may predominate at different times, and needs may change over time. All these issues need to be addressed when deconstructing and identifying good practice in service provision (Palmer and Ward, 2007).

Early experiences of migration and settlement can affect the capacity and efficiency with which individuals adapt to a new life (Rumbaut, 2004). These experiences may influence success in language acquisition, opportunities to meet and socialize with a wide range of people and responses to healthy or stressful environments. Migrants may demonstrate great resilience in negotiating demanding early settlement contexts involving cultural and socio-economic challenges, racism and discrimination. However these experiences can also have negative effects on an individual's sense of worth and general self esteem (Rumbaut, 2004).

The London Borough of Bexley

The London Borough of Bexley is situated in the South East of London and has existed as a Borough since the 1960s. At the 2001 Census, from a population of just over 218,300, 8.6% of the population of Bexley were from a minority ethnic group, compared to almost 29% for London as a whole. Bexley, then, records one of the lowest levels of ethnic diversity in London. The proportion of its population classified as non-white is

slightly over one third of the London average, albeit high by national standards. There are 13 main ethnic minority groups, with over 40 different languages spoken in the Borough. The largest ethnic minority group is Indian (2.5%) followed by African (1.9%) The following wards have the largest proportion of Black and Minority Ethnic residents: Thamesmead East (20%), Belvedere (13%) and Northumberland Heath (8%). The Black and Minority Ethnic population in Bexley is expected to grow to around 17.2% by 2023 compared to 38.5% for London (London Borough of Bexley; www.bexley.gov.uk).

Information on the history of migration to Bexley is extremely limited with most of it only available through hard to find localised community reports. There has been an Irish and South Asian presence in Bexley since the economic boom and labour shortage in the 1950s and 1960s. The majority of South Asian migrants originated from Gujarat and Punjab in India, Mirpur in Pakistan and Silhet in Bangladesh (Bexley Council for Racial Equality (BCRE), Connexions, 2000). People from Sri Lanka were also part of the migration in the 1950s and 1960s and more recently, since the 1980s, working class Tamil people from Sri Lanka have come to Britain as refugees and asylum seekers with small numbers settling in Bexley (BCRE, Connexions, 2000). Refugees from Vietnam were invited to resettle in the UK from the late 1970s to 1990, following the end of the Vietnam War and the fall of South Vietnam to the Communist regime on 30 April 1975. Small numbers of Vietnamese refugees reside in Thamesmead and have built a community in the area. In the 1990s, another ultimately much larger wave of emigration from West Africa (predominately Nigeria and Ghana) began. The number of new EU accession state workers who have come to Bexley since 2004 is growing with the majority coming from Poland (London Borough of Bexley 2002–2005).

Set against this broad context, the study reported here is based upon a significant sample of oral history interviews. The benefits of undertaking oral history research are well documented (Thompson, 1998; 1999; Frisch, 1990). Oral history practice involves the collecting, recording, interpretation and preservation of historical information from observers and participants in that past (Thompson, 1978). The most relevant, distinctive contribution of oral history has been to include within the historical record the voices, experiences and perspectives of minorities, individuals and communities, such as migrants and refugees, who might have been 'hidden from history' (Thompson, 1978; Thompson, 1999). This reconstruction of history from 'a bottom up' perspective has redefined what it means to write history and 'creates a more inclusive, more fully human conception of social reality' (Barbre, et al 1989: 3). A total of sixty six individual interviews ($n = 40$ females, $n = 26$ males) with ages ranging from 26 to 80 years were undertaken in Bexley between April 2009 and September 2010. Both the research team and other organizations with whom we worked in partnership faced difficulties in recruiting residents in the 18–26 age bracket. Consequently, the experiences of younger people are not reflected in the sample. We recorded oral history interviews including those from the Albanian, Bangladeshi, Burmese, Chinese, Ghanaian, Indian, Jamaican, Irish, Nigerian, Sri Lankan, Trinidadian and Vietnamese residents in the Borough. Diversity was also reflected in factors such as gender, age, employment and (economic and forced) migration status, religion and time of arrival. Participants were contacted through Mind in Bexley networks, Bexley BME community and faith groups, community leaders in the Borough and by word of mouth. Seven interviews were undertaken with trained interpreters. All interviews were held at times convenient to the participant and in locations

which offered familiarity and comfort. Most interviews were undertaken in peoples' homes, with five carried out either before or after community self-help initiatives or prayers.

