Statelessness and Mental Health Experiences among Kuwaiti Bidoon People Living in the UK: An Interpretative Phenomenological Analysis

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis explores experiences of mental health and statelessness of five Kuwaiti Bidoon people living in the United Kingdom (UK).

Part One is a Conceptual Introduction, which aims to provide an overview of statelessness around the world and the unique history and context of the Bidoon in Kuwait. It reviews the literature relating to mental health within the Bidoon community, drawing on relevant research conducted with other groups affected by statelessness and marginalised communities.

Part Two is an Empirical Research Paper that uses Interpretative Phenomenological Analysis to explore experiences of mental health and statelessness of Kuwaiti Bidoon people living in the UK, as well as experiences of accessing mental health services where indicated. Five participants attended semi-structured interviews and three major themes were generated: 1) The Legacy of Statelessness; 2) Hopes and Dreams of a Future; 3) Victims of a System. A discussion of the study - including limitations and future directions for research - is provided.

Part Three is a Critical Appraisal, which aims to provide an overview of the public engagement work that was carried out alongside the research project. It will provide a rationale, summary, and evaluation of the work.

This project was a joint project. It was completed alongside Jessie Mulcaire and Leah Holt, under the supervision of Dr Francesca Brady and Dr Ciaran O'Driscoll (see Appendix 8).

Impact Statement

This research has several potential benefits. Many Kuwaiti Bidoon people living in the UK are extremely marginalised and their plight as individuals affected by statelessness is not well publicised. This research intends to bear witness to, document, and analyse the mental health experiences of five individuals from this community.

It is hoped that this will increase the profile of the Kuwaiti Bidoon community in the UK among relevant government and third-sector organisations (such as the NHS, the immigration service, and services that support asylum seekers and refugees). This may be possible through dissemination of the thesis by way of publication in scholarly journals.

If organisations that offer mental health support are better informed about the experiences of the Kuwaiti Bidoon, they may be better placed to provide tailored support that accounts for an individual's experience of statelessness. Disseminating this research to services that do not offer mental health support may be also be of benefit as they can offer indirect support.

Academically, this study is a starting point from which further research can be carried out. Several areas for future research have been generated, which are explored more fully in the discussion section. While the current study does not have the scope to consider treatment, it is possible that it may underpin future research into different interventions to determine how best to meet mental health needs.

Public engagement work was carried out alongside this research. Links have been established with community partners that may be of benefit to future research going forward. Connections with community partners are important as they can shape the design and direction of research, and provide invaluable insights and expertise.

At a wider level, it is hoped that this research may highlight to policy-makers the structural and social inequalities that many Kuwaiti Bidoon people living in the UK face, and their impact on mental health. Research can influence the decisions made at a policy level, which may directly impact on the everyday living conditions and mental health of people from this background currently resident in the UK.

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I am grateful to have worked alongside two fellow DClinPsy students, Jessie Mulcaire and Leah Holt, who were also working on projects concerning statelessness. I feel very lucky to have navigated the research process together with them, and would like to thank them both.

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Statelessness and Mental Health Experiences among Kuwaiti Bidoon People Living in the UK: A Conceptual Introduction

Introduction

The Universal Declaration of Human Rights (United Nations [UN], art 15.1) declared nationality a human right in 1948 and many other UN-mandated rights are contingent upon it. Stateless people, or those lacking citizenship to a nation state, are therefore at risk of multiple human rights violations starting with, but not limited to, their lack of nationality. Without the legal and political provisions necessary to access education, employment, healthcare, or welfare, many people affected by statelessness are forced to migrate in search of rights and protections elsewhere. They may be met with further challenges given the rising numbers of forcibly displaced people worldwide and the lack of effective solutions to meet this demand (United Nations Human Rights Commission [UNHCR], 2022).

The Kuwaiti Bidoon are one such stateless group, who because of their legal and administrative status, face systemic discrimination and a lack of basic human rights. Classified as 'illegal residents' since 1986, this discrimination extends across almost all aspects of daily life for the Bidoon in Kuwait (Beaugrand, 2019). Mental health research involving the Kuwaiti Bidoon community is lacking; the limited research that has been conducted suggests that experiences of statelessness may impact negatively upon psychological wellbeing (Alanezi & Alrashidi, 2022; Kennedy, 2016; Alsaleh, 2014; Abu Sulaib, 2020). The broader literature suggests the unique structural and social inequalities encountered by stateless groups can have a detrimental impact on mental health (UNHCR, 2012; Warria & Chikadzi, 2022).

Some Kuwaiti Bidoon have forcibly migrated to the United Kingdom (UK) due to the discrimination and persecution they have faced in Kuwait. There is limited research suggesting that post-migratory factors in the UK – including difficulties associated with securing leave to remain - impact mental health within the Kuwaiti Bidoon community and other stateless groups (UNHCR, 2021a). Furthermore, there is research to suggest cultural differences between Kuwait and the UK in terms of how mental health is perceived and attitudes towards treatment

(Scull et al., 2014; Almazeedi & Alsuwaidan, 2014; Abdel-Khalek, 2006). There is no research that explores how these beliefs may affect treatment outcomes and attitudes towards help seeking within the Kuwaiti Bidoon people in the UK, although broader research with other marginalised communities suggests support must be responsive to cultural context (Warria & Chikadzi, 2022).

The aim of the empirical research project is then to explore mental health experiences of Kuwaiti Bidoon people living in the UK - including access to mental health services where indicated - through Interpretive Phenomenological Analysis. This conceptual introduction will provide an overview of the relevant background information and literature. It will examine statelessness and the challenging situation facing the Bidoon in Kuwait and beyond, including a summary of existing mental health research. The intersection between statelessness, human rights, and mental health will be explored with regards to structural, social, and cultural factors that may impact on psychological wellbeing. Finally, it will outline the study rationale and methodology, setting out the intended aims and research questions.

Statelessness

Defining statelessness

The *Convention relating to the Status of Stateless Persons* (UN, 1954, art. 1.1) established the first legal definition of a stateless person as 'a person who is not considered as a national by any State under the operation of its law'. Fewer than half of countries submit statelessness data to the United Nations Human Rights Council (UNHCR, 2022) - including those estimated to have the largest stateless populations - so estimates of how many individuals fall under this definition can vary significantly. The most recent UNHCR Global Trends report (2022) suggests there are 4.3 million people affected by statelessness around the world.

However, this report only includes data from 96 countries and the UNHCR acknowledge the true number is probably far higher. The Institute on Statelessness and

Inclusion (a non-governmental organisation dedicated to establishing rights for stateless people) has estimated there are approximately 15 million stateless people worldwide (2020). Assessing the true scale of stateless populations is therefore a challenge; not only methodologically, but politically, as many states are reticent to report this information to international agencies (UNHCR, 2013). Without accurate data, it is difficult to effectively raise the profile of stateless populations and find solutions to this dilemma faced by millions of people around the world (UNHCR, 2022).

Causes of statelessness

The UNHCR (2012) provides an overview of legal frameworks associated with citizenship, as well as the multitude of legal, administrative, and political factors that can result in statelessness. Nationality laws are based on varying associations between an individual and a nation, primarily through birth in a territory (*jus soli*) or descent (*jus sanguinis*). Many countries also provide routes to citizenship by way of marriage to a national or a long-term resident. While these frameworks automatically confer citizenship to many people, the inconsistencies in how these criteria are formulated and applied between nations can also create a legal block to citizenship and ultimately lead to statelessness (UNHCR, 2012).

Individuals can then become stateless in several different ways. As well as the impact that legal frameworks can have on nationality law, administrative factors such as failure to register the birth also play a role (UNHCR, 2012). Individuals can even become stateless having previously held citizenship to a nation. This can result from governments withdrawing nationality arbitrarily. For example, individuals residing in territories that change sovereignty (i.e., during military conflict) are at risk of statelessness if their former citizenship is revoked and they do not qualify for citizenship under the new government (UNHCR, 2012).

Statelessness also tends to occur in the context of discrimination with regards to religion, race, ethnicity, gender identity, disability, sex, or sexual orientation. It is estimated over 75% of the world's stateless people belong to a minority group (UNHCR, 2017), suggesting that state-sanctioned discrimination plays a key role in statelessness. Regarding gender, patrilineal nationality laws that confer citizenship based solely on *paternal jus sanguis* laws are also a major cause of statelessness (UNHCR, 2012).

Consequences of statelessness

The rights and protections afforded to people affected by statelessness are different from nation to nation, however, they are typically denied identity documents and the ability to register births, deaths, or engage in political processes (UNHCR, 2012). Deprivation of rights and services render stateless people extremely vulnerable. Many live in poverty and are unable to access education, legal employment, and healthcare (UNHCR, 2012). Stateless people live without a legal identity and furthermore cannot claim any legal identity due to the lack of documentation; as such they cannot assert their rights or access services from the state and the state is unable to factor stateless persons into their provision of services (Bhabha, 2011). They often face discrimination and exclusion from society, as well as persecution from political and governmental systems (UNHCR, 2017).

To be denied a nationality is a violation of the Universal Declaration of Human Rights (UN, art. 15.1, 1948). The declaration sets forth other rights that should be granted to each person equally, including (but not limited to) the right to access education, employment, public services and an adequate standard of living; the right to take part in the government of their country; the right to leave and return to their country; the right to equal protection from the law; as well as the right to freedom from discrimination, torture, arbitrary arrest and detention. As indicated, the consequences of statelessness are extensive, and often in direct contravention to the Universal Declaration of Human Rights.

Legal frameworks associated with statelessness

Recognising the scale of human rights violations associated with lack of nationality, the UN established legal frameworks to instate rights and citizenship to stateless people across the world. The *Convention relating to the Status of Stateless Persons* (1954) focused on establishing universal rights and protections for people affected by statelessness; contracting states must provide identity and travel documents and cannot discriminate against stateless people based on their race, religion, or country of origin. They are obligated to safeguard people affected by statelessness through ensuring the right to freedom of religion, religious education, education, social security and housing (*Convention relating to the Status of Stateless Persons*, 1954).

The *Convention on the Reduction of Statelessness* (1961) built on the 1954 convention in establishing the right to nationality for every individual under international law. Contracting states are obligated to prevent the withdrawal of citizenship and instate citizenship to those without it, through providing citizenship to children born in that nation state and naturalising long-term residents. As of March 2023, only 96 nations are signed up to the 1954 convention and 77 nations are signed up to the 1961 convention, highlighting the challenge of generating effective solutions to this dilemma at the intergovernmental level (UN, 2023a; 2023b).

The forced migration of people affected by statelessness

Many people without a nationality are forced to migrate in search of rights and protections elsewhere (UNHCR, 2021a). Forced migration refers to the involuntary migration of people due to fear of threat to their life or livelihood (European Commission, 2023). As of 2021, there were 89.3 million people worldwide who were affected by forced displacement (UNHCR, 2021a). If forced to migrate, there are two main legal routes by which stateless people may seek leave to remain in a host country and apply for potential naturalisation: statelessness determination processes (SDPs) or the asylum system (UNHCR, 2020a).

Statelessness determination processes (SDPs) are based on a claim of statelessness (UNHCR, 2020a). States are encouraged by the UNHCR to adopt SDPs to fulfil their obligations to the 1954 convention, however, only 28 countries globally offer this (UNHCR, 2022b). The asylum system provides an alternative route to SDPs through which stateless people may migrate to another country (UNHCR, 2022). Every individual has the right to claim asylum under the Universal Declaration of Human Rights if they are at threat of persecution in their country of origin (UN, art. 14.1, 1948). People affected by statelessness can therefore seek international protection on these grounds if eligible and are classified as refugees if granted leave to remain in a host country (UNHCR, 2023a). It is estimated there are 1.1 million stateless asylum seekers and refugees worldwide (UNHCR, 2022).

Statelessness in the United Kingdom

There are approximately 5,483 stateless people in the UK (UNHCR 2023a). The UK is a contracting state to both the 1954 and 1961 conventions relating to statelessness (UNHCR, 2023a; 2023b) and is one of the 28 countries to offer an SDP with a route to naturalisation (UNHCR, 2020b). However, the European Network on Statelessness [ENS] (an alliance of organisations dedicated to ending statelessness) note the UK is limited in its provision for stateless people and is in contravention of its legal obligations (2022). Specifically, they have raised concerns about the efficacy of the decision-making process as claims require a high burden of proof and are often dismissed prior to applicants being offered an interview. It is estimated that on average just 3% of SDP applications are successful (ENS, 2022).

People affected by statelessness may also apply for leave to remain in the UK as an asylum seeker (Home Office, 2023b). The Home Office advises that an asylum claim should be made before beginning an SDP if the individual is fleeing persecution and it is not possible to apply for both types of protection simultaneously (2023a). Asylum seekers also face a high burden of proof when making a claim and are subject to lengthy delays owing to a large backlog

of applications (UNHCR, 2023b). Stateless people who are unsuccessful in SDPs or asylum claims may face the prospect of a life in limbo (UNHCR/Asylum Aid, 2011). Unable to return to their country of origin or move to any other country due to a lack of documentation, they may be subject to immigration detention in the UK, or a life outside of detention in which they are not permitted to work, travel, study, or access public services or funds (UNHCR, 2021a).

The UK is in further contravention of its obligations to the 1954 and 1961 conventions related to statelessness due to the lack of protections afforded to British citizens. The recently introduced Nationality and Borders Bill (2022) would grant the power to revoke citizenship from British nationals without notification if they are deemed a high risk to the country (for example, through committing acts of terrorism, war crimes, or serious organised crime). The Home Office stipulate that the new UK law complies with international legal frameworks (2022), however the UNHCR argue that it undermines these protections and will leave individuals – including children – at increased risk of statelessness (UNHCR, 2022c).

The Kuwaiti Bidoon

A history of the Bidoon community in Kuwait

As of 2019, the UNHCR placed the number of stateless people in Kuwait at approximately 93,566; however, echoing challenges with the accuracy of population data regarding stateless groups more widely, estimates vary between 88,000 and 106,000 (Human Rights Watch, 2020). This group of stateless people are known as the Bidoon Jinsiya, which is translated as ‘without nationality’ in Arabic, and are sometimes referred to as the Bidoon, Bedun, Bidou, or Bidun (ENS/Institute on Statelessness and Inclusion, 2019). While there are other groups known as ‘Bidoon’ throughout the Middle East; for the purposes of this report the term Bidoon will be used to refer only to the Kuwaiti Bidoon.

Kuwait is a Middle Eastern country bordered by Iraq, Saudi Arabia, and the Persian Gulf. Kuwaiti citizens make up 30.4% of the total population, which is approximately 3,103,580 people (CIA World Factbook, 2023). Most of the population (69.6%) is comprised of nationals from other countries (mainly located in the Middle East, Asia, and Africa), as well as those registered as Bidoon. Islam is the principal religion observed in Kuwait (74.6% of the population), with a minority of residents belonging to Christian denominations (18.2%) and other religious groups (7.2%) (CIA World Factbook, 2023). Kuwait is a relatively wealthy country owing to its oil-based economy and the World Atlas (2023) rank Kuwait as the 33rd richest country in the world.

Kuwait was founded during the 18th century as a small fishing village and grew into a prosperous port city due to its valuable location for maritime trade (Refugees International, 2011). Towards the end of the 19th century, Kuwait was under threat of annexation from the Ottoman Empire, and in exchange for protection granted foreign policy control to the UK, becoming a British protectorate (Refugees International, 2011; Minority Rights Group, 2023). Kuwait gained independence from the UK in 1961 and it was at this time that the government first began to register citizens (Lynch & Barbieri, 2007).

Many in the outskirts of Kuwait, who came from tribal backgrounds in the Arabian Peninsula, did not register for citizenship (Minority Rights Group, 2023). Some could not prove substantial enough ties to Kuwait to meet eligibility according to the law, which by its nature benefitted those dwelling in urban areas and who came from powerful tribes and families (Minority Rights Group, 2023). Others were illiterate, lacked the necessary documentation, or may have failed to realise the significance of citizenship and therefore did not make attempts to register (Refugees International, 2011: Lynch & Barbieri , 2007). In total, over a third of people resident in Kuwait at the point it gained independence were not registered as citizens and were thus considered Bidoon (Minority Rights Group, 2023). Initially granted the same

rights as Kuwaiti citizens, many Bidoon continued to work in the police, military, and other public sector roles for decades, despite their lack of recognised citizenship (Refugees International, 2011).

Kuwait is not a contracting state to either the 1954 or the 1961 conventions on statelessness (UNHCR, 2023a; 2023b) and there has been little in the way of resolution to the dilemma of faced by the Bidoon. In fact, since the nationality law was introduced there have been several amendments which have made it increasingly difficult for those from the Bidoon community to access citizenship (Lynch & Barbieri , 2007).

Statelessness is a problem passed from one generation of Bidoon to the next. Kuwait confers citizenship based on paternal jus sanguinis, meaning only children born to a Kuwaiti father (with recognised citizenship, whether inside or outside of Kuwait) will be given Kuwaiti nationality (ENS/Institute on Statelessness and Inclusion, 2019). Kuwaiti women cannot automatically pass on citizenship rights to their children. Therefore, any child born to a Bidoon couple, or to a Bidoon father and a Kuwaiti mother will be stateless (ENS/Institute on Statelessness and Inclusion, 2019).

Classification as 'illegal residents'

In 1985, the law changed the status of the Bidoon to 'illegal residents' and the government asserted that the Bidoon were in fact foreign nationals who had destroyed their true identification to take advantage of Kuwait's prosperity as an oil-rich nation (Beaugrand, 2019). Most rights afforded to the Bidoon were withdrawn upon being classed as illegal residents; many were unable to work in the jobs they had previously occupied, their driving licenses and passports were revoked, and their children were banned from attending government-funded school (Lynch & Barbieri , 2007). Beaugrand (2019) suggests rights and

services were withdrawn to pressure the Bidoon community to admit to a foreign nationality or falsify one.

In 1990, Kuwait was invaded by Iraq during the Gulf War. More than half the population fled and upon returning at the end of the war, many Bidoon were portrayed as foreign nationals and refused entry (Minority Rights Group, 2023). Following the invasion, hostilities towards those from the Bidoon community (already heightened due to their classification as illegal residents) increased due to their portrayal as having sided with the enemy (Beaugrand, 2019). They were depicted as "traitors" (Beaugrand, p.125, 2019) with roots or origins in Iraq, and therefore faced suspicion and discrimination because of their perceived foreign status. Those who remained in Kuwait following the end of the invasion faced further curtailing of their rights and protections (Lynch & Barbieri , 2007).

Day-to-day implications of being Bidoon in Kuwait

The Bidoon share the same history of Kuwait as its citizens and are of the same race and ethnicity. However, due to their administrative status as illegal residents they face discrimination which impacts on multiple aspects of their day-to-day lives (Beaugrand, 2019; Refugees International, 2011). Kuwaiti citizens are issued with a civil ID card which grants access to a wide range of services, including free education and healthcare; subsidies for food; as well as financial support for housing (Beaugrand, 2019). The card also acts as a form of identification that is required for engaging in political processes; registering births, marriages, and deaths; accessing employment; buying property; as well as opening a bank account.

Classified as illegal residents, the Bidoon are not eligible for a civil ID card and instead carry a security card issued by a governmental agency known as the Central System to Resolve Illegal Residents' Status (Central System) (Beaugrand, 2019). These cards must be regularly renewed. While previously valid for one or two years, this has reduced and there are reports

that some cards are issued for as little as three months and for a maximum of 12 months (Home Office, 2021). The security card is not a form of identification, and as such does not confer the same rights granted to Kuwaiti citizens who hold a civil ID card. While the security card does offer some basic rights to healthcare, education, and employment, these are limited in comparison to those enjoyed by Kuwaiti citizens (Minority Rights Group, 2023; Beaugrand, 2019). Furthermore, due to difficulties with renewal (further explored below) many individuals do not have security cards and therefore are deprived of even basic rights to education, employment and healthcare.

Security card holders can access limited healthcare through an insurance scheme, although according to Human Rights Watch (2020) some from the Bidoon community are not able to afford this or find the coverage inadequate. Those without security cards do not qualify for any health services. With regards to employment, the Bidoon who hold a valid security card are eligible to work in a limited number of jobs, although these are often poorly paid with few employment rights (Human Rights Watch, 2020). They are not permitted to work in a multitude of roles only available to Kuwaiti citizens or to establish their own businesses. Those without valid security cards are not permitted to access any employment and therefore are forced to work illegally and are at risk of exploitation and arrest (Beaugrand, 2019; Refugees International, 2011). Many Bidoon face economic hardship as a result of these employment sanctions and are forced to live in poverty in economically and socially deprived neighbourhoods (Beaugrand, 2019; Refugees International, 2011).

Regarding education, individuals classified as Bidoon are not permitted to access the free, government-provided state schools available to Kuwaiti nationals (Beaugrand, 2019). Those who hold security cards are permitted to attend private schools, however, it has been reported that the standard of education provided is lower than that of government-funded schools (Human Rights Watch, 2011). There is some government funding available to cover

school fees, however, sometimes this is not enough to cover full education for every child within a household (Human Rights Watch, 2011). Since 2014, Kuwait University is permitted to accept just 100 Bidoon students each year, dependent upon their achieving 90% average grade at school and with the permission of the Central System (Minority Rights Group, 2023). Prior to this, those from the Bidoon community were not permitted to attend Kuwait University, severely limiting any access to higher education.

Renewing security cards can be challenging. Firstly, if the individual has been labelled as a security threat – for example, due to protesting matters relating to the Bidoon - they will be ineligible to renew the card (Refugees International, 2011; Home Office, 2021). There are also reports that when attempting to renew the card, individuals are pressured to revoke their claim to Kuwaiti nationality and falsely assume an alternative nationality (Home Office, 2021). Similar pressures are encountered when registering births, deaths, and marriages. The Bidoon must apply to a committee to register these events and there are reports that it is often determined that the applicant holds a foreign nationality (Beaugrand, 2019). The committee may therefore refuse to issue the documentation unless the applicant forfeits their claim to Kuwaiti nationality and assume a falsified foreign nationality,

Beaugrand (2019) proposes that the situation faced by the Bidoon in Kuwait is akin to violence enacted at systemic, structural, and administrative levels. Systemic violence refers to the contravention of UN legal frameworks regarding nationality; structural violence is enacted by the political systems in Kuwait which insist on a narrow definition of nationality; and administrative violence denotes the organisational factors which generate difficulties in citizenship applications and lead to the deprivation of identity documents (Beaugrand, 2019). This violence is subtler than its physical counterpart, although there are reports that those from the Bidoon community who try to advocate for their rights and just treatment have faced

imprisonment, physical brutality, and psychological torture (Refugees International, 2011; Minority Rights Group, 2023).

In February 2008, some from the Bidoon community took part in demonstrations to advocate for increased rights. An account of these demonstrations by Human Rights Watch states that tear gas and water cannons were used to disperse those who had gathered, and that government forced detained some of the protestors (2011). Minority Rights Group reported that in total 30 protestors were arrested, and 50 individuals detained (2023). The Bidoon were forbidden the right to protest in 2012, despite this, there were further demonstrations in 2015 (leading to 15 arrests) following the death of a Bidoon man who reportedly could not access documentation and died by suicide (Minority Rights Group, 2023).

Forced displacement to the United Kingdom

As a result of the discrimination faced by the Bidoon in Kuwait, many individuals are forced to migrate in the search of rights, protections, and citizenship elsewhere (UNHCR, 2022). ENS (2022) propose the Bidoon constitute one of the main stateless groups in the UK. It is challenging to determine the exact size of the Bidoon population in the UK due to issues with official nationality data (ENS, 2022). Home Office data on the number of Bidoon in the UK is currently unavailable. A news article had mentioned estimates ranging from 5000 to 8000 Bidoon in the UK, but without citations, it is difficult to verify this information (Belbagi et al., 2020).

Guidance issued by the Home Office distinguishes between “documented” and “undocumented” Bidoon with regards to the decision-making process in asylum claims and SDPs (Home Office, 2021). Documented Bidoon hold the aforementioned security card, which grants some basic rights to healthcare and employment; thus, they are not deemed at risk of persecution or statelessness in Kuwait and refusal in asylum claims and SPDs is more likely

(Home Office, 2021). Undocumented Bidoon do not have these security cards and are deemed at risk of persecution, which should be considered in the claims process (Home Office, 2021). ENS (2016) suggest that documented Bidoon are still subject to discrimination and rights-based violations in Kuwait despite having a security card, as this does not confer the same rights given to Kuwaiti citizens. Additionally, they are at increased risk of detention or stateless limbo in the UK as they are more likely to fail in their asylum claims and SDPs and then unable to return to Kuwait. (ENS, 2016).

According to the news article previously cited (Belbagi et al., 2020), the majority of Bidoon resident in the UK live in London and there is a small but growing number of people in Manchester. To what extent there is a sense of community and shared identity among the Bidoon living in these cities is not well researched or documented. Belbagi (2020) makes reference to coffee shops organised along tribal identities, which reportedly foster some sense of community and organisation.

Mental health within the Bidoon Community

Comment on the state of the literature

Most existing statelessness research exists within the domains of law, international relations, politics, sociology, anthropology, and human security (UNHCR 2021b; Blitz & Lynch, 2009) and is carried out by relevant UN agencies, non-governmental organisations (NGOs), and research institutes (UNHCR, 2021b). Challenges to conducting statelessness research include commissioning (the phenomenon being often hidden and misunderstood), as well as difficulties in engaging individuals from extremely marginalised groups to participate (UNHCR, 2021b). There is relatively little research that centres mental health, although it may be referenced in literature from other fields.

Regarding the Bidoon, researchers have noted that it is challenging to carry out statelessness research in Kuwait due to a lack of freedom to discuss matters relating to the Bidoon (Blitz & Lynch, 2009), and a lack of studies that comprehensively explore Bidoon experiences and attitudes has been observed (Alanezi & Alrashidi, 2023). A report from Refugees International (2011) suggests that difficulties persist for those living outside of Kuwait, who may be deterred from participating in research due to a fear of persecution should they return to Kuwait. They further explain that identified individuals may be named as a security threat and thus risk damaging the chance of obtaining citizenship in Kuwait for themselves or their family in the future.

There is very little research exploring mental health outcomes and in-depth experiences of psychological wellbeing or distress within the Bidoon in Kuwait or the UK. This could be because research of this nature is subject to the difficulties outlined above, as well as to barriers specifically related to the topic of mental health. While barriers specific to the Bidoon community have not been explored, it is possible that factors such as stigma, as well as cultural and religious beliefs about mental health, may contribute to the lack of psychological research (Woodall & Howard, 2010; Brown et al., 2014). Cultural and religious beliefs relating to mental health within the Bidoon community are given some consideration later within this report.

Given the lack of robust mental health research concerning the Bidoon, this report will aim to summarise the existing literature in this area, as well as review literature from other fields that is relevant to mental health. Where indicated, research regarding Kuwaiti nationals, other stateless groups, and marginalised migrant communities (such as refugees and asylum seekers) will be considered. It is acknowledged that experiences of statelessness, marginalisation and migration are not homogenous and mental health within the Bidoon community is likely rooted within the specific culture, history, and lived experiences of this

group. However, in the absence of specific research relating to Bidoon mental health, this literature may offer a perspective that helps to bridge the gap and contextualise the aims of the research project.

Defining mental health

The World Health Organisation (WHO, 2022) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community". Some people struggling with their mental health may have a diagnosable mental disorder (such as depression, anxiety disorders, or post-traumatic stress disorder), whereas others may experience mental states that impact on functioning or cause severe distress, self-harm, or suicidal ideation and behaviours. Mental health exists on a continuum for each person, based on a range of risk and protective factors that operate at structural, social, and individual levels (WHO, 2022).

Cultural perspectives on mental health

The concept of culture is comprised of many influencing factors, including but not limited to nationality, religion, class, and gender (Tribe, 2005). The fields of psychiatry and psychology were established within Western culture, with historic understandings of psychopathology rooted in the individual as opposed to community and familial systems (Gopalkrishnan, 2018). It is therefore imperative to consider the cultural context in which a model or mental health concepts sits when considering this in relation to an individual. Furthermore, the context of the individual may impact upon their conceptualisation of any difficulties, their coping style, and their relationship to help seeking from professionals, community, and family (Gopalkrishnan, 2018).

The Bidoon share cultural similarities with Kuwaiti nationals but may have divergencies due to their lack of citizenship. In the absence of comprehensive exploration of

cultural understandings of mental health within the Bidoon community, there is some research within broader Kuwaiti society which may be relevant (Scull et al., 2014; Almazeedi & Alsuwaidan, 2014; Abdel-Khabek, 2006; Abdel-Khalek & Lester, 2007), however, the limitations of drawing generalisations from this research are acknowledged.

In a qualitative study exploring attitudes to mental health in Kuwait, interviewees reported high levels of stigma around mental health problems and linked this with a lack of mental health knowledge, as well as cultural factors regarding one's status in society and how this is undermined by the presence of mental health difficulties (Scull et al., 2014). Amongst participants there was a belief that mental health services were only for those experiencing severe difficulties and that engaging in this support may lead to a deterioration in psychological well-being, rather than an improvement. Stigma has been explored in other research within Kuwait and hypothesised to be a deterring factor to seeking mental health support (Almazeedi & Alsuwaidan, 2014). With regards to mental health symptomology, a study exploring mental health prevalence rates found high levels of somatisation within the Kuwaiti participants, which the researchers attributed to cultural notions and understandings of physical and mental illness (Alkhadhari et al., 2016).

The role of religion, specifically that of the Islamic faith, was deemed important when considering mental health (Scull et al., 2014). There was a preference amongst participants to resolve mental health difficulties within a religious context prior to exploring medical or psychology routes (Scull et al., 2014). Most participants felt faith was a protective factor; belief in God facilitated the acceptance of difficult situations for one participant, and another reported feeling soothed through reading the Qu'ran. Some of the participants did however feel that they would prefer separation between their faith and mental health intervention and felt that religion did not play a helpful role in their treatment (Scull et al., 2014).

Religion was reported as beneficial for psychological wellbeing in other studies within Kuwait (Abdel-Khabek, 2006; Abdel-Khalek & Lester, 2007) and in a UNHCR report which interviewed stateless people living in the UK (2021a). Although two of the participants interviewed for the UNHCR report were Bidoon, it is not clear which participants made the comments regarding religion, and overall, more robust research of cultural and religious perspectives of mental health within the Bidoon community are required.