Establishing relationships of trust began at the first contact. Understandably some participants needed reassurance about the study. Lasting between one and two hours and following a life history approach, individuals were encouraged to freely discuss issues they felt were important to them. The interviewers took care to be sensitive to topics initiated by the narrators and to allow the interview to proceed naturally. Interviews were audio recorded with participants' written consent and the digital recordings were transcribed verbatim for narrative analysis, (Riessman, 1990) allowing for a systematic study of personal experience and meaning. This study worked with some key ethical issues and dilemmas, including the complex issues of insider and outsider status, lack of familiarity with the research process, issues of informed consent and anonymity. Some names have been changed to ensure anonymity and confidentiality.

Migration from there . . .

The migration process is heterogeneous, encompassing a series of events, influenced by a number of factors over a prolonged period of time (Bhugra, 2004). Accordingly, the academic discourse reflects different understandings and uses of the term 'migration' and the related issues. Castles and Miller (2009) and Bhugra (2004), amongst others, have identified three phases to the migration process. The first is the pre-migration stage, when the individual decides or feels compelled to move. The second involves the migration flight. The final stage is the post-migration process, involving the negotiation of the cultural and social frameworks of the new society. Yet the reality is complicated and irreducible to 'phases'. It is increasingly recognised that while migration has often been viewed in terms of dichotomies of force-choice, politics-economics and war-peace, the reality is frequently less defined, and can include underlying structural factors, proximate causes, precipitating and intervening factors (Van Hear, 1998). Decisions to migrate are made on a multi-level basis, influenced by individual/household and contextual/community factors. It has become difficult to distinguish between 'voluntary' and 'involuntary' population movements, between those fleeing immediate threats to their life and those wanting to escape social injustice and poverty (Crisp, 1999).

One of the most established interpretations of voluntary migration is that it concerns displacements in search of improved economic and life opportunities in education, employment and business (Van Hear, 1998). Forced migration is not influenced simply by these microeconomic decisions. Rather, it refers to those coerced by external forces caused by social and political issues including human rights abuses, armed conflict and natural disasters (Olson, 1979). Refugees differ from economic migrants in that they have little or no agency, depending on the immediacy of the threat they face. They typically flee torture, persecution, imprisonment, conflict, war and violence, usually at short notice and to unknown destinations.

Some of the participants in the study chose to come to the UK, hoping for opportunities to work for a better life. Mr. Windsor, a resident of Blackfen, Sidcup, originated from Burma and arrived in the UK on Valentine's Day, 1957. He reported:

> I got a little letter. . . saying. . . we'd like you to come to the UK, for some UK training. . . for couple of years. How do you feel about that? So I said oh, marvellous, I mean, chance of a lifetime. . . I was very excited. . .I thought. . . oh gosh I've actually got a chance to go to the UK now, and see the Queen and all the rest of it.

Mr. Sian moved from the Punjab, India and came to settle in Erith, in September 1960, for economic reasons. He said:

> Mostly [I came] for the good life and money. . .Healthy life. Because, no much progress in India. . .I feel inside me I must do something and, that's when I left home. . .To make a better life for my children.

Mr Samuel Beaver King, now aged 81 and living in Bexley, was a returning ex-serviceman who had fought for Britain during the Second World War. From Priestman's River, Jamaica, he came back to the UK seeking better opportunities. He described a notice in The *Gleaner*, the island's newspaper, offering right of entry to Britain for any colonial citizen taking the offer of a 'passenger opportunity to the United Kingdom' on the Windrush. Mr. King recalled that his family sold three cows to raise the £28 10s ticket. As they neared Britain in June 1948, he recounted that fellow passengers feared they may be turned back. He remembered that:

> In Parliament, the Colonial Secretary, Arthur Creech Jones, said: 'These people have British passports and they must be allowed to land.' But he added: 'Don't worry, they won't last one winter in England.' Well, I'm proud to say I've lasted 59.