Structural determinants and mental health

Structural determinants are the systemic and political mechanisms that lead to mental health inequalities, often based on characteristics such as race, ethnicity, gender, sexuality, class, religion, and their intersections (WHO, 2014). The Bidoon in Kuwait are classified as 'illegal residents' and thus face structural inequality and systemic discrimination (Minority Rights Group, 2019). Those who forcibly migrate may continue to face structural challenges due to their legal status, or because they belong to a racial, religious, or ethnic minority (Asif & Kienzler, 2022).

Some from the community may be disproportionately affected due to the way in which other aspects of their identity intersect with a lack of nationality (WHO, 2014). For example, Bidoon women may marry Kuwaiti citizens to gain citizenship for themselves and their prospective children, leaving them reliant on their husband and at risk of abuse or exploitation (UNHCR, 2012). There are reports of women being sexually harassed by government officials when applying for documentation (Minority Rights Group, 2023). Regarding sexuality, Kuwait criminalises sexual activity between men (Human Dignity Trust, 2023), and therefore any men from the Bidoon who are gay or bisexual face structural discrimination on multiple levels.

The structural discrimination faced by the Bidoon constitute human rights violations (Meyerfield, 2020), and these are considered to be highly interconnected with mental health

(Mann et al., 2016). Positive mental health is itself a human right, critical to individual wellbeing and community cohesion, according to both the WHO (2022) and the UN (2023c). Individuals thus have a right to a life that facilitates good mental health as defined by the WHO (2022). This requires access to resources that allow them to cope with life stressors, engage with their community, and access employment (Watters, 2012; Warria and Chikadzi, 2022). Furthermore, if affected by a mental health difficulty, individuals have the right to access appropriate support and should not face discrimination with regards to their education, employment, or social life (Watters, 2012).

The structural determinants of mental health outlined above can impact at a societal level due to the way in which they permeate the everyday conditions under which individuals from the Bidoon community live their life, otherwise known as the social determinants of mental health (WHO, 2014).

Social determinants and mental health

Socioeconomic status

Socioeconomic status (SES) reflects the position of a group or individual in society relative to others and is based on factors such as education level, employment status, income, and place of residence (Braveman & Gottlieb, 2014). The Bidoon community in Kuwait occupy a low SES. They lack access to free and good quality education as children, and there are strict restrictions placed on the numbers of individuals who can study at Kuwait University, making university level education inaccessible to most (Alshammiry, 2021; Minority Rights Group, 2023). Employment opportunities are hindered by low educational attainment and further curtailed by discriminatory laws that prohibit employment in several sectors (Beaugrand, 2019). Many Bidoon are therefore forced to accept low wages, poor working conditions, and live in poverty in cramped homes (Alshammiry, 2021). Those without security cards face even

greater marginalisation and an increase in social and economic deprivation (Home Office; 2021).

There is little research that examines the impact of SES and associated factors on mental health within the Bidoon community, however, there is research situated outside of Kuwait and the Bidoon that may be applicable. For example, those facing economic adversity are at increased risk of mental health difficulties in high-income countries (Pickett & Wilkinson, 2010), and there is evidence to suggest that the risk of developing mental health problems is proportional to the level of disadvantage faced (McGinnity et al., 2005). Diagnosis of anxiety and depression is higher for people with low educational attainment and those who are unemployed (Fryers et al., 2005), and the presence of these mental health difficulties can lead to further economic disadvantage (Campion et al., 2013). They may face difficulties, such as inadequate or precarious housing (Elliot, 2016), which is associated with a greater risk of mental health difficulties (Pevalin et al., 2017).

A minority of Bidoon adolescents can pursue university-level education (Beaugrand, 2019). The experiences of seven students completing their studies at Kuwait University were explored in a piece of qualitative research (Alanezi & Alrashidi, 2022). Initially, university was a source of hope for the young people as it was viewed as an opportunity to change their identity and inherited life course through education. However, due to restrictions linked to their Bidoon status, many of the interviewees were not able to study the subject necessary for their preferred career, and some reported this led to depression and feelings of self-blame. While this study has few participants and mental health experiences were not explored in depth within the interviews, it suggests that the lack of agency over educational and ultimately career decisions may be associated with a deterioration in metal health for some interviewees. Most Bidoon adolescents are unable to pursue higher education, potentially limiting their control over their own lives. Further research is needed to confirm these findings.

Low educational attainment can have a lifelong impact on potential earnings of people affected by statelessness, as was demonstrated in a study comparing income of formerly stateless people and lifelong citizens in Kenya, Bangladesh, Slovenia, and Sri Lanka (Blitz & Lynch, 2011). Even after the granting of citizenship, those who were formerly stateless earned less, which was attributed to lack of access to education, and therefore lower educational attainment. While this study involved stateless groups outside of the Bidoon, it points to the determinant nature that early life experiences can have on socioeconomic status and thus mental health outcomes (WHO, 2014). This may be particularly relevant when considering Bidoon people who have been given leave to remain in the UK. They may encounter similar challenges that they confronted in Kuwait associated with their educational background, such as being forced into low-paid jobs with poor working conditions.

Social and political exclusion

Social exclusion refers to an inability to participate in social, cultural, and economic life and may involve social isolation, as well as exclusion from political processes (Royal College of Psychiatrists, 2009). Noting a number of high-profile suicides amongst Bidoon in Kuwait, Alsaleh (2014) surveyed 2,583 Bidoon adolescents to better understand how social factors may impact upon suicidal ideation, suggesting that many Bidoon feel socially disconnected and lack strong attachment to the Bidoon community. The research showed those who had moved neighbourhoods or experienced family disruption (defined as not living with both parents) had increased odds of reporting suicidal ideation and this was mediated through weak attachment to social norms and values.

The concept of 'normlessness', or the lack of shared community values, was also explored in a study which explored political alienation within Bidoon in Kuwait. High levels of political alienation were reported across three factors: 1) normlessness; 2) powerlessness (lack of influence over political decisions); and 3) isolation (loneliness and lack of belonging

in a community) (Abu Sulaib, 2020). The researcher observed high levels of powerlessness amongst the Bidoon participants, which they linked potentially with higher suicide rates. However, they do not provide any evidence to support this claim, nor the increase in suicides beyond the anecdotal. More comprehensive research is required to investigate suicide rates amongst the Bidoon and any underlying factors.

In an unpublished doctoral thesis exploring Bidoon identity in Kuwait, some participants reported social exclusion and stigma linked to their status as 'illegal' residents (Kennedy, 2016). Social exclusion can engender feelings of loneliness and low self-esteem and can increase the risk of developing poor mental health (Royal College of Psychiatrists, 2012). Furthermore, those who are socially isolated have less access to support within their community that may be able to mitigate the risk of poor psychological outcomes (WHO, 2014). These difficulties may persist within the diaspora Bidoon community; there is some research with asylum seekers and refugees that suggests difficulties with social integration can persist for several years post-migration and are associated with higher levels of mental health difficulties including anxiety and depression (Schick et al., 2016; Teodorescu et al., 2012).

Trauma

Some Bidoon people in Kuwait have reportedly been arrested for protesting their situation and trying to advocate for increased rights (Minority Rights Group, 2023; Americans for Democracy and Human Rights in Bahrain [AFDHRB], 2022). There are allegations that individuals have been arbitrarily detained and experienced abuse of both a physical and psychological nature while in custody (AFDHRB, 2022). There are no direct studies exploring the impact of political imprisonment on mental health within these individuals, however, a systematic review has been completed which explored this with political prisoners from around the world (Willis et al., 2015). Detained groups had high levels of depression, anxiety, and PTSD, and there were long-term mental health consequences associated with imprisonment.

It has been proposed that people affected by statelessness face uniquely challenging circumstances that place them at risk of experiencing a multitude of traumas throughout their life (Warria & Chikadzi, 2022). Possible traumas include stigma, discrimination, violence, uncertainty associated with legal status, and both threats of and experiences of detention and deportation. The impact on mental health can be particularly complex due to their cumulative nature. The Bidoon face multiple risk factors as outlined by Warria & Chikadzi (2022), however, in the absence of robust literature exploring their impact, it is only possible to make assumptions that these may have a detrimental impact upon mental health.

Access to mental and physical healthcare

Those belonging to the Bidoon community in Kuwait have limited access to state-provided healthcare. Poor physical health outcomes are more likely without access to treatment and are associated with poor mental health (Naylor et al., 2012; Prince et al., 2007); therefore, it is likely that lack of access to healthcare impacts negatively on mental health. Mental healthcare a challenge for many in Kuwait (regardless of citizenship status) owing to limited provision (Alshamiry, 2021). Treatment is often accessed through private providers and subject to a fee inaccessible to many Bidoon. Cultural factors outlined earlier may lead to challenges in both the provision of mental healthcare, as well as the ability or desire of those from the Bidoon community to access this.

There is no research that specifically explores access to mental healthcare for the Bidoon who have forcible migrated from Kuwait, however, there is some broader research with stateless groups across ten European countries (Van Hout, 2021). This research explored the vulnerabilities stateless people may encounter accessing care during the Covid-19 pandemic, although many of these factors may have applied prior to the pandemic and remain relevant in the present day. In a scoping review of 30 publications, Van Hout found that a lack of documentation, xenophobia, discrimination, costs, language barriers and community

segregation may prevent stateless people from accessing healthcare. Some participants reported a fear of detention and/or deportation if they were to seek mental healthcare, pointing to a lack of trust in healthcare systems (Van Hout, 2021). Qualitative research exploring experiences of mental healthcare within asylum seeker and refugee communities in the UK also reported a lack of trust in statutory services, and highlighted the need for outreach and effective communication (Sandhu et al., 2013).

Determination processes and detention

Regarding Bidoon who have forcibly migrated to the UK, there is some research to suggest that SDPs may have a negative impact on mental health. In a UNHCR report (2021a), 12 stateless people from around the world now living in the UK - including two Bidoon people - were interviewed about their experiences. Eight of the interviewees had not yet secured leave to remain and linked this with poor mental health; one participant reported a period of severe depression and another reported suicidal ideation leading to hospitalisation. The length of the process, as well as the experience of undertaking the legal processes had a detrimental impact on the mental health of the interviewees, increasing feelings of hopelessness. Indeed, broader research suggests hopelessness is a significant predictor of depression (Rholes et al., 2011) and is associated with suicidal ideation (Beck & Steer, 1993).

If Bidoon are not granted asylum or leave to remain through statelessness determination processes, they are at risk of prolonged detention in the UK (UNCHR, 2021a). Bidoon who hold a security card may be at particular risk of this due to their categorisation by the Home Office as documented Bidoon (2021). There is a lack of literature exploring the impact of detention within Bidoon people specifically, however, a systematic review exploring the impact of this on asylum seekers from across the world found high levels of anxiety, depression, and PTSD that were exacerbated by length of stay (Robjant et al., 2009; Von Werthern et al., 2018.

Research has shown that receiving a negative asylum decision can have a significant impact on individuals. A study conducted with refused asylum seekers in the UK found that those who are unable to return to their country of origin and thus are effectively stateless ('de facto stateless') experienced poor psychological functioning, stress, and depression (Blitz and Otero-Iglesias, 2011). This was particularly true for those who had also experienced mental health difficulties related to persecution prior to their migration. The study also highlighted the detrimental effects of compound losses, such as the loss of their country of origin, asylum seeker status, and entitlement to protections and services in the UK.

Protective factors and mental health

While the Bidoon face multiple structural and social risk factors associated with poor mental health, there is some limited literature involving the Bidoon and other stateless groups regarding protective factors. The UN report previously cited (2021a), in which two of the 12 participants were Bidoon, referred to several factors that can foster good psychological wellbeing. Participants who had been granted leave to remain spoke of the positive impact receiving this decision had on their mental health as it allowed them to feel optimism and hope about the future. Some of the participants also spoke of the value of making friends and how this enabled them to access emotional support. The role of volunteering was also noted as being positive for psychological wellbeing, as it enabled the participants to help others and provided a sense of contributing to society while unable to work (UNHCR, 2021a).

A change of legal status was also found to have a particularly significant effect on the psychological wellbeing of individuals who had been formerly stateless and were granted citizenship in their country of origin (Blitz & Lynch, 2009). These findings were based on 60 semi-structured interviews with people who were formerly stateless, including the Bidoon, as well as from groups in Kenya, Slovenia, Sri Lanka, and Ukraine. Recognition of state-

sanctioned and/or state-actioned abuse was also found to have important implications on the psychosocial wellbeing of formerly stateless people, related to granting dignity to people formerly denied this.

The Current Study

Experiences of mental health of Bidoon people living in the UK have not been explored in depth, however, there is reason to believe that there may be mental health difficulties within this group due to the structural and social risk factors faced in Kuwait and in the UK. There is also no current research exploring the experiences of Bidoon people in the UK accessing mental health support or services. This research seeks to begin filling this gap. It intends to inform professionals working with the UK-based diaspora community about experiences of mental health and statelessness, as well as to inform potential future research into the mental health needs of this community.

This is an exploratory piece of research that will utilise qualitative methods. Interpretative Phenomenological Analysis (IPA) is a qualitative research methodology developed by Jonathan Smith (2009). IPA is concerned with an individual's particular lived experience and explores how meaning is made of these experiences. It acknowledges that the analysis of the participant's experience is guided by the researcher's interpretation of this. Smith et al., (2009) outline the way in which IPA is underpinned by three core theoretical concepts: phenomenology, hermeneutics, and ideography. Phenomenology refers to the exploration and examination of experiences (or phenomena) that are of importance to the participant and is concerned with an individual's perception of these. Hermeneutics refers to the way in which the participant makes sense or meaning out of these experiences. IPA entails double hermeneutics, as it is concerned with both the meaning the participant makes of their situation, but also the way in which the researcher makes sense of this meaning. IPA is ideographic in that it is concerned about the unique experiences and meanings for each

participant and the methodology allows for in-depth analysis on a case-by-case basis before broader themes across transcripts are generated (Smith et al., 2009).

The research project aims to explore experiences of statelessness and mental health, as well as experiences of accessing mental health services, of Kuwaiti Bidoon people living in the UK.

The research questions that will be addressed are as follows:

1) What are the experiences of statelessness and mental health among Kuwaiti Bidoon people living in the UK?
2) What are their experiences of accessing support or mental health services (where indicated) within the UK?

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Part 2: Empirical Paper

Statelessness and Mental Health Experiences among Kuwaiti Bidoon People Living in the UK: An Interpretative Phenomenological Analysis

Abstract

Aims

The Kuwaiti Bidoon are a group of people affected by statelessness. Estimates suggest thousands of Kuwaiti Bidoon have forcibly migrated to the United Kingdom (UK), however, little is known about their mental health experiences. This study aimed to explore experiences of statelessness and mental health of Kuwaiti Bidoon people living in the UK, and to explore experiences of accessing mental health services (where indicated).

Method

Participants were five Kuwaiti Bidoon people currently living in the UK. All participants attended a semi-structured interview. Experiences relating to statelessness and mental health were investigated using Interpretative Phenomenological Analysis.

Results

Three major themes were generated from the interview data: 1) The Legacy of Statelessness; 2) Hopes and Dreams of a Future; 3) Victims of a System.

Conclusion

Participants shared experiences that spoke to the multitude of ways in which they have been impacted by statelessness, including mental health struggles stemming from their legal status. There was clear toll in navigating the limbo state of the asylum process. Hope and optimism arise for some in the UK, while others suffer devastating consequences from denied claims. Some participants experienced barriers to accessing effective mental health support. There is a sense that systems are ill-equipped to meet the needs of participants and do not tackle the structural inequalities which underpin participants' struggles.

Introduction

An individual is stateless under international law if they are "not considered as a national by any State under the operation of its law" (United Nations Convention relating to the Status of Stateless Individuals, 1954). The Universal Declaration of Human Rights (UDHR) set forth that every individual has the right to a nationality (United Nations [UN], art 15.1), however, it is estimated there are as many as 15 million people affected by statelessness across the globe (Institute of Statelessness and Inclusion [ISI], 2020). Often people are stateless as a result of gaps in nationality laws, as well as divergencies in how citizenship is granted between states (United Nations Human Rights Council [UNHCR], 2012). Nationality laws and policies often discriminate based on ethnicity, race, religion, or gender, and it is estimated that 75% of stateless people are from minority groups (UNHCR, 2017).

Statelessness has wide ranging impacts for those affected. This can include lack of access to identity documents and an inability to register births, deaths, and marriages (UNHCR, 2012). Stateless people are often denied access to education, healthcare, employment, housing, and freedom of movement. Furthermore, they are seldom permitted democratic rights, such as voting or involvement in government. (UNHCR, 2021). They live an extremely marginalised existence and are at risk of exploitation, violence, and persecution, often resulting from the intersection of statelessness and minority group status (UNHCR, 2017). People affected by statelessness thus face extensive human rights violations in contravention of the UDHR and other international human rights legislation, including the International Covenant on Economic Social and Cultural Rights (1966), and the International Covenant on Civil and Political Rights (1966).

Mental health is defined by the World Health Organisation (WHO, 2022) as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community". People affected by statelessness

encounter a wide range of risk factors that can impact negatively on mental health as outlined by the WHO in a report published in 2014. These include structural discrimination and the social determinants of mental health, such as low socioeconomic status and lack of access to healthcare. Furthermore, they often lack protective factors that can strengthen psychological well-being, such as community inclusion, high-quality education, and suitable employment (WHO, 2014).

The Kuwaiti Bidoon are a group of stateless people with an estimated population between 88,000 and 106,000 (Human Rights Watch, 2022). The Arabic phrase *Bidoon Jinsiya* can be translated to 'without nationality' in English and is often shortened to Bidoon, Bedun, Bidoun or Bidun when referring to this group (European Network on Statelessness/ISI, 2019). For the purposes of this report, the term Bidoon denotes the Kuwaiti Bidoon, although there are other stateless groups across the Middle East who are also known by this name.

The dilemma of statelessness faced by the Bidoon can be traced back to 1961, when Kuwait gained independence from the UK and started to register citizens (Lynch & Barbieri, 2007). Over a third of residents (many who came from tribal backgrounds) did not register for citizenship, either because they did not realise the importance of this or they lacked the necessary documentation (Minority Rights Group, 2023). Nationality laws in Kuwait were amended several times over the following decades, making it increasingly difficult for those from the Bidoon community to access citizenship (Lynch & Barbieri, 2007).

Since 1985, the Kuwaiti government have classified Bidoon as 'illegal residents' and perpetuated a narrative of the Bidoon as foreign nationals (Beaugrand, 2019). Following the end of the Gulf War in 1991, in which Iraq invaded Kuwait, many Bidoon who fled for safety along with Kuwaiti citizens were not permitted to re-enter the country. The Kuwaiti government portrayed Bidoon who remained as traitors and as having Iraqi origins, creating a

climate of suspicion, discrimination, and hostility against the community (Minority Rights Group, 2023; Beaugrand, 2019).

As a result of their legal and administrative status as 'illegal residents' in Kuwait, the Bidoon face what has been referred to as structural, systemic, and administrative violence (Beaugrand, 2019). Kuwaiti citizens benefit from wide ranging government services - including free healthcare and education – and economic subsidies, which are inaccessible to the Bidoon (Beuagrand, 2019). Bidoon are required to carry a valid security card, which can be used to access some services, however, these do not match the rights and entitlements those accessible to citizens.

Security card holders can access private education for their children if they are able to afford this (many are unable to due to difficulties accessing legal work). The private education system is reportedly to a lower standard than government schools, contributing to low educational attainment in the community (Beaugrand, 2019). Those with security cards can access some limited healthcare, although there are reports that provision is inadequate to meet need (Human Rights Watch, 2020). Security card holders can access some limited legal employment, although are restricted in the jobs they can pursue. Thus, Bidoon often work in low-paid and informal employment and live in poverty in deprived neighbourhoods (Beaugrand, 2019; Refugees International, 2011). Security cards are not recognised as a form of identification in Kuwait and they do not grant the right to vote, own property, or open a bank account (Beaugrand, 2019).

Bidoon must apply to a committee to renew security cards (sometimes as often as every three-months) and to register births, deaths, and marriages (Beaugrand, 2019). There are reports that when making such applications, Bidoon are pressurised to assume a false foreign nationality and renounce their claim to Kuwaiti citizenship (Home Office, 2021; Beaugrand,

2019). Many from the community do not have a valid security card, either because they refuse to accept a foreign nationality or because they have been labelled as a security threat, are unable to access even basic services and are at risk of persecution and arrest. Some Bidoon who tried to protest their situation in 2008 and 2015 faced arrest and detention (Human Rights watch, 2020; Minority Rights Group, 2023).

Most of the literature pertaining to the Bidoon comes from the fields such as anthropology, sociology, law, and politics (UNHCR, 2021, Blitz & Lynch, 2009). Like other stateless groups, the Bidoon face many structural and social risk factors associated with poor mental health outcomes, however, comprehensive research exploring mental health in this community is lacking. There is some relevant literature that can begin to highlight some of the mental health experiences, however, this is limited and more research is needed.

For example, Bidoon students at Kuwait University interviewed for a qualitative study shared that the course (and ultimately career) they could pursue was limited by their legal status, which led to a deterioration in mood (Alanezi & Alrashidi, 2022). In another study, it was suggested Bidoon adolescents who had experienced disruption to their family unit or had moved neighbourhoods were more likely to report suicidal ideation (Alsaleh, 2014). This was mediated by a lack of attachment to norms within their local community, suggesting that social disconnection may have a detrimental impact on mental health. Political alienation among the Bidoon was explored in another study through the use of surveys which found high levels of powerlessness, isolation, and normlessless (Abu Sulaib, 2020). However, further research is required to establish any association between political alienation and mental health difficulties within the Bidoon community.

Some Bidoon are forced to migrate to other countries in search of rights and protections (UNHCR, 2022). Forced migration refers to the coercive migration of people due to a threat to

their life or livelihood and encompasses stateless people, refugees and asylum seekers (European Commission, 2023). Refugees are defined as any individual who has fled their country of origin and are unable to return based on a fear of persecution. Asylum seekers are those seeking international protection who have not yet been legally recognized as refugees (UNHCR, 2022).

As of 2022, the United Kingdom hosted 231, 597 refugees (approximately 2% of the world total), 127,421 asylum seekers and approximately 5,483 stateless people (UNHCR, 2021). The Bidoon may migrate to the UK and apply for leave to remain (and eventually naturalisation) as asylum seekers based on a claim of persecution in Kuwait (Home Office, 2023a). They can also apply to remain in the UK through a Statelessness Determination Process (SDP), which is independent of the asylum system and based on a claim of statelessness rather than persecution (Home Office, 2023b). However, applications through either of these routes require a high burden of proof (ENS, 2022; UNHRC, 2023) and the wait for a decision on an application can be lengthy owing to backlogs (UNHCR, 2023). It has been estimated in a newspaper article there are between 5000 and 8000 Bidoon people in the UK (Belbagi, 2020). Official Home Office data reporting overall number of Bidoon people in the UK, as well as a breakdown of their immigration status, is unknown (ENS, 2022).

Very little is known about mental health of Bidoon people based in the UK. The UN carried out a participatory assessment with people affected by statelessness who had experience of SDPs in the UK and two of the 12 participants were Bidoon (UNHCR, 2021). While not specifically mental-health related, there were some relevant findings. Those awaiting a decision from the SDP linked the length of time waiting for a decision along with the experiences of going through the legal process with poor mental health, with some of the participants reporting feelings of hopelessness, depression, and suicidal ideation. Indeed, although SDPs have been in place since 2013, as of 2019 only 161 applicants (from all stateless backgrounds) have been

successful in their claims (UNHCR, 2020). ENS note flaws in the SDP decision-making process, which may account for their low success rate (2022).

In the absence of comprehensive research exploring mental health of Bidoon people in the UK, broader research with other stateless groups and marginalised communities can be drawn upon. Research with asylum seekers and refugees suggests that incidence of depression, post-traumatic stress disorder (PTSD), and anxiety disorders, are higher in this community that in the general population (Bogic et al., 2015). There are pre-displacement factors (including trauma and experiences of persecution) that can impact negatively on mental health (Davidson et al., 2008).

These may partly explain the higher incidence rates of common mental health difficulties, however, the challenging post-migratory context encountered by forced migrants should not be overlooked. There are multiple post-migratory factors that are associated with poorer psychological wellbeing, including: housing and financial difficulties, unemployment, social isolation and separation from family, and difficulties navigating the asylum process (Li et al., 2016). Regarding the asylum process, length of waiting time to receive an asylum decision has been shown to be associated with poor mental health (Hvidtfelt, 2020), as has the impact of a rejected asylum decision (Jakobsen et al., 2017).

At present, there is no research into the particular mental health experiences of Bidoon people in the UK and how these relate to experiences of statelessness. There is also no current research exploring the experiences of this community in accessing support or mental health services in the UK. This research will seek to fill this gap and aims to inform professionals working with Bidoon people about experiences of mental health and statelessness, as well as to inform potential future research into the mental health needs of this community.

The research questions that will be addressed are:

1) What are the experiences of statelessness and mental health among Kuwaiti Bidoon people living in the UK?
2) What are their experiences of accessing support or mental health services (where indicated) within the UK?

Method

Consultation with community partners

Members of the UK-based Bidoon community (as well as those working closely with the community) were consulted on the project. The Bidoon are a marginalised group in the UK to which the researcher does not belong. Therefore, this consultation with community partners was important to ensure the voices of those from this group were involved in the design of the research project. Four meetings were held and participants were paid in line with reimbursement rates set by the National Institute for Health and Care Research (2022).

These meetings provided a way to establish a professional relationship with these community partners in order to clarify the research question and aims. This was done with an intention to make the research as meaningful as possible and to best understand the mental health needs of Bidoon people in the UK. Advice was also sought on how to best engage members of this community – some of whom live an extremely marginalised life in the UK – in the research and facilitate recruitment. The information sheet and interview schedule were also amended based on suggestions from the meetings.

Recruitment

Links were established with community partners, community organisations, charities, researchers and non-governmental organisations who work with Bidoon people in the UK.

These organisations were briefed on the aims of the study and eligibility criteria after which, they invited potential participants to take part in the study.

IPA requires some homogeneity between participants in that they should share a common experience and therefore lends itself to a purposive sampling approach (Smith, 2009). This is a non-probability sampling method that is employed when it is necessary to recruit participants with characteristics to meet the aims of the study.

Eligibility criteria

Participants were eligible to take part in the study if they 1) identified as Bidoon, 2) were born in Kuwait, 3) are currently residing in the UK, and 4) were over the age of 18. The study was open to participants who held any UK-immigration status, including current asylum seekers, refused asylum seeks, refugees, or were involved in statelessness determination processes (SDP). The study was open to both English and non-English speakers.

Participants

The recommended sample size for IPA is between 4 and 10 participants (Smith et al., 2009). Due to the idiographic nature of IPA (its concern with understanding the particular nature of a phenomenon in a particular context), a sample of this size is sufficient as it allows for the detailed analysis of each transcript as well as the analysis across the transcripts.

Eight people were originally recruited to the study, however, three people dropped out. Two people expressed concerns about the interviews being recorded and the possibility that their anonymity would be breached, and they therefore withdrew their consent. One person did not turn up to an arranged interview and it was not possible to get in touch with them afterwards to find out their reasons for this, or to reschedule.

Five people participated in the study, four men and one woman. Ages of the participants ranged between 20 and 60 years old, with a mean age of 33 years old. Specific ages of the

participants are not provided in order to ensure those who took part are not identifiable, and it is also for this reason that information has not been provided on how each participant was recruited.

Those who took part held several different immigration statuses. One participant was a British Citizen, having sought asylum in the UK and been granted refugee status. Two participants were asylum seekers who were awaiting the decision of their claim at the point of being interviewed. Two of the participants were refused asylum seekers whose claims had been rejected. Two of the participants were fluent English speakers and their interviews were carried out in English. Three of the participants required an Arabic interpreter.

Use of interpreters

Many of the Bidoon living in the UK do not speak English and a decision was made to include these participants as they likely represent some of the most marginalised members of the community. It therefore felt important to have their voices represented in the research. However, when this was weighed up against excluding those who are most voiceless, a decision was made to not exclude on the basis of English language skills and steps were taken to mitigate any loss of meaning through translation. In the case of non-English speakers recruited to the study (three in total), an Arabic interpreter was used.

In order to mitigate the risks of mistranslation, the same professional interpreter (who has prior experience of working with members of the Bidoon community in a healthcare setting) was used for all of the interviews. The interviewer asked the question in English and this was translated into Arabic by the interpreter. The participant then answered in Arabic, which was translated by the interpreter into English. It is this translation into English by the interpreter that was transcribed into written English and used for the analysis.

The interpreter was briefed at the beginning of the interview to try to stick as closely to the participants words as possible and directly translate these. At the end of the interview, a debrief was held with the interpreter to discuss anything culturally meaningful that may be important for the analysis but was at risk of being lost in translation.

Procedure

Participants who expressed an interest in participating in the study were provided with information about the study. English speakers were given an information sheet that stated the key aims of the study and the study protocol (see Appendix 1) Arabic speakers were provided with a pre-recorded video of an oral information sheet being read in Arabic and also given the printed information sheet in case they wished to review this with friends or family who spoke English (see Appendix 2).

Participants gave consent prior to participation via a consent form (see Appendix 3). Where required (e.g. due to literacy reasons), oral consent was gathered in lieu of written consent for the project in which the researcher read out the consent form with the assistance of the Arabic interpreter and this was recorded and stored for the duration of the study. Participants were offered a choice between an in-person interview, or a virtual interview over MS Teams. All of the participants opted for a virtual interview due to the convenience this afforded and the lack of travel required to attend online.

Interviews were conducted by a trainee clinical psychologist, under the supervision of a qualified clinical psychologist who has significant experience working with refugees, asylum seekers, and other marginalised groups. Participants were informed of the limits of confidentiality of the study, meaning that identifying information pertaining to the participants would only be shared with other services if the researchers had reason to suspect the risk of significant harm to the participants or to anyone else. Ultimately, no issues arose that resulted in confidentiality of the interviews being broken. Participants were advised that they were

under no obligation to participate in the study, that they could choose to stop the interview at any time, and that taking part would not impact their immigration status or case in any way.