The history and pattern of forced displacement encountered in *Minding Histories* can be seen as a response to ethnic tensions and conflict, widespread resource shortages, landlessness, drought and war. Mr Patel was born in Kampala and brought up in Thamesmead during the 1970s. His story illustrated forced migration due to war and conflict. He recalls how, on 4 August 1972, the President of Uganda, Idi Amin, gave Uganda's Asians 90 days to leave the country following an alleged dream in which, he claimed, God told him to expel them (Mutibwa, 1992):

> We were the backdrops of Idi Amin, lost children should I say. . . . .our parents wanted to find a new way of life in the United Kingdom and they were hoping that it'd be better way of life than Uganda, the atrocities, the violence and everything, so we left all that and we came to a country where's there no violence on that scale at all.

Mr Anandraja, who settled in Belvedere, fled the anti-Tamil attacks from Sinhala mobs that began in Sri Lanka on July 23, 1983, the start of the episode that became known as Black July:

> When I came here, I came here as a person who is looking for asylum, to be allowed to stay in this country for the purpose of mere survival. . . The '83 riots in July 23rd came about which was a shocking environment. . . people who you thought of as your neighbours and friends were seen as killers and looking. . .to kill you, so we had to hide and crawl through the bushes and run away. . .I felt the real fear of cold sweat. . .to see what, ten people coming with torches and knives and guns towards your home looking for you. That was an experience that I think nobody should undergo. That was a real life threatening experience. . . That will affect somebody for life.

Mrs Babraa of Erith, a Ugandan Asian, spoke of suffering, loss and trauma in the events that led to her forced migration:

I didn't want to come because I was doing very well as a teacher in Uganda but. . . many people I knew were killed or they fled the country as well. I have seen people being shot dead right in front of me. So it was dangerous. It was dangerous. . . Asians were given three months to leave and 13th November 1972 was the deadline date. . .people just left their stuff behind and came, we lost a lot of precious things.

. . .To here: Journey and arrival

Whether by choice or necessity, migration from one country to another is invariably an emotional event. Gail, from Trinidad, came to study as a nurse in 1974. She reported the considerable difficulties she experienced during the initial stages of settlement in the UK:

> I was so excited about leaving I was unprepared for the emotions I felt because in those days you felt, when you left Trinidad to go to England, it was if you weren't coming back, it was. . .so many miles away. It was a one-way ticket. . .I remember sitting on the plane and eating nothing all the way to England and crying and getting to England and not sleeping and missing my family.

The migration journey represented a significant transition, from a familiar place and way of life to something new and uncertain. Many had a vivid memory of the journey. Mr Hans Raj Sian, a resident of Erith from the Punjab region recalled:

> In the plane, we still had trouble with knife and fork and things like that. We get by, two hand. . .I laughing now, people [were] laughing on us because we can't use knife and fork, so we start, with hand. . .I didn't feel ashamed. Because it was a new life to us.

We asked participants to recall their first impressions upon arrival. Their responses revealed idealised expectations that rendered them vulnerable to disillusionment. Mrs Windsor, from Burma, arrived in April 1957:

> Well I had, my main ideas about England from school and from picture postcards. I always thought it would be lovely, thatched cottages with beautiful gardens. But when I came and we saw the reality it was a big shock, you could see smoke belching out of chimneys, there was fog in the winter and it was freezing cold.

The physical environment was not the only source of surprise, cultural differences were also striking. Anni, from Tanzania, told us:

> . . .my first. . .strange thing [was] driving from the airport and seeing white people digging the roads and doing the menial tasks that the Africans used to. I can remember nudging my sister in the coach and saying 'Oh gosh look at that!' because it was just a sight we had never see, the English and the Europeans who came there [Tanzania] had very exclusive jobs, digging the roads was an African job for an African person. So yes, that was my first ever impression, when I was coming in on the coach from Heathrow.