Interviews were semi-structured, meaning an interview schedule was used (see Appendix 5). The interview schedule included broad questions drawn from relevant literature and clinical experience. It was developed in collaboration with the joint project partners and the research supervisor. There were prompts under each question that encouraged elaboration and allowed for exploration of topics important to the participants. Once the interview schedule was developed, it was reviewed by the community partners, who made recommendations about the content and language. Following the first interview, minor amendments were made to the interview schedule (e.g. changes to some of the language, inclusion of different prompts).

Participants were provided with a £20 voucher as reimbursement for their participation in the study. Following the interview, participants were offered a debrief and provided with information about relevant support services. Participants were also given the contact details for the research supervisor, who has considerable experience working with marginalised groups. If they were impacted by any of the material covered in the interview, they were invited to contact the supervisor to discuss where they could access further support.

Analysis

The analytic approach employed was Interpretative Phenomenological Analysis (IPA) (Smith, 2009). This approach was chosen as it allows for the in-depth exploration of experiences. IPA was used to explore experiences of statelessness and mental health within the Kuwaiti Bidoon community in the UK, as well as the meaning and understanding given to these experiences. IPA is rooted within each participants' personal experience as well as highlighting convergent and divergent themes across participants. The interpretation is two-fold as it based

on how participants make sense of their experience, as well as how the researcher makes sense of this (Smith, 2009).

MS Teams produces an automatic transcript (in English only). To prepare the transcript for analysis, each interview was listened to and amendments made to the transcript as necessary. The analysis followed the six stages set out by Smith (2009): 1) reading and re-reading; 2) initial coding; 3) developing emergent themes; 4) searching for connections across emergent themes; 5) moving to the next case; and 6) looking for patterns across cases.

1. Reading and re-reading

Each transcript was read through once while the researcher listened to the recording of the interview. Transcripts were then re-read multiple times to ensure familiarity and immersion in the data.

2. Initial coding

Notes and commentary on the interview were made on a line-by-line basis. Comments were added that described important objects and their meaning (such as relationships, processes, places, events, values, and principles). Attention was paid to the language used by participants, which aided the researcher to make sense of the meaning-making of participants. Finally, comments were made that were more conceptual in nature and that offered a change to explore abstract concepts beyond the explicit (see Appendix 6).

3. Developing emergent themes

Patterns and interrelated concepts across each transcript were noted. Themes took the form of a phrase that aimed to provide a conceptual summary on a more abstract level, while still maintaining closeness to the participants' experience and meaning (see Appendix 6).

4. Searching for connections across emergent themes

Emergent themes were analysed altogether to establish their interrelatedness to one another, and hierarchies were used to establish and highlight the most essential elements of the participants' transcripts.

5. ***Moving to the next case***

Steps 1 to 4 were repeated with all of the transcripts, with the aim of trying to analyse each transcript independent of the others to ensure the uniqueness of each case was persevered.

6. ***Looking for patterns across cases***

Major themes were generated which spoke to the patterns present across cases (see Table 1 and Appendix 7). These major themes aimed to provide a balance between capturing the commonalty across all the participants, while still ensuring each participant's story was present. The major themes were further divided into sub-themes and not all participants contributed to all of the sub-themes (Smith, 2009).

Reflexive statement

I am a woman of mixed British and Lebanese ethnicity, and a British citizen. I am cis-gendered, heterosexual, and do not follow any religion. I have lived in the UK for most of my life and in Saudi Arabia for a few years as a child. I am not an Arabic speaker. I have been employed in NHS mental health services for several years. As part of this, I have worked with asylum seekers and refugees and this prompted my interest in this topic, in addition to my family history. Lebanon is a country that has suffered many wars and conflicts, and there are many Lebanese who have forcibly migrated to other countries as a result of this. This, along with direct experience of a family member navigating the UK immigration system (albeit not the asylum route), further encouraged me toward this area of research. I am a trainee clinical psychologist at a university in London. Many of the psychological models on this training are rooted in Western concepts of mental health, which have likely informed my thinking about this research.

I undertook a bracketing interview prior to the data collection (Rolls & Relf, 2006). The purpose of this interview was to explore my own response to the research question, and I might hold, as well as to highlight my subjectivity and encourage reflexivity (Finlay & Gough, 2008). I documented the research process in a journal to encourage a reflexive approach to the analysis (Vicary, Young & Hicks, 2017).

Results

Three major themes were generated: 1) The Legacy of Statelessness; 2) Hopes and Dreams of a Future; and 3) Victims of a System. Each major theme comprised several sub-themes. Table 1 delineates each of the major themes, sub-themes and example participant quotes. A master table of themes can be found in Appendix 7.

1. The Legacy of Statelessness

All participants contributed to this major theme, which captures experiences relating to the legacy of statelessness. Now resident in the UK, statelessness continues to influence the lives of the participants. Struggles are rooted in past experiences and the way in which these have shaped their sense of themselves, their difficulties, and their place in the world. The sub-themes are: 1.1.) Sense of self; 1.2.) Mental and emotional strain; 1.3.) Existing rather than living; 1.4.) "Scattered selves"; and 1.5.) Silenced.

1.1. Sense of self

All but one of the participants spoke about their sense of self being formed by growing up as a member of the Bidoon community. For Participant Two, being deprived of human rights in the form of access to basic services led to his sense of self as non-existent.

"We don't exist. Uh, we're not allowed to have any rights in education, work, medical care…"

Table 1. *Major themes: constituent sub-themes and participant contribution.*

Major Theme	Sub-theme	Participant Contribution				
		One	***Two***	***Three***	***Four***	***Five***
1. The Legacy of Statelessness	*1.1. Sense of self*	x	x	x		x
	1.2. Mental and emotional strain	x	x		x	x
	1.3. Existing rather than living		x		x	
	1.4. "Scattered selves"	x			x	x
	1.5. Silenced	x		x		
2. Hopes and Dreams of a Future	*2.1. Changing location, changing perspective*	x	x			x
	2.2. Empowered by a cause	x	x	x		
	2.3.1. A failed promise: "Two hits on the head is more painful than one"		x		x	
	2.3.2. A failed promise: State of limbo	x	x			x
3. Victims of a System	*3.1. Barriers to accessing mental healthcare*		x	x	x	x
	3.2. Painful discriminatory experiences		x		x	
	3.3. Belonging and connection despite discrimination	x		x	x	x
	3.4. Beyond the individual	x		x		

Participant Three labelled himself a “second-hand person”. He makes sense of this by comparing himself to Kuwaiti citizens who had rights and access to services not permitted to the Bidoon in Kuwait.

“We were marginalized. We knew that we were like you know, second hand people, you know. Does that make sense? And that mentality continued.”

1.2. Mental and emotional strain

Most of the participants shared that their experience of statelessness was associated with current distress. For Participant One, there was a dominant narrative of threat present in his story. There is a sense that the past intrudes into the present. It seemed that he understood this as related to his past traumatic experiences of imprisonment.

“I left Kuwait and from that time until that moment I had problems. I shout a lot when I'm sleeping […] You know, but sometimes I feel I feel someone is chasing me, you know, sometimes I hear I hear strikes and I hear I hear like cries…”

Participant Two used the concept of “depression” to make sense of his experiences. It seemed that he made sense of “depression” as a response to feeling powerless and hopeless.

“It left me with depression […] which is I'm aware, a feeling that is completely different to sadness. Depression to me, mean that the problem is I decided to fight and to use all my powers, my energy, all I can to not accept […] The problem is every time I try to do something to change the situation, I end up on my own. I'm uh, nothing is coming out of those attempts.”

Participant Five was consumed by distressing thoughts about the predicament of family members in Kuwait and described making efforts to remain in the company of others to avoid these thoughts occurring.

“When I spent a long time on my own, that means I will start to think a lot to miss my family a lot, to feel upset that I’m away from my family and that they’re not in a good situation.”

1.3. Existing rather than living

This theme describes the experience of two participants, both of whom were refused asylum seekers. They shared a sense of disengagement with life, shaped by their experiences of statelessness in Kuwait and the UK.

Participant Two described a state of powerlessness and a resignation to fate. He is discouraged from trying to do more to change his situation as his past attempts have taught him that attempting any change is futile.

"…the feeling I have at the moment is very uh, very weird because I know that I can't change anything. It's something out of my power out of my control and nothing I can do with change their minds or change the way they treat us."

For Participant Four, any desire for a better life has been extinguished. He had early-life experiences of deprivation, which are still impacting him in the present day.

"I lost all kinds of motivations and all kinds of desires. Uh, to live a meaningful life. I was deprived of education. Away from my family, I'm still not married. I don't have children. I don't have, uh that the capacity to have a good job here. I don't know the language."

1.4. "Scattered selves"

Most participants spoke of a longing for who or what they had left behind in Kuwait, and there was a sense of something having been lost. As a result of the immigration law in the UK and Kuwait, they were unable to access what had been left behind. Participant One used a powerful metaphor, describing himself as a "scattered self". He understands himself as incomplete unless united with his family.

"I think I'm scattered, you know, I all the time I'm thinking about my father that even when I now, when I'm thinking even if my case is accepted by the Home Office, even if my family came here. I still, part of me in Kuwait because of my other family members, who, impossible to come, all of them here."

Participant Five spoke to a longing for the culture and religion left behind. There is a sense that perhaps her values are better represented by Kuwaiti culture and she doesn't feel at home in British culture and customs, which has made life in the UK more challenging.

"The thing that I favoured about back home in Kuwait is that I was surrounded by a more Islamic and conservative community. So I felt more comfortable around that community, especially that I knew I'm in my country and with my family…"

1.5. Silenced

Two of the participants spoke of being silenced. Even having left Kuwait, there was a limit to how much they felt they could speak freely. Underlying this, there was a sense of being controlled by the Kuwaiti government. Participant One spoke of a fear for his family impacting on his actions. It seemed that he felt he must censor himself.

"Whatever you do here affects your family there, so you need to be careful."

For Participant Three, there was a sense of frustration at being silenced that was in contradiction with his sense of identity as a British citizen. Even when no longer stateless, he was not afforded the same rights to express himself as other British citizens. This is because he continues to worry about repercussions towards family in Kuwait should he talk freely about the plight of the Bidoon and his British citizenship will not protect him from this.

"It's very stressful. You know, I, even if you become a British person, OK, then you say, OK, everything we pass. I'm not stateless anymore. But why am I still being controlled, and I can't express, I can't even talk about my cause."

2. Hopes and Dreams of a Future

All participants contributed to this major theme, which captures the sense of hope, as well as the reality, that accompanies a move to the UK. Hope was a powerful state of mind that empowered participants to seek a different life in the UK and to keep fighting for change. When hope was dashed, often due to refused asylum claims, the impact was devasting. The sub-themes are: 2.1.) Changing location, changing perspective; 2.2.) Empowered by a cause; 2.3.) A failed promise.

2.1. Changing location, changing perspective

Three participants experienced a shift in perspective associated with their move to the UK. Participant One spoke about how therapy enabled a shift in his self-narrative from victim to survivor. It seemed this process highlighted his strengths and allowed him to see himself in a more positive light.

"…in the beginning [of therapy], I was like kind of, you know externalizing what I have internalized in Kuwait. So the first two sessions, I was kind of showing myself as someone who was like, victimized, my CBT [therapist] was say so what you're strong person? No, no. Like it was like very empowering, I think."

For Participant Five, coming to the UK helped her to become 'unstuck' from her previous position as a person with a lack of agency, and assume a different perspective which was more hopeful. Her story contained a contrast between a life with a lack of prospects in Kuwait to one that is more hopeful and purposeful in the UK.

"… I found like my life has changed and now I can have aspirations and hopes and I became hopeful […] I now can have hopes and aspirations always happy. I like to go outside. I like to join gatherings and be around people, especially to learn from them and learn new things […] I have to explore options of jobs I can do."

2.2. Empowered by a cause

For three of the participants, fighting for rights for their community was empowering. The humanity of participants was not recognised when basic rights were deprived in Kuwait or the UK, however, a cause offered something protective as it nurtured a sense of hope. Participant One expressed a need to speak truth to power that underpinned his decision to challenge the discrimination he has faced by government.

I am not, you know, inciting violence. Nothing. I'm just. I have very constructive points of view, if you like to listen to them, OK? So this is what I want to challenge […] I will never give up on my project, you know to continue speaking up because really there is a big job waiting…"

Participant Three was empowered by a cause which was to help others in the community. It seemed like he felt he had a duty to help others and placed a high value on this. There is a sense of optimism that he can be the change he wants to see in the community.

"This is a personal experience. I don't see other people empowered to do volunteer work. This is totally personal. For me. And simply as a person who wants positivity. That's how I was empowered. I want to do something good for these people. I see that these people are struggling […] And that for me, was a was more than enough to have some social responsibility and being empowered."

2.3. A failed promise

This sub-theme captures the experience of moving to the UK and the expectations as well as the reality of this move. There are two sub-themes: 2.3.1.) "Two hits on the head is very painful"; and 2.3.2.) State of limbo.

2.3.1. "Two hits on the head is very painful"

Two of the participants contributed towards this theme, which described a compounding of disappointment. Both of these participants had been refused their asylum claim in the UK. Participant Two spoke of the trauma of growing up as Bidoon in Kuwait and all that entailed, as well as the trauma of daring to dream for a different life in the UK and that not materialising. He shared painful experiences of marginalisation and alienation in the UK, further to those faced in Kuwait. He gave a powerful metaphor to describe this situation.

"I thought that I will go somewhere else. Where people, where people see me as a human and treat me as a human. […] Back home in Kuwait. Now here in the UK. We have a saying in Arabic, it's two hits on the head is very painful. And now I had the two hits, one back home and one in the UK."

For Participant Four, there is a palpable sense of disappointment and hopelessness after striving for a better life and being thwarted by the UK asylum system.

"… in Kuwait, yes, I was struggling, but I had a hope that one day I will leave this country and maybe start again. But when I came to this country hoping that I will build up a new life, new future and they declined me, they ruined everything, and I became hopeless."

2.3.2. State of limbo

Three of the participants spoke of their experience of being in the UK asylum system as a state of limbo. Participant Two used a powerful metaphor to describe this experience. He described feeling stuck between denial of human rights in Kuwait and refusal of asylum in the UK.

"Umm things are getting like overwhelming and suffocating more and more over the time I feel like I'm in the middle of her river, I can't jump to the ground and I can't continue."

For Participant Five this feeling of being in limbo was manifested through a lack of urgency on the behalf of statutory services to access healthcare.

"I'm very upset and scared because I have a problem, an illness and I need the treatment for this problem […] I want my status to be able to work and money and then have this treatment."

3. Victims of a System

All participants contributed to this major theme, which captured the experiences of navigating statutory services in the UK (such as the NHS, immigration, and housing). Experiences were shared of systemic and structural failings, as well of genuine human connection that fostered positive wellbeing. There is a sense that mental health care services are not equipped to address structural causes of poor mental health, and at times, could do more harm than good. The sub-themes are: 3.1.) Barriers to accessing mental healthcare; 3.2.) Painful discriminatory experiences; 3.3.) Belonging and connection despite discrimination; and 3.4.) Beyond the individual.

3.1. Barriers to accessing mental healthcare

Four of the participants experienced barriers to accessing mental healthcare. In his role supporting those in the community, Participant Three had undertaken a Mental Health First Aid course and his perspective on mental health had been shaped by this. He shared a view that others in the community may be discouraged from seeking support from mental health services as a result of cultural notions of mental health treatment as shameful. He emphasises the word "shameful" and there is a sense he is trying to understand the perspectives of others in the community as he speaks.

"…it's shameful basically. They say it's shameful, I don't know why, that's from the people that I know. That's shameful, they see it as shameful. Shameful."

For Participant Four, there was a sense that the support he did receive came too late. Underpinning this is a notion that support services do not fully understand the plight of asylum

seekers in the UK and the importance of the asylum interview. There is frustration expressed at the rigidity of services in the UK.

"…I started to have a mental health care 18 month after my [asylum] interview. I had my interview one month after arriving in the UK, which was pointless because yeah, that interview was the most important thing for me as a refugee or asylum seeker, and I was wishing to be helped. Beforehand, not after."

For Participant Five, there was a lack of knowledge about how to access support services in the UK. There is perhaps a sense it is taken for granted that everyone knows how to navigate the system.

"I don't know how to access the mental health services […] I think I can ask my family here in the UK or I can contact my GP."

3.2. Painful discriminatory experiences

Two of the participants spoke of experiencing discrimination when accessing statutory services in the UK. For Participant Two, feeling rejected by health services led to his rejection of health services. These experiences may perhaps mirror experiences of discrimination faced in Kuwait, exacerbating his pain.

"…I said I'm drowning in my blood. I, I understand English but not to the level that I can express myself fully all the time. Umm. And when I said that he his answer and to make the other girl with him laugh, he said then you can hold on to the ceiling so you don't drown. Umm. And they laughed. And when I, I said I'm sorry I called the ambulance. He didn't like the way I pronounced the word ambulance, so he made fun of this as well. So why would I share my feelings with someone?"

Participant Four experienced racism at the hands of the UK Home Office and he is plagued by memories of this.

"I thought that my life is my life is 100% destroyed. Specially because of the way I was treated by the Home Office, their stubbornness and their cruelty, and part of it, I think, was racism as well. I can remember all the details about that. A member of staff in the Home Office who was very, very racist and the way he talked to me how he looked, the, the insults and how he treated me are the still stuck in my head and I still remember all the, those details very well until this moment."

3.3. Belonging and connection despite discrimination

Most participants contributed towards this theme, which described experiences of belonging and connection despite the experiences of discrimination. Being recognised as a

human, as an equal, and having genuine and meaningful connection with others can provide an antidote to the systemic dehumanisation perpetrated by governments.

Participant One spoke of being reminded of his essential humanity through engagement with healthcare services.

"So as I told you, mental health. First of all, gave me a kind of reassurance that I am a human being. Uh, because I was deprived from healthcare in Kuwait and when I see someone in the UK offering me their help, you know this is a good feeling, you know? That I'm not alone. I am not abandoned…"

Participant Four spoke of a strong desire to feel heard by another human, especially when feeling isolated following his move to the UK. In this regard he found therapy helpful, and this contrasted with feeling uncared for by the wider healthcare and immigration systems. Individual connection can inform the recovery of participants and their perceptions of their situation.

"The mental health support that I received was to find someone to talk to in the session. Yes, it was a temporary and the small and limited improvement, but it was essential for me at that point of time. That I'm now having support and someone that cares […] When I talk to them, I feel like I'm talking to my friend and that this is someone who is listening to me, who's offering the space for me to share my feelings, and they're offering their sympathy."

3.4 Beyond the individual

Two of the participants spoke of their experiences of finding mental health services to be ineffective when they had sought help and a belief that mental health systems should do more as statutory services to challenge the system and work outside of the individual.

Participant One shared an experience of feeling suicidal and calling a suicide support service. He expressed frustration at limits of the system and towards agencies that work in silos. There is an expectation that the individual should be able to navigate these systems and little acknowledgment made of the barriers. He felt let down and discouraged from help-seeking.

"…the least I would expect is the person would call the police and said, excuse me, try to help this person. Try to call the authorities. Try to call the Home Office call anyone. Because this is a human beings life. But when they say sorry, we can't do anything with your asylum, we can't do anything with your paperwork. There's like you know, So what you know. That discouraged me, actually."

Participant Three spoke of the struggles that other members of his community face, referencing the social and structural inequalities individuals have encountered. Implied within his perception is that mental health should not be rooted within the individual, but within consideration of the wider socio-political context that may have led to their distress.

"Most of the time they have a psychological problem. And that's in the UK, I'm not talking about, uh, Kuwait […] I think it's a sad feeling when you feel left out, simply. You know, as a stateless person in the UK. And most of us, let's say the parents' generation, they lack a proper language. They lack experiences. They don't know enough. That's why a lot of them, they prefer to go to, to stay on the benefits and do bad work, like low wages."

Discussion

This study aimed to explore the experiences of statelessness and mental health of five Kuwaiti Bidoon people living in the UK, as well as experiences of accessing mental health support services (where indicated). Five individuals were interviewed for the study and data analysed using IPA. Three major themes were generated: 1) The Legacy of Statelessness; 2) Hopes and Dreams of a Future; 3) Victims of a System.

1. The Legacy of Statelessness

Experiences portraying the lasting legacy of statelessness were captured by this major theme, which comprised five sub-themes: 1) Sense of self; 2) Mental and emotional strain; 3) Existing rather than living; 4) "Scattered selves"; and 5) Silenced.

All of the participants shared experiences that indicated the myriad of ways that statelessness had impacted on their mental and emotional wellbeing throughout their lives. They continue to suffer distress linked to their statelessness in the present day, no matter their current legal status (and whether or not they remain stateless) in the UK. This is sometimes compounded by post-displacement factors experienced in the UK, such as separation from family members in Kuwait. While stateless in Kuwait, participants encountered human rights violations – including denial of citizenship, healthcare, education, employment – that led to

extreme social and economic disadvantage. Thus, participants experienced many risks associated with the social determinants of mental health (WHO, 2014).

These experiences, which started from birth for the participants, appeared to have a formative impact on participants sense of self as adults, as well as ongoing mental and emotional strain. This could perhaps be viewed through an adverse childhood experiences (ACE) lens (Boullier & Blair, 2018). ACE's are undesirable events in childhood which broader research suggests can impact negatively on physical and mental health outcomes in later life (Petruccelli, 2019). As a result of social and economic disadvantages faced, many from the Bidoon community may have been exposed to multiple ACE's (Boullier & Blair, 2018; Nurius et al., 2012).

Take for example, parental mental illness. Experiencing daily stressors associated with statelessness may have led to mental health difficulties in parents that were untreated due to lack of access to healthcare (WHO, 2014). The prospect of intergenerational trauma within Bidoon families may also contribute to the lasting legacy of statelessness between generations. Intergenerational trauma refers to the way in which trauma-related symptoms are passed down to the descendants of older generations who have experienced trauma (Menzies, 2010). Thus, it may not be solely the stateless legal status that is passed on, but also the associated traumatic impacts of this. However, further research exploring intergenerational trauma within the Bidoon community is required.

2. **Hopes and Dreams of a Future**

Experiences portraying hopes and dreams of a future were captured by this major theme, which comprised three sub-themes: 2.1.) Changing location, changing perspective; 2.2.) Empowered by a cause; and 2.3.) A failed promise.

For three of the participants, the move to the UK facilitated a shift in perspective about their situation and prospects. They became more hopeful and optimistic about the future. Broader research situated outside of the Bidoon community suggests hope can predict well-being (Gallagher and Lopez, 2009). Hopefulness may therefore have had a positive impact on the mental well-being of participants. However, while there was hope, there was also waiting and uncertainty associated with an ongoing asylum claim.

This was captured by the sub-theme 'State of limbo' to which both asylum seekers and rejected asylum seekers alike contributed. Waiting in limbo for the outcome of an asylum decision can cause a feeling of uncertainty and anxiety, due to the fear of being sent back to an unsafe or life-threatening situation (Stewart, 2005). The participants face the prospect of a challenging future if their claims are not accepted. Due to their stateless status, they would not be accepted back to Kuwait and they cannot travel to any other country due to their lack of documentation. They are at risk of detention or living in the UK as a refused asylum seeker. The participant who was a British citizen did not contribute to this theme, perhaps reflecting the protective impact that a positive asylum decision can have.

There was a sense that the Home Office and immigration systems in the UK operate with a lack of urgency, which highlights the impact that the asylum backlog (UNHCR, 2023) may have on participants. One participant spoke to the particular impact on her physical health, which exacerbated feelings of anxiety. Other research suggests longer waiting times for an asylum decision can lead to worse physical health outcomes (Phillimore and Cheung, 2021), and findings for this study support the need for timely asylum processes and ability to access adequate mental and physical healthcare during this time.

Those participants whose claims had been refused experienced a compounding of disappointment. This is best summed up by Participant Two's statement "Two hits on the head is very painful". Expectations of a new life and opportunities in the UK, which had first created

hope, soon gave way to the reality of an asylum claim refusal and a state of hopelessness. Hopelessness is associated with depression (Rholes et al., 2011) and increased suicidal ideation (Beck & Steer, 1993). Other studies have shown that refused asylum seekers have worse mental health outcomes (Jakobsen et al., 2017) and that difficulties persist over time, whereas those whose claims are granted show improvements (Silove et al., 2007). Refused asylum seekers are less likely to access support for their mental health, even though a negative asylum decision predicts depression and anxiety (Silove et al., 2007).

3. Victims of a System

Experiences portraying interactions with statutory and other support services in the UK – both at a structural and individual level – were captured by this major theme. It is comprised of four sub-themes: 3.1.) Barriers to accessing mental health services; 3.2.) Painful discriminatory experiences; 3.3.) Belonging and connection despite discrimination; and 3.4.) Beyond the individual.

Some participants encountered barriers to accessing mental healthcare that were structural in nature, including delays to accessing treatment as a result of waiting times. One participant reported lacking information about how to access services. Another described how cultural notions of mental health (an emphasis was placed on shame) may deter others in the community from accessing support.

Similar findings were found in a systematic review exploring barriers to accessing mental healthcare in refugee communities (Byrow et al., 2020). Barriers were categorised as either: 1) cultural; 2) structural; and 3) those specific to being a refugee (Byrow et al., 2020) and literature supports the call for provision of care that is culturally responsive and easily accessible (Baarnhielm et al., 2017). The cultural barriers pertinent to the Bidoon are specific to their particular context. Therefore, more research exploring cultural perspectives towards mental health and help seeking within the Bidoon community would be of benefit.

There are several factors that may be important in helping to overcome barriers that were generated from the analysis. Sandhu et al., (2013) explored barriers to care in a study with mental health professionals who work with marginalised groups, including asylum seekers and refugees. The importance of outreach was highlighted as a way to build trust, with many participants highlighting that these groups typically would not trust statutory services. They identified trust could be built through referral through peer recommendation and through not requesting documentation. They identified four aspects of good practice: 1) outreach; 2) facilitating access to services; 3) communication; 4) disseminating information. This could potentially offer a framework to help overcome some of the barriers faced by Bidoon people living in the UK.

Participants spoke to painful experiences of discrimination from individuals working within government services. Discrimination within the system must be addressed. It is a risk factor for physical illness (Cuevas, 2020) and racial discrimination is associated with feelings of guilt, anxiety, and hypervigilance (Carter and Forsyth, 2010). Research suggests that those who have experienced discrimination in a healthcare setting find it more difficult to build a trusting relationship with professionals (Progovac, 2020), which may explain one of the participants' reluctance to seek support from mental health services following his experiences of discrimination. Those who face discrimination may turn to friends and family for support (Carter and Forsyth, 2010). However, if seeking mental health treatment is perceived as shameful, individuals may not seek help from their family, leaving them unsupported.

The findings also call into question the suitability or capability of mental health services to address difficulties which are structural in nature. Mental health care located outside of the individual and that encourages community engagement may be of value (Baarnheilm et al., 2017) and future research exploring interventions of this nature would be of benefit. Long-term

solutions may come from not supporting individuals, but by addressing the political and legal mechanisms that have made the Bidoon vulnerable in the first place (Stewart, 2005).

Limitations

This project had a number of limitations. Although eight people were recruited to the study, only five participants took part. Two people withdrew their consent as a result of the request to record interviews. They were concerned that their anonymity could be breached and that family in Kuwait may face repercussions if they were identified as having participated in the study. They were offered further explanation about how their data would be stored securely and justification for the use of recording. However, upon reflection it may have been preferable to provide more opportunity to discuss these concerns and consider alternative solutions prior to the interviews. For example, offering to transcribe the interviews by hand in the interview rather than taking a recording may have solved this dilemma. In addition, community partners could have been consulted for advice on how to approach discussions about recording.

Although participants identities were anonymous, some people were deterred from taking part due to the risk they may be identified. Thus, the sample may have been biased towards those who are advocates within the community, are vocal about the plight of the Bidoon, or who are engaged with community organisations. Recruitment may not have reached those who are most marginalised as a result of this. Furthermore, the sample was majority male. Only one woman participated in the study, meaning that female perspective and experiences were under-represented. This may reflect specific cultural barriers to taking part in research (Al Subeh & Alzoubi, 2020), which should be considered when recruiting for any future projects with this community.

Three of the interviews were conducted through an Arabic interpreter. Steps were taken to reduce mistranslation, including: using the same interpreter who has experience in mental

health settings; giving instructions to interpret the participant's own words as closely as possible; having a debrief with the interpreter to discuss anything culturally or lingually significant that may have been lost in the translation. However, despite this, it is acknowledged that the translation of Arabic into English runs the risk of a lack of accuracy. There may also have been a loss or misunderstanding of the meaning imbued by the participants, which is integral to IPA. Additionally, the interpreters meaning may have inadvertently permeated the translation, which might have compromised the analysis.

It was determined important to still include these participants as non-English speakers are likely to be amongst some of the most marginalised Bidoon people in the UK, and it was therefore important to give them a voice in this study. Additionally, excluding non-English speakers would have been another barrier to recruitment and may have meant that the project was not feasible. However, steps could have been taken to minimise the impact of using an interpreter on the analysis. For example, a second interpreter could have provided a written transcript in Arabic and then translated this into written English. This could then be cross-checked against the spoken English transcription to determine accuracy of the translation. The translation could also have been checked with the participant in a follow-up call and this taken into consideration within the analysis. These steps were not taken due to time and budget constraints, however, could be incorporated in IPA research with non-English speakers from the Bidoon community in the future.

Future directions

The current research project has generated many future avenues for potential research involving Bidoon in the UK. Further qualitative research could explore cultural attitudes and understandings of mental health as there was not scope to explore these fully within the current study. It would be beneficial to further explore perspectives on mental health treatment and attitudes towards help-seeking, as well as experiences reflecting the intergenerational impact

of trauma within Bidoon families. Research that seeks to recruit more woman participants would be valuable in order that their experiences are represented.