Adapting to a new culture

Participants shared stories that highlighted the struggles involved in adjusting to a new culture. The ability to communicate in English was often identified as key to successfully settling in the UK. A good command of English appeared to be related to a more general sense of confidence and was considered crucial to forming relationships at work

and within the wider community. As the quotation from Sneha below demonstrates, language defines the boundaries of social interactions and inclusion:

> 'If you live in water you must know how to swim. So if you live in a country where English is the language, unless you can speak in English, you are socially excluded that's simple as that'. Mr Sian from Sidcup describes some of the challenges his Indian colleagues faced with regards to language:
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>   ...if they work with...Indian people they alright...but if they work with the English people, they all get depressed... If you can't understand, can't talk each other, it's very difficult to pass your time. Twelve hour shifts you have to work, without speaking the word, it's very, very...difficult ...

Adaptation to a new culture also involves the recognition of different cultural practices. Many told us that learning the unspoken language of social norms and customs could also be bewildering. British styles of interaction seemed alien to many of our interviewees and people reported feelings of isolation.

> I was really yearning for a bit of recognition maybe a little bit of encouragement or comfort. Because I was feeling terribly homesick to begin with, the whole experience of coming to the UK was overwhelming to say the least, I just wanted a bit of reassurance but I didn't get it in the church and I was terribly disappointed. (Mr Windsor)

The move to a new country away from family, friends and support networks was commonly reported to be an isolating experience which impacted on wellbeing. Many participants reported having no other relatives in the UK, such as Mr O'Dea, who emigrated from Ireland in the late 1970s and who now lives in Sidcup:

> I struggled when I came here. Really, really struggled. I was lost and isolated...such a huge city not like back home where it was small and everyone knew each other and talked and the community was small and very close...you know. Yeah, I'd really hate going back and closing the door to my bedsit... The loneliness...it made me very sad and depressed and it was very hard.

Loneliness contributes to psychological distress and has been found to be a strong predictor of other mental health problems, such as depression and anxiety. Loneliness and isolation, particularly during the early settlement stage, were recurring themes in participants' narratives and could be identified as a significant stressor, directly impacting on migrants' wellbeing. Loneliness was reported as arising from family separation. This is a common problem associated with migration, attributable to various structural barriers and socio-economic constraints. Language barriers and the attitudes of the host population to migrants were also cited as causes of loneliness:

> It was difficult...I felt very lonely.... when [my husband] went off to work, I just had [my young daughter]. So I used to take her to the local parks and just sit there...and put her on the swings and roundabouts...that's how I spent my leisure time...nobody spoke to me. (Mrs Windsor)

Housing and economic activity

Studies have highlighted that ethnic minorities experience higher levels of housing deprivation than other citizens in the host nation (Fizgerald and Hale 1996; Pilgrim and Rogers, 1999). There has been a considerable amount of research connected with the

psychological outcomes of poor housing and its impact on health. (Brown and Harris 1978; Ambrose, 1997; Dunn, 2000). Brown and Harris (1978) link overcrowding and cramped living accommodation, lack of privacy, inadequate facilities and other housing problems such as frequent moves, to stress and, in severe cases, clinical depression. A significant proportion of those interviewed reported the difficulties of securing accommodation upon arrival in the UK. Mr King recalled looking for accommodation in London: '. . . On the door was a sign: "No Irish, No Blacks, No Dogs" it's hurtful.' The quality of housing clearly affected the behavioural and psychological process of participants. Amili, now resident in Barnehurst, described the first few months following migration from Tanzania:

> . . .we couldn't get accommodation so we lived in a kind of bedsit and that was very difficult compared to the houses we lived in Africa. . . I remember my sister didn't talk for a week because she was so shocked that we had to live in this room.