Implications

This study has potential implications for professionals working to support Bidoon people in the UK and beyond. This includes both mental and physical health professionals working with the NHS and other organisations, as well as third-sector organisations. This study may help to raise awareness of the particular context of Bidoon people, and how their previous experiences of statelessness may impact on mental health and engagement with mental health services. Furthermore, it has illuminated experiences navigating the limbo-like UK asylum system and the detrimental impact this can have on mental wellbeing. Tailored mental health support for asylum seekers that is timely and understands the asylum system is vital. Mental health professionals working with Bidoon people in the UK must understand the strain caused by this system and account for experiences of statelessness pre-and post- migration that may impact on applicants' mental health.

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Appendices

Appendix 1: Participant information sheet

Research Department of Clinical, Educational and Health Psychology

PARTICIPANT INFORMATION SHEET

UCL Research Ethics Committee Approval ID number: 21409/001

Title of Study: Experiences of Statelessness and Mental Health within the Kuwaiti Bidoon community: An Interpretative Phenomenological Analysis

Researcher: Sana Zard, Trainee Clinical Psychologist, [redacted] Principal Researcher: Dr Francesca Brady, Clinical Psychologist, [redacted]

We would like to invite you to take part in this study. Before you decide whether you want to take part, it is important for you to understand what the study involves and why we are doing it. You will be given a copy of this information sheet to keep. The information below will help you to make your decision. Please ask the research team if there is anything unclear or if you would like more information.

What is this study about?

The study is being carried out by researchers at UCL. We would like to speak to members of the Kuwaiti Bidoon community living in London about their experiences of statelessness, mental health, and any experiences accessing support services in the UK. We hope that this study will us better understand the mental health needs of the Kuwaiti Bidoon community in the UK and help services such as the NHS services, and charities like the Helen Bamber Foundation to provide good-quality care to members of this community.

Why have I been invited to take part?

You have been invited to take part in this study because we understand that you are a member of the Kuwaiti Bidoon community currently living in London.

What does taking part involve?

If are interested in participating, we will invite you to meet with a researcher who will answer any questions you may have. If you choose to participate, you will be asked to sign a consent form (you will be given a copy to keep). The researcher will then arrange a date and time to speak with you either in person, online or over the telephone (for e.g., using your mobile phone, laptop/desktop or other smart device) in which you will be asked about your experiences of statelessness, mental health, and any experiences of accessing support services in the UK. We will ask you some questions about yourself, such as your age and gender. **The conversation between yourself and the researcher will be audio or video recorded based on your preference. All information will be kept confidentially and stored securely.**

The interview will last approximately up to two hours. If you need an interpreter, one will be arranged for you. **If an interpreter is required, they will be asked to sign a confidentiality agreement.** You will also be given a £20 High Street Voucher as thank you for taking the time to participate in the study.

We will also invite you to provide feedback on our analysis of your interview if you would like to, i.e., how we understand what you told us. We will call you by telephone to discuss the main themes in your interview and ask for any comments you may have. You do not have to participate in this part of the study if you prefer not to.

The findings from the analysis will be written up as a thesis report and may be written up as a journal publication. Should you wish, a copy of these will be shared with you.

Do I have to take part?

No. Your participation is voluntary, and you are free to choose whether or not to take part. Your decision whether or not to participate in this study will not influence the support you receive from the Kuwaiti Community Association, the Helen Bamber foundation, Asylum Aid, the NHS, or any other governmental services or charitable organisations. Participation will not affect your immigration or general legal status. You will not receive any legal advice or assistance with respect to your immigration or general legal status.

You are also free to withdraw from the study at any point up to two months after your interview**. If you change your mind about taking part after the interview, you can contact us and you will be able to withdraw your data from the study up to the 31st January 2022.** Unfortunately after this time, it will not be possible to withdraw your data as it will have been analysed for the study. Your decision to withdraw will not affect any care you might receive from any charitable organisations, the NHS, social care, or governmental services.

What are the risks and benefits of taking part?

Talking about your experiences might bring up some painful memories. Whilst we will take every step to make sure you feel comfortable, if you find the interview difficult, you can take a break or stop the interview altogether. You will not have to answer any questions you do not feel comfortable answering. You will be given details for relevant support services and invited to contact these services should you be significantly negatively affected by any of the things you talk about in the interview. You will also be provided with the contact details of Dr Francesca Brady should you feel you need to speak to someone following the interview. Dr Francesca Brady is a clinical psychologist with many years' experience working with refugees and asylum seekers and will be able to support you to access relevant support should you feel this is necessary.

You may find some positive outcomes of participating in the study. For some people, talking and thinking about their experiences can be helpful. We also hope that the information we learn from the study will be of interest to you but will most importantly improve the care provided to other members of the Kuwaiti Bidoon community across different healthcare services. You will also be given a £20 High Street Voucher as thank you for taking the time to participate in the study.

What will happen to the information I provide?

We will listen to the recording and carefully type out a copy of what yourself and the researcher say in the interview.

We will ensure that there is no personal information in the written version so that it is not possible to identify that it was you who is speaking in the interview. For example, if you say any names in the interview, these will be removed from the written version.

All information will be stored securely at University College London. The written version of the interview will securely be stored for 20 years after the study has been published – this will contain no identifiable personal information. The recordings will be stored securely for up to 2 years after your interview. We will aim to delete the recordings earlier if we have finished the study before then.

The written version of the recordings will be analysed by the research team and will identify the main themes expressed by everyone who participated.

The results of the study will be written up as a part of a doctoral thesis, which may also be published in a peerreviewed scientific journal. We hope that the findings will be useful to inform the care provided at the Woodfield Trauma Service, the Helen Bamber Foundation and at other services.

What other information would you collect?
We will ask you to provide some personal information about yourself such as age or gender. This is to help provide some background information about the people who take part. This information will be made anonymous so that it is not possible to identify you from the data we keep.

Will my participation in this study be kept confidential?
Anything you say during the interview will be kept strictly confidential. Only the people involved in the research will be able to read the information you give. All data will be collected and stored in accordance with the UK Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018. Names and other personally identifiable information will be removed from transcripts to ensure anonymity.

If during the interview, you told us anything that made us worried about your safety or somebody else's safety, we would have to tell someone else so we could help keep you safe. This might be a health or social care professional. The kinds of things that would cause us concern would be if you were feeling suicidal, or you told us that someone else was in immediate danger. We will try to tell you before we share anything with another professional, however this may not always be possible.

We will write a report about what we found out during the study. This will cover everyone we speak to, not just you. We may include direct quotations from interviews in the published report, but we will not include names of participants and we will ensure that any quotations we use cannot be linked or identified as coming from any specific individual.

Data Protection Privacy Notice

The lawful basis that will be used to process your personal data are: 'Public task' for personal data and' Research purposes' for special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

Data Protection privacy notice	**If I have any questions, who can I ask?**
UCL's Data Protection Officer is Alex Potts and she can be contacted at data-protection@ucl.ac.uk. You can read UCL's privacy notice at: https://www.ucl.ac.uk/legal-services/privacy/participants-health-and-care- researchprivacy-notice and details of your rights at:https://ico.org.uk/for-organisations/d ataprotection-reform/overview-of- the-gdpr/individualsrights/ Your personal data (name, contact details, gender, ethnicity) will be processed as described in this information sheet. **The legal basis for data processing is to "perform a task in the public interest"**	Sana Zard, Trainee Clinical Psychologist Email: [redacted] Supervised by Dr Francesca Brady, Clinical Psychologist and Senior Clinical Lecturer/Tutor in Clinical Psychology Email: [redacted] Tel: [redacted] *If you are unhappy about the study at any stage, please contact the researchers on the email address above. If you would like to complain further, you can email ethics@ucl.ac.uk.*

Thank you reading this information sheet and for considering taking part in this study.

Appendix 2: Participant information sheet (oral version)

My name is Sana and I'm a student at UCL completing training in clinical psychology. I have a background in mental health and experience speaking to people about their mental health as an NHS psychological practitioner.

I would like to talk with you as part of my research project, but before you decide if you would like to take part, it is important you know why this research is being done and what it will involve.

I would like to talk to people from the Kuwaiti Bidoon community about their experiences of mental health and experiences of statelessness. We hope that this study will us better understand the mental health needs of the Kuwaiti Bidoon community in the UK and help services such as the NHS services, and charities like the Helen Bamber Foundation to provide good-quality care to members of this community.

I would like to speak with adults (both men and women) from the Kuwaiti Bidoon Community, currently living in London, about their experiences of mental health.

Taking part is completely voluntary. Your decision whether or not to participate in this study will not influence the support you receive from the Kuwaiti Community Association, the Helen Bamber foundation, Asylum Aid, the NHS, or any other governmental services or charitable organisations. Participation will not affect your immigration or general legal status. You will not receive any legal advice or assistance with respect to your immigration or general legal status.

If you do decide to take part, you can decide you don't want to take part at any time, even if you have already said yes. You do not have to give a reason for stopping taking part. If you agree to take part and then change your mind and wish to withdraw your interview from the study, you can do so up to January 30th 2023.

If you decide to take part, you will be asked for verbal consent that you would like to take part and understand what is involved in taking part.

You will be invited to have a conversation with me about your experiences of mental health and wellbeing over your life and your experiences of statelessness. This is expected to take around one to two hours. I will be there to listen to your story, and you will not be asked to talk about anything that you don't wish to.

You will be able to stop the conversation at any time. You will be able to choose how you would like the conversation to happen: - In-person or by phone or by video call - In one session or in shorter sessions (e.g., two one hour conversations).

Following the conversation, you will be able to contact us to add any additional comments. We will ask if we can contact you to check we have understood correctly what you have shared with us in the interview. We will also ask you if you would like us to keep you updated with our research findings.

I will record conversations using secure equipment. If the conversation happens on Microsoft Teams, the built-in video and audio recording only feature will be used if you consent to this. Otherwise, if you would prefer not to have a video recording, I will record only audio using an encrypted recording device. If the interviews take place over the phone or in person, an encrypted audio recording device will be used. Recordings will be securely transferred and stored in UCL's Research Data Storage Service, where we will transcribe the conversations. Access will be limited to the research team, and after transcription, files will be deleted. Transcripts of interviews will be deidentified (i.e., they will not be linked to your name).

Talking about experiences of mental health and statelessness might bring up difficult feelings. If at any stage you wish to stop the conversation, you can do so without question. You will also be offered information on where to seek follow-up information should you need. If I am concerned about your wellbeing or the wellbeing of others, I may have to talk to a professional about these concerns to think about how we are best able to support you. I would always try to discuss this with you beforehand where possible.

It is hoped that understanding your experiences will help us improve mental health services for other members of the Kuwaiti Bidoon community. You will be given a £20 Love-To-Shop voucher as compensation for your time. You will have this within 2 weeks of taking part.

If you wish to complain or have any concerns about the process, please contact me (Sana) in the first instance. Please contact my supervisor Dr Francesca Brady or the Research Ethics Committee Chair (ethics@ucl.ac.uk) if you have further complaints or concerns that I am not able to answer. I will provide details of how you can contact us on a handout. As this information is written, you may with to seek support from a friend or family member to contact myself, Dr Francesca Brady or the research Ethics Committee Chair.

Your data will be stored confidentially. Information that could identify who you are (e.g., your name) will be stored separately from information collected as part of the conversation (e.g., your experiences). During the conversation, I will not use your name to make sure recordings are not identifiable. Audio recordings will be deleted after we have transcribed the conversations, and written copies will only be accessible by the research team (myself and my supervisors) and destroyed twenty years after any final reporting. If I use a direct quote from you, a fake name (pseudonym) will be used. This pseudonym will be used every time we mention what you have said.

I aim to keep conversations private and confidential. If throughout the conversation we become concerned about your wellbeing, or the wellbeing of others around you, we may have to speak to services that are able to support you, such as your GP.

If you would like, I will let you know the findings of this study. I will also share findings with mental health services and other researchers. No one will be able to identify you through anything we write or say.

Appendix 3: Written consent form

CONSENT FORM FOR STUDY PARTICIPANTS

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study:
Department: Department of Clinical, Educational and Health Psychology
Name and Contact Details of the Researcher(s): Sana Zard ([redacted])
Name and Contact Details of the Principal Researcher: Dr Francesca Brady ([redacted])
Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts dataprotection@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee: Project ID number: 21409/001

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction	
2.	*I understand that I will be able to withdraw my data up to 2 weeks after the conversation.	
3.	*I consent to participate in the study. I understand that my personal information (e.g., name and age) will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing and 'research purposes' will be the lawful basis for processing special category data.	

4.	**Use of the information for this project only** *I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified. I understand that if the researchers would like to use a direct quote in a publication, they will used the fake pseudonym. (a)	
5.	*I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	
6.	*I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
7.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
8.	I understand the direct/indirect benefits of participating.	
9.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
10.	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
11.	I understand that I will be compensated for participating in the study, even if I choose to withdraw.	
12.	I understand that the information I have submitted will be published as part of a PhD thesis and other publications and I wish to receive a copy of it.	
13.	I consent to my interview being audio recorded and understand that the recordings will be destroyed immediately following transcription. **To note:** If you do not want your participation audio recorded you can still take part in the study.	
14.	I consent to my interview being video recorded and understand that the recordings will be destroyed immediately following transcription. **To note:** If you do not want your participation video recorded you can still take part in the study.	
15.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
16.	I hereby confirm that: (a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and (b) I do not fall under the exclusion criteria.	
17.	I am aware of who I should contact if I wish to lodge a complaint.	

18.	I voluntarily agree to take part in this study.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

If you would like your contact details to be retained so that you can be contacted to provide checking of the researcher's analysis of your interview, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

If you would like your contact details to be retained so that you can be contacted with study results and any publications in the future, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of witness	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Appendix 4: Ethical approval

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH

9th June 2022

Dr Francesca Brady

Research Department of Clinical, Educational and Health Psychology UCL

Cc: Sana Zard

Dear Dr Brady

Notification of Ethics Approval with Provisos Project ID/Title: 21409/001: Experiences of Statelessness and Mental Health within the Kuwaiti Bidoon community: An Interpretative Phenomenological Analysis

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **27th July 2023.**

Ethical approval is also subject to the following conditions:

Notification of Amendments to the Research

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' https://www.ucl.ac.uk/researchethics/responsibilities-after-approval

Adverse Event Reporting – Serious and Non-Serious

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol.

The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Final Report

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research;

note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

Professor Lynn Ang
Joint Chair, UCL Research Ethics Committee

Appendix 5: Interview schedule

1. **I understand that experiences of those from the Bidoon community in Kuwait may be different to people with Kuwaiti citizenship. Can you explain to me how life for you and your family in Kuwait was similar and different to people with Kuwaiti citizenship?**

- What was that like for you? How did you feel?
- Were there any problems you had because of being Bidoon?
- What were the impacts of being Bidoon on your daily life while living in Kuwait?
- Were there any positives of being a member of the Bidoon community or of your life in Kuwait in general?
- Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?

2. **Can you tell me how you came to leave Kuwait? You do not need to tell me about any upsetting or traumatic experiences if you do not want to.**

- What was that like for you?
- Why did you decide to live in the UK?
- What is your legal status currently?
- Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?

3. **Could you tell me what life has been like for you since moving to the UK?**

- Are there any differences between life in Kuwait and life in the UK?
- Did you seek asylum and what has it been like seeking asylum?
- Are there any similarities and differences between being a refugee/asylum seeker and someone with British citizenship?
- Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?