Economic deprivation was also seen to impact upon mental wellbeing. Participants experienced frustration when attempting to find employment and felt unable to accurately represent their capabilities. Agnes, from Jamaica, remembered 'My eighteen year old sister went to St Giles Hospital for a job and was refused. She was wearing Jamaican clothes'. The inability to find employment and, in some cases, reach their previous occupational and social status, resulted in many experiencing feelings of hopelessness and despair. This also impacted on the long term mental wellbeing of some of those interviewed:

> Back home I had a fairly good job, fairly well paid and I suppose a good standard of living. Here I found bits of work here and there, did night shifts, factory work, you know the sort of thing before getting a permanent job. Even though I've been here a long time, I never really achieved what I had before and it definitely did not help my wellbeing. It doesn't help your self esteem does it (Mr Hothi a resident of Belvedere).

Participants also spoke of working long and unsocial hours, confirmed by numerous studies as increasing the risk of fatigue, stress and other physical ailments. Mrs Randhawa from the Punjab, India now resident in Erith recalled her parents' working life:

> Dad worked. . . for the bakery and he'd do 18 hours on the go. . . he's never had a penny off the state, and my Mum worked. . .all the ladies in that generation worked even though they didn't know a word of English. . .body language, they made do with that. They worked and they worked all their life.

Racism and discrimination

Castles defines racism as a 'global phenomenon with a multiplicity of shifting forms' (1996:20). He argues that contemporary forms of racism are intertwined with the realities of globalization and arise from complex intersections between migration, race, class and gender. Racism is also related to dominance and can be an expression of institutionalised patterns of white power and social control (Delgado and Stefancic, 2001). The intertwining of racism and dominance is compounded by the uneven distribution of resources and power (Delgado and Stefancic, 2001). The experience of racism is a complex phenomenon found to have negative psychological outcomes. In a UK study, victims of discrimination were more likely to suffer anxiety and depression (Karlsen and

Nazroo, 2002; 2004). There has been a gap in the empirical literature regarding the possible associations between perceived racism and psychological wellbeing.

Interviewees recalled experiences of racial abuse, violence and discrimination. Racism appeared in all areas of life and took different forms. As previously mentioned, several interviewees spoke of the hostility they encountered as they looked for accommodation. Mr Windsor remembered his search for a home in the 1950s:

> You see in those days it was open people would say, quite straight, if they advertised, no coloured, no children and we had an added thing - no Gentiles, you see, in a Jewish area. So we had all sorts of things to contend with. I'd get to a place and before I'd get there I'd phone they couldn't probably tell from the voice. . .As soon as I turn up, bang, they'd slam the door in my face.

Ms. Charles, from Trinidad, recounted her experience of purchasing a property in Erith, in 1998:

> The person I was going to buy the house off, said to me, 'I told a neighbour that a black woman was buying the house and he said, 'Oh why are you selling it to a black person?'' He [the vendor] said, 'No, no she's nice, she's really nice, she's a nurse and she's really nice.' But when he said that, in such a blase manner, does he understand the gravity of what he just said?

Others told us of prejudicial and racist treatment in the workplace. They recounted the efforts they made to fit in with the dominant culture, in order to acquire or retain employment. This often involved modifying or relinquishing expressions of self, cultural or religious identity. Mr Hothi came from the Punjab, India in 1963. He remembered:

> There was discrimination, the first discrimination was with us, who came from a Sikh family. I had to cut my hairs and shave and everything, and then I got the job, otherwise they were not giving the job with turbans... My hair was up to here. . .I was very, very disappointed. . .but I could not get a job. . .so. . . I said alright.

Participants recalled their responses to racism in their early settlement experiences and how they came to adapt to or cope with this aspect of their new life. The role of authority figures in the host culture was often a feature of their narratives, as with this extract, in which Mr. Patel, a Ugandan Asian resident in Thamesmead, describes the racism he encountered at school:

> . . .The common thing was. . .'You're a Paki kid, get out,' and things like that and first of all obviously when we were little we came to accept it but sometimes. . .you didn't accept it and you end up having a fight over it. . .the teachers explained to me, as you grow older you're going to find this on a daily basis. . .you can't have a fight with everyone every day so you just have to. . .control yourself and just walk away from things, that's what we've learnt. . . we've learned to walk away from things as much as we can.

Apparently apathetic or ineffective responses from authorities to racist attacks were reported as impacting negatively on emotional health and inhibiting successful settlement. Mr Osei, who moved from Ghana to Welling during the 1980s, recalls:

> The incident that has really had impact on my life is my son, when he got beaten up. Badly, his face was swollen for three days. . .and nobody did anything. . . . Why? Why wouldn't anybody do anything. . .? I keep on asking that question, it's been two or three years now but I still ask that question. . .I'm here but not here, my heart is not in this country, it's gone back to Africa.

Similary, Mrs Babraa remembers the anxiety caused by attacks on places of religious worship:

> ...in Woolwich the Sikh temple suffered from graffiti, fire, dirt being thrown into the compound, all these things. Although the police tried to tackle it nobody found out who these people were who were doing this, so people knew that they were being targeted as a community by the white people whether they were National Front or not. That fear was there. (Mrs Babraa).

In some cases the political climate impacted on people's sense of safety and security. The BNP (National Front) had its headquarters in Welling Bexley in the 1980s and racist attacks had increased in the area. Mrs Babraa describes a friend's experience:

> ...I remember he had to go and pick up his son by car from Welling station, even though it was walking distance just because of the fear that he would have to go past the National Front head office and there could be trouble. And it created a kind of fear, you never knew when a brick would hit the window or the front door of your house, or in what disguise they could be.

Mr Hothi shared his memories of living in the area:

> They were threatening, they were around, in Belvedere in the pubs and if there was an Indian they would have trouble with them, on the road as well. You see, that I was feeling sometimes when I see that, we are hard-working and not any grudge or anything with others, why are they doing such like things?

Some participants made direct links between experiences of racism and their mental health and wellbeing:

> ...if you're treated as inferior...whether intentionally or unintentionally...it sort of gets into your psyche....you...start thinking, hang on, perhaps I am not as good as the next guy... (*Mr. Windsor*).

> ...I was off sick for months and went back to work and was crying at work... This was my first experience of something like that in all the years I'd lived in England... It was harrowing, it was awful, I tried to stay and work...but...I got very depressed, it was my first experience of depression like that... (*Joy from Trinidad, who suffered racism in the workplace*).

The overwhelming trend which emerged was that participants experienced negative attitudes, racism and discrimination on arrival and during early settlement in the UK. These stories increase our understanding of the ways in which residents of Bexley experienced racism and the evident impact these have on health and wellbeing. It is however important to note that most respondents felt discrimination had declined over the last few years.

Conclusion

This project has highlighted some of the challenges encountered in the early stages of the migration process by individuals residing in the London Borough of Bexley. It is apparent that the findings of this project concur with current research, highlighting that economic deprivation, isolation, poor housing conditions, racism and discrimination can create and exacerbate psychological distress.

   Prior to this project, research on the impact of migration on mental health among residents in Bexley was largely undocumented. There is a lack of reliable information on migration in Bexley and we are aware from undertaking this project that this has often led to the perpetuation of myths about migration, mental health and cultural difference. Importantly, this research has provided an opportunity for learning and development, on individual and group levels, as well as in terms of future research planning and administration. There have been significant benefits in terms of public engagement, as the project has given people in Bexley the opportunity to speak out about their experiences, enabling the wider community to better understand their history and heritage. We hope to continue to generate awareness in public attitudes towards the complex issues raised, including those of mental wellbeing and migration. Current anxieties about immigration and diversity rehearse familiar discourses and an increase in new migrants to Bexley in recent years has changed its demographic profile, resulting in further challenges in terms of community cohesion. There is then a heightened need for locally based community cohesion strategies and funded projects that draw citizens into active engagement with local political and social issues, across ethnic boundaries. Successful attempts at community cohesion require an exploration not only of the attitudes of the host population towards new migrants, established BME groups including the Bangladeshi, Caribbean and Irish communities and refugees and asylum seekers but also of the attitudes of these groups towards each other.