I'm going to talk with you about mental health now.

4. **When I say mental health, what does that mean to you?**
- What would it look like if someone was struggling with their mental health?
- What would it look like if someone had good mental health?
- What does depression mean to you?
- What does anxiety mean to you?
- What is your understanding of good mental health?
- What is your understanding of poor mental health?
- What is your experience of how mental health difficulties are discussed in Kuwait?
- What is your experience of how mental health difficulties are discussed in the UK?

5. **Can you tell me about mental health* within the Bidoon community? (*use interviewees own words)**
- Is mental health spoken about? Are there times when you have spoken about mental health?
- Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?

6. **If you had poor mental health* what would you do? (*use interviewees own words?)**

- Would you go to your GP?
- Would you talk to anyone in the Bidoon community?
- What helps you to cope?
- What makes it more difficult to cope?
- Where would you seek help?
- What would stop you from seeking help

7. **What do you know about mental health services in the UK?**

- Have you accessed any mental health services in the UK?
- What was that like?
- What was that experience like?
- Why? How? Can you tell me more about that? Tell me what you were thinking? How did you feel?
- If not, what are the potential barriers?

Prompts:

- What was that like for you?
- How did that impact you?
- How did that make you feel?
- Could you say a little more about that?
- Can you describe that in more detail?
- How did that feel at that moment?
- Can you give me an example?
- What were you thinking?
- How did that feel?

Appendix 6: Exploratory comments and emergent themes example (participant 5)

Emergent Themes	Transcript	Exploratory Comments
Unfavourable comparison to others Being a second-class citizen Sense of self as different to Kuwaiti nationals Deprivation of rights and services Value placed on education	When I was in Kuwait, I didn't have ID cards or citizenship, which means that I couldn't go to school. The Kuwaiti children, all children who had Kuwaiti citizenship, they were able to go to school. I couldn't go to doctors or get medical care. Everything was different, accommodation, job, salaries. My parents were not allowed to work and yeah, we had a different experience in all ways. In terms of health, education, accommodations and being able to travel or go away.	Description of services/rights the participant was denied access to in Kuwait. Extensive deprivation impacting across many areas of life. Comparison with Kuwaiti nationals. Being othered. What would it have been like to see parents affected in this way? Knowledge of being different from an early age Not allowed – something forbidden Citizenship is the first things remarked upon – all the deprivations listed are contingent on this.
Resigned to my parents future Hopelessness Managing expectations to protect self	Since I was young, I knew that the future would be similar to the present. Even when I grow up, I will have the same life as my mom and dad. I wouldn't be able to work. My life will be difficult. I didn't have any hopes for the future. I was hopeless. I gave up.	Future is determined and there is a sense of knowing this from a young age. Hopelessness. Link between not being able to work and this making life difficult. Predicting hardship throughout life. What is the point? Fear of being the same as parents

Appendix 7: Master table of themes and sub-themes

1. The Legacy of Statelessness

1.1. Sense of self

Participant	Participant-level Theme	Extract
Participant 1	Diminished self-worth	*... I always lacked confidence, self-confidence. I was always intimidated. I was always intimidated.*
Participant 2	"We don't exist"	*We don't exist. Uh, we're not allowed to have any rights in education, work, medical care…*
Participant 3	Crisis of identity	*You see that you're a bit lost. What am I? Am I British? Am I Bedouin from desert? Or am I Kuwaiti? And you know that you're not Kuwaiti. You know, you get that sense of a lack of belonging. You don't know what your identity is […] So, you don't belong in Kuwait. And you don't belong to the desert anymore, my grandparents, where my roots are […] I think it's confusing and it's problematic.*
Participant 3	Second-class citizen	*When you are being told that you are a marginalized person, you are like a second hand. That's a belief that they have in their mind […] You have the ability to do everything, they still believe that they are marginalized, they are oppressed. They are a lower class. And that's clearly because of what they went through in Kuwait because this is what we've done to them […] We were marginalized. We knew that we were like you know, second hand people, you know. Does that make sense? And that mentality continued.*
Participant 5	Unfavourable comparison to others	*I used to wonder why they are better than me. What did I do? Did I do anything wrong? Why they got to that position and I couldn't?*

1.2. Mental and emotional strain

Participant	Participant-level Theme	Extract
Participant 1	Persistent feeling of threat consuming life	*I left Kuwait and from that time until that moment I had problems. I shout a lot when I'm sleeping […] You know, but sometimes I feel I feel someone is chasing me, you know, sometimes I hear I hear strikes and I hear I hear like cries…*
Participant 2	Hopelessness	*It left me with depression. Uh, since I turned 18. Until this moment, I'm dealing with depression, which is I'm aware, a feeling that is completely different to sadness. Depression to me, mean that the problem is I decided to fight and to use all my powers, my energy, all I can to not accept, to be in that situation opposite to my mom and dad […] The problem is every time I try to do something to change the situation, I end up on my own. I'm uh, nothing is coming out of those attempts.*
Participant 4	Painful memories from the past intrude	*…it's very difficult, very hard to bring up the memories from my life in Kuwait, which were awful and horrible, and talk about them. When I try always to avoid thinking, even though it's not easy and I don't manage to not to think about my life back home.*
Participant 5	Consumed by worries for those left behind	*When I spent a long time on my own, that means I will start to think a lot to miss my family a lot, to feel upset that I'm away from my family and that they're not in a good situation.*

1.3. Existing rather than living

Participant	Participant-level Theme	Extract
Participant 2	Resigned to fate	*...the feeling I have at the moment is very uh, very weird because I know that I can't change anything. It's something out of my power out of my control and nothing I can do with change their minds or change the way they treat us.*
Participant 4	Lack of agency to change life course	*I lost all kinds of motivations and all kinds of desires. Uh, to live a meaningful life. I was deprived of education. Away from my family, I'm still not married. I don't have children. I don't have, uh that the capacity to have a good job here. I don't know the language.*
Participant 4	Existing rather than living	*Umm so it's normal for any human being to dream and plan for their lives. It wasn't the case for me because I was sure that I have a blocked future. I lived my life, but it felt lifeless.*

1.4. "Scattered selves"

Participant	Participant-level Theme	Extract
Participant 1	"Scattered selves"	*I think I'm scattered, you know, I all the time I'm thinking about my father that even when I now, when I'm thinking even if my case is accepted by the Home Office, even if my family came here. I still, part of me in Kuwait because of my family, who, impossible to come, all of them here.*
Participant 4	Yearning for family	*But I miss my family a lot. The only advantage for that I had when I was in Kuwait is that I was with my family.*
Participant 5	Cultural disconnect	*The thing that I favoured about back home in Kuwait is that I was surrounded by a more Islamic and conservative community. So I felt more comfortable around that community, especially that I knew I'm in my country and with my family…*

1.5.Silenced

Participant	Participant-level theme	Extract
Participant 1	Self-censorship	*Whatever you do here affects your family there, so you need to be careful.*
Participant 3	British, but still silenced	*It's very stressful. You know, I, even if you become a British person, OK, then you say, OK, everything we pass. I'm not stateless anymore. But why am I still being controlled, and I can't express, I can't even talk about my cause…*

2. Hopes and Dreams of a Future

2.1. *Changing location, changing perspective*

Participant	Participant-level Theme	Extract
Participant 1	From victim to survivor	*...in the beginning [of therapy], I was like kind of, you know externalizing what I have internalized in Kuwait. So the first two sessions, I was kind of showing myself as someone who was like, victimized,, my CBT [therapist] was say so what you're strong person? No, no. Like it was like very empowering, I think."*
Participant 2	Glimpses of hope	*It was like mixed feelings. I was very, very hopeful that I would end up in a country where I will be treated equally to other people. I will have rights; human rights and my life will be definitely better. But at the same time, I was worried because I'm going through the unknown. I have no clue what life will look like in the other country*
Participant 5	Hopeless to hopeful	*... I found like my life has changed and now I can have aspirations and hopes and I became hopeful […] I now can have hopes and aspirations always happy. I like to go outside. I like to join gatherings and be around people, especially to learn from them and learn new things […] I have to explore options of jobs I can do.*

2.2. Empowered by a cause

Participant	Participant-level Theme	Extract
Participant 1	Speaking truth to power	*I am not, you know, inciting violence. Nothing. I'm just. I have very constructive points of view, if you like to listen to them, OK? So this is what I want to challenge […] I will never give up on my project, you know to continue speaking up because really there is a big job waiting…*
Participant 2	Sustained by my cause	*I thought a lot about it and I decided that instead of dying here in the freezing cold or outside on the roads like a rubbish bag, I would. First of all, I don't feel guilty or hold myself responsible for taking the decision to leave and come to this country. I know I did all I can. But eventually I decided that I want to go back home and maybe I will fight for my cause until the end, even if that means that I might lose my life or my cause. It's OK. I'm. Yeah, completely fine with this. I will dedicate my life to my cause.*
Participant 3	Empowered to empower others in the community	*This is a personal experience. I don't see other people empowered to do volunteer work. This is totally personal. For me. And simply as a person who wants positivity. That's how I was empowered. I want to do something good for these people. I see that these people are struggling […] And that for me, was a was more than enough to have some social responsibility and being empowered.*

2.3. A failed promise

2.3.1. "Two hits on the head is very painful"

Participant	Participant-level Theme	Extract
Participant 2	Compounding trauma: "two hits on the head is very painful"	*I thought that I will go somewhere else. Where people, where people see me as a human and treat me as a human. […] Back home in Kuwait. Now here in the UK. We have a saying in Arabic it's two hits on the head is very painful. And now I had the two heads, one back home and one in the UK.*
Participant 4	When the dream dies the hope dies	*… in Kuwait, I yes, I was struggling, but I had a hope that one day I will leave this country and maybe start again. But when I came to this country hoping that I will build up a new life, new future and they declined me, they ruined everything and I became hopeless.*

2.3.2. State of limbo

Participant	Participant-level Theme	Extract
Participant 1	State of limbo	*I have become very much demotivated to do physical exercise, I would sometimes spend the whole day laying down […] So these experiences of being delayed, of being in limbo, of obscurity, of not knowing when my situation will be, will be solved.*
Participant 2	"I'm in the middle of a river, I can't jump to the ground and I can't continue"	*Umm things are getting like overwhelming and suffocating more and more over the time I feel like I'm in the middle of her river, I can't jump to the ground and I can't continue.*
Participant 5	Experiencing a lack of urgency	*I'm very upset and scared because I have a problem, an illness and I need the treatment for this problem […] I want my status to be able to work and money and then have this treatment.*

3. Victims of the System

3.1. *Barriers to accessing mental healthcare*

Participant	Participant-Level Theme	Extract
Participant 2	Querying eligibility for care due to legal status	*...there are two kinds of people actually. People who have, uh, the circumstances and the good circumstances and the ability to get treatment and get rid of that mental health problem and there are people then like me myself, who are without any paperwork, without any legal status, without money, no one would care about them and they wouldn't be able to get the treatment.*
Participant 3	Others in the community are dissuaded from seeking help	*...it's shameful basically. They say it's shameful, I don't know why, that's from the people that I know. That's shameful, they see it as shameful. Shameful.*
Participant 4	A need for flexibility	*English people are British. People care a lot about time and if, for example, you have an appointment at 8am and you arrive at 8:05, they would say we can't see you. You're five minutes late, and, but they didn't care about the eight years they wasted of my life and I'm not sure who's gonna compensate me for those wasted years.*
Participant 4	Mental health support came too late	*I started to have a mental health care 18 month after my interview. I had my interview one month after arriving in the UK, which was pointless because yeah, that interview was the most important thing for me as a refugee or asylum seeker, and I was wishing to be helped. Beforehand, not after.*
Participant 5	Lack of knowledge about how to access services	*I don't know how to access the mental health services […] I think I can ask my family here in the UK or I can contact my GP.*

3.2. Discriminatory experiences

Participant	Participant-level Theme	Extract
Participant 2	Discouraged from seeking help	*…I said I'm drowning in my blood. Umm. Umm I, I understand English but not to the level that I can express myself fully all the time. Umm. And when I said that he his answer and to make the other girl with him laugh, he said then you can hold on to the ceiling so you don't drown. Umm. And they laughed. And. When I, I said I'm sorry I called the ambulance. He didn't like the way I pronounced the word ambulance, so he made fun of this as well. So why would I share my feelings with someone?*
Participant 4	"He treated me very badly"	*"I thought that my life is my life is 100% destroyed. Specially because of the way I was treated by the Home Office, their stubbornness and their cruelty, and part of it, I think, was racism as well. I can remember all the details about that. A member of staff in the Home Office who was very, very racist and the way he talked to me how he looked, the, the insults and how he treated me are the still stuck in my head and I still remember all the, those details very well until this moment…*

3.3. Belonging and connection despite discrimination

Participant	Participant-level Theme	Extract
Participant 1	Reminded of my humanity	*So as I told you, mental health. First of all, gave me a kind of reassurance that I am a human being. Uh, because I was deprived from healthcare in Kuwait and when I see someone in the UK offering me their help, you know this is a good feeling, you know? That I'm not alone. I am not abandoned…*
Participant 3	"A sense of belonging"	*Yes I am. I am happy that I have a cause. I am happy that I belong to something. And just give me a sense of belonging […] When you have a meaningful life, it's good, right? […] one of those things that you do to release stress is to engage in a meaningful thing. So, belonging for me, belonging to that group, and to believe that there is a cause. I think that's what's positive psychologically.*
Participant 4	"Someone that cares"	*The mental health support that I received was to find someone to talk to in the session. Yes, it was a temporary and the small and limited improvement, but it was essential for me at that point of time. That I'm now having support and someone that cares […] When I talk to them, I feel like I'm talking to my friend and that this is someone who is listening to me, who's offering the space for me to share my feelings, and they're offering their sympathy.*
Participant 5	Seeking reassurance from family	*When I share my difficulties with them, I would be expecting them to tell me just be patient. Things will get to the better. Your life will be better and just hold on to the hope. It's going to be only a short time before you can make your dreams come true.*

3.4. Beyond the individual

Participant	Participant-level Theme	Extract
Participant 1	Mental health services can't help to navigate the immigration system – what is the point in reaching out?	*...the least I would expect is the person would call the police and said, excuse me, try to help this person. Try to call the authorities. Try to call the Home Office call anyone. Because this is a human beings life. But when they say sorry, we can't do anything with your asylum, we can't do anything with your paperwork. There's like you know, So what you know. That discouraged me, actually.*
Participant 3	Others in the community need holistic support	*Most of the time they have a psychological problem. And that's in the UK, I'm not talking about, uh, Kuwait [...] I think it's a sad feeling when you feel left out, simply. You know, as a stateless person in the UK. And most of us, let's say the parents' generation, they lack a proper language. They lack experiences. They don't know enough. That's why a lot of them, they prefer to go to, to stay on the benefits and do bad work, like low wages.*

Appendix 8: Joint project information

This was a joint project, completed alongside fellow Doctorate in Clinical Psychology trainees Jessie Mulcaire and Leah Holt. All three projects are on the topic of statelessness and were supervised by Dr Fran Brady and Dr Ciaran O'Driscoll. Recruitment was separate for each project and there was no cross-over in participants. All of the data was collected and analysed independently of each other.