   As an inter-generational, inter-cultural, oral history project, *Minding Histories* provided opportunities for creative community conversations that allowed diverse, potentially competing perspectives to be heard and considered differently or perhaps for the first time. The work completed so far provides a foundation for further community relations work in Bexley, to allow the needs and perspectives of the host community, established migrants and recent arrivals to be mutually understood. The project could also be developed to facilitate contact between members of the host population and migrants. Activities that bring different groups and communities together and require their collaboration in a practical task may promote interaction and understanding, steadily rendering prejudicial ideas and stereotypes untenable. The challenge is to address these complex issues in a manner that is timely, effective and sensitive to the complexities explored in this article. As well as considering the social applications of *Minding Histories*, we are currently exploring future research into trans-generational experiences of migration and mental health, which will enable us to continue to contribute to the debates on migration and wellbeing. Pursuing a research agenda that embraces these issues is a challenging ambition, but the building blocks have been established through Minding Histories and the evidence presented in this article through individual life histories suggests it can be achieved.

Notes

   ° Commissioned by the Heritage Lottery, this article reports on oral history2 interviews undertaken with migrants who resided in the Outer London Borough of Bexley from the 1950s onward. The study arose from a consultation by the mental health3 voluntary sector organization, Mind in Bexley, with local Vietnamese and Chinese residents, undertaken in February 2008. This suggested that these groups face multiple forms of disadvantage including isolation, poverty and high unemployment, which was reported as impacting on mental wellbeing. It was highlighted that there remains little data on the settlement and adaptation experiences of migrant communities in Bexley,

particularly in respect of mental wellbeing and distress. We thus became interested in individual stories of migration, how people had adapted to a new country and culture, what obstacles were encountered and how these had been overcome. Above all, we wanted to better understand what impact migration and settlement in the UK had on mental wellbeing. To this end, Mind in Bexley submitted a funding application to the Heritage Lottery and was awarded a grant for the '*Minding Histories'* project. Work began in April 2009 and the project was completed by October 2010.[4] During the project, various qualitative data was collected, including photographs and archival documents. The findings reported here are from the oral history data with a focus on participants' experiences of the early stages of the migration and settlement process.

The findings and discussion sections of this article have been merged due to the qualitative and informative nature of the research findings. Individual 'voices' narrate stories, express opinion, and so contribute to the on-going discourse within migration studies. The equitable nature of oral history, which values individual subjective knowledge, supports the incorporation of the findings into the discussion and allows them to give validity in the debate and analysis. The qualitative data provided in-depth insights into the phenomena under consideration and saw themes emerge. Participants represented multiple migrant communities and spanned a range of ages and educational levels. Despite the passage of time, they commonly had a vivid recollection of their initial and early experiences in the UK. Their voices aid historians and the wider community in gaining a better understanding of past migration and settlement experiences.

[1] The 1971 Act brought the complete cessation of immigration except for those who were 'patrials', that is people with close British connections through birth or descent, with no exemptions for commonwealth citizens. The 1981 Act went further by greatly restricting the entry of dependents of people resident in Britain.

[2] Individual oral history interviews formed the main method of data collection, although the wider project also draws on visual and textual documents. The narrators' stories represented what they wanted to tell. This was shaped by myriad factors including personal and external events, anxieties, societal norms and expectations, gender roles, as well as unconscious factors relating to identity, integration and discrimination. Some responded to issues of racism, discrimination and mental health with unease and avoided the topics whilst others concentrated on them. Some of the stories and themes arising from the interviews are interwoven throughout this article. Where possible, we have acknowledged differences within communities whilst recognizing common experiences of relative poverty, discrimination and the stresses of migration.

[3] The concept of mental health and wellbeing is hotly contested. (Meltzer *et al* 2000). For this paper, the term mental wellbeing refers to a dynamic state in which an individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community (Jenkins *et al* 2008). It is enhanced when an individual is able to fulfill their personal and social goals and achieve a sense of purpose in society (Jenkins *et al* 2008).

[4] An advisory group was established and relationships were developed with BME communities and networks throughout the Borough. A team of staff and local volunteers were provided with training in oral history research methods and subsequently undertook interviews with over sixty residents.

Acknowledgments

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